

# Self-Inflicted Violence: Complex Problem, Simple Solution

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Ruta Mazelis

The Sidran Institute

# *Self-Inflicted Violence (SIV)*

- SIV is the intentional injuring of one's body as a means of coping with severe emotional and/or psychic stressors
- People of both sexes, all ages, races and cultures, sexual orientations and from all socioeconomic backgrounds, live with SIV
- Accurate statistics regarding prevalence are problematic

## *Self-injury AKA:*

- “Cutters, “Burners” ...
- Self-mutilation
- Deliberate self-harm
- Delicate skin-cutting
- Parasuicidality
- Self-inflicted violence (Self-directed violence)

## *Self-inflicted violence vs. indirect self-injury:*

- Substance abuse
- Overeating/Dieting
- Sex
- Smoking
- Overworking
- Overspending
- Gambling
- Gaming
- Unnecessary surgeries
- Rescuing...

## *Misperceptions regarding SLV:*

- Suicide
- Manipulation
- Attention-seeking
- Masochism
- Vicarious menstruation
- Addiction
- Obsession/  
Compulsion
- Biological abnormality
- Adolescent phase
- Incurable

# *A Voice*

The stopped voice becomes a hand lifting knife, razor, broken glass to cut, burn, scrape, pop, gouge. The skin erupts in a mouth, tongueless, toothless. A voice drips out, liquid. A voice bubbles out, fluid and scabby. A voice sears itself for a moment, in flesh. This is a voice emerging on the skin, a mouth appearing on the skin.

Janice McLane, Ph.D.

## *The primary purpose of SIV*

The primary purpose of SIV is to provide a way of coping with what feels intolerable. It is a strategy for *self-preservation* rather than self-destruction.

# *Suicide Prevention*

Taking away the patient's protective mechanisms may not only increase the behavior and undermine the therapeutic relationship, but may actually be dangerous.

Batya Swift Yasgur  
Psychiatric Times



*SIV can serve to:*

- Provide membership in a peer group
- Diminish intense difficult emotions
- Decrease internal psychic pressure
- Physically express emotional pain
- Ward off memories of trauma
- Stop flashbacks of abuse

*SIV can serve to:*

- Increase dissociation
- Decrease dissociation
- Communicate between dissociated identities/parts
- Re-enact abuse
- Prevent violence towards others
- Symbolize spiritual beliefs

J.K. Rowling  
did more for  
raising consciousness  
about (s)elf injury than  
anyone

*History in the present*

The past isn't dead —  
it isn't even the past.

Faulkner

# *What about trauma?*

## *The re-emergence of trauma as central*

- Forgetting what we already knew – cultural amnesia
- We are now remembering, again
- Viet Nam veterans, Holocaust survivors, women survivors of battery and rape, and survivors of disaster lead the way
- SAMHSA WCDVS
- The ACE Study

# *Why does trauma matter?*

- Trauma is the common link, the common ground, for most people who struggle with SIV and other psychiatric and/or substance abuse problems
- There is great potential for healing from trauma, therefore there is great potential for **healing** from the need for SIV

# *What is trauma?*

- “Trauma happens” – trauma overwhelms one’s normal coping responses
- Nature’s traumas versus human-induced traumas
- Obvious trauma versus secret trauma
- Childhood trauma versus adult trauma

# *Barriers*

Our tardiness in acknowledging the prevalence of self-harm is tied to our tardiness in coming to acknowledge the prevalence of violent trauma in our culture and the tendency toward violence in ourselves.

Sharon Klayman Farber, Ph.D.



# *Examples of childhood traumas*

- Medical procedures, esp. anesthesia and prolonged immobilization
- Illness of self or family member
- Loss of a parent or close family member
- Separation/divorce
- Death of a loved one or caregiver

## *Examples, cont'd*

- War, either as soldier or family member serving in military/refugee/POW/torture survivor
- Poverty
- Parent with substance abuse or mental health struggles
- Oppression due to race, sexual orientation, class, culture, disability...
- Witnessing violence

## *Examples, cont'd*

- Bullying
- Sexual abuse
- Physical abuse
- Psychological abuse
- Emotional abuse
- Emotional and/or physical neglect
- Torture/Ritualized abuse
- Institutional retraumatization

## *What wasn't there...*

...child abuse contributes heavily to the initiation of self-destructive behavior, but the lack of secure attachments maintains it. Those subjects who had sustained prolonged separations from their primary caregivers, and those who could not remember feeling special or loved by anyone as children, were least able to utilize interpersonal resources to control their self-destructive behavior...

Bessel van der Kolk, M.D.

# *Adding the costs of trauma*

- Single incident versus ongoing
- One form vs. multiple forms
- Acknowledged vs. secret
- Coping methods

# *Coping With Trauma's Aftereffects*

“Mad”

“Bad”

“Grad”

## *Changes in MH ideology – barriers to recognizing trauma and understanding SIV*

- The difference between disease and disorder – the “DSM”
- The 1990’s as the “Decade of the Brain”
- Acceptance of coercive practices
- Unethical relationships in psychiatric research (WHO sanctions)

# *The “B” word*

(Borderline) patients are extremely problematic to treat – unpredictable, manipulative, and exasperating.

Pamela Grim, M.D.



# *Anything to make it stop*

One patient provoked the staff into performing a prefrontal lobotomy; this procedure ended her self-cutting and “she afterwards busied herself cutting out paper dolls.”

*Bodies Under Siege*

# *Interventions for SIIV:*

- Hospitalization
- Physical restraint/seclusion
- Chemical restraint
- Psychotropic meds: antipsychotics, SSRIs, mood stabilizers, naltrexone, “cocktails”
- Neurosurgery
- Psychoanalytical interpretations

# *Interventions for SIV:*

- Contracting
- Behavioral therapies
- Replacement behaviors
- Harm reduction
- Empowerment
- Trauma specific interventions
- Peer support
- Trauma-Informed Care

# *Consequences*

- Many current psychiatric interventions, esp. those directed at people who live with SIV, re-traumatize them
- This is especially true when coercive measures are used
- Current interventions revolve around symptom/behavior management rather than holistic recovery

## *SIV in context of a person's life*

Viewing self-injury as a (particularly problematic) “symptom” apart from someone’s history and internal experience compounds the individual’s sense of disconnection and reinforces the self-injury as a coping mechanism.

# *Guiding Principles*

- Unacknowledged trauma remains and can be discerned by its aftereffects and the coping mechanisms used to manage them
- Many of these aftereffects are managed by SIV, which can be considered to be an “all purpose” coping mechanism
- Therefore, healing from the need for SIV requires responding to the aftermath of trauma

# *The Goal is Healing*

The therapeutic goal is to help these patients speak the unspeakable, tolerate the intolerable, and manage the unmanageable.

Martha Stark, M.D.

*What helps, what hurts...*

The greatest impediments to useful and effective responses to self-injury are the feelings and reactions of helping professionals.

Robin Connors, Ph.D.



# *DO NO HARM*

- Our first step, and our greatest action, is in stopping the “harm” (retraumatization) that is our common response
- Trauma is based on helplessness and disconnection from self and others
- Healing centers on power and connection

# *Trauma and Recovery*

## Trauma Experiences

- Disempowerment
- Disconnection

## Recovery Experiences

- Empowerment
- Connections

Judith Herman, M.D.

# The DSM

Our labels barely even begin to describe the complex interrelated, physical, psychological, social and moral impacts of trauma; and they are almost entirely inadequate in helping us know what to do to help.

Sandra L. Bloom, M.D.

# TIC – A New Paradigm

Trauma-informed care is initiated by the assumption that every patient or consumer seeking services is a trauma survivor who designs his or her own path to healing, facilitated by support and guidance from the service provider.

Susan Salasin, CMHS

# *Trauma Informed Practices*

- Understand the role of trauma in people's lives
- Operate on an empowerment model
- Facilitate healing
- Respect voice and choice
- Work with survivors in a collaborative way with mutual goals
- Minimize retraumatization
- Meet the survivor where they are
- Screen for and respond to past trauma
- See adaptive behaviors as strengths and with purpose

# Neurobiology of triggers/stress

**Crisis requires comfort**

**Calm is the ground for teachable moments**

# Core Principles

Safety  
Trustworthiness  
Choice  
Collaboration  
Empowerment

Harris and Fallot

# *Bearing Witness*

I cannot just let go of today's knife and never get another one... I do not need her to hold onto my hands to stop them from cutting. I need her to hear what the cutting expresses, what even I sometimes cannot hear.

Denise F.

excerpt from *The Cutting Edge*



# *The Enlightened Witness*

With the help of an enlightened witness our early emotions will stand revealed, take on meaning for us, and hence be available for us to work on. But without such empathy, without any understanding of the context of a traumatic childhood, our emotions will remain in a chaotic state and will continue to cause us profound, instinctive alarm.

Alice Miller, Ph.D.

## *SIV makes sense*

Linking self-injury to an event promotes self understanding and can provide a view of one's experience as making sense and of oneself as coping, as opposed to being out-of-control and "crazy."

Deiter, Nicholls, and Pearlman

# *What helps?*

*From Self-Injury, by Robin Connors, Ph.D.*

## **Goal 1**

Encourage communication about self-injury as a relevant aspect of the client's life that has some relationship to her/his past and other issues of concern.

## Goal 2

Improve the quality of the client's life as it relates to self-injury by

- reducing shame and isolation,
- receiving adequate medical attention to the self-injury when needed, and
- decreasing self-criticism for self-injuring.

## Goal 3

Significantly diminish the use of self-injury as a coping skill...

*Only* when the client *desires* to make changes regarding her/his behavior about self-injury should the second and third goals become central or *even relevant* to the therapy process.

Robin Connors, Ph.D.

*"Risking Connection"*

*RICH relationships:*

Respect  
Information  
Connection  
Hope

# Finding the way home





# The Seven “A”s of Healing

- Acceptance
- Awareness
  - Anger
- Autonomy
- Attachment
  - Assertion
- Affirmation

Gabor Mate, M.D.

# Serving vs. Fixing

The greatest blessing we offer others may be the belief we have in their struggles for freedom, the courage to support and accompany them as they determine for themselves the strength that will become their refuge and the foundation of their lives.

Rachel Naomi Remen, M.D.

# HOPE

I have learned two lessons in my life: first, there are no sufficient literary, psychological, or historical answers to human tragedy, only moral ones. Second, just as despair can come to one another only from other human beings, hope, too, can be given to one only by other beings.

Elie Wiesel