Self-Inflicted Violence: Complex Problem, Simple Solution

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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”
- Self-mutilation
- Deliberate self-harm
- Delicate skin-cutting
- Parasuicidality
- Self-inflicted violence
Self-inflicted violence vs. indirect self-injury:

- Substance abuse
- Overeating/Dieting
- Unnecessary surgeries
- Smoking
- Overworking
- Overspending...
Common misperceptions regarding SIV:

- Suicide
- Manipulation
- Attention-seeking
- Masochism
- Addiction
- Obsession/Compulsion
- Biological abnormality
- Adolescent phase
- Incurable
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
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
SIV can serve to:

- Provide membership in a peer group
- Relieve intense feelings
- 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 personalities/dissociated identities
- Re-enact historical abuse
- Prevent violence towards others
- Symbolize spiritual beliefs
J.K. Rowling did more for raising consciousness about (s)elf injury than anyone.
Repercussions

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
What do we know?

- Trauma is the common link, the common ground, for most people who struggle with SIV and other psychiatric and/or substance abuse disorders.
- 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
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
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 victim or family member serving in military/refugee
- 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
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

- The difference between disease and disorder – the “DSM”
- The 1990’s as the “Decade of the Brain”
- Acceptance of coercive practices
- WHO sanctions for unethical relationships in psychiatric research
“(Borderline) patients are extremely problematic to treat – unpredictable, manipulative, and exasperating.”

Pamela Grim
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_
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.
Interventions for SIV:

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

- Contracting
- Behavioral therapy
- Replacement behaviors
- Trauma work
- Harm reduction
- Empowerment
- Peer support
- Trauma-Informed Care
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.
The therapeutic goal is to help these patients speak the unspeakable, tolerate the intolerable, and manage the unmanageable.

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

Robin Connors
DO NO HARM

- Our first step, and our greatest action, is in stopping the “harm” (retraumatization) that is our common response.

- Trauma is based in helplessness and absence of control.

- Healing centers on power and connection.
Trauma Experiences

- Disempowerment
- Disconnection

Recovery Experiences

- Empowerment
- Connections

Judith Herman
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, MD
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
Core Principles

Safety
Trustworthiness
Choice
Collaboration
Empowerment

Harris and Fallot
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
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
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.
“Risking Connection”

RICH relationships:
Respect
Information
Connection
Hope
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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.
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