Self-Injury: Understanding and Responding to People Who Live with Self-Inflicted Violence

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Introduction

The topic of "cutters" has received vast media coverage in the past few years and has become an increasingly popular subject in mental health publications. Most of this recent attention has focused on youth who live with self-inflicted violence (SIV). This interest in self-injury is greater than ever. However, many of the beliefs commonly held about SIV are incorrect. These misperceptions have kept people from understanding the roots and meaning of SIV and are therefore impeding the process of healing for those who live with self-injury. This paper will address these misperceptions, identify the reasons that people turn to self-injury, and describe what best supports people in healing from the need for SIV.

What is Self-Inflicted Violence?

Self-Inflicted Violence is the intentional injuring of one's body as a means of coping with severe emotional and/or psychic stressors. Although commonly perceived as either a highly pathological act or simplistic acting out for attention, neither of these perspectives is accurate. Although cutting is one of the most prevalent methods of SIV, other common forms of violence include punching, hitting, burning, bruising, head-banging, picking, and scalding the body. While some state that people self-injure to feel pain, it is much more likely that the person feels no pain at the time of self-injury. People self-injure not to create physical pain, but to soothe profound emotional pain.

Mental health literature often describes SIV as "self-mutilation," "parasuicidality," or "delicate skin cutting." None of these terms is an accurate reflection of SIV. Mutilation of the body is neither a goal nor a necessary by-product of SIV. While people who self-injure might also be suicidal, SIV itself is not a suicide attempt. It actually serves to diminish the emotional pain that leads someone to consider suicide, thus serving as a deterrent. Interventions that seek to eliminate SIV at all costs may actually increase the risk of successful suicide by removing an effective coping strategy that acts as an alternative to ending one's life. This is of crucial significance.

People who live with SIV, especially youth, are often described by slang terms such as "cutter," "banger," or "burner." These labels focus on the means of SIV. Another popular

descriptor for someone who self-injures is “borderline.” This label refers to a slang term used by some mental health professionals. “Borderline” refers to the diagnosis of Borderline Personality Disorder, the psychiatric label most often given to people who live with SIV. More than a diagnosis, however, this label has become a brutal pejorative descriptor that promotes the idea that people who self-injure are untreatable, simplistically manipulative, and incompetent.

A recent theory is that self-injury is a biological addiction. For some time clinicians have discussed the possibility that people self-injure in order to stimulate the production of certain brain chemicals, the endorphins (endogenous opioids) that are responsible for feelings of calmness and pleasure. While it initially sounds plausible, this theory does not withstand scrutiny. Because SIV is a coping mechanism for crisis, the endorphins are already present in the brain of the person who is about to self-injure as the body’s fight, flight, or freeze response to crisis naturally involves the release of the endorphins. This is the likely explanation for the anesthesia that comes with the wounding.

SIV, regardless of the form it takes, is driven by the underlying need for self-regulation, not self-destruction. It helps the person manage intense, seemingly overwhelming feelings, memories, and experiences. It is best understood as an act of self-defense, a behavior used to defend oneself from being consumed by the overwhelming distress of despair, numbness, the re-experiencing of trauma., or other triggers people identify that lead them to SIV.

Who is it that lives with SIV?

All people self-harm in some manner. Social norms often dictate responses to the ways people self-harm. For example, people who frequently work to exhaustion in an effort to help others, or those who undergo many plastic surgical procedures to make themselves look younger, thinner, or “more attractive,” are often portrayed as heroic or self-improving. Many people who lose weight by not eating enough to fuel their bodies or by over-exercising receive praise until their weight loss gets severe. Other forms of self-harm, such as eating unhealthy foods, are acknowledged but not strongly reacted to. The use of illegal substances, unsafe sex, and smoking result in shaming and judgment much more often than these other types of self-harming behaviors.

Although people react to SIV very strongly, with judgments such as “You’re crazy!” or “You’re just manipulative,” it is crucial to recognize that the actual damage done by acts of SIV is often much less destructive than other forms of self-harm, even those that are socially acceptable. The typical scratches, cuts, bruises, and blisters resulting from SIV, while they might leave scars on the body, are not typically medically serious. Severe forms of SIV usually occur in people who have experienced great amounts of trauma, and have been retraumatized in psychiatric hospitals, corrections facilities, and other systems where their SIV is misunderstood and for which they tend to be punished.

Why do people react so strongly to some forms of self-harm, especially SIV, but not to others? . . . there are two primary reasons: first, the wounds of SIV are in opposition to cultural beliefs that the body is meant to be modified for the purpose of cultural acceptance, and second, the psychic and emotional pain, the traumatic history, from which SIV stems, frightens people. We are not a culture that readily acknowledges the pain of our children, nor are we comfortable with witnessing deep, painful emotions. SIV shakes people up. Sometimes they react more to the small wounds of SIV than to the profound trauma that preceded them.[1]

The focus in mental health services as well as in mainstream society has been on girls who cut themselves. However, the world of SIV includes boys, men, and people of all ages, races, and backgrounds. SIV is not confined to a particular class or culture. People from all economic levels, who perform many different kinds of work, self-injure. The stressors that move people to self-injure are universal, pervasive, and powerful. Anyone who is overwhelmed and unable to find other forms of relief may turn to SIV in the hope of changing their experience. This transcends all stereotypes.

No study is accurate in terms of counting the number of people who live with SIV. The shame, stigma, and repercussions of disclosing SIV disincline individuals from reporting their behavior. Most studies limit their focus to narrow populations, either youth or institutionalized persons, and therefore miss learning about other groups of people. The illusion that the only people who self-injure are very disturbed and incapable of being functional, contributing members of society is just that: an illusion.

A recent study published in the *Journal of Pediatrics* reported that in a group of students at two Ivy League universities who were willing to respond anonymously to a survey, nearly 20 percent reported self-injury, and more than a third of them had never told anyone about it.[2] From nearly twenty years spent learning from people who live with SIV I can personally report that I have met people of all ages, cultures, and professions who live with SIV. This includes people whom most would never consider as needing SIV, such as physicians, accountants, therapists, and business owners. Therefore, it is likely that someone with whom we work, live, or play is living with SIV and unable to disclose it. In fact, because trauma survivors are disproportionately represented in the helping professions, SIV may be fairly common among helpers in emergency, social, and psychological services, although data has not been collected to confirm this.

While SIV is blatant for some, for most people it is hidden, secretive. For example, a young man recently told me that playing football was a way for him to self-injure vicariously. He was struggling with the emotions of a neglectful, though outwardly luxurious, childhood and found that playing football was a means of coping with many emotions. He felt the sport gave him an outlet for aggression towards others, which was obvious, but that it was also a vehicle for SIV.

Excellent and effective
An excellent worker—
The day flows by
smiling and productive
with co-workers—
The night falls
And with it the façade—
Terror, lost time, flashbacks—
Burning off the filth—
Cutting away the painful memories—
Beating the offending parts—
Whatever it takes
To find a moment of
Relief—
Until tomorrow comes—
And I begin again—
—Amy[3]

Why do people cut, burn, punch themselves or turn to other forms of SIV?
Unresolved trauma is the single greatest common denominator for people who live with SIV. SIV and trauma are inseparable. As varied and different as people living with SIV are, there is always one constant factor in their lives: having a history of some form of trauma in their pasts, often in their childhoods. Trauma is the aftereffects of any event or experience that overwhelms a person's ability to cope at the time. Traumatic events can have profound emotional, physical, and spiritual repercussions.

Research has made clear the devastating and long-lasting effects that childhood trauma has on so many lives. Trauma is a primary public health concern and is known to be a determining factor in a great deal of emotional, physical, and social problems. For many people, the impact of childhood trauma remains throughout the lifespan and leaves a legacy of pain. Individuals and families are rarely aware of the impact of trauma across generations. The repercussions of trauma vary greatly as do the ways that people cope. Traumatic childhood experiences are known to be factors in the potential development of serious emotional and physical problems in later life, problems ranging from the more obvious anxiety, depression, drug and alcohol abuse, and post traumatic stress disorder, to less obvious sequelae such as psychosis, heart disease, autoimmune diseases, and cancer.[4] When the impact of trauma is identified then many problems and behaviors can be contextualized in a much clearer and optimistic light. Often when trauma is addressed in one family member, the rest are given the opportunity to reflect on their histories and traumatic repercussions in their own lives. Thus, one person's struggle with SIV, if understood in the context of trauma and family dysfunction, can catalyze healing for many family members.

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. . . .

For many abused and traumatized people who have plenty to scream and cry about, self-harm is what happens when screams are not listened to.
—S.K. Farber[5]

Childhood trauma can take many forms, including, but not limited to, experiences of:

- early loss and separation, especially of a parent /caregiver or sibling owing to
  - illness
  - death
  - divorce/separation
  - drug and/or alcohol abuse
  - incarceration
  - neglect
- poverty and deprivation, homelessness
- severe illness, hospitalization, surgery
- war
- natural disaster
- racism
- childhood abuses, including
  - sexual assault, including incest
  - physical assault
  - emotional abuse
  - bullying
  - witnessing domestic violence, and
  - neglect.(emotional and/or physical)

Trauma may be blatantly obvious or hidden; it can occur within or outside of the family. A person might be subjected to multiple forms of trauma, and trauma might occur over an extended period of time. We know that people subjected to early childhood abuses are likely to experience abuse later on in life as well.

. . . subjects with the most severe separation and neglect histories were the most self-destructive. We concluded that child abuse contributes heavily to the initiation of self-destructive behavior, but that 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[6]

Studies have long shown that people who live with SIV have significant rates of sexual abuse in their histories. While commonly acknowledged, this painful fact is often ignored when the topic of self-injury is discussed. The wounds of SIV are often described as the

"silent screams" of those who feel they have no other means of expression. It is up to each person to identify the history behind the screams as well as the purpose that SIV serves in their lives.

> *Skin is the boundary whose self-breaking is forbidden, so that "normal" people can keep the inside and the outside distinct. But for the self-mutilator, inside and outside, pain and voice, must become one in the act of creating voice. For those who have no voice but of silence, extremity is the only possibility for the expression and ultimate ending of pain.*
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> —Janice McLane[7]

When stress intensifies to overwhelming emotions that feel unbearable, the internal pressure must be relieved. For people with limited emotional vocabularies, who may know only that they feel "good" or "bad," there may be no words to describe this overwhelming internal pressure. In the absence of the ability to communicate what feels as if it must surely bring death, wounding one's own body is evidence of the acknowledgement of the pain. SIV is a way of controlling the internal pressure, deflating the intensity of the feeling, and re-establishing a bearable equilibrium. SIV brings calm because it is a known and knowable relief. However, it is a temporary calm, not without consequences. People living with SIV often feel isolated and lonely, separated from others who would judge them harshly. There is often a sense of shame and confusion. Both the aftereffects of trauma, as well as the need to cope with self-injury, disconnect one from other people.

Self-injury is overtly a behavioral problem but is primarily a relational problem. The traumatic experiences disconnect and disempower the victim. A person who has survived multiple ongoing traumatic experiences in childhood will likely struggle greatly to establish a "sense of self" in later life. He or she is likely to struggle with personal boundaries, tolerating brutally painful emotions, invasive memories and re-experiencing past trauma, disconnection from self and others, and confusion about meaning and spirituality. These are profound and painful aftereffects. SIV is often used to address many of these intense struggles. It is often described as an "all-purpose tool" for the management of the lasting wounds of trauma, even though the persons living with it might not be aware of their traumatic histories.

When asked how SIV helps, those who live with it say it helps them:

- To feel real, get a sense of their physical boundaries
- To diminish intense emotions such as despair, terror, self-hate, rage, shame, or helplessness
- To facilitate dissociation, to disconnect from oneself
- To symbolize internal pain through an external expression—to make pain visible
- To remember without consciously knowing; re-enacting of previous abuse
- To communicate what cannot be said verbally
- To express anger at someone else by directing it at one's own body; punching oneself to avoid violence toward another
- To feel part of a group of peers who self-injure, have a sense of belonging

- To ground oneself when dissociated (feeling as if one's spirit and body are disconnected)
- To increase dissociation when profoundly uncomfortable
- To stop flashbacks of abuse
- To facilitate remembering
- To punish oneself, especially for talking about abuse or as a consequence of believing that one deserves to be hurt or that it is unacceptable to have needs
- To communicate between personalities in those with Dissociative Identity Disorder (formerly known as Multiple Personality Disorder)
- To symbolize spiritual beliefs

> *Is not unusual to hear a person say that the drops of blood from self-cutting serve to replace tears of grief and/or outrage that the person does not yet feel safe or able to express directly. In this regard, the emotional pain suffered is comparatively much greater that the physical pain caused by the wound. When such emotions consume a person, she is often numb to the physical pain caused by the self-injury at the time she injures herself.*[8]

What helps, what hurts people who live with SIV?

How do we help those who live with SIV? First of all, and most importantly, we must deal with our own reactions. It is not uncommon for people to react to acts of self-injury with fear, disgust, or anger, as well as concern. SIV makes us very uncomfortable and we typically want to eliminate the source of our strong and negative reactions. Therefore, we demand that persons who live with SIV stop the behavior. This is our means of trying to minimize our own discomfort and upset. Yet it is crucial that, *before acting*, we become informed about the needs for and meanings of SIV as well as what facilitates healing. To truly be of use, we must partner with someone who lives with SIV in the journey of self-awareness, growth, and healing. This is difficult for most people, including mental health professionals. Therapist Robin Connors, Ph.D., in her seminal work *Self-Injury: Psychotherapy with People Who Engage in Self-Inflicted Violence*, writes: "The greatest impediments to useful and effective response to self-injury are the feelings and reactions of helping professionals."[9]

Unfortunately, many persons, including mental health professionals, react rather than respond to acts of SIV. It is not uncommon for someone who is self-injuring to be hospitalized against his or her own will, to be the recipient of interventions such as seclusion, restraint (physical as well as chemical), and/or involuntary medication. Basically, this means that people are locked up in padded rooms after being stripped, tied down, and forcibly drugged. These forms of intervention occur with great frequency in the attempt to control people who self-injure. While these measures eliminate self-injury in the moment, they are always traumatizing. Many current mental health treatments actually replicate the childhood traumas in a person's history. This retraumatization only compounds the damage. Such actions banish trust. People who have received these forms

of treatment report that these brutal practices only lead to a greater need for SIV and result in the loss of trust and hope that there are people who can understand and be helpful.

> *The urgency that many mental health professionals feel in response to self-injury leads them to abandon a more thoughtful and collaborative approach. This brings the treatment team back to the problem of disempowerment and re-enactment. Taking control can be damaging to the client and to the treatment alliance in the short run; it is also rarely helpful in the long run.*[10]

Traumatic experiences are based in helplessness. Trauma impacts one's sense of having power and control, of being able to acknowledge and guide internal and external experiences. Control is a crucial issue for many trauma survivors, and it is the thread that runs through the experience of SIV. People who self-injure do so to achieve intentional and deliberate control over their internal experiences. When others respond to a person's SIV with attempts to control them, they are only adding fuel to a fire that is already burning deeply. As much as it might seem crucial to focus on eliminating the behavior of SIV at all costs, it is exactly this application of power and control that does much more harm than good in the long run.

> *Telling an individual to not injure him- or herself is both aversive and condescending. . . . SIV is used as a way of coping and is often used as a final attempt to relieve emotional distress when other methods have failed. Most people would choose not to hurt themselves if they could. Although SIV produces feelings of shame, secrecy, guilt, and isolation, it continues to be used for coping. That people will engage in self-injurious behaviors despite the many negative effects is a clear indication of the necessity of this action to their survival.*
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> —Tracy Alderman[11]

Acknowledging the connection between past trauma and the present ways people cope is crucial to healing from that trauma as well as from any addiction or other coping behavior, such as SIV. The process of healing is an evolutionary one, not a linear one. It requires courage to explore one's history, to learn to sit with the intensity of raw and painful emotions. It requires effort and education to create other ways of managing struggle and the challenge of finding support for the journey.

The path to healing from the need for SIV is as varied and unique as the individual who is self-injuring. Yet, there are common themes that run through stories of recovery. People who have healed from the need for SIV say that the factors that helped them include: having an understanding, compassionate, and noncoercive relationship, whether with a therapist, friend, or peer; contextualizing the SIV as a coping strategy that has helped them survive; creating alternative strategies and behaviors for coping with the stressors that lead to SIV; and being free of threats of institutionalization, shaming, or other attempts to control them. The ground of healing is control and choice.

It is crucial that we learn to respect and experience all feelings, especially those that we are uncomfortable with. Both society and the psychiatric community have facilitated the perspective that there are "negative" emotions that should be avoided as much as possible. Few people are comfortable with anger, fear, or sorrow. As emotions intensify (for example, when the energy of anger intensifies to rage, fear to terror, and sorrow to despair) we often become more frightened. This is true not only for people who are experiencing the emotions, but for those around them as well. Learning to contain a wide range of feelings is crucial for healing from SIV, for emotions are an integral part of being human. People with trauma histories experience intense emotions and it is greatly helpful to have support in the process of learning to both have and express them. As people feel the urge to self-injure they can learn to pause and identify what is bringing on the urge. For example, it is not unusual to hear that someone feels an urge to cut when deeply sorrowful. They say that cutting is a means of "crying" in which drops of blood serve as tears. Learning to cry actual tears takes a process of risk and expansion. Having support in this journey is very helpful as long as the supportive people are able to tolerate their own emotions as well as those of others. More than any particular psychiatric intervention, it is the connection of an empathic and understanding relationship that facilitates healing.

> *In this age of presto-chango technique and managed care, the process is too often a casualty of the pressure to make therapy as brief and problem-focused as possible. We forget that there's meaning everywhere, if we have the pluck and luck to discover it, and that it often flows out more freely when we're patient, honoring a girl's agenda over our own, sitting a while longer with our own uncertainty and discomfort. . . . I don't always know what is, strictly speaking, "therapeutic"; sometimes all it takes is just being present. And sometimes being present is harder than providing big-time interventions.*
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> —M. Straus[12]

The least-often discussed, yet most effective, tool that facilitates healing is peer support. There can be no questioning of the power and hope that people who have been through similar experiences can offer to those who are struggling. Unfortunately, people who have lived with SIV face enormous stigma and do not often have the opportunity to meet one another. Systems of care often isolate those who live with SIV from one another in the mistaken belief that meeting in a group will escalate self-injury. Yet when people are able to communicate with each other, whether in person or through newsletters or websites, the opportunity for understanding and support is very meaningful. People who have journeyed down the road to healing can mentor those who are in the midst of pain and confusion. Knowing that you are not alone and have the opportunity to be heard and supported without judgment is highly instrumental in healing. When SIV is understood as a coping mechanism for the aftereffects of trauma, then others who are recovering from the sequelae of trauma themselves can learn to provide understanding as well, even if they themselves have not needed to turn to self-injury.

I found strength by forming my own support group consisting of people who were doing positive things for themselves. Some of those had self-harmed in the past and found other ways to deal with life. As I grew I began reaching out to people who were actively harming themselves, passing on what I had learned. I also took steps to begin healing from my past trauma, sexual abuse issues. I believe my healing there, the self-forgiveness I found, were the biggest achievements in no longer having the need to harm myself.

—D. Dixon[13]

Lessons learned from those who have healed from the need for SIV:

- *SIV is easier to stop when it no longer feels desperately needed— this is a result of life changes rather than a singular decision to "stop it."*
- *The need for SIV tends to slowly decrease as options increase and as one's past history of trauma is gently explored and understood; this is an empowering process, one in which we learn about our own motivations for SIV as well as the limitations past trauma has left us with.*
- *Putting SIV in its place as a coping mechanism, a tool of survival, is helpful, whereas deciding it is proof of insanity or "badness" perpetuates SIV. Shame about SIV often perpetuates SIV.*
- *People turn to SIV for personal reasons, yet we are not alone, as many share similar motivations and experiences. We can learn compassionate understanding of SIV by experiencing connection with others.*
- *We have learned that professional help is not an absolute requirement for healing, and that it can be retraumatizing. We have the capacity to learn to help ourselves and each other. A fundamental consequence of trauma is disconnection from self as well as others. Healing from SIV occurs in the context of relationships, the primary one being that which we have with ourselves.*[14]

There is hope for the future.

Systems of care, as well as the general public, are beginning to change their beliefs about people who self-injure. There are pockets of support and safety emerging for those who want help to heal from the need for SIV. Yet there is a great amount of work to be done. Clinicians and educators, as well as friends and family members, must reframe their understanding of SIV. This can be best achieved by including the experts in our midst, the people who have healed from the need for SIV. The integration of consumers into all aspects of care delivery is revolutionary and has resulted in better outcomes and greater satisfaction for all concerned in the various systems of care. Creating policies and procedures that are trauma-informed requires a collaborative effort.

A trauma-informed society and system of care is the foundation of healing as well as prevention. We know that children who survive adverse childhood experiences are more prone to SIV as well as other emotional and physical struggles. Reducing the

circumstances that cause individuals to self-injure and remediating the consequences of trauma is critical. This requires education and a willingness to do things differently. It is up to all of us to attend to those in our midst who are suffering.

RESOURCES

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