

BRIEFLY STATED MOTIVATIONS & POSITIVE RESULTS

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When one research participant was asked about her motivation/ trigger for an episode of self-mutilation she said, "I had four".

The act of self-mutilation will (address):

Regulates Mood - relieves, escalates or de-escalates mood. The status quo is so painful that feeling worse is better than maintaining the status quo. The experience of relief declines over time, dependent upon the continuum of early, middle to late stages of self-mutilation.

Manages Depersonalization - a form of grounding in order to feel more real, and/or to create distance or dissociation from the body. If a client bleeds, she or he knows that she or he is alive.

Psychic Numbing - dulls emotional and/or physical pain, and/or relieves psychic numbing by causing pain.

Alienation - although the behavior is usually done in private, when disclosed, the act draws people near and/or pushes them away.

Desensitization - prepares a victim, by reinforcing psychic numbing, for the next assault from a perpetrator.

Modifies Own Behavior - wounds and scars help prevent sexual intimacy, certain symbols are threats or reinforce alignment/identification with the perpetrator, may be punishment for revealing family secrets in therapy. Self-harm may be used to reinforce a rule of silence.

Suicide - avoids or delays, precursor to, or prolongs. "It is a long dance of suicide".

Mark Self - w/personal and/or universal symbols, identification w/deviant groups, labels or threats. Universal symbols may have idiosyncratic meanings.

Trance - a significant blunting or numbing of pain due to trance anesthesia. Also, there may be amnesia for self-mutilation episodes. For example, the client "wakes up" or "comes to" with wounds.

Transcendent - to facilitate connection to the world and God, for example, "pain filled ecstasy".

Self-mutilation may be a form of:

Implicit Communication - to self and others; e.g., I am hurting and cannot verbalize my pain, I feel overwhelmed and need help. This includes communication from one internal ego-state to another.

Reenactment - of earlier trauma, modeling, or family dynamics. (Research by Walsh and Rosen does not support modeling as a significant precursor for self-mutilation, but the women in my study mentioned it as both a precursor and the opposite (found parental self-mutilation repellent). Re-enactment shows up in literal, dynamic and figurative ways but it is always about the family dynamics and early childhood care.

Self-Punishment/Self-Hate - I am bad (or inadequate), I must pay, or a part of me is bad and that part must pay. The ego-state that identifies with the perpetrator may hurt child parts. The child parts suffer, the perpetrator or host (denier/rescuer parts) do not feel the pain. Reports of pain may vary dramatically even within one single episode of self-mutilation.

Compulsion/Addiction - associated with endogenous biochemical changes.

Mock or Personal (Idiosyncratic) Exorcism - to get or let the bad out, to experience a sense of purging shame and false guilt.

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