

PREPARATION FOR FIRST STEP

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EXERPTS FROM "THE BODY AS TESTAMENT" RESEARCH ON SELF-MUTILATION
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POEM

Co-researcher A in The Body as Testament Thoughts of Self-harm

Verse One

Eyes moan in silence,
imprisoned screams
curl deep inside,
words long frozen
are held back
by aching fingers
clamped tightly around shoulders.

Verse Two

Shield the hollowness.
Protect from touches that burn.
Don't look toward horizons
that rumble with night storms
sometimes so black they ache.
Hold the faces and feelings out of reach.
Yet their pulsing calls
and you try to find a way inside
thinking the pain will open portals
instead of close doors.
For the pain, numbs no more
like a drug that has lost its effect

INTRODUCTION

Self-mutilation is co-current with a myriad of experiences and diagnoses. Regardless of the origin or the outcome, self-inflicted physical pain reflects inner strife. In some people, the acts (along with the secrets) become compulsive or addictive. Those who become compulsive with a behavior, rather than a chemical substance, are addicted to their own endogenous neurochemistry. With self-mutilation neuro-opioids and adrenaline are produced.

The progression of a physical self-harm compulsion can become as destructive as other addictions, and it can result in an accidental fatality. Ultimately, as with any addiction, there comes a time when self-mutilation causes more pain and shame than it relieves. This is the time when healing becomes possible.

Various terms are used for self-mutilation in this first step guide to reflect the commonality as well as diversity of the experience. Some of the terms used here are self-mutilation, self-harm, self-injury, physical self-harm, etc.

The first step, of the twelve steps and healing, is a thorough history and reflection of your experience of powerlessness and unmanageability with self-injury.

Please review the poems, motivations, paradoxes and double binds specific to self-mutilation and then answer the questions as completely and honestly as possible.

- 1) Describe, in writing on a separate sheet of paper, the first time you remember hurting yourself. Follow this with a life narrative of self-harm. Please do not leave out your worst experience. Please describe the who, what, when and where of these events. Describe your external surroundings as well as your internal experiences (emotions, thoughts, plus physical (sensations, pain and psychic numbing) and sexual experiences (arousal)).

COGNITIVE DISTORTIONS (conscious and unconscious)

Briefly Stated Paradoxes and Double Binds

The Body as Testament

The act of self-mutilation (is):

Causes Pain and Relieves Pain

Draws People Close and Pushes People Away

Represents Fragmentation and Reinforces Fragmentation

Energizes and Releases Energy

Keeps Secrets and Reveals Secrets

Difficult to Talk About and Must Be Talked About to Heal

A Form of Control (a control technique) and a Way of Being Out of Control

Protective and Punitive

A Form of Remembering and Helps You Forget "pushes back memories voices"

Saves Life and Destroys Life

Double binds and paradoxes can help keep a dysfunctional action flourishing even when it is destructive. Do you relate to any of the double binds or paradoxes listed above? If not, can you think of others?

- 2) Describe the double binds and paradoxes of self-mutilation that you experience or have experienced in the past.

The identification of double binds and paradoxes is an important step toward healing.

Briefly Stated Motivations

The Body as Testament

The act of self-mutilation may:

Regulate Mood - relieve, escalate or de-escalate mood

Manage Depersonalization - person feels more real or uses self-mutilation to help create distance from the body

Psychic Numbing - dulls emotional and physical pain or relieves psychic numbing

Alienation - although this behavior is usually done in private, when disclosed, draws people near or pushes them away

Break or Reinforce Denial - "If you don't think I'm here {alter ego-state(s) to host} I'll show you that I'm here," or "My life is fine. I am just crazy."

Internal Control Issues/Creates Intrapsychic Chaos - to manipulate, threaten and control other alter ego-states. (maintain secrets, denial or protect the perpetrator(s)).

Modify Own Behavior - scars help prevent sexual intimacy and/or compulsivity

Suicide - avoids or delays, precursor to or prolongs

Mark Self - with personal and/or universal symbols, some universal symbols may have personal meanings. For example, "I feel emotionally scared and so I scar my body."

Transcendence - to facilitate connection to the world and God, to rise above the experience of life (inferred more than stated by research participants)

Desensitization - an effort to develop a higher tolerance for pain, with practice, in case of re-traumatization (preparation)

Body Memories - to suppress, relieve or contain body pain or pressure, usually reminiscent of the early childhood neglect/trauma experience

The act of 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."

Reenactment - of earlier trauma, modeling or family dynamics

Self-punishment or Intrapsychic Punishment/Self-hate/Shame - "I am bad (or inadequate), I must pay."

Addiction - may be associated with biochemical changes, part of the addiction cycle, may include ritual

Personal Exorcism - (as a metaphor, rather than as an actual religious, fundamentalist ritual) to get or let the bad out, related to shame

3) List and describe your motivations and triggers for self-mutilation.

The statements above emerged from research by women who had a history of profound self-mutilation. Do you relate to any of their stated motivations? If so, write about them and give clear, vivid examples from your life. You may find that you have more than one motivation for one episode of self-injury.

If you don't relate to the stated motivations listed above, then what are/were your motivations for self-harm - conscious or unconscious? Please take time to list and describe your motivations and your triggers? Give examples.

Triggers may be emotions, stressful events, emerging PTSD symptomology or reminders of past trauma/neglect.

If you have used symbols to mark yourself, what do they mean?

POEM- Co-Researcher-B in The Body as Testament

December 21, 1991

I am the hunchback of Notre Dame.
Beast from the forest.
The phantom of the opera.
My scars crying look.
Look and see what life has done to me.

Read the story of my life there and weep.
Product of society.
The cruel cuts.
The jagged lines.

The clumsy attempts at repair.
The rehurting.
The keloid scarring.
I am not who you think I am.
I am the afflicted.
The one you look away from.
Product of the nuclear family.

Outcast.
Unclean.

See my scars and wonder
at how I can live.

ONE CASE STUDY

Co-researcher E
Individual Composite Textural-Structural Description
Phenomenological Study

Self-mutilation happens over periods of time rather than as isolated, encapsulated incidents. These periods of time are often progressive. The paradox: self-mutilation seems to happen over long periods of time and long periods of time seem like moments. Time is not measured in traditional ways. Time frames are measured by the number of wounds, rather than by a clock. Even so, time blends together. Time can be so constricted that it is lost.

At times the individual is disconnected from physical pain. On other occasions she suffers greatly. Even when the burns are third degree, the experience of pain is variable. The same experience of burning may engender a wide range of expressions of physical pain or emotions, including denial. Burning is an outward manifestation of inward pain. Pain is experienced as something that can be moved, not alleviated. Pain or guilt is moved from an internal experience to an external experience. Moving the pain detracts from the original source of pain and guilt.

Self-mutilation wounds or scars are used to prevent sexual intimacy. These marks sooth feelings of vulnerability. The individual is terrified of her sexuality. She feels vulnerable to her own desires. Her body is marked with wounds and scars which she experiences as ugly, thus enforcing abstinence. The individual uses self-mutilation to set sexual boundaries. She will not let others see her wounded body and so she is less likely to engage in sexual activity.

Her desire to keep her behavior secret creates barriers beyond the sexual boundaries and encourages isolation. She keeps her behavior guarded as a secret due to embarrassment and shame. Her methods of secret keeping include hypervigilance, pretending to be "normal" or overt lying, even though lying is not part of her value system. She spends a lot of time and energy hiding her wounds.

Self-mutilation is an attempt to control the inner world of feelings and thoughts. There are actions, such as rules, which are created to control the self-mutilation. This is like the lion chasing his tail. The greatest fear is loss of control. Yet, loss of control is common. The individual relates more to her behavior of self-mutilation than to herself. She interacts with her behavior as if it were a live entity, a personification of her behavior. She has rules to control "it". Her control mechanisms have not worked and she has failed to stop her behavior. She feels hopeless about establishing control. Control seems to be in the hands of this "live entity" which is outside of herself. The behavior has control of her, not the other way around.

Self-mutilation is experienced as a method to burn away all of the filth and impurities. The individual feels punished by herself. Her self-punishment is closely related to her sexual thoughts and feelings. She feels deep shame and guilt. Her guilt is focused on her thinking and behavior while her shame is about her sense of worthlessness. She feels hopeless about breaking the cycle of self-harm and self-punishment. Self-mutilation feeds her shame. She also perceives her self-mutilation as a way to express her sadness and grief.

She does not try to excuse or defend her behavior. Feelings of hopelessness are heavy and pervasive. There is a hopelessness about stopping the behavior and about life in general. The individual perceives her behavior to be the reenactment of an abusive experience and dynamic. As a child her caretakers were disrespectful to her body. She believes that her self-mutilation is always related to her childhood, just not always in the same way. This reenactment includes self-punishment. Her communications to God include desperate cries for help and relief. She is willing to surrender all for divine intervention. In this case, the term "sacrifice" may be a correct label for her behavior of self-mutilation.

The decision to take personal responsibility is important if significant changes are to be made. It is also important for the individual to know that others care. Telling others of her behavior and knowing that they care is an essential component of healing. Conflicts regarding disclosure are based upon the fear of influencing or frightening another. There is also fear of rejection and judgment. Yet, disclosure is a primary factor in healing. There is much to grieve before the behavior of self-mutilation starts. Once the behavior has become entrenched, the consequences add to the existing grief. Any relief self-mutilation offers is temporary. The long-term negative ramifications of this behavior are profound.

SELF-MUTILATION FIRST STEP GUIDE

Please use a separate piece of paper.

PREOCCUPATION/OBSESSION

Give examples of how thoughts of self-mutilation or self-harm, either before or after the actual harm, interfere with your life, your work and your relationships (with self and others).

RITUALS

Describe the usual preparatory steps you take before actually harming yourself, i.e. collecting or preparing objects, special eating or sexual habits, isolation, etc.

Describe what you do after an episode of self-harm or self-mutilation. For example, what do you do if there is/are bruises, burns, blood, or cuts that need stitches?

ATTEMPTS TO CONTROL

List all the rules you have to limit or manage your self-mutilation or self-harm. Please give examples of how you have made rules, and if and how you have broken them.

Give examples of how you have hidden or lied about your behavior and/or the evidence of the behavior. For example, long sleeves or made up accidents.

SPIRITUAL CONSEQUENCES

List your personal values that conflict with self-inflicted physical pain, injury (and sometimes scarring).

List all of the shaming and self-defeating messages you tell yourself before, during and after self-mutilation.

PHYSICAL ACTIONS AND CONSEQUENCES

List the various ways you have harmed your body accidentally or on purpose.

The list may include, but is not limited to, hitting, slapping, pinching, scrapping, scratching, biting, hair pulling, cutting, and burning.

List the physical consequences of your self-harm.

Describe how your self-harm relates to your eating habits and sexuality. Describe your cycles of self-harm and how they relate to any other compulsions or addictions you may have.

EMOTIONAL CONSEQUENCES

How does your self-harm relate to your childhood and how you were treated as a child – literally, symbolically, metaphorically, dynamically?

List all of the core emotions that have triggered self-injury. Do you see a pattern?

List the core emotions that you have during and immediately after self-injury, as well as the long term emotions.

POWERLESSNESS AND UNMANAGEABILITY (Revisit this topic - even though it was addressed in the first question)

Describe your experience of powerlessness and unmanageability with regard to self-injury. Imagine and write about the progression of your behavior if you do not seek recovery.

Write about how you might apply the second, third and fourth steps to intervene upon self-injurious behaviors.

Describe how recovery for self-injury would look and feel to you. List healthy ways you could self-soothe your body when you have urges to hurt yourself.

EXPERIENTIAL ASSIGNMENT

Trace a life-sized silhouette of your body and describe with color and symbol all the places and ways you have self-injured accidentally or on purpose.

Do a second life-sized silhouette (if you don't have time in treatment please do this post residential treatment with your therapist) and write/draw/paint your amends to your body. Ask for help from your higher power.

BIBLIOGRAPHY AND SUGGESTED READINGS

Alderman, Tracy (1997). *The scarred soul: Understanding and ending self-inflicted violence.*

Oakland: New Harbinger Publications, Inc.

Calof, David L. (May/June, 1995). *Chronic self-injury in adult survivors of childhood abuse:*

Sources, motivations, and functions of self-injury (Part I). *Treating Abuse Today*,
5, 11-17.

Calof, David L. (July/August, September/October, 1995). *Chronic self-injury in adult*

survivors of childhood abuse: Sources, motivations, and functions of self-injury (Part
II). *Treating Abuse Today*, 5, 32-36.

Favazza, Armando R. (1996). 2nd edition. *Bodies under siege: Self-mutilation and body*

modification in culture and psychiatry. Baltimore: The John Hopkins University Press.

Freyd, Jennifer J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse.* Cambridge:

Harvard University Press.

Hewitt, Kim (1997). *Mutilating the body: Identity in blood and ink.* Bowling Green, Ohio:

Bowling Green State University Popular Press.

Linehan, Marsha M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality*

Disorder. New York: The Guilford Press.

Menninger, K. (1938). *Man against himself.* New York: Harcourt, Brace & World, Inc.

Miller, Dusty. (1994). *Women who hurt themselves.* New York: Basic Books.

Scarry, E. (1985). *The body in pain: The making and unmaking of the world.*

New York: Oxford University Press.

Scott, E. Hitchcock (1999). *The body as testament: A phenomenological case study of an adult*

woman who self-mutilates. . *The Journal of Arts in Psychotherapy*, Vol. 26, No. 3,
pp. 149-164.

Scott, E. Hitchcock (1999). *The body as testament: A phenomenological study of chronic self-*

mutilation by women who are dissociative. Doctoral dissertation, The Union Institute, 1999, pp. 290. UMI number: 9921604.

Scott, E. Hitchcock (Speaker). (2002). *Expressive arts therapy: The seven essential processes*. (CD No. 2 of Mind-Body Conversations). Tucson: University of Arizona Associate Fellowship in Integrative Medicine.

Scott, E. Hitchcock & Ross, C. (2006). *Integrating the creative arts into trauma and addiction treatment: Eight essential processes*. New York: Haworth Press.

van der Kolk, Bessel A. (1989). The compulsion to repeat the trauma, re-enactment, revictimization, and Masochism. *Psychiatric Clinics of North America*, 12, 389-411.

Walsh, B. & Rosen, P. (1988). *Self-mutilation: Theory, research, and treatment*. New York: Guilford Press.