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The Cutting Edge: A Newsletter for People Living With Self-Inflicted Violence

by Ruta Mazelis, Creator and Editor

Review by Carol A Redding, MA

The *Cutting Edge: A Newsletter for People Living with Self-Inflicted Violence* is published quarterly by Ruta Mazelis, who writes and consults on issues of trauma and self-injury and is committed to providing “a forum for [people] living with self-inflicted violence [SIV] and our allies.” Since 1990, Ms Mazelis has been publishing information about SIV from the perspective of those who live it. She speaks as a witness and describes her writing as “editorials.” Keeping this description in mind, readers of this newsletter can easily appreciate the value of Ms Mazelis’s commentary.

In its approach to borderline personality disorder (BPD) (the label typically affixed to people who self-injure), this publication differs greatly from peer-reviewed publications, such as those published by the National Institute of Mental Health, and perhaps in this difference lies the greatest value of the newsletter.

The Cutting Edge offers insight into a condition that is mystifying, disturbing, frustrating, and often misunderstood. For those of us who otherwise could not fathom what it is like to find relief in pain, the grassroots voice of *The Cutting Edge* brings alive the experience of being a self-injurer:

“This monstrous evil
that lay within me
I have opened the incision
For all to come see ...
Come all to my mirror ...
The pain is now gone
The feeling has left
Gone is desire
Gone is my debt
I feel nothing right now.
—Anonymous”¹

In Ms Mazelis’ experience, “... rarely is SIV explored [by researchers] for the meaning and purpose it has in the person’s life. It is most often perceived to be a pathological behavior requiring whatever degree of intervention it takes to make it stop.”² She asks, “Who are the experts?” and points out, “Oftentimes the ‘expertise’ of the person holding the opinion is based on formal credentialing ... [which is] deemed more valuable than lived experience. This popular mentality is unfortunate,

however, and is often used to invalidate the intuitive knowledge held by each person who lives with SIV.”³

According to the National Institute of Mental Health,

Borderline personality disorder (BPD) is a serious mental illness ... While less well known than schizophrenia or bipolar disorder (manic-depressive illness), BPD is more common, affecting 2% of adults, mostly young women.⁴ There is a high rate of self-injury without suicide intent, as well as a significant rate of suicide attempts and completed suicide in severe cases.^{5,6} Patients often need extensive mental health services, and account for 20% of psychiatric hospitalizations.⁷ Yet, with help, many improve over time and are eventually able to lead productive lives.

... Studies show that many, but not all individuals with BPD report a history of abuse, neglect, or separation as young children.⁸ Forty to 71% of BPD patients report having been sexually abused, usually by a non-caregiver.⁹ Researchers believe that BPD results from a combination of individual vulnerability to environmental stress, neglect or abuse as young children, and a series of events that trigger the onset of the disorder as young adults. Adults with BPD are also considerably more likely to be the victim of violence, including rape and other crimes. This may result from both harmful environments as well as impulsivity and poor judgment in choosing partners and lifestyles.¹⁰

The Cutting Edge explores in the plainest possible terms the issues surrounding SIV, and Ms Mazelis clearly states her observations, including some particularly striking ones:

- Results of SIV research can be unreliable because such research is often sponsored by pharmaceutical companies with agendas that can create promedication bias.¹¹
- People with SIV come from all walks of life, ethnicities, and socioeconomic strata.¹¹
- Some of the existing “systems of ‘care’ that [perhaps inadvertently] judge, shame, [and] punish” people with SIV actually revictimize instead of heal them.¹¹
- Victims of SIV are often more hopeful than are the professionals from whom these victims seek help.

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SIV is arrested most successfully not when it is approached as the primary target but instead when efforts to help are undertaken as compassionate, collaborative work on the issues underlying SIV.²

- For anyone confronted with the perplexing challenge of helping a person who lives with SIV, an especially useful item of information is that the most beneficial remedy for the affected person is a caring helper but not necessarily a professional one: “The process of healing SIV can be simply described—it is the process of healing the pain that brought about the need for SIV in the first place. ... What is at the core of the healing process? Intimate connection ... with their own historical realities, including the invalidations, abuses, and shaming in their pasts, in the presence of a compassionate person who is there to validate their truth and soothe the pain of awareness and grief. People who confront the roots of their pain, and identify the patterns of survival used to manage it, build a relationship with themselves that is based on dignity and self-compassion.”²

The Cutting Edge includes book reviews as well as poignant writings and artwork by self-injurers. These contents offer remarkable insight into the foundation of the condition. In these writings, the reader is quickly led to see a common thread of abuse, exploitation, anger, shame, and distrust.

“My skin tells the story
of the pain that I feel
each scar holds an emotion
that I didn't reveal”¹²

—Tiffany, 20, Self-Injurer for six years ❖

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Sweet Serenity

The love of learning, the sequestered nooks

And all the sweet serenity of books

—Henry Wadsworth Longfellow, 1807-1882, American poet