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# the Cutting Edge

Welcome to the beginning of the 15th year of publication of *The Cutting Edge: A Newsletter for People Living with Self-Inflicted Violence*.

As you will immediately see, the newsletter has a new look, a sweet reflection of the immediate influence of joining with the Sidran Institute. I am more than pleased to introduce you to Sidran, and its President (and CEO), Esther Giller. When I first heard of Sidran many years ago I was glad to learn that there was an organization devoted to the discussion of trauma, its impact, and the concept of healing. When I first met Esther my heart was touched by the wise, calm, and compassionate look in her eyes, something very noticeable in a gathering of people nervous about discussing self-inflicted violence (SIV). Those thoughts and feelings were paramount when I considered asking for help with this work and began looking for a place to further my goal of promoting the concept of healing from SIV. It is a joy to say that, when I went to spend the day in Baltimore to discuss our partnership, it was my spirit that soared from meeting not only Esther, but many of her coworkers as well, and listening to their hope and vision for a future where trauma is understood, abuse can be prevented, and people are supported in their journeys to heal from brutal life experiences. It is my pleasure to introduce them in this issue. I hope that you are inspired to get to know Sidran and benefit from all that it has to offer.

—Ruta Mazelis, Editor

A Newsletter for People Living with Self-Inflicted Violence

## GUEST EDITORIAL

### Esther Giller, Sidran Institute

I am very pleased that Sidran Institute and *The Cutting Edge* have joined together to help people understand and respond supportively to those who live with self-inflicted violence (SIV). I have known and respected Ruta Mazelis's remarkable work in the field of SIV almost since the inception of the newsletter 14 years ago. I had the pleasure of getting to know her personally in March of 1998 at the meeting of an invited working group on self-injury, convened by the U.S. Center for Mental Health Services.

We have stayed in touch during the intervening years, re-connecting through the Women, Co-Occurring Disorders and Violence Study on which we both worked, tracking each other's progress and products, and talking about how great it would be to collaborate some day. When Ruta e-mailed me last November to ask if *The Cutting Edge* might come under Sidran's umbrella of publications, I jumped at the opportunity.

Sidran Institute is a board-governed 501(c)3 nonprofit organization that helps people understand, treat, and recover from the effects of victimization and trauma. A high proportion of the people we serve are products of chaotic or dysfunctional families and/or victims of crimes such as rape, child abuse and neglect, domestic violence, assault, murder of a loved one, and crimes related to substance use.

Sidran (SID-run) Institute began in 1986 when a member of my own family, who had been sexually abused in childhood, was subsequently diagnosed with serious, debilitating psychiatric and life-threatening medical conditions related to the crime. Finding little available in the way of appropriate treatment and support, the family

convened professionals, support program representatives, and national organizations to strategize remedies to gaps in basic service delivery, continuity of care, and sound research about trauma. Sidran's philosophy of "education through collaboration" brings together great minds (professionals, survivors, and loved ones) to develop comprehensive programs to assist trauma survivors. The organization is named for my grandmother, Kate Sidran, who donated the funds that enabled its launch.

Our organizational philosophy is built on collaboration, empowerment, and shared knowledge. The careful building of relationships is often the key to healing from experiences of trauma and neglect. Therefore, we try to model mutuality in all our "RICH Relationships" (Respect, Information, Connection, and Hope)—with survivors, service-providing organizations, family and supportive friends alike. Please visit our Web site at [www.sidran.org](http://www.sidran.org) to learn more about the work we do and the resources we have available, and call, write, or e-mail if you would like to be added to the Sidran Institute mailing list.

*The Cutting Edge* has always been the black and white embodiment of Respect, Information, Connection, and Hope for people who self-injure and those who care about them. Please be assured that *this will not change*. In fact, we expect that together, *The Cutting Edge* and Sidran Institute can be even more collaborative with the community of people interested in the issue of self-injury.

Historically, *The Cutting Edge* has invited submissions of writings, artwork, and recommendations of resources and reading

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## Cutting

my arm aches

how it shakes

the blade is calling

emotions stalling

red flowing so freely

I just feel things deeply

no conscious

people say I am selfish

I took a knife to it today

it took the pain away

my arm is bored

sight of blood means I've  
scored

warm liquid stains

truth lies within the pains

a release so loving

knife is so trusting

frankie



# Sharing a Vision of Healing from Self-Inflicted Violence

Choosing a topic for this editorial was both easy and a delight. It is an honor to introduce you to the Sidran Institute and to Esther Giller. Given our new collaboration, it is only logical that I write about self-inflicted violence (SIV) in the context of understanding trauma, as well as the potential for healing that comes from respectful and mutually supportive relationships. It is our vision that this new relationship between The Sidran Institute and *The Cutting Edge* will promote a clearer and deeper understanding of the reasons SIV exists and encourage the development of healing resources for people living with SIV as well as those who care about them.

As Esther's writing describes, Sidran Institute's goal is to help people "understand, treat, and recover from the effects of victimization and trauma." The roots of SIV are deeply embedded in trauma, whether it be childhood sexual and/or physical abuse, neglect, war, poverty, alienation, or other disturbing life experiences. Trauma disconnects people from themselves, each other, and life in general. We all struggle to make sense of trauma, whether we are children or adults. We all strive to cope with its impact, both at the time it occurs, and down the road of our lives where it later influences who we are and how we are in the world.

Trauma, especially abuse, narrows one's life. A person who experiences trauma must often focus on survival rather than living fully. They must survive brutally painful emotions, confusion about their own identity and the safety of the world around them, and struggle with the boundaries that separate them from other people. Trauma wounds in many ways. Some of its aftereffects are apparent and others are subtle. As the acute response to a traumatic event recedes over time, its impact might not be obvious or even recognizable. But trauma has a tendency to lurk if it is not acknowledged and healed.

The literal, physical wounds of SIV, the cutting, burning, punching of one's own body, address the figurative wounds of trauma. Our bodies become the canvas upon which we attempt to manage the impact of what has happened to us. People turn to SIV for many reasons:

- SIV can help diminish intense emotional or psychic pain that might be of such intensity that one is considering suicide (SIV can actually help enough in the moment to keep someone from trying to kill him- or herself);
- SIV can help people discover or reconnect with their own physical boundaries (many abuse survivors struggle with dissociation, a sense of disconnection between spirit and body);
- SIV helps survivors manage feelings of terror or rage, whether the anger is felt towards oneself or someone else;
- SIV can diminish intense anxiety or feelings of unbearable stress
- SIV can be a way that previous abuse can be re-enacted on one's own body in an attempt to manage and understand the past;
- SIV can serve to stop "flashbacks" of trauma (the experience of reliving the event which, although it is in the past, feels like it is occurring in the present);
- SIV can serve as a means of communication when words do not feel sufficient or available.

There are many other reasons people turn to SIV. The answer to the question "Why do people hurt themselves?" is a complex one, given how many reasons people have for needing SIV. Each person who is hurting him- or herself is the expert on why they do what they do. It is up to each of us to discover our own motivation for SIV.

There is a universal key to understanding the varied motivations for SIV: it solves a

problem and enables us to cope with the repercussions of trauma. For each of us, different as we are, it helps somehow (whether we are aware of the reasons we hurt ourselves or not). People do not cut or burn themselves for no reason. People are not simply “crazy” for what they do to their bodies. SIV serves a purpose. Hope comes from understanding that SIV makes sense at the time, that it is rooted in traumatic experiences, and that growth and healing are possible. A person living with SIV is a person struggling to cope. When you begin to heal the traumatic aftereffects underlying the need for SIV, you begin to heal the SIV.

When I ask someone why they stopped self-injuring, the most common answer I receive is simply “I didn’t need to do that any more.” There are those of us whose scars are fading, who no longer look for razors or lighters to use on our bodies. We are able to look back at our lives, at the intensity of the struggles that led us to self-injure, and recognize our strength as well as our pain. Why don’t we need to cut any more? Because the reasons we had for cutting are gone, because we are soothing the pain that was deep inside us. We recognized the trauma in our lives and the impact it had on us, and began a journey towards healing.

Healing is based on building connection, on mending the disruption trauma brings, and on learning to direct our own lives. Esther writes that “The careful building of relationships is often the key

to healing from experiences of trauma and neglect.” The keys to healing from trauma are the keys to healing from SIV—they are one and the same. Respect, information, connection, and hope are the tools that Sidran promotes. These are also the building blocks for healing from the need to self-injure. Respect, for ourselves as well as each other, is the foundation upon which connection takes place. As we learn more about ourselves and each other, about the impact of trauma on our lives as well as our own needs for SIV, we create personal dignity. Learning that others share a similar journey, that we are not alone in our pain nor in how we manage it, brings hope and a vision of a different future. These experiences are the basis for growth, soothing of past wounds, and learning new ways of living. They are based on our learning to reconnect with ourselves and with the world outside of us.

The theme of connection is central when I reflect on the healing in my own life. The years that I needed SIV were years of desperate survival, of whirling as a result of the intensity of the pain and confusion in my life brought on by historical trauma. I struggled greatly with my sense of self, as well as how to be in relationship with others and the world. SIV helped me survive, to manage, until I began learning more about my self, my history, and the implications of having a painful past. What helped me the most in the journey was having someone acknowledge my

pain without chastising me for what I was doing to survive it, someone who respected me more than I did myself, someone who already knew that I was not crazy. A hand reached out to me in this way, bearing witness to my suffering but with no intention of controlling me, helped me learn to hold my pain and soothe it, and I slowly learned how to create my own place in the world. I have been blessed with such wise and warm companions on my journey. I believe that compassionate understanding is what we can offer each other, and that it is a precious gift that is the strongest tool for helping ourselves as well as each other. When we read each others words, or see someone else’s art, in this newsletter, we can connect a bit with that person. If we can respect them, we can begin to respect ourselves. If we can feel some compassion for their struggle, we can find some for our own. If we can hope for their lives to heal, we can learn to find hope for ourselves.

It is my intention that this newsletter, and the Sidran Institute, serve as a place to find compassionate understanding for those who live with SIV as well as for those who want to be of help. I hope that you take advantage of the resources that *The Cutting Edge* and Sidran have to offer. Please let us learn from you about your own experiences and share whatever thoughts, opinions, and needs you might have. ©

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## The Question

Why do they send people who self-mutilate to psychiatric units? Pills—Tylenol—aspirin, in a bottle—some take two pills, some take three or four pills, but to a self-mutilator, a knife is just a different type of pill, that comes in a different type of bottle, or no bottle at all, but “it” only takes ONE.

We are out for the same results, to get rid of the pain, the pain on the “INSIDE.” When your main objective to begin with when you take the pills for a headache, you want your headache to go away, but when it doesn’t you take more pills. They don’t send you away, they just suggest stronger pills, but ME, with my form of pill, people freak. WHY?

Because it is easier to put us behind locked doors than to try to understand where our type of “PAIN” comes from.  
PAIN IS PAIN—SOME IS JUST DEEPER—

**Sandee Able**

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... I have been a cutter for about six years. Struggling the worst these past three where it has been severe. Over these past eleven months I have been in eight hospitals all over the US trying to find treatment for the many disorders I have including bulimia, PTSD, GAS, OCD, self-harm, Bipolar Type II, Borderline, blah blah blah. And this past hospitalization seemed to have done me some good. I was there for two and a half months. The urges came back as I went back to school and my family life became a wreck which it has always been. Yet I still moved into the dorms, started classes, and tried to just go with the flow. Although when the urges were too strong I went to my RA (resident assistant) to talk to her about it. Since doing that the school wanted to immediately have me kicked out. I was enraged. I was so mad I couldn't believe what was happening, because I sought out help for a disorder I had been struggling with for six years and was finally able to ask for help and was told I am wrong. Well, they couldn't kick me out because I hadn't injured myself yet, so they told me that I needed to see a counselor every week (which I was doing) and not to harm myself or whatever... they really didn't know what to say. Well, a week passed and I was overwhelmed and the urges got the best of me and I cut. A friend walked in on me and went and told half the dorm, which I was so upset about but there was nothing I could do. So the RD came to my room, questioned me about it, then told me I had to call the crisis hotline immediately. I asked why, because the deed was done, there was nothing I could do to change it. So I talked

to them about how I was going to get kicked out of school because I cut and the school doesn't know how to handle it. Of course they assured me that would never happen, blah blah blah... but sure enough the next morning I was told I had to move out of the dorm by 5 pm. I had a hearing that following Wednesday and was told that I could not live in the dorms for a year, not spend the night with my friends (if so, I would be considered trespassing and be arrested), and if I ever wanted to come back to live in the dorms I would have another hearing... I could not believe that they were able to do this. Yet they did and said that had never dealt with "someone like this." Although I asked what was the difference with someone who smokes or drinks in the dorm? But obviously they see a difference so... I am still able to take classes at college. I am living in an apartment by myself now and doing ok. I still have my slip-ups, but I am having less and less of those it seems, so that is good. It is just hard to realize how unaccepted I am to the college because of something that I do or did. I don't feel I should be judged by that, but I can't control that. Although one good thing is that I am a psych major and am planning to start another hospital for people who self harm...

**Joy-Liz**

## Guest Editorial Continued from front page

materials. Again, please note that *this will not change*. But we now invite you to play an even more active part in sharing, expanding, and disseminating the body of knowledge about SIV.

If you see an article or reference to a study about SIV (enlightened and encouraging or clueless and shudder-provoking) please let us know about it so we can post it on our Web site and reference it in the newsletter. Likewise, if you learn about a current survey or research project that others might benefit from knowing about, send the information along. Over the next 18–24 months, we plan to conduct our own survey of subscribers (survivors, friends or family, and clinicians) about their experi-

ences living with, working with, and caring about those who live with SIV. We hope you will want to actively participate so we can, together, actually change the way the mental health and medical establishments understand and deal with people who self-injure.

There are other ways *The Cutting Edge* readership can help spread the word. Please tell your friends and family members, colleagues and therapists, school teachers and counselors, and anyone else you feel should better understand the issues around SIV to visit [www.sidran.org/thecuttingedge.html](http://www.sidran.org/thecuttingedge.html) for a sample issue, articles, education and training, or to subscribe. Also visit [www.healingselfinjury.org](http://www.healingselfinjury.org).

And speaking of subscribing, one thing will change: beginning in January 2005, *The Cutting Edge* will become available by subscription, either by mail as you have always received it, or via email download. The annual quarterly subscription price will be \$30 for professionals and \$16 for survivors. Scholarships will be made available for those who are unable to pay. You can anticipate receiving an invoice for your 2005 subscription before the end of the year. If you have made a donation after June 2004, that amount will be credited to your 2005 subscription. ©

## The Secret

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### Part one

Hound me, you hound me, and trust me with nothing  
 but a plastic spoon, and  
 I am confined to the day room and searched three  
 times a day  
 Plus when leaving the cafeteria  
 Set ominously within the walls of the ward, the  
 “worst” ward  
 Be assured, attention is not what I am seeking  
 You throw me to the wolves, “you must learn coping  
 skills”  
 And I lay between the teeth of the wolf  
 And you get angry, and sedate me further, and shun  
 me  
 And you yell, and you leave, and you destroy  
 This incident being good for one solid piece of  
 destruction:  
 The jagged end of a coke bottle  
 And blood, mine, I think, running  
 Down the drain with the cold water (this way, none will  
 have to clean it up)  
 You cope in the way, I suppose, that is appropriate  
 Using your foot against others asses  
 But who has taken the higher moral road?

### Part two

Once he beat me so vehemently  
 The spinal fluid leaked out of the ears  
 And telling of it, in a small group of delicate victims,  
 A fresh flower accused me of being an abuser  
 As if she knew my story!  
 And in blind, flooding rage  
 I beat my fist until the flesh was black  
 And angry red, and bleeding, and twice its given size  
 Until my fingers wilted, screaming, I know, I know, I  
 know  
 And may heart cried say it and say it and I whispered  
 I beat only doors, not women but as for that group  
 I could never go back

### Part three

Then began the burning  
 All by itself it seemed

And the small blisters picked into massive infections  
 Flicking my bic at my clothes, doused in propane  
 The bone smashing  
 Head banging  
 The broken ribs and wrists and nose the global  
 bruising and  
 Cursing God... “I hate you”  
 And the fork in the eyes,  
 Although only the white of it  
 About 35 times

### Part four

But behavior, like biology, or with it,  
 Evolves  
 And after a half a century of this dilemma  
 The pressure began to ease  
 I could feel the fog again  
 And taste the sweetness of a grape  
 And look at a man  
 Without torturing and dismembering him in my mind  
 The skin seemed like a place for lotions, not ashes  
 and embers  
 And I learned the bittersweet ache  
 Of loving and being loved  
 But knowing it will not all last forever  
 Which seems sad even cruel  
 But I've embraced it all, yes, even the pain  
 But not for the purpose of suffering  
 I tell you, hope can die, but it dies very hard  
 Hope dies but it dies hard.

**Mael Anne Dinnell**

## Resource Review

*For Crying Out Loud: A Newsletter for Women Survivors of Child Sexual Abuse.* Survivors Newsletter Collective Inc., c/o Women's Center, 46 Pleasant Street, Cambridge, MA 02139. Subscriptions are \$10 for four issues.

It has been much too long since I last mentioned this newsletter, and it is a privilege to do so now. I have been familiar with *For Crying Out Loud* for over 15 years and have found it the most touching resource. Written by a collective of women survivors, each issue has a central topic and includes poetry by contributors as well as a resource section. The most recent issue is named "setting the table" and the contributors discuss the meaning that food has had in their lives, lives profoundly affected by the childhood abuse these women survived. The writing on this topic, as always, is insightful, emotional, and serves to connect the reader with the various voices that are sharing their perspectives. Regardless of the topic being presented, this newsletter provides a great gift to its readership—the feeling of connection and understanding that comes when one survivor can empathize with another.

In these days when many survivor resources have disappeared and the topic of child sexual abuse is being viewed as historical, these women continue to provide so many with a friend in the form of words on paper. I am grateful for their insights, their willingness to persevere, and for the sense of hope and potential that they inspire. If you are unfamiliar with this work, you might consider giving yourself a gift and get to know *For Crying Out Loud*.

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"Habitual Self-Mutilation in Japan," by T. Matsumoto, T. Azekawa, A. Yamaguchi, T. Asami, and E. Iseki. (*Journal of Psychiatry and Clinical Neuroscience* 58, no. 2 [April 2004]: 191–98.

I consider it important to stay alert to what researchers and the psychiatric industry say about SIV. This recent article caught my attention and I hope it will be useful to mental health professionals as they learn about self-injury. The authors of this article researched various aspects of the lives of a group of women who were known to cut themselves and compared their answers to the answers given by two

other groups of people—one being a group of psychiatric outpatients who did not cut themselves and the other being volunteers with no psychiatric diagnoses. Areas of interest that were reported on included depression, bulimia, and dissociation measures and, not surprisingly, the researchers found that those women who cut themselves had higher scores on all of these than those in either of the other two groups. They also had a more frequent history of shoplifting, illegal drug use, overdosing and suicide attempts, and histories of sexual and/or physical abuse. The authors mention that people who self-injure resemble the profile of individuals labeled with "multi-impulsive bulimia" rather than clearly relating these reactions and behaviors to the effects of trauma, but they do suggest that self-injury is linked to a history of abuse. This is a statement that, for some reason, many previous researchers have been hesitant to make, and I applaud these authors for actually suggesting the link between trauma and SIV. It has always interested me to read research articles that so clearly depict the sequelae of

*Continued on back page*

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## Honor Your Blood Release The Flood

pressure pumping   heart thumping  
 velvety pure when   can you be sure  
 flowing to flaky   vein so shaky  
 family inside   some things we can not hide  
 whether a hole   tear cut shot stab or slash  
 the blood I want to stash  
 saddens me much   that there is only so much  
 an expensive thirst   I'm not the first  
 frankie

---

## Why Cut?

May 9, 1997: Why cut?

Who do you cut, he asks,  
And how can I help?  
Really wanting to know—to help,  
Not just a question to shame me.

I cut to feel alive.  
    Within an empty soul  
    no part of me feels  
    Until the razor carves a straight  
    path.

I cut to honor the child.  
    She, who absorbed so much,  
    received so little joy.  
    I am now one with her pain.

I cut out of anger.  
    How dare they use me  
    As a vessel for their perversions  
    As a sex toy to discard!

I cut to remember.  
    Never forget the abusers  
    Who tore into our body  
    Producing trickles of blood.

I cut to emerge from dissociation.  
    When I become lost  
    Within my many houses  
    I need help in coming back to  
    reality.

I cut to attract attention.  
    Outweighing my sense of shame  
    is the need to cry out and say  
    Look! I'm hurting! Please help!

How can you help?  
    Be patient with me.  
    I've been a cutter  
    Almost half a century.  
    It won't magically stop tomorrow.

How can you help?  
    Honor my pain.

Honor my grief.  
Honor my anger.  
Honor my memories.

How can you help?  
    Talk about it openly  
    With true understanding  
    With no disgust  
    With no anger.

How can you help?  
    Do not turn from me  
    When you feel helpless.  
    Do not discard me  
    As a hopeless case.

Why do I cut?  
    To say  
    What I cannot put in words.  
    To show  
    The depth of my anguish.

**Paula Hurwitz**

## Let Us Know...

If you are a person living with SIV, or a professional working with people who self-injure:

- What supports would be most helpful to you?
- What resources have been most/least useful?

## We Want You to Know...

**How to contact us:** [cuttingedge@sidran.org](mailto:cuttingedge@sidran.org), 410-825-8888

**How to subscribe:** Send check or money order to Sidran at the address in the Publisher's Block. Annual subscription price: Professional, \$30; Survivor, \$16. (Scholarships are available. Please e-mail or call for more information.)

**Where to send contributions:** Donations or writing or artwork for *The Cutting Edge* should be sent to the Sidran address in the Publisher's Block.

## Publisher's Block



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## Upcoming Presentations:

- Cincinnati, OH, Sept. 24, 2004  
[www.healthfoundation.org](http://www.healthfoundation.org)
- Albany, NY, Sept. 29–Oct. 1, 2004  
[www.nyaprs.org](http://www.nyaprs.org)

## Resource Review

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trauma as somehow linked to SIV, but not strongly so. I hope this piece of work will push the field one small step forward into a greater awareness of the role of trauma in the histories of people who live with SIV.

*Traveling Directions for Women on a Journey of Recovery, Self Healing and Self Discovery*, by Sharon M. Cadiz, Ed.D. Copyright 1995. Available from Dr. Sharon M. Cadiz, 12–21 35th Avenue, Long Island City, NY 11106. [Scadiz@nyc.rr.com](mailto:Scadiz@nyc.rr.com). [www.747seminars.com](http://www.747seminars.com) Cost: \$20.

One of the many benefits of having interesting colleagues in the projects that I work on is discovering their passions and interests beyond the scope of the work that we are doing. It was such a treat to have a bit of time to spend with Sharon Cadiz and learn of her interest in spirituality, art, and human potential. Our intriguing conversation led to my discovery of the manual that she wrote to help women nurture themselves on the jour-

ney to learning and caring more about themselves. It is a pleasure to share this treat with you.

Sharon Cadiz has spent a good bit of her life's time and energy not only advocating for women, but learning from them as well. What she has learned from the persons she has served is represented in this manual. It is a gentle and soothing work, a guide and an ally. It is filled with simple exercises that took me surprisingly long to actually do, as they called me into deeper reflections than I had planned.

This booklet consists of six chapters, titled "Beginning," "Looking Within," "Activating Your Senses," "Tuning into Spirit," "Exploring Interdependence," and "Finding Reference Points in Nature." Each has some thoughts, suggested exercises, and poetry to guide the reader in reflection. After working through them I better understood what Sharon might have meant in one part of her poem "On the Verge" when she wrote "I want to be fluent in soul truth to liberate me from

the prisons erected to house my spirit." I believe her book is a tool for the journey of learning liberation and I thank her for it. I think you might find it useful as well.

*Understanding Self-Injury: A Workbook for Adults*, by Kristy Trautmann and Robin Connors. Available through Sidran Institute Press. Code: TRUS, workbook, 60 pp., Price: \$13.

This unique workbook provides information and elicits self-exploration through focused writing and drawing exercises. Developed by women at the Pittsburgh Action Against Rape, it is aimed at people who self-injure but can also be used by therapists who work with self-injurers. ©

### Training Opportunities

Ruta Mazelis will be doing presentations on SIV in Cincinnati and Albany in late September. Visit the Web sites above to get detailed information about workshops and conferences.