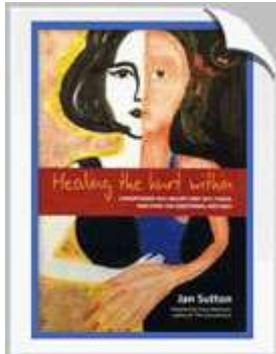


# Childhood Trauma, Negative Core Beliefs, Perfectionism And Self-Injury



Jan Sutton is an experienced counsellor, trainer, and author of several books covering self-harm, counselling skills, and stress management. Compassionate about the subject of self-injury, she has devoted many years to studying the phenomenon. She also maintains two high-ranking, not-for-profit websites, designed to support self-injurers and their supporters, and to raise awareness of self-injury and related issues.

- Defining Trauma
- Child Abuse And Self-Injury
- Defining Rape
- Defining Emotional Abuse
- Defining Physical Abuse
- Defining Sexual Abuse
- The Controversial Debate Over Recovered Abuse Memories
- An Interview With Sharon
- The Dilemma Of Suspecting Yet Not Knowing
- Additional Support
- Not All People That Self-Injure Have Been Abused
- Negative Core Beliefs And Self-Injury
- Negative Self-Beliefs And Perfectionism
- Changing Negative Core Beliefs And Building Self-Worth
- Key Points

'I was emotionally and physically abused as a child and self-harm seems to be one of my coping skills along with my drug and alcohol abuse.'

Supported by respondents' material this chapter provides significant insight into the role of childhood trauma, negative core beliefs and unhealthy perfectionist traits in self-injury. Further, the acrimonious 'false memory debate' is put under the spotlight. We observe first-hand the role of recovered abuse memories in the process of self-injury, and witness the anguish and consequences caused by recovered memories.

## Defining trauma

Traumatic events are usually considered to be deeply distressing or psychologically painful experiences that result in harmful long-term effects. Examples include major disasters which result in loss of life or injury, the sudden death or loss of a loved one, rape, sexual abuse, physical abuse, emotional abuse, neglect, domestic violence, abandonment, and bullying.

People react to traumatic events in different ways, depending on a number of factors, such as their psychological make-up, past experiences and access to support. Any event that leaves an individual feeling powerless, vulnerable, unsafe, and unable to cope may be perceived as traumatic. Children exposed to traumatic events such as child abuse are particularly at risk of developing long-term psychological, physical, behavioural, and social problems, or interpersonal problems such as marital or relationship problems.

## Child abuse and self-injury

Numerous studies have found a positive correlation between child abuse and self-injury (see for example: Favazza & Conterio, 1989; van der Kolk, Perry, & Herman, 1991; Arnold, 1995; Hawton, et al; 2002). Eighty-four (84%) percent of the respondents who completed the survey for *Healing the Hurt Within*, 1st edition (Sutton, 1999) reported childhood trauma/other childhood circumstances as contributory factors to their self-harm. Several reported multiple forms of child abuse (emotional, sexual, physical, neglect and rape).

'As a child of 7 years old I was sexually, physically, emotionally abused and raped, while living with my grandparents. I always have felt "dirty, guilty and unworthy". My mother instilled into my memory that I was a "big mistake" and that "I happened", much to her regret. I hate myself and I always feel nothing but self-destruct towards myself and feel I shouldn't be here.'

'My father and grandfather were abusing me. I cut because I want the outside to show how I feel on the inside; because I feel I deserve it; because life without abuse is so unfamiliar it's terrifying; because if I don't cut everyone will decide I'm OK now and leave me alone, and I'm not OK.'

'I remember the first time I cut myself. I was 12. My older brother had raped me, and I couldn't find any other way to express my anger.'

'I was very insecure, having had traumatic events in my early childhood, resulting in me being separated from my mum for 3 months. Also when I was older several family members died in a short time (2 years). I have low self-esteem. I was at one time (as an adult) sexually abused, also raped once. I have a much happier life now but I'm still very insecure.'

## Defining rape

Figure 6.1 gives a definition of rape provided by the Crown Prosecution Service. Definitions of abuse are provided later in the chapter.

DEFINING RAPE
<p><b>Rape as defined by the Crown Prosecution Service</b></p> <p>The definition of rape has been substantially changed by the Sexual Offences Act 2003 which came into force on 1 May 2004.</p> <p>Under the previous law as set out in the Sexual Offences Act 1956, the statutory definition of rape is any act of non-consensual intercourse by a man with a person; the victim can be either male or female. Intercourse can be vaginal or anal . . . Consent is given its ordinary meaning, and lack of consent can be inferred from the surrounding circumstances, such as submission through fear.</p> <p>Offences committed on or after 1 May 2004 will be prosecuted under the Sexual Offences Act 2003. The Act extends the definition of rape to include the penetration by a penis of the vagina, anus or mouth of another person. (pp. 4-5).</p> <p><a href="http://www.cps.gov.uk/publications/docs/prosecuting_rape.pdf">http://www.cps.gov.uk/publications/docs/prosecuting_rape.pdf</a></p> <p>(Retrieved June 16, 2007)</p>

## Defining emotional abuse

Emotional abuse is subtle – it comes in various guises and because there are no visible wounds or scars it is difficult to detect. Emotional abuse damages children's self-concept, and leaves them believing that they are unworthy of love and affection. Emotional abuse is invariably present in all types of abuse, and the long-term harm from emotional abuse can be equally, if not more damaging, than other forms of abuse.

'I know I self-ham mainly because I have so much self-hate – I see so much beauty in others, but never myself! Two years ago it came out that I was sexually abused as a child and logically I know this is probably a

contributing factor to my self-harm – but I find it hard to accept and admit. Due to the feelings of worthlessness I want it to be my fault!

## Emotional abuse goes beyond the realms of the spoken

Other terms used to describe emotional abuse include verbal abuse, and mental or psychological abuse. Figure 6.2 provides examples of emotional abuse.

EMOTIONAL ABUSE	
<i>Examples</i>	
Being invasive	Ignoring
Belittling through comments or sarcasm	Innuendos
Brow-beating	Isolating
Bullying	Intimidating
Confinement in dark places (unlit rooms, cupboards, closets)	Manipulating
Constantly criticising	Mortifying
Controlling	Name-calling
Demeaning	Rejecting
Harassing	Ridiculing
Humiliating	Scapegoating
	Screaming and raging
	Silent treatment
	Verbally assaulting

## Verbal abuse

A torn jacket is soon mended;  
but hard words bruise the heart of a child.  
—Henry Wadsworth Longfellow

Whoever invented the maxim, 'Sticks and stones may break my bones, but words will never hurt me' was mistaken. Constant verbal insults and harsh criticism cut deep, name calling wounds, teasing or spiteful comments hurt. Verbal abuse can stick like glue, leaving deep and long-lasting invisible mental scars that can impact on a child's emotional or social development. Children that live with criticism internalise those beliefs about themselves and often become self-critical. Valerie Sinason (2002) in her excellent book *Attachment, Trauma and Multiplicity* succinctly sums up the damaging consequences of verbal abuse:

What happens when a child has to breathe in mocking words each day? What happens when a parent, an attachment figure utters those words: someone the child needs in order to emotionally survive? Sometimes, that mocking voice gets taken inside and finds a home. It then stays hurting and corroding on the inside when the original source of that cruelty might long ago have disappeared or died. (p. 4)

## Clarifying the difference between emotional abuse and neglect

Neglect is another insidious form of abuse. In essence, neglect means a child's basic needs are not met, for example: love, care, nurture, comfort, warmth, a safe environment, food, somebody being there for the child. Figure 6.3 gives a definition of neglect provided by NSPCC.

DEFINING NEGLECT
<p>Neglect is the persistent lack of appropriate care of children, including love, stimulation, safety, nourishment, warmth, education and medical attention. It can have a serious effect on a child's physical, mental and emotional development. For babies and very young children, it can be life-threatening.</p> <p style="text-align: right;"><b>NSPCC</b></p> <p style="text-align: right;"><a href="http://www.nspcc.org.uk/">http://www.nspcc.org.uk/</a> (Retrieved June 16, 2007)</p>

**Defining physical abuse**

Physical abuse is characterised by inflicting non-accidental injuries, physical punishment, or violence on a child that results in harm or even death. Figure 6.4 gives examples of physical abuse and the range of severity.

PHYSICAL ABUSE	
<i>Forms</i>	<i>Range of severity</i>
Beating	Minor bruising
Biting	Scratches
Burning	Grazes
Hair pulling	Cuts
Hitting	Eye injuries
Punching	Fractures
Kicking	Injuries to brain
Scalding	Damage to internal organs
Shaking	
Shoving	<b>Note:</b> Signs of fresh wounds or bruises and old scars might be an indication that the child has suffered abuse on more than one occasion.
Slapping	
Throwing	
Tying up	
Torturing	

'I self-harm because I was abused sexually, physically, emotionally and spiritually as a child. It somehow helped me cope, and was also a way to vent the self-hate I was given by the abusers, which I turned in onto myself. Self-harm was a way of controlling torture.'

'I know now I self-harm to relieve the pressure I'm under due to my childhood where I was sexually and physically abused for 12 years. Also my Granddad, who was a father figure to me died, and that was a great loss to me.'

**Defining sexual abuse**

'[Self-injury] stems from 16 years of sexual abuse by my father.'

Sexual abuse 'can be defined as the involvement of a young person who has not reached intellectual and emotional maturity, in any kind of sexual activity imposed upon them by any person who is more powerful by reason of their age or their position of authority, that violate the social taboos of family roles, or that break the law.' (Breaking Free: Source, Sutton 1999:61) Figure 6.5 gives a further definition provided by ChildLine.

**Child sexual abuse and self-injury**

Child abuse provides fertile ground for the development of a range of adverse effects that can impede healthy adult functioning (see Figure 6.6 Child abuse: Potential adverse long-term effects). Self-injury is one, among a plethora of strategies that some (but not all) survivors use to cope.

DEFINING SEXUAL ABUSE
<p>Sexual abuse is . . .</p> <p>. . . when children are forced or persuaded into sexual acts or situations by others. Children might be encouraged to look at pornography, be harassed by sexual suggestions or comments, be touched sexually or forced to have sex.</p> <p>—ChildLine free 24-hour helpline for children and young people in the UK. Tel: 0800 1111</p> <p>What is child abuse? <a href="http://www.childline.org.uk/Childabuse.asp">http://www.childline.org.uk/Childabuse.asp</a> (Retrieved June 16, 2007)</p>

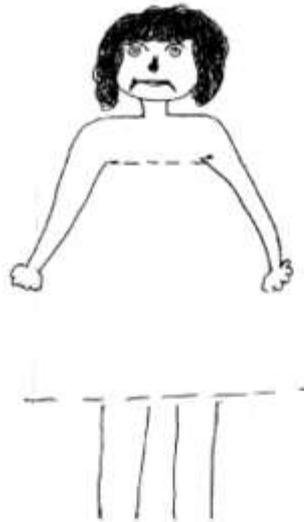
'I've recently started to accept the connection between being sexually abused as a child and the feelings that self-harm helps to release.'

'I'd had 12 years of abuse – physical, mental, emotional and sexual (voyeurism) by a psychopathic stepfather, who controlled my life and who I despised. Initially it [self-harm] was to blunt my impotence and feelings of anger.'

CHILD ABUSE			
Potential adverse long-term effects			
Relationship/Sexual problems	Physical health issues	Behavioural problems/issues	Mental health issues
Attachment and bonding issues (with others/ own children)	Digestive problems	Suicidal thoughts Attempted suicide Completed suicide	Anxiety disorders (panic attacks/ social anxiety)
Fear of men/women	Breathing problems (asthma), hyperventilation (rapid, shallow breathing)	Substance misuse (alcohol/drugs)	Conduct disorders
Sexual anxiety/dysfunction/avoidance/promiscuity	Chronic pain (headaches/back/shoulders/neck/stomach/pelvis)	Other addictions, i.e. smoking; gambling, shopping, etc.	Stress
Sexuality identity confusion	Pregnancy problems	Self-injury	Phobias (avoidance of dental/ gynaecological examinations)
Fear of intimacy Search for intimacy	Infertility problems	Perfectionism	Depressive disorders
Issues with trust touch/authority figures	Failure to attend regular dental treatment, eye examinations	Workaholism	Dissociative symptoms/disorders
<b>Relationship with self</b>		Risky/compulsive sexual behaviour or avoidance of sexual intimacy, including health screening	Eating disorders Obesity
Poor self-concept Low self-esteem Dislike of body/poor body image		Establishing safe boundaries	Mood disorders
		Revictimisation	Personality disorders: Borderline Personality Disorder Antisocial Personality Disorder
		Criminal behaviour	PTSD symptoms: Flashbacks Nightmares Intrusive memories Sleep disturbance Concentration problems Hypervigilance
		Over/under protective as parent	Exaggerated startle response Heightened emotional arousal
		Unresolved anger, leading to inappropriate confrontations	Emotional numbness (feeling detached/ lack of emotions)
		Inability to stand up for self/becoming overwhelmed with the needs of others	

## The aftermath of child sexual abuse

The following two pictures, The legacy of child abuse by Sian (Figure 6.7), and Child/Woman by Sheelah. (Figure 6.8) demonstrate clearly the aftermath of child abuse.



I don't want this part of me. I won't look at it – I won't touch it except to clean it – if I ignore it maybe it will go away. If I hate it then it won't hurt me – if I feed it, it will stay ugly and nobody else will want to touch it. This part of me makes me feel like shit. I don't want it to be part of me, so I don't listen to it – I want it to go away and never come back – it isn't mine and I don't want it – if I never saw it again I wouldn't care.

If I look at it it makes me feel sick – I hate it – I won't take care of it. Why should I? It's let me down in the past and I don't trust it.

If I could, I'd tell it to **'Fuck off'** – if I could I'd throw it in the waste disposal.

If I'm honest with myself I would say I'm angry with it. It's the reason I feel so bad – it's a waste of space and it's so ugly – **Yukk!!!**



The woman is black and white with a small hand, symbolising how she feels she must appear/was made to appear. Clear-cut. However, the little hand expresses her hidden vulnerability. The child is in colour (see cover picture for coloured version) with a searching, knowing, eye. The large hand is severely adult with painted nails, showing how the hand was used for adult purposes. Her skin is drawn and aged, the burden of feeling old before her time. The bow in the pigtail . . . poignant in that it is the only childlike thing apparent.

## Telling but not being believed

Several incest survivors who self-injure as a consequence of their experiences reported disclosing the abuse to a parent or another family member. In one case, a respondent reported that her disclosure to her mother that her father was abusing her had been met with denial and an accusation of 'False Memory Syndrome [FMS]'. FMS is discussed later in the chapter. The same respondent pointed out that 'Somehow my mother's denial had the power to devastate me in a way that recovering of memories hadn't.' Another respondent wrote: 'I believe that the underlying reasons for my self-harm are because I was sexually abused by my father and brother – and because my family don't know whether to believe me.'

The psychological wounds that result from telling about abuse and not being believed cannot be underestimated, especially if the person confided in is a parent or other close relative. Being disbelieved by one's mother, who is typically the child's primary attachment figure, nurturer, and safety anchor, is tantamount to additional trauma – it not only adds fuel to the sense of betrayal the child already feels, it can leave the child feeling ashamed, guilty, helpless, fearful, isolated, and struggling to cope alone without a safety net.

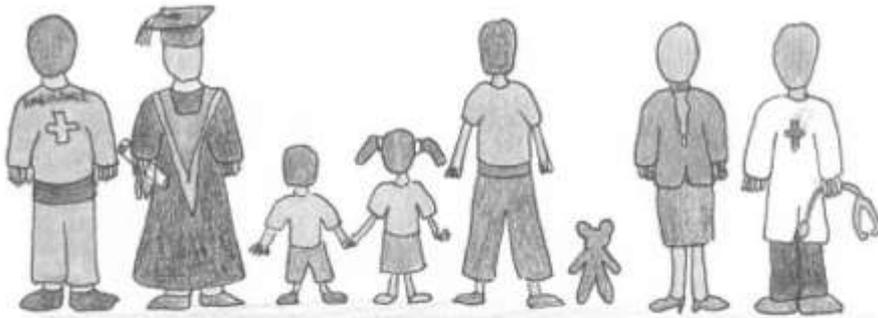
## Why don't mothers believe?

There are numerous reasons why mothers choose not to believe. The reasons are mainly rooted in fear – here are a few examples:

- Fear of shame being brought on the family.
- Fear of the family being torn apart.
- Fear of partner going to jail.
- Fear of the financial implications.

## Keeping silent about abuse

The following picture by Erin (Figure 6.9) illustrates why she kept silent about the abuse, and how she struggles with issues of trust in the wake of her experience.



The picture represents all the people I feel turned their backs on me when I was being abused. They ignored and denied what was right in front of their eyes. I now find it difficult to trust people and voice my feelings in relation to my abuse.

**I'm silent now, because they were when I was little!**

© Copyright, 2005 Erin

## Why don't children tell?

There are numerous reasons why children don't speak up about child abuse – these include:

- Assuming responsibility for the abuse ('it must have been my fault'; 'I must be a bad girl/boy'; 'there must be something wrong with me') – blaming oneself is a common thread among abuse survivors.
- Not being aware that abuse is wrong ('this must be what all Dads/Mums do').
- Liked the special status and attention ('Daddy only does it because he loves me').
- Fear of not being believed or the consequences of telling (getting into trouble or getting the perpetrator into trouble).
- Intimidation by the perpetrator ('something bad will happen to you if you tell'; 'you must never tell anyone – it's our special secret'), or enticements to maintain the secret.
- Shame, embarrassment and guilt (e.g. if sexually stimulated or aroused by the abuse).
- Lacking in verbal skills to explain the abuse in words (e.g. if the abuse happened during the child's preverbal years).

## The relief of telling

The next picture 'Lifting the secrecy cloud' by Sheelah (Figure 6.10) exemplifies the relief and sense of empowerment that comes from breaking the secrecy about abuse to a professional or others who are willing to hear.



This is a major image for me. At last, I have lifted the secrecy cloud. I had carried that cloud all my life. With help from my counsellor and others, I got it all out. Words came to me 'Such a weight I have been carrying – no child should have to carry such a weight.' Had a cry for her – what a strong child.

© Copyright, 2005 Sheelah

## The controversial debate over recovered abuse memories

The notion that memories of child abuse can be forgotten, and then years later be remembered, sparked a bitter debate among some professionals in the early 1990s. According to Alan W. Schefflin (1999) 'The recovered memory debate has been the most acrimonious, vicious and hurtful internal controversy in the history of modern psychiatry.' Supporters of False Memory Syndrome (FMS), mainly drawn from the ranks of accused parents, question the validity of recovered memories of childhood abuse, arguing that naïve and overzealous therapists are responsible for encouraging or implanting false memories of child abuse in their clients' minds via the use of suggestive techniques. They particularly take issue with hypnosis, yet also question many other therapeutic practices such as:

- Guided imagery
- Creative visualisation
- Suggestive questioning
- Free association
- Dream interpretation
- Deep relaxation
- Recommending survivors' literature
- Survivor support groups
- Looking at childhood photographs

- Bibliography work.

## Defining False Memory Syndrome

False Memory Syndrome is defined as '[A] condition in which a person's identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes.'

—Kihlstrom (1996)

Those in the opposing camp, mainly researchers who believe in repression and dissociation, and practitioners working in the field of child abuse, argue that it is possible to 'forget' then later remember abuse. Moreover, as Jennifer Freyd, a researcher into memory, and professor of psychology at the University of Oregon, in her milestone book, *Betrayal Trauma: The Logic of Forgetting Childhood Abuse* (1996) hypothesises:

There are several good reasons why real memories of abuse may arise in the context of therapy. Therapy may provide the first opportunity for a person to feel safe enough to remember the abuse; the therapist may be the first person to ask the client about abuse; and the client may have sought therapy because of memories just beginning to emerge, which are causing emotional crisis without explicit understanding of the source of the crisis. (p. 55)

## The False Memory Syndrome Foundation (FMSF, 1998–2007)

Pamela Freyd, Jennifer Freyd's mother, supported by a scientific advisory board of distinguished professionals, established the False Memory Syndrome Foundation (FMSF) in Philadelphia in 1992 (Hacking, 1995:122–123), following an accusation by Jennifer, that her father Peter Freyd had molested her as a child (an accusation vehemently denied by Peter and Pamela). Hacking, a University Professor of Philosophy, and author of *Rewriting the Soul: Multiple Personality and the Sciences of Memory*, writing in provocative manner sums up the aims of the FMSF:

The foundation is a banding together of parents whose adult children, during therapy, recall hideous scenes of familial child abuse. Its mission is to tell the world that patients in psychotherapy can be brought to seem to remember horrible events of childhood that never happened. Distressed thirty-somethings (and up) believe that they were abused by parents or relatives long ago. But, urges the foundation, many of the resulting accusations and subsequent family chaos result not from past evils but from false memories engendered by ideologically committed therapists. (p. 121).

## The British False Memory Society (BFMS, June 11, 2007)

The British False Memory Society formed in 1993 with similar aims to its counterpart: to raise awareness of the controversial concept of 'recovered memory therapy' and support families of those falsely accused of abuse. While I contest many of the assertions put forth by the false memory societies, they have at least drawn attention to the fallibility of human memory and the need to tread extremely cautiously when working with clients who recover abuse memories during the process of therapy.

(For information on therapeutic precautions to help prevent false memory syndrome see Chapter 12, Guidelines for those working with self-injury and related issues).

## The relationship between recovering memories of abuse and self-injury

The three case studies, interview, and poem that follow highlight the relationship between recovering abuse memories and self-injury, and the terrible dilemma people face when they have unclear memories, and no evidence to corroborate the belief that they have suffered abuse. You will also see that with the right support and help, and against seemingly insurmountable odds, healing from self-injury is possible.

### Case study 6.1: Jill (1)

Two Jill's stories are included in this section. To avoid confusion I have referred to them as Jill 1 and Jill 2.

I am 46 years old. I wrote the piece below about two years ago. As I mention in the writing my self-harm had started again and unfortunately escalated to a level where I needed to be in hospital for my own safety. I didn't get well in hospital, in fact I deteriorated. My therapist was aware of a Therapeutic Community and after a period of

assessment, I moved in. The experience in the Community has changed my life. I no longer self-harm and through therapy have come to accept what happened to me and move on. I have recently moved out and I am slowly returning to work and rebuilding my life.

All my life I have known something was not right due to quite specific fears I had. I have been in therapy for 18 months so far. After about five months of therapy I started to get images – they made no sense to me but I wrote about them creatively. This carried on for the next eight months or so, after which I began to get more specific images. My self-harm had returned (I had stopped in my late 20s) and I was aware that I wasn't able to 'block' the images/fears.

My therapist was aware for a long time that whenever I got close to anything I would block it (dissociate). I would also avoid eye contact with her so she couldn't wear down my defences. She never once mentioned abuse, using only my word – 'hurt'. I asked her if she believed me, she said yes. I also asked her if she thought I could have imagined it. She replied that this was possible but unlikely because my physiological responses were quite intense.

I am desperate for 'evidence' and I am not sure what I need to help me to accept my images. I have also experienced pains in places where 'the child' has been hurt (in the images). My therapist says my images are memories.

I am at the stage where I cannot ignore the fact that I may have been hurt, however, I am desperately seeking something to disprove it. I have felt as though I am going mad. How can the images seem so real when I have no memory of them happening? Although the images are now much clearer, I think I have always had a sense that something happened to me. I don't want the memories to be true and want to believe in FMS [false memory syndrome] but deep down, I do believe what I 'see'.

I am fighting the process. I am faced with overwhelming emotions I can't deal with. Cutting helps but it is not as effective as it used to be; it doesn't give me the same relief. Sometimes I think I am aware of flicking in and out of dissociation as I try to block the painful images. It is a very confusing, scary time.

## **Jill 1: Observations from case study**

Did you notice that Jill had always sensed something was wrong, and how she had managed to stop self-harming in her late 20s, but had started again during therapy? Did you absorb that she started getting images in therapy and that over time these images became more specific, or how when things got too close for comfort with her therapist she tried to push them away, and avoided eye contact?

Did you note that her therapist never once mentioned the word abuse, yet acknowledged Jill's belief that she had been 'hurt'? Furthermore, are the physical pains Jill experienced bodily memories? And what about her desperation for evidence that something happened on the one hand, yet on the other, desperation to find something to disprove it – did you pick up on that? Did you also take in the important fact that Jill no longer self-harms? What stuck out most in your mind from reading Jill's case study?

## **Case study 6.2: Jill (2)**

Jill's story illustrates clearly the association between returning abuse memories and self-injury, as well as the agony she went through before help and support was forthcoming. Note too that like her counterpart above, Jill has healed from self-injury.

It is now almost two years since I last self-injured, although I still occasionally experience the urge to do so. As time goes by the urge has become much less intense and no longer dominates my mind. It has though left me with a strong desire to try and help others understand why some people should need to hurt themselves at times. It is fast becoming recognised that self-injury covers a wide range of ways in which a person may inflict harm on themselves, but I can only tell of what I did to myself and what drove me to do so. Looking back over the years I suppose my many attempted overdoses and drownings could be classed as self-harm in the most general sense, although not intentionally so. Although at the time I wanted to end my life, in retrospect I think it was more to do with escaping or trying to cut off from a life and memories that I was struggling to cope with. In desperation this made me feel that I wanted to die, yet deep down I was so terrified of dying and death that I find it hard to believe that I could have wanted to die. Instead I think I yearned for a state of deep sleep, one from which I might awake into a different world free of my previous fears, panics, anxiety, memories and the awful suffocating black depression.

Throughout my life, at different points, from my late teens to my late forties just a year or two ago, I would turn to those means to escape from a terror I could not understand. Over the years until very recently these attempts to

escape were met with mockery, ridicule, cold dismissal and extreme criticism. The general medical view appeared to be that I was 'attention-seeking', and therefore not seriously contemplating or capable of suicide. It still baffles me why anyone could believe that anyone would want the sort of dismissive attention that the general medical profession usually gives you after failed suicide attempts. My over-riding memory after so-called attempts was always deep despair and regret that I had failed to blot out the awfulness of my life. This combined with the shame, self-disgust and guilt that overwhelmed me, makes me wonder now why I still did it over and over again. The urge afterwards was always to run away and hide, something else that took over me frequently in times of anguish.

Yet until four years ago I had not actually hurt myself physically and deliberately by cutting. Then suddenly I began to experience overwhelming urges to cut myself with razors, knives or anything sharp and pointed enough to cause me sufficient pain to block out the inner pain and turmoil that was driving me mad inside.

A flood of recovered memories of years of sexual and emotional abuse by my father, starting from when I was as young as four, was the catalyst for my 'cutting'. Time after time I tried to blot away the 'horridness' inside me which to this day feels as scary as it did then; as well, as then, there seemed to be no relief from it. Until that is the day when I suddenly found that by cutting, scratching, tearing or stabbing with knives, scissors, razors, anything – I could momentarily blot out the hurt inside of me. My cuts dug anywhere but especially in those very private places where the pain and the memory is the worst.

It felt that by concentrating very intensely on creating this other hurt I was able to blot out the deeper and more terrible pain: the relief was only momentary, but so, so welcome. For that very brief time I felt in control and had gained some temporary release from the constant jangling tension, terrifying panic and searing pain inside my head and body.

For more than two years I successfully self-injured in secret and managed to hide my wounds and scars. Then one day I was 'found out' by a very understanding GP who treated me with kindness and patience. Sadly though his best intentions for my care led me to stay on a psychiatric unit where unfortunately the staff responded in a much less empathic way and at times openly critical manner. The system in this unit for dealing with high-risk patients was to place them under constant supervision.

Forcible restraint was their usual answer to any attempt to self-harm and their only method of trying to prevent my urges was to occupy me with constant activities; if all these failed and I succeeded in evading their ever watchful eye to hurt myself, then I would be given a very stern and at times very angry telling off. Somehow though this never deterred me, instead it just seemed to increase my need and determination to hurt myself; it was as if once the urge was there I had to do it come what may.

The turning point came during that spell of hospitalisation when my psychologist ever so gently asked me why I had needed to hurt myself; as she held my hand and listened I was able to slowly tell her. From then on, and with the help of my GP, she devised a pattern whereby I gradually felt able to seek my GP's help at times when the distress was intense and overwhelming. The very first time I summoned the courage to make that call to my GP he responded immediately and was full of praise that I had been able to do so. I still remember how kind he was that day, how he sat and listened without condemning, but really seemed to understand. How reassured and suddenly safe I felt when he offered me a cup of tea in his surgery.

There hasn't always been success since then – at times the urge would totally overwhelm me, but I never lost the support and encouragement of my GP and psychologist. They helped me to recognise the trigger points for these urges. Times when I was feeling panicky or 'out of this world'; when the urge to run was overwhelming; times when the memories of my past abuse were particularly vivid and real and accompanied by my screams of terror; if I was alone, frightened, in pain or desperately needing comfort; when I yearned to cry but couldn't; when I felt totally worthless, unvalued and the future looked bleak; but especially when I felt threatened and in danger.

Together we explored where these urges came from and talked of how I could divert the pain away from myself. A suggestion by my psychologist to keep a diary as a way of me broaching previously unspoken thoughts, feelings and memories, proved to be another major turning point for me. Writing has helped me enormously since; those early jottings down evolved into poems that tumbled out in a torrent of blunt and hurt words.

Then as I wrote more I began to read and started looking for articles about others who had suffered similar abuse to me. One book had a particular impact on me, *Breaking Free: Help for Survivors of Child Sexual Abuse*, by psychologists Carolyn Ainscough and Kay Toon (2000). It made me realise that I was not alone in experiencing all my frightening panics and weird symptoms that I had once thought were just me going mad.

For so much of my life I had felt so lonely and thought that no-one really understood or believed me. Now I had hope and understanding and I finally began to believe that the memories might one day fade a little. But what

above all else has helped me was when people, such as my GP and psychologist, asked me what would help me, instead of them telling me what they thought would be best for me.

As the months, then years, went on and people have helped me to be able to ask for help when I most needed it, and as the times increased when I was able to overcome the urges, I gradually came to realise that I was winning through. Of course there are hiccups, times when the memories were triggered again and the urge returned as strong as ever before and I would feel out of control again. But now nearly two years after I last succumbed to the urge and realising that any sensation of needing to hurt myself is very infrequent, I am finally looking to the future with hope. As my memories begin to fade a little I now know that it has helped me to talk when the support was right.

## **Jill 2: Observations from case study**

Did you notice that at times between her late teens and late forties Jill self-harmed in various ways to escape from a feeling of dread that she could not make sense of, yet didn't start cutting until she was flooded with memories of years of sexual and emotional abuse by her father from a very young age? Did you observe how cutting temporarily brought relief from the awful hurt she felt inside, and how she managed to keep the behaviour a secret for two years? What about the accusations from the general medical profession that she was attention seeking and the punitive treatment she experienced while in 'psychiatric care'? Did you note that a caring response from her psychologist was what started to turn things around for her? How her psychologist held her hand and sensitively enquired why she needed to hurt herself? And how with support from the psychologist and validation from her concerned GP, she slowly started to control the urges to self-injure? Furthermore, that by keeping a diary, it enabled her to express the unspoken – her memories, thoughts and emotions, and being asked what she needed, rather than told what was best for her, brought solace and healing? What stuck out most in your mind from reading Jill's case study?

## **Case study 6.3: Linda**

Linda's story highlights yet again how self-injury served as a coping strategy for keeping intolerable memories out of conscious awareness.

One doll and a blanket were my only sources of comfort as a child. There was no love, no laughter, no fun. The only feeling I can remember experiencing was one of fear – fear of my father because of the hell he put me through. Physical beatings, sexual intercourse, oral and anal sex were part of my everyday existence.

Night after night I would lie awake in my bed dreading the sound of those all too familiar footsteps on the stairs. The stench of his stale tobacco and body odour made me want to heave. I prayed the bed would swallow me up and save me from the unbearable pain. As he carried out his despicable and depraved acts he told me he loved me, and what he was doing was OK. I had no reason to disbelieve him – after all he was my Dad.

As if this wasn't enough to endure, he also allowed his friends to abuse me. He totally ignored my desperate pleas for help, encouraging his friends to have oral and anal sex with me. There were many times when I just wished I was dead.

I wasn't allowed to invite any friends to the house in case I told them what he was doing. If I protested he would run a bath of freezing cold water and force me to get into it naked. He would then hold me under the water until I submitted to his perverted desires.

I will never understand why my mother didn't stop him. Often I would scream out in terror, but all she did was stand and watch, or walk away. When I was six the pain became too much to bear. I hit the wall in my bedroom with my fist. Strangely, this brought a little bit of relief. After that I began hurting myself in various ways. Often I was absent from school due to bruises from the physical abuse my father subjected me to. When I did attend I would deliberately fall off apparatus in the gymnasium; intentionally shut my fingers in doors or fall over in the playground. This brought caring, love and attention, all the things I never received at home.

I grew up feeling very confused and wondering who I really was. When I reached my teens I began drinking heavily, and hurting myself became part of my everyday life. I would cut and bum myself, take tablets and lash out at anyone, and anything.

When I was fifteen my Dad got me pregnant and I gave birth to twins – a boy and a girl. Tragically my little girl died at birth due to a deformity, but my son was a beautiful and healthy baby. I went to stay with friends, and one day, when I had popped out, my father came and took my son away. The anger, guilt, and pain I felt is impossible to describe. It felt as if he had stolen the only precious thing I had ever had in my life, and I have never seen my

son again to this day. After this, the emotional pain overwhelmed me and I couldn't stop self-harming. I cut my wrists, drank myself into a stupor and took pills.

I ended up in a psychiatric unit where I received little sympathy or understanding. I could not talk about the traumas I had experienced, and was treated for depression.

On occasions my wounds needed stitching, and I would be admitted to an Accident and Emergency Department. Here too there was lack of sympathy or concern. I was told to stop wasting staff time, or that I was occupying a bed that someone else could be using. Nobody ever attempted to stop my self-harming.

From the hospital I was referred to a hostel. Here I made friends with one of the male residents, only to be raped by him and three of his friends when we were out one evening. This so called friend threatened to kill me if I ever told anyone what he and his friends had done.

As the pain grew and grew inside me, the need to self-harm increased. I began to realise that every time I hurt myself, I was desperately trying to cut out all the bad bits that were buried inside me – most of all I wanted to rid myself of my father.

In 1982 I got married, but the marriage broke down after two years. I felt a complete failure, and this led to me drinking and cutting my wrists again. Consumed with anger and guilt, and completely intoxicated, I directed my rage at my husband by trying to kill him with a knife. However, in my inebriated state, I failed to even scratch him, and instead was pushed down the stairs and ended up in hospital. I was very lucky to survive this traumatic experience.

In 1989 I married again. I have two children, a little boy aged two, and a little girl aged four. The first two years of the marriage were great, but following the birth of my son things started going wrong again. When he was just three months old I tried to suffocate him. Post-natal depression was diagnosed, but I soon realised that it was not this at all – it was the emotional pain I was in due to the traumas I had suffered at the hands of my father and others. For over twenty years all these horrific memories had been pushed into the dark recesses of my mind, but somehow the birth of my son rekindled some of these unbearable and terrifying memories. This made me realise that I had survived the physical pain but the time had come to try and survive the emotional anguish.

I now see a counsellor, but it took me two years to find the right help for me. My counsellor is an abuse survivor, and it's helpful because she understands the feelings that engulf me and lead me to self-harm.

I am still trying to come to terms with, and make sense of the past. I still self-harm as a way of coping and surviving. The thought of my mother's behaviour only adds fuel to the cauldron of seething emotions that have been eating away inside me for so many years. My father died in the seventies, and I hoped that all the pain and suffering he put me through would die with him. Sadly, this hasn't happened yet.

Knowing how difficult it has been for me to get the right help, and how long it has taken, I felt I wanted to help others like myself, so I have started a penfriend network for other people who self-harm. The aim is to fill the gap of loneliness and isolation that I experienced over the years. I also offer a list of resources, which is updated regularly. This is sent to survivors, like myself, so they can access help and support quickly. I would like to see information made more readily available, as I feel certain this would encourage other women to seek the help they need and deserve.

## Observations from Linda's case study

Did you notice the indescribable catalogue of childhood and adult traumatic experiences and losses that Linda has suffered? Did you observe that she started self-harming when she was only six, and how it progressed to heavy drinking, swallowing pills, and cutting and burning in her teens? What about the dreadful sense of betrayal from both parents, how must it have felt having no one to turn to, no way of escaping, no one to protect her, no one to care for, or about her? Moreover, what about the accusations of time wasting and feelings of total rejection she felt when she sought medical help for her injuries, and the lack of compassion she experienced while in 'psychiatric care'? Did you spot that the birth of her son reawakened intolerable and petrifying memories that she had managed to keep at bay for over 20 years, or that self-injury was a desperate attempt to 'cut out' the 'badness' she felt inside – the memories, the pain of what her father subjected her to? Furthermore, did you notice how long it took her to get the help she needed? What stuck out most in your mind from reading Linda's case study?

## An interview with Sharon

Sharon is forty-five. She lives in the North of England, is married, and has three grown up daughters, all of whom have recently left home. Five years ago, she started recovering traumatic childhood memories – triggered by the

stature, smell, and clothing of a man standing behind her at the checkout of a supermarket. In a state of terror, she ran out of the supermarket leaving her shopping on the conveyor belt. This incident not only triggered a flood of horrific memories, it triggered her to self-injure as a way of coping with them. She sought counselling after a year of struggling with the problem on her own.

Sharon always self-injures in private, and only seeks treatment for her wounds if they are severe. Initially, she cut herself on various parts of her body, but lately she has turned to burning. Sharon has been in therapy for four years. She kindly agreed to be interviewed in the hope that it would enable others to see that with the right kind of help and support, it is possible to start letting go of self-injury.

The extract that follows is from a taped transcript of our interview.

- JAN: Can you say a little bit about the first time you hurt yourself?
- SHARON: The first time I self-injured I had an overwhelming need to cut myself – I searched the house and garage for something to do it with and remembered that I'd recently bought a craft knife to cut my own stencils with. I remember I was a bit scared at first, but then made a small incision at the top of my left arm and the relief was instantaneous. I suppose if I hadn't got any benefit after that first time, I wouldn't have done it again.
- JAN: What do you think prompted you to self-injure – had you heard about it?
- SHARON: I read a story in a magazine about a woman who self-injured, and I suppose that was what planted the seed. I never admitted to anyone, including myself, that I was copying somebody else. I guess it didn't feel like that the first time I did it. It became solely mine, my way of coping.
- JAN: Can you say something about your most recent episode of self-injury . . . was it planned, for example?
- SHARON: The last time I self-injured was about six weeks ago, so I have a job to remember exactly whether it was planned or not. Because I had changed from cutting to burning, every time I lit a cigarette there was the potential to self-injure, and there was less need to plan it because there was no mess to clear up.
- JAN: Were you aware of any particular event or situation that triggered the need to self-injure?
- SHARON: I was feeling scared and overwhelmed by memories of my childhood. I had recently spoken of them to my therapist and wished that I hadn't. There was a feeling that if I burnt myself the thoughts that were racing around in my brain, the resulting feelings would stop, and they did temporarily.
- JAN: Can you remember what you were thinking to yourself at the time?
- SHARON: Yes – mostly I was thinking things like 'You shouldn't have said anything, you shouldn't have made a fuss; she'll think I'm a horrible person. What if she gives up on me? My Dad would kill me if he knew I'd told – stuff like that.'
- JAN: Some people say they use various distraction techniques to try to delay, or stop themselves self-injuring – like going on the Internet, getting out of the house, holding an ice cube, ringing a friend or their therapist, for instance. Were you able to try anything to distract yourself?
- SHARON: I think there was a feeling of resignation that I was going to self-injure – like there was an inevitability about it, like I'm not sure I really want to do this but I've got to do it anyway. I did ring my therapist but I had already injured myself. I do think that it helped me not hurt any further though.
- JAN: How were you feeling just before you self-injured?
- SHARON: Prior to self-injuring, my head was racing with thoughts but the rest of me felt numb, so consequently when I burnt myself the pain was minimal. It was like being two different people – my mind on one side – my body on the other, like the injury I was causing myself was separate from me. I was feeling afraid and overwhelmed prior to self-injuring and the need was to block out the emotional pain and numb out. Although I felt compelled to self-injure, I still felt very much in control of what I was doing.
- JAN: How did you know when to stop?
- SHARON: On this occasion, as is mostly the case, I stopped when I sensed I'd done enough. I think my body sends its own signal out when I've injured myself enough.
- JAN: How did you feel after self-injuring?
- SHARON: I was a lot calmer. I still needed to make contact with my therapist but my head was a lot less full. I wasn't shocked by what I had done but there was a sense of satisfaction that I had once again controlled my emotions.

- JAN: Was it necessary for you to seek treatment for your injuries?
- SHARON: No, not on this occasion. I found the resulting blisters from the bums satisfying, like the build up of fluid was my emotions that could be got rid of by popping them.
- JAN: Can you explain what you see as the advantages of self-injury?
- SHARON: Self-injury is a sure-fire way of controlling my emotions so they don't overwhelm me. It's something I do to myself, for myself, and it gives me a sense of control.
- JAN: Can you see any disadvantages?
- SHARON: My self-injury has left me with permanent scars. By relying on it to control my emotions, I have found it difficult to express my emotions in a more healthy way. It is a difficult thing to give up, yet I am trying to do just that.
- JAN: Would you like to stop self-injury?
- SHARON: More and more now I want to stop self-injuring. I have used it in the past to punish myself, but the need to self-punish is much less now.
- JAN: Can you say what you think you would gain by stopping?
- SHARON: I would hope to express my emotions more assertively – to feel better about myself. To be free of the compulsion to self-injure – to feel I have a choice about how I express myself.
- JAN: What do you think you would lose by stopping?
- SHARON: I would have feared losing control. However, this fear isn't nearly as strong now and I don't see it as a loss. I am able to let go of it, the more assertive I become.
- JAN: Self-injury is often described as addictive. What are your views about this?
- SHARON: I think self-injury, like anything you habitually do can become addictive. Whether it's the chemical high you get when you injure your body, or the sense of control, or the sense of release from emotional pain that results, I think you can become addicted to the effect.
- JAN: You mentioned earlier that it is six weeks since you last injured yourself. That's a great achievement. Has anything helped you in particular?
- SHARON: Talking to my therapist who listened and believed, and who showed me warmth was wonderful. Making connections between my childhood and my behaviour now, and building up my self-esteem helped enormously. To be able to trust my therapist who was empathic and non-judgemental with my darkest secrets, to feel safe and protected, to not be forced to give up my self-injury until I felt I could, all this is helping me leave self-injury behind. Despite the initial setback, sharing my painful secrets with my therapist, after holding on to them for some 40 years, has helped tremendously. It has left me feeling so much lighter and freer. What has helped more than anything is that after four years of therapy I have finally found my voice.
- JAN: Thank you so much for talking with me Sharon. I think what you have said will give hope and inspiration to others – it certainly has to me.

## Observations from the interview with Sharon

Did you notice that Sharon started recovering memories of abuse when she was aged 40, that a man she stood next to at a supermarket checkout was responsible for triggering the memories, and that she started self-injuring as a way to cope with the memories? Did you observe that she tried to cope for a year before seeking therapy, or that she has been in therapy for four years? Did you take in that the first time she cut herself brought instant relief from her emotional pain, and how it now serves as a way of controlling her emotions so they don't overwhelm her? What about how she got the idea of self-injury from a magazine story – did that ring alarm bells? Did you detect the reason for her most recent episode of self-injury – being overwhelmed by memories of her childhood, disclosing the memories to her therapist, and fear that her therapist might abandon her? What about the fact that she didn't contact her therapist until after she had cut herself – do you think if she had phoned before, it might have prevented her harming herself? Did you notice the sense of numbness, the minimal pain, and feeling as if she was two different people prior to self-injuring?

You may be wondering why I asked Sharon whether she wanted to stop hurting herself? Some people don't, or are not ready, which is important information for therapists to know. You may also be pondering why I asked her about the gains and losses of self-injury? This can be useful for clients to consider, because with most gains an element of loss is involved. Did you notice Sharon mentions becoming addicted to the effect from self-injury?

Lastly, did you pinpoint what helped Sharon stay free of self-injury for six weeks, or notice that she sees learning to articulate her emotions more assertively as an important factor healing from self-injury? What stuck out most in your mind from Sharon's interview?

## **The dilemma of suspecting yet not knowing**

This touching poem by Sinead illustrates the agony people go through when they have strong suspicions that they have suffered abused, without having clear memories or concrete evidence to support their suspicions.

## **Additional support**

As demonstrated, recovering memories of child abuse can be acutely distressing for clients and additional support may be required at this very difficult time (extra sessions; permission to telephone, email, or text; a list of supportive people or organisations to contact). As a coping strategy to avoid dealing with the painful memories or in a desperate attempt to dissociate from them (prevent them from entering conscious awareness) self-injury may escalate. Pacing of therapy sessions is critical in this situation – the client needs to stay safe within the boundaries of the 'bearable'.

The final words on the topic of recovering memories come from author and psychotherapist, Phil Mollon (1996) who concisely and eloquently sums up my thoughts:

I believe it is misleading to suggest (as much of the FMS literature does) that the idea of being abused as a child can be a comforting solution to mental distress. In my experience recovered memories do not make people feel better – at least not initially. Approaching a traumatic memory may put a person in a state of terror, with disorientation and temporary psychosis. It may provoke extreme self-harm and suicidal acts, especially cutting . . . (p.80)

## **Not all people that self-injure have been abused**

Although well documented in the self-injury and trauma literature that child abuse features in the history of many people self-injure, as mentioned in Chapter 2, child abuse does not signify the only reason. It is also important not to assume that everyone who has suffered child abuse will automatically turn to self-injury as a way of coping. There are numerous other factors involved, for example, the level of support available at the time of the abuse (from the non-abusing parent, grandparents, friends, and teachers, etc.), the degree of secrecy involved around the abuse, the personality of the survivor, and their position in the family. Further, different individuals develop their own unique coping strategies. For instance, in a family where three girls suffered child abuse, one might turn to alcohol to cope; another might turn to self-injury, while one might appear on the surface to have come through the experience unscathed.

## **An overview of the reasons for self-injury**

The reasons why people turn to self-injury are intricate and multi-faceted. Predisposing factors that may trigger the act identified through my work and research include:

- Childhood traumas such as sexual abuse, physical abuse, emotional abuse, rape, torture, neglect, and abandonment.
- Recovered memories of abuse, disclosures of abuse not believed or brushed aside, keeping the abuse a secret.
- Suffering rape as an adult.
- Loss of a primary caregiver through death, divorce, or separation.
- Having emotionally absent parents, feeling unsupported by or 'invisible' to loved ones, or lack of secure attachments.
- Bullying, harassment, abuse of power, a lack of control over one's life, feeling powerless or trapped, exposure to domestic violence (being subjected to, or witness to).
- Growing up in a chaotic/unpredictable family environment, e.g. parent with alcohol or substance misuse problems or mental health problems in a family member.
- Communication deficiencies in the family, e.g. unspoken family rules – 'not allowed' to cry or express feelings and emotions, particularly negative emotions.

- Social marginalisation, stigmatisation, and social exclusion, e.g. being homeless, gay or lesbian, a refugee/asylum seeker, belonging to an ethnic minority, or being labelled with a mental illness.
- Gender identity issues and conflicts.
- Being forced into marriage against one's will.
- Being raised in the care system or by foster parents; being adopted.
- Role reversal in the parent-child relationship (the 'parentified' child), i.e. the child is expected to 'become' the parent in terms of responsibilities, thus requiring the child to act as a buddy, big sister, counsellor, or confidante.
- Self-injury contagion, e.g. copying friends, family members, inpatients in psychiatric care, or inmates in institutional settings such as prisons or young offenders' institutions.
- The stress of coping with imprisonment.
- Low self-esteem because of exposure to traumatic events, stressful life experiences, and/or invalidation, or rooted in fear and insecurity.
- Pressure to achieve (from oneself and/or others), perfectionism, exam stress and sleep deprivation. Not coming up to one's own, one's parents, or society's expectations – never feeling intelligent enough, successful enough, wealthy enough, or good enough.
- Negative core beliefs.

## Negative core beliefs and self-injury

As seen clearly throughout this book, and this chapter, many people who self-injure hold deeply embedded negative core beliefs about themselves. Negative core beliefs are flawed beliefs that are swallowed whole (often in childhood) and become interpreted as the 'absolute truth' about oneself. A handful of examples of negative core beliefs noted from the respondents' testimonies include:

- 'I am worthless'
- 'I don't deserve'
- 'I am not good enough'
- 'I was a mistake'
- 'I shouldn't be here'
- 'I am bad'
- 'I am evil'.

These negative core beliefs may lead to establishing a subset of negative self-beliefs such as:

- I am incompetent, inadequate, invisible, a nothing, unlovable, unacceptable.
- I am defective, imperfect, inferior.
- I am different, I don't fit in, I don't belong, there's something wrong with me.
- I don't count, I never get anything right, I can never fix anything, I'll always be the underdog, I'm a loser.

Strongly held beliefs such as these lead to low self-esteem, and feelings of self-dislike, self-hate and self-loathing. They can also lead to acute emotional distress, which in turn can motivate some people to self-injure. To illustrate how low self-esteem, not feeling of worth, and not liking oneself can contribute to self-harm, let us look behind the glamour, and public image of a much loved, much admired, much talked about and sadly missed woman who is known throughout the world.

## Case study 6.4: Princess Diana speaks out about self-injury (BBC, 1997)

In 1995, the previously taboo and private subject of self-injury suddenly became a very public issue when, prior to her tragic and untimely death on 31 August 1997, Princess Diana, admitted in her legendary BBC Panorama interview that she had hurt her arms and legs. Prompted by interviewer Martin Bashir, she courageously confessed to the world, that 'you have so much pain inside yourself that you try and hurt yourself on the outside because you want help.' Reasons she gave for hurting herself included not liking herself; feeling 'ashamed' because she could not 'cope with the pressures', and not feeling listened to. She also intimated that it was a non-verbal way of communicating her anguish – in other words, a 'silent' cry for help.

Diana also revealed in the interview that, albeit it out of character, she experienced post-natal depression after the birth of William, at which time she was 'openly tearful'; became labelled 'unstable' and 'mentally unbalanced' –

tags that regrettably she felt stuck to her 'on and off over the years.' She talked too about suffering for several years from the eating disorder bulimia (bingeing and vomiting) which she described as being 'like a secret disease', and which she considered was due to having low self-esteem and not believing she was a person of worth or value. She described what she got out of her 'eating binges' as a temporary feeling of comfort – 'like having a pair of arms around you', but how this quickly changed into self-disgust 'at the bloatedness of your stomach' accompanied by a need to 'bring it all up again.' It served as an escape mechanism, which worked for her at that time.

## Cause and effect

It seems that the strain of endeavouring to present a public image of 'OK-ness' and trying to hold everything together so as not to dishearten the public exacted a high toll on Diana, especially when behind closed doors problems in her marriage were causing stress and anxiety.

## What Diana needed

Diana admits that she was crying out for help, perhaps in the only way she knew how, via hurting herself and her eating distress. However, what those around her saw, or chose to see, were the behavioural manifestations of Diana's distress, not the cause of it. They failed to acknowledge the pain caused by the problems in her marriage, of not having time and space to adapt to her numerous roles, of feeling unsupported and longing for human comfort (praise, validation, kind words, a hug or cuddle), some of which she got from an adoring public, but not from those who she most wanted it from.

Diana's motivations for hurting herself echo those of many other people whose words you will read in this book – low self-esteem, not feeling of value, not liking herself, intense emotional pain, feeling unable to cope, shame, and not feeling heard.

## Negative self-beliefs and perfectionism

Negative self-beliefs distort self-perception, and can lead to perfectionist thinking, for example, 'if I never make a mistake, if I am always compliant, if I put everyone else's needs before my own, and if I don't say "no" to other people's requests, perhaps people will love and approve of me, or maybe they will stop criticising or judging me.' Perfectionism is a common trait found among people that self-injure and those with eating disorders.

There's nothing wrong with holding high principles, and wanting to perform one's best is natural and healthy. However, when people start berating themselves for making a simple mistake, or make themselves sick with worry by trying to be perfect at all things, or by attempting to be all things to all people, that's stepping into the unhealthy perfectionism arena. Unhealthy perfectionism can exact a high price on physical and emotional wellbeing, as well as taking a toll on self-esteem if high standards set for oneself are not met. Perfectionists often think in black and white terms, either something is right or wrong, flawless or a failure – there's no middle ground or room for shades of grey.

Parents or primary caregivers often set the stage for the direction in which a child's perfectionist tendencies take. For example, children raised in a critical and judgemental environment by parents who overtly or covertly convey the message to a child that he or she is not good enough, where praise and validation is lacking, or where siblings are openly compared with statements such as 'Why can't you be more like your sister?', or 'Why can't you be brainy like your brother?' can set up the beliefs that 'he/she is better than me', 'she/he is more lovable than me', or that 'nothing I ever do is good enough'.

Believing that 'only perfect is good enough' can motivate a constant striving to get things 101% right, or to pushing oneself harder and harder, in the hope that it will bring appreciation, praise, love and acceptance. In truth, there's no such thing as perfection – it is in the eye of the beholder. To err is to be human and making mistakes makes people real. Sadly, however, to those with deeply ingrained unhealthy perfectionist traits, it rarely or never occurs to them that there is another way of thinking or behaving, and people often need professional help to set them on the path to freedom from detrimental perfectionism.

## Changing negative core beliefs and building self-worth

We can secure other people's approval, if we do right and try hard; but our own is worth a hundred of it.

—Mark Twain

The first step to change is becoming aware of negative core beliefs, the second is to challenge and dispute them and to replace them with more realistic beliefs, the final step is to start believing that one is a person of worth, without being dependent on outside approval. Many people find Cognitive Behavioural Therapy (CBT) helpful for recognising and changing flawed self-beliefs, and developing a healthier self-concept.

(See Chapter 12 for a brief description of CBT.)

No one can make you feel inferior without your consent.

—Eleanor Roosevelt

## Case study 6.5: Tacita

In the final case study in this chapter, the consequences of never feeling good enough are clearly evident.

Several other beliefs that stem from childhood are also apparent, namely – Don't be disobedient – Don't ask – Don't speak – Don't have an opinion – Don't show emotions – Don't cry – Be strong – Be perfect.

I am the oldest of three children and was raised with a strict Catholic upbringing. I was taught to never be disobedient, never ask for anything or have my own voice or say in any matter, and to be a brave soldier and never cry for anything, even if I was hurt. My father was my world – I lived for him, lived to please him, and always strove to do my best for him; it was expected. I was a straight-A student and played sports but the effort I put out was never good enough for my dad. There was always room for improvement, always that extra push to be an even better player and scholar.

When I was in eighth grade, my parents announced their pending divorce. None of us had a clue it was coming . . . my parents always seemed ok; they weren't affectionate at all towards each other but they did ok. When the announcement was made to us, I could only sit there in shock. My siblings cried but I couldn't. I felt as if I had lost everything, that I was the cause of everything. I felt that it was my fault, that I hadn't been a good enough daughter, a good enough student, or a good enough anything for my parents.

By the end of that summer, things got out of control at home. My parents started fighting all the time in front of us. They would fight over money, dinners, and my siblings and me. Each time they fought, it drove the nail a little deeper into the coffin of emotion and self-hatred that I had buried in my heart. My dad became horrible to live with and I grew to despise him.

Being a 'goody goody' was no longer an option for me and I slowly began to sabotage that reputation. I started smoking cigarettes even though I abhorred the taste and smell of them. At some point in my freshman year I started ed [eating disorder] behaviour but not an ed [eating disorder]. This wasn't for weight control; it was for control over myself, punishment for slowly and painfully becoming a 'nothing', being unable to fix anything. This also gave me a satisfaction that I could do something that no one else around me did.

I also started cutting around this time. The cutting started with my first attempt to kill myself. I remember how good it felt that first time . . . to just slowly cut deeper and deeper and feel the rush of emotion wash out with the blood. After that first time I was so calm, it was incredible. I was even able to go down to the dinner table and act like I hadn't just cut into my arm. I somehow realised that this was a great way to let go of some steam since I never talked about what was going on inside of me and rarely showed negative emotion. I started cutting a lot and carried instruments on my person at all times. Good grades were a thing of the past and I no longer cared about studying or doing my best . . . there was no such thing as 'my best' anymore . . . there was no 'me'.

Dad moved out near the end of my sophomore year and that was the biggest relief and sadness mixed into one big emotion. My bad behaviours continued into my senior year. I was lost in the darkness of self-destruction and hatred and was miserable.

I met my husband at work while I was still a senior in high school. We moved in together a few months after I graduated from high school and got married when I was 20. Things were good during this period . . . I worked two jobs and was happy with my life. Even though there was this somewhat happier period there was also something missing in my marriage . . . trust.

A few months after we got married, I wanted a child; some-one else to love and who would love me back. My first child was born the following summer and I enthusiastically delved into trying to be the best parent for my son along with trying to be the best at my full-time job. By spring, my aspirations of being a wonderful parent faltered and I began realising that I was failing to be a super mom, wife, and exemplary worker; my best was once again not good enough. Something was missing in me and I wasn't quite sure what. I started my first real diet that spring after comments from my husband and others about my higher level of weight and finally began to excel in something . . . weight loss. This became my new obsession . . . losing weight and again doing something that no

one else had the power to do. I was failing so miserably in all the other aspects of my life and this was something that I had control over.

I started seeing a therapist (unbeknownst to my husband) and instead of things getting better, they got worse. I couldn't communicate and didn't understand how to talk about what was going on inside. Many of my sessions revolved around the weather instead of dealing with things and I would often take breaks from therapy for months at a time due to frustration with myself and my therapist. Everything from the past had come rushing back and I couldn't stop it. The SI came back with a vengeance on top of a now full-blown eating disorder. SI was a part of my nightly routine and became an addiction much worse than the teen years. I became suicidal and was lost in a haze of self-destruction which warranted a two week psych [psychiatric] hospital stay. Approximately three months after leaving the hospital, I was even worse with the ed behaviour, this time adding laxative abuse to restricting. My husband threatened to leave with my son if I didn't enter another psych hospital, so I did time again on the psych ward, this time for a full month. I gained weight but again never talked to anyone about what was going on . . . I couldn't.

It's been nine years since my last hospitalisation. Currently, I'm not in therapy and am in recovery from the eating disorder though the thoughts and mindset are often still there. SI still plays a rather active role in my life and is a well-guarded secret. It's what's kept me alive and going through many changes in my life and I think it will keep me through many more.

## Key points

- Not everyone who has suffered child abuse self-injures, nor has everyone who self-injures suffered child abuse. The reasons why people turn to self-injury are intricate and multi-faceted. There are numerous predisposing factors that motivate self-injury.
- Many people who self-injure hold deeply embedded negative core beliefs about themselves. Perfectionism is also a common trait, which may stem from the belief that nothing I ever do will be good enough. These beliefs can lead to low self-esteem, feelings of self-dislike, self-loathing, self-hate, and worthlessness, which in turn may ignite the need to self-injure.
- Child abuse provides fertile ground for the development of a range of adverse effects that can impede healthy adult functioning.
- Not being believed when abuse is disclosed by a child (particularly if the person confided in is a mother or other close relative) can have a profound psychological impact. Mothers choose not to believe for various reasons.
- Children don't speak out about abuse for a number of reasons.
- Breaking the silence of abuse to someone who is willing to listen and believe is empowering.
- The notion that memories of child abuse can be forgotten, and then years later be remembered, sparked a bitter debate in the early 1990s, and instigated the formation of The False Memory Syndrome Foundation (FMSF), and The British False Memory Society (BFMS).
- Recovering memories of child abuse can be acutely distressing for clients and self-injury may escalate for a period while memories are being processed. Additional support may be needed at this difficult time, and pacing of sessions to enable clients to stay safe within the boundaries of the 'bearable' is critical.