CHAPTER TEN

Getting Better

Ten Things That Will Help

There are certain things that every self-injurer needs to do to recover. The same things apply, no matter what treatment option or combination of treatment options are used. Other than points 1 and 2, which need to be first and second, the others may vary in terms of importance for different people and at different times.

In this chapter, the most important points of the book are summarized. Besides points 1 and 2, they are not placed in any particular order of importance. These are as follows:

1. Stop the behavior, and make the *commitment* to stop.
2. Get professional help as soon as possible.
3. Know what to do to slow yourself down in an emergency.
4. Have a strong social support system.
5. Take care of your physical issues.
6. Take care of your emotional issues.
7. Take care of your spiritual issues.
8. Develop a strong sense of self-worth and self-esteem.

9. Acquire knowledge and understanding of this disorder, what you need to do to recover, and what you need to do to maintain your recovery.
10. Have and maintain a positive attitude—get out of the problem and into the solution.

Point 1: Stop the behavior, and make the commitment to stop.

One who is having a serious problem with self-injury may find it very difficult to stop. She may have already tried, a number of different times, in a number of different ways. For example, she may have told herself, her parents, or her boyfriend that she would not do this anymore. Or, she may have tried to reward herself for refraining from the behavior, for example, by purchasing a new short-sleeve shirt that can be worn in the summertime as long as there aren't any new scars on her arms. Sometimes, these things may work temporarily. However, they are not enough in and of themselves to maintain long-term recovery and emotional sobriety.

As with the First Step of Alcoholics Anonymous, "We admitted we were powerless over alcohol—that our lives had become unmanageable," the self-injurer must first admit her powerlessness over the problem of self-injury. This means being totally honest and surrendering. This includes being willing to acknowledge and accept the fact that one is addicted to the feeling, the "high," the vicious cycle of destruction that self-injury brings on.

First, before trying to figure out the exact reasons or trying to tackle the deep-rooted underlying issues in therapy (such as having been abused as a young child), the self-injurer must make the commitment to *stop the behavior.* She must get rid of the symptom, and *stabilize.*

In the same manner that the alcoholic needs to take the

commitment to stop drinking very seriously and with rigorous honesty, the self-injurer must also do so. In the beginning of sobriety, an alcoholic usually disposes of all of the alcohol in the house and may elect to avoid places like bars and dance clubs where the temptation to drink is likely. The drug addict typically disposes of all illicit drugs and drug paraphernalia such as pipes, rolling papers, and hypodermic needles. However, this is much harder for the self-injurer. If she really wants to hurt herself, she can always find a way. Self-injury does not require any money, special materials, or having to go anywhere. There is no need to go to a dark street corner and score from a drug dealer. There is always a place or a way to hide.

The self-injurer needs to make a concerted effort to do the best that she can with this. Making a list of "triggering" material is helpful. Disposing of items that are frequently used to self-injure, such as razor blades, sharp scissors, and knives, are a step in the right direction. Even cutting fingernails down so they can't be used to scratch is a good idea. It is the effort, commitment, and honesty, first with oneself, that counts.

One needs to continue to surrender throughout recovery, to admit being an alcoholic and/or an addict. Every time one walks through the door of a Twelve Step meeting, she is taking the first three Steps. It is customary in Twelve Step meetings to admit that one is an alcoholic or an addict (for example, "Hi, I'm Sharon. I'm an alcoholic and an addict") in front of a group of one's peers. Some self-injurers use the general term "addict" when identifying themselves in meetings that are not specifically for self-injury. This is a viable option.

The self-injurer especially needs to remain verbal and honest and to not think of herself as "better than." This is especially difficult because the self-injurer may, at least

initially, view her self-harming behaviors as not quite as "dangerous" or as "bad" as abusing substances like alcohol or illegal drugs. Many self-injurers have concurrent alcohol and/or drug addictions and possibly other behavioral addictions such as anorexia or bulimia. Or, they may have at least *experimented with* or *abused* alcohol and/or drugs. Therefore, it is important to recovery, if not vital, to acknowledge this too.

The first time that I surrendered, I had been driving along a curvy stretch of highway and impulsively burned myself with the cigarette lighter in the car. Yes, I did this while driving. My car swerved into another lane and I almost hit an oncoming car. Along came a police car, complete with flashing lights and siren. I was pulled over. The officer barked at me, "So what do you have to say about your driving? You're all over the road . . . have you been drinking?" I told him no, that I was just extremely upset, my dog just died (I didn't even have a dog), and that I would be more careful. He shone the flashlight in my eyes and made me get out of the car and walk a straight line—which I was able to do perfectly well. He looked at me, completely dumbfounded. The officer suddenly got another call. Reluctantly, he said to me, "I just got an emergency, gotta go. I guess you got off the hook . . . be careful! You could have killed somebody!"

At this point I realized that the effects of self-injurious behavior could be just as harmful as drunk driving. The police officer was right, I could have killed somebody else, or myself, in traffic. As he drove off to his emergency, I finally broke down and admitted to myself and to God, for the first time, that I was an addict. It was, at least, a beginning.

Self-injurers, just like alcoholics and drug addicts, are likely to have repeated "slips" or "relapses," especially in the beginning of sobriety. This is extremely frustrating, for

both the addict and concerned others who are trying to help. The addict may be thinking, "Okay, I've tried and I've tried but it's no use; it keeps happening anyway." Each relapse reinforces this negative idea. The extreme self-injurer typically becomes caught in a vicious cycle. This cycle involves having an incident, becoming angry at herself for having done it again, becoming utterly discouraged and hopeless, having a few good days or weeks or months without self injury, then once again becoming overwhelmed by an emotional thought or event, desperately trying to fight off that feeling (the "craving"), and relapsing again.

When a relapse happens, one must

1. Acknowledge the mistake ("Okay, I relapsed") and stop beating up on oneself for being less than perfect.
2. Learn from it.
3. Move on. Get back on track as soon as possible.

Point 2: Get professional help as soon as possible.

The self-injurer must not delay in getting professional help. There are no "quick and easy" solutions to a problem as serious as self-injury, especially when it becomes an addiction.

Trying to do it alone simply does not work. The self-injurer will probably try repeatedly and futilely to go it alone, because she has become so accustomed to isolating herself from other people. She typically isolates herself when having a cutting or burning episode. This hidden behavior is rarely, if ever, done in front of other people. It's not a party thing.

Furthermore, the self-injurer often feels that she is strong, indestructible, and tougher than life—and that she doesn't need anybody. It may therefore initially be very difficult for her to break through this defense, which she may have "perfected" over many years. It is necessary to learn the lesson

that part of being independent is knowing when to be dependent.

The self-injurer needs to be open to trying—and combining—different treatment options appropriate to her individual needs. The self-injurer may also have different needs at different times. If medical treatment is necessary (for example, for an infected wound), this must be taken care of first. Martha, a licensed practical nurse who has seen a lot of things in her days, related a story about a woman in her early twenties who had significant problems with self-injury, particularly excessive tattooing. The woman neglected her infection until it was too late—she eventually lost her leg due to gangrene.

There are many different types of treatment choices available for self-injury, as there are for other self-destructive behaviors and addictions. Medical treatment, individual therapy, group therapy, family therapy and/or couples therapy, psychopharmacological medication, inpatient hospitalization, and Twelve Step programs can help. Even within these treatment choices, there are a variety of different techniques and approaches. For example, there are various therapy techniques that may used by an individual therapist, such as cognitive-behavioral approaches, behavior modification, or psychodynamic therapy.

A well-informed, trained therapist who truly understands the emotional dynamics of self-injury can be most helpful. Ideally, the therapist should be a strong, stable person who intuitively knows when to be, and how to combine being, warm and nurturing as well as direct and firm. Such a trained professional will be able to effectively address the addict's denial and defenses.

There are also a number of different types of therapists. For example, many (but not all) adolescent females prefer a female therapist. Maureen, a young college student who

came in for alcohol and multi-drug addiction and who also had a severe case of bulimia along with her self-injurious behavior, insisted on a female therapist. She said that she would feel more comfortable talking to another woman about her issues with men and sex.

It is essential that the therapist is knowledgeable about and not afraid of the problem of self-injury. The self-injurer in the beginning stages of recovery is afraid enough herself. She does not need the added stress of having to calm down another person (who is supposed to be helping her) who panics or is taken aback by the sight of blood. Finding the right therapist may take some time, but be patient. It is well worth the effort.

There are no quick fixes out there. Be cautious of medical and psychological "quackery," which is rampant in today's society. Such things may include, for example, noncredentialed "healers," or unproven herbal remedies that claim to "cure" anxiety or depression. Teenagers and young adults may be particularly vulnerable to this.

Point 3: Know what to do to slow yourself down in an emergency.

The progressing urge that precedes a self-injurious episode usually sneaks up on and attacks the person who has the problem of self-injury. This eventually becomes a full-blown emergency that must be stopped before one feels that she is "too far gone" and must self-injure. She's got to slow down.

First, one must recognize the fact that she is in a state of emergency. This is not the time for her, or anyone else, to "analyze" the deep-seated emotional feelings or reasons. If the self-injurer needs to think about or talk about anything, it should only be about facts and events about what happened to set her off. Staying verbal helps.

Different things that are used to slow down and de-escalate work at different times for different people. It helps to make a list of these things, such as using an ice bucket, calling a friend, and finding a "safe place" where an episode will not happen. (See chapter 8 for a more expansive list, along with ideas on what types of things to place on your short list.) It also helps to carry the list around and to refer back to it, at least in the beginning stages of recovery, whenever one gets stuck. This is because, when in an escalated state, the self-injurer becomes emotionally overwhelmed. Especially in the moment of crisis, she just might not be able to see that there are other options, and she may actually forget about the things that work.

At one point when there happened to be a lot of toddlers and young children living in my neighborhood, I would frequently go outside where they were playing. This was a safe place for me. I have never had an episode in front of a child; I always knew that that was an absolute for me. Children are generally happy and don't ask probing questions about your problems and emotions. Being around them always put me in a happier mood, and many times it put me completely back to reset. I would then be able to go back into the house and effectively continue to work on something constructive—my doctoral dissertation.

Furthermore, there is a sense of positive reinforcement in remembering the things that have worked in the past to divert an emergency. For example, one may remember, "Oh, yes, calling my friend Charlene worked last time. I can do that again." Laura, a university hospital nurse with eight years in recovery, whose main problem happened to be heroin addiction among other things, once stated: "Even though I'm going out to dinner with my husband tonight, I do know where an NA meeting is tonight, in case of an emergency and I need one."

Those who are close to or trying to help the self-injurer must respect her needs and realize that she may have different needs at different times. *Ask* her what she needs. Usually, she will tell you. If she does not know, offer but do not force various options.

Point 4: Have a strong social support system.

First, it is important to know that one does not effectively recover or successfully maintain recovery alone. People do need other people, and this is definitely one of those times and one of those situations.

Although the self-injurer may actually prefer to spend most of her time in isolation and to have minimal contact with other people, she needs to get over it. It is helpful for the self-injurer to decide which people are good for her and which ones to avoid.

Just as many alcoholics and drug addicts may need to make new friends because their old drinking and drugging buddies are not good for them, the self-injury addict may need to rethink her social relationships. Frequently, self-injurers have a long history of, and are still at least initially caught up in, a number of unhealthy or destructive interpersonal relationships. Although it may seem hard at first, one needs to make some positive changes. The recovering self-injurer may need to learn how to reach out to others more and how to form new, healthy relationships.

Michelle made an A list, a B list, and a C list and wrote down the reasons why next to each person's name. Having been caught up for many years in unhealthy codependent relationships, she decided to figure out who the people are that she should be around, people whom she needed to avoid because they were bad for her, and people to be cautious around, and least while she was in the beginning

stages of recovery. For the first time in her life, Michelle was able to think of taking care of herself first, as the number one priority, because she saw this as vital to her survival.

The A list was defined as "The good people, the ones I should be around." The B list was defined as "People whom I need to proceed with caution around, people I need to get to know better before I trust them, or people whom I can handle only in limited doses." The C list was defined as "Those people I need to avoid no matter what because they're bad for me, and/or those whom I may get tempted to call when I'm lonely, hoping that things were different with them than they actually are." (This included her ex-husband.)

The self-injurer needs to have people whom she can count on, especially in times of crisis. This may include, for example, her therapist, members of her family, close long-term friends, and her priest, rabbi, or minister. If she is in a Twelve Step group, she will have access to other people in recovery, a safe place to go to, and the help of a sponsor if she wants one.

Point 5: Take care of your physical issues.

First and foremost, professional medical treatment must be sought immediately for serious physical problems resulting from self-injury. For example, there may be severely infected scars or burns. A person may need to be rushed to a hospital emergency room, for instance, if she cut her wrists and cannot stop bleeding.

One young model from New York City, who was also a heroin addict, had a serious problem with an infected abscess on her hand. This was initially from a needle injection point. She continually picked at the ever-expanding scab and would not allow it to heal, much like a restless young

child who picks at a scab from a skinned knee. The wound finally had to be surgically treated on an outpatient hospital basis.

Many times, what appears to be a suicide may have been an accident. Such a case would be the self-injurer who cuts too deeply or too savagely after having a few drinks and/or an emotional episode.

Self-injurers have typically neglected themselves, which likely includes their physical health, sometimes for many years. Many self-injurers avoid medical doctors altogether because they are afraid that their injuries or scars will be noticed. Furthermore, the self-injurer wants *control,* at least over her own body. Therefore, she may not want anyone to touch her or to tell her what to do, especially when in a vulnerable situation such as in a doctor's examining room. Physical exams and dental checkups should be done regularly and also on an as-needed basis. This is necessary to determine if everything is okay and also to deal with any problems that may be present.

The self-injurer is, of course, at high risk for or may already have problems with alcohol and/or drugs. Drugs may include illegal and/or legal substances, including prescription medication. It is therefore wise to recognize the dangers of and high potential for *addiction substitution.* Self-injurers, just like alcoholics and addicts, are vulnerable to and are sometimes searching for "something" to make them feel better or to escape from their emotional pain.

Physical exercise is important. This will enable a healthy endorphin release and will also promote a feeling of well-being. Many people work out or exercise as a way to vent their feelings of anger and nervous energy. Children regularly go to the schoolyard at recess and at lunchtime; they need to run around and burn off their excess energy so that

they can go back to class and refocus on their schoolwork. Prisoners and juvenile delinquents in residential treatment facilities need to exercise to work off their rage and to divert violence.

Physical exercise is a good thing, but one must remember not to overdo it to the point of causing a sports injury. Self-injurers especially need to be aware of this, because their natural tendency is to do just about everything to an extreme.

Healthy nutritional habits are also important. Because self-injurers are at high risk for or may concurrently have eating disorders such as anorexia, bulimia, or compulsive overeating, this is especially important. One should have a healthy diet and, if she is anorexic or overweight, work to attain and maintain a healthy weight.

Good eating habits will also help immensely with self-esteem and self-confidence. Being in good shape physically and making the best of what one has in terms of physical appearance is highly beneficial.

Also, the addict needs to feel that she is taking better care of herself. Making the effort, even if not perfect, is very helpful.

In the beginning days of her recovery, Nancy decided to break her junk-food habit. She went grocery shopping for healthy food and started preparing healthy meals that she could get enthusiastic about. Because she is an excellent cook, an additional benefit was that she could share this with other people in a positive social atmosphere. To this day, with over sixteen years in recovery, Nancy still has a lot of dinner parties at her house.

One may want to consult a qualified medical expert, nutritionist, or a personal trainer at a gym. Reading up on and learning more about health, nutrition, and exercise can also be of great benefit.

A feeling of physical well being, particularly *having consistent physical energy,* is helpful in keeping depressive symptoms to a minimum. This is also effective for helping to decrease the probability of and minimizing the negative effects of the recurring vicious cycle of escalating and de-escalating that is part of the self-injurious behavior syndrome.

Point 6: Take care of your emotional issues.

Self-injury, alcoholism, drug addiction, and anorexia and bulimia are only "symptoms" of the deeper emotional problems and resultant feelings that one is trying to escape. Nicole, a fourteen-year-old anorexic who was also beginning to develop a problem with self-injury, commented: "If only my food and clothes problems would go away, all my problems would be solved." She was at the time still being terrorized and physically beaten by her stepfather on a regular basis.

Sometimes people think that after a thirty-day inpatient recovery stay at a hospital, they are "cured" forever and they don't have to do anything else. Inpatient treatment programs can be a useful way to get jump-started with recovery and a good way to learn the basics of what to do. But by no means is anyone cured after attending such a program. Recovery is a lifelong process, because the vulnerability and the potential to relapse are always there.

People with active self-injury typically have a history of emotional problems. There is a high correlation with child physical abuse, child sexual abuse, neglect, and severe trauma such as rape. However, the self-injury is often hidden—it's a silent addiction.

One profile of a typical self-injurer is someone who is highly intelligent, high achieving, and fully functional (at

least for a while, until the self-injury begins to backfire). Most other people see the self-injurer as rather normal, maybe a little bit quiet at times, and they are shocked when they find out she is suffering from this problem. Therefore, the self-injurer may go unnoticed for a long time, maybe forever, unless she somehow gets help.

Lisa, an eleven-year-old girl, was found out when she got upset and lost control one day at school. She repeatedly stabbed and gashed her arm with a pencil, right there in the classroom. She happened to be one of the prettiest girls in her elementary school, was an A student, did volunteer work in the kitchen, and had many wonderful talents such as singing and dancing. Most of the kids in her class, and especially her teacher, were shocked. Only Lisa's two best friends knew about what was going on and about the serious problems with her mother and her grandmother at home.

Emotional issues tend to come up especially during the second year of recovery, after the symptom is gone and the addict becomes stabilized. The recovering addict is typically feeling emotionally raw and ripped open. Self-injurers may be experiencing numerous memories that were previously suppressed. The memories come back, quite vividly, but now with emotions attached to them. At this time especially, a good therapist can be extremely beneficial in providing support and in helping the addict to address and deal with her emotions.

The emotional vulnerability to relapse is, however, always there. Particularly dangerous times are when bad things happen, such as when a family member dies. New experiences that cause anxiety and stress are also difficult, such as when a teenager begins dating. The self-injurer needs to be aware of this and to address emotional issues as they occur, and to learn how to deal with life effectively.

Point 7: Take care of your spiritual issues.

Just as there is a physical and an emotional side to recovery, there is also a spiritual side. It is all very important, if the addict wants to most effectively attain and maintain long-term recovery. Initially, dealing with one's physical issues may be necessary, if not essential, to survival. For example, for an alcoholic, this might include going through detox. Emotional issues tend to come up next, once the addict becomes abstinent and is in the process of learning how to maintain abstinence. All of this takes time and energy.

Spiritual issues usually come up next in the process of recovery. Some people may be able to address and develop their spirituality from the very beginning. They are at an advantage if they are able to do so.

Many addicts, especially while their addiction is active and while in the beginning stages of recovery, are resistant to, or unable to, acknowledge or focus on spiritual issues. Some may neglect spirituality altogether.

Especially these days, people are "searching for something." There is a deep sense of longing within us, be it conscious or unconscious, that cries out for a sense of meaning, of wholeness, and of connectedness with some Power greater than ourselves. Many addicts, including self-injurers, describe chronic feelings of emptiness.

In today's world, problems of poverty, illness, abuse, violence, and all types of other unfairnesses abound. Many attempt to "escape" the resulting feelings by turning to alcohol, drugs, or some other type of self-destructive behavior, trying to fill the void.

It may be especially difficult for those who self-injure to connect with a concept of God or a Higher Power or religion. Refer to chapter 7 for a more detailed discussion of spirituality and recovery from self-injury. Practical suggestions and action steps are offered.

Point 8: Develop a strong sense of self-worth and self-esteem.

When asked the question "How do you feel?" in the beginning stages of therapy, many self-injurers tend to give responses such as, "I feel like I'm a bad person," "ugly," "no good," or "worthless." These things may have been told to them, sometimes repeatedly, by people who have physically, sexually, or emotionally abused or neglected them in childhood or adolescence. The abused or neglected person is likely to internalize these messages. If such issues remain unresolved, it is likely that the victim will repeat this pattern, subconsciously searching for and finding negative relationships with others. This is particularly true regarding romantic relationships.

Self-injurers tend to displace and to take out their anger, rage, and disappointments on themselves, rather than pointing the finger at the negative people in their lives. This may come from, for example, the need to still view a parent who victimized them as a child as ultimately right and ultimately good. An abused child typically feels some sense of dependence on and thus may remain loyal to important figures in her life, such as her mother or father. Many such children, as well as adults, may not know how to, or even be able to, appropriately view and effectively deal with the negativity imposed on them by others.

The self-injurer needs to change her belief system about all this and about herself as a person. She needs to "consider the source" regarding the person or persons who have hurt her in the past. For example, she can ask herself the questions: "Was the person who beat me and told me that I was no good when I was six years old a kind, loving, good, and emotionally stable person for having done so? Was this person being selfish and unfair to have taken out his or her anger and aggression on someone more vulnerable?"

The emotionally wounded person needs to then work on building up her sense of self-esteem and self-worth. This starts with learning how to effectively deal with her own physical, emotional, and spiritual issues.

It is important to remember that humility is honest appraisal; it is not self-denigration. Everyone has both good qualities and things that they can improve on.

Brandon, a client who was assigned to me for therapy at a hospital outpatient clinic, had numerous addictions and was in the early stages of recovery. He had exceptionally low self-esteem and a profound lack of self-confidence at the time, although he was handsome, successful, and a recent graduate from a culinary arts program at a prestigious school. He landed a spectacular, high-paying job as a chef at one of the city's finest restaurants. However, he was apprehensive about the fact that this was his first job, and that he was much younger and less experienced than the others at his workplace. Brandon also happened to be working on his Fourth Step as part of his AA program, which involves writing a moral inventory. Because of his tendency to think only of the negative and to beat up on himself, I suggested that he also make a list of his good qualities, and of the things that he has done well in his life. This was much harder for him. However, he did so successfully and also fared well at his new job.

In Twelve Step programs, people in recovery are frequently told to "stick with the winners." You are encouraged to find and associate with other people who, ideally, have what you would like to have. One can look at people who are positive, happy, self-assured, and who have high self-esteem, and can learn something from them. My first sponsor, with twenty-four years in recovery at the time, had and continues to have those qualities, which I could aspire to.

It would be of great benefit for recovering self-injurers, or

any addict, to target and focus on their good qualities. It also helps to pursue an activity that you like and are good at. Such activities may include, for example, sports, music, or art. This will build self-esteem and self-confidence that will carry over to other areas of your life.

Point 9: Acquire knowledge and understanding of this disorder, what you need to do to recover, and what you need to do to maintain your recovery.

You are already off to a good start by reading this book. There are a few books that are available at bookstores and libraries on the topic of self-injury. There are also numerous clinically sound journal articles on this topic in the fields of psychology, psychiatry, medicine, and social work that can be found at university libraries.

One can learn a lot from reading literature on alcoholism and substance abuse, which is prevalent and readily available. This includes books, journal articles, and Twelve Step literature on substance abuse. Because self-injury is an addictive disorder, many of the dynamics involved and methods of recovery that can be used are the same as for addictions to alcohol or drugs.

The self-injurer may also want to learn more about those things in her background that may have led to the problem of self-injury, and about other related factors. This may include, for example, the literature on child abuse, trauma, anorexia, codependent relationships, depression, or posttraumatic stress disorder.

The Internet can also be a valuable resource for learning more about self-injury and also about other addictions. But one must beware that there is also some negative and potentially very harmful information on self-injury out there as well. Such information is usually found on the Internet and

in various "underground" newsletters and publications. This type of literature and these particular Web sites are written by and tend to draw people who are voyeuristic or who glorify and do not want to give up the thrill or the high associated with the self-injurious behavior syndrome. Additionally, some material may contain disturbing "triggering" material that is detrimental, with a focus on gory, sensational, and horrifying images. Some material even "glamorizes" the disorder.

A well-trained and knowledgeable therapist or medical expert can help the self-injurer to better understand herself and what is going on. A therapist can also help the self-injuring client to set and work toward achieving appropriate goals for herself and for her recovery.

A lot can be learned from other people who have recovered successfully and are maintaining their recovery. This may include others who are in recovery for self-injury, as well as those in recovery from alcoholism, drug addictions, or eating disorders. Twelve Step groups such as Alcoholics Anonymous, Narcotics Anonymous, and Overeaters Anonymous are good places to find such people. Because of the exceptionally high correlation between self-injury and eating disorders, people who currently have or who have had problems with self-injury are frequently found in Overeaters Anonymous meetings, especially in the ones that focus on anorexia and bulimia.

Point 10: Have and maintain a positive attitude—get out of the problem and into the solution.

Most self-injurers, as well as many alcoholics and addicts, come from backgrounds of extreme childhood physical and/or sexual abuse, emotional abuse, neglect, or violent households with alcoholic or addicted parents. Or, they may

have endured trauma such as rape. The addict may therefore be inclined to see herself in the role of the "victim." This can generalize to any situation in her life, including seeing herself as the victim of this unfair and misunderstood affliction of self-destruction.

There is a lot to be said about the power of positive thinking. One must get out of the cycle of negativity and hopelessness. The vast amount of literature on mind-body medicine speaks of how a person's state of mind, belief system, and will to survive can positively or negatively affect the outcome of virtually any disease. This is true for all of the addictive disorders as well, including self-injury.

I have been working clinically for many years now with children and teenagers who are juvenile delinquents and on probation, as well as with those who have been removed from their homes and are under the care of the county because they were abused, neglected, or come from unsafe home environments. All of them have come from horrendous backgrounds.

Oftentimes, I have told these kids that I'm very sorry that they had to go through what they had to go through—for example, something as traumatic as having been abused as a child—and that it was unfair and not their fault. Since it's not possible to turn back the hands of time, they need to acknowledge and learn from the past and then move on. It is now time for them to do what they can do. They are here now, with the rest of their lives ahead of them. They now have the power to make decisions about, and to set goals for, the kind of life that they want to have—and to do something about it.

Christina, a sixteen-year-old pregnant girl, was placed by the court system in a residential treatment facility for pregnant and parenting teens. Her mother had died, and her father had abused and then abandoned her when she was a

young child. She took to the streets, because she had no place else to go.

Christina got involved with drugs and other negative things and with a gang-affiliated boy who got her pregnant. The boy did not want anything more to do with her or the baby, and he was nowhere to be found. The one person whom Christina thought she could count on, her stepmother who lived in another state, promised that she would be there with her at the time of delivery. The stepmother failed to show up and later told her that she couldn't make it because she got busy with her new job at the post office.

To further complicate matters, Christina went through a very traumatic and painful ordeal in childbirth. The baby's umbilical cord was wrapped around his neck, and he almost died. Fortunately, Christina was able to focus on and be grateful for the fact that her beautiful new son had survived and that he turned out to be healthy. She decided that she wanted better for her child than what she had had for herself.

Right after the birth of her son, Christina became very depressed for a while, so much so that it was difficult for her to get out of bed in the morning and go to school. Because she was far behind in her academic credits due to her life on the streets, Christina for some time had the attitude that it was of no use to even try, that she would never be able to graduate from high school anyway. She was beyond discouraged.

With the tireless help of the clinical staff and her therapist over a period of time, Christina began to develop an increasingly more positive attitude and outlook. She decided that she wanted better for herself too. She made up her mind and moved forward. Her therapist helped her to set goals. Christina graduated from high school, turned eighteen, and enrolled in college—with a scholarship in hand—to pursue a career as a registered nurse.

"Get out of the problem and into the solution" is a popular

saying in AA and other Twelve Step groups. It is a good attitude to have toward life in general. Other people have done so successfully. Twelve Step meetings that are positive, upbeat, and solution-focused can be especially valuable to anyone. They are particularly valuable to those addicts and self-injurers who have had, or who currently have, problems with getting out of their negativity.