

Speaking through the skin: self harm, women and personality disorder

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What is self harm? Inclusive definition in NICE Guidelines

- Any act of self-poisoning or self-injury carried out by an individual **irrespective of motivation** (Hawton et al 2003)
- This commonly involves self-poisoning with medication or self-injury by cutting
- The term deliberate is no longer used and the distinction between self-harm and para-suicide is not evident: inclusive definition

Self harm, Women and Personality Disorder

- Self harm is associated with the diagnosis of personality disorder and typically borderline personality disorder, and (can also be considered to be a manifestation of complex trauma)
- Borderline personality disorder is characterized by major difficulties in emotional self regulation, interpersonal relationships, incoherent sense of self, fear of abandonment
- High rates of mental illness and personality disorder in women in prison-estimates suggest 50% of women in prisons in the UK are classified with personality disorder

Self Harm in Female Prisoners (UK, Hawton et al 2013)

- 139,195 self-harm incidents were recorded in 26510 individual prisoners between 2004 and 2009; 5–6% of male prisoners and **20–24% of female inmates self-harmed every year.**
- Self-harm rates were more than ten times higher in female prisoners than in male inmates.
- Repetition of self-harm was common, particularly in women and teenage girls, in whom a subgroup of 102 prisoners accounted for 17 307 episodes.)
- Most self-harm incidents were categorised as low lethality. However, (10%) of incidents by male prisoners were of medium or high lethality compared with (3%) of those by women

Traumatic Lives of Women in Prison

(Corston, 2007: Scott and McNeish, 2014)

- Female prison populations demonstrate a history of multiple trauma, on-going adverse personal circumstances, violence in intimate relationships, poor socio-economic circumstances, drug and alcohol problems and personality disorder
- Women prisoners' rates of sexual and/or physical abuse were seven times that of equivalent men (Bartlett&McGauley, 2015)
- Women in prison show high rates of mental health problems in a number of countries (Maden et. al,1994, 1995; Bartlett 2002)
- Drug and alcohol abuse are more common than psychiatric disorders
- Nearly half self-harmed
- Two thirds had used illegal drugs in community
- Prevalence rate of Personality Disorder is estimated at more than 50 % of women in custody.

Developmental Roots of Self Harm: Absence of Reflective Functioning, often Coupled with Experiences of Trauma

- Understanding self harm within the developmental context- often with ruptures in early relationships
- Use a formulation that is rooted in this approach, rather than diagnostic or static approach
- It reflects a failure of mentalization, in turn related to attachment insecurity or failures of reflective functioning by care-givers, no early sense of being kept in mind or having names for mental states (Fonagy & Bateman, 2004; Bateman, 2010; Diamond, et al. 2014)

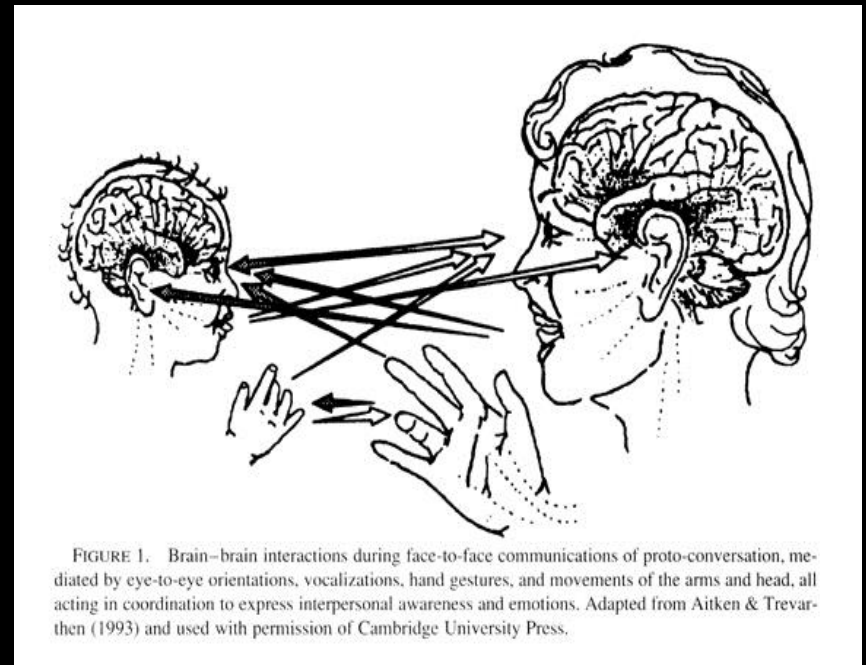
Early Attachment Experiences



‘Attunement with baby’

Brain to brain communication

- The caregiver responds to the infant’s signals by holding, caressing, smiling, feeding, stimulating or calming, giving meaning.
- Her/his empathic interaction results in a child who can put himself in the mind of another and interact successfully –this is a form of reflective functioning
- This sense of security protects him or her from the effects of trauma.



Self harm as Violence:

Development of Violence

- Failure to mentalize (Fonagy and Target 1999, Bateman and Fonagy, 2004)-related to deficits in reflective functioning in early life—so one's sense of oneself is shaky, has not been mirrored by an attentive caregiver
- “Violence, aggression directed against the body, may be closely linked to failures of mentalization, as the lack of capacity to think about mental states may force individuals to manage thoughts, beliefs, and desires in the physical domain, primarily in the realm of body states and processes. “(Fonagy and Target 1999: 53)
- Objectification of oneself and others—no real sense of subjectivity.

Women in Special Hospitals and Medium Security

Bartlett (2002) : “...whatever the diagnostic group and Mental Health classification, they share histories of childhood physical and sexual abuse and adult behaviours of **self-harm**, often associated with pre-hospital substance abuse...The resemblance to women in prison...is striking.”

It is clear that the rates of self harm of women, detained across services within the criminal justice system are high and need to be understood, and reduced.

Childhood Sexual and Physical Abuse and its Link to Self Harm

- Links with shame, guilt, secrets, taboo
- Use of the body as site of shame, trauma and memory
- Repeats violations of the skin
- Recreate dissociation associated with severe abuse
- Self harm used as defence against being overwhelmed by memories, feelings, thoughts-here the victim/perpetrator split is played out on the woman's own body

A Psychological Model: Crimes against the body (Motz, 2001,2008)

- Violence seen primarily as communication
- As a response to powerlessness
- Solution (however maladaptive it seems)to underlying psychological difficulties
- For women often hidden, in the home, against the self, in secret, private places

Self harm and Female Violence

- Act of violence creates sense of power, comfort and control.
- While there may be similar motives to male violence-different targets/manifestations.
- Reveals/repeats earlier trauma, attachment disorders, abuse and neglect experiences.
- Communicates distressing and rageful states of mind

The hidden, private nature of female violence

- Rates of violence by women against others compared to men are very low
- Rates of female self harm are high

When women are violent, they are far more likely to be violent towards themselves , their intimate partners or their children than to members of the public (Coid, 2004, Motz 2008)

Hidden self harm: hidden violence



Self Harm as Communication

- I suggest that often, self harm is distinct from suicide or suicide attempts:
- paradoxically, self-injury can be a life sustaining act
- It is communication through the use of violence against the self, and its impact on others is powerful, needs to be understood
- It can be considered ‘non mentalizing’ discharge of feeling, and has meaning –requires patient exploration with the woman herself and also those who are caring for her

Women in custody often use self harm to express anger at losses.



Psychological Motivations (self-directed)

- Feeling real
- Distraction from unbearable thoughts and memories
- Expression of anger
- Get themselves out of intolerable state: affect regulation
- Use action to effect change in mental state
- Assert sense of control
- Create sense of ownership of own body

Seeing blood: feeling real/released



Psychological Motivations (other directed)

- Generate response in others, this can include medical treatment, suturing, cutting of ligature, nursing care
- Attack on carers who fail to protect
- Communicates rage and distress
- Defence against intimacy (regulate distance)
- Keeps people at bay-warped skin as barrier-immersion in the self
- Enlist help, support or concern

Self Harm and Life Preservation

- Can be preferred to chaos, gray submersion in depression as it can create articulated, delineated feeling-focus on action
- Self harm creates a boundary between feeling and not feeling, gives shape, time, colour and substance instead of a sense of total deadness or fear-feels effective
- Brings back the feeling of being real (alive), contact with external world when numb
- Ends dissociative states



Clinical Illustration: Crystal
Self Harm as Life
Preservative Violence

Extreme Self Harm: Crystal

- Crystal was a 34 year old resident of a therapeutic community ward on a forensic unit where I was the psychologist
- Collected multiple diagnoses including borderline, emotionally unstable, antisocial personality disorder
- She had a history of physical abuse and emotional neglect, severe sexual abuse by several men, including father, who passed her around like 'a prize'
- Periods of time in care, eating disorders, compulsive risk taking
- She had a history of assaulting staff-one of the main reasons for incarceration as no criminalised behaviour
- Her self-harm was extreme, involving cutting, burning and internal injury

Therapy for 12 months, weekly sessions

Bodily Countertransference: Initial

- My eyes were drawn to her dramatic, visible scars, forming criss cross pattern all over her arms--I felt sick and compelled to stare-but was worried about being intrusive
- Important to contain my own feelings to establish a sense of safety in her and create therapeutic alliance
- I had a powerful urge to interrupt the session to leave: being in the room was almost unbearable
- Sight of naked arms with scars, mottled flesh was both compelling and alarming
- Being able to talk with her about the feelings she had before self harm incidents was key—we could both breathe

Therapy Stages and Themes

- Introduction: Creativity and Seduction
- Poetry-presenting me with realms of written work
- Images-verbal, visual, visceral
- Brought and discussed diaries-filled to the brim
- Developing trust and hinting at untold and unbearable secrets, gradually telling me more about her early life, and being able to stick with the present moment

Retreat

- After this initial outpouring of thoughts, feelings (first three months of therapy) Crystal began to retreat into a non verbal state (non mentalizing)
- “I can think only in images, and flashes, not words”
- Intensification in self harm--internal and external
- Lying down in the sessions, curling up, and rocked
- Despair at thought of stopping self harm: “I feel I will have lost my best friend” -this was a helpful statement that we could then explore—in relational terms

Cutting up and Cutting out

- After initial reduction in self harm, she then became very scared, and then a period followed where self harm intensified, and then therapy sessions when she was silent, rocking, and appeared dissociated.
- She told me she was cutting internally, wrote a letter to tell me she is storing up weapons to use against herself.
- Loss of focus in powerful and unreachable states of pure dissociation—I was cut out and words are lost--she has withdrawn
- In this one session she was not able to ‘mentalize’ or to connect with thoughts and feelings and it was very difficult to stay in the room and bring her back to the here and now.

“Bodily Countertransference”-Intensified

- As the self harm becomes more evident my mind is assaulted more powerfully and my body is hyper-responsive to her communications.
- I respond with intense visceral, physical feelings to the feelings that she described and showed me as demarcated on her flesh.
- Primitive defences are expressed in this way and the violence is enacted in part through my responses--my thinking is attacked and my body brought increasingly into play.
- Could be considered a form of projective identification as I became helpless, and felt sick, disgusted and unable to think
- My own mentalizing capacities were diminished.

Violence to Self as Comfort, Protection

- She expressed the deep fear that as she gradually gave up her self-harm activities she would become more likely to attack others, or set fires (as she once had)
- She revealed that cutting gave her a sense of power, control and comfort when she felt unreal she knew what was inside
- Crystal told me about the first time she had cut and the release it brought her after being abused
- She described her violent fantasies towards others

Amnesty and Recovery

- After this crisis period of several weeks, where she returned to self-harming, Crystal, gradually became less preoccupied with it, and focused on words and connecting them with feelings, using art materials and on engaging in therapy and with the team
- She handed in her secret supplies of razors, safety pins and broken cd cases: sense of trust in the capacity of staff to keep her weapons from her, and hold her in mind
- Also reported that she had a great sense of trust in me, and in the security of the relationship-no need to go back to the past and relate details of her abuse/ pain/humiliation
- Was able to think and talk about feelings and gave up self harming

Meaning of Crystal's Self harm

- Body as text
- Physical mode of expressing psychic pain
- A public expression of private pain (Adshead, 1997)
- Showing not saying, in dramatic and tangible form
- Using violent action to discharge and express mental states
- Communication that required adequate response from me and from the team
- With training, support and reflective practice the staff was able respond effectively and her self harm reduced
- Symbolic significance of where she self-harmed

Forms of Self Harm

- Direct
 - Suicide attempts
 - Self-injury (without suicidal intention)
 - Ambiguous
- Indirect
 - Substance abuse
 - Eating-disorder
 - Physical/situational/sexual risk taking
 - Engagement in violent relationships

Powerful Functions of Self harm: Affective Communication

- Idea of “signing with a scar” (Straker, 2006)
- Using the marks on the body to signify one’s state of mind to another
- Language of the body seen as more primitive, direct form of communication than words
- Primacy and directness of bodily states and the immediacy/violence of their ‘voice’

Self harm as protest: one in four female prisoners self-harms



Expressive functions of self-harm for incarcerated women and girls



Self Harm as Truth-telling

- Attack on beauty
- Through mutilation the self-harmer wants to reveal underlying internal damage
- She is demonstrating that there is something real, hurt and ugly underneath the surface
- The brutality of self-harm is felt to mirror the violence of being seen (only) as a thing of beauty

Self harm as memorial : inscribing in the skin





“Hurting as a kind of healing”

- Paradoxical nature of self-harm
- Fantasy of toxic elimination
- Reality of release of intolerable feeling
- Distraction from psychic pain
- At times some pleasure in the pain
- Driven by the hope of healing

Talisman

- Significance of scar is profound
- “How deep is your damage?”
- Marking on the flesh invisible wounds
- Mapping memories
- Physical, tangible evidence of wound
- Symbol of passing through initiation of sorts
(anthropological evidence of significance of scarification)

The Divided Self: Victim/Perpetrator

Identification with the aggressor (Anna Freud, 1936)

Here body represents the victim, the mind that chooses to attack it is in identification with the aggressor, as it inflicts pain on the body

The attack on the body can be understood as an attempt to cut out the badness, attack 'the alien self' which represents an incongruent internal representation of oneself

This form of splitting is ultimately unhelpful and can be addressed in therapeutic intervention

Effective psychological treatment approaches: addressing self harm with mentalization

- Rooted in the relational-attachment based models
- Enabling emotional regulation of painful feelings, in women who have not had the experience of reflective functioning in early life
- Mentalization-based treatment has proven efficacy in reducing rates of self-harm in individuals with borderline and antisocial personality disorder (Fonagy and Bateman, 2016)
- Creating secure relationships and moderating arousal levels is key
- Other important factors are the creation of a coherent and structured therapeutic regime/meaningful day

Self-harm and the Countertransference: responding sensitively to its communications (Walker and Towl, 2016, Hamilton, 2010)

The feelings staff have towards self harm

- Can be enormously difficult, overwhelming
- Can be really important data if clinicians can be thoughtful about them
- It is inevitable to get “caught up” in feelings about women with personality disorder-essential to resist enactments
- Understanding rather than retaliating or “rescuing”: avoiding the boundary seesaw model

Understanding Organizational Responses to Self Harm (Crouch, 2009)

- Emotional impact of the experience of working with people who self harm is very powerful and can lead to unconscious punitive responses
- NICE Guidelines and psychological underpinnings of the NOMS/NHS guides for working with offenders with personality disorders point to the need for support for frontline staff—with particular emphasis on training, close supervision and reflective practice
- Need to take seriously the impact of this work
- Within secure mental health care, criminal justice settings and the community, it is essential to attend to the needs of staff who work with women who self harm

Impact of self harm

- Self harm by patients elicited strong painful feelings in nurses...worthless, useless, guilty and afraid. The emotional impact on primary nurses of their patients' self harming behaviour: nurses could not bear how they felt:
- *'I was her primary nurse and it was intolerable. What she did to herself was horrible, it was horrible.'*
- In particular, the feelings induced by the sight of a patient self harming by a nurse who witnesses the act are unbearable:
- *'She grabbed a CD, split it into two, dig it well deep into her skin and in fact at this point if it had happened to me outside maybe I would have just walked away because I couldn't bear seeing the blood gushing out but I wasn't worried that it would get into contact with my skin but I couldn't bear watching it. (Aiyegbusi, 2011)*

Finding Unconscious Hope

“Patients are trying to live with overwhelming emotional pain and project this into staff through various communications such as self injury, very direct sexualized communications, physical assaults and vicious personalized attacks...the unconscious hope is that the nursing staff can do something positive with the communication.,.”
(Aiyegbusi, 2004)

Managing distress in staff: common responses to self harm

- Disgust - this is a grotesque way to treat oneself.
- Fear - will she end up dead?
Anger - wish to punish the woman who self harms.
- Frustration - nothing will help.
- Helplessness - all our skills are useless.
- Protectiveness - wish to rescue.
- Confusion - what could make someone hurt themselves like this?

How can organizations respond effectively to self harm in women in custody?

- Even in the most restrictive environments, in which women with high rates of severe self harm are found, it is possible to create therapeutic environments in which impact of early trauma is understood and self harm can be understood, thought about and reduced
- Good practice example: The Rivendell Service a unit run by Dr Caroline Logan, Consultant Clinical and Forensic Psychologist for high risk women with personality disorders within a female prison
- This is an example of NHS and NOMS joint delivery, using psychological principles to reduce offending and improve women's lives

Some Key Principles of Gender and Trauma Informed Care within Rivendell

MODEL BASED ON ATTACHMENT AND RELATIONAL SECURITY

- Involve service users in their own care
- Combat distrust in carers/custodians
- Enable effective self-regulation of emotions in the women
- Help staff and women share a formulation of the women's offending and their self harm: to understand and address it
- Provide structure and meaningful activity within prison
- Encourage safe and secure relationships-relational security
- Enable women with traumatic histories and a sense of 'invisibility' to experience being seen and heard
- Encourage development of internal containment and controls to reduce reliance on external ones i.e. 'The Brick Mother'

Effective ingredients of care in custody for women who self harm

- Creation of a psychologically informed planned environment and qualified workforce, carefully trained and supported to understand developmental roots of violence, including self-harm and to identify and manage their responses to it.
- Model of care informed by understanding of trauma and its links to personality disorder, self harm, aggression and offending
- Service designed to care for these women and to empower them to shape their own activities, and address their difficulties
- Women and staff work together on formulations: shared understanding of how personality difficulties link to offending.
- Prison officers are personal officers and are helped to understand importance of relationships
- Boundaries clear and firm—creating containment

Designing Training : The Women's Knowledge and Understanding Framework, Model of Co - delivery with Experts by Experience:

- Four day Women's KUF enhanced-(Formulation Exercise)

BSc and MSc Modules with Dissertation (Motz& Blazdell, 2013)

- Using PD KASQ and supported by qualitative data statistically significant change from pre- to post- training scores:

Increase in knowledge of PD, including diagnosis, clinical features and pathogenesis and how it can be linked to offending

Greater understanding of psychological models of the disorder

Ability to apply these models: significant rise in the number of students who felt that they had the necessary skills to work with this client group (Dunk, Duke, Thomson, 2014)

Urgent need to address this problem of self harm and suicide

- The rate of completed suicide among women in prison is around 20 times higher than it is among women in the general community-dwelling population (Fazel & Benning, 2009; Fazel et al, 2011), and around 20% of women in prison engage in self-harmful behaviour (Hawton et al, 2014)
- Walker (2016) Women Offenders Repeat Self-Harm Intervention Pilot II (WORSHIP II)' funded by the National Institute of Health Research This innovative three year project (2012-2015) aimed to test whether a targeted short-term intervention for self-harm [Psychodynamic Interpersonal Therapy] which focused on women's difficulties could reduce thoughts of suicide and self-harm in women prisoners across three prison establishments. Found significant results.

Managing Self Harm and its Impact

- Creating cultures of **curiosity and compassion**
- Supporting staff teams through Reflective Practice
- Supervision for these teams
- Retaining neutrality while noting the tremendous pull towards rescuing or punishing
- Working “under fire”
- Acknowledging countertransference feelings
- Understanding underlying meaning of the communications, both conscious and unconscious and not being drawn into re-enactments
- Retaining capacity to think and feel without being overwhelmed: mentalization

Self Harm as a Sign of Hope

“In the hopeful moment...the environment must be tested and re-tested in its capacity to stand the aggression, to prevent or repair the destruction, to tolerate the nuisance, to recognize the positive element in the antisocial tendency...” (Winnicott, 1956.)



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