

Cutting and Kink:

Examining Self-Injurious Behavior, Kinky Erotic Play, and Body Modification

co-researched by and © Lee Harrington and MorpheusNYC

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While we believe that letting the client dictate the general course of where the therapy will go is often for the best, some clients and clinicians find it useful to have open ended questions that they can discuss to make the therapeutic relationship more effective.

General concepts:

- Try to focus on the antecedents, emotions during the activity and energetic outcome, rather than the activity itself (whether the activity is Self-Injury, BDSM/Kink, or Body Modification).
- Keep an open mind and willingness to learn more, but do the homework of learning about BDSM/Body Modification on your own time (one or two questions is one thing, spending their entire hour asking “what's that” is another). They are paying for your services.
- Don't be afraid to tell your client that you are new to discussing these topics, and offer to table that part of the conversation until the next appointment so you can do research if they or you so choose.
- Be compassionate.
- Know what your limits are as a clinician. It's ok to say “I don't feel qualified to work with you in this area. It is my professional responsibility to refer you to someone else, or give you resources to find someone who is more qualified/knowledgeable in this area.”
- Keeping your composure is key when encountering BDSM/Kink, Body Modification, or Self-injury marks or concepts that are new to you. Few things can be more traumatizing to a client than being told (verbally or visually) that they are too weird for help.
- Jokes are always open to interpretation. Understand that sometimes, a misunderstanding with a joke (especially around anything that is part of someone's identity) may damage your client in profound ways.
- If you are comfortable with (and believe it to be therapeutically appropriate) discussing details of Self-Injury, BDSM/Kink or Body Modification, you can let your client know that you are available to discuss these issues if they so desire.
- What you ask is not nearly as important as how you ask it. Keep in mind your body language, intonation, eye contact and facial expressions when asking potentially sensitive questions.

Open-Ended Questions:

In addition to these questions provided, in our survey there were a wide number of possible therapy questions and conversation starters presented that may be of use to you and your clients. Some of our survey takers have commented that they have had some revelations around their Self-Injury behavior in taking the survey and/or in discussing their results with their therapist or counselor. In the following questions, “this” can be: SI, BDSM, Body Modification, consciously Non-egalitarian relationships, and other related topics:

- Why are you here today?
- How is this serving you in your life?
- What do you get out of this?
- What does this mean to you?
- What is/was the intent with this?
- How does this affect your life?
- How does this affect the various relationships in your life?
- How does this bring happiness in your life?
- How does this negatively affect your life?
- In what ways do you find this fulfilling or rewarding your life?
- What are hopes around this?
- Where would you like to be with this in 3 years? In the future?
- What does the cost-benefit analysis of this look like for you?
- Do you think this behavior is healthy in your life?
- Do you think this behavior is sustainable in your life?
- What does a healthy relationship look like to you? (note to therapist: help them compare their answer to their current situation if they do not match)
- What books on the subject have you read? What did you think of them?
- Which classes on the subject have you attended? What did you think of them?
- Why is it important to have this sort of relationship?
- Do you feel this is a want or a need? Why is this a need/want?
- Have you noticed any trends on what brings up a desire/compulsion for these behaviors?
- Are you aware of any BDSM/Kink or Body Modification activities that might trigger your self-injury? (note to therapist: examples can include fear play, abandonment roleplay, age play, lack of aftercare, lack of processing, lack of formal starts/stops to scenes, lack of intention, specific physical activities or tools)
- Do you ever feel that your BDSM/Kink or Body Modification activities are unhealthy, and if so, what causes you to feel that way?
- Do you ever do BDSM/Kink or Body Modification to get your self-injury needs met? If so, how do you feel about that?
- When you have cathartic or intense experiences, do you have a way to process the emotions, thoughts or concepts that were brought to the surface? Would you find it useful to process them here? Would they like to process with you after intense scenes/experiences? (note to therapist: only offer if you are truly able to discuss these experiences with them- sometimes they may need to share exactly what happened to be able to share why something came up for them).

Open-Ended Questions (cont.):

- Would you like to write or draw your ideas in a journal for us to process together? (things brought up in scenes)
- What areas of the body do you tend to injure? Why those body parts?
- Do you feel you get to negotiate the structure of your relationship? Do you feel you are fairly and truly listened to? Are your concerns respected?

Ascertain knowledge level of your client regarding these communities and see how aware he/she is regarding: experience level, involvement in local real-time (or on-line) community (e.g. “muches,” Fetlife.com), are they taking reasonable precautions, does he/she have outreach/support networks within these communities for emotional and educational and safety support. If client is not aware of these resources (books, organizations, classes, on-line communities, munches) then consider letting the client know that it may be in their best interest to seek them out for emotional and safety reasons.

Things to watch out for/warning signs:

None of these “warning signs” are a guarantee that your client is engaged in unhealthy BDSM/Kink or Body Modification, but instead are discussion point for further examination.

- Does your client act passively or passive-aggressively to have things “done to them”?
- Does your client use others in BDSM/BM so that he/she can get their SI needs met? Is this done without intention or connection?
- Does your client's partner actively encourage their self injury (not related to BDSM/Kink or Body Modification) activities?
- Do their rates or severity of self injury escalate after play, after interacting with a specific partner, after going to events, or every time a partner leaves? Are there other trends or cyclical patterns?
- If they did self-injure after a scene, consider asking why/what came up for them, instead of assuming it was because of the scene itself.
- Does their partner provide aftercare (touch, affection, down-time, or any tool used to ground/establish normalcy or connection after play or an experience) or process (to discuss, contemplate, evaluate or address emotions, concepts or issues that arose) with them about the scene or experience they had?
- Have they been isolated from support networks (BDSM/Kink, Body Modification, Familial, Friendship)?
- Does your client do these activities because they feel they are being pressured from others?
- Does your client feel these activities or relationship(s) are negatively affecting his/her life?
- Does your client have access to a “safeword” in his/her scenes? Is that safeword respected? If playing without safewords as a form of consensual play, does the client feel his/her limits/boundaries/person are respected?

General comments:

- **For clients with DID (Dissociative Identity Disorder)**, role play may be an issue as alters can come out to play and their BDSM/BM partner may not know.
- **It may not be best to encourage clients to give up SI** even if they happen to be unhealthy (and in occasional cases, some BDSM/Kink or Body Mod practices), until they have developed replacement coping mechanisms or had a chance to truly examine and process through the underlying reasons for the need for such mechanisms.
- **Self-harm contracts** work better if (a) client brings them up as an idea (b) client gets to help design them (c) therapist/counselor is not acting as an "almighty parental figure" that is going to punish them if they do wrong.
- **Injury to the Eyes, Face, Breasts and Genitals:** Literature and standard treatment may argue that any change from self-injury to self-mutilation may require immediate intervention, psychiatric evaluation or hospitalization. In some texts, this is automatically defined as including all self injurious behaviors aimed at the eyes, face, breasts or genitals. Be aware that in some parts of the BDSM/Kink community, as well as in many practices of Body Modification, seemingly damaging practices can be common, including when done in as an auto-erotic practice. These may include but are not limited: genital play, piercing, breast bondage, clips/ clamps, facial scarification, tattooing, tongue splitting, sub-dermal implants, temporary piercing, suturing, whipping and super-gluing. Included in this dialogue should also be the line between "hurting" a part of the body in kink practices, and "harming" the body. This line can be of personal definitions when it is concerning extreme/intense body modification practices. Thus, it is of the utmost importance to find out whether these behaviors were engaged in for the purposes of sexual arousal, pleasure, pre-planned body modification or aesthetic expression before assuming that the client is likely to escalate to major self-mutilation or suicidal behaviors.

Resource List

Self Injury

Strong, Marilee

A Bright Red Scream: Self-Mutilation and the Language of Pain

ISBN 0-14-028053-7 : © 1998

This is probably the first book that both clients and therapists should read.

Walsh, Barent W.

Treating Self-Injury: A Practical Guide

ISBN 978-1-59385-216-0 : © 2006

This is probably the 2nd book that both clients and therapists should read and the first treatment book from a clinician point of view. BRS does a great job of introducing topics and a general overview. This book may be extremely helpful to patients after the introduction of Bright Red Scream by Armando R. Favazza.

Favazza, M.D, Armando R.

Bodies Under Siege: Self-mutilation and Body Modification in Culture and Psychiatry

ISBN 0-8018-599-4 : © 1987, 1996

This book is an excellent academic look into the topic, and the afterward by Fakir Musafar is a must-read for self-injurers drawn to BDSM/Kink or Body Modification.

Hyman, Jane Wegscheider

Women Living with Self-Injury

ISBN 1-56639-720-9 ; © 1999

This is a good book for clients and therapists yet is tertiary reading.

Levenkron, Steven

Cutting: Understanding and Overcoming Self-Mutilation

ISBN 0-393-02741-4 : © 1998, 2006

This book is not recommended for self-injurers due to language, but can be insightful as secondary reading for therapists.

Conterio, Karen

Bodily Harm: The Breakthrough Healing Program for Self Injurers

ISBN 0-7868-6464-8 : © 1998

This book is slanted against Body Modification and may be triggering for self-injurers who have Body Modification as part of their core identity.

BDSM/Kink

Moser PhD MD, Charles and Madson, Jj

Bound to Be Free: The SM Experience

ISBN-10: 0826410472 : © 1998

This psychology oriented book, in which numerous people in BDSM are interviewed and asked what they get out of it, is THE first book that clinicians and practitioners should read. This book is fascinating.

Harrington, Lee and Williams, Mollena

Playing Well With Others: Discovering, Exploring and Navigating the BDSM, Kink and Leather Communities

ISBN 978-0937609583

To understand kink-oriented communities, and help clients find support for healthy BDSM and diverse sexual practices, this book does so with both humor and a practical eye.

Miller, Phillip and Devon, Molly

Screw the Roses, Send me the Thorns: The Romance and Sexual Sorcery of Sadomasochism

ISBN 0964596008 : © 1988

This fun and informative book is a classic still worth the read for all forms of hands-on BDSM play.

Wiseman, Jay

SM 101: A Realistic Introduction

ISBN-10: 0963976389 : © 1998

A cerebral approach to the topic, this book is an excellent resource for therapist and client alike.

Brame, Gloria

Different Loving: The World of Sexual Dominance and Submission

ISBN-10: 0679769560 : © 1996

For clinicians and therapists seeking information on non-egalitarian relationship structures, this book offers a balanced and fair approach.

Kink Aware Professionals

http://www.ncsfreedom.org/index.php?option=com_keyword&id=270

Whether you are looking for someone to refer a client to, or if you are looking to advertise your own business and availability as a Kink Aware Professional, this is an invaluable resource from the National Coalition for Sexual Freedom.

FetLife.com (this website has adult content)

<http://fetlife.com/>

Kink Self Injury Discussion Group (Moderated by MorpheusNYC and Lee Harrington)

<http://fetlife.com/groups/4202>

This networking community has numerous discussion groups where clients can ask for support, information and peer advice. If clinicians choose to join, be clear on your profile whether you are personally interested in these activities, or if you are there in your capacity as a clinician (if you leave your profile ambiguous, you may have individuals hoping for more personal connections).

Body Modification

Juno, Andrea

Modern Primitives (Re/Search)

ISBN-10: 0965046931 : © 1989

THE seminal book on body modification, this text is filled with insightful interviews and insightful perspectives on a variety of practices both sacred and profane.

Fakir Musafar (this website has adult content of a body modification nature)

<http://www.fakir.org/>

The grandfather of the modern body modification community, Fakir's website is a great hub for further information.

Body Modification E-zine (this website has adult content of a body modification nature)

<http://www.bmezine.com/>

Doing a search for "self injury" on this site leads to a fascinating series of discussion, but be aware that the site does contain graphic visual and written information.

Getting more information and education with Lee Harrington or MorpheusNYC:

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