

# Chronic Self-Injury in Adult Survivors of Childhood Abuse

## *Developmental Processes of Anger in Relation to Self-Injury (Part II)*

by David L. Calof

Rage cannot be hidden, it can only be dissembled.

—James Baldwin

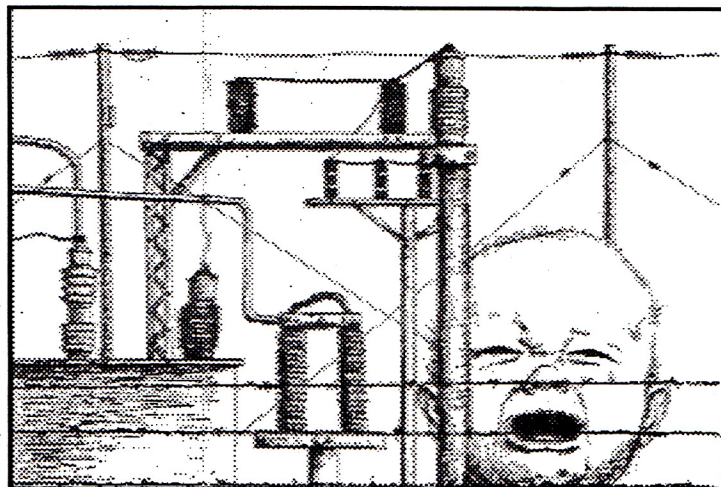
*In the first part of this two-part series on rage (within a larger series on self-injury), David L. Calof first discussed the healthy development of anger responses directed outward in self-affirming assertion. Building on this discussion of healthy anger, he then offered an in-depth exploration of the developmental failures that may occur in the process. In this second part, the author explores the displacement of traumatic rage and its manifestations as self-injury, along with clinical strategies for its management.*

**A**n essential component of trauma recovery work encompasses the expression of rage, a necessary stage in recovery from severe childhood abuse. When childhood abuse survivors become overwhelmed with rage, however, they may express it in acts of self-injury. These self-injurious behaviors often develop because survivors of childhood abuse must manage their traumatic rage and its attendant wishful aggression while bound by injunctions that prohibit the outward expression of affect, stifle dissent, and blunt judgment. In most abusive systems, these injunctions take the form of a few simple imperatives:

- Be in control at all times.
- Don't ask for help.
- Accept blame, because it's your fault.
- Don't show pain or weakness.
- Don't show feelings, especially rage.

In combination, these directives strangle rage. Bound by these injunctions, dependent and powerless to act, and subjected to the innumerable psychological devices of their perpetrators, abused children develop passive, masochistic attitudes. Their experience has shown them that they're safer when they turn their rage inward than when they fight back, because fighting back usually worsens their situations. They learn that the only outlet for their rage and aggression is to direct it against the self. Chronically abused children may discover self-injury as a way to express yet contain their forbidden rage without violating the injunctions against its direct expression.

The following case illustration shows how a frequent, compulsive fantasy of self-injury offered the client a robust container for holding powerful affects of rage and aggression engendered by her childhood history of severe abuse by multiple perpetrators.



Untitled • Sean Madden

(Continued on page 16)



(Continued from page 15)

### **Angie: Hands Across Time**

Angie, a 41-year-old woman who had suffered sadistic childhood abuse by multiple perpetrators, sometimes imagined cutting off her hands with a butcher knife. When asked to explain this puzzling impulse, she said only that she "must be mad" at herself. Although she'd never acted on her violent fantasy, she'd started to fear that she might. As we began to work with her traumatic memories, the fantasy came more frequently and the urges to act on it dramatically increased. I suspected that the fantasy represented a displacement of her rage *away* from her perpetrators and *toward* herself, though this interpretation did little to arrest the escalating urges to act on her fantasy.

Responding to her growing agitation and fear, I asked Angie to explore other possible meanings for the fantasy and accompanying urges, meanings that might lie beyond the simple explanation that she "must be mad" at herself. I asked her just to gaze at her hands resting in her lap, letting herself know them in a different way, so she

hands, so she couldn't see the faces that went with the hands. These "bodiless hands" illustrate the *dissociation of identity from appearance* that child victims use to preserve their idealizations of offending care-givers. They often first describe abusive fathers, for instance, as "the night monster" or "the bad man" or "that man," before they can accept the true identity and participation of their fathers in their victimization. This client had not yet accepted that her father had been one of her abusers, and that his hands appeared in the series of images. Some months would pass before she could connect the images of his hands with his identity in her memories of abuse.

As Angie watched these bubbled images of men's hands abusing her, she remembered a childhood fantasy: If she could just cut off the men's hands, they would stop touching her. She then realized that it wasn't *her* hands she wished to cut off, but the hands of the men who had abused her. As with most survivors of severe childhood abuse, though, she'd learned the futility of striking out against her per-

petrators. With no direct outlet for her rage at her abusers, she created an *illusion of control* through her fantasy of perpetrating a rageful act on herself. In this way, she had an effective, available outlet for her rage,

one that she could master and control: her own body. From that session on, the client's urges to cut off her hands decreased both in frequency and severity. When it did arise, she found that summoning images of the hands of her perpetrators immediately relieved her of the intrusive fantasy and her urges to cut herself. Within several weeks, the urges disappeared altogether.

In this case illustration, we see that the client's childhood rage at her perpetrators became the source of her fantasy of self-injury, which functioned as a container to hold her displaced rage. The motivation for the self-injury is clear: to express a forbidden affect

(rage) in a way that doesn't break the injunction against its expression.

### **Rage Reduction Methods**

When leaking rage fuels self-injury in clients, we must draw on rage reduction methods to reduce both the frequency and severity of self-injury. Traditional anger management techniques, to some extent training in dissociation, help people to "manage" anger by distancing themselves from it; in contrast, rage reduction methods aim to metabolize the dissociated affects, not merely keep them at a distance. In other words, they're not a set of techniques for managing anger that arises from present aggravation, perceived injustice, or unfairness, but a methodology for working through deep-seated, unresolved traumatic rage that continues to manifest as self-injury. Rage reduction specifically targets the well-grooved triggerable rageful affects surrounding trauma and loss.

The purpose of these techniques isn't to teach people to act out anger aggressively in the world, but to show them that they can get angry safely, in a safe environment, and that they can express their rage in such a way that it doesn't hurt anyone and it doesn't "wreck" anything. Clients must clearly understand that they undertake these procedures to reduce the likelihood that they'll act violently toward others or themselves, *not* to promote rageful acting out. The purpose of anger expression isn't to empty some reservoir, but to retrain the nervous system, to experience feelings safely and fully in order to let them go from the body and mind. Releasing the psychophysiological circuitry of anger is often a necessary step toward redirecting rage that is pent-up and expressed through self-injury. The rage dump is one means of doing this.

As abuse survivors approach the idea of connecting with and expressing pent-up rage, many concerns often arise regarding the expression of rage. Clients may believe that expressing their rage will somehow magically make them the same as their perpetrators, who expressed rage through abusive acts. Abuse survivors also often fail to distinguish between the *thought* of rage and *violence* itself. To work

## ***Chronically abused children may discover self-injury as a way to express yet contain their forbidden rage without violating the injunctions against its direct expression.***

could get to the bottom of these troubling "matters at hand." I asked her to clear her mind, then to let any associations that she might have come into her thoughts, telling them to me as she sat still and gazed on her hands. In this way, the client entered a mild hypnotic state. I then suggested, "Let your hands slowly change before your eyes into the hands of the person or persons whose hands you really want to cut off."

Almost immediately, Angie began to see images of the hands of her childhood perpetrators in various acts of abusing her. The images came only as close-up views of hurting or probing



through these closely held beliefs, clients need to learn that violence is a *symptom* of disowned, dissociated rage; when they find and metabolize that rage, it won't hurt anyone anymore.

When considering rage reduction interventions, clinicians must keep in mind this cardinal rule: *Safety for all concerned must be the first and final consideration.* Rage reduction techniques, for instance, may precipitate unplanned abreactions in highly dissociative clients. If clinicians are ill-prepared to manage such abreactions, these techniques may be contraindicated. Therapists and clients must clearly understand that these methods aim to *reduce* the likelihood that clients will become disoriented, seized by overwhelming compulsions, or act violently toward others or themselves, *not* to promote rageful acting out. Clinicians still must assess the possibility that rage work might decrease inhibition or social control in a dissociated identity fragment with sufficient ego-strength to emerge, thereby potentiating the likelihood of the violent behaviors that it's meant to prevent.

For highly dissociative clients, it's wise to test a less intensive form of the planned technique to assess the risk. If the clinician is ill-prepared to manage untoward reactions, these techniques may be contraindicated. In dissociative identity disorder (DID) clients, idiosyncrasies of structure, treatment stage, and progress and prognosis dictate whether or not an intervention should even be attempted and, if so, which alters or clusters ought to be involved. This intervention requires at least a transient stability and rudimentary interpersonal communication. Clinicians must work with client systems to determine which alters should merely watch, which should participate, and which should be completely uninvolved as near as possible.

Clearly, rage reduction work must be undertaken with care and consideration, but when the procedures are well planned, and both the therapist and the client are well prepared, even longstanding chronic patterns of self-injury can be dramatically altered, even to extinction. The deeper the client's commitment to the procedure, the

deeper and more enduring the results. If this work isn't primarily fueled by the drives, wishes, and hopes of clients, then it's inappropriate. Therapists must resist resorting to rage dumps countertransferentially, as a means of

sparing themselves the rageful projections, transference reactions, and displacements of their clients. When effective, rage reduction merely helps to create a less pressured arena in which to work with these psychological processes.

As I explain the potential value of the procedure to clients, pointing out any possible neutral or negative effects, I remain decidedly neutral as to whether or not they should undertake the procedure. In effect, I tell my clients, "This process will take a lot of careful work, but it may strengthen your self-control while lessening your pain. If you decide that it might be a good idea [informed consent], then it's probably worth the effort to see if we can make it work for you. But the choice is yours completely." At each stage of the procedure, I check with clients to assess their state and their willingness to go on to the next step. I deal with any concerns immediately and thoroughly before we take the next step. I also make sure clients understand that I'll end the rage dump if I think it's unsafe or unwise or against our mutual interests to continue.

When undertaking rage reduction work with self-injurious clients, I've used a variety of active and expressive techniques, but these techniques aren't always feasible. Facility considerations (sound-proofing, privacy, safety, and so on) or the lack of a safe and supportive context (a secure group setting, for instance, or an in-patient unit) may preclude the use of these procedures. Increasingly, I've referred clients to adjunctive therapists for group and individual rage reduction work using active and expressive techniques. The recent growth in the number of trained expressive-arts therapists has made re-

ferral for this kind of work more readily available. For some time now in my own practice, I've relied mainly on imagery and hypnotic processes for rage reduction. I call these processes *rage dumps*. Here I'll give an outline

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of a thorough approach that includes detailed planning and a cautious execution.

#### ***Rage Dump Procedure***

Before attempting any rage reduction procedure, I thoroughly prepare the clients. This includes briefing and negotiation about the procedure to be used and its intended results. During the contracting and negotiation process, I reach agreement with clients regarding the structure of the procedure, its intended results, ground rules, limits, and safety measures (time outs, stop signals, safe places, protective gear, and so on). During this phase, I work with clients to create a positive expectancy that our efforts will help them feel more safe, more in charge of their bodies and actions, and more in charge of their hurting feelings.

Therapists must never undertake a rage dump procedure until they've addressed all client concerns thoroughly and frankly, with all questions answered. Whether it's the first or one in a series of rage dumps, for each intervention I go through at least an abbreviated form of the formal contracting process with clients. We all find security in a thorough and formal professionalism, much like a surgery team that keeps a checklist of every sponge and clamp to prevent mistakes.

I begin the procedure usually by teaching clients to "disconnect from the body," to dissociate "see from do," so they can *experience* powerful affects,

*(Continued on page 18)*



(Continued from page 17)

even *see* themselves in their mind's eye acting them out, without having to resist powerful urges to *act* them out in the body. In effect, I tell my clients that it's best to let their bodies rest behind, disconnected from them, while they do the work. Clients have been enthusiastic to learn to dissociate in this way, because it reassures them that they won't act dangerously or out of control in the session. I use a variety of hypnotic and imagery techniques to create this visual-kinesthetic disconnection.

Some clients, for example, learn to imagine their bodies resting on the opposite side of room, disconnected from the "action" in their minds. Others imagine having tiny volume controls that can "adjust" the amplitude of nerve impulses carrying feelings from the body to the mind, along with "switches" that they can use to "turn off" any nerve impulses that tell the arms or leg muscles to move. This way they can titrate the feeling and keep it at a safe threshold. One client imagined that he tied his body to the chair before undertaking a rage dump.

Next, I work with clients to find some kind of acceptable imaginary container for the rage dump. Clients may mentally construct the container, find it in guided imagery, or remember a suitable one from their own pasts. Clients have imagined a deserted mountain meadow, a cave, a dungeon, an open field, the family garage, a childhood bedroom, a deserted beach, and so on. One computer-literate client used an elaborate videogame metaphor to inject his perpetrators with computer viruses that caused them to self-destruct. Whatever the image, it must yield a metaphoric space powerful enough to withstand a full blast of their traumatic rage. If clients have trouble finding their own image, I often suggest a bomb shelter. Whenever possible, though, clients should find their own metaphors, to strengthen their commitment to the rage dump process.

When we're sure (through negotiation, contracting, and the creative application of dissociation) that we're set

to go, I usually induce a mild to moderate hypnotic state in my clients. Then we apply the agreed-upon means for disconnecting the body, and we test it to build confidence. If all seems to be working well, I then suggest that clients go into the metaphoric container, *leaving outside any fear associated with the expression of pent-up rage*. I sometimes suggest to clients that, once in the container, they may not even remember that they were once afraid to get mad at their perpetrators. I then tell them that they'll have about

somewhat less agile than I was at 25.

I tell clients that, once they enter their containers, what happens there is their own business, to share or not as they see fit. Typically, I suggest that they'll notice where they *really* want to put their old rage. I remind them that the container will keep any of the released affects from leaking. From time to time during the process, I reinforce the dissociative disconnection from their bodies. "Even though it'll feel as though you're doing the things you're imagining," I tell them, "your body will actually just be resting in that chair, disconnected from all of this." I explain that I'll tap my pen half-way through the time period, at the three-quarters mark, and just before the end of the period, so they can adjust their efforts accordingly. Most often I give them nearly four minutes, with the half-way tap coming at about two and a half minutes. These devices augment the sense of time distortion.

With all these guidelines in place, our task becomes simple and direct: At a given signal, clients vividly imagine expressing all the pent-up rage that they harbor toward their perpetrators. They must imagine this expression fully, in whatever ways suit them—verbally, physically, violently, or emotionally—but without the restraint of their paralyzing childhood fears. To facilitate this expression, I may suggest

that clients will have much greater strength than normal. During the process, I sometimes urge them on by asking them to remember times when they were hurt or used. If the intensity starts to wane—as judged by changes in respiration, eye movement, facial expression, or muscle tonus—I suggest that they look for remaining pockets of feeling to process.

When the time set aside for the rage dump ends, I tell my clients to leave the container. Before orienting them to their normal waking state, though, I tell them that they've done important work which should bring a sense of accomplishment and personal mastery, and I tell them that they can

## BROTHERLOVE

Sorry I had to be the one  
to escort you past  
that early signpost of manhood:  
The Buying of the Jock.  
What guy wants his sister along  
when his balls hang in the balance?  
But better a sister than a father  
who challenges their existence.  
So we went.

Through the fluorescent  
gloom of the discount store  
you tried to look tough—nothing in your eyes.  
And me? I feigned insouciance.  
When the geek behind the counter asked  
"What size?" as you glared at me in panic,  
what could I say? but  
"Large."

—Maura Alia Bramkamp

three minutes of clock time to work through the rage dump, but that it will seem like all the time in the world to their deepest minds.

The capacity for time distortion points to one advantage of doing rage dump work in hypnosis, as opposed to guided imagery alone. With this resource, clients can subjectively experience a rage dump as lasting several hours when in fact it lasted only a few minutes. The use of time distortion coupled with imagery methods to deal with rage can save wear and tear both on the client and on the therapist. I suspect this fact has something to do with my embracing it in favor of active methods over the years. At age 47, I'm



feel a great deal of appreciation for their deep unconscious that made the work possible. I also suggest that they look for the positive effects of this work to crop up in their daily lives. I almost always end a rage dump by suggesting that clients will remember as much or as little of their experiences as they think would be useful and appropriate, and that they may choose to share some, none, or all of their experiences with me, as they see fit.

In the following case, I used the rage dump procedure with a 17-year-old young man to extinguish a recent escalation of high-risk and self-injurious behaviors including truancy, heavy drinking, and reckless driving.

#### **Adrian: Jaws**

Adrian, a 17-year-old victim of sadistic sexual abuse perpetrated by his father and several of his father's associates, entered therapy to work through his traumatic memories. As he gradually accepted the worst of his brutal memories, I could sense his obviously overwhelming rage, but he remained reluctant to express it. "What good would that do?" he rationalized. He also feared that any expression of rage would make him "just like" his father. Although his father was serving time in prison for sexually abusing him, the young man obviously still feared him. His father's injunctions against dissent and anger kept him from expressing the depth of his pain and outrage.

To get around his rationalizations and fears, I suggested that perhaps the father's injunctions kept the client from expressing his feelings, but this suggestion fell on deaf ears. Only after Adrian came to the attention of the authorities because of truancy, heavy drinking, and reckless driving did he seek help with his feelings. He found himself troubled by his escalating self-destructive behaviors, atypical for this model student, and he had some intuition that they were related to his mounting yet unexpressed rage at his father's abuse of him. The frame that seemed to make the most difference emerged when I suggested that the young man's behaviors were a way of "taking over" for his father. His father no longer had to hurt him because the

son had taken over that job. Framing his self-injurious behaviors as loyalty to the father motivated the client to ask for help since the last person he wished to emulate or serve was his father.

After extensive psychoeducation about the suppression of feelings in abuse survivors, the differences between expressions of rage and actual violence, and the identification of victims with their perpetrators, I proposed a rage dump as a way of helping Adrian achieve control over his unbridled feelings and behaviors. After he chose to pursue the rage dump, we engaged in a contracting process as described above. Once we'd made the necessary arrangements, we began the intervention. Shortly after the rage dump started, I didn't see the physiological signs that would indicate the client's full involvement in the imagery. To urge him on, I suggested that his father would be mighty pleased to know that he'd made Adrian such a trouble-maker in school. This statement proved the only catalyst needed.

The client had chosen a vast deserted beach by a roaring ocean for his rage container. There he lined up his perpetrators then beat them "with super-hero force," all the while hurling profane insults at them. The event lasted for hours, or so it seemed to him. When he grew tired of this expression, but still filled with rage, he threw each of his bloody, beaten, punch-drunk perpetrators high into the sky over the ocean. One by one they plummeted into the water, where a school of ravenous sharks promptly and savagely devoured them. The client, still indefatigable, caught all these sharks and tore them to pieces, then he fed these pieces to bigger and more ferocious sharks. He caught these sharks, too, and savagely destroyed them, at last flinging their remains into the ocean. There a huge school of little fish with razor teeth finished off all the remains except the bones, then dispersed suddenly in all directions. The bones sank to the bottom of the ocean. When they started to become encrusted with coral, the client signaled that he was done.

The entire rage dump had lasted only three or four minutes, yet when it ended the client was gulping air and

dripping sweat. He couldn't believe that only a few minutes had passed until I showed him the clock. He sat exhausted in the chair. Once reassociated to their bodies and reoriented to their surroundings, clients often find that they're exhausted, as in this case illustration. Another client, a therapist and trainer in body-oriented therapy, expressed astonishment at how drained she felt after a very powerful rage dump lasting only a couple minutes. She described feeling exactly as she normally did following a weekend body-work marathon. Clients report sleeping 12 or more hours following the procedure. Often they have sore muscles for days afterwards ("like I've been in a war"), but inside they're calmer, quieter, and the compulsion to harm themselves is usually significantly less.

As victims of severe childhood abuse travel the long road to recovery, their healing will sooner or later require the expression of rage as a necessary stage. Whether the survivors present with a history of self-injury related to unmetabolized rage, or whether rage issues first emerge in therapy, clinicians must prepare themselves to guide their clients in the healthy metabolization of rage affects. Unless carefully managed, rage expressions can overwhelm both client and clinician, and will thus delay or derail altogether the recovery process. The rage dump outlined in this article offers one way to carry out this metabolization in a safe, fully controlled environment, in such a way that clients remain always in control of the process.

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