Thinking and Considering Self Harm in the Therapeutic Community

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Non Mentalising Social Systems

• Social systems that create FEAR ----
• Destroy thinking
• Shatter thinking capacity
• Force the system back to pre-mentalistic modes of social thinking
• Autocratic social systems are self-reinforcing and therefore highly stable. They undermine the social mechanism that can alter their character: collaboration
Therapeutic Community

• A TC is a MENTALISING social system

• TCs encourage
• **Thinking about feelings**
• Feeling
• Verbalisation - about thought and feelings
• Interaction
• Creativity
On line forums for DSH

• Engage people in networks which support attacking the body to neutralise the mind
Normal Psychic Development

• Affect Attunement of caregiver: (Stern, D. *The interpersonal world of the infant*. 1995)

• Creates biological framework for dealing with future stress: (Schore, A. *Affect regulation and the origin of the self: the neurobiology of emotional development*. 1994)

Attachment Theory


- The child learns to tolerate frustration
- Develops a secure sense of self

- Learns that the world is good enough
- People seen as whole: good and bad can coexist in one
Attachment figure/care giver

“A child forsaken, waking suddenly,
Whose gaze afeared on all things around
doth rove,
And seeth only that it cannot see
The meeting eyes of love.”

• G. Elliot in Attachment: by John Bowlby
Attunement

- The attunement between caregiver and baby forms the basis of attachments throughout life.
- Through ‘good enough’ caregiving the child learns resilience.
Harlow’s Monkeys

- Monkeys separated from birth from mothers engaged in self mutilation.
- Monkeys raised in partial isolation ignored offspring
Panic

- Activation of the autonomic nervous system
- Fight or flight or freeze
- The body is flooded with adrenalin
- The amygdala is activated
- The frontal lobes are disengaged
The monkey and the grape

• Numerous interpretations possible
• Close proximity
• The monkey is activated by what he can not have
• The monkey destroys what he has
Types of Trauma

- Loss of care giver
- Childhood sexual abuse
- Emotional/neglect abuse
- Physical abuse
- Repeated invasive surgery during childhood
The Impact of Early Trauma

- Stable instability
- Who am I?
- The loss of a sense of self
- Primitive defenses: hold the brittle structure together
- Reality Testing intact but fluctuating
- Identity diffusion: who am I/ who are you?
Activation of Attachment Systems

• Complex PTSD
• Words, gestures, smells can activate unprocessed traumatic memories which
• In turn activate behaviours associated with the neutralisation of these fragments
• DSH restores equilibrium
Bessel van der Kolk

• ‘The body holds the score’
The Fragile Self

- The fragile Self
  - Good vs. bad
  - No shock absorbers
  - No sense of self

- Frustration
- Abandonment
- Empty
- Admiration
- Idealisation
- Mania
Psychic Structure

- You meant to build a house
- The project is interrupted You have to make do with a
  - Garage
  - Air Conditioning… too cold
  - Furnace blasting… too hot
Behavioral Manifestation of Early Trauma

• Extreme difficulty with transitions

• Intense unstable interpersonal relationships

• Impulsivity

• Repeated DELIBERATE SEF HARM
Affective Manifestations of Early Trauma

- Identity disturbance
- Affective instability
- Chronic feelings of emptiness
- Inappropriate intense anger
- Transient paranoid and dissociative symptoms psychotic paranoid regressions
Why Self Harm?

To Reduce panic
• To establish existence
• To support body existence when mental existence is in doubt
• To halt feeling numb and empty
• To become a human be-ing
Paradox

The Paroxysm of self harm

People do not self harm
• In order to harm themselves
• They want peace - to cosy up
• To get back into the bubble - to exist
• To halt feeling restless, irritable and discontent
• To start thinking straight
Unintended Consequences of Deliberate Self Harm

Staff and residents become activated
  • We feel what the other can not say
  • We panic
  • We fail to mentasilse
HURT

I hurt myself today to see if I still feel.
I focus on the pain, the only thing that’s real,
The needle tears a hole the old familiar sting.
I wear this crown of thorns upon my liars chair,
Full of broken thoughts I can not repair.
I tried to kill it all away but I remember everything
HURT

What have I become, my sweetest friend.
Everyone I know goes away in the end And you could have it all,
My empire of dirt.
I will let you down, I will make you hurt.
If I could start again a million miles away, I would keep myself I would find a way.

Nine Inch Nails
Mentalisation

• Mentalizing whilst remaining in the emotional state
• Labeling basic emotions
• Identifying feelings
• Being aware of conflicting emotions
• Giving meaning to emotions
• Modulating emotions
• Expressing emotion in words
Vicious cycles of non mentalising

• Poor mentalising - That is -
• Inability to understand or even pay attention to feelings of others
• Others seem - incomprehensible frightening, undermining, frustrating.
• Distressing or coercive interactions.
• To control or change others-make them safe
Desired Responses

- Stabilise
- Detailed description of events leading to DSH
- Titration of dose exposure to traumatic memory activated
- Stop rewind
Mind Reading

• Ask what the resident is feeling
• YOU DON’T KNOW
• Help them stabilise their feelings
• Help them think - mentalise
• With thoughtful words and empathy
• He doesn’t know what you are feeling/thinking
• You have to ask you have to be curious
• You need to be brave
The L.O.V.E. Model

Guards against the acting out of hate in the counter transference

• Listen
• Observe
• Verbalise
• Empathise - explore
Aims of intervention in Mentalisation

- To help to establish
- Adult
- Intentionalised
- Model
- Of Self
- A.I.M.S.
More Reading and Viewing

• Look up Antony Bateman video role plays of Mentalisation on YouTube.
• Look up Professor Bateman and Professor Fonegay’s video Lectures on YouTube.
• ‘Bright Red Scream: Self Mutilation and the Language of Pain.’ Marlilee Strong.
• ‘Cutting: Understanding and overcoming self mutilation.’ J. S. Levenkron