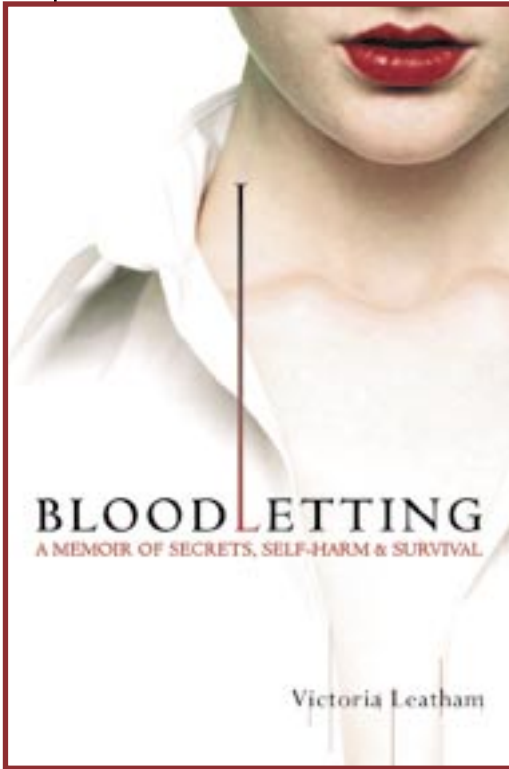


*What I really wanted was a simple response. I didn't want to feel, that was too difficult. I wanted to hurt, I wanted real, tangible, physical pain. That I could understand.*



Victoria Leatham had a secret—one that threatened to undo her. Like an alarming number of young women Leatham was a “cutter,” someone who engages in self-mutilation. Though she had thought about cutting in her teens, it wasn't until one day in her early twenties that a scary thought became an even scarier reality.

*Relief was what I was looking for that day, and I didn't care how I got it. What I wanted—what I needed—was a pain I could see and deal with. I couldn't cope with the mess inside me any longer...*

So began a grim, near-decade-long compulsion.

***Bloodletting: A Memoir of Secrets, Self-Harm, & Survival*** (March 2006; New Harbinger Publications), is Leatham's riveting and true account of her secret struggle with self-mutilation. In the course of this psychological odyssey, Leatham is misdiagnosed as suffering from schizophrenia and borderline personality disorder. She is repeatedly hospitalized, prescribed a dizzying series of medications, and is frequently depressed and anxious.

She becomes a master of the “geographical,” moving from one city to another in her native Australia, trading jobs and boyfriends in a constant bid to outrun her problems. She worries about being “scheduled,” or placed involuntarily in a state mental hospital. She also worries about rejection from a family who loves her, but cannot face up to her problem. Now in her thirties and healed, Leatham is ready to talk openly about a practice that a staggering 14 percent of high-schoolers and 12 percent of college students engage in. ***Bloodletting*** is a psychological travelogue that illuminates not just one woman's jagged path toward wholeness, but the deep capacity human beings have for suffering and our infinite ability to heal.

**“Leatham's searing memoir will resonate with young women struggling with similar problems, as well as those who care about them.”**

—*Publisher's Weekly*

**“Truly compelling.”**

—*Sunday Telegraph Magazine* (Australia)

**Victoria Leatham resides in Australia.  
She will be in the US & available for interview from March 6-15, 2006**

**FOR MORE INFORMATION OR TO SCHEDULE AN INTERVIEW CONTACT:**

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**NEXT: IT'S NOT JUST ONE WOMAN'S STORY—**

**The Alarming Facts about Self-Mutilation**

## THE FACTS ABOUT SELF-MUTILATION

- The prevalence rates within the population vary depending upon the setting being studied. In the general population, self-injury is estimated to occur in 1 to 4 percent of individuals (Briere and Gil 1998; Favazza and Conterio 1988). In a typical high school setting, an alarming 14 percent of students reported having engaged in self-injury at some point time (Ross and Heath 2002). This means that in a typical American suburban high school of 1000 students, 140 students may be self-injurers! Similarly, the rates are estimated at approximately 12 percent in a college sample (Favazza 1989).
- Generally, the first episode of self-injury occurs between the ages of fourteen to sixteen. Self-injury is not just a teen phenomenon, however. For many individuals, it is a behavior that may begin in adolescence, but it can persist well into adulthood. Some studies on certain women who self-injure suggest that self-injury may still be present in their forties and fifties (Sansone, Gaither, and Songer 2002).
- Research suggests that individuals with histories of sexual abuse and eating disorders are significantly more likely to become involved in self-injury, and at earlier ages (McKay, Kulchysky and Danyko, 2000).
- The brain of someone with a predisposition to self-injure reacts to self-injury by releasing opioids, or pleasure chemicals that result in a sense of increased well being. The problem with this reaction is that an area of the brain referred to as "the reward circuit," or the "pleasure center" is activated in this process. It is hypothesized that this is probably the same area of the brain that is involved in addiction, and as with other addictive behaviors, repetition and escalation become necessary in order to acquire the same results.
- In general, approximately 20 percent of individuals seeking psychiatric or psychological services report engaging in self-injury (Briere and Gil 1998). Studies have found that 40 to 60 percent of adolescents hospitalized in psychiatric settings report actively engaging in self-injurious behavior (DiClemente, Ponton, and Hartley 1991).
- One study of 440 adolescents found that the majority only engaged in one method of self-injury, such as cutting or burning (Ross & Heath, 2002). However, as the behavior tends to escalate, it is not uncommon for a self-injurer to try other methods of injury, as well.
- One study of adolescents found that 13 percent self-injured more than once a day, 28 percent reported that they injured a couple of times a week, and 20 percent said a couple of times a month (Ross and Heath 2002).
- Research indicates that approximately 50 to 90 percent of individuals who self-injure also engage in suicidal behavior (Favazza and Conterio 1989; Simeon et al. 1992). Approximately 28 to 41 percent of those who self-injure may experience suicidal thoughts during an episode of self-injury (Gardner and Gardner, 1975; Pattison and Kahan 1983).

**NEXT: An Excerpt from *Bloodletting***

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**Bloodletting: A Memoir of Secrets, Self-Harm & Survival by Victoria Leatham  
ISBN: 1-57224-457-7, \$14.95, Trade paperback, March 2006, New Harbinger Publications  
800-748-6273, [www.newharbinger.com](http://www.newharbinger.com)**

## AN EXCERPT FROM BLOODLETTING

The idea of cutting myself had first occurred to me the previous year. I'd had yet another argument with my mother and was feeling guilty and inadequate. I was also very angry—with both her and myself. As I drove into town afterward, sobbing so hard at times that I had to pull over to the side of the road, I remembered the knife on the kitchen counter. What if? I thought. I imagined cutting my wrist, and as I did so, I began to feel calmer. I even smiled to myself. Not that I'd ever do it, of course.

That image came back to me as I sat on the floor at Helen's house. I had to try it. Normally I would have been at college, but I had a few days off. Helen was at work. Outside, it was sunny and warm. Somehow that made it even worse. Made everything much worse. What I wanted was a simple response. I didn't want to feel, that was too difficult. I wanted to hurt, I wanted real, tangible, physical pain. That I could understand. I stood up, and there it was. The bread knife. It was lying on the sink, inviting me to pick it up. As I looked at it, my stomach muscles tensed. I was still crying, but now it was for a different reason. I knew that once I'd done this, I wouldn't be able to go back.

I reached out, picked up the knife, and then held it for a minute above my wrist. My hand was shaking. This wasn't something I should be doing. This was not a good idea. But I'd started the process, and, I told myself, I had to follow it through. I tried to think clearly. How hard did I have to press so as to draw blood but not hit an artery? Was it easy to hit an artery? What if I did? What if I accidentally went too deep?

Then I'd deal with it, I told myself calmly. I was going to be fine.

Gritting my teeth, I put my forearm on the counter and quickly ran the blade across it, pressing as I did so. There. It was over. It was done. The tension lifted instantly, and I focused on what I had to do next. I wiped down the counter with a dishcloth, found a towel in the bathroom to wrap around my arm, and set off toward the nearest medical clinic.

I left the cloth scrunched up on the kitchen bench.

It wouldn't be fair to suggest that my flatmate Helen was unpleasant. She wasn't. On the contrary, she specialized in nice, neat, and clean. Surrounded by a cloud of smug contentment, she was well-groomed and well-behaved. She'd smile sweetly at me in the mornings and be polite to my friends. Still, she made it clear that this was her house, I was a lodger, and she didn't approve of me. This wasn't about Helen, but by leaving evidence lying around, I involved her. I don't know what I wanted her to do.

So, my wrist wrapped in a not-so-white-anymore towel, I walked across the park to the university medical center. I felt—and this took me by surprise—exhilarated. My blood was pumping and I had energy. The grass looked greener than usual, and the sky bluer. There were ducks in the pond.

The doctor, whom I'd seen before, didn't criticize me or ask me why I'd done it. Instead, as she was injecting the area with a local anesthetic—which seemed ironic in the circumstances—and carefully sewing up the wound, she simply told me not to do it again. I should come back to see her if I felt I wanted to and, even if that meant coming in daily for a while, that was fine. As I left, she told me it wasn't a good habit to get into—and that it wasn't something likely to impress a future mother-in-law.

*continued...*

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I laughed. I couldn't imagine anyone would ever want to marry me. "No, I won't do it again," I told her.

When I got home, the house was quiet and the dishcloth was gone. And I felt better. Much better. My wrist hurt, but not badly. It was more a low-grade ache than a sharp pain, just enough to remind me of what I'd done. The bandage was another reminder. For the first time in months, I felt together. Sharp. In hurting myself, I had at last found a way to release the pressure.

But it was more than that. I was now different. I felt different. I'd discovered a way to control my feelings. Just because self-mutilation wasn't deemed an acceptable coping mechanism didn't mean I was going to stop doing it.

Over the next few days, Helen and I saw a bit of each other but she didn't refer to the incident. I thought this was a good thing until she came into the kitchen as I was having breakfast one morning and told me to leave. It just wasn't working.

It hadn't been a good week, but now I had become someone my parents could really be ashamed of, someone who'd done something that was so far from their experience, and so outside their range of understanding, that they couldn't even talk about it. In some ways, I wasn't unhappy about this.

## **NEXT: About Victoria Leatham**

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## ABOUT VICTORIA LEATHAM



**Victoria Leatham** lives in Sydney, Australia. Now in her mid-thirties, she is a freelance writer and at work on her first novel. She has toured Europe and Australia in support of *Bloodletting*. Leatham holds a Master's Degree in English Literature and formerly worked in the communications industry. She has not cut for nearly ten years.

**Victoria Leatham will be in the US and available for interview from March 6-15, 2006.**

**NEXT: Suggested Interview Questions**

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## SUGGESTED INTERVIEW QUESTIONS

1. Your book, *Bloodletting* is a memoir about your experience with self-mutilation. In it you talk about the act of cutting and the emotions behind it in great detail. Why did you decide to come forward with something so personal and something that many readers are sure to find bizarre?
2. How old were you when you started cutting and what do you think compelled you to start and continue this practice?
3. You talk about feeling relief after cutting. For many people this will be difficult to understand. Can you talk a bit about why you think cutting relieved difficult emotions, like anxiety, anger, and shame?
4. What's a "geographical" and can you tell us a bit about why you engaged in it so frequently? How many times did you move when you were cutting?
5. Alex is a character that shows up all throughout *Bloodletting*. Who is he and what does your relationship with him tell us about your emotional state at the time you were cutting?
6. You were repeatedly hospitalized throughout your twenties when you were cutting. What were those experiences like? Did they help? Did you learn anything about why you were so compelled to self-mutilate?
7. At one point you recall working with a woman who also engaged in self-mutilation. Who was she and what was it like to discover another cutter?
8. If you could talk to the parents and friends of a young person who was engaged in cutting what would you say to them?
9. You talk a lot about your weight in the book and your relationship with food. What impact did this have on your self-image and your desire to cut?
10. You recount visiting several doctors. What were some of the diagnoses you received and how accurate were they?
11. Let's talk about how and when you stopped cutting. What finally helped you to resist the urge to cut and how old were you when you finally got real help?
12. It's tempting to think that after you stopped cutting you were problem-free, but in truth you still had anxiety, depression, and self-esteem issues to deal with. How did you cope after cutting ceased to be an option?

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