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# 自殺與自傷的 迷思與再教育

## The Myth of Suicide and Self-inflicted Harm vs. Reeducation



目前在營官兵對於「自殺」一詞，普遍以「自我傷害」稱之，長期通用的結果，混淆了此二名詞在精神醫學中截然不同的特徵與病理機轉，這樣過度簡化的解讀極易導致部隊在面對「自殺」與「自傷」個案時，無形中呈現出不適切的刻板觀念，導致制式而僵化的處置模式。是以，當我們不斷探究「自殺」個案輕生的理由時，請回到原點，先檢視一下，究竟這是一個「尋死」的自殺企圖？抑或是一個「求生」的壓力因應模式？

As the term self-inflicted harm is often used to describe suicide by enlisted officers and servicemen nowadays, confusing the distinctly different characteristics and pathological timing in psychology medicine, the overly simplified perception could easily lead to inadequate, rigidly perceived concept when faced with a case of suicide versus self-inflicted harm in a military setting, only to lead to a standardized and inflexible disposition means. When all of us are continuing to grapple the cause heading to suicide, it is prudent to return to square one in terms of examining whether suicide is of an attempt to conclude one's life, or is it a stress response mode that one seeks to survive.



● 高雄市張老師學苑王良玉老師講授壓力舒緩情形  
A snapshot of stress relief by lecturer Wang Liang-yu at  
Kaohsiung City Teacher Chang Workshop



在部隊中，個案可能因為家庭、經濟、感情、工作...等問題而有輕生念頭，甚而付諸施行，成為所謂的「自殺個案」，其結束生命的理由雖複雜卻是明確存在的事件，此類個案多會留有遺書，交代其終結生命的原委與絕望。然而對於「自傷個案」而言，尋求身體的傷害與痛苦，竟是為了「適應」與「生存」，而死亡，從來就不是其目的，不幸的是，的確有少數自傷個案最後死於失控的自傷行為中。

「故意割傷自己，靜靜看著它流血，會是什麼感覺？」「何苦要這麼做呢？」「體驗這樣的痛苦的意義為何？」這些都是自傷個案在絕望與羞恥當中，對自己所提出的質疑，對多數人這樣的行為是病態而難以理解的，而這些非計畫性、非意識層面，不符合社會價值觀的強迫性衝動，背後答案常潛藏在自傷個案難以承受的創傷經驗，並在日後逐漸發展而深化為人格的一部分，一再重複的「自傷」型態—刀割傷、刮鬍傷、撞牆、菸燙傷、拔毛髮...等行為，終將遮蔽了個案長久以來懸而未決的心理病態，最後呈現在我們眼前的，只剩下過度簡化的行為表象與精神疾患的推論。

過去，我們對於「自傷」沒有正確的認知與概念，所以當我們幾乎是以「一視同仁」心態來面對與檢討「自殺案例」時，總會出現難以解釋或牽強附會的檢討「窘境」，我們必須認清「自傷行為」是有別於「自殺企圖」的深層探討：正常人體對於痛是趨避、逃離的，然而，究竟遇到什麼困難，活下去變得需要如此用力，甚至要持續地透過自我傷害來自我治療？自傷個案運用不當的心理防衛機轉來轉移心中的困惑、不安與痛苦，反而加深了對於自傷行為的依賴與衝動，在這些醜陋而戲劇化的疤痕背後，是一個耽溺於「以痛制痛」的無助靈魂，而自傷行為所導致的情感、人際關係疏離，又更進一步強化了這個疾病，個案的痛苦若長期沒被注意到，這些隱匿的病態行為將會變得更嚴重、更難接近、更加難以治療。

At the company, a case subject may prone to the idea of killing himself on issues coming from the family, economics, emotion, work and such, or even put the idea to work, becoming the so-called suicide cases, in which the reasons for ending one's life might be complex but the fact remains irrefutable. Such type of cases is often accompanied by a will, explaining the reasons why a subject ends his life and of his desperation. Yet when it comes to the case of self-inflicted harm, inflicting bodily harm or pain for adaptation or survival leading to death has never been their intention, but unfortunately there are a small number of cases that eventually died in the act of self-inflicted harm that went out of control.

How does it feel to deliberately cut oneself and see the blood flowing out? Why does anyone want to do it? What is the meaning of experiencing such pain? These are what the case subjects suffering from self-inflicted harm often question themselves in desperation and shame, while the majority regard these acts as sick and incomprehensible. Yet what lies behind these compulsive behavior that are not premeditated, non subconscious and anti-social value often hides traumatic experiences that the case subject finds intolerable, which eventually become a part of their personality over time, leading to a repetitive self-inflicted harming mode - knife cuts, scrapings, wall thrusting, cigarette burns, hair pulling and such. Eventually the signs overwhelm a case subject's long unresolved psychological illness, and what we see in front of us is just the overly simplified behavioral symbolism and the deduction of a psychiatric patient.

In the past, few has the correct awareness and concept toward self-inflicted harm, it is naturally that we tend to feel baffled or view it as an embarrassing situation with a trying sense when we confront and view suicide cases with a generalized mentality. Yet it is crucial that we must realize the self-inflicted harm behavior is distinctly different from suicide attempts if one examines further, as normal human bodies tend to shun and run away from pain, yet exactly what kind of difficulties that compel an individual to exert such painful force, or even continuing with the self-inflicted harming process for self healing? What most case subjects try to shift their inner troubles, unease and pain through inappropriate psychological defense mechanism has inadvertently deepened the dependency and impulse for engaging in the act of self-inflicted harm, and what hides behind these ugly and dramatic scars is a helpless soul that dwells in a repressed killing pain with pain cycle. Yet the act of self-inflicted harm only sets an individual to be further detached from whose own emotion and interpersonal relationships to further aggravate the condition of the disorder, where the pain of the case subject that continues to be ignored will only lead to these hidden sickness to become ever more serious, and make them less approachable and the conditions less easy to heal.

As the Coast Guard Bureau for the southern region has been actively prompting suicide prevention work over the recent years, an of-

南部地區巡防局近年來積極推展「自殺防治」工作，宣教過程中曾經有幹部提問：我怎麼知道他是真的「有病」還是「白目」！並在最後無奈地下了一個「新兵什麼都怕、就是不怕死」之結論；我能理解在業務績效與輔導倫理之間，在營官兵心理諮商工作所面臨的侷限與壓力，許多個案看似停滯不前的輔導進度中，其實隱含了無法量化的掙扎與努力，所以當輔導者面對反覆性的自傷個案時，請務必先放下你的厭惡與挫折，仔細聆聽他們的心聲，因為對於迷失於痛苦中的自傷個案而言，缺陷人格的養成與病態自我療傷方式的選擇都是長時間發展與深化的結果。

自傷行為的導正與治療其實是一條崎嶇而漫長之路輔導者宜抱持著謙卑的心，坦然地尊重每個生命及其獨特的發展歷程，真誠地認識「自我傷害」，而非視為一齣戲劇，讓個案在被理解與被接納的環境中，深刻體會到自傷行為只是他們的一部分，而非本質，且這些部分是可以被終止及取代的。

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ficer has asked during the awareness promotional process, "How would I know that he is truly sick or just faking it", who finally throws in a hasty conclusion that most rookies are afraid of most everything except death. I can certainly understand the limitation and pressure one faces in military officer/serviceman psychological counseling work when trapped between operational performances and counseling ethics, where many cases seem to be at a standstill, yet many unquantifiable struggle and efforts are hidden unseen. Therefore, when confronting cases of self-inflicted harm in repetition, a counselor needs to let go of one's detest or setback but listen to their inner voice, for as far as cases of self-inflicted harm victims lost in pain are concerned, their choices in creating personality defect and taking to the sick self-healing means are the ingrained results developed and aggravated over an extended period of time.

As the path for revamping and treating the act of self-inflicting harm remains a rocky and winding one, it is best for the counselor to take to a humble approach by respecting every life and its unique development process, to truly regard self-inflicted harm not as a dramatic episode by helping to place the case subject in a understood and accepted environment, and knowing that the act of self-inflicted harm is only part of them but not what they are, and that the part can eventually be severed or replaced.

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