'SHOW AND TELL' A DISCURSIVE ANALYSIS OF WOMEN'S WRITTEN ACCOUNTS OF THEIR SELF-INJURING PRACTICES

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My thanks to those who told their stories and those who helped me write my own; my particular gratitude goes to my sister.

Cold glass how you insert yourself

Between myself and myself
I scratch like a cat

The blood that runs is a dark fruit-
An effect, a cosmetic.

You smile.
No, it is not fatal.
(Plath, S., The Other)

ABSTRACT

Self-injuring is a practice that involves self-administered damage to one's body, most commonly cutting of the skin on the forearms. (The practice is distinguished from other intentional and in/direct self-harmful or self-damaging behaviours that cause bodily harm). Dominant psychiatric, psychological or medical approaches construct self-injuring as deviant, socially unacceptable or abnormal behaviour that is indicative of more or less severe psychopathology, and importantly as a stereotypically female practice. This research is conducted within a post-essentialist framework and views self-injuring, and the injured body, as discursively constituted as well as a cultural and political act. It therefore moves away from pathologising discourses in which those who self-injure typically find themselves and their own accounts of their behaviour invalidated and silenced. Instead, the mental health perspective is viewed as one party among many that may contribute to the conceptualisation of 'self-injuring' practices as socially meaningful and thus self-injuring is critically interpreted without reliance on a medical model of 'normalcy'.

As part of attempts to challenge medical models and cultural ideals of normalcy, this research presents a critical discursive analysis of a series of narratives provided by 5 female participants in which they record their own experiences, feelings and thoughts related to their practices of self-injuring. It makes use of critical discourse analytic methodology to identify certain characteristics of these narratives as representations of larger collective meaning systems. It analyses the ways in which self-injuring is constructed in women's stories of their self-injuring experiences, focusing particularly on the subject positions available in these discourses, as well as their ideological effects. The analysis focuses particularly on constructions of the body and subject positions as they enable or undermines the self-injuring subject's agency. Finally, it attempts to determine the limitations of certain accounts of self-injuring, pursuing multiple meanings of self-injuring and illuminating new dimensions of talk on self-injuring and novel ways of conceptualising and understanding the practice.

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CHAPTER 1:
CONTEXT

Self-injuring is currently a popular topic and also the focus of researchers; it is by no means a new phenomenon. There has, in fact, been a series of shifts in how self-injurious behaviour has been constructed. The phenomenon has therefore been viewed in various ways and so too have 'self-injurers' which has implications for the way that they are treated (Shaw, 2002). It is a contentious topic with little consensus over what constitutes the behaviour. This lack of consensus is clearly displayed in the debate in literature regarding the naming of the phenomenon (McAllister, 2003). In fact, over 33 terms (Muehlenkamp, 2005) have been used to describe the behaviour that entails the visible and direct self-inflicted destruction or damage of the body particularly cutting of the skin on the wrists and forearms (Suyemoto, 1998). The practice has variously been referred to as: wrist-cutting syndrome, self-mutilation, slashing, cutting, self-injury (SI), self-injurious behaviour (SIB), self-harm, deliberate self-harm (DSH), deliberate self-harm syndrome, self-inflicted violence (SIV), self-abuse, parasuicide, gestured suicide, attempted suicide, self-soothing and body-modification (Paradiso, 2005; Lindgren, Wilstrand, Gilje & Olofsson., 2004; Alexander & Clare, 2004; McAllister, 2003; Bowen & John, 2001; Suyemoto, 1998). For the sake of clarity, this research deals with what is termed 'Episodic and repetitive self-injury' which refers to the act of inflicting cuts, scratches, burns and other injuries of a 'superficial or moderate' variety on oneself. According to the definition of Favazza (1996 in Paradiso, 2005) these injuries are not life endangering, and do not usually require medical attention. Self-injuring is distinguished from other intentional and in/direct self-harmful or –damaging behaviours that cause bodily harm, such as substance abuse or reckless behaviour. The lack of agreement in the literature is not important so much to 'pin down' what self-injuring *'is'*, but rather ideologically with regard to power and resistance.

This work is informed by post-essentialist feminist perspectives, which believe that the body and 'self' are produced by culture (Pitts, 2003). These perspectives are encompassed by post-modern, post-structuralist and social constructionist ideologies that recognise that social relationships and our sense of ourselves are constituted by discourse (Parker, 2002). According to discursive theories, social identities or subjectivities are positioned in relation to particular discourses and practices as well as being produced by them. Thus subjectivity is socially produced and maintained within discourse (Henriques, Hollaway, Urwin, Venn & Walkerdine, 1984). Subjects are positioned in relation to one another and to particular objects. In this way identities and social relationships between people and systems of knowledge and belief are embedded in discourses (Macleod, 2002).

The space available in these discourses for particular subjectivities to operate is known as a 'subject position' (Fairclough, 1989).

So positions like 'self-injurer' are created within discourses, and 'self-injury' is constituted in different ways by different discourses on self-injuring and with varying effects. For instance, behaviourist discourses on 'self-injuring' construct the practice as a deliberate manipulative act that is motivated by the self-injurers' desire to gain attention or sympathy and reactions of attention or sympathy are seen as 'reinforcers' of the behaviour. This particular construction of self-injuring practices can lead to instances of institutionalised abuse or neglect as these 'patients' are seen as less deserving of help or caregivers choose not to 'reinforce' the behaviour. (See for example Lindgren et. al's (2004) report on women's experiences of 'mental' healthcare.) Shaw (2002) also reports cases of women being confined and neglected for days or primary healthcare workers administering abusive "care" to women who present self-injurious behaviour (such as suturing without anaesthetic or scrubbing wounds with nylon brushes). Huband and Tantam (2004) report a "power struggle" (p.3) inherent in the treatment of self-injuring which can be attributed to the way that self-injuring is currently framed as 'treatment resistant' and as presenting a particular challenge to clinicians.

Many writers report on the shocked or disturbed reactions that self-injuring evokes. It is possible that these negative feelings result in the desire to distance oneself from self-injuring and are caused by a lack of more positive or less stigmatising meanings associated with it (Shaw, 2002). Another illustration of the effects of this particular construction of self-injuring can be seen in more recent literature that departs from emphasising environmental and/or interpersonal factors. Contemporary developments identify biological factors and show greater appreciation of the expressiveness of self-injuring as well as the consequences of trauma. Such a view could facilitate a move away from the dominant and often unsympathetic behaviourist stance, which tends to construct women that self-injure pejoratively, toward a more sympathetic treatment and portrayal of women. Instead the move is toward pharmacological treatment and short-term approaches. The main emphasis is on symptom removal. Cognitive-behavioural techniques, like contracts, are among the methods utilised to achieve this and there tends to be medicalisation of, and ultimately further disengagement from, women who self-injure (Shaw, 2002).

So, by ignoring the social contingency of the practice of self-injuring and locating the problem in pathology, emphasis tends to be on physical treatment and eradicating the behaviour, as Shaw (2002) points out. Diagnosis is often considered an end point and no further intervention occurs. Another consequence of medicalised discourses is that the mind is treated as distinct from the body.

Furthermore, it is not open to direct investigation in the sense that the body is, and therefore it is constructed as unknowable, except to those experts who are qualified to facilitate the exploration of the mind. The body is thus implicitly privileged over the mind and considered to be fundamental or more real (Ussher, 1991) and so the medical 'gaze' focuses on the corporeal body viewing physical signs as symptoms of 'pathology' (Foucault, 1976). The focus on the body and on visible, individual symptomology as well as the comparatively lesser regard for social factors is displayed in inherently pathologising definitions of 'self-injury'. These depict literal actions without addressing the lived experiences of those who injure themselves (Paradiso, 2005). The view that constructs 'self-injury' as symptomatic of disorder (McAllister, 2003) or even as a syndrome in itself (Meulehnkamp, 2005) therefore can be said to overlook important contextual issues. It is therefore more limited in its approach as well as even potentially damaging for those who practice self-injuring.

Post-modern perspectives have reacted to the dominant individualistic and medicalised focus of mainstream approaches with their emphasis on disease models of self-injuring. They have also tried to go beyond the (still individualistic) phenomenological view. This move is referred to as the 'post-modern turn' in 'self-injury' research (Jeffreys, 2000). These perspectives have attempted to highlight the contingency of self-injuring practices and reactions to it on available social meanings (Paradiso, 2005). Acts of self-injuring are located within particular socio-cultural and historical contexts. This discursive view allows us to understand self-injuring as a social construction that is dependent on the society from which it originates, and as historically variable. Consequently it becomes possible to conceive of self-injuring in different ways and to ascertain the effects of the different ways of speaking about self-injuring.

Many post-modern writers criticise the mainstream (psychiatric/medical) accounts *as well as* contesting accounts that conceptualise self-injuring practices as a cultural or communicative practice. These theorists maintain that any non-conformist behaviour threatening to a particular regime of normality becomes the object of curative or rehabilitative endeavours through the establishment of social norms. Thus the 'self-injurer' remains the main 'object' of investigation, a villain or a victim, constructed in such a manner that s/he is subject to the normalising gaze of various institutions (Hook, 2000).

A Foucauldian approach is often adopted to respond to mainstream accounts of mental illness due to its emphasis on socio-cultural and historical factors and its focus on power relations. Such critiques are organised around Foucault's concepts of: discipline, surveillance, confession,

normalisation and the individual (Butt & Burr, 2000). These views hold that the creation of the 'individual' is effected through the process of normalisation. This process rewards those who submit to disciplinary power and comply with the sets of normative expectations prescribed for their particular social category or status. Norms in any society are not pre-existing social conventions that power structures incidentally endorse, rather they are from the outset instruments of power, or, the means through which power becomes entrenched (Hook, 2000). Adherence brings acceptance and validation as well as the assurance of 'normality'. From this line of thinking, it is clear to see that it is not possible to separate an individual from her/his societal context, as it is societal norms that are used as the marker of normality. Therefore, in this view, the distinction between the individual and society created by the positivist/realist paradigm is artificial (Parker, Georgaca, Harper, McLaughlin & Stowell-Smith, 1995).

The technologies of normalisation effect discipline on social subjects through spatial separation, time management, confinement, surveillance and examination and encourage them to regulate their own behaviours for fear of their deviance or non-compliance being discovered by the ever-present gaze of the 'other' (Butt & Burr, 2000). In this manner, disciplinary power operates at the micro-levels of society, from the bottom up, in order to maintain a particular regime of normality (Foucault, 1976). Essentially these new techniques of regulation effect bodily control, and so the body becomes the primary space to manage the 'psyche' (Pitts, 2003). Foucault (in Grosz, 1994) maintains that power operates through the body, particularly through the establishment of individual subjectivity. This individualised, particularised and 'docile' body is constituted mainly through the modes of medical inscription. By individualising bodies and imposing standards of normality, medical-scientific discourses circulate; through these bodies, identities and desires are shaped (Pitts, 2003) and thus the body becomes a political site.

In light of this, I intend to interpret self-injuring critically in this thesis, utilising the concepts just discussed, in order to explore it as a cultural practice without reliance on a more limited medical model of 'normalcy'. Through a close examination of the language of self-narrated accounts of self-injuring, I will attempt to look at the multiple meanings of self-injuring as an act or strategy and how the manner and political context in which it occurs impacts upon its social meanings for those who injure themselves. This more political approach will challenge the mental health perspective as the authoritative truth, viewing it instead as one party among many that may contribute to the conceptualisation of 'self-injuring' practices as socially meaningful (Pitts, 2003).

The review of the literature, which follows, historically locates self-injuring practices and explores how current understandings have been shaped around ideological and power issues. It also explores the emergence of new, alternative discourses. In the literature review a close comparison is made between self-injuring practices and other socially sanctioned/tolerated practices that also harm the body. This is done in order to investigate how self-injuring is distinguished from other body modification practices and to highlight the ideological issues that surround the conceptual category of 'self-injury'.

Critical discourse analytic methodology is used to analyse the narratives of five women who write about their self-injuring experiences and the analysis pursues the meanings that these narrators make of their experiences. The purpose of the analysis is to investigate the operation of larger collective discourses within these accounts. Ultimately I hope to ascertain the limitations of certain ways of speaking by interrogating existing notions of self-injuring practices evident in participant's stories and also to illuminate new dimensions of talk on self-injuring and novel ways of conceptualising and understanding the practice. Hence I attempt to locate alternative ways of speaking about self-injuring that may arise and which may point to incidences of resistance within discourses and open up new possibilities for those who engage in the practice of self-injuring (McAllister, 2003).

CHAPTER 2:
LITERATURE REVIEW

The following exploration of the literature on self-injuring practices follows a social constructionist perspective, which encompasses feminist and discursive approaches, and therefore it attempts to maintain a critical stance toward knowledge (Temple & Harris, 2000). It will focus not only on content, but also on the ways that self-injuring is constructed within acts of knowledge making and consider the effects of these constructions. Social constructionism goes beyond medicalised causal explanations by examining the conditions under which experience itself becomes constructed as a 'problem' in particular instances. This review locates the psychologisation and pathologisation of everyday life in a broader historical examination of cultural change and social regulation and thus adopts a discursive approach (Burr & Butt, 2000).

The historical discourses on self-injuring practices are examined in order to produce a contextual account that locates self-harm practices both historically and within a particular socio-cultural milieu including its constitution through reflections on it and reactions or responses to it (Paradiso, 2005). The contributions of useful complementary approaches will also be considered and applied, viz.: post-structuralism, post-colonialism and other cultural studies perspectives. These approaches aim to understand self-injuring practices as a culturally ascribed, societal issue and attempt to locate it within patriarchal and other power structures (McAllister, 2003; Temple & Harris, 2000). The review looks at how self-injuring has emerged as a conceptual category and explores dominant, powerful medical and psychiatric discourses of self-injuring. It pays attention to the uncertain definitions and understandings of 'self-injuring', particularly with regard to the multiple meanings of the term, as well as contemporary debates surrounding the practice (McAllister, 2003). It looks also at changing conceptions of self-injuring, exploring views that present themselves as alternatives to the medical model that is predominantly used to explain self-injuring, culminating finally in a view of self-injuring as political.

2.1. THE EMERGENCE OF "SELF-INJURY" AS A CONCEPTUAL CATEGORY

According to this constructionist perspective, knowledge is seen as historically and culturally specific as concepts change over time and place and no one definition or concept is seen to be more 'true' than another is. In addition, social processes sustain knowledge as it is re-produced within people's interactions (Temple and Harris, 2000). In order to understand how 'self-injury' has emerged as a conceptual category it is helpful to look at the historical context of the various

conceptualisations of self-injuring. “Self-injury” is often mistakenly considered to be a new phenomenon. Non-clinical accounts of acts of self-injuring show that this is not the case but that numerous constructions of self-injuring practices predate clinical or medically based accounts and these have a prominent place in humankind’s cultural and historical heritage.

Creation myths, for instance, have the common theme of the world being created through the sacrificial or ‘mutilative’ act of some primordial being. Some sort of self-inflicted injury is usually the catalyst for greater power and wisdom in Roman, Greek, Scandinavian and Norse mythology. For example, Oedipus puts out his own eyes and gains self-knowledge, the Scandinavian god Loki destroys his own mouth to regain speech and Odin sacrifices his eye to gain otherworldly sight. Shamanism also upholds the belief in gaining power through self-injuring where it is used for purposes of self-healing – equivalent to the western practice of bloodletting (Scott, 2003). In contrast, Judaeo-Christian references to self-injuring behaviour include: the prophets of Baal who had a custom of cutting themselves recorded in the Old Testament (1 Kings 18:28). Or, Paul’s admonishment in the New Testament to “avoid those mutilating the flesh” (Philippians 3:2 in Clarke, 1996) as well as the demoniac called Legion who cut himself with stones (Matthew 8:28 - 29 in Scott, 2003). From about the year 2 AD until the end of the middle ages acts such as self-castration and self-maiming, that aimed at achieving greater asceticism, continued unabated (Clarke, 1996). Other examples include flagellant cults that arose in the fourteenth century as well as sixteenth century reformation art that drew on these ideas (Scott, 2003). “Mutilative images are central to many disparate religions and biblical literature is a disturbingly rich tapestry of such images” (Scott, 2003, p.2). The predominant focus of most popular or ‘lay’ constructions of self-injuring is on sacrifice, healing and empowerment.

Self-maiming or -marking as a practice remains to this day and representations thereof appear to have increased over the last four decades (Clarke, 1996). It was not until 1996 that ‘self-injury’ as a topic truly entered the popular media in the form of articles, television documentaries and self-help books or confessional novels. Austin (2004) attributes this to the confession of beloved icon Diana Princess of Wales regarding her own self-injuring practices. Since then various celebrities have confessed to engaging in self-injuring practices (Scott, 2003). Popular culture has numerous references to such practices, which are usually treated with/as liberal creativity. For example, relevant literature during the last four decades yields various accounts of self-injuring. The work of poets Sylvia Plath and Anne Sexton, for example, both resonate with the famous statement of writer Bakunin that “the passion for destruction is also a creative passion” (cited in Scott, 2003, p. 5). Other writers and poets who utilise the subject of self-injuring include Elizabeth Jennings, J.R.R.

Tolkein, Joyce Carol Oates, Gordon Houghton and Patrick Jones (Scott, 2003). Better known and more recent examples include Susanna Kaysen's (1995) novel *Girl Interrupted* (as well as the film of the same name) and Caroline Kettlewell's (1999) autobiography *Skin Game: A memoir* that explores self-injuring behaviour from an insider perspective. Famous bands or artists such as *Manic Street Preachers, Smashing Pumpkins, James* and Tori Amos, to name but a few, also make allusions to self-injuring[1]. In addition, numerous 'popular psychological' works have attempted to provide information to 'self-injurers', their families and various professionals. Many other works have also addressed the issue, for example journalist Marilee Strong's (1996) groundbreaking feminist work, *A Bright Red Scream: self-mutilation and the language of pain.*

Self-injuring has increasingly come to the public's attention and it is partly public interest that has revived it as a topic of research. While popular or 'lay' understandings are increasingly informed by clinical conceptualisations, they often hold different emphases and other ways of seeing that might inform other conceptualisations of self-injuring. However, medical or clinical/psychiatric approaches have predominated (Clarke, 1996) and it is these discourses which are currently responsible for informing our understandings of the subject. Therefore, I consider these expert/academic and institutionalised explanations and understandings as acts of knowledge making that have effects for the way that those who partake in the practice are constructed and treated.

2.2. EXPERT AND INSTITUTIONALISED ACCOUNTS:

Within the social sciences, research on self-injuring practices has been predominately quantitative with some phenomenological research; most psychological studies appear to be clinical in nature focusing on aetiology, assessment, diagnosis and intervention (see for example Favazza & Rosenthal, 1993; Kress, 2003; Crowe & Bunclark, 2000). These studies try to objectively describe and explain *what* 'self-injury' is and have therefore tended to focus on the origin, forms and functions of self-injuring (see also Nock, Prinstein & Mitchell, 2005). The context of the research is predominantly British or North American, with a few cross-cultural studies (for instance Kam-sing, Mei-yuk & Lam, 2003; Kinyada, Hjelmland & Musisi, 2004). Authors often attempt to locate self-injuring practices within mental illness or disorder (such as Borderline Personality Disorder (BPD), Tourette's Syndrome, Anorexia/Bulimia Nervosa or Autism) and view it as a symptom of broader pathology (Brown, Comtois & Linehan, 2002a and 2002b). Studies that undertake to show causality between certain variables and self-injuring practices aim to determine predictors of such behaviour

[1] More examples can be found on *The Self Injury Anthology Project website*, hosted by the website www.self-injury.net, which attempts to compile popular and academic literature, lyrics and movies that refer to self-injuring practices.

in order to design better intervention strategies (Alderman, 2005); for example, personality variables – such as 'victim tendencies' (Austin, 2004). This kind of clinically orientated research has thus chiefly been aimed at aiding clinicians' professional understanding and management of self-injuring. As the dominant contemporary discourse on self-injuring behaviour, it is useful to take a detailed look at clinical discourses that are pervasive and extensively drawn on in constructions of self-injuring. The next section focuses on the difficulty that professionals have in defining self-injuring and the consensus that they have reached. It is important to examine classifications such as these as they often tell us more about ourselves than what we are attempting to define.

2.2.1. Definitions

Of the most widely cited definitions is that of 'expert' in the field, Armando Favazza (1996, in Bowen & John, 2001), who defines 'self-mutilation' as the "deliberate, direct destruction or alteration of one's body tissue without conscious suicidal intent" (p.357). In line with Favazza's (1996) conceptualisation, Suyemoto (1998) characterises 'pathological self-mutilation' as

> "direct, socially unacceptable, repetitive behaviour that causes minor to moderate physical injury; the individual is in a psychologically disturbed state but not attempting suicide or responding to a need for self-stimulation or a stereotypic behaviour characteristic of mental retardation or autism" (p. 531).

She asserts that the definition of self-injuring should consider "directness, social acceptability, number of episodes, degree of damage and the intent or psychological state" (p. 531). Walsh and Rosen's (in Shaw, 2002) definition, "the deliberate, non-life threatening, self-effected bodily harm or disfigurement of a socially unacceptable nature" (p.193), makes similar distinctions; as does McAllister's (2003) definition that 'self-injury' entails "intentional damage to one's own body, apparently without a conscious attempt to die" (p.178). Levenkron's (in Paradiso, 2005) definition includes individual psychopathology as a feature of self-injury, while Conterio & Lader (in Paradiso, 2005) describe self-injurious behaviour as "a maladaptive coping strategy" in which "the deliberate mutilation of the body or a body part [is practised] not with the intent to commit suicide, but as a way of managing emotions that seem too painful to express" (p.9). Suyemoto's (1998) conceptualisation of self-injuring distinguishes it from 'indirect self-harm' or self-destructive behaviours, such as alcohol misuse, as well as from more socially accepted or tolerated forms of 'body-modification' like tattooing, piercing, 'scarification' and so forth. McAllister (2003) also distinguishes self-injuring from other self-harmful behaviours whereas Marshall and Yazdani (2002) include these 'self-damaging' behaviours which they argue are "chosen body management

strategies for dealing with emotional distress" (p. 414) in their definition of 'self-harm'. Their research on self-harm is based on first-person in-depth interviews with women who 'self-injure' in which participants report their involvement in various other forms of self-harming/destructive behaviour.

While these widely used definitions disagree on certain issues they do have commonalities. For instance, theorists present the typical, psychiatric view of 'episodic and repetitive self-harm' that is commonly, though not exclusively, associated with "borderline" personality functioning and is prevalent among young women, particularly those receiving mental healthcare. 16 – 24 year-olds are identified as most frequently making contact with emergency departments leading to the belief that this group is more prone to self-injuring behaviour (Storey et al., 2004). It is commonly accepted that self-injuring mostly begins during adolescence, peaks in an individual's late 20s and drops off in their 30s (Suyemoto, 1998), that the behaviour usually continues for about 10 – 15 years and that it may be interspersed with eating disorders and substance abuse (Jeffreys, 2000). While the accuracy or reality of these commonalities within currently accepted conceptualisations of self-injuring are not in dispute, they serve to construct the "(stereo) typical self-injurer" (Huband and Tantam, 2004), a construction which, as I will show, is not necessarily empowering to those who practice the behaviour. Another important commonality is that self-injuring is generally defined as a culturally unacceptable act. Favazza's (1996 in Bowen & John, 2001) widely utilised definition, for instance, differentiates between culturally sanctioned and 'deviant-pathological self-injury'. This kind of distinction will be interrogated quite thoroughly at a later point, but for now it suffices to say that self-injuring is generally characterised by its cultural unacceptability.

Despite common views, clinical discourses are by no means a monolithic entity as different perspectives inform them, and so debates persist. In naming and defining 'self-injury' the field has fallen short of consensus (Suyemoto, 1998). There is no universally agreed upon definition (Marshall & Yazdani, 2002) as every conceptualisation of self-injuring has been interpreted within the theoretical perspective with which it has been viewed (Clarke, 1996). The following sections adopt a genealogical method to trace the historical development of self-injuring in clinical literature. It looks at significant historical periods and how these have contributed to powerful contemporary models used to understand self-injuring. My objective is not to delineate a comprehensive account of self-injuring, but to highlight various ideological factors that may limit current understandings of self-injuring practices. These will be addressed in the following section.

2.2.2. Genealogy of 'self-injury' in clinical literature:

A detailed historical exploration of existing clinical literature allows for the identification of shifts in the conceptualisation of 'self-injury' as well as the contexts in which these have occurred (Shaw, 2002) thus allowing for the recognition of the limits of current powerful clinical accounts and the possibility of a broader conceptualisation of 'self-injury'. Shaw (2002) conducts an in-depth analysis of the clinical literature on women's self-injuring in an historical context from the first publication in the early 1900s through to the year 2000. She claims that self-injuring repeatedly appears and then disappears from clinical literature. This is displayed by the confusion in literature as to when self-injuring first emerged as a topic of interest and investigation, varying from the 1960s (Clarke, 1996), the 1970s (Anderson, 1999) to the 1980s and 1990s (Austin, 2004), with some even referring to self-injuring as the subject of new research (Paradiso, 2005). The most common claim is that the 1930s was the beginning point for research on self-injuring (Suyemoto, 1998). Shaw (2002) however cites Emerson's single case study in 1913 as the earliest documented case of self-injuring behaviour. She delineates the time periods of 1913 and the 1930s; the mid-1960s to the mid-1970s and the mid-1980s to the present as periods in which an interest in 'episodic and repetitive self-injury' is evident in clinical literature. Her delineation of significant time periods is useful to this study for the purposes of tracing the study of self-injuring practices and showing how this has culminated in contemporary models used to explain self-injuring behaviour.

a) 1913 and the 1930s:

The first documented case study in 1913 marks the beginning of clinical literature on self-injuring. As has been shown, self-injuring predates the modern era, but this is the first incidence in which it was problematised as a 'mental' issue for instance, in Emerson's 1913 account of 'Miss A,' his emphasis on Freudian concepts results in a psychoanalytic basis for early conceptualisations of self-injuring. In 1935 and 1938 Menninger's oft cited work provides the first systematic discussion of self-injuring (Shaw, 2002). His 1938 work, *Man Against Himself*, explains self-injuring as the 'survival instincts' turned inward against oneself and thus continues the psychoanalytic bent with which the exploration on self-injuring began (Paradiso, 2005). This view that posits self-injuring as a mode of survival, in that it is an attempt to avoid complete self-destruction by channelling the destructive 'impulses' of the 'death drive' into self-injuring, has been appropriated by proponents of the 'anti-suicide' model of self-injuring (Suyemoto, 1998).

Dabrowski (1937 in Shaw, 2002) shares this view of the underlying dynamic of self-injuring, but envisions less innocuous motivations for, and causes of, self-injuring. He attributes these to 'hyper-

excitability', 'psycho-neurotic conditions' such as 'hysteria', attention-seeking and 'mental imbalance'. In a similarly unforgiving vein, Ackerman and Chidester, writing in 1936, hypothesise self-injuring as representative of the need to self-hurt or -punish due to sexual guilt, as an expression of anger or a ploy for attention/sympathy. Both Menninger's and Emerson's portrayals of self-injuring are more sympathetic. Menninger (1936 in Clarke, 1996), for instance, understands self-injuring as an attempt at self-healing (as portrayed in other non-clinical accounts) and a form of "partial suicide so as to avoid total suicide" (p.3). Both conceive of the behaviour as a meaningful phenomenon presenting in both 'normal' and 'pathological' populations.

b) The mid-1960s – the mid-1970s:

From the 1930s until the mid-1960s Shaw (2002) asserts that no accounts of 'episodic and repetitive self-injury' occur, other than those that relate it to distinct psychological disorders. She maintains that during the mid-1960s to the mid-1970s a small collection of articles on women's episodic and repetitive self-injury in psychiatric facilities emerge, which claim the phenomenon to be common, underreported and a major psychological problem in both institutional and general emergency room settings. These articles, according to Shaw (2000), share a psychoanalytic framework, but incorporate interpersonal and social contexts. They display a likeness to earlier empathic accounts of the preceding era that portray women as possessing socially valued qualities. Therapy during this period focuses on facilitation of meaning-making and honest engagement. In the late 1960s and early 1970s 'wrist-cutting syndrome' (as it was then termed) began to be accounted for by alternative, non-clinical approaches and featured a departure from associations with depression and psychoses; although no distinctions were made between acts of self-injuring and failed suicide attempts (Clarke, 1996).

b) The mid-1980s to present:

During this time a dramatic growth in publications on 'episodic and repetitive self-injury' has been noted (Shaw, 2002; Austin, 2004; Paradiso, 2005). Influential works in the area of self-injuring include: psychiatrist Armando Favazza's (1996) *Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry*; and psychotherapist Stephen Levenkron's (1996) *Cutting: understanding and overcoming self-mutilation.* Published literature focuses predominantly on intervention strategies (e.g. Huband & Tantam, 2004; Conterio & Lader, 1998), education and training (e.g. Clarke, 1996; Lindgren et. al., 2004) and first person accounts (see once again: Strong, 1996 and Kettlewell, 1998). As in earlier literature, self-injuring is described as common and underreported (see Austin, 2004 or Storey et. al., 1996) as well as a growing phenomenon (for instance: Anderson, 1999; Marshall & Yazdani, 2002). In the 1990s the emphasis shifted from

approaches that focused on meaning making (as characterised by the preceding period) to the prevailing tendency to view self-injuring as a symptom of pathology linking it particularly with 'Borderline Personality Disorder' (BPD), 'Dissociative Identity Disorder' (DID) and 'sexual masochism' (Clarke, 1996). Other associated diagnoses include: major/minor depression, Obsessive- Compulsive disorder, 'alcoholism'/substance abuse, 'eating disorders', 'schizophrenia', 'anxiety disorders', 'adjustment disorders' and other 'personality disorders'. It has been commented on that, due to the fact that the majority of studies are with inpatient populations, a bias exists toward more severely 'disordered' individuals (Suyemoto, 1998). This period is therefore characterised by a strong medical and/or psychiatric bias toward self-injuring behaviour. It is heavily relied on to make sense of such experiences.

Currently, psychological conceptualisations of self-injuring can be crudely categorised, according to Shaw (2002), into (1) psychodynamic and (2) behavioural approaches, with the latter gaining increasing dominance. Suyemoto (1998) identifies 4 kinds of models used to understand self-injuring that fall under one or the other, viz.: (i.) environmental model; (ii.) drive models; (iii.) affect regulation models and (vi.) boundaries model, each comprised of various different sub-models, as summarised in table 1.

Table 1 Summary of the models used to understand self-injuring practices outlined by Suyemoto (1998):

Kind of Model:	**Comprised of:**	**Type:**
1.ENVIRONMENTAL MODEL	---	*Behavioural*
2. DRIVE MODELS	**Psychoanalytic model** **Anti-suicide model** **Sexual model**	*Psychodynamic*
3.AFFECT REGULATION MODELS	**Affect Regulation Model** **Dissociation model**	*Psychodynamic*
4. BOUNDARIES MODEL	---	*Psychodynamic*

(i.) Environmental model: The first model maintains that self-injuring begins through modelling or vicarious reinforcement and is maintained by operant conditioning. Though this clearly behaviourist stance has incorporated factors like societal effects and employs theories that incorporate social factors, self-injuring is increasingly thought of as a syndrome of impulse dysregulation. The behaviour is seen as addictive, and interpersonal or environmental factors are consequently downplayed while 'pathology' is located within individual women and their inability to control 'self-destructive impulses' (Shaw, 2002). The arguably addictive nature of self-injuring is sometimes explained physiologically with reference to 'endorphins' – these are produced when the body is in pain and cause pleasurable or euphoric feelings (Paradiso, 2005).

(ii.) Drive models: The second kind of model sees self-injuring as a symptom serving the basic psychoanalytic drives (i.e. the sexual, life and death drives) and includes: (a) psychoanalytic models; (b) the anti-suicide model; and (c) the sexual model. The anti-suicide model is widely accepted while the sexual model is not as widely received (Suyemoto, 1998). Walsh and Rosen's (in Paradiso, 2005) definition specifically excludes a sexual element in the act, stating that it is a non-sexualised act. Proponents of the drive models would argue, however, that regardless of 'self-injurers' stated intentions to the contrary, their motivations remain unconscious. The anti-suicide model states that self-injuring acts as protection against complete enactment of the death drive, while still expressing it, and the sexual model suggests that self-injuring punishes and protects against the sexual drive while partially enacting it through projection into the act of self-injuring – see for e.g. Manor, Vincent and Tyano (2004).

(iii.) Affect regulation models: The third variety of models are based in 'ego-psychology' and construct self-injuring as being concerned with the expression or containment of affect or needs from developmental experiences that interact with the current situation. They are strongly related to object-relations theory, self-psychology and, to a lesser extent, drive theory. The affect regulation model posits self-injuring as a means of expressing or externalising intolerable or overwhelming emotions, providing a sense of control and translating feelings into an external injury that communicates the internal experience as well as the intensity of these feelings to others. In this model, self-injuring is caused by anger turned against the 'self' due to self-hatred and aggressive feelings from perceived abandonment and much research has supported this view, theorising self-harm as an externalised way of representing diffuse intrinsic distress (Paradiso, 2005). This view is widely taken up, for example, in Marilee Strong's (1998) *A bright red scream* or the conceptualisation of self-injuring as 'a secret language of pain' (Austin, 2004).

The dissociation model falls into this category as well. It posits self-injuring as providing the function of maintaining a sense of 'self' in relation to others. In this conceptualisation self-injuring is used either to end or to induce dissociation in the face of overwhelming emotion or emotional numbness. This proposition of a dissociative function of self-injuring is widely used but it is also contested. Similar to the affect regulation models is the 'tension-reduction model' discussed by Huband and Tantam (2004) in which "self-injury results from [an] attempt to reduce internal tension and regain control, perhaps of dysphoria or unpleasant dissociative experiences" (p.414). They highlight how emotions such as anger, powerlessness and self-hatred are closely associated with repeated self-injuring.

These kinds of models have led to self-injuring practices being thought of as a type of coping strategy in which trauma survivors attempt to manage feelings of powerlessness, dissociation, alienation, intrusive memories and invalidation or are compelled to re-enact trauma or punish the body. Here an emphasis is laid on the role of childhood physical/sexual abuse, neglect and other manifestations of trauma in self-injuring behaviour (Suyemoto, 1998).

(iv.) Boundaries model: The final model is also affiliated with object relations theory as well as Self-psychology developmental theory. It is concerned with the production and confirmation of the 'self', most specifically with regard to the need to affirm the boundaries of the 'self'. In this model self-injuring individuals experience the loss of the 'other' as a loss of the 'self' and feel isolated and unreal. These negative feelings are combatted with self-injurious behaviour, but more importantly, the blood or scars produced by acts of self-injuring are indicative of 'self-reality' and mark the skin as a boundary that separates 'self' and 'other'. In this model self-injuring therefore combats the fusion between in/outside, self/other but also curiously fuses pleasure and pain. Clarke (1996) points out how, in line with this way of thinking, the skin is symbolically important. It is a barrier upon which damage is inflicted; thereby affirming and reinforcing it, but it may also be conceived as a surface upon which emotions are visibly portrayed.

From this exploration of clinical discourses on self-injuring it is possible to see that while diverse frameworks are used to conceptualise self-injuring there is a common acceptance that 'self-injury' is an individual problem and evidence of 'mental illness'. In these models even when contextual factors are recognised they are minimised and 'pathology' is located within the individual (Shaw, 2002). These dominant medical and psychiatric discourses of self-injuring have implications for the way that self-injurious behaviour is treated and managed, and more importantly, for the way that 'self-injurers' are constructed and treated. For instance, as mentioned before, the tendency to individualise problems has the effect of not only overlooking societal factors but also deflecting

blame from society by blaming the 'victim' (Parker et. al., 1995) – a feature very common in discourses of self-injuring. As a result, the self-injuring subject is constructed as passive victim. In more disparaging accounts those who self-injure have been seen as manipulative villains. The following section focuses on contradictions and contentions within the influential expert and/or psycho-medical discourses on self-injuring in order to highlight the limitations of these discourses.

2.3. CRITIQUING CLINICAL ACCOUNTS

Self-injuring is embedded within a cultural network of images, meanings and associations with (female) irrationality or madness. Individualising the practice obscures this crucial social aspect of the experiences of women who self-injure (i.e. gender relations). In turn political aspects become obscured too; for example, the ways in which the body is regulated and self-injuring practices challenge regulation. The following section aims to highlight some crucial points of contention around which the various understandings of self-injuring (and constructions of those who self-injure) revolve, viz.: (a) suicidal intention; (b) gender prevalence; and (c) adopting "self-injury" as a separate clinical syndrome. Focus on these debates is not relevant in order to gain consensus or to develop a coherent definition' rather it is important ideologically. The language used for the description of self-injury behaviour is not inconsequential or simply functional, but reveals "much about ideology, power struggles and sites of resistance such as where alternative discourses are or could be emerging" (McAllister, 2002, p.178).

2.3.1 Suicidal Intention

Most approaches differentiate episodic and repetitive self-injuring from suicidal acts or gestures and from other forms of self-harm. It is the most generally accepted contemporary view that certain motivations for self-injuring like those discussed earlier, such as affect regulation or boundary confirmation' have an "anti-suicide" function and distinguish it from suicidal behaviours (Shaw, 2002Paradiso, 2005; Favazza, in Jeffreys, 2000). These dominant understandings currently view self-injuring as a life affirming behaviour (Paradiso, 2005) that functions as a survival strategy (Lindgren et al., 2004). They differentiate self-injurious acts from suicide attempts, arguing that suicide attempts provide little relief, are less frequently repeated and have less communicative value. Self-injuring on the other hand, is purported to provide these functions according to this view (Bowen & John, 2001). Differentiation between suicide and self-injuring is usually made with regard to intent, physical damage, frequency, prognosis and methods employed (Shaw, 2002). However, the issue of suicidal intention remains a key issue in debates about the motivations underlying acts of episodic and repetitive self-injuring. Hence this debate ultimately revolves around the interpretations of motivations for the behaviour (McAllister, 2003).

Even the controversy surrounding the naming or definition of behaviour that involves deliberate self-inflicted bodily harm is most often related to the debate surrounding the person's intention. Intention is used as a criterion for distinguishing self-injuring from suicide attempts (and other self-harmful acts). It also becomes important with regard to the ways in which those who self-injure are constructed and treated (Anderson, 1999). This is because suicide and self-injuring are often confusingly linked in certain definitions and conceptualisations of "self-injury" that still conceive of such acts as suicidal gestures. While most widely accepted contemporary definitions exclude suicidal intention as a part of self-injuring, for example Favazza (1996) and Walsh and Rosenthal (1996 in Paradiso, 2005), others utilise such broad definitions that there is much room to contest this (for instance Marshall and Yazdani's (2002) 'self-damaging behaviours'). The conceptual blurring of definitions and conceptualisations of 'self-injury' has led to confusion regarding the function, or perhaps more correctly, the meanings of self-injuring behaviours. For example, 'self-harm'/'self-injury' has been used interchangeably with the terms 'parasuicide' or 'attempted suicide' to cover a broad range of behaviours, particularly in South Africa (See Naidoo & Pillay (1993) for example). This has resulted in the two concepts being somewhat indistinct and linked in varying degrees (Marshall & Yazdani, 2002; Shaw, 2002).

These increasingly dominant conceptualisations are however contested. For example Fairbairn (in Anderson, 1999) sees self-injuring as a form of suicidal behaviour and introduces the notion of 'gestured suicide'. Burstow (in Jeffreys, 2000) also connects self-injuring with suicidal intention or ideation. Nevertheless, while most contemporary writers often identify acts of self-injuring as a variety of self-help they still maintain that these individuals may be at increased risk for suicide (Jeffreys, 2000). It is maintained that 'self-injuring' is indirectly related to suicide as those who display self-injurious behaviour may be 'more suicidal' than the rest of the 'normal' population. Therefore the view is that 'self-injury' and suicidality can co-exist (McAllister, 2003). The reason for this is attributed to high levels of depression and low self-esteem reported by those who practice self-injuring (Clarke, 1996). McAllister (2003) suggests that the "undeniable link" (p.) between 'self-injury' and suicidality is due to the contravention of the "most basic of human drives [that of] self-preservation" (p.178). She suggests that this may result in shame, decreased 'self-efficacy' and hopelessness thereby changing a person's original intent to that of suicide. (She does not critically explore the role of dismissive, invalidating care or negative reactions of others to self-injurious practices.) In this way, the two concepts remain to some degree inter-linked.

Most who perform such acts report that suicide is not their intention (Solomon & Farrand, 1996). This is corroborated by the use of methods of low lethality (which may include burning, hitting, scratching, interference with wound-healing, breaking bones and hair pulling) and also, minimal

physical damage that typically only requires medical attention in very few instances. Debates persist despite these claims to the contrary from those who self-injure. This is because they are not in a position to offer their insights on the issue and so accounts that do consider self-injurer's own reports are easily and often disregarded. Discounting the reports of 'suffers' is an effect of the pathologisation, medicalisation and individualisation of self-injuring practices and the dispute over suicidal intention highlights the lack of a voice and a position from which to speak for "self-injurers" within powerful mainstream clinical discourses.

Clarke (1996) notes how claims that refute suicidal intent rarely influence practical care. He describes the punitive response of so-called caregivers to those who engage in self-injuring practices. This kind of response coupled with an unempathic and disengaged stance toward those who injure themselves, also described by Shaw (2002), McAllister (2003) and Lindgren et al (2004), may be attributed to the deeply shocking or disturbing effect that self-injuring has on others (Shaw, 2002). In fact, many writers report on the unsettled or disturbed reactions of clinicians toward self-injuring practices (e.g. Clarke, 1996; Alderman, 2005; Muehlenkamp, 2005). In addition to clinician's and other staff's difficulties in understanding the intentional damage of one's own body (perceived as rejection of the "core human value" (McAllister, 2003, p 179) of avoiding harm against one's own person), the disavowal of the intention of suicide may make it even more apparently senseless and disturbing.

The focus on suicidal intention may utilise traditional understandings of suicide to render it more understandable. Shaw (2002), drawing on Kleinman's (1988 cited in Shaw, 2002) view, speculates that we use our bodies to express distress through culturally distinctive 'idioms'. She suggests that women learn to use the cultural language of violence upon themselves in an unsettling subversion of this language. This subversion draws attention to their experiences of violation, as they are re-enacted on themselves. Explaining such actions as suicidal behaviour may obscure the potentially challenging and subversive outcome of self-injuring practices and thereby de-politicises an act that disturbingly threatens to disrupt the status quo. This individualising move is further reinforced by expert/clinical discourses that pathologise women and so discredit their insights as they become unqualified to comment on their own experience. That is, constructions of women as mentally disturbed place them in a position where they are not able to contest meanings imposed by experts on their experiences.

In this manner, "self-injurers" many claims that refute suicidal intention may be dismissed by traditional or mainstream clinical approaches, as by Clarke (1996) shows. The explanation of (and focus on) suicidality allows for a more 'benign' and less unsettling conceptualisation or, in other

words, a more understandable rationale. An example of how this operates is illustrated by Solomon & Farrand (1996) who maintain that often the failure to report suicidal intention when presenting with self-inflicted wounds leads to the accusation of manipulative behaviour. This is based on the assumption that the 'non-suicidal' individual (i.e. one attempting to gain attention/sympathy rather than kill themselves) is able to stop hurting themselves if sufficiently motivated and that such behaviour should not be 'rewarded'. This also occurs when self-injuring is interpreted as a 'suicidal gesture' (i.e. not a 'true' suicide attempt – the act is often aligned with self-injuring, but could be differentiated in terms of intent/motivation).

2.3.2. Gender Prevalence

Discourses on self-injuring commonly construct a version of self-injuring in which the majority of those who practice it is female (Shaw, 2002) as exemplified by literature. For instance, it has been reported that women are twice as likely to engage in self-injuring than men (Austin, 2004; Paradiso, 2005) and also that self-injuring is 3 or 4 times more common in women (especially younger women) (McAllister, 2003). There are widely opposing views as to whether the apparent gender prevalence is 'real' or merely the artefact of bias in data collection (Bowen & John, 2001) or diagnosis (McAllister, 2003). Among these viewpoints is the speculation that women may be 'socialised' to deal with emotional pain in certain ways or may experience more abuse, factors that cause them to self-injure. It is argued that statistics on the incidence and prevalence of self-injuring are unreliable because self-injuring may not be reported due to its socially unacceptable/taboo nature and fear of the attached stigma (McAllister, 2003). Typically cases that are recorded are those that reach emergency care. However, as mentioned, self-inflicted wounds do not often require medical attention, or, even if they do, it is either not sought or the cause of the injury is not truthfully stated (Storey et al., 2004). Furthermore, clinicians and medical staff may be hesitant to apply the label of self-injuring or may misidentify self-inflicted injuries (McAllister, 2003). For instance, men's injuries are often diagnosed as accidents due to gender stereotypes or biases of gender-specific modes of presenting distress (Clarke, 1996).

The reported prevalence of self-injuring in women may therefore be related more generally to gender bias in psycho-diagnosis and social stereotypes regarding 'typical' gender behaviours (Bowen & John, 2001). For example, the diagnosis of BPD is strongly associated with self-injuring and it is a condition diagnosed predominantly in women. It is characterised by symptoms such as instability of self-identity and unstable interpersonal relationships and self-injuring is specifically identified as a criterion for its diagnosis (Wirth-Cauchon, 2000). In fact, "the only direct reference

to ‘self-mutilation’ in the current DSM-IV is located as a subsection entry of BPD” (Bowen & John, 2001, p. 360).

Therefore there are, as I have shown, various methodological problems in establishing a clear picture of the evidence and prevalence of self-injuring. In addition to these, it is argued that statistics are skewed toward white middle-class women from North America and Britain, contexts where most research occurs (McAllister, 2003). This highlights the cultural specificity and distinctiveness of self-injuring behaviour and locates knowledge thereof as produced in a western context, and also calls into question the common assertion of the prevalence of self-injuring behaviour in the female population. Shaw (2002) also refers to samples skewed in terms of class, race and ethnicity, but however notes that, despite this skewedness, more recent studies have been undertaken among other groups and among the general population. She states that these studies indicate that a vast majority of those who self-injure are female.

Feminists suggest that self-injuring may have more to do with power and resistance than with gender predisposition (McAllister, 2003). Many feminist psychologists, for example, link the practice of self-injuring with the experiences of ‘sexual terrorism’ (i.e. experiences of rape, abuse, harassment and objectification) and oppression of females in a male supremacist culture (Jeffreys, 2000). Feminist understandings, which still remain on the margins of conventional healthcare, suggest that self-injuring may be an attempt to express resistance and distress or anger at experiences of injustice (McAllister, 2003). It is argued that groups in which self-injuring behaviour occurs may share with women the experience of being marginalised and silenced in a particular cultural context (Jeffreys, 2000).

Regardless of the facticity of the gender prevalence of self-injuring, it is clear that the stereotypical picture of the self-injurer (that is, a younger woman more than likely with a serious personality disorder and who has been sexually abused) (Lindgren et al. 2004) may do a disservice to ‘self-injurers’ in general and to women specifically. So debates around gender and self-injuring become relevant particularly to women who practice self-injuring. By constructing women as inherently mentally unstable and prone to certain types of problems, a variety of issues can be considered ‘women’s problems’. These can be considered as constructions that reinforce patriarchal society as the focus on individual (female) pathology and gender predisposition to certain ‘disorders’ draws attention from social conditions that may provide a contextual point of reference that is intrinsic to the individual experience (Burr & Butt, 2000). In light of this, a feminist account of self-injuring appears to be relevant and potentially helpful.

2.3.3. Self-injuring as a separate clinical syndrome

Similarly, medicalisation of self-injuring may also serve to de-contextualise and de-politicise the act. Another debate regarding self-injurious behaviour revolves around the diagnostic classification of "self-injury". Arguments have recently been put forward that self-injuring should be regarded as a separate clinical 'syndrome' (Bowen & John, 2001). Muehlenkamp (2005) raises the issue of whether self-injuring may be seen as "a unique behavioural disturbance or a separate clinical syndrome" (p. 324). Her main argument is that self-injuring is often associated with many disorders, (particularly BPD) because there is a biased tendency to diagnose personality disorders; but although this is the case, self-injuring is often the primary presenting symptom. She argues that often when self-injuring stops individuals no longer meet the diagnostic criteria for the disorder they were diagnosed with and that this shows the misperception of self-injuring as an *associated* 'symptom' rather than a *separate* syndrome. Muehlenkamp (2005) also mentions evidence that maturation alone leads to the cessation of self-injuring, which is not true for the disorders with which self-injuring is associated. Thus she believes that self-injuring can stand on its own as a unique problem. Adopting a 'self-injury syndrome', in Muehlenkamp's (2005) view, would provide definitional clarity and remedy the difficulty of researching self-injuring. She believes that adopting a category for such a syndrome would increase the quality and amount of research on the topic.

To date the DSM has ignored the existence of such a 'disorder' despite efforts to delineate a 'self-injuring syndrome', and so the debate continues. This issue is important ideologically, because consideration of a condition as a 'disorder' or 'illness' requires a normative judgement. Such a consideration rests on our distinction of normality, a demarcation that is socially imposed. So, the concepts of 'disease' or 'disorder' are normative or evaluative concepts (Reznek, 1987) and cannot be divorced from their context. Medicalised definitions of self-injuring locate the practice in the medical realm which eliminates other settings where problems may be dealt with and also other interventions. In addition, the practice becomes reified as a fixed, de-contextualised and static entity and consequently, inadequate consideration is made of the actual experience of the 'sufferer'. S/he is positioned within a set of behaviours and experiences demarcated by the diagnostic category (Parker *et. al*, 1995; Reynolds & Swartz, 1993). In short, the categorisation of self-injuring as a clinical syndrome is a medicalised construction that once more roots the issue in individual pathology. This may be too narrow a view and may limit the possibilities of action for those that self-injure.

These key debates in the field show how expert (often medically based) discourses serve to obscure social and political aspects of self-injuring through individualisation, medicalisation and

pathologisation of self-injuring as it is located within networks of female irrationality and insanity (Ussher, 1991). I now turn to conceptions of self-injuring that have reacted to the preceding models of self-injuring by attempting to take 'social factors' into greater consideration and which, to varying degrees, move away from entirely medicalised constructions in which those who self-injure typically find themselves and their own accounts of their behaviour invalidated and silenced.

2.4. CHANGING CONCEPTIONS:

There has more recently been a move from more traditional views of self-injuring. This move is characterised by attempts to conceptualise self-injuring as an act meaningful unto itself and a shift *to some extent* from the authoritative medical model (Paradiso, 2005) viewing the act instead as socially meaningful and culture-laden. These perspectives do not complement predominant medical or clinical approaches as they place greater emphasis on socio-cultural factors (Clarke, 1996) and attempt to understand the lived experiences of those who engage in self-injuring (see for example, Conte, 2004; Crouch, & Wright, 2004; Shepperd & Kwanick, 1999). Unlike more traditional accounts of self-injuring, those who do view it as communicative see "self-injurers" as primary 'experts' of their experiences and their perspectives as invaluable to a greater understanding of self-injuring (Alexander and Clare, 2004). Thus, based on the assumption that the results of damaging one's own body may have in common expressive or communicative value, less limited person-centred perspectives that access the reasons and observations provided by the 'patients' themselves are advocated (Clark, 1996) (Conterio and Lader (1996) are a good example). Proponents of this view attempt more liberal, anti-stigmatising approaches to self-injuring; commonly expressed in injunctions to view self-injuring as communicative as opposed to (only) pathological (Paradiso, 2005). They attempt rather to construct self-injuring as a maladaptive choice or coping strategy and much emphasis is placed on therapy as intervention as well as involving the 'survivor' in the therapeutic process.

Similarly, the conception of self-injuring as a cultural practice attempts to see self-injuring as more than a symptom of mental illness by considering the practice within the cultural context in which it occurs. However, to simply view a practice as a cultural product is not sufficient to avoid pathologising it; that is, it can still be considered pathological within its cultural context. However, this view does allow us to consider self-injuring as a practice that has other comparable cultural equivalents (like 'body modification' or 'cosmetic surgery' for instance). Comparisons between these practices allow us to explore the underlying assumptions and values upon which distinctions between them rest and as a result to explore also what renders self-injuring so unacceptable.

Perspectives of self-injuring as communicative or as a cultural practice have allowed for a view of self-injuring as political. Each of these perspectives will be assessed in turn in the next section.

2.4.1 Self-injuring as communicative

This view of self-injuring envisages it as more than 'pathological', as affirming in some way or indicative of resilience and the will to overcome or survive (Solomon & Farrand, 1996). In this approach self-injuring is theorised as being utilised in ways that speak to personal experiences and varying circumstances that are in some way expressed through self-injuring (Paradiso, 2005). Among these are: affirmation of life (Solomon & Farrand, 1996), self and identity (Marshall & Yazdani, 2002), communication of inexpressible emotion (Strong, 1996), self-punishment (Paradiso, 2005), a call for validation of one's self or legitimating of one's pain (Lindgren et al., 2004), displaying the intensity of one's hurt (McAllister, 2003), a statement of pain, anger or defiance or a drawing of boundaries (Paradiso, 2005). So, those who subscribe to the view of self-injuring as communicative conceive of self-injuring as

> "a method of using the body as an inscriptive surface that can in some cases more adequately present and tell of the pain one is experiencing… self-injury is a form of writing the self-or one's own story, using the body as medium and text itself" (Paradiso, 2005, p. 2).

It is therefore constructed as a meaningful act rather than senseless self-destruction, vindictiveness or manipulation. Instead this view ascribes different (less malicious or antagonistic) motives to self-injuring, namely, that the intention is to communicate suffering that cannot otherwise be articulated (than that of manipulation). The ascription of such motives to the self-injurer's actions allows more forgiving constructions of those who self-injure.

However, a more critical appraisal of the view of self-injuring as communicative shows an exclusive focus on the body (with regard to its expressive use), to the exclusion socio-political factors. As argued earlier however, 'self-injury', even more than other forms of 'disorder' cannot be divorced from the social realm because its construction as 'pathology' rests directly on social acceptability, and thus on societal norms (Parker et al, 1995; Reynolds & Swartz, 1993). So, this view attempts to provide different ways of understanding self-injuring practices, but it often retains individualising and pathologising constructions, and therefore still problematises these practices and, by implication, those who engage in them. Let us examine the shift in the understanding of self-injuring that views self-injuring as a cultural product.

2.4.2 Self-injuring as a cultural practice

The work of psychiatrist Armando R. Favazza (1996), considered to be one of the leading clinical experts on self-injuring, provides a classificatory system of self-injuring that is widely used by those researchers who view self-injuring as a cultural product. It differentiates between culturally sanctioned 'self-mutilation' (explained in terms of healing, spirituality and the maintenance of the social order, like a rite of passage for example) and "deviant-pathological self-injury". The latter is classified as such because it contravenes the cultural norms of the society in which it occurs (Paradiso, 2005). It is this category into which the 'episodic and repetitive type' of self-injuring falls, because it is not tolerated within the societal context that it occurs. According to Favazza's (1996) classification, distinction of the practice of self-injuring as 'deviant-pathological' rests ostensibly on the criteria of the degree of tissue damage and the rate and pattern of the behaviour (i.e. the nature of the individual's actions). However, underlying these criteria, the major distinction appears to be whether the act is condoned or publicly practised by large groups of people, that is, the cultural acceptability of the act. As Favazza (1996 in Paradiso, 2005) states, "deviant-pathological self-injuring" is described and distinguished as a practice "that occurs in private and is perceived as going against the reigning social order" (Paradiso, 2005, p. 9). This variety of self-injuring is understood as being motivated by a desire to feel physical pain in order to deal with emotional pain rather than (Austin, 2004) being utilised for the "deviant-pathological demarcation of beauty, social status or genealogical descent (Paradiso, 2005). This once again raises the issue of motivation or intention.

So, while theorists who subscribe to Favazza's (in Paradiso, 2005) view, attest to *certain* 'self-mutilatory' behaviours being culturally and psychologically embedded in healing, religious and social experiences, they often fail to acknowledge that the division between what is thought to be acceptable and what is considered deviant is usually both determined and obscured by cultural norms (Clarke, 1996). Those who follow this line of thinking, examine the possible meanings of self-injuring within specific cultural contexts, taking into account social factors. In 'westernised' contexts however, it is seen as somewhat 'asocial'. A medicalised view of 'episodic and repetitive' self-injuring is retained in these contexts, which fails to include cultural conditions and meanings outside of the mental health context in such a manner that it is somehow rendered exempt from culture. These theorists therefore fail to question the cultural basis of clinical/psychiatric understandings. Consequently, within 'non-westernised' contexts self-injuring is seen to be acceptable and 'cultural' but in 'westernised' contexts meanings of self-injuring are limited to illness and seen as somehow separated from 'culture'. Therefore, the view of self-injuring that

purports to consider cultural factors is self-contradictory in certain instances and fails ultimately to move beyond a view of 'episodic and repetitive' self-injuring as pathology.

However, the acknowledgement of cultural contingency and the conception of "types" of "self-injury", has led to a view of it as a "cultural practice placed on a continuum with other behaviours in which the body is voluntarily damaged, albeit still not socially sanctioned" (Paradiso, 2005, p.5). When one compares self-injuring practices to these other western cultural practices, as "culturally sanctioned parallels" (Scott, 2003, p.2), it is quite simple to show the arbitrariness of the distinction between 'normal' and 'pathological' or 'deviant' and 'socially acceptable'. It is useful to look at culturally *accepted* or tolerated practices that damage or modify the body in juxtaposition to self-injuring, especially considering that their aim or outcome might also be painful, intentional bodily damage. These aspects are meant to be the very aspects of self-injuring, that are said to be so distasteful and unsettling. This allows us to examine what makes these practices more acceptable, and by implication what renders self-injuring *un*acceptable. If constructions of 'episodic and repetitive' self-injuring as deviant and 'pathological' rest directly on social acceptability, and thus on societal norms then it is necessary to question what norms self-injuring contravenes in order to understand why it is unacceptable. The following section compares and contrasts self-injuring with body modification practices in order to try to ascertain these values. The point of this is not to attempt to construct self-injuring (or any other practice) as unproblematic. Rather, I attempt to open up, as it were, the concept of self-injuring and to show the arbitrariness of the various ways that it has, or could be, been distinguished from these behaviours, specifically with regard to cultural acceptability. I intend to render self-injuring more understandable or to 'demystify' the practice, so to speak, bringing it into focus not as a 'freakish' or disturbing exercise, but as something that has other cultural equivalents. In this section I attempt to show that the distinction between body modification and 'pathological' self-injuring is not as distinct as implied in the clinical literature (Paradiso, 2005) as well as to highlight the assumptions and values that inform the making of distinctions.

2.4.3. Self-injuring and body modification[2]

In line with the view of a continuum of self-damaging behaviours, body modification practices can be seen as equivalents to self-injuring practices because they too are non-normative inscriptions. In fact, many facets of body modification resonate very strongly with those discussed in literature on

[2] The term 'body modification' is used to refer to acts traditionally referred to as such (i.e. piercing, branding, scaring and alteration) and also to other acts that deliberately/ wilfully/intentionally alter/damage the body (i.e. cosmetic surgery, beautification practices and even in some cases self-injuring). This is done due to the slipperiness of the concepts of 'modification' and 'mutilation' or 'damage' as certain kinds of body modification can be thought of as 'culturally sanctioned self-injuring' and self-injuring can also be thought of as body modification.

self-injuring. The view of these practices as cultural equivalents has, for example, been utilised in Jeffreys' (2002) radical feminist argument. She socially problematises body modification practices and portrays it as a form of 'self-mutilation' engaged in by socially despised groups. Though this particular argument may render such practices deviant and implicitly pathologise them it has also been taken up by 'post-essentialist' perspectives. These perspectives argue more helpfully that the body is textual and always shaped and transformed through cultural practices (Grosz, 1994). Rather than privileging a 'natural', pristine body (which when marked is seen to be damaged or harmed) they see self-injuring and body modification as forms of cultural inscription (Pitts, 2003).

The body modification movement combines interests in non-western cultures as well as gender and sexual politics, culminating in a focus on the body itself (Pitts, 2003). It encourages 'deviant body-styles' and can be identified as a movement "that privileges the transformative potential of the body over its ability to shock and express anger" (Pitts, 2003, p. 6). By far the most established form of modification is 'western' tattooing – traditionally the stigmatised mark of disaffection for groups who sought symbolic rebellion and sub-cultural styles (see Atkinson (2004) for further comment on the functions of tattooing). Practices such as piercing, scarification, sub-dermal implants, branding, tongue splitting, genital alteration, flesh hooks/hanging, incorporating/inserting electronic apparatus and other kinds of modifications are also practised. Body modifiers position the body as a site of exploration, a space needing to be 'reclaimed from culture' (implying a pristine, "natural" body that pre-exists culture) and their primary foci are the affective aspects of the body as well as its political significance (Pitts, 2003).

Body theorists who have explored body modification focus on the significantly different relationship that 'westernised' people, (particularly youth and women) have with their bodies compared to previous generations. These accounts emphasise the way that the body has become a spectacle as visual presentation becomes a predominant way of knowing the world and how this culminates in "recognition seeking acts of self-presentation" (Frost, 2003, p. 54). They argue that surface representation and appearance are valorised in a society that is primarily concerned with the attractiveness of commodities (Frost, 2003). Body modifications have been interpreted by these theorists as presenting a challenge to the naturalised status of 'western' body norms, as well as forms of self-presentation, self-fashioning and self-narration and so too the practice of self-injuring (Pitts, 2003).

a) Modification or (self) mutilation?

Just as body-modification and self-injuring practices can be construed as similar in that they alter and/or damage the body, beautification practices have also been theorised as damaging and/or

harmful by feminists (Naomi Woolf (1991) and Andrea Dworkin (in Woolf, 1991) for instance). Indeed, it appears that there are numerous similarities between many practices that alter the body in some way, be they 'beautification', body modification or self-injuring practices. There is no clear distinction in literature (and in general) between what is considered to be 'modification' and what constitutes 'mutilation'. In fact, distinctions between beautification, modification and injuring are somewhat blurred. The concepts of 'damage' or 'harm' are value-laden concepts and practices that are labelled as such cannot be looked at uncritically. These distinctions are based on social acceptability, deviation from normative inscriptions as well as ideals of beauty. This section explores these notions with specific regard to cultural acceptability. It looks at how body modification is often problematised and considered harmful or 'mutilative' and also how self-injuring can be conceived of as a form of modification.

While many forms of 'body modification' are socially tolerated, body modification practices like piercing, scarification and branding are equated to widely recognised forms of self-harmful pathologised behaviours like anorexia, bulimia and "episodic and repetitive self-injuring" (Pitts, 2003). These permanent, painful and non-normative ornamentations are considered to be 'mutilative' by radical feminists like Sheila Jeffreys (2000). She maintains that body modification replicates the techniques used by solitary self-mutilators. She terms body-modification practices "self-mutilation by proxy" (p. 413). In her view, body modifications count as practices of 'mutilation' that are pursued by the 'mutilator' and carried out by one who, for profit, will perform the desired mutilation. These 'proxies' perform acts such as tattooing, piercing, scarification, removal of appendages, genital alteration, implants under the skin, cosmetic surgery or sadomasochistic acts for another. Jeffreys (2000) claims that in so doing they re-enact violence that many oppressed groups may have previously suffered on their bodies. Her main argument rests on the idea that body modification, like self-injuring, is a product of patriarchal dominance over "despised social groups" (p. 410) – that is, women, gays and disabled people, amongst others. In addition, Jeffreys (2000) blames intellectualising and liberal discourses for the way in which body modification practices have been commodified and popularised by (sub)-cultures such as 'punk', 'new tribalists' or 'modern primitives' and have been appropriated by 'popular' culture. These promote body modification, as a way to 'reclaim' the body and express one's 'self' for justifying harmful cultural practices and promote mutilation of the body and more 'extreme' activities such as self-injuring and cosmetic surgery.

Other feminists (e.g. Riley (2002) & Pitts (2003)) take to task this radical feminist view on the basis that it uncritically rests on the classical ideal of the 'natural' body as fixed and unchanging and inherently an unmarked, smooth and unsullied envelope for the 'self' (and may even incidentally

support the traditional ideal of smooth, pristine skin). Rather, it is argued, the body can be seen primarily as a site where social relations operate to inscribe the body through various body projects, regardless of whether these are normative or non-normative inscriptions, they are not seen as 'natural' or inevitable. When the body is seen in this manner as denaturalised and shaped through the social, its pristine status can no longer be used to defend vulnerable bodies (Pitts, 2003).

Furthermore, Riley (2002), critiques Jeffreys (2000) for viewing body-modification (or 'body art') as a monolithic entity which incorporates practices that range from ear piercing to amputation. She maintains that Jeffreys (2000) overlooks the plurality of social meanings and fails to examine the behaviours or understandings thereof contextually. She maintains that her argument could usefully incorporate a post-modern stance in which meaning-making is conceived of as plural, fluid and contextual. Riley (2002) contends that Jeffreys (2000) has reproduced the construction of 'body art' that associates it with primitives, slavery or defilement and which manifests itself in psychological research as an association with psychopathology, health risks, sexual deviancy and criminality. She also alleges that Jeffreys (2000) construction of both body modification and self-injuring reproduces the dichotomy of passive female victims versus active male aggressors and thus envisions power not as a complex set of relationships, but as a 'top-down' mechanism of patriarchy. She shows how this altogether rejects women's agency and that these conceptualisations of both 'self-injury' and 'body modification' practices exemplified in Jeffreys (2000) might be too narrow.

Despite the contention of whether or not body modification constitutes self-injuring, both Riley (2002) and Jeffreys (2000) agree regarding the similarities between 'solitary self-mutilators' and culturally sanctioned 'beauty' industries and the masking of abuse or oppression in all practices by both medical discourses and discourses of liberation. Self-injuring is defined by its solitary nature because damage is enacted against oneself. Jeffreys (2000) for example defines self-injuring as 'solitary mutilation'. This does not however exclude other behaviours from being considered as self-injurious when contemplated by a different set of norms or values. It seems feasible to conceive of other practices, which may not always be performed by another, as also being mutilative and thus 'self-mutilative' (to use Jeffreys' (2000) terminology). An individual may, for instance, damage her/his own body by painfully waxing unwanted ('unsightly') hair or piercing her/his own flesh. These acts of 'body modification' are *mostly* perpetrated by another but may thinkably be perpetrated by oneself. So who perpetrates the damage is also not a satisfactory distinction between various types of body altering practices. Whether we conceive of body modification practices as self-injuring or of self-injuring as a form of body modification, the comparison is based on perceptions of 'damage' or 'harm'. If we view the body as essentially or 'naturally' unmarked (as in the view of some radical feminists like Jeffreys (2000)), then any form of marking, self-inflicted

or not, can be conceived of as damaging and even harmful; if however, we see it as textual and always shaped through inscription, then the same forms of self-marking are not *necessarily* seen to be damaging or harmful. To say that a practice modifies the body is not necessarily to rule out that it may be harmful, however. The following section looks at distinctions between practices in which I see 'motivation' to be the primary difference and which most seem to view as a necessary basis of distinction.

b) Distinguishing the practices:

Although many behaviours may fit the description of self-injuring (or vice versa) it is the motivation for engaging in these acts that differs and therefore, according to Austin (2004), necessitates distinction. Behaviours that entail wilful self-infliction of harm on the body may range from substance abuse to self-imposed starvation and may be understandable if they are seen as having some sort of recognisable outcome or motivation that benefits the individual. That is, that they are traceable to normative behaviour, even if they are in excess of such norms. In other words, the person must intend to reiterate something that is socially valued. Behaviour that defies social norms is seen as senseless if there is no conceivable benefit. So, if the intended outcome/motivation of self-injuring is perceived by others to be to inflict harm or experience pain, self-injuring is seen as an act performed without positive intentions (Pitts, 2003). The damage that results from self-injuring is equated with ugliness and is a violation of sacred beauty standards. On the other hand, beautification practices, such as cosmetic surgery, in which the desired outcome is to more closely adhere to normative standards of beauty, are acceptable. Body modification practices can also be conceived of as having a similar agenda, except that the 'type' of beauty is further from that which is widely accepted. Self-injuring, therefore, is not tolerated because the imposition of 'ugliness' (and pain) upon oneself in a society that reveres beauty above all else is inconceivable (Shaw, 2002).

As we have seen feminists, like Riley (2002) and Jeffreys (2000), see western beauty practices as a form of (self-) 'mutilation'. In this view such practices lie on a continuum with more severe forms of (self) 'mutilation' and require only extra social pressure to induce women to cut/injure their own flesh. These range from traditional western, female beautification practices to various forms of self-injuring and seems to be based on their 'extremeness'. Rather than this continuum constructed by Jeffreys (2000) and other radical feminists' we can conceive, perhaps more usefully, of a 'continuum of acceptability' instead, with the degree of deviation from the normative standard (of beauty) is the basis of distinction instead. It is this distinction that renders acceptable harmful (and potentially lethal) beauty practices, like the widely exercised beauty practice of 'dermabrasion' (in

which the skin is stripped to the equivalent of a second-degree burn) (Wolf, 1991). So too are body modifications, such as genital piercing, rendered (arguably) tolerable, or even more 'extreme' modifications, like facial scarification, considered socially unacceptable but conceivably 'allowed' (Pitts, 2003). In contrast, low lethality, self-inflicted injuries such as cuts or scratches produced by self-injuring are, however, considered absolutely unthinkable (Shaw, 2003).

Therefore it is obvious that it is not the degree of danger (with regard to accidental death) that is actually used as a basis for distinction between self-injuring and other body altering practices. To further illustrate, consider practices like 'dermabrasion' or 'liposuction' (a technique in which 'fat' is suctioned from 'problem areas') can, and has, result/ed in shock and heart failure, and ultimately in death. These 'procedures' are legitimated under the medical umbrella and referred to as '*cosmetic/plastic surgery'* – somewhat euphemistically as there is nothing "cosmetic" about the invasive procedures that are perpetrated on living, non-plastic flesh (Wolf, 1991). Self-injuring, on the other hand, usually does not require medical treatment, and is reportedly often used as a coping strategy to *prevent* suicide (Solomon & Farrand, 1996).

So from this it seems that we can infer that it is not culturally tolerable to destroy or objectify one's own body in ways that do not serve western aesthetics. The only exception for tolerating destruction is if one is doing so to conform to the norms of beauty. It *is* culturally tolerable for bodies to be damaged by *others* (such as piercers or cosmetic surgeons) and in the service of western ideals or male (hetero)sexual gratification (Shaw, 2002). Shaw (2002) highlights the double standard that 'allows' males to objectify, violate or even harm female bodies but does not allow women to choose to do the same to their own bodies. Women's bodies are routinely viewed being contorted or in pain and while this may not (possibly) always be acceptable, it is understandable when interpreted as images that are intended to be aesthetically and sexually pleasing. Self-harmful behaviours are considered to be 'pathological' when they go beyond the western culture's tolerable limits. Such behaviours, though pathologised, can be 'forgiven' by viewing them as narcissistic, as attempts to alter appearances in order to please others (Shaw, 2002).

Consider Shaw's (2002) comparison of the differing reactions of both professional caregivers and 'lay' people to anorexia and self-injuring. 'Anorexia' is a "self-destructive behaviour" often associated with 'self-injury' (Marshall & Yazdani, 2002). Both behaviours are seen to be self-destructive and have highly visible and unattractive results. 'Anorexia', however, is an incredibly damaging behaviour in terms of health and is potentially life threatening. Yet, Shaw (2002) reports that 'Anorexia' does not produce quite as an unsettling reaction as self-injuring does, though both are regarded by clinicians as disturbing, frustrating or impossible to treat and entailing power

struggles with regard to treatment resistance. (See Fuller & Hook (2000) as well as Lindgren et al. (2004) to compare the similarities in conventional discourses of these behaviours.) Shaw (2002) speculates that self-injuring may appear to be more senseless because 'Anorexia' can be conceived of as a misguided and unfortunate attempt to attain the cultural norm of thinness. 'Anorexia' and 'Bulimia nervosa' enact cultural prescriptions for female bodily appearance and what is culturally allowable or tolerable for women to do with them, therefore the act itself is more understandable (Shaw, 2002). Self-injuring, in comparison, is seen as having no positive intentions and therefore viewed in a less forgivable light.

Self-injuring is constructed as pathological and is unsettling because it entails the deliberate destruction of bodily tissue and it is perceived as being painful (Shaw, 2005). Pain as the goal of self-injuring contrasts with the traditionally understood idea of pain as a form of harm that characterises negative actions and which should be shunned at all times. People usually avoid pain, unless there is something to be gained (consider for example boxing or exercising) (Paradiso, 2005). Interestingly, Shaw (2002) shows the similarity between various kinds of forgivable 'female' pain/discomfort and the kind that is displayed in 'macho' behaviours ascribed to masculinity, strength, frustration or sport.

Pain is constructed differently for women and according to the practices they undertake to alter their bodies. Wolf (1991) comments interestingly on how pain is regarded by various body projects. According to her, pain resulting from beautification is treated as non-existent or negligible. Shaw (2002) cites Andrea Dworkin, who states that

> "not one part of a woman's body is left untouched, unaltered. No feature or extremity is spared the art, or pain of improvement… Pain is an essential part of the grooming process… no price too great, no process too repulsive, no operation too painful for the woman who would be beautiful" (p. 206).

Jeffreys (2000) mentions a familiar motto of the beauty industry: "no pain, no gain" which hearkens to an older saying, "Beauty knows no pain" and the French saying quoted by Wolf (1991) "one must suffer to be beautiful". Indeed, it is not a large conceptual jump to make in order to maintain that in the western culture pain and beauty, for women, is equated; they are one and the same. For example, women who undergo cosmetic surgery are told that they will suffer *discomfort* and are harshly criticised for expressing pain. Consequently such pain is ignored (Wolf, 1991).

Wolf (1991) recounts many instances, historical and more current, where women's pain is minimised, denied or simply expected to be endured silently, for example in childbirth, gynaecological interventions and even sexual intercourse. Reactions to self-injuring that interpret

the destructiveness of self-inflicted injuries as physically painful and 'logically' and 'intuitively' recoil from such pain do not make sense when one compares these acts to other culturally permitted/tolerated acts which are just as painful and physically destructive, or even more so (Shaw, 2002). The self-injured person is seen to be *worse off than before* as no tangible or perceivable benefit can be discerned. In contrast, women, the main partakers in cosmetic surgery, aren't seen to be in pain or harmed when they are hurt. Pain, as a subjective experience, only exists when others believe in it, otherwise it is hysteria, madness or (female) inadequacy (Wolf, 1991).

Constructions of pain in body modification/beautification practices rest largely on the notion of 'choice'. "'Beauty's' pain is trivial since it is assumed that women freely choose it" (Wolf, 1991, p. 257), so too with body modification. Wolf (1991) however maintains that there is little choice, particularly for women, in a society that is increasingly surface orientated (Turner, 2000), reveres physical beauty and relentlessly evaluates women according to its standards of beauty. She argues that women's body projects that operate in the name of beauty can only realistically be thought of as freely chosen if women's livelihoods, identities and social status (i.e. their worth) were not determined by their physical appearance. Self-injuring, in contrast, when constructed as pathological may not be seen as a choice, but indeed as a symptom of impulse dysregulation or as addiction (Muehlenkamp, 2005) and consequently those who practice self-injuring are constructed as victims of their pathology (Burr & Butt, 2000). On the other hand, if they are granted agency, in that they are seen to be utilising maladaptive coping strategies (see previous discussion on self-injuring as communicative) (Paradiso, 2005) self-injuring is seen as manipulation, as it is freely chosen (Shaw, 2002). In this view, it can be construed as being even more 'sick' as it shows conscious defiance of 'normal survival instincts' (McAllister, 2003).

This shows how those who self-injure are locked into positions by psycho-medical discourses in which regardless of whether they are passive and act impulsively or symptomatically or they actively seek out painful experiences their behaviour is rendered deviant as it defies normative behaviour, the avoidance of pain. Both of these positions are formulated in a manner that exaggerates the pain of self-injuring while downplaying pain caused by body-modification. So, if an act is 'abnormal', pain is exaggerated and this is used as a basis for distinguishing why it is 'wrong' or unacceptable. Thus the argument is circular. (Self-injuring is pathological and deviant, the pain from self-injuring is worse, therefore self-injuring is a 'sick' practice.) If an act is 'normal' the pain can be trivialised or disregarded.

So we can see that 'pain' and 'damage' are slippery signifiers. Hence, distinctions based on extremity or degrees of damage/pain are arguable when painful and invasive alterations like

cosmetic surgery (in which bones may even be broken) is deemed socially acceptable, but the minor, incomparable injuries like pulling out one's own hair or scratching one's own skin is considered unacceptable. According to this line of thinking, it is inaccurate or false to use damage or pain to distinguish self-injuring from other body modification practices. Comparison of body modification practices to self-injuring therefore reveals the arbitrariness of distinctions used to construct self-injuring as unacceptable, shows how these are socially constructed and exposes the assumptions and values upon which they are based.

Comparing self-injuring and other socially sanctioned or tolerated parallels also brings to the fore issues of power, appearance and gender because contradictory bodily images problematise gender norms, sexual identities and other bodily conventions. Projects that open the body's envelope are viewed as contemptible and grotesque from a western perspective (Pitts, 2003). "To voluntarily inflict pain on one's body and mar the skin with symbols of impurity [like scars] is described as overtly anti-social" (Atkinson, 2004, p. 126), and even more so when the results are seen to have no tangible or justifiable reward, such as aesthetics, but are often even considered ugly or repulsive. Self-injuring produces permanent inscriptions that work against 'western' beauty norms (Pitts, 2003) to an even greater degree and so it problematised and pathologised to a greater degree than other body modification/self-harmful practices. Exploring self-injuring in relation to other practices that mark or destroy the body reveals these political aspects of self-injuring. For example, it exposes how violation of and violence toward women is a common or even normal behaviour. Because this revelation is reprehensible, disturbing and potentially disruptive to the social order it is denied or obscured as self-injuring is constructed as senseless and horrific; this ensures that it stays safely hidden. As recent literature has shown, there are reportedly many positive outcomes for those who self-injure, despite the fact that others who witness self-inflicted injuries may be disconcerted or disturbed or see the wounds as aesthetically unpleasant (Paradiso, 2005). These are not for the benefit of others (i.e. aesthetically pleasing to others) and the meaning of one's inscriptions in the form of self-inflicted wounds are not apparent to others but, like any other inscriptions, must be negotiated when they are displayed in the social realm (Pitts, 2003).

Rather than using damage or pain to distinguish practices from one another, it seems to be more accurate once again to refer to the underlying motivations/intentions of the perpetrators. Talk of 'intention' or 'motivation' often serves to depoliticise self-injuring. When self-injuring is patholgised meanings regarding motivation/intention for the practice are ascribed by those in power rather than those who perform it. Self-reports of intention are dismissed and even when these are taken into consideration they are viewed with scepticism (as seen in the debate on suicidal

intention) and used as further grounds for pathologisation. Pitts (2003) maintains that it is not necessarily important to speak of 'intentionality' and evaluation of body projects should not be limited to an evaluation of the subject's intentions. In order to explore anomalous or vulnerable bodies, one should look not only at the cultural meanings surrounding the body, but one should also endeavour to see through a political lens. Various authors who form part of the post-modern turn (see Atkinson, 2005; Sweetman, 1999; Pitts, 2003) have explored how different modes of body alteration highlight the body as a site of social contest (Pitts, 2003).

> The body is… a point from which to rethink the opposition between the inside and the outside, the public and the private; the self and the other, and all the binary pairs associated with mind/body opposition (Grosz, 1994, p.21).

It is to this conceptualisation to which we now turn.

2.4.4 The post-modern turn and self-injuring as political

One of the most recent developments in literature on self-injuring is the post-modern turn in writing about the body (Jeffreys, 2000). It is this view of the body, from which I have already been drawing extensively, that allows for the conception of self-injuring as an act tied up in larger processes of regulation and control, and specifically in body politics. It thus allows us to conceive of self-injuring acts as political. As we will see, the body is considered a location where social relations operate to inscribe the body in ways that are neither 'natural' nor inevitable (Pitts, 2003). It is seen as a changing product of the cultural practices inscribed on it and as a construction rather than an essence. This view, rather than being determinist, is based on the idea of active agency as the subject is constituted by a diversity of discourses which subjects can see themselves as part of and subscribe to or that they can reject and resist (Fuller & Hook, 2001). It allows for the possibility of seeing self-injury as a non-normative inscription that can be read as a political act. Thus the focus is on how women who self-injure pose a challenge to normative feminine images with regard to appearance and draw attention to the ways that their bodies are violated. The following section further explicates the notion of post-modern body and then goes on to discuss (a) the body as a site of social regulation and (b) the body as a site of resistance.

a) The post-modern body:

The 'post-modern-turn' (Jeffreys, 2000) constructs the body as the subject of constant *social* inscription as it is 'written' upon by various forms of social discipline (Braun, 2000). The body is thought of as an inscriptive surface that allows for endless reconstruction and on which messages, a text, may be inscribed. Inscription marks and constitutes bodies in specific ways. This view of the textualised body is currently used to understand the various body projects. In 'western' and other

cultures, forms of 'body writing' and various techniques of social inscription bind social subjects according to sex, race, class, age, social position and relations. These are the engraving tools that mark, or constitute the body, in specific ways and produce messages and texts that construct bodies as socially significant networks of meaning and as functioning subjects within social collectivities (Grosz, 1994).

Consequently, there is considered to be no 'natural' norm *or* body (Braun, 2000). "Every body is marked by the history and specificity of its existence" (Grosz, 1994, p. 142) and there are only cultural forms of the body which do or do not conform to social norms (Grosz, 1994). Thus the notion of an essential character to the body or subject is replaced by a sense that both are culturally shaped and socially ordered (Pitts, 2003). In this manner the body, like the subject, is positioned within myths and belief systems that form a culture's social narratives and self-representations. As various cultural narratives and discourses position the body it can be seen as a living narrative, a narrative not always transparent to itself (Grosz, 1994). "The inscription of the social surface of the body is the tracing of pedagogical, juridical, medical and economic texts, laws and practices onto the flesh to carve out a social subject" (Grosz, 1994, p. 117). It is normative inscription that allows the subject to form part of a predetermined dominant categorisation and thus the process of inscription forms part of social control.

b) Bio-politics: The body as a site of social control:

Foucault refers to the exercise of control over the body as 'bio-politics' (Armstrong, 1994). This idea is central to the view of the body as a political site and of self-injuring as political. In order to explicate this notion fully and to emphasise the importance of the body (and its social control) to self-injuring practices coverage of some dense theoretical ground is necessary.

The body is considered highly significant with regard to society's well being and therefore requires constant policing and regulation (Hewitt, 1983). As a location where social exchanges operate (Pitts, 2003), the body is central to the exercise of power (Middleton, 1998). It is "at the heart of social and political struggles" (Burkitt, 1999 p. 90). The individual body, as well as the social body that it constitutes, can be considered the raw material of the enterprise of social control (Hewitt, 1983). Knowledge is a significant instrument and technique of power (Grosz, 1994) and knowledge of the body is knowledge of the workings of power (Nightingale, 1999). We must look to who has constructed the body and in what ways they have done so. This requires an examination of the frameworks of institutional power/knowledge that produce hegemonic discourses (Nightingale, 1999).

> "[Expert] knowledge of the body is not to be understood as a more or less accurate representation of some underlying constant materiality, but it is a way of looking and representing which is sustained by and is sustaining of power relations and social practices" (Armstrong, 1994, p. 19).

Pitts (2003) considers Foucualt's notion of bio-power to be a good tool for theorising the body as it shows how power productively creates reality as well as the generative forces for compliance and the formation of the body (Hewitt, 1983). She discusses the interesting theoretical link between bodies and power, for which she uses both Foucauldian and feminist frameworks. She draws on Grosz's (1994) ideas of how "culturally specific grids of power regulation and force condition and provide techniques for the formation of particular bodies" (p. 118). As power operates during this normative process (Braun, 2000) the body is marked and constituted as inappropriate or appropriate for its cultural requirements. Such inscriptions occur either violently or more subtly through social institutions that exercise procedures of corporeal inscription. While these may be repressively imposed (for instance, confinement, constraint, supervision and marking in prisons, psychiatric hospitals and so forth) they are not usually simply externally imposed. Rather than functioning coercively they may be sought out (Grosz, 1994). For example, the 'western' ideals with which women are confronted as part of the powerful normative process (Braun, 2000) may result in 'voluntary' lifestyle habits and behaviours that mark the body in various ways (Grosz, 1994).

The body is therefore socially constructed in the realm of power through the acts called out by the signifying system in which it is embedded. Butler (1993) explains how this productive or constitutive process operates. She argues that gender is not a fixed category but ongoing embodied process where it becomes inscribed on the body. Creation and sustenance of gender roles occurs through bodies in space and time as gender is 'performed' and the body is 'stylised' in a feminine manner. In this way the female body, as the subject of enormous cultural efforts to 'feminise' it, is disciplined and normalised (Pitts, 2003). Thus these analyses, which are informed by constructionist thinking, challenge the originary power of the body as object and source of meaning. This is done by showing the ways that the body is constructed within particular disciplinary practices and webs of institutional power (Nightingale, 1999).

c) The body as a site of resistance – self-marking and the subversive or anomalous body:

Social meanings both structure our understandings of 'self' and provide avenues for resistance (Riley, 2002). Subjects can only make sense of themselves through the discourses that are socially available to them, but there are always contesting accounts. While dominant discourses tend to serve the interests of the relatively powerful, the intersection of these competing discourses produces points of resistance. Additionally, power is never tangibly possessed or exerted, but

operates within social relations. It is dialogic - that is, never equal but ever mobile and negotiated within dialogue (Hewitt, 1983) - and incomplete which also allows for resistance (Pitts, 2003).

It is along these lines that the idea of the recalcitrant body is theorised. Because the body is constituted by discourses that the subject negotiates (Fuller & Hook, 2001), and since power and social control never reach completion, the body can be subversive to the extent that it resists discipline and defies normalisation by failing to situate itself in dominant categorisations or roles.

> "… [I]ts energies and capacities exert an uncontrollable, unpredictable threat to a regulated, systemic mode of social organisation. As well as being the site of knowledge-power, the body is thus also a site of social resistance, for it exerts recalcitrance, and always entails the possibility of a counter strategic re-inscription, for it is capable of being self-marked, self-presented in alternative ways" (Pitts, 2003, p. 40).

In this manner the unmanageable or recalcitrant body is threatening to the social order (Pitts, 2003). It therefore becomes the strategic target of systems of codification, surveillance and constraint and also the site of investment, control and cultural production (Pitts, 2003). It is thus a materiality that acts both as a source and target of power and also a medium through which meaning is negotiated (Hewitt, 1983). Grosz (1994) maintains that there is no pre-inscribed body, but that it is always excessively engraved and whatever is written there is essentially open to interpretation, re-inscription and transformation through context, situation and position. The self-injured body shows up the assumption of the 'natural', unspoiled or pristine body. It also highlights issues of control as it entails the exercise of power over of one's own body in a manner that transgresses cultural norms and violates sacred beauty standards for women (Shaw, 2002).

It is this *grotesque* body that refuses orderliness and social control and which operates by juxtaposition and irony (Pitts, 2003). Grotesque or aberrant bodies become a subversive spectacle as they present symbolic inversions, contradictions and alternatives to the dominant cultural codes through the manipulation of culturally understood meanings. Fuller and Hook (2001) draw off post-colonial theorists (like Homi K. Bhabha) in order to conceptualise 'anorexia' as a self-harmful behaviour that contests a more general lack of control and the denial of a position from which to speak. In this post-colonial and post-structural feminist reading of the anorexic body the 'anorexic' adopts a discourse of mimicry or miming-turned-mockery. In this discourse cultural norms of 'slimness' are reiterated to such a degree that the act transforms that which it resembles. Mockery of the "masters' discourse" of the body can therefore be viewed as a particular form of mimesis that confronts the social disorder. It is the imitation of the dominant culture's ideal through reiteration of this norm and further reiteration leads it further from, rather than closer to, the ideal of normalisation. Consequently the anorexic can be seen not only as a victim, but also as a transgressor and a resister (Fuller & Hook, 2001) creating parody, multiplicity and slipperiness (Pitts, 2003).

Self-injuring can be conceived of similarly. It too centres on issues of control and perversity of patients and tests the authority of the coloniser much like Fuller & Hook's (2001) conception of 'anorexia'. Thus the self-injured body can be seen as a product of a strategy that challenges, subverts and transgresses. This view allows for the construction of self-harmful behaviour, like self-injuring, to be seen as an act rather than a condition (Fuller & Hook, 2001).

In this view, self-injuring involves "counter strategic re-inscription" (Pitts, 2003, p.40) through self-marking in which self-presentation runs counter to normative body images (Pitts, 2003). Self-injuring has been constructed by post-modern and feminist approaches as a protest against the pervasive female image of a false unscathed appearance of smooth, plastic skin and speaks to the lived reality of aggression, violence and surveillance for many women that the culture appears to deny. Self-injuring has been conceptualised as an act of protestation against pervasive images of femininity and a re-enactment of violence (Shaw, 2002). It exposes the culturally sanctioned ways in which women's bodies are objectified and violated as well as the presence of social conditions that encourage women to hate their bodies. Young women learn that they are valued for their bodies and as they mature are increasingly objectified. They grasp that damage of their bodies will bring attention to these experiences of violation in ways that re-enact these, and transgress cultural bodily norms. This deconstruction of bodily norms, which are used ideologically to subjugate women, may therefore allow for the subversion of social control and victimisation of the female body (Pitts, 2003), particularly in the case of self-injuring.

Seen in this light, self-injuring is radical and threatening as it represents a refusal to be silenced or to relinquish ownership of the body through the replication (or mimesis) of harm perpetrated against women (Shaw, 2002). In this section I have sought to show how self-injuring is an act that renders the body indomitable and unruly as it creates a grotesque body that operates as a subversive spectacle and threatens normative standards for (female) appearance. It is for this very reason, the contravention of cultural and sub-cultural norms, that self-injuring is considered 'abnormal' (McAllister, 2003).

2.4.5 The limitations of self-injuring as a political strategy:

Self-injuring is reported to be usually a highly secretive behaviour as it is associated with shame and stigma; therefore it is not highly displayed. Although there may be benefits to this secretiveness for the "self-injurer", the communicative and symbolic powers of markings are muted to extent that these are hidden (Pitts, 2003). Thus, the political potential of any bodily performance,

even an overtly rebellious one, can disappoint with regard to protest. The intended (or unintended) messages are open to the active gaze of spectators, who view and make sense of the body. Hence, these may have ambiguous or reactionary effects (Pitts, 2003). Furthermore, body projects are not necessarily wilful, conscious or chosen but rather practised as imperatives influenced by powerful norms. The view of non-normative body projects as expressions of agency exerted against forces of power is limited, as they may have varied effects. It may paradoxically be symbolic of protest, a marker of violation, cathartic and a behaviour that unwittingly ensures the undermining of freedom and limitation of possibilities simultaneously. Those who self-injure may be further silenced or victimised through being pathologised and discredited. They may be caught in the double bind of not receiving care for fear of disclosure, while those that do disclose may be labelled as manipulative and receive humiliating or abusive care (Shaw, 2002).

2.5 RESEARCH AIMS:

In this study I intend to challenge medical models of self-injuring and cultural ideals of normalcy by looking at the phenomenon not simply as related to mental illness or as a condition, but as a socially constructed cultural practice with political consequences. I attempt to examine the social construction of the practice of self-injuring as revealed in participants' subjective accounts in which they attempt to explicate and make sense of their own practices of self-injuring. I therefore make use of critical discourse analytic methodology to identify certain characteristics of these narratives as representations of larger collective meaning systems exploring how these culturally shared systems of meaning and regulation organise the narratives (Parker, 1994b). I thus acknowledge the irreducibly social nature of the narratives whilst still taking into account the profoundly personal experiences described by participants.

In analysing the ways in which self-injuring is constructed I focus particularly on the constructions of the body and subject positions available in these discourses, as well as their ideological effects; in doing so I aim to promote a greater understanding of not only the phenomenon of self-injuring itself, but also of the societal conditions that make it realisable. I intend to pursue multiple meanings of self-injuring by illuminating new dimensions of talk on self-injuring within the narratives provided by the participants. This analysis is informed by the foregoing discussion of the limitations of certain accounts of self-injuring, which have served to open up traditional discourses of self-injuring for critical debate.

My hope is that in exploring the operation of discourses within the narratives, novel ways of conceptualising and understanding the practice will be constructed that may help to broaden understandings of self-injuring and reduce the stigma attached to those who practice self-injuring. Most importantly, I endeavour to highlight the political aspect of acts of self-injuring. As I have argued, from a post-modern perspective the body is central to processes of social discipline as it is variously inscribed so as to constitute it in specific ways, that is, that the body is 'textualised'.

Therefore, my focus is on self-injuring as a form of writing the 'self' using the body as a medium and text in ways that challenge or resist dominant and entrenched norms. As shown in the literature review, the textualised body, perpetually inscribed and re-inscribed by social practices, can be seen as a living narrative that is not necessarily transparent to itself. In this research I aim to investigate how the operations of various cultural narratives and discourses in the participants' accounts position the inscribed body, as well as to emphasise ways of speaking that can be interpreted as political signifiers of challenge or resistance, in contrast to discourses which construct self injuring acts as merely expressions of individual pathology.

CHAPTER 3:

METHOD

3.1. THEORETICAL PERSPECTIVE

The research was conducted within a post-essentialist framework with a particularly post-modern feminist emphasis, and made use of critical discourse analytic methodology in order to analyse a series of narratives provided by 5 participants. The term 'discourse analysis' encompasses a number of qualitative, language-orientated approaches which, generally speaking, are concerned with the critical analysis of talk, text and other signifying practices (Malson, Marshall & Woollett, 2002). Discourse analysis was chosen to counter explicitly the individualising tendencies of mainstream psychology. It allows for an approach to descriptions of individual, intensely personal experiences (of self-injury) that considers them to be irreducibly social; that is, as structured and mediated by culturally shared systems of meaning and regulation (Parker, 1994b).

These views, as mentioned, highlight the constructive function of language (Burr, 2002) maintaining that human meaning and experiences are fundamentally constituted in language and that language itself should be the object of study (Terre Blanche & Durrheim, 1999). This shifts the emphasis from individual intentions to the productive potential of language (Willig, 2003). Discursive approaches do not see language as a transparent medium that unproblematically reflects an underlying reality, but rather view discourses as constitutive of reality, as they systematically constitute objects, events, identities and experiences in socio-historically specific ways. In this manner, particular 'versions of reality' as well as particular 'regimes of truth' and power relationships are produced in a particular context (Malson et. al., 2002). A discursive view of the world, including of our bodies and identities, therefore emphasises the role of history, culture and dynamic social practises (Mors, 1996; Pitts, 2003).

Post-essentialist views reject the notion of an 'essential', proper or ideal body and focus on constructions of the body and the 'self' and the interrelation of these constructions (Pitts, 2003). Consequently, these approaches are useful to the topic at hand because they recognise that the body is immersed within cultural practices which shape or determine our experiences of our own and others' physical realities (Nightingale, 1999). A Foucauldian stance that focuses on the process of discursive formation allows for a fuller understanding of presently constituted knowledge of self-injuring practices and contends, as explicated in the literature review, that the body is raw material for the undertaking of social control (Hewitt, 1983). This approach informs the critical discourse analytic method utilised in this study. This method focuses specifically on the notions of power and

ideology and takes a particular interest in the relationship between language and power (Wodak, 2003). It presupposes that, in addition to discourse being constitutive of a certain reality, it also helps to sustain and reproduce the status quo (Parker, 1999).

In line with these discursive theoretical underpinnings, the analysis in this study – as described below – was informed by certain assumptions. These are as follows: (1) Discourses, as representations of the world, do not merely reflect an objective reality but rather reflexively construct both subjects and objects (Henwood & Pigeon, 1994). (2) Consequently, any conceptualisation of self-injuring, as well as the treatment and portrayal of those who partake of the practice, is socio-culturally embedded (Shaw, 2002). (3) And therefore, the main assumption is that "self-injuring" is constituted through language and that in 'making sense' of self-injuring practices, participants draw on pre-existing socio-cultural accounts and narratives (be it 'lay' or clinical) to formulate, frame and construct their experiences (Marshall & Yazdani, 1999). As it is the discourses themselves that are the object of investigation (Malson et. al., 2002), the aim is therefore to explore the ways that women who injure themselves construct their experiences and thereby inspect the structuring effects of discourses, discursive practices and subjectivities (Wilbraham, 1997).

3.2. PARTICIPANTS

The participants for the study were recruited via advertisements and word of mouth in a similar manner to Alexander & Clare's (2004) procedure. Advertisements requested female volunteers with experiences of self-injuring for a study that would allow them to tell their own "story". Participants were adult women with a history of "episodic and repetitive" self-injuring. The specification of 'episodic and repetitive type' is derived from literature (see Favazza in Jeffreys, 2003) and was used merely to distinguish between self-injuring and other 'self-destructive' behaviours. The narratives of five women were selected for inclusion in the study. The exclusive focus on women is due to the fact that the proliferation of discourses has centred on women as well as the (already) pathologised and marginalised positions occupied by them in these discourses. This is reflected by the still widely held claim that self-injuring is a more prevalent in young women and the ensuing stereotype of young, white, middle-class females as 'self-injurers' (Shaw, 2002). This construction is unhelpful to both those who fall within the category and those who do not. Rather than reaffirm or deny stereotypes, this study sought to explore potentially meaningful views of self-injuring as a cultural mode through which individual meaning is expressed (Marshall & Yazdani, 2003). The women whose narratives were selected for this study range in age from early to late twenties, three are

single students, one a married primary caregiver and one did not wish to divulge any identifying details, choosing instead to remain anonymous. This last participant was the only one who expressed major concerns about being identified and interestingly her narrative is characterised by not wanting to reveal her behaviour to significant others in her life and the need to protect these individuals.

3.2.1. Ethical considerations

Potential reactions of shame, embarrassment or distress caused by the admission of self-injuring, as reported in literature, were considered (Paradiso, 2005; Solomon & Farrand, 1996). This consideration, as well as the sensitive nature of the information to be divulged, meant that issues of confidentiality needed to be addressed. To protect confidentiality, pseudonyms were used[3]. These are the names of mythological women who overcame oppressive situations through defiance or subversion of existing meanings or norms and were chosen by the researcher for their symbolic value. They are as follows: Arachne, Arethusa, Niobe, Philomela and Procne. A number of safeguards were also put in place. Participants were informed that involvement could be potentially triggering for them before any consent was given by them to participate and arrangements were made to check whether the process had been distressing or triggered difficult memories. They were also advised that participation could be withdrawn at any time and, should negative feelings or deterioration in 'mental state' be experienced as a result of producing the narrative, they could receive a referral for 'professional' help. However, in the event these were not needed and some participants verbally expressed their appreciation at being given the opportunity to share their experiences (Alexander & Clare, 2004).

3.3. DATA COLLECTION

The participants were asked to submit written narratives in which they recorded their own feelings and experiences related to self-injuring which they themselves deemed important (Babbie & Mouton, 2001). For this reason they were given no set criteria around which to construct their narratives other than being asked to tell their "story" including any self-injuring experiences and experiences or thoughts related to them. Specifically, I asked participants to prepare a narrative about their experiences of self-injuring - including related thoughts, feelings and ideas. I specified that I would not expect the revelation of any information that might cause participants to feel uncomfortable. I expressly stated that there were no restrictions or stipulated criteria but requested

[3] Any names that do appear in the extracts have been changed to protect confidentiality.

their story of ‘what self-injuring means to you’ (the only tentative guideline). Participants were therefore asked to include whatever they thought was important and relevant, using their own discretion as the experts of their experiences. I informed the participants that the narrative should be their own written account. They were also told that excerpts of the transcriptions would occur in the final report to which they were welcome and I agreed to provide a summary of the “findings”. The narratives that were selected were chosen according to the quality and richness of the account and which were received within the time limits provided (Terre Blanche & Durrheim, 1999).

Use of such narratives is particularly appropriate for constructionist analyses due to their obviously constructed nature and because they are a medium through which discourses are circulated (Terre Blanche and Durrheim, 1999) as narratives relate to a culture via the representations of experiences within that specific socio-cultural context (Bennet, 1997). The texts comprised of coherent narratives of sense-making and understanding oneself as a ‘self-injurer’, essentially it is the story that the participants have made for themselves (rather than a discussion of self-injuring). I hoped for the prospect of more interesting analytical possibilities by deliberately eliciting such a sense making ‘story’. While still involved in a co-construction of meaning at a later stage (in the dialogue between the narratives and me whilst making sense of what is written), I had very little influence on the production of the narrative (particularly in terms of eliciting information by guiding or clarification). I allowed participants more freedom in constructing their own experiences by not imposing what was relevant initially and without directly mediating their construction. The analysis looks at how the narratives are constructed from available discourses and how in the process the narrators are positioned by the discourses. Though discourse analysis is utilised narrative style and structure (themes, characters, ideological settings, narrative tone & imagery) could also be considered in a manner similar to narrative analysis. This added a slightly different dimension that could not be gained by interviewing; though neither is assumed to be a superior or more ‘accurate’ means of data collection.

The use of written texts was also related to ethical considerations as it was thought to allow participants to volunteer only descriptions of episodes they felt comfortable with recounting as well as to help minimise the chance that participants would experience embarrassment. The absence of the researcher and the participant's freedom to disclose at a level that she felt comfortable was seen as a less threatening means of data collection for this sensitive topic (Malson et. al., 2002). This data collection method was also initially an attempt at eliminating hierarchical power relations by limiting the influence of the researcher (Malson et. al., 2002). However, like most accounts, the narratives were mediated by an awareness of the position of the researcher, as affiliated with the

‘psy-complex’. This is explored in the analysis in terms of power relationships (Parker, 1994b). The degree of this impact was hard to ascertain, as the researcher’s role was subtler due to limited contact with the participants. Also, more contact with participants might have facilitated the meaning making process by allowing for clarification or feedback from the participants. Likewise, this collection method may have cost the study by reducing the possibility of the formation of some kind of researcher-researched relationship that could have set the participants more at ease, even though the goal was to prevent any participant feeling too pressured to recall potentially distressing material (Kvale, 1996).

It is important to bear in mind that this method of data collection, like interviewing, is not a neutral information gathering exercise. Therefore one should be wary of considering the narrative accounts as any more accurate or ‘pure’ or less 'truthful' or 'factual' than data gained via interviewing. Rather, as with any other qualitative data, these narrative accounts should be viewed as particular and produced within a specific context, that is as a response to my request for individual's own 'story' about self-injuring (Marshall & Yazdani, 1999).

3.4. ANALYSIS PROCEDURES

The objective of the analysis is identification of discrete discourses within the text and demonstrating how these operate in terms of their interactions and effects (Burman et. al., 1997). The overall purpose of this approach was to identify specific characteristics of the narratives and to explore the content of the text as a reflection of larger collective meaning systems. The emphasis therefore is on how women convey sets of meanings, or discourses, related to self-injury through language. While the participants discuss their highly subjective and personal meanings of self-injuring they draw off shared meanings, or discourses, (Pitts, 2003). Consequently, the original intentions of the original authors of the narratives are not regarded (Terre Blanche and Durrheim, 1999) and the analysis does not address issues such as ‘reality’ or ‘truth’ (Wilbraham, 1997). As the analysis focused both on the discourses deployed and the effects achieved by certain patterns in language usage, particular attention was given to the ways in which accounts were organised in terms of narrative structure and the use of ‘formulae’ or narrative strategies. The theoretical assumptions were important as they acted as a guide to finding patterns in language usage (Macleod, 2002, 2003a & 2003b).

Initially the narratives were read and reread in order to become immersed in them and to gain ‘a feel’ for what was happening in them. Next various themes and potential discourses were grouped

through thematic coding using the method of content analysis. This entailed searching specifically for binary oppositions, value judgements, contradictions, recurrent terms, phrases and metaphors as well as identification of the subjects spoken about in the narratives and the positions offered to them (Terre Blanche & Durrheim, 1999). Colour coding was utilised in which these were assigned their own colour and underlined. This 'labelling' may be referred to as 'categorising' and helps the researcher to identify patterns in language (Mostyn, 1985). In this manner the text becomes fractured and different discrete discourses can be seen to hold positions for speakers and reproduce relations of power (Parker, 1999).

The colour-codes and themes were retained as the colour-coding for the distinct analyses was compared in order to look for patterns and or recurrence (Mostyn, 1985). This entailed the synthesis of smaller components (Mostyn, 1985) as the material was reordered in terms of the systems of statements or discourses identified (Terre Blanche & Durrheim, 1999). Parker's (1994b) guidelines were useful for identifying these discourses and the subject positions they offer. Particular attention was paid to subject positions with regard to their relation to power, reconstruction of the rights and responsibilities of each subject, as suggested by these guidelines. Finally, the texts were analysed under each discourse using theoretical insights outlined in the literature review (Macleod, 2003; 2002a).

While this process is described sequentially it was, in fact, iterative and circular (Macleod, 2002b). As is characteristic of forms of constructionist analysis, such as discourse analysis, there were no distinct phases; rather these seemed to blend into one another (Terre Blanche & Durrheim, 1999). Thematic coding and theoretical reading occurred simultaneously, with data and theory providing a cohesion that resulted in the analysis that ensues (Macleod, 2002b). In this exploration of the complex and diverse accounts of the practice of self-injuring, emphasis is placed on multiplicity of meaning and ambivalence (manifest in contradictions) thereby recognising the multiple and dynamic relationships between appearance, identity and social structures for those who practice self-injuring.

CHAPTER 4:
ANALYSIS

This analysis explores the operation of discourses in 5 women's narrative accounts of their self-injuring experiences. Specific attention is paid to the manner in which self-injury as an object is constituted and given a particular reality and how these constructions position the narrators in relation to other subjects, such as significant others or experts for example (Parker, 1994a; Fraser & Nicholson, 1990). In investigating the subject positions some main issues are explored, including representations of the 'self' and also the connection between the 'self' and the body as a way of understanding and representing subjectivity. This is mediated by power relations and social practices (Butler, 1993). The exploration of power relations and of social control is done particularly with regard to subjects' access to power in terms of what may be expressed and how this may be appropriately done (that is, their possession of a 'voice') (Parker, 1994a).

One way to do this is to look at the narratives as a whole and characterise them according to their narrative structure or 'story line' and this analytical strategy is appropriate to the type of material being analysed. Three major 'stories' or ways of speaking structure the narratives: the confession, the survivor story and being on trial (talk of accountability). All the narratives are in essence acts of confession because they are the narrators' attempt to explain their self-injuring behaviour. All the narratives contain elements of self-justification or self-defence and all except one contain aspects of the survivor narrative. These narrative structures will be explained in the first section that discusses the style of the narratives more generally. They are important as they reflect the socio-cultural nature of self-injuring revealing a certain network of relationships and power differentials.

First, I consider how participants construct their experiences within dominant discourses prominently associated with the psy-disciplines and also how psychologised explanations are deployed in talk about 'mental health' in a way that simultaneously re-inscribes psy-discourses and resists their power (Parker, 1994a). In so doing, I explore the particular kind of self-injuring subjectivity that these psy-discourses construct. The confessional structure is most relevant here as the research is framed by a mental health context (as psychological research). In this context acts of confession are integral, and operate as a means of regulation when the subject reveals herself to a more powerful, expert 'other' (Wilbraham, 1997). This therefore largely constrains what is 'sayable' within the narratives. Consequently I will discuss how the identity of the researcher plays a part in structuring these particular narratives. This includes an exploration of the role of the researcher, who is aligned with the psy-complex, and to whom these acts of confession are made. I

will show how the confessional nature of the narratives points to connections with institutional discourses, specifically psy-discourses, and also to power differentials, thus highlighting the connection between self-knowledge and self-regulation.

Next I look at how these institutional discourses interact with discourses of accountability to produce the subject position of 'victim'. I explore various facets of this subject position in terms of the subjects' rights to speak and how the lack of voice (and power) is negotiated from this position. Most notable here are the notions of 'blame' and 'responsibility' and ways of speaking that have the effect of justifying or defending behaviour. Narrative strategies employed have the result of rendering self-injuring behaviour more understandable or justifiable as it is constructed as natural or necessary (drawing extensively off psy-discourses), thus shifting blame and laying it elsewhere. These ways of speaking can be described as 'being on trial' and they are displayed mainly in instances where narrators speak in such a way as to justify, qualify and disclaim certain aspects of their self-injuring accounts.

Third, I explore ways of speaking that challenge (a) the regulation of the expression of distress as well as (b) social control of their bodies in order to protest powerlessness and silencing and counter established normalising ways of speaking about the practice. These contest or resist the passivity and powerlessness of the subject position of 'victim' and in turn may create an alternate subject position of 'villain' who is a dissident or transgressor of cultural norms. I go on to explore ways of speaking that challenge normalising or established discourses relating to self-injuring in a more subversive manner.

Finally, I examine the positions of victim and villain around which the participants structure their narratives focusing on the double bind evident in this dualistic positioning into which the narrators seem to be locked.

4.1. PSY-DISCOURSES – DISCOURSES AFFILIATED WITH THE 'PSY-COMPLEX':

This section focuses on the detailed story-telling and confession which draws on available discourses and makes 'self-injuring' a certain kind of comprehensible 'condition' and a cultural reference point. It looks specifically at those discourses aligned with the psy-complex – disciplines and institutions with a '*psy*' prefix (such as psychology or psychiatry) (Fee, 2000b). Psychological ways of understanding have been established through global hegemonies of knowledge and particular ways of thinking that colonise our social practices (Parker, 2002) (for example, a view of a bounded individual with deep, internal processes leads to the notion that we should be 'whole',

integrated individuals). These psy-discourses, as part of powerful institutional practices, define everyday activities and ways of thinking as 'normal' or 'abnormal' and thereby regulate behaviour. Pathologising discourses divide practices into normal and abnormal behaviours (Parker, 2004) and these expert discourses seep into popular ways of explaining and understanding. In making sense of their self-injuring practices, the narrators most notably draw off hegemonic psy-discourses of 'self-injury' and of the 'self'. Therefore, the narratives construct a particular kind of self-injuring subjectivity: one that is a psychological subject. So, the exploration here focuses specifically on how discourses from the psy-complex operate in the narratives and frame the experiences of the narrators and to what effect.

In exploring this, however, the impact of the identity of the researcher, as the intended reader of the narratives, must also be borne in mind as it is this context that frames what the participants have to say, as I have already pointed out. The power relationship that exists between the confessing narrator and the psychological 'expert' researcher is an enactment of larger power relations between the participants and institutions like the psy-complex. In order to explore my impact on the narratives, it is interesting to look at the manner in which the narratives are written. I will do this by commenting more generally on the narrative styles considering how I appear to be positioned by them, before going on to look at the operation of psy-discourses in excerpts from the narratives and what effects these achieve.

4.1.1 Power relationships – the impact of the researcher:

As a young woman in my twenties I am near in age to the participants, of the same gender and from a similar background to them. In order to reflect on my impact on the narratives I had to adopt a reflexive standpoint and take into consideration my background and identity as a postgraduate psychology student-researcher in my interactions with the participants (Henwood & Pigeon, 1994). This consideration, in conjunction with the backgrounds of the participants, was important with regard to being identified as similar or different from the participants. So too were perceptions of my own experiences in relation to self-injuring practices in allowing me insider status. All of this could ultimately impact on what was 'sayable' within the narratives (Marshall & Yazdani, 1999).

An invisible spectator's 'gaze' (that of the researcher/reader) structures the narrative accounts in terms of the manner of presentation and specifically what the participants may say (that is, their style). The narratives are thus both an act of confession and of self-justification (Parker, 1999). Ambivalent and contradictory descriptions or statements, which manifest to varying degrees in the

narratives, are indicative of the influence of the reader's gaze. For example, expressing a conscious choice to self-injure or enjoyment of doing so may violate the norms and assumptions upon which dominant discourses of self-injuring are based and so this may not be overtly stated. Rather, such sentiments are implied and undercut with acceptable ways of speaking and consequently, talk of self-injuring is largely confined within psy-discourses. So, in short, contradiction and ambivalence occurs in response to the reader's potential reactions to the descriptions of self-injuring. The narratives, particularly Procne's, Niobe's and Arachne's, are characterised by vacillation between disparaging constructions of self-injuring and those in which self-injuring is something more affirming or helpful to them. In Niobe's narrative, for example, there is an overriding sense of contradiction that manifests in the vacillation between active and passive constructions of the 'self-injurer', that is, where she simultaneously chooses to cut and is yet not able to help doing so. (This particular construction occurs in most of the other narratives too). Refraining from cutting is also spoken of as being against her will.

A self-conscious narrative style comprising of justifications, minor qualifications and clarifications also point to an awareness of the implied reader, a member of the psy-complex. This is evident in isolated statements throughout the narratives which justify, qualify or clarify as well as pre-empt reactions that would characterise the narrator as irrational, illogical, deviant, irresponsible or 'mad'. These often follow descriptions or comments that could be construed as contrary to established and acceptable ways of speaking of self-injuring and function as disclaimers. This is evident in the self-conscious narrative style of Philomela's narrative. For example, the following question and statement "What kind of person calms their emotional turmoil by cutting themselves? It doesn't even sound logical." shows awareness of how she must appear to others. Logic of course is a valued social characteristic that self-injuring seemingly defies; so then the answer to the question would possibly be a person without logic, an irrational person. Other examples include: the comment "I don't mean to sound melodramatic"; a statement about the symbolism of scars followed by the phrase "however warped this may seem"; and the phrase "as fucked up as that sounds!" following a construction of a manner of practising self-injuring as "responsible", which seems illogical. One participant even addresses the reader asking her to "bear with me" and also later in an aside "in case you're wondering". This shows how the writing/reading of the narrative to some extent typifies the power relationship that occurs in everyday interactions with professionals and others in more powerful positions. The following section shows how the deployment of psychologised understandings in talk of self-injuring may position the speaker more favourably aligning her with those who posses the authority to interpret her experience and thus casting her in a more favourable light.

4.1.2. Self-knowledge and self-regulation

In addition to an awareness of the reactions of the reader, the 'expert' that could position them unfavourably, deployment of psy-discourses in acts of confession connects self-injuring to institutions and points to power disparities. The narratives show how acts of confession operate as a means of regulation as they promote dominant forms of subjectivity and reinforce dominant conceptualisations of self-injuring thereby reproducing power relations and ideological effects through the deployment of these institutionalised psy-discourses (Wilbraham, 1997). For instance, in Philomela's narrative a major theme is that of 'abnormal' vs. 'normal' and Arachne's narrative revolves mostly around the traditional construction of mind and body as distinct and often in opposition. Throughout this narrative there are allusions to mastering, "experimenting" with or testing the body. While, it focuses overtly on the "creative" aspects of self-injuring practices we can also see the deployment of mental health discourses. Consider for instance the explanation of herself as a sufferer of "bipolar disorder" as a way of ultimately making sense of the experience in the following extract:

> **Arachne (1):** Earlier this year, Ryan left for Europe to teach English there. We decided to break up when he left. There were many reasons for this, of which the physical distance was the biggest. His departure plunged me into an abyss of depression, which I had never before experienced. It was during this phase, which I am still coming to terms with, that I came to admit to myself that I suffer from bipolar disorder. I have always recognised the symptoms in myself, yet I never connected the dots to put a name to it. It was perhaps this realisation which prevented me from injuring myself after Ryan's departure. I would not say that I have outgrown the practice, I will always think of it as a secret tool that is at my disposal should I truly need it. I try to combat my bipolarity by means of maintaining a healthy lifestyle. I am as little interested in taking medication for this problem as I am to promise anyone I would never cut myself again. I have quit smoking for over a year now, and I eat healthily. I vent much of my anger and frustration by working out.

This excerpt epitomises the "survivor story" (or discourse of the cured patient) as it revolves around notions of 'cure' and enlightenment. It centres on the illness and health as shown by references to mental illness "depression", "disorder", "symptoms" and also to "medication" and "health". It displays quite clearly a confessional mode and a psychologised subject. These stories of survival are retrospective and the rhetorical device that is most prominent is the 'then/now' comparison of the present 'mental state' with the past. Here the narrator constructs her present state as "more healthy" and the past, by implication, as "unhealthy". She admits to not having "outgrown" the practice, associating it with immaturity and implying that increased maturity might eliminate the behaviour. A similar sentiment is expressed in Philomela's narrative: "As time passed so did the need to 'cope' I suppose. I began to use other methods of coping that stemmed from a progressive maturity." In Arachne's narrative (above), the "realisation" of her "disorder" suggests self-knowledge and insight, which is indicative of improved mental health or of 'cure'. These are valued characteristics and

speaking in a manner that displays these allows the narrator to evade pathological constructions. This most notably occurs in psychotherapeutic discourses which implicitly run throughout the narratives and in which confession is an important part.

Arethusa's narrative, for example, displays the 'survivor story' narrative structure and its style is conventional and confessional and draws extensively off medical and mental health discourses, as though she is speaking in an 'acceptable' way about something, which is *supposed* to be unacceptable; consider the following extract:

> **Arethusa (1):** Self injury, for me, began in a period of my life when I felt immense rejection and has, in retrospect, always manifested itself under similar such conditions […] My whole world fell to pieces as my entire circle of friends was a part of the prefect body. I went home that night in floods of tears, made myself throw up for the first time and then later, almost in a surreal like fashion, found a knife in the kitchen and made three large gashes on my left wrist. I can not say what drove me to that self-destructive behaviour as I had never before in any way been predispositioned or inclined to do it. I wish I had known as I stood on the edge of that precipice, that this was it. After the first time there is no turning back. In retrospect I feel there should have been an audience, similar to the movies, standing shouting 'No, don't do it!!' But there wasn't. There was just that little voice in my head, the one that argues and defies all reason and convinces me to do things that are both destructive to my body and mind.

In this excerpt established and acceptable discourses feature, in this case discourses sanctioned by the psy-complex; for example constructing self-injuring as a self-destructive behaviour triggered by rejection and also the mind/body dualism. Showing insight into her 'problem' or 'dis-order', by drawing on the psy-discourses, positions her favourably as 'not mad' thereby countering pathologising constructions. This confers some power and the right to participate within this power/knowledge complex, or in other words, a voice. In order to gain the right, she must operate within the appropriate (mental health) discourses, she must become a docile subject of the psy-complex.. Use of mental health discourses shows the compulsion of a psychologised subject to reveal herself to those who can help her.

These intersperse the account not only because they are the most dominant discourses in this area, but presumably also because of the reader/researcher's identity. The presentation of the narratives as rational, coherent and logical accounts, conform to the expectations of the intended audience. Not to have done so would have rendered the narrator lacking in credibility and have disqualified her from participating in any meaningful discussion of her own experiences. So, the fundamental dilemma or paradox appears to be that the subject must accept positioning as 'disordered' and show insight into her 'condition' in order to participate in any discussions pertaining to her experiences and not to be dismissed as 'mad'. This is shown in acts of confession such as in the extract above (Arachne 1): "I came to admit to myself that I suffer from bipolar disorder". Presentation of a

rational account that utilises acceptable ways of speaking renders narrators 'rationally disordered'. However, such compliance places subjects at the mercy of those with the power to define her as well as to help, heal or absolve (Burman et. al., 1997). This positions her squarely in one of (or both of) the subject positions of victim or villain, which will be discussed in the following section.

4.1.3 Positioning within 'psy-discourses'

The recognition or identification with a particular discourse that an individual sees herself a subject of (the process of subjectification) creates a particular subject position (Henriques *et al*, 1983; Parker, 1994b). The following excerpt from Philomela's narrative illustrates how she identifies with an expert discourse as she utilises psychologised ways of speaking in order to make sense of her experience of self-injuring and consequently how she is positioned as a subject of this discourse:

> **Philomela (1):** S.I. Self-injury. I didn't even know then what hell I was going through had a title. I didn't even know what I was going through. I did know that every time 'it' happened I felt even worse because I felt like a twisted freak. What kind of person calms their emotional turmoil by cutting themselves? It doesn't even sound logical. Although nothing much was very logical to me at that time. I don't mean to sound melodramatic, but really, nothing did make much sense to me at that point. By normal standards I shouldn't have been having any sort of problems. […] I only began to feel like less of some kind of sick person when I found a magazine article about cutting. I think it was a while after I started. I remember going cold when I saw that page. They had a photo of a girl's arm with marks exactly the same as mine when I did it. They could have taken a photo of my arm! In a way I did feel better about myself, less freakish although now if anyone ever did find out I was sure that they would think that I was copy-catting and that I just wanted attention.

This extract centres on the distinction between 'abnormal' vs. 'normal', which is evidenced by descriptions such as "twisted freak", "sick person" and the reference to "normal standards". When operating within a mental health discourse, deviance from what is perceived to be a 'normal' way of dealing with "emotional turmoil" constitutes abnormality or mental illness. Talk of identifying her behaviour as "self-injury" constructs it as a reified entity, specifically a 'real' clinical syndrome or illness. It is the discovery of a "title" that provides "sense" or legitimacy to the experience rendering the behaviour comprehensible. Thus mental health discourse penetrates the narrator's talk about self-injuring where before she tried to establish an understanding with little or no expert knowledge. Before nothing was "logical" or "made much sense" but a psychological framework now allows her to see herself as a sufferer or victim of a legitimate and documented problem.

Therefore, the narrator becomes a subject of a psy-discourse in such a way that her experience is simultaneously normalised and pathologised. This is indicated by the statement " I did feel better about myself, *less* freakish" (by implication *more* normal) [emphasis mine]. At the same time there

is the recognition that this may still position her unfavourably as a "copy-cat" or attention seeker. Her experience can still potentially be disregarded as "copy-catting", which ironically is itself pathologised, or seen to be at the heart of the pathology of self-injury.

This is the dilemma the 'self-injurer' faces when positioned within institutionalised psy- discourses. Knowing, and accepting, what is 'wrong' with her, (that is, subscribing to a mental health discourse and thereby becoming a docile subject of the psy-complex) does not free Philomela from negative implications. Rather, it exposes her to the scrutiny of the gaze of another, possibly more qualified, who may now interpret her experience. The expert spectator makes sense of those markings and of her confession (Pitts, 2003). As she subscribes to a mental health discourse and becomes subject to the normalising gaze of various institutions of the psy-complex (Hook, 2000), her body markings and confessions are read by the experts of the psy-complex who are qualified to interpret these. Therefore, psychologised understandings, whether they construct self-injuring as an illness or attention-seeking strategy, limit the meaning or sense that those who self-injure can or are allowed to make of their *own* experiences (Shaw, 2002). Subject positions delimit the roles that must be adopted within particular discourses (Parker, 1994a); here Philomela is offered the positions that allow her to be "less of some kind of sick person" by offering justification for her behaviour. We can see how she is consequently positioned in a particular network of relationships where she is vulnerable to expert (mis)interpretations of her experiences.

Constant self-justification also shows that the subject is constrained with regard to what she may/may not say within an expert/psy-discourse (Willig, 2003). In order to be a subject of the psy-discourses narrators must subscribe to the accepted view that mental life occurs 'within' us and that these phenomena have been 'discovered' by experts who are able to uncover them. 'Emotional states' and other 'inner mental processes' (complexes, pain and particularly emotions) are treated as 'real' entities that exist in one's head and as a consequence, both emotions and the 'self' are objectified (Parker, 2002). Descriptions of sensations and experiences that construct self-injuring acts as releasing stress and tension, dulling negative of feelings and converting unbearable emotional pain into more manageable physical pain reinforce psy-discourses of self-injuring with regard to its 'functions' and the motivations or intentions of the participants. This can be seen in the comparisons of feelings of release and relief with a deflating 'balloon' or the metaphors of a 'pressure cooker' and a 'release valve'. Strikingly, self-injuring is referred to as a (secret) coping strategy in all the other narratives too. References are also made to issues of control, reality confirmation and life affirmation; ideas that correspond with and confirm (behaviourist) ways of speaking about self-injuring that are already in place. These ways of speaking about self-injuring

cast those who practice self-injuring as being at the mercy of inner mental states or negative emotions. Talking about self-injuring as a coping mechanism frames it as a reaction to feelings, mental workings or circumstance. The following excerpts show how these particular, mechanistic psychological ways of speaking or understanding, frame self-injuring as involuntary and the narrator as somewhat passive or less agentic:

> ***Philomela (2):*** That was when I felt the release like the stifling frustration and anger letting go. Then I felt better, I felt cleansed. I could just get up and go home like everything was fine. That became a coping mechanism for me. I suppose you could say it was a pressure cooker type scenario. I'd get weighed down by my problems and complexes, the feelings would build up and build up until finally I would trigger the release valve by cutting myself.

In Philomela's excerpt, mechanistic language with psychodynamic connotations constructs self-injuring as a "coping mechanism" in which a "release valve" is triggered through cutting. Other narrators make use of this metaphor too, for example: "I got such a feeling of self-release, comparable to air being let out of a balloon – the pressure and build up of stress and tension magically gone with the slice of a blade" (Arethusa). This causal construction of self-injuring attributes it to a "build up" of feelings related to "problems and complexes". The idea of a "mechanism" being triggered is somewhat deterministic, almost like an automatic reflex action. Though in her account the subject 'triggers' the release there is a sense of being overwhelmed and at the mercy of circumstance. In this instance, the action of injuring oneself is framed as a response or reaction rather than a choice, something that is not really within her control. The act could therefore be construed as involuntary and the subject as unwilling. In short, she is unable to control or change her feelings of frustration and anger and so she copes with these by self-injuring.

Reference to 'coping' suggests psychological explanations and 'real' inner mental processes, i.e. emotions and thoughts (Parker, 2002) and frames self-injuring as a form of coping with emotional pain and thereby constructs it as a form of self-help (Solomon & Farrand, 1996). Such constructions highlight the motivations of the self-injuring subject in a manner that explains and validates the practice. Participants invoke psychologised understandings and construct self-injuring as an unconscious or involuntary *reaction* triggered by negative emotions. This is reinforced by talk of self-injuring as an addiction as in the following statements: "Although I had these destructive variations, cutting was still my coping mechanism of choice. Sound like a drug addict? Well, yes, it was addictive actually, for all the same reasons that anyone gets addicted to anything: it felt good" (Philomela) and "The instant release it offered to me was like a drug, and I was careful not to use it too often" (Arachne). It is also described as instinctive: "The bliss of just giving in to behaviour that somehow seems instinctive and gratifying has a very strong siren song"

(Philomela) (as well as a compulsion or a need – as we shall see in the following section. These are ways of speaking about self-injuring as automatic, unconscious, instinctive or uncontrollable render the behaviour involuntary.

Thus, deployment of psy-discourses creates a 'self-injurer' that is a somewhat passive, psychologised subject and a sufferer of emotional distress with which she must "cope". As discourses of 'victimhood' rely on a certain type of subject, one with internal processes and emotions so that self-injuring is framed as an involuntary *reaction* or response to pathology, oppression or negative feelings stemming from other's reactions to their self-injuring. Psy-discourses intersect with and support discourses of victimhood and help create the subject position of 'the victim'. Moreover, 'the victim' is a subject who cannot be wholly blamed for her actions, as they are involuntary or unconscious and so, these discourses interact operating in such a way that blame is shifted—as the next section will show.

4.2. DISCOURSES OF ACCOUNTABILITY

Constructions of blame, responsibility and liability in the narratives are closely linked with the motivation or intent underlying self-injuring. All of the narrators in this research account for self-injuring behaviour in ways that render it justifiable or excusable and hence they cannot be held accountable for their behaviour. As they present themselves as victims of 'psychological' distress, of circumstance or of others culpability is laid elsewhere instead. Therefore, we see how psy-discourses intersect with discourses of accountability as they reinforce the subject position of 'victim'. These discourses present those who self-injure as lacking in agency and therefore as less to blame for their behaviour because individuals simply react to destructive impulses or psychological distress. Essentially these constructions have the effect of shifting blame for the 'self-injurer's' behaviour. The notion of accountability is relevant with regard to the stigma and negative consequences that "self-injurers" might be subjected to if their self-injuring behaviour is constructed as voluntary, for example: being seen as a trouble-making villain or the institution of corrective punishment in the guise of treatment. The intention here is not to ascribe blame, nor to redeem, but to explore particular ways of speaking that have the effect of positioning those who draw on them more favourably by allowing them to evade blame and negative sanction.

The following section looks at three ways of constructing self-injuring evident in the narratives, in which self injuring is represented as a behaviour that is understandable, justifiable or reasonable and in which the 'self-injurer' as a victim is not entirely accountable for it but, rather, others are blamed

instead. These are, self-injuring as: (i) necessary (a "need") (ii) a reaction to circumstance and (iii) a response to undesirable cultural positioning. I then go on to look at instances where culpability is shared. In these instances, the narrators portray self-restraint as acts of compliance with bodily norms and norms of expressing distress. But importantly, behaviour that entails concealment or pretending that all is well is also described by narrators as complicity to victimisation. In the narratives, acts of compliance, according to the narrators, comprise of self-imposed restraint or regulation of behaviour, bodily appearance and the expression of distress. This is the case particularly with regard to self-display of injuries and of the outwardly visible 'self'. I will show how this is constructed as being related to the fear of loss of status, negative social sanction and the protection of others from the distress that seeing self-injuring might cause (Atkinson, 2004). According to the narrators, they do not receive recognition or helpful intervention because of these acts of compliance. Therefore, this behaviour (which is constructed as intimately connected with acts of self-injuring) thwarts the purported expressive function of self-injuring, and so self-harmful behaviour is perpetuated. Narrators therefore describe themselves as partly responsible for their self-injuring behaviour.

4.2.1. Self-injuring as necessary

The following extract illustrates one of the strategies available to the narrators, employed in order to explicate their behaviour. Here, acts of self-injuring are not only beyond personal control (as implied by psy-discourses that construct self-injuring as compulsive or addictive), but necessary, echoing other participants references to their 'need' to self-injure.

> **Procne (1):** Sometimes it feels like a compulsion, an urge, a craving, a need. The thought creeps into your head and you aren't even sure how it got there but suddenly it seems like a solution and you need to find a razorblade and feel the stinging pain. … It's almost like it's inevitable. I don't want to cut myself, but there's a part of me that doesn't want to let it go. I don't want to cut myself or to be a person that does or needs to…

Framing self-injuring as a 'need' has very different implications than if it were described as a choice or something that the narrator wanted to do. Constructions of self-injuring as involuntary were explored in the previous section and in this excerpt words such as "urge", "compulsion" and "craving" render the act as to some degree beyond the control of the narrator. The act is rendered something she *must* engage in and therefore something she cannot be held wholly responsible for. This position is supported by constructions of self-injuring as compulsive (these also appear in Philomela's and Arachne's narratives). The 'need to cut' or to experience pain is linked to the 'need to cope' and so self-injuring is spoken of not simply as an exercise in masochism, but a way of dealing with and expressing distress. Consider also the causal construction in Arethusa's

narrative when she attributes her self-injuring to "voices in her head" which convince her to self-injure. Earlier references to these voices, invoke 'mental' processes that cause one to act against one's better judgement or will. Again, this description intersects with psy-discourses because psychological constructions of self-injuring are deployed (for example, self-injuring as an addiction or compulsion). Philomela utilises the same metaphor of tension build-up, stating that "I just *needed* enough pain to trigger my release" [emphasis mine]. Later she reiterates this idea of *needing* pain to cope with stressful or distressing situations. These constructions of self-injuring as a necessity are repeated throughout the narratives.

> **Niobe (1):** If I could cry blood I wouldn't think so much about cutting myself. I don't do it enough. I am inhibited by social pressures. Like a dog that gets shouted at for gnawing her paw in frustration; people don't like pain to manifest on the outside it makes it harder to turn a blind eye. […] Even zoo animals are not accused of engaging in attention-seeking behaviour when they go mad in their cages and turn on themselves.
>
> Mainly I am able to overcome social obstacles when I am most trapped and desperate. That's when I let myself do whatever will relieve the pressure that builds up in me, when I can't ignore the pain, rage and humiliation that is the life of a modern thinking, feeling woman. […] But I like to see my actual blood for whatever reason. Passion and suffering it represents to me; life. When I feel guilty about it I remind myself that I am only an animal trapped in a vast and complex system that cannot help me, from which no-one can escape, and that I am as guilty of sin as a circus lion that suddenly eats his trainer.

Niobe describes her self-injuring as an act of necessity and desperation. Here yet another causal construction of self-injuring, with psychological undertones, attributes the action to a 'build up' of 'pressure' producing a mechanistic or reflex action (suggesting that she would utilise an alternate means of 'coping' if an equivalent was at her disposal). This pressure in turn is attributed to feelings of pain, rage and humiliation, and so blame for self-injuring is implicitly deferred. Niobe's excerpt begins with the statement: "If I could cry blood I wouldn't think so much about cutting myself" and it implies that if she had an alternate means of expressing her distress she would be less inclined to self-injure, or even to think about it. "Blood" is constructed as representing "passion and suffering" and so to "cry blood" would offer an alternate, socially acceptable means of 'releasing' these feelings. More importantly, "crying blood" is an alternate means that is comparable to self-injuring because it entails the shedding of blood, which is described as not only symbolic of passion and suffering, but of 'life' with self-injuring representing life-affirmation. Furthermore, crying is commonly seen to be an acceptable means of expressing suffering for women and so, if an *acceptable* alternative means of expressing distress equivalent to self-injuring were available, self-injuring would not be inevitable. The implication is that it is not *really* her choice. Here self-injuring is described as the only available vehicle to express and alleviate distress. It is constructed as the only (effective) option and a last resort – she injures when she "can no longer ignore" her negative feelings. The action as one of necessity is further reinforced when it is

framed as ‘whatever will relieve the pressure’, that is, to cut herself. The word “desperation” further reinforces the idea that self-injuring may be an undesirable option, but that it works or is the only available alternative. Consider similar discursive constructions in other narratives:

> **Arethusa (2):** Until the little voices crept back into my head, when I had done absolutely everything else and nothing made the pain go away. Reminding me how good it felt. How it was the only thing that would relieve the pain, the numbness, the emptiness, the desolation.
>
> **Arachne (2):** During the course of my relationship with Ryan I injured myself a few times when I could think of no other way to escape what I was feeling at the time.

Here self-injuring is described as the “only thing that would relieve the pain”. Self-injuring as portrayed in this manner is rendered excusable because the participant’s actions are constructed as understandable and necessary, and because there is seen to be no alternative available to them. So, in short, self-injuring is constructed as a way of dealing with emotional pain and presented as the only effective means of expressing suffering; an act of desperation and necessity.

4.2.2. Self-injuring as a reaction to circumstance

Turning once more to Niobe’s (1) extract above let us explore the final strategy that defers blame. In this extract, the various reasons or motivations she draws on to describe self-injuring constructs extenuating circumstances and mitigating factors that render the behaviour excusable. The narrator draws on discourses of victimhood by appealing to oppressive cultural positioning as a woman. The words “social pressures”, “social obstacles” and “system” have the effect of shifting blame. Self-injuring is constructed here as a *reaction* to oppressive circumstances and situations. In this discursive strategy the reaction of self-injuring is portrayed as reasonable and, most importantly, understandable, and this will also be discussed.

Initially self-injuring is equated to the responses of frustrated animals that react to their ‘unnatural’ circumstances of captivity by hurting themselves: a dog that chews her [sic] paw in frustration and zoo animals that “go mad in their cages and turn on them selves”. Here circumstance and oppression diminishes guilt and blame for self-injuring behaviour. As a victim of society, and *not* an attention-seeker, the narrator appears to concede to pathologisation of self-injuring as ‘madness’ while simultaneously framing this form of madness (‘turning on oneself’) and as natural, normal or understandable. Madness as the cause for such behaviour is not attributed to individual shortcoming but to the state of being caged or trapped and is thus framed as a ‘natural’ response. One would not blame an animal in such a situation but would most likely feel sympathy for it and, this construction

suggests that a similar reaction toward the "self-injurer" would be appropriate. This way of speaking of self-injuring challenges 'madness' as internally located and once more defers culpability for unacceptable behaviour.

The statements "I am as guilty of sin as is a circus lion that suddenly eats his [sic] trainer" and "trapped in a vast and complex system that cannot help me and from which no one can escape" further substantiates this construction and self-injuring is seen as a response to being trapped in a particular set of circumstances. The 'system', according to the metaphor above, traps us all like animals in a cage and the statement "I am only an animal" implies that as an animal – lacking in the ability to consciously choose or reflect – the narrator is not to blame and cannot be judged for her behaviour. The "sin" of self-injuring thus becomes excusable as the act of an exploited/abused animal turning on its oppressors; ironically however, she turns on *herself*. References to being "trapped and desperate" attribute self-injuring to feelings of entrapment; constructions which are evident in the other narratives too, for example:

> **Procne (2):** It's a very dark place, a *desperate* place. It's a slow decline into darkness, I guess you could call it depression but knowing that doesn't change the way you feel. You don't know how you got there but one day you just feel that the only solution is to cut. You're *trapped* in the web of your own misery… [Emphasis mine]

This is found in other statements where self-injuring is described as a "way out" (Arethusa) or the only means "to escape what I was feeling at the time" (Arachne). Procne refers to self-injuring as a "solution" which has similar connotations, that is, self-injuring is associated with helplessness and a lack of available options to express or deal with negative emotions. This refers to and reinforces constructions of self-injuring as necessary.

Rhetorical appeals to oppression continue in the second narrative strategy in the construction of a "modern thinking, feeling woman" as characterised by "pain, rage and humiliation" (see Niobe 1). The idea of being "trapped and desperate" continues and resonates with the performing/trapped animal analogy in several ways: she is on display and expected to perform in some way; she is helpless, tortured and "mad", and she is responsible to others. This specific reference to women's experience raises questions of how gender and women's cultural positioning may be relevant to the narrators' self-injuring experiences. The following section explores the way in which this strategy constructs a particular subjectivity (that of the female victim) which has the effect of directing blame elsewhere.

4.2.3. Self-injuring as a reaction to undesirable social positioning as a woman

Niobe (1) directly draws attention to the experience of being female, which as we have seen, she describes as oppressive. In this extract explicit allusions to gender and implicit allusions to silencing (as shown by words such as "inhibit") constructs self-injuring as a reaction to the painful, enraging and humiliating experiences encountered by "modern thinking feeling" women. The construction of womanhood as a negative and invalidating experience operates as a 'reason' for self-injuring. This is framed as a reaction to (patriarchal) oppression. To elucidate: just as the caged animal's madness is a result of imposed cruelty and suffering in undesirable (unnatural) circumstances, and self-aggressive behaviour is a result of, and possibly an expression of, distress, so too with women. Women's madness and the ensuing reaction of self-injuring is also a result, and expression, of being trapped by what called in the next extract as (imposed) "torturous circumstances". So, references to powerlessness related to women's cultural positioning function as reasons for self-injuring and defer blame; and thus discourses about gender intersect with and operate in accounts of self-injuring, specifically discourses of accountability and victimhood.

The negative, disempowering social positions associated with femininity in the following extract explain how being relegated to these positions by discourses of gender is a deterrent to exposing or taking personal responsibility for her self-injuring behaviour:

> ***Niobe (2):*** I am happy to take responsibility for these actions of mine but if exposed I would feel like such a girl. And yet I long to wear with pride my own capacity for creative coping in the face of emotionally, financially, spiritually and physically torturous circumstances in which we are all forced to conspire in our own and other's oppression which surrounds us on all sides everyday.

Allusions to gender stereotypes, ("such a girl") once deployed align self-injuring behaviour with female immaturity and irrationality, characterising self-injuring as a particularly feminine means of 'coping'. Hiding self-injuring behaviour has a silencing effect (in that the expression of distress is constrained) but the alternative (revealing the behaviour) is presented as undesirable due to being associated with a devalued female social role. The reference to potentially feeling like "such a girl" carries negative connotations of womanhood (emotional, hysterical and childish) that oppose culturally valued attributes. The equation of these negative attributes with femininity, and in turn with self-injuring, constructs it as impulsive, irrational and typically feminine behaviour; the opposite of the ideals of traditionally masculine norms of rationality, control and maturity. Self-injuring is constructed as violating these valued characteristics and refraining from expressing

negative emotions (through self-injuring) as an attempt to comply with acceptable societal norms pertaining to the gendered expression of distress. These constructions imply that those who self-injure cannot be blamed or held accountable for their actions and this is the advantage of utilising these particular ways of speaking about self-injuring (Parker, 1994a). However, these strategies operate in such a manner that individual agency is limited because those who self-injure are rendered powerless as they simply react to undesirable circumstances. They also potentially become subject to professional intervention.

4.2.4. The body as a medium for expressing distress and the regulation of female suffering:

I have just demonstrated how refraining from expressing distress through self-injuring is seen as compliance with body norms that regulate the expression of (female) distress. Since gender is inseparable from constructions of the body, adherence to body norms takes on a different reality for women (Grosz, 1994). Participants' talk about self-injuring links the appearance of the female body with expressions of distress, as demonstrated in constructions of the participants' use of the body as a way of *showing* distress. For example, consider the following statement from Procne's narrative: "…I liked to watch the blood dry and felt tempted to just leave it, to let it be a statement, to let the dried blood on my arms say, **'**This is me, this is my blood, this is who I am'". In this description, through the equation of her 'self' with her bleeding wounds (and implicitly her pain), blood is a "statement" of who the narrator "is". These physical injuries are an externalisation of internal pain (represented by blood). This portrays self-injuring as communicating something about one's suffering that is felt to be deeply "inside" and incommunicable. The reasons for utilising the body as a medium for the expression of distress are constructed in several ways in the participants' writing. Firstly social prohibitions on the explicit expression of distress; secondly, the imposition of restrictions on appropriate expressions of distress; and third, an inability to adequately convey by other means the extent of the distress. This suggests societal injunctions to contain negative affect and to deal with it independently (Atkinson, 2004), and relates to issues of physical appearance (for example pain is associated with ugliness) and cultural norms regulating the expression of distress.

Consider how, in the following extract, the regulation of subjectivity in cultural norms regarding expressions of distress ultimately results in silencing and invalidation:

> **Procne (3):** I felt as though people did not allow me to express my grief, as though they didn't realise how big it was for me. I was angered by the way that they couldn't get past their own discomfort and acknowledge my hurt, its legitimacy. They expected me to handle it, to cry serenely – and at appropriate times – but to keep all the ugliness to myself. I had to be in control. I was expected to manage my anger and just 'get on with it'. I felt as though my world was ending, as though I was lying, pretending. Cutting my arms was one way of telling the truth, of

> showing myself, and whoever cared to look, that this façade was a farce. There was no space for me to mourn and no place for me to cry. My heart was breaking, but I had to do it quietly. I felt like they were all bystanders to the wreck of my life, eyes averted pretending it was all fine. I couldn't lie like that. I needed help and couldn't ask for it; I felt that I was not allowed to.

According to this account, if negative emotions are expressed it is to be done in a certain manner and at an appropriate time, as conveyed by the following statements: "people did not allow me to express my grief", "expected me to handle it, to cry serenely – and at appropriate times", "I was expected to manage my anger and 'just get on with it'" and "I had to do it quietly". These descriptions imply that the narrator's behaviour was regulated so as to be controlled and rational. These characteristics are socially valued and, as mentioned, stereotypically associated with masculinity. Behaviour that appears impulsive or irrational is potentially disruptive and threatening as it endangers ascribed and entrenched social positions. So, pain can be expressed but only in a way that is not uncontrolled or disruptive, and that does not make others uncomfortable. The prescription to 'keep it all to herself' implies that negative emotions should be contained. In extract Niobe (1) above the words "people don't like pain to manifest on the outside" allude to these prescriptions, that is, the accepted and appropriate behaviour for women. This behaviour does not challenge or disrupt the social order but is manageable. Stereotypes of passive female suffering – compliance and silent endurance – are presented and indicate a particular kind of female subjectivity found in discourses of gender. These support discourses of victimhood as they create the subject position of female victim in constructions of women as subject to (male) oppression.

In being "expected" to handle her pain in a certain way, Procne's narrative draws on constructions of others as dismissive, invalidating and deliberately indifferent. The words, "to keep all the ugliness to myself" equate pain with ugliness and suggest that it is this that people would prefer not to see. Thus there is an overlap in the notions of expression of distress and appearance. If pain is ugly or unattractive then the revelation of pain violates norms relating to appearance, and that pain must be concealed or denied. Constructing anger and aggression as feelings that must be controlled, managed or denied, frame self-injuring as a subversive strategy voicing anger or negative emotion that should not be expressed. Self-injuring is represented as a reaction to the frustration of being silenced, and, as such, constructed as a way of communicating pain, "of *showing* myself, and whoever cared to look" [emphasis mine], as the narrator puts it. Furthermore, here the narrator's silence is merely a "façade". Constructing acts of self-injuring as reactions to not being able to voice distress, renders it not only a response to invalidation and a means of communicating suffering, but also as a potential help-seeking strategy, or even something more challenging. The "self-injurer" is therefore constructed as an outwardly docile subject who *appears* to uphold socio-cultural norms that pertain to the expression of distress and the body's appearance. In order to

achieve this, “the victim” does not speak of her pain, or attempts to do so in an acceptable and appropriate manner. The emphasis in this description (Procne 3), and others that refer to gender as part of the self-injuring experiences, shifts from the ‘self’ and individual limitations to the roles of others in the practice of self-injuring and points perhaps to women’s cultural positioning.

Violation of established body norms by self-inflicted injuries purposefully renders the body grotesque and contravenes norms about appearance that celebrate the construction of the pristine body (Pitts, 2003). In the narratives, regulation and surveillance of one’s own behaviour and body, by either refraining from self-injuring or concealing wounds, maintains the illusion of compliance. Self-injuring is described by the narrators as a secret act and compliance is seen as complicity to victimisation – this is most strongly manifested in descriptions of restraint from self-injuring. In complying the narrators do not receive help or recognition, the need or desire for which wounds are purportedly intended to express. So the narrators are constructed as complicit in their victimisation, an aspect that the next section investigates.

4.2.4 Sharing culpability: concealment and complicity

Since the narrators do in fact harm their bodies at times, adherence to norms is not seen as actual compliance. Rather compliance is enacted through (a) hiding the grotesque markings that threaten established body norms, and (b) concealing an unacceptable ‘self’ associated with suffering/self-injuring behind a more acceptable “version” of the self. Consequently it is described in the narratives as pretence or an illusion (as implied by the words “lying”, “pretend”, “charade”, “façade”, “farce” and “mask”). In other words, it is implied that acts of conforming are not true compliance but rather a semblance or illusion of complicity. Concealing is therefore framed by binary oppositions of authentic vs. false and ‘reality’ vs. pretence and, notably, ‘truth’ vs. lie. Importantly, self-injuring is described as a *necessary* lie, as I will show. It is said to be necessary in order to protect themselves from negative sanctions or stigma associated with self-injuring (and to continue to gain relief through self-injuring). In this manner, acts of hiding and pretending are described as acts of complicity, collusion or co-conspiracy.

Descriptions of complicity suggest partial acceptance of blame and the rationale for this is that hiding wounds or pretending that nothing is wrong allows for and sustains ‘victimisation’. In the statement “people don’t like pain to manifest on the outside, it makes it harder to turn a blind eye” turning a blind eye implies that others consciously overlook pain and suggests an awareness on the part of others. This further insinuates that both parties know the ‘truth’ and that ignoring distress is

deliberate, as further substantiated by the statement: “Some people have seemed indifferent and have pretended that my pain wasn’t really happening, but I colluded with them” (Procne). Here the narrator is positioned as “on the same side” as these “others” and as a co-conspirator in the pretence. The blame that is accepted on these occasions is, however, minimal because conspiracy is necessary in order to protect themselves and others. All of these constructions still confer very little agency to the narrator as they continue to merely react to oppressive circumstances or protect themselves and others.

In Niobe’s extract which follows she also speaks of being answerable to others and how this prevents her from self-injuring. She portrays this as a responsibility to others and as protecting them. This excerpt displays ways of speaking that reinforce the victim subject position (discussed in section 1) and constructs the particular subject position of “colluder” or “co-conspirator”:

> **Niobe (3):** It’s a relief but I am always conscious of protecting people who have a claim on my body in some social way: colleagues lovers, parents, friends, so I never cut myself as much as I want to. And I never cut my face which I dream of slashing to pieces, as well as my wrists, obviously […] we are all forced to conspire in our own and others’ oppression which surrounds us on all sides everyday. I don’t want to pretend that it’s okay, or that I am. But I do. And so I don’t cut myself often enough and I don’t cut myself deeply enough

It is this idea of ‘social ownership’ of her body by “colleagues, lovers, parents, friends” that prevents the narrator from cutting or from damaging herself in obvious/visible ways (this is constructed as a protective act) (Marshall & Yazdani, 1999). Interestingly she also speaks of an urge to slash her face and other visible body parts, as Philomela does, but it is the awareness of being answerable to others that prevents her from doing so. A social responsibility or sense of duty therefore prevents her from injuring herself more often. She states that she is “inhibited by social pressures” and speaks of self-restraint in the form of pretence – having to “pretend that it’s okay or that I am”—in order to protect others. In so doing she does not receive help and thus becomes complicit, as shown when she speaks of conspiring to one’s own oppression (and that of others).

There is then a compliance with societal expectations to utilise appropriate modes of expression, and normative ways of being (Atkinson, 2004). Hiding wounds is done in order to evade stigma and intervention as mentioned in Philomela’s extract above (Philomela 4), but the position of complicit victim also carries the responsibility to protect others. Consider Arachne’s statement, “My parents are still ignorant about this practice, and I would not want them to find out. I feel that they would not understand it, and it would cause them unnecessary pain and anxiety.” Philomela also speaks of putting on “a convincing parody of strength” for her children. As in Niobe’s narrative (above), this protective role revolves around “pretend[ing] that it’s okay, or that I am”. So,

concealment/complicity is constructed as *necessary* not only for self-protection however, but also for the protection of others in talk of being responsible to others in order to protect them from distress.

Self-injuring is constructed as somehow threatening to others and the protective function of the complicit victim or co-conspirator often results in restraint (that is, not self-injuring) but most often in the concealment of wounds. In drawing on this construction, the self-injurer remains a victim and blames others who are held responsible for her docility and her complicity. (That is, she *would* reveal her wounds but benevolently protects others from the distress that they might feel at seeing wounds.) While she conceals her behaviour and so protects herself from negative social perceptions (and also protects others) the purported expressive function of self-injuring is thwarted by compliance with norms as the behaviour is hidden. Hiding and pretending are therefore behaviours that the narrators claim cause them to be co-conspirators because they prevent others from seeing their suffering and in this construction partial blame for self-injuring behaviour is attributed to the complicit 'self-injurer'.

The following section looks at how hiding and pretending are enacted according to the narrators. This section draws to our attention the significance of bodily appearance in the regulation of distress, as external bodily control symbolises inner pacification or compliance. As I will show, appearance is discursively construed as a means of framing identity as it transmits messages about the 'self' and a way of communicating the 'self' and thus a certain 'self' can be presented or hidden (Malson et al, 2002). The section which follows focuses on self-presentation, specifically how the presentation of a more socially acceptable 'self' as a way of pretending that all is well, and this consequently is seen as a form of collusion or compliance.

4.2.5.1 Self-representation & complicity: Hiding and pretending

So far we have seen how 'female suffering' is constructed as passive and that while self-injuring enacts violence on one's own person rather than others it disrupts norms pertaining to the expression of distress and to the body and therefore must be hidden, a construction that is drawn on when narrators speak of "complicity" in their victimisation. The construction of complicity or co-conspiracy centres on the protection one's self and others from the threatening nature of self-injuring. The purpose of this self-presentation is to present an acceptable self to others and more importantly to hide the suffering ("the emotional mess"), associated with the 'self-injurer'. According to this construction, protection entails pretending that nothing is wrong which includes obscuring socially unacceptable aspects of the 'self' associated with self-injuring, for example:

> **Philomela (3):** I had everything to be happy about and look forward to and I felt constantly down and though my life was over. I craved to be viewed as attractive and yet I hated my physical self. For a while I did what we all do I suppose I put on a mask. I hid all this confusion behind a free-spirited, happy and carefree 16-year old. I'd still have my 'dark' moods where I'd want to "not be" anymore, but most of the time I was alright. I think I just pushed all this emotional mess to one side and tried not to focus on it and focus more on having a good time. […] I had never heard of anyone doing anything remotely similar before. It's not really good party conversation is it? I most certainly wasn't going to get the ball rolling by asking people if they did what I did. When things were okay I'd just 'forget' that I even did that. (I was actually good at trying on different personalities for different people. On for my parents, one for my friends, another for my teachers etc.) So I just pushed that 'me' to one side and pulled out the 'party animal me'… […] I suppose in a way I did want attention, not the patronising, pitying kind. I wanted to feel loved and acknowledged. Although which of my 'selves' did I put forward? I didn't feel like a whole person, just different personas, which I had created co-existing in a weird sort of symbiotic relationship.

This exceprt refers to the adoption of "different personalities for different people" and implies the enactment of certain (acceptable) behaviour around different groups of people. References to hiding or downplaying unacceptable aspects associated with self-injuring can be seen in the following statements, "So I just pushed that 'me' to one side" and "I just pushed all this emotional mess to one side". Underlying this excerpt is a dominant modernist assumption of a 'self' that is *meant* to be stable, bounded, integrated and 'carried' by the individual into various contexts. It is a 'self' that is a transcendental essence or entity that is transparently accessible by the subject (Fee, 2000a). The narrator describes the fragmentation of this 'self', as seen in the mention of "different personalities", "different personas" and reference to many "selves", specifically: a "physical self"; "that me"; and "the party animal me". She claims not to be a "whole person" but rather many created "selves" "co-existing in a weird sort of symbiotic relationship". The implication is that one *should* be a "whole person" and present an 'authentic' self.

The narrator refers to deliberately presenting a more socially acceptable version of the "self": "a free-spirited and carefree 16-year old" and describes this as putting on a "mask". So in this excerpt an artificial or "false self" and by implication a "real self" is discursively constructed. The false self is unacceptable as it is associated with suffering and self-injuring. In constructing this particular subjectivity (of a divided and conflicted self), she excludes an 'Other': the undesirable socially unacceptable self that is forbidden. She refers to as this 'other self' as "that me" that is "pushed aside" or rejected, (Wirth-Cauchon, 2000; Malson et. al., 2002). Hiding the version of the self that is socially undesirable and non-normative (as evidenced by the statement, "I had never heard of anyone doing anything remotely similar before") is constructed as a way to pretend that one is alright, mostly for the benefit of "parents", "friends" and "teachers". Consider a similar discursive strategy in the following excerpt:

> **Arethusa (3):** What scares me is **the person I become** when I am in that mindset. Terribly self-destructive not caring about other people, not caring about me enough to find an alternative way out. I am by nature an easy-going happy person. But when I slip back into the self-injury mindset, my whole personality does a 180. I become angry, aggressive, destructive. [My emphasis]

In this excerpt appeals to a good 'true' and a bad 'false' self allow the narrator to disavow unacceptable qualities: anger, aggression and destructiveness. Socially valued qualities in the description of a naturally "easy-going happy person" are juxtaposed with unacceptable expression of distress associated with "the self-injury mindset" and who the narrator 'turns into' or 'becomes'. This constructs an inherent acceptable temperament (who she is "by nature") and a socially unacceptable 'self'. The unacceptable emotions and actions associated with this 'other self' are rejected by associating them with the false self she "becomes" in "the self-injury mindset"; a narrative strategy which has the effect of disavowing these unacceptable qualities (Wirth-Cauchon, 2000). In short, by appealing to an essential 'good' self, these feelings and actions are constructed as "not me" but rather "the person I become".

The opposition between "that me", the self-injuring subjectivity, and another, more favourable, version of the 'self' is evident in other narratives too; consider this following excerpt for example:

> **Procne (4):** My appearance, my body, has been an enormous issue in my life. I never realised how much until recently. Affirmation from men was easy, a quick fix of 'ego boost'. Eventually I felt that all I was, all I had, was an attractive body. I didn't think that **I** was attractive. Men were attracted to my body. I thought of my body as a thing separate to me, the real me obscured by my breasts, hips, 'ass', yet these were essential, the only things of worth. Eventually I established that I had other things to offer, but I think that my appearance always remained important focus, yet another love-hate relationship. My body has never been good enough, despite reports to the contrary, yet I've known that it was a salient feature. I always wondered if I really deserved some of the things I got and how much my appearance affected other people's opinion or treatment of me. I often felt trapped and thought in terms of the 'real me'. I know my cutting is related to the relationship that I have with my body, I'm just not entirely sure how.

This portrayal of an ambivalent "love-hate relationship" with the body describes a dilemma between the recognition of the worth of physical appearance as a means of gaining affirmation (which is seen as an unfair advantage) and the simultaneous resentment of being evaluated in this manner. In this excerpt the words "the real me" and talk of her physical appearance being 'obscuring' so that others don't see the "real" her allow the physical appearance/body to be constructed as masking who she "really" is and not 'really' who she is (a 'false self'). This description suggests inauthenticty and misrecognition (her body is not the "real" her). Furthermore, reference to the body as a 'thing' and mention of various body parts ("breasts, hips, 'ass'") objectifies the body. This results in the construction of a "real" 'self' "obscured" by attractive

body/parts which become something inauthentic: a mask that is misrecognised as who she really is (Wirth-Cauchon, 2000). Arachne's narrative similarly refers to "objectification" of the body: "I enjoyed, and I suppose still do, objectifying my own body. I have always felt that my body is something quaint and that I have been randomly assigned it." This statement creates an opposition not only between authenticity and artifice as above, but also between the body and the 'self' (as in the reference to a "physical self" in the previous excerpt), as well as an internal/external dichotomy. The "physical self" (external) as a mask then becomes 'not real'. The "real me" is "trapped" 'inside' the body (internal). In a sense the body becomes a separate entity, as indicated by the statement "I thought of my body as a thing separate to me", with which the narrator has a "relationship".

So, these excerpts show how the narrators speak of hiding an unacceptable 'self' associated with their distress and with self-injuring in order to create the illusion that all is well, expressed as "pretending I'm okay" (Niobe) or "pretending it was all fine" (Procne 3). You will recall that such pretence is associated with the regulation of distress and is, in effect, compliance with norms relating to such regulation. Hiding and pretending is seen as inauthentic or untruthful, according to the narrators, and *allows* others to ignore their pain. Such descriptions also suggest psychoanalytic assumptions about 'repression' and 'intra-psychic objects' and therefore resonate with such discourses, which inform this discursive strategy. Consequently, acts of compliance are described as making the narrator complicit to victimisation, partly to blame for not receiving help and thus also partly responsible for their self-injuring behaviour.

This section has looked at how blame or responsibility is dealt with in the narratives focusing on texts that utilises strategies that have the effect of shifting blame for self-injuring behaviour from the 'self-injurer' onto others; for instance descriptions of self-injuring as an act of desperation and necessity or as a reaction to oppression (including gender oppression) and also of cultural injunctions on how to express distress. Participants often draw on psy-discourses and serve to reinscribe these as well as to create the subject position of 'victim'. These discourses of accountability are essentially acts of self-justification in which narrative strategies are utilised that render self-injuring behaviour excusable and lay culpability elsewhere. Partial accountability for self-injuring behaviour is implied in constructions of the self-injurer as a co-conspirator. This is because concealment of behaviour and pretending that nothing is wrong prevent the 'self-injurer' from receiving recognition from others, and therefore allows the behaviour to continue. Complicity is necessary however in order to protect oneself from stigma and negative sanction as well as to protect others, as self-injuring is constructed by these ways of speaking as somehow threatening to

them. In the following section I examine discourses that construct the body as a medium for expressing dissent, as a means of "telling the truth" and thereby countering complicity. The section also explores ways of speaking of self-injuring which counter these discourses that render the subject lacking in agency and/or powerless. It focuses on constructions of self-injuring as voluntary, chosen and deliberate, which seem to oppose or even contradict the ones that I have just explored.

4.3 SELF-INJURING AS A STRATEGY OF CHALLENGE

This section looks at constructions of self-injuring that counter established or normalised understandings of self-injuring. It explores how these may contradict or resist the positioning of 'self-injurers' as passive victims at the mercy of either their own aggressive impulses or oppressive cultural forces that cause them to inflict harm on themselves. I will demonstrate how self-injuring is constructed as a "strategy" or "tool" that entails (self) control. Such a formulation has rather different connotations to mechanistic constructions because it is voluntarily chosen and actively used and, consequently, those who self-injure are positioned as having some agency or power over the practice. I will show also how these ways of speaking contest (and to an extent seemingly contradict) positioning as a victim.

In certain extracts, acts of self-injuring are not only described as voluntary or as strategic, but as a means of challenging others, with regard to their invalidating reactions of indifference to the narrators suffering. So, the self-infliction of harm is constructed not only as the utilisation of the body to show suffering, communicate emotional pain and possibly to receive help, but as something that is more confrontational and even hostile at times. Self-injuring is described by some narrators as communicating the 'truth' of their experience of suffering and to have these experiences recognised as legitimate. In these constructions it is a means of contesting positions that require compliance and/or collusion, exposing double standards (particularly with regard to treatment of the narrators as women) and retaining a voice. Thus self-injuring is rendered a means of protest or of challenging the ways that expressions of distress are disciplined or controlled through others' insistence on restraint, containment of unacceptable emotions and the prescription of appropriate modes of expression (i.e. social prohibitions). Self-injuring is described by the participants as a means of challenging ownership and control of the body by various others and as attempts to gain a more active/explicit means of expressing distress. And so, the emphasis shifts from self-injuring as simply/only a 'help-' or 'recognition-seeking' strategy to challenge, confrontation and contestation.

As a consequence of these (more antagonistic) ways of speaking, narrators are often positioned in ways that render them accountable for their deliberate, chosen behaviour and they are positioned as antagonists, dissidents or 'villains'. The narrators present the body as a potentially "aggressively graphic text for the interpreter – a text that insists, actually demands, it be read as a cultural statement" (Bordo in Shaw, 2002, p. 208) when it is revealed. The active subject position of villain opposes the position of [passive] victim; it is characterised by active agency, dissent and sometimes antagonism.

4.3.1. Self-injuring as a strategy that confronts or challenges social control of expressions of distress

Narrators describe self-injuring as shocking and deeply disturbing to others and the marks that it leaves as being particularly disturbing and disruptive. According to such constructions, part of the control involved in the act lies in the possibility of revealing or concealing these injuries or scars (that are seen as representative of underlying distress). Interestingly, direct reference to the potential challenge that self-injuring poses to others is not usually made, with the exception of one participant, Procne. She describes self-injuring as a shock tactic and a forceful, aggressive act; as can be seen in the following statements: "I was tempted to shove my hurt in his face" or "I was determined to own my pain and shock people into acknowledging and accepting it". Constructions of this kind represent self-injuring as an act of transgression that challenges others, as shall be seen in the unique excerpts from Procne's narrative that follow. It is worth first considering these constructions of self-injuring as an "aggressively graphic text" (Bordo in Shaw, 2002, p. 208) before going on to look at less obvious expressions of dissent. Procne's narrative constructs self-injuring as a response to and a direct challenge of indifference or disregard that usually causes her to remain silent and keep her wound hidden, for example:

> **Procne (5):** That doesn't surprise me, what does is the way that people seem to *choose* not to see it. I've found that most times I don't have to try too hard to hide my cuts, most people don't really notice them or so it seems – you can usually tell when they do by the eye-bulging double-take give-away. I always plan to be casual about it or challenging, but I'm always vague and embarrassed. I think that people don't see it because they are too wrapped up in themselves, they're not looking for it, or they're purposefully blind to other's pain. It's like a chosen defence mechanism because they don't know how to handle it. Seeing your wounds is like a direct challenge of their inadequacy, inefficacy or helplessness. People pretend that you're okay so as not to challenge their own safe existence. I think that hurting myself was an attempt to challenge this hypocrisy. […] It's strange because I never do tell the truth – and fulfil the actual purpose of challenging their seeming indifference. Most times people readily believe a 'lame' story without challenging or asking again. Often I believe they're indifferent. Perhaps they want or need to believe it or they're too 'polite' to call you a liar. In that case we're both complicit in maintaining the charade […] I felt as though my world was ending as though I was lying, pretending. Cutting my arms was one way of telling the truth, of showing myself, and whoever cared to look, that this façade was a farce. There was no space for me to mourn no place for me to cry. My heart was breaking and I had to do it quietly. I felt like they were all bystanders to the wreck of my life,

> eyes averted pretending it was all fine. I couldn't lie like that. […] I was tempted to shock people, to force them to acknowledge my pain. I wanted them to see my suffering, to dare them to challenge me. But most of all I wanted someone to see my hurt and accept it, to kiss the wounds, to acknowledge my pain. I didn't want it trivialised or rationalised. I wanted to feel understood. I felt other, alienated.

In this excerpt, and in all the narratives, self-injuring is presented as an expression of distress and the wounds as representative of this distress. Here self-injuring is presented as a means of conveying what the narrator is really feeling and as a way to gain acknowledgement, acceptance and understanding. This refers the narrator's depiction of self-injuring as "telling the truth". However, in this instance, the focus is not entirely on help-seeking but also on confrontation as she says, "It's strange because I never do tell the truth – and fulfil the actual purpose of challenging their seeming indifference." The act is thus rendered as a "challenge of [others'] inadequacy, inefficacy or helplessness" and a confrontation of the "hypocrisy" or double standards evident in social convention. . As previously shown, prohibitions and restrictions on the appropriate expression of distress are described as a reason for resorting to using the body to express their 'truth' (as discussed in the previous section). Thus, self-injuring here represents both a reaction to being silenced with regard to expressing one's 'true emotional state' but also a refusal to remain silent, or to comply with these limiting conventions (Shaw, 2002).

Indifferent responses and disregard for the "self-injurer's" suffering is a theme common to almost every narrative. It is characterised by the metaphor "to turn a blind eye" (Niobe) and numerous allusions to purposeful blindness. As I have shown, narrators are rendered partly responsible for reactions of indifference or disregard in descriptions where hidden wounds or pretending that one is fine is deemed as making it easier for others to "turn a blind eye". So, the opposition between "lying" (seen as complicity) and "telling the truth" (the purported function of self-injuring) spoken of earlier is reiterated. Self-injuring is presented as a means of showing up the "façade" or mask of the victim as absurd ("a farce") and thereby as a means of "challenging [the] seeming indifference" of those who turn a blind eye and also a way of reassuring oneself.

As a 'truth-teller' the narrator therefore is implicitly more honest or truthful than the rest of society. References to concealing as 'lying' and revealing as 'telling the truth' has moral undertones. This renders the act of revealing self-inflicted injuries a moral stand and not only a necessity for help-/recognition-seeking (as shown by the phrase, "I couldn't lie like that"). In this manner, the potentially confrontational act becomes somehow admirable or even noble. The narrator is positioned as one who is not only less easily duped than the rest of society, but, prepared to tell the truth in a somewhat martyr-like fashion. The narrator says, "I think that hurting myself was a way

of challenging this hypocrisy". This implies not only that she is less hypocritical, but that she is willing to damage her own body in order to confront the way social convention causes people to pretend that nothing is wrong; thus her act is somehow one of self-sacrifice

Reactions of indifference and disregard for the pain that self-injuring communicates is spoken of as *chosen* by others. An antagonistic or hostile relationship becomes evident, for instance, where these 'others' *could* "challenge" deceit (implying that they know the narrator is 'lying'). Indifference, self-protection or societal conventions (here politeness) prevent other's from doing so, rendering their actions deliberate and chosen. The phrase "so it seems" and the description of others' reactions as "double-take give-away" that betrays their true feelings imply this. Such descriptions express suspicion and distrust. The narrator says that she plans to be "challenging" (to reveal her self-inflicted injuries and therefore to 'tell the truth') but that she ends up being "vague and embarrassed"', in other words colluding. So she is positioned both as a challenge to, and proof of, other's indifference, lack of recognition and acknowledgement. However, she also implies that recognition is exactly what she would like. She would like for others to know how to "handle" her pain, but this would entail revealing her wounds and/or challenging others. The establishment of a hostile or antagonistic relationship between the narrator and those who 'turn a blind eye' positions the narrator as actively expressing protest, not only opposing the position of victim, but also being deliberately challenging.

4.3.2. Self-injuring as an expression of control and ownership of the body

This section continues to explore self-injuring as an active strategy and it focuses specifically on constructions of the body of the 'self-injurer' and the relationship that the narrators and others have with it. I have addressed how within discourses of victimhood the body is constructed as a passive object upon which inscriptions are made, as something separate to the 'self' or the mind and also in opposition to it. Here I emphasise how by violating what is culturally tolerable for women to do with their own bodies, the participants emphasise the issue of ownership and control and, how in a way personal control is intentionally inscribed on skin (in a similar manner to which Atkinson (2004) speculates that the act of tattooing does). I look first at how mastery over the body, specifically with regard to pain, is closely bound up with control or self-control. I show how the challenge of bodily restrictions or "limitations" (that of pain) that hinder self-injuring is seen as the victory of the mind/self over the body. This is reflected by constructions of an antagonistic relationship with the body. Secondly, and importantly, I explore how the defiance of other's control of the body or it's appearance is associated with ownership. And third, I will demonstrate

how the body becomes a medium that conveys messages or symbols of dissent or confrontation when self-injuring is constructed as a tool or a strategy.

(a) Control

Instances of self-injuring and defiance of the physical pain of injury are positively associated with taking control. These acts of defiance are constructed as attempts to express control through the body. Consider for example how, in the following extract an ability to resist or disregard the pain from the injuries inflicted on the body is seen as a form of control:

> **Procne (6):** There is an element of control; although I realise that's not what motivates me; that it's a symbol of my lack of control. When I cut myself I do so until I've drawn 'enough' blood, wreaked enough damage, felt enough pain, until I want to stop, until I've had enough […] I cast myself as the victim, but, at the same time, I can control something: my pain; play with it, manipulate it, secretly. In those moments my body feels like **my** body and I have control over it but I also feel useless and helpless and pitiful – perhaps it's a combination – one to match my ambivalence. I know when I'm feeling more accepting of myself I don't need to cut myself. I cut when I feel hurt, when I hate myself for being ugly and useless and helpless and pitiful; when I want the world to see and taste my pain and my body to feel pain and defy it. […] In that moment I can go against my better judgement, I can feel pain and still choose to act, I can ignore it.

The decision of when or how to damage the body is described as an ability to "control something" specifically with regard to control of pain (by defiance) and the degree of violation inflicted on the body (by choosing when to stop). This is illustrated by the statement, "When I cut myself I do so until I've drawn 'enough' blood, wreaked enough damage, felt enough pain, until I want to stop, until I've had enough" which relates being in control with decisions regarding the degree, frequency and extent of cutting. In the sentence "I want… my body to feel pain and defy it" a distinction is made between body/self or body/mind; indicating common western dualistic ways of thinking that construct the mind and body as separate. Withstanding pain in order to self-injure is described as challenging bodily limitations and when gaining mastery over the body, the mind becomes superior to the body. In so doing, an adverse relationship results between the two distinct entities (Burkitt, 1999). For instance the narrator, goes against her "better judgement" feeling pain (the body's distress) but choosing to "ignore it". Similarly, in Arachne's narrative a dichotomy between the body and the mind structures the account:

> **Arachne (3):** I was fascinated by the sense of power and self-control I experienced. […] I enjoyed, and I suppose I still do, objectifying my own body. I have always felt that my body is something quaint and I have been randomly assigned to it. In a way I enjoyed testing its limits. It was exciting for me to explore the extent to which my mind could override what my body was telling it. I remember writing in my diary: "It's only pain if you can't control it." I am still convinced that the pain arising from self-injuring needs a different name.

Here, the mind 'overrides' the body, which is associated with the sensation of pain, while the mind, as the supposed seat of consciousness, is aligned with the 'self'. This construction therefore gives the 'self' control over the body's sensation of pain and allows for the disavowal of self-injuring as painful, rendering this pain as something qualitatively different to other kinds of pain. (This recalls the distinction between different kinds of pain discussed in the literature review – for instance, the pain that arises from exercise or sport.) It is linked to a preoccupation with control and mastery of the body where the ability to endure and overcome pain is seen as a triumph of the will. Furthermore, it counters the assertion that self-injuring is 'unnatural' because 'self-injurers' violate 'natural' urges to avoid pain; Arachne's statement, "it's only pain if you can't control it" supports this. If there is something to be gained (as in the case of exercise) (Paradiso, 2005) pain or discomfort is seen as forgivable in much the same way that 'female' pain/discomfort or 'macho' behaviour attributed to masculinity, strength, frustration or sport is dismissed (Shaw, 2002). So, controlled pain (as is the case when one is the author of it) is constructed somehow as not being pain.

Description of the body as an object or 'thing' asumes a relationship with the body that is characterised by alienation from it, as manifest in the statement about the body being something strange or unusual to which she has been "randomly assigned". The participant describes being able to objectify her own body and being able to violate the body through injuring it. This in turn is constructed as a way of taking control of her body (Shaw, 2002). This echoes Procne's earlier statement: "I thought of my body as a thing separate to me". While the narrator reports a lack of control, control is multifaceted and manifests also in terms of engaging in behaviour that others cannot control. This means that it can be manipulated and used as a tool or instrument either through which to speak the 'truth', that she is, in fact, in distress, (as discussed previously) or to assert control and ownership over the body. Contradictions occur in participants' considerations of the limits of self-injuring as a way exercising self-control: "I have control over it but I also feel useless and helpless and pitiful". So, paradoxically, instances where a lack of control is reported is often associated with harming the body (by inflicting wounds as well as performing other self-damaging behaviours such as excessive drinking, drug-taking or not eating) and the body is rendered a site where a degree of self-determination can be effected.

(b) Ownership and authority over the body

Self-injuring is also framed as an act that raises issues about authority over the body. In the Procne's excerpt above (6), the body signifies as a site of symbolic contest over ownership and control, as evidenced in the statement: "In those moments my body feels like **my** body and I have

control over it". Self-injuring is framed by the narrators as an act that challenges or calls into question other's authority over the body and practices related to it; recall Niobe's statement (quoted earlier in extract 1) regarding "people who have a claim on [her] body in some social way: colleagues, lovers, parents, friends". Such statements call into question the (western) cultural assumption that we are fully in possession of our bodies and able to do with them as we wish. Therefore the narrator highlights the surveillance and policing of bodily appearance as well as how gendered and cultural expectations operate in ways that reinscribe dominant power-relations (Malson et al., 2002; Marshall & Yazdani, 1999).

When participants describe themselves as answerable to various others for what happens to their body, they raise issues of being accountable to others for the body's appearance. The following narrative describes how exposure of markings to the public realm renders the narrator answerable to others and opens her act to the interpretations of others. As a consequence, concealment of wounds protects her from other's interference and from various forms of intervention:

> **Philomela (4):** Later when I wasn't living on my own anymore I utilised places like the inside of my thighs, my upper inner arm, near my armpit, the underside of my breasts and once the top side of my breasts. I even felt severe urges to track long cuts across my face, but I knew this would buy me some long awkward question and answer rounds as well as a probable ticket to [a mental Hospital]. So I cut my hair instead, even then I had to do that with restraint when I really wanted to go wild and just hack off huge hunks of the stuff.

The narrator describes limiting the visibility of her injuries by concealing them and resisting "severe urges to track long cuts across [her] face" for fear of professional intervention. This act of compliance with established bodily convention centres on the serious implications of transgressing these, highlighting how the body is socially controlled (Burr & Butt, 2001). Here self-injuring is constructed as a social act upon which the meaning is imposed when markings are exposed to the public realm (Pitts, 2003). This construction positions the narrator as answerable to others with regard to her bodily appearance; consequently, she lacks complete control or agency over her own behaviour toward her body and "even" her hair. The word "even" in relation to self-regulation that extends to the appearance of this superficial body part (her hair) positions the narrator as wholly accountable to and defined by cultural norms relating to female embodiment (Marshall & Yazdani, 1999).

Such positioning occurs in the narratives of Arethusa, Procne and Niobe as well. Arethusa describes a similar situation of 'question and answer' when her friends see her injuries:

> **Arethusa (4):** On top of that I had to try explain to my friends where the glaring red lines on my wrist had come from, and, unfortunately for me, they aren't quite as ignorant as I would like to believe. They look at me in horror and find it incredibly self-destructive while I sit mute, shrug my shoulders and act like a petulant child when questioned.

The words "naughty" and "petulant child" suggest one who has been "caught out" trying to being badly behaved or disobedient.

Rhetorical appeals to self-injuring as "private" or entailing "intimacy" construct it as intensely personal and a valuable secret "possession". These function as ways that maintain authority over the practice and, by implication, the body; as this excerpt that follows shows:

> **Procne (8):** I liked (for lack of a better word) the secrecy of it, the intimacy with myself, my body. Sometimes I'd light candles; it felt like a little ritual. When I was older, at university, I would light candles in the bathroom and sit amid the steam and cut myself. I suppose it was so that no one would disturb me or 'catch' me doing it. […] I never intentionally showed people my cuts. The scars were thin and not easily noticeable, only a faint web of untold suffering visible if you cared to look close enough to see it. Mostly it was a private sort of thing, my precious secret (despite the ambivalence I felt to use it as a challenge). I was also nervous of people's reactions, particularly my family members'…

Here self-injuring is described as "a private sort of thing, my precious secret" and we see how it is constructed as a secret behaviour. This is also evident in other participant's descriptions of self-injuring as "my little secret, my little way of coping which nobody else knew" (Arethusa); "private and sacred"; and a "private ritual" and a "secret tool" (Arachne). The practice is spoken of possessively in such a way that it becomes a "private" 'possession'. Intimacy and privacy are mentioned in conjunction with enjoyment of the secret, ritualistic elements of self-injuring practices and this is linked to ownership: "intimacy with… *my* body". There is a sense of enjoyment at evading the gaze of the other and pleasure conveyed that acts of self-injuring remain secret. The statement "I was also nervous of other people's reactions" attributes concealment of injuries to fear of invalidating responses, as we have seen, but the secretiveness is also described in a manner that construes self-injuring behaviour as somehow illicit. This is indicated by the connotations of stealth and evasion that the phrase "catch me doing it" bears.

However, in the following excerpt (in which the narrator accidentally cuts her partner during an argument over her self-injuring), while potentially negative outcomes may still be a concern, concealing is necessary more importantly to maintain authority over the practice of self-injuring and the body. While speaking about hiding her injuries from her partner, the narrator appeals to notions of ownership (of the body and the practice of self-injuring) and authority. However, it seems that keeping the practice hidden is the only way that she can prevent her partner from 'taking it away'. This links concealment with ownership, as the next extract further illustrates:

> **Arachne (4):** Although he had threatened on a number of occasions to break up with me if I should injure myself, it was seeing his wound that changed my behaviour more than anything. I still cut myself a couple of times afterwards. But whereas I used to be quite reckless about letting Ryan see my wounds, they were now discreet and I always had some excuse. I'm sure he guesses the truth, but I have never admitted to these incidents. I did not want him to break up with me, and at the same time I couldn't let anyone take away my private coping mechanism. Indeed, it felt so private to me that even Ryan, who was closer to me than anyone had been before had no authority over it.

In this excerpt, self-injuring is described as so private that it evades the control of even those closest to her. By denying her partner "authority" she does not allow him to dictate to her about stopping the practice. Though she accidentally wounded him physically on the occasion when he tried to stop her, she claims that she was determined to continue the practice. Allowing him to see the wounds may entail the practice being "taken away" and thus requires 'discretion' and care to evade discovery. This excerpt constructs the denial of authority to others around the rhetorical appeal to the culturally revered 'right' to "privacy, in which the failure to respect it can be seen as a violation of a right of the self-injurer.

So, in short, retaining authority over the practice of self-injuring corresponds with retaining ownership and control over the body, as demonstrated by the following excerpt:

> **Procne (9):** I was ashamed of what I'd done, or rather, I felt foolish, as though it was an unnatural or 'freakish' sort of thing to do. At the same time I felt defiant, I wanted to shove my hurt in his face… mainly to make him realise how desperate I felt, how frustrated I felt, how much I needed him to treat me with love…Mostly it was a private sort of thing my precious secret (despite the ambivalence I felt to use it as a challenge)… He told me that I was 'stupid' and that it was a 'dumb' thing to do. He ridiculed and belittled my pain and me. He gave me an ultimatum: that he would leave if I did it again. I stopped, but I felt tempted to do it so many times. It was his anticipated reaction that stopped me every time, though I came close. I think I did it once, just to defy him, but I never let him see. It was my body after all and I wanted to prove to myself that he didn't control me.

Here the participant continues to practice self-injuring in order to "defy" her partner but she does so secretly. By evading his 'gaze' she keeps the act "private" and "a precious secret" and so maintains authority over it. Once again, the choice is constructed to be not only about whether to show the marks on the body or not, but rather about the negotiation of how, in what way to reveal them, to whom and to what effect; much as in the choice of actually marking the body or not. Furthermore, the secrecy of the self-injuring act is described as empowering and as proof of ownership. The proof of ownership is somewhat ironic as it rests on *secret* defiance as it is limited by concealment (the partners do not see the wounds) (Pitts, 2003). So, perhaps rather than being a challenge of ownership it is a statement of personal control, as indicated by the following statement from the extract above: "I wanted to prove to myself that he didn't control me". Ironically, the fact that the act must remain secret and concealed indicates that the narrator might not truly have authority over her body and practices related to it after all. Nevertheless, self-injuring, according to these

narratives, is seen as related to control of the body and to personal control, which raises issues about ownership and authority over the body. In descriptions of self-injuring as an expression of control or ownership over the body, the 'self-injurer' is positioned as agentic which, to an extent, contradicts positioning as a 'victim'.

4.3.3. Ways of speaking about self-injuring that counter normalising or established discourses

To speak of self-injuring as deliberate and voluntary accords responsibility to the 'self-injurer' for the behaviour and renders her an active agent who intentionally chooses to contravene what is culturally tolerable. Constructions like this contradict those that position the self-injurer as a victim and have the effect of shifting blame and are implicated in participants' vacillation between the positions of victim (which defers blame but limits agency) and villain (which has the opposite effect). As I showed in section one, contradictions occur in the tensions between the narrators' constructions of being in control and being out of control, as well as in constructions of self-injuring as either 'bad' or 'good'. This often results in apparent ambivalence on the part of the narrator. I also demonstrated how narrators do not often expressly speak of self-injuring in positive terms without undercutting these with negative and/or psychologised descriptions (as an 'unhealthy coping strategy' for example) or disclaimers, indicating a positioning in relation to the gaze of the reader affiliated with the psy-complex. Ambivalent or ambiguous descriptions are evident in instances in the narratives where self-injuring is spoken of in ways that can be interpreted in more than one way because they are vague or their exact meaning is unclear. One way of interpreting such descriptions of self-injuring is to see them as countering normalised or established discourses. Such dissent may be expressed ambiguously rather than explicitly in order to avoid deliberate confrontation. These also serve to present the construction of active agency more ambiguously, which further adds to contradiction in the narratives. The apparent contradiction and equivocation may not only lead to novel, and possibly empowering, descriptions of self-injuring, but because these ways of speaking are open to interpretation (in much the same manner as the act of self-injuring itself) they may also allow for points of resistance. I now proceed to examine instances of indirect contention that can be described as subversive or perverse as participants displace existing cultural signifiers such as 'beauty' or 'ugliness' in descriptions of self-injuring as enjoyable or appealing

(a) Self-injuring as enjoyable or appealing:

Narrators often report defiant enjoyment of the practice, describing it as "alluring" or something that they "revel" in or "relish". Self-injuring is framed as defying ideals of rationality, control and

maturity but it is suggested that this is appealing and often the very reason that it is enjoyable or appealing. Thus the disobedience of self-injuring is celebrated as its 'wrongness', irrationality, deviance are embraced in a manner that could be described as perverse and subversive. So, if we see the body's potential for resistance in its recalcitrance, this unmanageability is connected to the ways that the body enjoys, in this case, the act or products of self-injuring. Usually this is not expressly stated, however Procne positively describes negative, culturally devalued qualities associated with self-injuring ("wrongness", "irrationality", "deviance" and "otherness") speaking of these as desirable, as we see in this extract that follows:

> **Procne (10)**: In that moment I revel in the wrongness of it, the irrationality and the deviance and 'otherness' of the act. I want to be perverse. I will do it if I want to, and regardless of whether I secretly wish someone would stop me. I relish the dark desperation, its insanity. In that moment I can go against my better judgement, I can feel pain and still choose to act, I can ignore it. The allure is in the subversiveness of the act – to be able to turn the world upside down. I think that is why I cut myself.

In this excerpt the words "I want", "I will do it if I want to", "I can choose" do not only render self-injuring as voluntary, but also convey defiance and perversity. This reinforces the positioning of the narrator as an active agent and also renders her a transgressor of cultural norms.

Participants invoke metaphors of either darkness or falling, for example, participants speak of "dark moods" (Philomela), "when things got dark" (Procne) and "I think it was like falling from a cliff" (Philomela). Elsewhere Procne says, "There's something dark about hurting yourself", "I'm drawn to the irrationality of it, to the madness it's a very dark place, a desperate place" and "It's a slow decline into darkness". These describe how it is precisely the aspects of self-injuring that render it unacceptable that are alluring. Here darkness appears to stand for "irrationality" and "madness" or "insanity". The participant claims to be drawn to something that is deviant, and the defiance of social conventions is constructed as appealing, possibly even alluring, exciting and chic. The statement "The allure is in the subversiveness of the act – to be able to turn the world upside down" suggests that the subversive potential of the act is attractive or even seductive. This construction of the appeal of self-injuring and its subversive potential as illicit is found in one of the narratives where the narrator (Arachne) likens her attraction to self-injuring to a similar interest in the gothic subculture. She says that she "flirted" with its "appealingly dark aesthetic" and speaks of her "romance" with the subculture. The "temptation", as many participants construct the experience, is therefore in the power to subvert, "to turn the world upside down", thereby overturning and inverting traditional cultural signifiers. The appeal is perhaps in self-injuring as a sign of rebellion as in many counter-culture sub-cultures where the deviant nature of a practice (like piercing or tattooing) is alluring, exciting and stylish (Atkinson, 2004).

(b) Subversion of existing established meanings:

So, rather than explicitly resisting or denying negative, disempowering constructions of self-injuring practices and those who partake in them, these constructions embrace them and render self-injuring an act of defiance or rebellion. For example, wounds or scars, which mar the skin and violate the pervasive female ideal of a false unblemished appearance (Wolf, 1991), are described as beautiful or aesthetically appealing. Therefore, in the narratives, constructions which subvert traditional notions of 'beauty' and 'ugliness' may function as a form of protest to dominant cultural norms and counter normalising images (Fuller & Hook, 2001; Pitts, 2003). Consider for example the following descriptions of self-inflicted wounds:

> **Arachne (5):** My method combined cutting and burning. I also liked the fact that there was no blood, and the result was always just beautiful, clean, white skin.
>
> **Arethusa (5):** It delighted me to see the little pinpricks of blood appearing, the inflamed scar it would leave
>
> **Niobe (4):** But I like to see my blood for whatever reason. Passion and suffering it represents to me; life.
>
> **Procne (11):** I had to draw blood. That wasn't the motivation, but when I did cut myself I wanted it to run, to see it trickle, or at the very least, bubble out from the razor thin cut … sometimes I liked to examine my handiwork… Or I liked to watch the blood dry … The sick fascination of watching your own blood and your flesh rise up in welts, of pulling at your skin and watching it part, of seeing your veins beneath its surface.

These brief descriptions highlight ways of speaking about self-injuring that run counter to those which extensively draw off mental health discourses and render the "self-injurer" less active and lacking power. Enjoyment and fascination frames the experience of physically damaging the body and construction of markings as aesthetically appealing contests cultural norms of beauty as narrators describe their creativity and the aesthetic appeal of self-injuring. Additionally, scars or markings are given different, more positive, meanings – as symbolic markers of surviving difficult life circumstances. Self-injuring as a practice is often portrayed similarly when wounds are spoken of:

> **Arachne (6):** I avoided repeating scars in the same places. Each scar is different. I never look at my scars with hatred, regret or repulsion. Rather, I feel that they map out parts of my life, which, although unpleasant, were meaningful. I know I have confronted each episode, and my scars symbolise a way in which I have taken control, however warped this may seem.
>
> **Arethusa (6):** Every scar on my wrist is a tribute to a traumatic period in my life, which somehow, I have managed to stumble through and come out, a little bruised and battered, but no doubt surviving on the other end.

In this manner, agency is conferred to the narrators who 'confront' and 'take control' of their problems. The markings that were previously described as distasteful or repulsive to others are described as symbolic and personally meaningful in this instance. This construction has the effect of opposing aesthetic and self-preservatory norms that relate to the body. It subverts these by constructing what is conventionally considered repulsive as aesthetically pleasing and acts that would ordinarily be considered self-destructive as a means of self-preservation. In so transgressing and contesting dominant cultural norms those who practice self-injuring become dissidents of the meanings conventionally imposed on the practice (Fuller & Hook, 2001). However, as the next section shows, the subject position of 'villain' may confer a sense of agency but it also entails accountability and condemnation.

4.4. THE DOUBLE-BIND OF THE VICTIM/VILLAIN DUALISM:

The victim-villain double bind refers to the dilemma faced by those who self-injure in which they are positioned either as innocent victims or as trouble-making villains. Positioning as a "victim" (as, in fact, some feminist analyses have tried to argue) entails certain benefits (one is the victim of gender oppression and not to blame) but implies powerlessness (Riley, 2002). The position of "villain" on the other hand confers blame as much as it does a sense of agency. Narrators describe being caught in a double bind of not receiving care or recognition for fear of invalidating responses or being labelled as manipulative, being humiliated and potentially receiving abusive care (Shaw, 2002). In the victim subject position, self-regulation, in the form of subscription to and compliance with established and normalising discourses, (particularly psy-discourses) renders narrators docile subjects of the psy-complex, which entails knowing and accepting their 'disorder' This is described by the narrators as "complicity" or "colluding". Collusion does not however free them from negative implications, so too with the villain subject position where deliberate and voluntary transgression of bodily norms and norms regulating the expression of distress may result in the exact outcomes that this position seeks to avoid. This dilemma recurs throughout the narratives as the narrators vacillate between the subject positions. Consider the following examples:

> **Procne (12):** I would hate to admit it, to fall into the 'cry for help' category, but there's a part of me that secretly wishes someone would see even though I hide it or lie when they do. Then I'm angry because they didn't see or question, I tell myself they chose not to. I need to believe that I guess because it reinforces my 'rejection theory' that people don't care about me and that I'm right in feeling the way that I do about myself. I suppose it's a way of blaming others for not helping me, of constructing myself as a victim instead of figuring out how to help myself. […] It's a catch 22 because either way I've constructed it so I lose – whether they ignore my pain or are repulsed by my cuts. It's not completely unfounded, some people have seemed indifferent and have pretended that my pain wasn't really happening, but I colluded with them.

Here the narrator refers to "a catch 22" in which she claims "either way… I lose". This describes a double bind in which she either does not receive care or recognition, and her negative self-opinion is reinforced, or she is humiliated, further abused or silenced by being relegated to the "'cry for help' category". Reference to this "category" alludes to the patronising stereotype that is a common response to self-injuring that trivialises and undermines the legitimacy of the problems of those who self-injure (and can be conceived of as a less severe construction of the "attention-seeker" stereotype). The reference to "blaming others", points to the rhetorical strategy in which blame is shifted from the 'self-injurer' as self-injuring is constructed as a reaction to oppression or hurt from others and therefore invokes the victim subject position. Or the narrator accepts partial blame (speaking of herself as "colluding") and this subject position of complicit victim redirects blame or guilt for self-injuring, justifying the practice and thereby avoiding being seen as threatening or anomalous (reactions associated with the subject position of villain). The narrator is positioned in response to anticipated accusations of attention-seeking as Philomela describes in this next extract:

> **Philomela (5):** I suppose in a way I did want attention, not the patronising, pitying kind. I wanted to feel loved and acknowledged […] I really wanted someone to sit down [and] help me identify why I felt the way I did, who I was and how to overcome the immense loneliness and depression I was vulnerable to.

Here the narrator speaks of wanting to be helped by "someone" (presumably an expert) who will help to fulfil the cultural imperative to understand her self. What is at issue, it seems, is 'wanting attention' (Solomon & Farrand, 1996). Once again, speaking as a psychological subject positions her as a helpless victim whose subjectivity is unknown to herself and therefore she is not entirely culpable for her actions. This excerpt shows that confessing to seeking and needing 'legitimate' help through self-injuring once again entails contesting the motivations and meanings that are imposed onto the practice. Here those who confess to wanting and needing help must prove that they are not trying to be manipulative. Procne also alludes to this common interpretation elsewhere in her narrative saying, "Perhaps he thought I was trying to manipulate him, to emotionally blackmail him into feeling sorry." At the same time, participants risk being placed in the "cry for help category" (Procne 12); the patronising stereotype that undermines the motivations of those who self-injure.

So, admitting that one would like to receive help relegates one to an invalidating "category", or stereotype that is both unhelpful and undesirable. As Procne states (in extract 12): "I would hate to admit it, to fall into the 'cry for help' category, but there's a part of me that secretly wishes some one would see, even though I hide it or lie when they do". The villain subject position entails "telling the truth", and using self-injuring as a tool or strategy with which to challenge reactions of

indifference or express control and ownership of the body. It *potentially* allows for help or recognition to be received. However, the outcome may still entail negative/invalidating reactions. It follows then, that the self-injuring subject is precisely caught between the subject positions of "victim" and "villain" and narrators consequently vacillate from position to position within this dualism.

It seems that in both these positions, however, the narrators are vulnerable to the scrutiny of the expert gaze and (mis)interpretation of their experiences; for example, constructions of self-injuring as a challenge to invalidating responses render it a communicative act (rather than simply a self-focused coping strategy) and as an attempt to challenge invisibility and invalidation. However, participants still risk being constructed 'merely' as 'attention-seekers'. This construction, where people presume to know the intentions of the 'self-injurer', suggests immaturity on the part of those who self-injure and is interpreted by the narrators as patronising or condescending. As the indignant statement, "They assume that if they see it you want help which let's face it, is a ridiculous notion" shows. This statement contests the imposition of this interpretation on the experience.

In either position the intentions of the 'self-injurer' are called into question, particularly when these are thought to be suicidal. It is this particular issue that may underlie constructions of 'crying for help', attention-seeking or emotional manipulation as those who practice self-injuring must prove what their intentions are *not*. Every one of the participants (except for Niobe) explicitly counters the suggestion of intentions of suicide:

> **Philomela (6):** I never ever intended to kill myself. There were times that I wished I wasn't alive, or that I could just stop being, but I never wanted to even seriously injure myself.
>
> **Arachne (7):** I think most teenagers arrogantly entertain thoughts about suicide at one stage or another. It was something I had considered fleetingly before, but never in a real way. My self-injury, at least, had never been connected to any thoughts of suicide, and I tried to assure Ryan that I would never try to kill myself. To me, his excessive drinking was more self-destructive than my self-injury.
>
> **Procne (13):** I don't want to kill myself, but sometimes I just wish that I didn't have to live. I do think about dying, about not being anymore, of escape. Escape from pain that seems overwhelming. […] I appreciate the symbolism, the link that it has with suicide, negation, not being. The "I could" but I don't.

Arethusa tells of her experience of being second-guessed with regard to this particular issue:

> **Arethusa (7):** A teacher got involved and I was sent off to a shrink, with my mom constantly asking me why I wanted to die and what was wrong with the life they had given me? Except this wasn't it. I didn't want to die. I wasn't particularly fond of living either but at least this was a mechanism to help me through. I got annoyed with the people who were only trying to help and wished to hell they would just leave me alone and let me get on with it.

This excerpt describes how various authority figures intervene and 'send her off' for psychological intervention. In this account the narrator claims that her mother interprets her behaviour as hostile and ungrateful implied by the question, "What was wrong with the life they had given me?" The following excerpt also draws attention to others' reactions to confessions of self-injuring:

> **Procne (14):** I have told some people about what I do to myself. It's awkward with a lot of self-justification involved. It's a very difficult thing to talk about. Mostly you feel stupid and avoid eye contact. You feel as though you have to prove your normalcy. You can never explain why you do it. People always want to know that. They never ask how you feel. Sometimes you feel patronised, like you're a naughty child and you should stop being 'naughty'. Sometimes people think that it's something you can just not do, just stop.

References to feeling stupid and patronised show how the contravention of the model of rationality and maturity result in a sense of having to "prove your normalcy". We have already seen how references to being "patronised" and positioned as a "naughty child" indicate a power imbalance and may simultaneously render the subject a victim (who cannot be held accountable for her reactions) and an immature attention-seeking, intentional troublemaker. Thus this subject position of victim does not always allow for valued social characteristics of rationality; control or maturity and so we see how valued characteristics are often relinquished in order to maintain the position of 'victim' and the lack of blame and responsibility it affords. However, this lack of power is at the same time often contested in the villain subject position in which self-injuring is a consciously chosen strategy or tool. The result of this is that narrators can be held accountable for their behaviour, seen as threatening and subject to normalising intervention. The ultimate effect is the vacillation between the two positions, which often shows up in apparent contradictions in the texts. In the discussion that follows I suggest possible ways out of this unhelpful dyad.

4.4.1. Escaping the villain-victim double-bind

To reiterate, participants vacillate between the two subject positions because one offers a degree of absolution from blame and the other confers a sense of agency. It is seemingly impossible to avoid recreating this dualism as well as to locate alternative positioning in the accounts. I now make two tentative suggestions as to how to escape the victim/villain double bind. I propose firstly the identification and location of constructions within accounts of self-injuring that resonate with certain 'non-clinical' (or 'popular') discourses that associate the practice with more positive connotations and also a reinterpretation or re-envisioning of the subject position of 'villain'. I thereby hope to find less condemning or limited ways of interpreting and speaking of self-injuring.

Recall how participants' constructions of self-injuring that counter normalising discourses of self-injuring emphasise enjoyment, creativity and the aesthetic appeal of self-injuring (as discussed in the previous section). These hearken to discourses predating psycho-medical constructions and resonate with popular notions that have often treated self-injuring as/with liberal creativity in such a way that "the passion for destruction is also a creative passion" (Bakunin in Scott, 2003, p. 5). For instance, Arachne professes to have approached the practice with "liberty" and emphasises the more creative or exploratory aspects of self-injuring and Niobe describes self-injuring as "*creative* coping". Self-injuring is therefore rendered as a means of creating or gaining something: personal power, insight/wisdom or self-knowledge. Arethusa describes self-injuring as promoting greater self-knowledge and empathy, for example. Pain is described as a catalyst for clarity and an enhanced 'mental state' as well as for a sense of power and self-control. In these accounts self-injuring is also presented as a means of self-healing which echoes non-clinical/psychiatric discourses in which injuring parts of one's body allows one to gain the spiritual or personal power necessary for healing. It is also presented as a means of purification, cleansing or purging reminiscent of practices that utilised self-inflicted pain/injuries in order to test endurance, heighten spiritual experiences or test/overcome the flesh. Arachne describes a 'cleansing' experience common to many of the accounts. This is perhaps apparent in the narratives in instances where self-injuring is described as a tool, for example: "I will always think of it as a secret tool that is at my disposal should I truly need it". Though narrators don't explicitly state it, from these narrative accounts one could interpret self-injuring as a sacrificial act in which destruction of the corporeal body allows for a symbolic gaining of personal power; in my account the emphasis has specifically been on gaining a voice (Scott, 2003; Clarke, 1996). These constructions, rather than romanticising self-injuring, can add to or supplement dominant accounts of self-injuring. There may be equivalent ways of speaking about self-injuring practices within medical or psy-discourses (as a "coping mechanism" for example), but the emphasis in these alternative constructions, while still focused on individual intentions or motivations, may be less on pathology or deviance. Looking at constructions that resonate with non-clinical accounts may lead to ways of conceptualising self-injuring that are more sensitive to the subtlety of the practice in terms of its multiple meanings and functions – this aspect will be dealt with in the discussion.

Furthermore, as in Fuller & Hook's (2001) reading of the anorexic body, there are various effects of seeing the self-injurer not as a victim but utilising the alternative interpretation of social action and active agency; as the 'resister' of harmful cultural norms. Firstly, it allows interpretation that does not conceive of 'self-injury' only in dualistic terms or as an essential or 'real' clinical syndrome or illness. Secondly, more credence may be given to the lived experiences or 'local knowledges' of

those who have practised self-injuring. Re-envisioning those who practice self-injuring as social dissidents – in effect embracing the notion of the self-injurer as a villain, but with a different emphasis – draws attention to conflictual, even hostile, power relationships and disrupts normalised/gendered positions and the power relationships embedded within them. However, such a casting of those who self-injure may have negative connotations and effects. A more useful interpretation would perhaps be to re-envision the 'villain' subject position in such a manner that more of the subtlety of self-injuring (like its recognition-seeking 'function' for example) is taken into account. We can conceive of the "villain" not simply as the antithesis of the "victim of patriarchal culture, but instead a dissident, an antagonist, a resister of this culture" (Fuller & Hook, 2001, p.116).

In the analysis descriptions involving antagonistic relationships between "self-injurers" and various others, who have a 'social claim' over the body, relates to the traditional accounts of self-injuring as scripted around issues of personal power and control. However, personal or individual power/control issues are also linked in the analysis to the larger politics of marginalisation and silencing. Conceiving of the 'villain', the transgressor of cultural norms and expectations (Marshall & Yazdani, 1999), as a 'vindicator', moves away from individualising constructions. It implies freedom and exoneration from the limited meanings imposed by others on the experience of self-injuring as well as resistance to the silencing of distress and bodily regulation (Shaw, 2002). While the subject position of villain draws attention to these issues and overtly politicises the self-injuring act, it may also reinforce notions of those that self-injure as 'difficult' of antagonistic. A recasting of the 'villain' as a vindicator who seeks to exonerate herself may avoid yet another construction that casts the 'self-injurer' as a 'troublemaker'. These constructions are more in line with an envisioning of those who practice self-injuring as something other than a victim or a villain and introduce more varied ways of conceiving of self-injuring that may also express protest against limiting gendered and cultural norms regarding the expression of distress and the body.

In this analysis, which informs the following discussion, the practice of self-injuring emerges as a multifaceted practice with various, often contradictory, motivations and multiple 'functions' (Malson et al, 2002). I have shown how psy-discourses intersect with and reinforce discourses of victimhood that position the narrator as a victim of pathology, gender oppression or other oppressive circumstances and therefore lacking in power. The benefit of such a subject position is that it limits the narrator's accountability for self-injuring behaviour, and so in turn features in discourses of accountability. In these discourses rhetorical appeals to the necessity of self-injuring and to victim status functions in such a manner as to shift blame for self-injuring onto various

others; for example: constructions of womanhood as a necessarily invalidating experience, and references to silencing of expressions of distress operate as reasons for self-injuring, rendering the behaviour understandable and also limiting the narrator's accountability for her behaviour. Partial blame for self-injuring is accepted when concealing behaviour is described as complicity to mistreatment or invalidating responses to self-injuring, because hiding *allows* others to continue to behave in this manner and thus perpetuates the self-injuring behaviour. However, even this is ultimately presented as not 'really' the "self-injurer's" fault due to the need to maintain social status and to "protect" others from the distress that self-injuring is purported to cause.

I also explored ways of speaking that contradict and contest these discourses of self-injuring which have the effect of pathologising those who self-injure. These contradictory ways of speaking render self-injuring either as a confrontational act deliberately used to communicate anger and frustration or as a signifying practice that purposefully adopts images of otherness (Atkinson, 2004). In these discourses, on which I now focus, self-injuring is constructed as a tool or strategy and the body as a medium that displays and conveys messages or symbols of opposition to norms governing the expression of distress and the body. And so, the significance of bodily appearance in constructions and the regulation of self-injuring is highlighted.

CHAPTER 5:
DISCUSSION

In this discussion I reflect on the significance of self-injuring as a social practice, singling out for discussion issues of bodily appearance and of performing identity. These were highlighted in the analysis in which self-injuring was constructed as a potentially confrontational signifying practice or act of self-representation that challenges the norms relating to the expression of distress and the body's appearance. I intend to discuss these constructions of self-injuring that discursively constitute appearance as both potentially consolidating and subverting existing subjectivities and the power relationships embedded within them (Malson et al, 2002). While this forms part of my political agenda the rationale for exploring these aspects is also due to the fact that bodily appearance – specifically with regard to self-representation, as significant to the positioning of the 'self-injurer' – is not generally investigated. I end with a brief examination of the limitations of this research and some suggestions for future research.

In the narratives, bodily appearance is often discursively construed as a means of framing identity or of communicating the self, using the body as the medium. This presents the destruction of the body as a means of performing social identity. Self-injuring is also constructed as a means of representing pain related to invalidating experiences and undesirable social positioning or as a means of expressing a 'true self'. Self-injuring, as a signifying practice, then revolves around display (as demonstrated by talk of revealing and concealing) (Atkinson, 2004). It is rendered a highly visual act which is used as a means of expressing pain and a way of (re)presenting the 'self' in order to gain recognition of 'self' or of suffering, and possibly even undesirable social positioning (Shaw, 2002). This brings to the fore the role of bodily appearance in fashioning subjectivity (Malson, et al, 2002). Bodily appearance and subjectivity are described as being mediated by power relationships and social practices (Grosz, 1994). If we see alteration or damage of the body's flesh as performing identity, then we can view self-injuring, at least in part, as involving self-representation. Individual acts of self-injuring can therefore be interpreted as part of the cultural imperative to perform identity through 'body work' (Atkinson, 2004).

Self-representation in the analysis is related to a tension between displaying a socially acceptable self and an 'authentic' self. The former is an outwardly conforming self that regulates self-display through concealment and pretence. This relates to Atkinson's (2004) proposition that acts of self-regulation are associated with cultural ideas that the outward appearance of the body is indicative of the person's inner state, linking bodily appearance and the expression of distress. Bodies are

increasingly “rationalised” through the civilising processes of social control (in which the body is central). Therefore, self-restraint and bodily control amount to acts of unspoken physical compliance. The latter construction, of the authentic self, recalls Shaw’s (2002) proposal that self-injuring practices point to women’s expression of a desire for a form of authentic identity that they perceive to reflect their own truths (Shaw, 2002). Therefore, self-injuring, as constructed in the narratives, can also be interpreted as indicative of a struggle for authenticity (Malson et al., 2003). Self-injuring can be seen as an attempt to attain a voice in a cultural context that does not permit the creation of identities that reflect one’s own truths, but rather imposes damaging and impossible standards (particularly on women) that participants describe as “falseness” or inauthenticity (Shaw, 2002). This is demonstrated in the narratives, by references to acts of self-injuring as a way of ‘telling the truth’ and showing pain.

Recall also the discussion in the literature review of how self-injuring can be read (in a similar manner to Fuller & Hook’s (2001) postcolonial feminist reading of the anorexic body) as ‘mimicry’, as women reflect their subjective violating and invalidating experiences back to the dominant culture. From this perspective, repetition and exaggeration of normalised and taken for granted violence and pain that women ‘normally’ experience (and which is often presented as a “trigger” for self-injuring), constitutes mimicry that “confronts the particular social disorder of the particular power/knowledge relations between the coloniser and the colonised” (Fuller & Hook, 2001, p. 110). Adopting the cultural language of violence in an ‘inappropriate’ manner (that is, against themselves) that drastically alters the body’s appearance in an unacceptable way is both confrontational and political, because it potentially upsets dominant power relationships and challenges the seeming naturalness of gendered identities (Malson et al, 2003). It speaks to the aggression, violence and surveillance of many women that the culture apparently denies. The colonised image – here passive, silent and enduring women with damaged bodies – is turned to mockery and the authority of the coloniser comes under extreme strain (Fuller & Hook, 2001). This allows us to see self-injuring as an act of defiance and protestation against culturally sanctioned ways in which women are harmed. So self-injuring here represents a refusal to be silenced (Shaw, 2002) or, as the narrators put it, to “collude in their victimisation”.

So, damage to their bodies in a way that re-enacts and transgresses cultural bodily norms creates a grotesque body that brings attention to these experiences. While both anorexia and self-injuring involve appearance-based damage, self-injuring is perhaps a more overt form of “counter strategic re-inscription” (Pitts, 2003, p.40) through potentially confrontational self-marking, in which self-presentation opposes normative (feminine) body images (Pitts, 2003). This subversive

representation manipulates culturally understood meanings and deconstructs bodily norms, which are used ideologically to discipline women (Pitts, 2003). It is possibly more unsettling than anorexia because, rather than attempting to adhere more closely to the norm of beauty and wholeness (which would lend the act positive intentions), this norm is seemingly completely abandoned. What is mimicked is the violence usually perpetrated by others. So at the heart of the issue is what is culturally permissible for one to do to one's *own* body, particularly if the act so deliberately flouts conventional standards of beauty. This is displayed in the narratives where narrators refer to ownership and control of their bodies where the body signifies a site for taking control and for resisting control by others (Marshall & Yazdani, 2003). Suggestions of enjoyment of the disobedience of the act also contain intimations of defiance or challenge, particularly in Procne's more outspoken narrative.

Much academic exploration has linked visual self-representation or –production to the obsession with the visual display of identity commodified by the contemporary socio-economic conditions of consumer capitalism where "the body has become a spectacle, as the visual takes precedence over other ways of knowing the world" (Frost, 2003, p. 54). This connects bodily appearances and identity. Physical appearance is, however, considered by feminist and body theorists to be particularly salient for young women. My analysis reinforces the inseparability of gender from constructions of the body by demonstrating how contravention of body norms may take on a particular reality for women (Grosz, 1994). Appearance is regarded as constituting an important basis for constructing identity and subjectivity (Frost, 2003). In this vein, self-injuring can be read just as body modification (especially tattooing) is; that is, as not merely cultural deviance but as underpinned by the cultural pressure to display 'individuality' (Atkinson, 2004). Thus, self-injuring is rendered a means of transmitting messages about the self (Malson et al, 2002), and, as many traditional readings of the practice have also suggested, these usually relate to the suffering and emotional distress that the 'self-injurer' experiences as deeply internal and incommunicable.

While this may still be a part the practice's signifying function, self-injuring may also be a way of constructing a particular kind of identity. Since marking one's body as a means of performing social identity (whether normatively or not) usually involves identification with or differentiation from a particular group, as an anti-social and potentially anti-social act, self-injuring may represent a dis-identification from dominant subjectivities thereby creating an "outsider" identity. The analysis demonstrates how the appeal of self-injuring may perhaps lie in its signification of rebellion, as in many counter-culture sub-cultures. When narrators speak of self-injuring in an 'inappropriate' manner (as enjoyable or alluring), the practice is presented in such a manner that it

can be interpreted "as a signifying practice that purposefully promulgates and embraces images of Otherness" (Atkinson, 2004, p.126). In the analysis I demonstrated how talk that displaces and subverts existing cultural signifiers (such as ugliness or beauty) often centres on perversity and also sets up antagonistic relationships between 'self' and 'others' – as self-injuring is purported to maintain control and ownership of the body. Hence, self-injury, as a deliberately confrontational strategy, may be a critical social commentary about 'outsider' status or social positioning (Atkinson, 2004).

I also showed how certain participants describe not only a sense of inauthenticity, but also speak of the self as fractured or split between an outward/physical self and an inward/emotional self (based on the mind/body dualism). Wirth-Cauchon's (2000) paper on Borderline Personality Disorder (of which, as has been noted, self-injuring is most often considered a symptom), suggests that such an unstable sense of 'self' is related to women's cultural positioning, arguing that a 'split' occurs between an outward conforming 'self' that submits to the feminine role and an autonomous self that is forbidden expression in contemporary 'western' culture. Thus, the source of the individual's fragmented 'self' is ultimately cultural (specifically, related to constructions of femininity in 'western' culture). It is therefore located within the wider cultural fissures and fragmentations that impact on women's identity construction. In the narratives I analysed, a notion arose that others 'misrecognise' the outward 'self' (the body's appearance) for who one 'really' is. This highlights the way that women are defined by their bodily appearance in western society and in this sense *become* their bodies and, consequently, also the inferiorised *other* of the mind/body dualism (Frost, 2003) Recall Procne's assertion of her body as obscuring the 'real her' and thus not really being her. The idea of recognition however also draws to our attention that self-representation does not merely rest on display alone and is not constrained within the internal/external dichotomy that is created when speaking of an outwardly conforming 'self' and an internalised 'authentic self'. Rather, identity is negotiated (discursively) between people who make sense of bodily inscriptions, and are consequently positioned in relation to one another and to power (Parker, 2002).

Body theorist Michael Atkinson (2004), and others (such as Jeffreys, 2000; Pitts, 2003; Riley, 2002), claim that social status and body modification are linked because those who partake in such practices often are from stigmatised populations. Similar claims are made with regard to self-injuring, for example, Alexander & Clare (1999) explore self-injuring in the context of a lesbian or bisexual identity. In their study, talk of "feeling different" is seen as a motivation for self-injuring with 'self-injury' as a further source of difference. In my research, participants' talk about invalidation and indifferent reactions could refer to a more general tendency to turn a blind eye or to

deny women's struggles and experiences of distress so that they go unacknowledged or are discredited (Shaw, 2002). In their descriptions of self-injuring as challenging these reactions, the body is rendered a medium for disrupting normalised, gendered subject positions, and the power relationships embedded therein, by subverting and transgressing cultural boundaries of what one can tolerably do to one's own body (Malson et al, 2002). Self-injuring is therefore described in the texts as having profoundly personal meaning stemming from such unique experiences and simultaneously functioning as a symbol of challenge. However, since symbolism finds meaning in the public realm, it is interpreted independently of the author's intentions and may limit the act's efficacy as an individual act of rebellion (Pitts, 2003).

I have suggested that in the act of self-injuring, the body signifies as a site for taking personal control, of resisting control by others (Marshall & Yazdani, 2002) and as a means of expressing distress in order to receive recognition of suffering (Shaw, 2002). Self-injuring has been constructed in this account as an ironic expression of suffering for those who may otherwise be marginalised and silenced, in which the damaged body subversively challenges dominant meanings and expectations of femininity and cultural norms regarding the expression of distress and bodily appearance (Jeffreys, 2000; Shaw, 2002). Self-injury has also been read as a practice in which deliberate bodily destruction is related to self-representation that utilises the body as a discursive site in order to make the private 'self' publicly known (Paradiso, 2005; Pitts, 2003) and, as the grotesque and unmanageable body it threatens the social order, "as a symbol of struggle against the dominant cultural story of what it means to be female" (Shaw, 2002, p. 207). In this particular reading however, I have had to be careful not only of consigning women to the polarised positions of the victimised or the privileged, which is unhelpful, but I have also had to be aware of not re-iterating the dualistic positioning of the "self-injurer" as either victim or villain and in this way inadvertently reinforcing already dominant discourses.

5.1 Conclusion and reflections

This investigation has sought novel ways of viewing self-injuring by identifying ways of speaking that offer more empowering positions or that may even function as potential discourses of resistance to those that construct self-injuring as individualised pathology. These pathologising discourses decontextualise and depoliticise the act. Hence they do not promote reflection on cultural practices or cultural change, and perpetuate views of self-injuring as a personal psychological problem (Parker et. al, 1995). I have, instead, attempted to critically interpret self-injuring as a cultural practice without reliance on a medical model of 'normalcy', considering

instead the meanings of self-injuring within its cultural climate and specific contexts (Alexander & Clare, 2004). The proliferation of psy-discourses in the narratives shows their dominance as a way of making sense of ourselves and our experiences. However, we must bear in mind that the study is a psychology research project and the researcher is part of the psy-complex. This affects what was sayable within the narratives and participants utilised 'acceptable' means of explicating their experiences and disagreed more subtly (if at all) with dominant and entrenched views held by this institution. I have attempted to emphasise the act of self-injuring as having multiple meanings and have chosen to focus particularly on self-injuring as a strategy, looking at how the manner and political context in which it occurs impacts upon the social meanings of self-injuring. This more political approach views the mental health perspective as one of many parties that could contribute to the conceptualisation of 'self-injuring' as a socially meaningful practice (Pitts, 2003).

In sum, I have attempted to highlight the political nature of self-injuring by exploring both socio-cultural and political conditions contributing to self-injuring and emphasising the gendered expectations for the regulation of distress and the cultural preoccupation with, and regulation of, the body's appearance. In this particular analysis, the body is rendered a means of communicating unacceptable distress (such as anger for example) and self-injuring as a strategy of challenge in descriptions of the act as an expression of control or ownership over the body. It is also presented as a way of challenging current norms, as displayed most prominently in descriptions of self-injuring that counter entrenched or normalising discourses. This has culminated in a discussion of the body politics surrounding self-injuring. My attention was drawn to the manner in which participants alternate between constructions of an outwardly conforming false self and a hidden, true or authentic self which highlights the practice as a part of self-representation or identity construction, linking bodily appearance, the expression of distress and constructions of the 'self'. The participants present acts of self-injuring as revealing the 'truth', and frame the practice as a struggle for authenticity and a voice. This corresponds with the vacillation between subject positions of villain and victim that result in the double bind discussed in the preceding section.

This research has situated self-injuring in the realm of body politics or the politics of appearance, showing that appearance of the body is important with regard to performing identity as well as constituting an important part of regulating subjectivity. The self-injured body can also be seen as challenging existing subjectivities; it exerts recalcitrance and entails the possibility of a counter strategic re-inscription or self-marking and self-presentation in alternative ways render the body a site of social resistance (Pitts, 2004). In this vein, I have shown how, as an act of self-representation, self-injuring may serve to create an "outsider" identity, perhaps rooted in rebellion,

as in many counter-culture sub-cultures (Atkinson, 2004). Thus self-injuring, while defying conformity with mainstream images, may operate as a symbol of 'individuality' or offer a means of identification as an 'outsider'. This aspect was not emphasised by the participants, which it might have been in other circumstances, but we must once again consider the context in which the narratives were written. Follow up interviews would be necessary in order to pursue this topic, which offers a novel motivation for self-injuring and further highlights the complexity and plurality of meanings and functions associated with the practice.

In pursuing a radically socio-cultural and political reading, however, there is a danger that personal meaning and experience are perhaps, to some extent, overlooked. The difficulty relates to the distress or suffering that is integral to the practice self-injuring. It was presented by participants as both a 'trigger' for self-injuring (whereby self-injuring acts are presented as means of expressing emotional pain), and a result of the act (due to the personal distress and stigma that may result). Clearly, a certain amount of distress can be attributed to the contravention of 'normal' and 'acceptable' behaviour, as indicated by participants' references to feeling 'freakish' or abnormal, as well as their experiences of oppression, marginalisation, silencing and invalidation. This research study, with its agenda of exploring participants attempts at meaning-making, does not aim to deny or trivialise the distress experienced by those who self-injure, but may be open to the allegation of discursive reductionism, that is, reducing lived experiences of 'pain' or suffering to linguistic abstractions. Seeing the body as entirely textual (that there is nothing outside of the text), fails to acknowledge the limits of discourse. Pain as unrepresentable and intensely personal– whether physical or emotional – cannot be denied as being integral to the experience of self-injuring. Yet when comparing the practice with similar practices that alter/damage the body, one may be accused of obscuring the particular suffering or distress that constructs self-injuring as unique amongst these. Self-injuring, as constructed in the narratives, is associated with both stigma and distress, which is juxtaposed with the sense of relief that it is said to offer and sometimes the enjoyment or appeal of the act.

In this research I have sought to explore ways in which self-injuring is personally constructed in women's stories of their own self-injuring experiences. The analysis focused particularly on the relationship of the body to the positioning of subjects. I emphasised the dualistic positioning of victim/villain within the narrative and the ways that narrators become trapped within this dyad. In so doing, I have constructed a subject who is torn between these two positions while drawing attention to the subtle interplay between these positions, and also to the manner in which they at times can be simultaneously occupied. I have shown the limited positions offered to "self-injurers"

in existing discourses, and also that such positioning is not fixed and is therefore open to the construction of alternative (potentially agentic) positions and resistant discourses. I have chosen to explore multiple meanings of self-injuring, to illuminate new dimensions of talk on self-injuring and novel ways of conceptualising the practice. I showed how self-injuring as constructed in the narratives is characterised by diversity and framed by many complex issues. I have explored constructions of self-injuring as a strategy for coping, communicating distress, recognition-seeking and even challenging social control. I suggested that injuring one's own body signifies both taking control and resisting control by others, therefore constructing the act as one that has multiple, often seemingly contradictory meanings and 'functions'. This research situates constructions of self-injuring within the realm of body politics and emphasises the salience of the body's appearance, which is an important basis for constructing identities and subjectivities, and draws particular attention to the limited ways available to women to express distress by focusing on their entrenchment in broader political issues.

In reflecting on the shortcomings of this study, I identify the nature of the data collection technique as somewhat limiting as it did not allow me to clarify areas that I found particularly interesting or relevant to the topics that I wanted to pursue. Follow up interviews may have been a solution to this problem. Also, due to the nature of the data produced by this technique, it was particularly difficult not to focus on the narrator's potential intentions, but rather to explore the effects of the ways in which self-injuring is constructed in their narratives.

Also, although participants refer to a variety of self-harmful behaviours (excessive alcohol consumption, not eating, bulimia and substance abuse for instance) to which self-injuring was seen as either similar or preferable. These behaviours were not addressed because they were initially deemed to be outside of the parameters of "episodic and repetitive self-injuring". In retrospect, the manner that the participants speak of such behaviours seems to show that while self-injuring is seen as distinct in most (professional) conceptualisations of the practice, what it means to the self-injurer may differ from cultural and social meanings that render it distinctive. Exploring this aspect of the personal meanings of self-harmful behaviour might further aid our understanding of the practice. Attention might be paid to this in future research on this topic. The novel dimensions illuminated in this work, such as the allure or enjoyment of self-injuring and the subversive potential associated with this aspect, would also benefit from further investigation.

My aim at the outset was to consider the social construction of the practice of self-injuring by exploring the ways in which participants try to make sense of and account for their self-injury. The

purpose of such an exploration is to identify certain characteristics of the narratives as representations of larger collective meaning systems and thereby highlight both the social and the political aspects of acts of self-injuring. Consequently, I pursued an aspect that emerged and is not generally explored with regard to self-injuring. This aspect was the allure or enjoyment involved in acts of self-injuring which I consider to have subversive potential. I therefore draw together these more political aspects that arose and focus finally on self-injuring as a form of confrontational self-representation in which I show the significance of bodily appearance and the body's role in the expression of distress in the positioning of subjects. In this sense I feel I have met my initial research aims.

As noted, this more socio-political account, though potentially open to the allegation of discursive reductionism, sought to allow for self-injuring to be constructed in ways that may be empowering to those who engage in such practices. From a social constructionist viewpoint, politics informs the parameters of any narrative and rather than discredit or undermine the personal experience of distress, I open up ways of speaking about self-injuring and find other ways of speaking about it that may render it less stigmatising, and thus took up meanings that appeared to move beyond pathologising self-injuring and illuminated novel dimensions in constructions of the practice.

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APPENDIX

The Narratives

(a) Arachne's Narrative
(b) Arethusa's Narrative
(c) Niobe's Narrative
(d) Philomela's Narrative
(e) Procne's Narrative

(a) Arachne's narrative

I was 14 when I injured myself for the first time. It was a popular practice among my peers to heat up the top of a lighter, and then impress the hot metal rim onto one's skin. The resulting scar looks like a smiley face. Earlier that evening I had gone out. I had seen my boyfriend, and I was upset by his public indifference to me. I went home with a friend. In her room, on a reckless whim, I decided to try the thing with the lighter.

Pain seared through my being. My mind wanted to explode. And when I lifted the lighter, there were two deep white holes where the hot metal had burned away my skin. It was as if my world had been a fuzzy projection on a screen that was suddenly shifted into focus. In an instant, everything was crisp and clear. My mind felt cleansed, and I was fascinated by the sense of power and self-control I experienced.

In the next couple of weeks I experimented with this new element in my life. On my left arm, I made the initial of my boyfriend. I had expected him to share in my fascination, and to be intrigued. I struggled to understand when he was abhorred. Looking back, the lyrics of a certain song by Placebo seem apt: "Carve your name into my arm, instead of stressed I lie here charmed..." I showed it to some friends at school, and I felt secretly empowered by their shock and their disbelief

I also enjoyed the private ritual it had developed into. I would start by lighting a candle. With the candle, I would heat up the blade of a pocket knife. My method combined cutting and burning. I also liked the fact that there was no blood, and the result was always just beautiful, clean, white skin.

After the first burst of experimentation with self-injury, it became a secret tool that I used to relieve extreme emotional upheaval. The instant release it offered to me was like a drug, and I was careful not to use it too often. Close friends knew of my practice, and did not try to stop me. I respect that in them. My self-injury normally corresponded with emotional distress stemming from romantic disappointment. Looking back, I think I hurt myself most often from the ages of 14 to 16. I also flirted with the appealingly dark aesthetic of the gothic subculture at this time. I enjoyed, and I suppose still do, objectifying my own body. I have always felt that my body is something quaint and that I have been randomly assigned to it.

In a way, I enjoyed testing its limits. It was exciting for me to explore the extent to which my mind could override what my body was telling it. I remember writing in a diary: "It is only pain if you can't control it." I am still convinced that the pain arising from self-injury needs a different name. For me, injuring myself gave rise to a new sensation that could be found somewhere on that continuum where agony and ecstasy come together. I suppose it can be described as some kind of high, although that would seem misleading, as it implies the consumption of stimulants.

My scars from the first few years of self-injury are also the biggest and deepest. My fascination with my body extended to piercing my hand, and to fashioning makeshift tattoos. I did this by taking a needle with some thread, dipping the thread into ink, and then 'sewing' it through the thick skin at the bottom of my feet. The ink would remain behind between the layers of hardened skin, and a neat geometric design, which would last for a couple of weeks, could be made in this way.

I avoided repeating the same scars in the same places. Each scar is different. I never look at my scars with hatred, regret or repulsion. Rather, I feel that they map out parts of my life, which, although unpleasant, were meaningful. I know I have confronted each episode, and my scars symbolise a way in which I have taken control, however warped this may seem.

My parents are still ignorant about this practice, and I would not want them to find out. I feel that they would not understand it, and that it would cause them unnecessary pain and anxiety.

My last couple years in high school, from the ages of about 16 to 18, saw a decline in my self-injury. My fascination with stretching my body to its limits was, perhaps more healthily, vented by going to gym. As the shape of my body changed and I started feeling good, my romance with the gothic subculture started to dwindle. The way I dressed was changing, and I was feeling more

confident in my appearance. My romantic intrigues, at that stage, were also far more carefree and spontaneous, and it was only on the rare occasion that I experienced the need to injure myself.

The liberty with which I approached my practice of self-injury changed radically when I came to university. In April of my first year, I started going out with a guy named, let's say, Ryan. Up until this stage my longest relationship had lasted for three months. I did not anticipate that I would be in a relationship with Ryan for more than three years. Our relationship was incredibly honest, and sooner or later I told him about my practice. He was completely against it, as an ex-girlfriend of his had once tried to commit suicide by cutting her wrists. I think most teenagers arrogantly entertain thoughts about suicide at one stage or another. It was something I had considered fleetingly before, but never in a real way. My self-injury, at least, had never been connected to any thoughts of suicide, and I tried to assure Ryan that I would never try to kill myself. To me, his excessive drinking was more self-destructive than my self-injury. Self-injury was something private and sacred to me, whereas I saw his drunkenness as a shamefully public display of self-degradation.

After Ryan and I had been together for 3 months, another guy kissed me one night. I did not return the kiss, and I never told Ryan. I felt so deeply guilty though that I cut/burned a line on my hand to punish and remind me of what happened.

During the course of my relationship with Ryan I injured myself a few times when I could think of no other way to escape what I was feeling at the time. Ryan knew of some, but not all, of these incidents. A turning point came one night when we had a huge, drunken fight in my room. At this stage, I could not perform the whole private ritual with the candle and heated blade, so I would only cut myself, with a pair of scissors or the craft knife I always had. After our fight, Ryan had already fallen asleep. I was about to cut myself with the scissors, when he awoke. He grabbed the scissors from me and, in so doing, cut himself. I was terrified, the whole thing had spun out of control. His wound wouldn't stop bleeding, and I was sickened by what I had caused. I don't think either one of us ever forgave me for that incident.

Although he had threatened on a number of occasions to break up with me if I should injure myself, it was seeing his wound that changed my behaviour more than anything. I still cut myself a couple of times afterwards. But whereas I used to be quite reckless about letting Ryan see my wounds, they were now discreet and I always had some excuse.

I'm sure he guesses the truth, but I never admitted these incidents. I did not want him to break up with me, and at the same time I could not let anyone take away my private coping mechanism. Indeed, it felt so private to me that even Ryan, who was closer to me than anyone had ever been before, had no authority over it.

Earlier this year, Ryan left for Europe to teach English there. We decided to break up when he left. There were many reasons for this, of which the physical distance was the biggest. His departure plunged me into an abyss of depression, which I had never before experienced. It was during this phase, which I am still coming to terms with, that I came to admit to myself that I suffer from bipolar disorder. I have always recognised the symptoms in myself, yet I never connected the dots to put a name to it. It was perhaps this realisation which prevented me from injuring myself after Ryan's departure. I would not say that I have outgrown the practice, I will always think of it as a secret tool that is at my disposal should I truly need it. I try to combat my bipolarity by means of maintaining a healthy lifestyle. I am as little interested in taking medication for this problem as I am to promise anyone I would never cut myself again. I have quit smoking for over a year now, and I eat healthily. I vent much of my anger and frustration by working out. Perhaps it is not entirely unlike injuring oneself, as endorphins are released in both cases.

Personally I am not entirely sure what lies behind the compulsion to injure oneself. I can only express my honest appreciation of it as a means of dealing with things. I believe I have injured myself in a responsible way, as fucked up as that sounds! I do not regret any of the times I inflicted an injury upon myself, and I know that if I needed to, I would not hesitate to – once more – reach for a blade, heat it up, and apply it to my eager skin.

(b) Arethusa's narrative

Self injury, for me, began in a period of my life when I felt immense rejection and has, in retrospect, always manifested itself under similar such conditions. In grade 11, when prefect nominations came up, this was the leadership position that I had wanted, and was expected to get, the whole way through high school. I had always achieved, given of myself in sports and cultural activities and was pretty certain I'd be one of the elite that was chosen. However, I wasn't.

My whole world fell to pieces as my entire circle of friends was a part of the prefect body. I went home that night in floods of tears, made myself throw up for the first time and then later, almost in a surreal like fashion, found a knife in the kitchen and made three large gashes on my left wrist. I can not say what drove me to that self destructive behaviour as I had never before in any way been predispositioned or inclined to do it. I wish I had known as I stood on the edge of that precipice, that this was it. After the first time there is no turning back. In retrospect I feel there should have been an audience, similar to the movies, standing shouting 'No, don't do it!!' But there wasn't. There was just that little voice in my head, the one that argues and defies all reason and convinces me to do things that are both destructive to my body and mind.

Matric passed me by in a blur. I was starving myself by getting high on slimming tablets, then, when that became too much, binging, purging and sometimes slitting my wrists. I got such a feeling of self release, comparable to air being let out of a balloon – the pressure and the buildup of stress and tension magically gone with the slice of a blade. It delighted me to see the little pin pricks of blood appearing, the inflamed red scar it would leave. And it would be my little secret, my little way of coping which no body else knew.

Unfortunately everyone around me could see that somewhere along the line I had lost the plot. In between overdosing on appetite suppressants and crying all the time, I wondered around in a self absorbed bubble, completely different from the girl I had been a few months previously. A teacher got involved and I was sent off to a shrink, with my mom constantly asking me why I wanted to die and what was wrong with the life they had given me? Except this wasn't it. I didn't want to die. I wasn't particularly fond of living either but at least this was a mechanism to help me through. I got annoyed with the people who were only trying to help and wished to hell they would just leave me alone and let me get on with it. My psychologist was fantastic, and I managed to resolve a lot of the family and food related issues I had. For the time being.

At the end of grade twelve, I decided I had to get away. I chose my degree based on something I was mildly interested in and was as far away from the small, suffocating community I had lived in for the past 17 years as I could find. Enter Rhodes University, January 2002.

I absolutely adored Rhodes. I made friends that accepted me for who I was, I enjoyed my degree, I loved the lifestyle. Everything seemed to finally fall into place perfectly for me. The bulimia and self injury slowly started disappearing and by the time I moved into digs in the beginning of third year, I was as mentally happy and healthy as could be.

Cut to the middle of fourth year. I finally found the guy of my dreams. He was good looking, he dressed well, had loads of ambition and treated me like a princess. He integrated himself into my social circle as if he belonged there all along. Our personalities just clicked and we both had the same sort of direction in life. My friends adored him, I adored him and the two of us were essentially a perfect couple. The third term of my final year at Rhodes was the happiest I have ever known. Every morning I woke up with love and joy and absolute complete happiness. However, it was short lived and soon my whole world was to come crashing down.

Literally out of the blue, his ex girlfriend moved back onto the scene. She had seen how happy we were together and decided this didn't suit her at all. In one night she managed to convince him that he belonged back with her, even though she had cheated on him eight times in their three year relationship. He came to me the next day and thanked me profusely for helping him get out of the bad place he had been in, politely told me he needed a break and I found out 24 hours later not only had he slept with the ex girlfriend literally three hours after speaking to me but they were going to get back together.

I have never lost it so utterly and completely as I did that weekend. I felt so stupid, so used and so pathetic. How could I have not known or seen it coming? How could I have fallen for someone who clearly has such a weak personality that he would go running back to someone who had cheated on him? How, how, how? I cried and cried and cried, I drank myself into a stupor, my friends by my side, quietly picking up the pieces. I would go out at night and break down into hysterical crying rages and throw glasses against the walls. I never resorted to self injury though.

Until the little voices crept back into my head, when I had done absolutely everything else and nothing made the pain go away. Reminding me how good it felt. How it was the only thing that would relieve the pain, the numbness, the emptiness, the desolation.

So I did it. I saw the happy couple together having lunch and I drove home as fast as I could, went into my room and slit my wrists four times with a blade. As the tension released itself, I did immediately feel better. But only for about three minutes. Then all the feelings came flooding back and I was left exactly where I started. Number, empty, desolate. On top of that I had to try explain to my friends where the glaring red lines on my wrist had come from, and, unfortunately for me, they aren't quite as ignorant as I would like to believe. They look at me in horror and find it incredibly self-destructive while I sit mute, shrug my shoulders and act like a petulant child when questioned.

Self injury scares me. Not the act itself. The act itself is almost a positive mannerism in that you are actually doing something, anything to help you get through a situation. And it does help. It is anger I can take out on myself and not other people. It's answering the voice that cries for help. What scares me is the person I become when I am in that mind set. Terribly self destructive, not caring about other people, not caring about me enough to find an alternative way out. I am, by nature an easy-going, happy person. But when I slip back into the self injury mindset, my whole personality does a 180. I become angry, aggressive, destructive.

In some ways, I regret resorting to self injury all those years ago. And in some ways I don't. For self-injury and bulimia and depression have helped me understand. Have made me more empathetic to people who are going through the same thing, and in the health profession which is the field that I am going into, this is a valuable characteristic to have. I also believe this characteristic is only gained by actually have been there, done that, and known exactly how it feels. Every scar on my wrist is a tribute to a traumatic period in my life, which somehow, I have managed to stumble through and come out, a little bruised and battered, but no doubt surviving on the other end. There is a tinge of worry however, that one day, and it may be one day soon, that there is going to be a scar on my wrist which is the tribute to the event which I didn't make it through. And the worry is not that I am going to push myself that little bit further, that little bit closer to the edge. I worry because I am not frightened by that. I am almost…curious as to what it's going to feel like.

(c) Niobe's Narrative

If I could cry blood I wouldn't think so much about cutting myself. I don't do it enough. I am inhibited by pressures. Like a dog that gets shouted at for gnawing her paw in frustration; people don't like pain to manifest on the outside it makes it harder to turn a blind eye. They assume that if they see it you want their help which let's face it, is a ridiculous notion. Even zoo animals are not accused of engaging in attention-seeking behaviour when they go mad in their cages and turn on themselves.

I can't ignore the pain and rage and humiliation that is the life of a modern, thinking, feeling woman. It's a relief but I am always conscious of protecting people who have a claim on my body in some social way: colleagues, lovers, parents, friends, so I never cut myself as much as I want to. And I never cut my face which is what I dream of slashing to pieces as well as my wrists, obviously.

As a young child I used to be terrified that I would stab myself to death in an uncontrollable rage. But I only proceeded to actual cutting of skin in my twenties. Usually I successfully direct my mutilation to the inside, so I have a very ulcerated stomach and have also been able to have myself damaged by many sexual and emotional encounters with various miscreants of the male sex, as well, tragically as by many lovely and beautiful men.

But I like to see my actual blood for whatever reason. Passion and suffering it represents to me; life. When I feel guilty about it I remind myself that I am only an animal trapped in a vast and complex system that cannot help me, from which no one can escape, and that I am as guilty of sin as a circus lion that suddenly eats his trainer. I am happy to take responsibility for these actions of mine but if exposed I would be humiliated and ashamed because I would feel like such a girl. And yet I long to wear with pride my own capacity for creative coping in the face of the emotionally, financially, spiritually and physically torturous social circumstances in which we are somehow all forced to conspire in our own and other's oppression which surrounds us on all sides everyday. I don't want to pretend that it's okay, or that I am. But I do. And so I don't cut myself enough. I don't cut myself often enough and I don't cut myself deeply enough.

(d) Philomela's Narrative:

S.I. Self-injury. I didn't even know then what hell I was going through had a title. I didn't even know what I was going through. I did know that every time 'it' happened I felt even worse because I felt like a twisted freak. What kind of person calms their emotional turmoil by cutting themselves? It doesn't even sound logical. Although nothing much was very logical to me at that time. I don't mean to sound melodramatic, but really, nothing did make much sense to me at that point.

By normal standards I shouldn't have been having any sort of problems. I grew up in a loving, two-parent home. I had a brother and sister, a dog, a yard; basically anything we wanted we were provided with, within reason. We were encouraged to pursue our interests, encouraged to make friends. We had the comfort of having our boundaries and knowing that we were loved unconditionally. I wasn't abused or pushed bend my limits to perform or out-perform others. I was told that I was special, unique and beautiful, in other words, I always had positive reinforcement. My mother was especially aware of emotional well being and self-esteem, I never heard her call me stupid or useless, ever. Not even when I saw her pushed to her limits by my disobedience or rebelliousness.

So here's where the issue of logic comes into play. I would think that a happy childhood would produce a happy adolescent. Then why was I so unhappy? Why did I have so much self-hatred and loathing. I felt insecure. I felt rejected as well as angry and useless. I think the best way that I can describe things is that I despaired of myself. I think I'll just summarise the rest of the things that weren't adding up at that stage: My mother was a good person (a bit of an understatement, you'd agree if you'd known her) yet here was a good person with a very bad terminal illness. My parents loved me, but they didn't (show) love (to) each other (something I noticed since I think I was emotionally aware!). I had everything to be happy about and look forward to and I felt constantly down and though my life was over. I craved to be viewed as attractive and yet I hated my physical self. For a while I did what we all do I suppose I put on a mask. I hid all this confusion behind a free-spirited, happy and carefree 16-year old. I'd still have my 'dark' moods where I'd want to "not be" anymore, but most of the time I was alright. I think I just pushed all this emotional mess to one side and tried not to focus on tit and focus more on having a good time.

When I was about 17, that was the first time it happened. I remember hearing that my mother's illness was back. She had been in remission for about 4 or 5 years. I can still remember how frightened I had been at 12 finding out about it for the first time. The shock of thinking that my mom was going to die (my grandfather had just recently died of cancer). I vaguely remember something about being pushed through std. 5, because the emotional baggage was turning out to be too much for me to cope with. I don't know, I seem to have a few blank spots in my memory, not things I've forgotten, just patches where I can't remember anything about a specific time. My mother's memorial service is another spot. I remember walking in, sitting down and walking out. The whole service in between is blank. I don't even know if we sang anything. I can't remember what I wore. Things like that should stick with you shouldn't they?

Anyway, I don't remember who told me or what they said. The only way I know I was upset is because I distinctly remember sitting up in the sand dunes with thoughts rushing through me like: I'd rather be the one that it was happening to. Feeling so utterly useless and so angry. Angry, angry, angry! I recall something about asking God, "Why?" I think it was like falling from a cliff. I fell into some deep emotional place that felt so massive, so confusing. I was already crying but it was like my cries were stuck. (You'll have to bear with me on the explanatory imagery, I'm trying to do it the best I can.) I looked down and saw a broken bottle at my feet. I didn't consciously think to myself, "Oh look a piece of glass. Gee, I think I'll cut myself."

I think it's very important that you understand. I didn't 'um' and 'ah' about doing this. I didn't even think about it at all actually, I felt it. One minute the glass was on the sand the next it was in my hand and cutting my wrist. The first cut I made was accompanied by some sort of 'growl' that rose up from inside me. It felt like all my frustration and anger was rising up and

flowing out with that incision. The second and the third and the fourth felt the same. It was only when I saw the blood that I could cry. That was when I felt release like the stifling frustration and anger letting go. Then I felt better, I felt cleansed. I could just get up and go home like everything was fine. That became a coping mechanism for me. I suppose you could say it was a pressure cooker type scenario. I'd get weighed down by my problems and complexes, the feelings would build up and build up until finally I would trigger the release valve by cutting myself. I used whatever was at hand initially but eventually settled on a scalpel that I had 'borrowed' from biology [class] or an NT cutter or a paper knife that I had. I never ever intended to kill myself. There were times that I wished I wasn't alive, or that I could just stop being, but I never wanted to even seriously injure myself. I just needed to inflict enough pain to trigger my release. (This has never really extended itself into my sex life, in case you're wondering, I'm in no way into S&M!) There were times when I had to face highly stressful situations in front of other people (usually the 'other people' were the cause of these highly stressed emotions), I obviously couldn't just whip out my trusty blade and start whittling away. So I'd end up digging my nails into the backs. Surreptitiously of course, just enough pain to cope. I'm also a big believer in variety being the spice of life and sometimes I'd just sit and wait for my cigarette lighter to heat up and then I'd burn my arms (this was not in front of people of course). Although, I must admit that was more pain than I needed and it was only once or twice after a massive fight where my anger outweighed my feelings of worthlessness or hopelessness.

There were also instances where I couldn't eat. These specific times followed intense bouts of dark depressions, terrible self-pity and –loathing. I'd chew my food and the minute I tried to swallow I'd want to gag. Or I'd chew and swallow fine, but as soon as the food hit my stomach – "Houston we have lift off". I'd bring it up just to ease the nausea. Then I'd feel incredible guilt at wasting food that my mother had spent time and energy preparing and both parents had worked hard to buy. To be totally honest, I felt really guilty about a lot in those days, whether it was justified or not. Well, the guilt didn't help the self-pity or –loathing I can tell you.

While I didn't do any of this for attention, (believe me, the last thing you want when you're busy cutting yourself is for someone to walk in!) strangely enough the body part of choice for cutting seemed to be my wrists – horribly conspicuous and difficult to hide without long sleeves and, well, there is something a little odd about someone in long sleeves in mid-December. Maybe I though so little of myself at times that if I couldn't care about me who else would care to notice? If they did, well then so what? I used to think it was a 'cry for help', but now I'm not too sure. I tend to lean more on my theory that I just really didn't think anyone would actually notice. Later on when I wasn't living alone anymore, I utilised places like the inside of my thighs, my upper inner arm, near my armpit (don't spray deodorant or sweat!), the underside of my breasts and once the top side of my breasts. I even felt severe urges to track long cuts across my face, but I knew that this would buy me some long awkward question and answer rounds as well as a probable ticket to St Mark's [Mental Hospital]. So I cut my hair instead, even then I had to do that with restraint when I really wanted to just go wild and hack off huge hunks of the stuff.

Although I had these destructive variations, cutting was still my coping mechanism of choice. Sound like a drug addict? Well, yes, it was addictive actually, for all the same reasons that anyone gets addicted to anything: it felt good. I had never heard of anyone doing anything remotely similar before. It's not really good party conversation is it? I most certainly wasn't going to get the ball rolling by asking people if they did what I did. When things were okay I'd just 'forget' that I even did that. (I was actually good at trying on different personalities for different people. One for my parents, one for my friends, another for my teachers etc.) So I just pushed that 'me' to one side and pulled out the 'party animal me', who was using drugs and alcohol anyway – another coping mechanism. This one made me forget all the bad and negative stuff and just enjoy the drug-induced sensations and euphoria that more often than not was accompanied by rave music. I could get on that dance floor at 23:00 and only leave at 6:00am the next morning (bar trips to the loo and the top-ups of drugs and fluids). I could totally lose myself, totally immerse myself in the music.

I only began to feel like less of some kind of sick person when I found a magazine article about cutting. I think it was a while after I had started. I remember going cold when I saw that page. They had a photo of a girl's arm with marks exactly the same as mine when I did it. They could have taken a photo of my arm! In a way I felt better about myself, less freakish, although now if anyone did ever find out I was sure they would think I was copy-catting and that I just wanted attention.

I suppose in a way I did want attention, not the patronising, pitying kind. I wanted to feel loved, acknowledged. Although, which one of my 'selves' did I put forward? I didn't feel like a whole person, just different personas, which I had created co-existing in a weird sort of symbiotic relationship. I really wanted someone to sit me down [and] help me identify why I felt the way I did, who I was and how to overcome the immense loneliness and depressions I was vulnerable to.

As time passed so did the need to 'cope' I suppose. I began to use other methods of coping that stemmed from a progressive maturity. Also, I had [my] children to think about. Times where I may have been tempted to give myself over to despair I had to stay strong or at least put on a convincing parody of strength for their sakes. I won't lie and say I have never been tempted to walk down those roads again. The bliss of just giving in to behaviour that somehow seems instinctive and gratifying has a very strong siren song. But I block my ears most times and give in to cynicism and numbness, the other times I really do try to look on the 'bright side of life'.

In the end, I still don't know why I did it, not really. I don't know what flipped which switches in my head that day. Why that specific action? It fascinates and scares me, like standing on the edge of a building, looking down and wondering how bad things have to get before you override your basic instinct for survival. If I don't know why I did that, how can I know with absolute surety that my mind, its responses, will always be 100% under my conscious control? Is there ever going to be anything that may 'fry' those switches permanently overriding any instinct for survival? I once read something interesting: "The mistrust of heights is the mistrust of self, you don't know whether you're going to jump". I'd still like to know the 'whys', you know? Though I'd like to believe that I've overcome my fear of heights.

(e) Procne's Narrative

I can't remember the first time that I hurt myself. I don't know when it started. I was in high school. I o remember a specific time that I think must have been one of the first times. I was 16, I was having a fight with my boyfriend; it was rather a dysfunctional relationship. He was pushing all my buttons and I couldn't make him understand how frustrated I felt. I couldn't convey my feelings and, quite frankly, I don't think he was really listening. I remember taking a red-hot cigarette lighter and holding it against my arm for as long as I could bear it while he was sitting there. I just did it, I didn't really think about it. It hurt like hell. He didn't even notice what I was doing.

I can't describe the sensation; it's very difficult to articulate. It's the feeling I have every time I hurt myself. Satisfaction: that seems to be the word that describes it best. Relief: there's an element of that too. It's a release almost like an orgasm; although in no way sexual. There's spite and some sense of maliciousness mixed in too. I'm not sure what my intention was at the time I spoke of earlier. I was ambivalent about letting him see the wound. I was ashamed of what I'd done, or rather, I felt foolish, as though it was an unnatural or 'freakish' sort of thing to do. At the same time I felt defiant. I wanted to shove my hurt in his face. Possibly to make him feel bad, but, I think, mainly to make him realise how desperate I felt, how frustrated I felt, how much I needed him to treat me with love. Mostly I felt trapped. He freaked out when he saw. I wanted care and concern. I got angry recrimination and disbelief. I felt misunderstood, disappointed, in him.
Other than that from time to time I'd cut my forearm. It was never deep, more like surface cuts. It wasn't about the pain, it was more about the act, the blood. I had to draw blood. That wasn't the motivation, but when I did cut myself I wanted it to run, to see it trickle, or at the very least, bubble from the razor thin cut. I liked (for lack of a better word) the secrecy of it, the intimacy with myself, my body. Sometimes I'd light candles; it felt like a little ritual. When I was older, at university, I would light candles in the bathroom and sit amid the steam and cut myself. I suppose it was so that nobody would disturb me or 'catch me' doing it. Usually I would cry before and during and a little bit after but once I cut I calmed and that marked the end of a 'session'. The light would go on – sometimes I liked to examine my handiwork and other times it didn't seem to matter. Sometimes I'd clean the wounds with antiseptic and bandage my arm/s. Other times that seemed ridiculous; I didn't care enough. I didn't feel worth it. Or I liked to watch the blood dry and felt tempted to leave it, to let it be a statement, to let the dried blood on my arms say, "This is me, this is my blood, this is who I am."

We'd had a terrible fight. He was unrelenting. He pushed and pushed until I wanted to bash my head against the wall or tear my hair out. He made me feel so frustrated, so helpless and he wouldn't listen to me. There seemed to be no resolution. He was like a huge wall blocking my way, a monolithic presence: suffocating, overwhelming, and invalidating. I didn't know how to make him understand what I needed. I screamed at his indifference and he would not budge. I'd clench my fists so that my nails dug into my hands. There was so much frustration building up inside of me and anger that I felt as though I could explode into a million pieces, that I has to wreak violence, lash out. Like the line from a Sylvia Plath poem: "Now I break into pieces that fly about like clubs/ A wind of such violence/ Will tolerate no bystanding: I must shriek". Instead I went to the bathroom and sliced my wrists a few times. He was furious. Perhaps he thought I was trying to manipulate him, to emotionally blackmail him into feeling sorry. Or maybe he felt responsible, maybe I wanted him to. I wanted him to understand how much he was hurting me and how much I was hurting before then anyway. He told me that I was 'stupid' and that it was a 'dumb' thing to do. He ridiculed and belittled my pain and me. He gave me an ultimatum: that he would leave if I did it again. I stopped, but I felt tempted to do it so many times. It was his anticipated reaction that stopped me every time, though I came close. I think I did it once, just to defy him, but I never let him see. It was my body after all and I wanted to prove to myself that he didn't control me.

Eventually I thought I'd kicked it, that I'd never do it again. It seemed silly and distant. But I did do it again, when things got dark, and again and again, albeit with more time in between. When I feel good about myself and happier with who I am I hardly think about cutting. I don't feel like it's necessary. It seems a bit disgusting and absurd and I wonder why I did it. I feel sort of ashamed that I did; although I'm more accepting now. Not condoning, but more like I have sympathy for myself. For me cutting myself is about self-rejection. It's an expression of my feelings of worthlessness and feeling as though I'm not good enough. It's an expression of helplessness, a plea for the acknowledgement of my pain. I like the ugliness of it, the reality of it. It is an expression of the inexpressible, a primal scream. It is a way of cradling my pain – in that way I guess its masochistic, a sick enjoyment of my suffering – I think that's what makes it so shameful afterwards. I cast myself as a victim, but at the same time, I can control something: my pain; play with it, manipulate it, secretly.

It's strange to think that I've done this for so long intermittently over the years. The worst was in 3rd year, that was my lowest low. I was seeing a counsellor, she wanted to book me into the Sanatorium when I told her I cut myself– I think she thought I was going to "off myself". I'd been thinking about it, to be honest. I don't think I would have. I had reached a point where I needed to know that people wanted me around, I needed to know that they knew that I was hurting and that they understood the reality of my pain. I didn't need it undermined.

It was a demand, a statement, a plea for recognition – it never came. I was on a self-destructive mission drinking excessively and angry at everyone. I was determined to own my pain and shock people into acknowledge accepting it.

Self-destruction has always been with me. Perhaps it is linked to my self-rejection. I used to vomit up my food when I was 16 and as an adult had a love-hate relationship with alcohol. My appearance, my body, has been an enormous issue in my life. I never realised how much until recently. Affirmation from men was easy, a quick fix of 'ego boost'. Eventually I felt that all I was, all I had an attractive body. I didn't think that **I** was attractive. Men were attracted to my body. I thought of my body as a thing separate to me, the real me obscured by my breasts, hips, 'ass', yet these were essential, the only things of worth. Eventually I established that I had other things to offer, but I think that my appearance always remained important focus, yet another love-hate relationship. My body has never been good enough, despite reports to the contrary, yet I've known that it was a salient feature. I always wondered if I really deserved some of the things I got and how much my appearance affected other people's opinion or treatment of me. I often felt trapped and thought in terms of the 'real me'. I know my cutting is related to the relationship that I have with my body, I'm just not entirely sure how. Am I punishing myself or desecrating myself? In those moments my body feels like **my** body and I have control over it but I also feel useless and helpless and pitiful – perhaps it's a combination – one to match my ambivalence. I know when I'm feeling more accepting of myself I don't need to cut myself. I cut when I feel hurt when I hate myself for being ugly and useless and helpless and pitiful; when I want the world to see and taste my pain and my body to feel pain and defy it. In that moment I revel in the 'wrongness' of it, the irrationality and the 'deviance' and 'otherness' of the act. I want to be perverse, I will do it if I want to, and regardless of whether I secretly wish someone would stop me. I relish the dark desperation, its insanity. In that moment I can go against my better judgement I can feel pain and still choose to act, I can ignore it. The allure is in the subversiveness of the act – to be able to turn the world upside down. I think that is why I cut myself.