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The cutting culture : meanings communicated by women who engage in self-cutting

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THE CUTTING CULTURE:
MEANINGS COMMUNICATED BY WOMEN WHO ENGAGE IN SELF-CUTTING

A Thesis

Presented to

The Faculty of the Department of Communication Studies

San José State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Nita Cailyn Boscoe George

August 2007

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ABSTRACT

THE CUTTING CULTURE: MEANINGS COMMUNICATED BY WOMEN WHO ENGAGE IN SELF-CUTTING

By Nita C.B. George

This qualitative exploratory study examines the communicative function of self-cutting among women through the use of a narrative ethnographic and autoethnographic approach. There is an absence of research pertaining to self-cutting in the communication studies discipline; therefore, this study elucidates how the meanings expressed by women through the act of cutting their skin serve as a form of communication. How these women make sense of and assign meaning to their experiences with self-cutting is explored through an analysis of their personal self-cutting story. Findings reveal that each participant's process of meaning-making is influenced by the perception she has of herself within the context of her social world. In addition, the scars formed through the act of self-cutting serve as a medium through which each participant creates, understands, and communicates meaning surrounding her experiences with self-cutting.

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All that is enclosed by my skin is me; everything else is not me. The skin is a border between the outer world and the inner world, the environment and the personal self (Favazza, 1996, p. 148).

CHAPTER 1: INTRODUCTION

I can remember taking care of Max; he must have been around six years old, and he asked me what had happened to my arms. I knew people would ask and I never thought it would be difficult to explain, but for someone so young I had to think through my reply. I knew better than to question Max's perceptiveness and intelligence, but how would I tell him the truth? How would I tell him that sometimes I get so depressed and overwhelmed by my own emotions, anxieties, and stress that the easiest way I can find stable ground to collect myself and relieve that tension is to cut my own flesh? Even I have difficulty understanding the method I selected to simulate taking control of myself. Therefore, I chose to reply simply and metaphorically by telling Max that I had fought a battle and had won. He seemed intrigued and only asked one more question: "Did it hurt?"

The earliest incident of self-cutting I experienced occurred much earlier than all of the rest. I can remember being in fifth grade and my teacher had to leave for five weeks to have surgery of some sort, which left our class with a long-term substitute. Unfortunately, I grew to despise the substitute who replaced her and I began to do poorly in class. Each day was one day closer to the time when this irritating man—who wore socks with his Birkenstock sandals and had the habit of leaning over me with his foul

smelling breath—would be gone. However, that day did not come soon enough and my anger towards him grew stronger. I can remember the day I received a failing grade on a history test; I came home fuming with rage towards this man, this insufficient pig-headed substitute, to the point where I wanted to break something. I shut myself in the bathroom with a razor blade from my dad's garage, and cut the skin on my wrist. I can be honest when I say that this act, along with all later acts of cutting, was devoid of suicidal intent. Why did I select cutting specifically? I have no idea. About seven years later I cut myself again and continued to do so until my cry for help was heard.

Not a day goes by without catching a glimpse and being reminded of the painful habit that entered my life for a significant period. It has been almost three years since my last noteworthy incident and yet the scars, though less tender and raised, are still visible. I feel little guilt or shame about the map of confusion that resides on my forearms because it is evidence of a struggle that has increased my own self-awareness and strength. The time I have spent experiencing this odd and puzzling behavior, and the multitude of times I have attempted to explain myself to others, has taught me that those who self-cut are widely misunderstood. There are many who struggle with the idea that a person can voluntarily injure her body and those who cannot understand how *I* could do such a thing to myself. In the realm of healthcare, it has been common for doctors to link the behavior of self-cutting to Borderline Personality Disorder and paranoid schizophrenia (Chapman, 2005). In my experience, almost all of the healthcare practitioners I came into contact with immediately assumed that I was suicidal and in denial of it.

There were and still are many times when I feel that I am the only person who can truly understand what self-cutting symbolizes for myself. I will even admit that I am still in a period of self-discovery and I am trying to sort out my injurious tendencies and attempting to fully answer the question: Why? When I ask this question, the “why” does not solely refer to causes (e.g., “what caused me to cut my skin?”); rather, my curiosity and reflection is aimed at determining why I selected the act of cutting as opposed to other means of taking control of my body and my mind. What did cutting symbolize to me? One way to explore the personal meanings I expressed through cutting is to examine the meanings expressed by others who self-cut. It is only recently that I have felt the desire to examine the literature surrounding self-cutting and interact with others who self-cut. Gradually feeling comfortable enough with my own experience has allowed me to broaden my awareness of the experience of others who self-cut.

The time I have spent in graduate school has been significant because I feel like I have reached a new point in my journey of exploring the tendency I have to self-cut. Although there is a substantial part of me that wants to remain hidden, I can sense there is another part of me that is ready to step out of my own bubble and into the lives of others who engage in self-cutting. I want to hear the stories of others who have intentionally cut their skin and explore how they each uniquely construct and express meaning through the act of cutting. Although I expect there to be vast differences between the self-cutting stories of others and my own story, I also expect (and hope) to find common ground that signifies a cultural connection.

Culture is a complex concept and cultural scholars have defined culture in many ways. Philipsen (1992), defines culture as “a socially constructed and historically transmitted pattern of symbols, meaning, premises, and rules” (p. 7), which fits my own conception of culture and complements the theoretical framework of this study. Based on the literature I have read thus far on self-cutting and using Philipsen’s definition of culture, I already recognize how those who self-cut, regardless of whether or not they verbally interact with one another or even come into face-to-face contact, share a culture. One of my undergraduate professors, Dr. Armeda Reitzel (2004), defined culture as “the products and processes that define and are defined by the ways of thinking, believing, and behaving of a group of people.” Those who self-cut share similar ways of thinking, believing, and behaving, which are quite different and possibly difficult to comprehend for those who do not engage in the act of cutting.

To further explain how self-cutting can be viewed as cultural and communicative, I will draw on Carey’s (1989) conception of “communication as culture,” where culture and our reality within our culture is “produced, maintained, repaired, and transformed” through the “symbolic process” of communication (p. 23). Carey believes there to be two views of communication: the transmission view (the sending and receiving of messages) and the ritual view (“the maintenance of society in time...[and] the representation of shared beliefs” (p. 18)). Although the transmission and ritual views of communication may operate in tandem, Carey’s notion of communication as culture emphasizes the ritual view of communication. This view of communication subsumes the transmission view and allows one to see communication as a meaning making activity. Thus, when

individuals share their self-cutting stories with each other they are essentially constructing the *cutting culture*. A ritual view of communication can help frame these narratives in order to understand how each self-cutter portrays and confirms a particular view of the world (Carey, 1989).

As a member of the cutting culture, I can attest that the act of cutting is a form of communication, which is supported by various scholars (e.g., Best, 2005; McAllister, 2001; McAndrew & Warne, 2005). However, the field of communication studies has made little effort towards exploring the act of self-cutting and what meanings those who cut and scar their flesh are trying to communicate. This subject matter is a valuable avenue of inquiry for our discipline and I feel that my own membership within this culture provides me a unique lens through which I can begin to fulfill the qualitative tenets of describing, explaining, and understanding (McAndrew & Warne, 2005). In this thesis, I argue that an examination of the personal narratives of a small sample of college students, who engage in self-cutting, will provide insight into what these students are trying to communicate and express (McAndrew & Warne, 2005). In addition, an analysis of these narratives will elucidate meanings constructed and meaning making engaged in by those who self-cut (Nyquist Potter, 2003).

The act of deliberately cutting one's own flesh without suicidal intent is becoming increasingly prevalent among Western society's adolescents and young adults (Conterio & Lader, 1998; Evans, Hawton, & Rodham, 2005; Gratz, Conrad, & Roemer, 2002; Laye-Gindhu & Schonert-Reichl, 2005; Rodham, Hawton, & Evans, 2005; Suyemoto, 1998). According to current research, skin cutting is the most common form of self-

injury (Abrams & Gordon, 2003), especially among females (Laye-Gindhu, 2005; O'Loughlin & Sherwood, 2005). Thus, it becomes imperative for health researchers to explore the act of cutting and the reasons and motivations behind an individual's tendency to mark her or his body in this way.

Self-cutting is considered by some to be a coping strategy used by individuals to manage emotional stress or pain that is fueled by depression and loneliness (Best, 2005; Poustie & Neville, 2004), anxiety (Adler & Adler, 2005; Parker, Malhi, Mitchell, Kotze, Wilhelm, & Parker, 2005), unresolved feelings (Abrams & Gordon, 2003), negative body regard or low self-esteem (Laye-Gindhu & Schonert-Reichl, 2005; Meulenkaamp, Swanson, & Brausch, 2005), and traumatic incidents (McAndrew & Warne, 2005), among other pressures of life. Cutting can serve as an outlet to relieve the tension and emotional pain brought on by distressing circumstances (McAndrew & Warne, 2005; Nyquist Potter, 2003; Poustie & Neville, 2004; Slovenko, 2005), providing some sense of comfort, support, and relief. Self-cutting, in some cases, is regarded as a silent cry for help and, in others, an individual's hidden secret and source of excitement (Adler & Adler, 2005). The heterogeneity of the self-cutting culture is valuable to note (Skegg, 2005) because it is imprudent to assume that individuals engage in acts of self-cutting for the same reasons. Due to the variety of reasons and motives that propel individuals to self-cut, it is essential to continue to add to the current body of literature so that understanding of the multiple-dimensions of this culture can be further developed.

One approach researchers can use to enrich current understanding of the self-cutting tendencies exhibited by individuals is narrative inquiry. Although some scholars

of self-cutting have utilized this methodology (e.g., Abrams & Gordon, 2003; McAllister, 2001), there remains inadequate qualitative research that explores the act and idea of self-cutting through the analysis of personal narratives. Further inclusion of personal narratives into the current body of literature has the potential to expose the complexity of self-cutting and give meaning to the experiences of those who have engaged in this specific and symbolic act.

Research to date has examined, though is not limited to, self-cutting among such groups as adolescents (e.g., Best, 2005; Evans, Hawton, & Rodham, 2005), urban and suburban young women (e.g., Abrams & Gordon, 2003) and college students (e.g. Gratz, et al., 2002; Meulenkamp et al., 2005). However, the current literature is not comprehensive and there are still avenues of inquiry yet to be explored among these demographics. Although this research study does not draw any specific conclusions about a correlation between the college environment and self-cutting, it is important to note that my initial purpose for selecting college students as a group of study was to explore this possible connection. College students frequently feel the weight of academic pressure brought on by assignments, schedules, and performance expectations, which, according to a study by MacGeorge, Samter, and Gillihan (2005), is positively correlated with depression. Because previous research has shown that depression and an individual's choice to cut are commonly related, it would be valuable to ascertain if the college environment has any significant influence on the self-cutting behavior of college students.

In addition to a need for further research addressing self-cutting among college students, research investigating the value of supportive communication for those who engage in the act of cutting their skin is also essential. If self-cutting is as prevalent among college students as some studies have revealed (Favazza, 1992; Gratz, et al., 2002), then it is important to note where and to whom those who self-cut feel comfortable going in search of supportive communication and help. A study that explores an individual's personal self-cutting narrative has the potential to reveal and create understanding of how that person communicates her or his choice to cut and receives external support to help explore her or his tendency towards self-cutting.

The literature surrounding self-cutting and other, culturally unacceptable, forms body-modification is mounting within disciplines such as psychology, sociology, and medicine; much of this scholarship takes the curative approach to self-cutting, seeking causes and solutions to stop individuals from inflicting pain upon their bodies. Although this literature is valuable to the formation of a more complete cultural understanding of the various modes of self-injury, there is limited research exploring self-cutting within the field of communication studies. My comprehensive search of NCA and communication related journals, such as *Health Communication*, uncovered no references to self-cutting. This is not surprising because self-cutting is commonly thought of as a purely psychological and sociological construct. However, I argue for the centrality of communication for this topic because (a) cutting may be understood primarily as a communicative act of expression (rather than evidence of mental disturbance) and (b) supportive communication can play a role in helping individuals to find other modes of

expression. Using an interpretive framework, which values the subjectivity of both the researcher and her participants and is grounded in the belief that reality is socially constructed, I will explore the meanings individuals construct and express through cutting. I will shed new light and provide an alternative perspective on self-cutting as communication and its relationship to culture.

One area of communication studies that will contribute to an understanding of this phenomenon is performance studies, particularly researchers who theorize the communication of body (e.g., Alexander, 2000; Spry, 1997, 2000). Another area of study that will contribute to this research is the communication of social support and how the supportive presence of others influences the self-cutting tendencies of an individual.

For this thesis I pose the following research questions: What forms of meanings do women express through the act of deliberately cutting their skin? (and) What sources for supportive communication do these women turn to for help?

CHAPTER 2: LITERATURE REVIEW

Self-cutting and other forms of body modification, which are commonly considered to be harmful or injurious (hence the common use of the term “self-harm” or “self-injury”), have been studied by a multitude of scholars, both mainstream and academic, and have been explored from various perspectives. This literature review aims to synthesize the dominant research pertaining to self-cutting and examine the numerous angles scholars have adopted to make sense of and explain the various forms of self-injury. Before elaborating on the current explanations for self-cutting I will provide a definition of self-injury in order to facilitate a clearer understanding of the phenomenon being studied. Once defined, I will present the common misconceptions surrounding self-injury, which have prompted its socially stigmatized status. In order to further develop a context for understanding the current explanations for self-injury, I will offer a brief historical account that will reveal its presence not only across time but also across cultures. Next, I explore the prevalence of self-injury in present-day Western society and offer the current explanations of *who* self-cuts and *why* they have chosen self-cutting as a medium for expression. In order to substantiate these research-supported descriptions and predictions, I also touch on the cultural influences and factors considered to create an environment that encourages self-cutting tendencies. Finally, in an effort to connect the current literature to the group I have selected to study for this research, I will discuss the potential for college students to be at-risk for self-injurious behavior.

While the findings in current scholarship emphasize the significance of quantitatively examining self-cutting in order to assert its glaring presence within our

society and explain its psychological and social function, various spaces within the research remain to be filled. It is the goal of this review of literature to illustrate that there is an absence of research that focuses on the communicative function of self-cutting and an absence of voice—the voice of those who live and have lived through the experience of self-cutting. The stories of those who have felt their vulnerable skin divide and seal with the indelible line of each scar are invaluable to fostering a more complete understanding the phenomenon of self-cutting and its communicative purpose.

What is it? Self-injury Defined

When an individual deliberately and directly cuts his or her own flesh, without suicidal intent, thereby destructing or altering their body tissue (Favazza, 1998), he or she is engaging in what many scholars refer to as *self-mutilation* (e.g., Favazza, 1992, 1996, 1998; Hewitt, 1997; Levenkron, 1998; Strong, 1998; Suyemoto, 1998). Self-mutilation does not exclusively refer to cutting, as it encompasses a range of acts that may cause damage to one's physical form (e.g. burning, hitting, biting, or scratching); however, for the purpose of this analysis, I am specifically addressing self-cutting. The act of self-cutting may also be referred to as *self-harm*, *self-injury* (Conterio & Lader, 1998), *delicate self-cutting* (Graff & Mallin, 1967), and *deliberate self-harm* or *DSH* (Skegg, 2005).

As one can see, there are various terms used to describe and label the act of self-cutting; however, some of these terms are connotatively problematic. Laye-Gindhu and Schonert-Reichl (2005) and Best (2005) express concern and frustration with the interchangeability of terms used to define, describe, and label self-injurious behavior.

The label “deliberate self-harm” is problematic, explains Best (2005), because “if *deliberate* means intentional, then there is a further objection, for it seems that the intention may not be to harm oneself so much as to *care* for oneself or, at least, to enhance one’s life in some way” (p. 6). One of the commonly used terms I have difficulty with is *self-mutilation* (*mutilation* being the key word I contest). The word, *mutilate*, as defined by the *Oxford American Dictionary* (2005), means “to inflict a violent and disfiguring injury,” which connotes graphic images of disfigurement and carnage. Although self-cutting may occur in a “violent” uprising of emotions and catharsis, the act itself is usually controlled. In addition, I would not go so far as to declare the apparent marks of self-cutting or burning as “disfiguring,” for the person doing the cutting or burning usually scars her or his flesh in places that are less obvious or can be covered; the self-injurer is still recognizable in appearance.

Therefore, when referring to multiple forms of body modification that are considered “injurious,” “harmful,” and “mutilative,” I will use the term *self-injurer* or *self-injury*, unless I need to preserve the voice of the researcher. I do not claim the word *injury* to be a flawless descriptor of those forms of bodily manipulation that are considered to be less culturally acceptable and physically damaging; however, it is preferable to other widely used terms. Although self-injury is not limited to cutting, I will primarily focus on the act of cutting as the principle mode of self-injury individuals engage in. Thus, for this reason, among other reasons, which include my dislike for the connotation of the word *mutilation*, I will be using the term *self-cutting* to refer to the act of cutting one’s own flesh.

Beyond a direct definition of the act itself, researchers have sought to define self-cutting through analogies such as “the new anorexia” (Conterio & Lader, 1998, p. 4) and “addiction-like” (Conterio & Lader, p. 26). They have also tried to define self-cutting through its supposed purpose. For example, Conterio and Lader (1998) refer to self-cutting as “a maladaptive coping strategy” (p. 4), while Favazza (1996) describes self-cutting as a form of “self-healing” (p. xi). Self-cutting has also been described through reference to the actual people who engage in the act, some of whom have been called “victims” (Favazza, 1998, p. xiv). In addition, self-cutting has also been described through health constructs such as a “long-term health condition” (Poustie & Neville, 2004, p. 33), “disorder” (Strong, 1998, p. xv), “syndrome” (Favazza, 1992, p. 61) or even “pain-driven syndrome” (Schwartz cited in Strong, 1998, p. 59), and “habit” (Strong, 1998, p. 58). It is fascinating to note how each of these descriptions is highly cultural and representative of the times. Imagine how the analogy of cutting as “the new anorexia” would fail to make sense were it used in a culture where anorexia is not a common phenomenon.

Favazza and Rosenthal (1990) developed a categorization system for what they call self-mutilative behaviors. First, they divide “self-mutilation” into two categories: 1) *Culturally sanctioned* and 2) *Deviant self-mutilation*. Within the culturally sanctioned category of self-mutilation lie *rituals* and *practices*. Within the deviant self-mutilation category, which views self-mutilation as a *behavior*, are three sub-categories: a) *major*, b) *stereotypic*, and c) *moderate superficial*. The first sub-category, *major*, includes extreme forms of body mutilation such as eye enucleation, castration, and limb amputation. The

causes for these forms of mutilation could be psychosis, intoxication, or transexualism. The second sub-category of deviant self-mutilation, *stereotypic*, as described by Favazza (1998), is characterized by “monotonously repetitive and sometimes rhythmic acts such as head-banging, hitting, and self-biting” (p. xi). This type of self-mutilation might be found in persons with Tourette’s syndrome, autism, or mental retardation, to name a few. The final sub-category, *moderate superficial*, which is the most common form of self-mutilation, is found all over the world and knows no boundaries between social class, gender, or ethnicity. The most common forms of this type of self-mutilation are skin-cutting (72%) and burning (35%) (Abrams & Gordon, 2003; Conterio & Lader, 1998; Favazza, 1992, 1996; Strong, 1998), both of which may become compulsive, episodic, and/or repetitive (Favazza, 1996).

Common Misconceptions

According to Favazza (1998), “self-mutilation has been trivialized (wrist-cutting), misidentified (suicide attempt), regarded as a symptom (borderline personality disorder), and misreported in the media and in the public” (p. xii). Before the 1960s, self-injury was considered to be a symptom of a mental disorder (e.g., schizophrenia, hysteria, and psychosis). However, studies such as those done by Graff and Mallin (1967) and Gruenbaum and Klerman (1967) argued against the mental disorder labels and specified that “wrist-cutting” and “delicate self-cutting” were syndromes, not always *symptomatic* of a mental disorder. Just because a patient purposefully cuts at her or his skin should not lead to a premature diagnosis of psychosis or hysteria. In addition, Graff and Mallin’s (1967) report misconstrued self-injurious behavior as primarily attention seeking,

manipulative behavior. That is not to say that *none* who self-cut are motivated by a need for attention or to manipulate others (e.g., “my boyfriend left me and now I’m going to punish him and make him feel guilty by hurting myself”); however, the “whys” surrounding self-cutting are more complex and usually driven by what Laye-Gindhu and Schonert-Reichl (2005) term, the “affect regulation function” (p. 454). In other words, according to these authors, self-injury most commonly functions to regulate emotional states—a sort of reestablishment of emotional equilibrium. It was not until 1983, with the publication of a study done by Pattison and Kohan, that “suicidal intent” was removed from the definition of self-cutting and the act was considered to be a “disorder of impulse control” (p. 867). In fact, the most common misconception about self-cutting is that those who engage in the behavior are suicidal, when in reality, most of those who self-cut or burn their bodies do so relieve themselves of pain and energize the sensation of life. It is valuable for scholars to acknowledge the common misconceptions of self-cutting while exploring its stigmatized status.

Stigmatized Status of Self-cutting

An individual who self-cuts in our society might be explained by Goffman (1963) as departing negatively from the normative expectations of our social order, which inevitably has led to vast misconceptions about the behavior and what it symbolizes to the individual who self-cuts. Self-cutting has been stigmatized as a suicidal gesture and trivialized as merely attention seeking. In mainstream American society, self-cutting has come to the attention of millions because it deviates from “normal” behavior and, similar to how Lorber and Moore (2002) explain illness, “is a disturbance of our social lives” (p.

1). Not only is the life of the person doing the cutting being “disturbed” but the lives of those connected to that person are also affected, causing frustration, confusion, and even denial.

It is interesting to draw a parallel between self-cutting and other, more culturally sanctioned (although to what degree is subjective), practices of body modification, such as tattooing, body piercing, branding, scarification, and even plastic surgery. Strong (1998) asserts, “Skin communicates. Skin signals. Skin tells a story” (p. 17). Just as the self-inflicted wounds of someone who self-cuts for analgesic and/or communicative aims are symbolic of that person’s experiences and personal being, so are the tattoos and piercings adorning the body of another. Favazza (1996) refers to the skin as a “message center or billboard through which one can reveal their beliefs or social status” (p. 148). Other scholars have referred to the skin as a “palette” (Strong, 1998) and a “skin canvas” (Sanders, 1989), implying the ability of the skin to serve as an artistic medium. The attitude of many who engage in body modification is conveyed by Pitts (2003) when she states, “The individual can author her identity through altering the body and symbolically changing its meanings and significance” (pp. 16-17). The body is both social and political, making it subject to the critical eye of society (Pitts, 2003). What is it that makes the scars created by one who self-cuts less accepted and more stigmatized by society than the scars or tattoos one imprints on the skin for the sake of art and self-expression? The difference between socially constructed ideas such as normal versus abnormal and healthy versus unhealthy is a matter of socially derived connotation or meaning. A person’s desire to modify his or her body is partially evaluated based on

motive and whether or not that motive is socially accepted. It is fascinating that the act of self-cutting used to manage negative body regard is viewed as less socially acceptable than the act of obtaining plastic surgery for similar reasons.

There seems to be an indistinct line between culturally sanctioned and non-sanctioned forms of body modification, especially because what may be heavily stigmatized in one region may be more socially accepted in another. In addition to the examination of current cultural practices and norms surrounding self-cutting and other forms of body modification, research has also explored the presence of self-marking throughout history and across cultures.

History

Although self-cutting, as we attempt to understand it today in Western society, may seem to be a recent phenomenon, there are documented accounts of self-cutting and other forms of self-injury throughout history, dating back at least two thousand years. Favazza (1998), references the *New Testament Gospel of Mark* as having the first published instance of self-cutting. In this account, “a man, living in a graveyard, who is believed to be possessed, is described as cutting himself deliberately with stones” (p. xvii). In his comprehensive examination of cultural rituals that involve the alteration of bodily tissue, Favazza (1998) explains, how “self-mutilation/body modification is an integral part of the human experience” (p. x). Just as self-cutters may insist that they cut to live and to feel better, cutting across cultures and within cultural rituals can be viewed as self-healing rather than self-harm. Favazza (1998) maintains that self-mutilation rarely services death and, rather, “seems to tap into deeply imbedded sentiments of healing,

religion, and interpersonal amity” (p. xi). Some examples of self-mutilation across cultures include flagellation, Shamanic healing ceremonies, rites of passage (especially among children and adolescents), and physical and mental tests of strength and courage.

One of the most well-known groups who engaged in ritualistic self-injury, who some might recognize from portrayals in the 2006 film, *The Da Vinci Code* or the 1986 film, *In the Name of the Rose*, are “flagellants.” During the Middle Ages, this religious sect, as a voluntary act of penance and in an attempt to atone for society’s sins and rid the people of the plague, would brutally lash themselves with cats-o’-nine tails (Conterio, 1998; Favazza, 1996). Attached to the leather tails on some of these whips were metal spikes or hooks that would tear away the flagellant’s flesh, leaving gaping wounds vulnerable to infection. Some flagellants would whip themselves twice a day for thirty-three and a half days, which symbolized the length of Jesus’ life. Self-flagellation has been documented in numerous parts of the world and today, according to Favazza (1996), “public self-flagellation, particularly during Eastertime, may be encountered, especially in areas influenced by the Spaniards, such as the Philippine Islands, Mexico, and the Southwestern United States” (p. 40). Self-flagellation is just one example of self-injury that can be seen in various parts of the world as a culturally sanctioned practice when performed in conjunction with religious and spiritual beliefs and/or ceremonies.

Self-cutting can also be seen in various cultures that have shamans, or very wise healers who have special contact with the spirit world, who must undergo a particular amount or ritual of self-injury in order to be initiated into the shamanic position. According to Favazza (1996), the ancient traditions of the Siberian Yakut, Australian

Aboriginal, and South American Araucanian shamans reveal that bodily mutilation should be seen as “a stepping stone to wisdom, special capacities for healing oneself and others, and a higher level of existence” (p. 26). Favazza continues to explore self-injury as a vital component of healing rituals in the “Hamadsha” brotherhood ritual of Moroccan lower-social class, called the *hadra*. Through the *hadra* ritual, the Hamadsha acquire *baraka*, a saintly and healing force, and by slashing their heads and smearing their blood on or feeding their blood to the patients, are able to cure those who are possessed with Jinn spirits who cause illness. Sometimes, those struck by Jinn illness will also slash open their heads with the intent of releasing the evil Jinn spirits, reaching a state of catharsis. This ceremony is attended by men, women, and children and may last for as long as twelve hours (Favazza, 1996, pp. 91-92). There is the shamanistic belief that in order to prepare for the ultimate death, one must experience “little deaths” (Flanagan, 1993, p. 36).

While some groups seek healing through self-injury, others may seek visions in order to provide meaning to the course of an individual's or group's life. For example, the North American Plains Indians engaged in the Sun Dance, where dancers had pieces of wood attached to leather thongs inserted through cut holes made to go under the muscle on the chest and back. The leather thongs were then attached to a tall “Sacred Pole,” in which the dancer, now connected to the pole through the thong, would be raised into the air to gaze at the sun, their own flesh and muscle supporting their weight. Around the dancer, the tribe would sing and sometimes pull on the dancer to assist the breaking of his flesh. Those who could withstand the pain until their flesh ripped apart

were granted a vision, providing direction and meaning to the dancer's life. This example of the Sun Dance of the Plains Indians constitutes only one of the numerous examples Favazza (1996) provides of cultural self-injury, where the injury is sanctioned and witnessed by the group.

Other forms of self-injury are common markers of rites of passage, especially among adolescents and young children, and symbolize an individual's inner strength, cultural bonding, and the transformation from childhood to adulthood. Some of these rituals may include genital alteration (e.g., removal of the clitoris and vaginal lips or slicing of the penis along the length of the urethra), scarification, body piercing (especially of the nasal septum), and forceful removal of teeth (Favazza, 1996). Viewing self-cutting and other forms of intentional body manipulation through a historical and cultural lens is valuable to understanding the origins and complexity of such behavior. Whether it is considered to be self-healing or self-destructive, self-cutting is a phenomenon that is richly embedded in history and culture and scholars should acknowledge its multifaceted nature while assessing its prevalence in present-day Western society.

Prevalence

The 1990s saw a significant increase in reports of self-injury; as Conterio and Lader (1998) poignantly put it, "Self-injury is not a new phenomenon—it has been documented in biblical times and in virtually every culture in every era—but it has undoubtedly taken the late 1990s by storm" (p. 21). The past ten years have seen a surge of media attention to self-injury, raising public knowledge and awareness. Well-known

celebrities such as Johnny Depp, Drew Barrymore, Christina Ricci, and even the late Princess Diana admitted to self-cutting, while other references to self-cutting/burning have appeared in films (e.g., *Thirteen*, 2003; *Girl Interrupted*, 1999), television programs (e.g., *House, M.D.*, 2006; *Grey's Anatomy*, 2006; and *The secret lives of women*, 2006), and mainstream magazines and newspapers (e.g., *Vogue*, Harrison, 1995; *Time*, Edwards, 1998; *Newsweek*, Kalb & Springen, 1998; *The New York Times Magazine*, Egan, 1997). This increase in prevalence can be attributed to medical professionals properly diagnosing self-cutting as a behavior separate from other forms of psychosis, to increased media attention, and to individuals choosing to come forward and admit to their behavior in hopes of acknowledgement and possibly treatment.

Favazza (1996) estimates that 1,400 out of every 100,000 Americans (that is 1.4% of the population) engage in some form of self-cutting or burning and that this number is on the rise. In fact, Favazza claims that this percentage could easily be twice as high, due to the number of cases that do not get reported or are misrepresented. Considering that this statistic is from ten years ago, one might be interested to know that the percentage of the population that self-cuts is expected to be significantly greater at this time. Suyemoto (1998) conducted another study examining the prevalence of self-injury in young adults and determined that 2% of American young adults (ages 15-35) engage in self-injury. With a series of studies completed in the 1980s, Favazza, one of the most prolific scholars of self-injury, describes deliberate and repetitive self-injury as both a disorder and a syndrome that can afflict an individual for an average of 10 to 15 years; however, the course of this disorder is variable. In a sample of 133 undergraduate students, Gratz,

Conrad, and Roemer (2002) were alarmed to discover that 38% of their sample reported a history of self-injury. This is a significant increase from the findings of Favazza's 1992 study, where 14% of 500 sampled college students reported engaging in self-injury. The most notable finding of the Gratz et al. study, which seems contrary to most other gender data regarding self-injury, is that of those who reported their sex (male or female) and a history of self-injury, 41% were males and 36% were females. Laye-Gindhu and Schonert-Reichl (2005), who carried out one of the most recent studies examining self-injury among adolescents, found that 15% of the 424 adolescents they surveyed reported self-injury behavior, while 13.2% of the 424 adolescents reported visible and immediate intentional self-injury.

The United States is not the only country experiencing an increase in perceived self-injurious behavior; the United Kingdom has also produced studies addressing self-injury as serious issue to be assessed. Best (2005) reports, "as many as one in 10 teenagers self-harm and more than 24,000 teenagers per year are admitted to UK hospitals after deliberately harming themselves" (p. 6). In March of 2004, England's *Mental Health Foundation* and the *Camelot Foundation* commenced a two-year "national inquiry" into the incidence of self-injury among the country's youth (Best, 2005). In response to the alarming number of young people showing physical signs of self-injury, schools in England have found it necessary to develop policies for managing students who self-injure.

Although the aforementioned studies are valuable sources of cultural information surrounding self-cutting, the conflicting results reveal that one cannot say with certainty

who and how many self-cut or engage in other forms of self-injury at present; however, it is apparent that the number of individuals engaging in self-injury is on the rise and could potentially be far greater than any recent statistics show.

Who and Why?

Strong (1998) has documented cases of self-injury in individuals as young as two and as old as ninety, among all gender groups, class sectors, and ethnicities, illustrating that self-injurious behavior knows no geographic or demographic boundaries; however, some will argue there to be general gender, age, and ethnic groups where self-cutting is more predominant. Researchers face a serious problem when trying to pin-point exactly “who” self-cuts because the “who” changes depending on where they conduct research, how they obtain their sample, and what their motivations are for carrying out the study.

Studies have shown that females comprise the majority of self-injurers (Conterio, 1998; Evans, Hawton, & Rodham, 2005; Favazza, 1992, 1996, 1998; Laye-Ghindu & Schonert-Reichl, 2005; O’Loughlin, & Sherwood, 2005; Rodham, Hawton, & Evans, 2005; Strong, 1998). Favazza and Conterio (1988), who sampled over 240 chronic “self-mutilators,” discerned that the “typical” self-cutter began cutting around the age of fourteen and is usually a white female in her late twenties, who, through cutting and other methods, has injured herself at least fifty times. Throughout Conterio and Lader’s (1998) book, which explores many facets of self-injury and advocates for healing through their specially designed program (S.A.F.E. Alternatives) for self-cutters and others who intentionally injure or harm their bodies, they consistently refer to the self-injurer as “she”—a choice they justify based on evidence that the preponderance of self-injurers are

female. Strong (1998) uses this justification as well, though she admits that males will also engage in self-cutting.

In contrast to females, a majority of males who report engaging in self-injurious behavior tend to execute their self-injury more severely than their female counterparts (Laye-Gindhu & Schonert-Reichl, 2005; Strong, 1998). Some speculate that this gender gap can be attributed to traditional gender roles ascribed to women, which expect women to be quiet, obedient, and passive, resulting in the internalization of emotions (Conterio & Lader, 1998). In addition to gender roles having a potential influence on emotional control, socialization patterns can lead self-cutting tendencies to manifest differently for males and females (Laye-Gindhu & Schonert-Reichl, 2005). Males tend to have *interpersonal* motivations for self-injury while females tend to have *intrapersonal* motivations for self-injury. Males are more likely than females to use self-injury as a form of “self-punishment” (Strong, 1998, p. 3) or a “test of will” (Laye-Gindhu & Schonert-Reichl, 2005, p. 454). In a study of adolescents done by Laye-Gindhu and Schonert-Reichl (2005), unlike the female respondents who had a higher incidence of self-injurious behavior and always conducted it in isolation, 21% of male respondents admitted to engaging in self-injury when in the presence of others.

Numerous scholars assert that a majority of self-injurers are haunted by an abusive or traumatic past and use self-injury as a technique to dissociate from those experiences (Conterio & Lader, 1998; Favazza, 1992, 1996, 1998; McAndrew & Warne, 2005; Strong, 1998). Strong (1998) explains how dissociation is divided into two categories. The first category of dissociation, the form of dissociation experienced by

most people at various points in their lives, is *minor dissociation*. *Minor dissociation* usually comes in the form of a daydream or the preoccupation of thoughts leading to minor sensations of time loss. This type of dissociation is normal and usually harmless. The second category is *internal split dissociation*, where the mind and spirit and/or body disconnect. *Internal split dissociation* explains how some who self-cut describe the sensation of cutting as devoid of physical pain and resembling an out-of-body experience. This form of dissociation also helps explain how some individuals feel as though they have lost control of their thoughts, emotions, and actions, facilitating the act of self-cutting. Dissociation can be both a positive and a negative psychological phenomenon. For some, dissociation may function as a survival mechanism during periods where the body is threatened (e.g., rape, traumatic injury, or other abuse) (McAndrew & Warne, 2005). Dissociation can also serve as a means through which one can displace traumatic memories and sensations out of conscious awareness (Strong, 1998, p 38). Favazza (1998) claims that 50-60% of self-injurers have experienced physical, mental, and/or sexual abuse at some time in their lives; however, this statistic leaves 40-50% of self-injurers unaccounted for in terms of inciting incidents. Although current research is gradually beginning to look into those who comprise the other 40-50%, there is much need for further study, especially when attempting to understand the question of *why* individuals self-cut, beyond a direct cause and effect explanation, and *what* self-cutting reveals about our social world.

Although self-cutting is commonly thought to function as an immediate, though temporary, release of emotional distress (Favazza, 1996), it is valuable to explore other

reasons that may lead an individual to self-cut. It is important to note the heterogeneity among the cutting culture and that those who engage in the act of self-cutting rarely do so for one particular reason; rather, there can be a number of factors that complexly influence one's inclination to self-cut. Numerous scholars address the existence of depression and loneliness among many who self-cut (Adler & Adler, 2005; Best, 2005; Meulenkamp, Swanson, & Brausch, 2005; Poustie & Neville, 2005). Depression may be fueled by low self-esteem or negative regard of one's body image. Although one may use self-cutting as a means of dealing with depression, the recurrent act of self-cutting and the appearance of flesh wounds and scars may subject an individual to disapproval from others and embarrassment, which can actually deepen the depression (Adler & Adler, 2005). Meulankamp, Swanson, and Brausch (2005) discuss the concept of self-objectification, where the body or part(s) of the body is construed as separate from the actual person, and explain how self-objectification can lead to negative regard of one's body. The authors' findings support that disdain for one's bodily image is a common source of depression, which can indirectly be related to the incidence of self-cutting. Objectification can also lead one to consider one's own body as an adversary that needs to be punished and controlled through self-cutting (Strong, 1998).

Loneliness, isolation, and alienation may also create a space that one might try to fill with self-cutting. Laye-Gindhu and Schonert-Reichl (2005) report how some adolescents, particularly more boys than girls, choose to self-cut out of boredom, which helps explain how a number of individuals who self-cut recall the beginning of their self-cutting behavior to be accidental or without specific intent. One may purposefully gouge

one's skin to cease periods of "emotional deadness" (sometimes resulting from intense loneliness or isolation) and feel physically and emotional alive again. Strong (1998) speaks of "the vanishing self" that is revived as the blood slowly exudes from one's parted skin, stimulating sensations of life and wholeness once again.

In addition to depression and loneliness, the presence of elevated stress in one's life has also been discussed as a cause for self-cutting. For adolescents and young adults, lofty expectations and standards placed upon them by their parent(s) or other authority figures can cause immense stress, especially if an individual is struggling to meet those expectations (Strong, 1998). The sense of failure a person experiences when he or she cannot meet the expectations of others can cause significant emotional damage, which consequently leads to additional stress, anxiety, and potential depression. Poustie and Neville (2004) discuss the emotional consequences of "ongoing life stress," which may be brought about by aspects of life such as education, financial struggles, relational troubles, or employment difficulties. Self-cutting may simulate the relief of this stress, anxiety, and even desperation (Favazza, 1996). The ability of one to self-soothe and convert apparent stress and chaos to calm through cutting is one of the reasons self-cutting can become habitual (Favazza, 1998). One of the most frequently reported explanations for self-cutting behavior is that cutting serves as a form of control over oneself.

Controlling the Self

One may relish in the notion that one's cuts and scars are secretive, quietly controlled, and hidden. Adler and Adler (2005) claim that self-injurers may overlap in

the category of loner and individual deviant. Loners, according to the authors, seek deviance as a means of asserting control and feeling normal, usually unaware that the cutting can be socially viewed as deviant and abnormal. Individual deviants seek deviance for its own sake. One might use self-cutting as a means of breaking free from the “goody-two-shoes” mold, revealing once hidden imperfections (Adler & Adler, 2005). Adler and Adler also discuss how many of those who engage in self-cutting are concurrently struggling with their identity. There are those who use self-cutting as a “pro-social” (or “hyperconformist”) tool and those who use self-cutting as an “anti-social” (or “nonconformist”) tool (p. 374). One might self-cut to conform to a certain group of people (e.g., “I’m a teenager and therefore should be rebellious like all the other teenagers I know”) or imitate the behavior of another who is more popular or admired (e.g., “Jane has cuts on her arm and is really popular, therefore I should cut my arm too”). This line of reasoning is seldom so straightforward because an individual rarely has one specific reason for scoring her or his flesh. The “anti-social” type of person is more likely to consider self-cutting as a personal or private act of which he or she is possessive.

Although the reasons one may have for self-cutting may be very different from the reasons another may have for getting a tattoo, the body in both situations is being manipulated in such a way that speaks to the identity of the individual and his or her ability to control his or her own body. The extent to which one associates and forms his or her identity around modifications of his or her body (both culturally sanctioned and non-sanctioned) is subjective. There is a difference when one says, “I *am* a cutter” or “I *am* a tattooed person” versus when one says, “I self-cut” or “I have tattoos.” One may

use these assertions about one's identity in relation to self-cutting interchangeably because one is still trying to determine to what extent cutting influences one's life. The language one uses to describe and define oneself is valuable when trying to ascertain how much one associates one's identity with the act of body modification.

The experience of struggling with one's identity can also manifest from issues and uncertainties involving interpersonal boundaries. Wondering whether or not one is truly independent of others and has control over one's own body and mind can be very confusing, especially for young persons who are in an intense period of self-exploration. Conterio and Lader (1998) explain how "breaking the skin is a powerfully symbolic way to give voice to this confusion" (p. 65). Strong (1998) refers to self-cutting as a "body-control syndrome" (p. 125) where an individual is compelled to physically reclaim control over his or her body. The act of cutting to gain control over one's body can be considered game-like for some. One could say, "If I can cut deep enough to cover this tissue in blood then I'll know I am strong and in full control of myself, but if I can't then I am weak and insignificant." Some researchers have drawn parallels between self-cutting and eating disorders (e.g., anorexia nervosa and bulimia) because both deal with the issue of control over one's body and, as numerous cases have shown, can occur together (Conterios & Lader, 1998; Favazza, 1996; Hewitt, 1997; Levenkron, 1998; Strong, 1998). However, Conterio and Lader (1998) argue that self-cutting can be more difficult to overcome and resist because less harm is done to the body as a whole, lessening the consequences of continuing the behavior.

This is the game of control, which, as some researchers consider, is actually a loss of self-control (Coneterio & Lader, 1998). Self-cutting as emotional and physical control can also be explained through the control and manipulation of pain. Have you ever had a headache and purposefully inflicted pain on some other part of your body (e.g., banging your hand against a wall or slapping your thigh) in order to help take the pain away from your head? Self-cutting can function in a similar way because one may choose detract from (or try to forget) the inner pain being experienced by bringing that pain to the surface through cutting.

While some cut for the sensation of pain or the illusion of emotional expulsion, others cut primarily for the visual effects created by cutting open their flesh. The appearance of blood and materialization of scars drive the self-cutting inclinations of some. The pain that has been kept inside rises to the surface in the form of warm flowing blood and stinging exposed wounds, making the internal and verbally inexpressible hurt tangible and real (Strong, 1998, p. 22). Of all our bodily substances, blood is considered the most symbolic and is noted for its healing and transformative powers (Favazza, 1996). The medicinal practice of bloodletting, though not widely practiced in Western society, is thought to expel “bad blood” from the invalid, similar to how those who self-cut may consider the outward flowing of blood symbolic to the outward release of emotional tension and distress. There is a primal quality to the self-initiated release of blood (Strong, 1998).

In addition to the symbolic nature of blood, scars are also “richly symbolic” to those who self-cut. Favazza (1996) poetically speaks of the symbolic quality of scar

tissue as “a magical substance, a physiological and psychological mortar that holds flesh and spirit together when a difficult world threatens to tear both apart” (pp. 322-323). To some, scars are beautiful, intriguing, and revealing of one’s past. The physical scars of self-cutting, some slowly fading and sinking back in the skin while others remain tendered and swollen, are physical reminders of where one has been, where one is, and where one may be going. Strong (1998) explains how “sometimes healing has to take place on the body—not in the head” (p. 146). Some may proudly and openly leave their scars uncovered and subject to curious eyes while others may choose to cover their scars, saving them for personal viewing or leaving them behind in a past life. Harrison (1995) deems scars as “stories, history written on the body” (p. 182), a powerful notion that speaks to the highly communicative function of self-cutting.

Self-cutting as Communication

For many individuals, verbally expressing personal and emotional feelings and thoughts can be extremely difficult and frequently seem impossible to do. Self-cutting serves as a potent nonverbal form of communication for individuals who struggle to put their feelings and thoughts into words (Slovenko, 2005). Strong (1998) uses the phrase “the language of pain” in the title of her book and expresses how self-cutting is “a language written on the body, through blood, wounds, and scars” (p. 44). One of the major purposes of self-cutting described by Conterio and Lader (1998) is its “communicative aims.” A person who self-cuts is not only communicating with others but is also communicating with him or herself. Self-cutting is used by some as a means to test their threshold for pain, toughness, and inner strength. Various cultures use self-

inflicted pain as a rite of passage or test of courage and strength; however, in today's Western society there is a lack of structured rites of passage for adolescents and young adults. Some adolescents may turn to self-cutting to fill that void and serve as a rite of passage that symbolizes independence and separation (Conterio & Lader, 1998, p. 7). In addition to its *intrapersonal* function, cutting also serves an *interpersonal* function.

For the sake of avoiding upsetting the balance of one's interpersonal relationship, one may decide to channel one's "other-directed aggression" away from the other person and onto oneself. Self-cutting also serves an interpersonal function when an individual uses it as a means of obtaining help, care, and support from others. The use of self-cutting to gain the attention of another sparks the need for a distinction between "attention seeking" and "attention needing" (McAndrew, 2005). People with little understanding of the functions of self-cutting might be quick to say something to the effect of, "Oh, she just wants attention," dismissing the notion that the individual doing the cutting may actually *need* the attention of others. Self-cutting can be thought of as a silent, though highly visible, cry for help that desperately needs to be heard. Unspoken, or unheard, issues and feelings may be whittling away at the individual who repeatedly tears at his or her flesh in an effort to be seen and heard. Some who self-cut have what Conterio and Lader (1998) call "The Rescue Fantasy," where their desperation for human contact and intervention prompts the fantasy that someone (usually a boyfriend or girlfriend) will intervene and stop them from cutting, saving them from impending wounds (p. 69). Unfortunately, this fantasy rarely plays out as one imagines, further amplifying the feelings of isolation and invisibility one experiences.

Self-cutting enables an individual to communicate and perform his or her pain, feelings, desires, frustrations, needs, and identity, among a great many other personal characteristics; however, whether or not that message is seen and heard is dependent on the presence of others who want to socially support the individual and the willingness of the individual who self-cuts to seek out and accept help and obtain treatment if necessary. Sometimes just having someone to talk to who listens and is receptive can be enough to help one verbalize and introspectively make sense of what was once so difficult to put to words, thereby helping one resist the desire to cut (Adler & Adler, 2005). Based on a study of adolescents who admit to engaging in some form of self-injury, Evans, Hawton, and Rodham (2005) determined that those seeking help primarily turned to friends before turning to parents or siblings. Once one realizes that there are people in one's life who care and would be disappointed if one reverted back to cutting behavior, the drive to abstain from self-cutting can strengthen (even though the longing to cut may still exist and may never completely disappear). In addition, confronting and managing one's inclination to self-cut may also be facilitated by connecting with others who also cut, creating a sense of connection and understanding and eliminating feelings of abnormality and isolation (Conterio & Lader, 1998). However, Conterio and Lader (1998), who run a rehabilitation program for self-injurers, discourage their patients from sharing scars and comparing their methodology for obtaining those scars because such conversation is thought to create competition and inhibit the recovery process.

Treatment

For many, choosing to stop self-cutting is not as simple as receiving basic social support; additional treatment, such as therapy, medication, or entrance into a treatment program designed for those who self-cut, may be necessary. Females are more likely than their male counterparts to seek out treatment and those who are younger tend to respond better to intervention and treatment (Conterio & Lader, 1998; Evans, Hawton, & Rodham, 2005). In 1985, Conterio and Lader (1998) founded the S.A.F.E. ("Self Abuse Finally Ends") Alternatives program, the first treatment program in the nation designed for people who physically injure themselves. In this program, patients must first choose to be in the program by their own accord and make a commitment to recovery. S.A.F.E. Alternatives promotes healing through "continuous self-reflection and self-examination" (p. 4). Although this program is not for all who self-cut, it has been successful over the years with helping patients take a different form of control over their mind and body, allowing them to resist the urge to self-cut. For an individual who wishes to stop self-cutting, it is extremely valuable for that individual to identify alternative coping strategies in order to manage those periods of emotional turmoil or deadness that may prompt the act of cutting. Such strategies could include writing, art, exercise, or other creative forms of expression.

For those who self-cut, the greatest deterrents to seeking support and treatment are the fear of being misunderstood and mislabeled as suicidal and the fear of receiving unsympathetic and judgmental responses from others. Hospital staff commonly have little sympathy or tolerance for patients who have self-inflicted wounds (Conterio &

Lader, 1998). Various scholars advocate for clinicians and hospital staff to suspend their judgment when treating individuals who self-cut or engage in other forms of self-injury (McAllister, 2001; McAndrew & Warne, 2005; Nyquist Potter, 2003). Binary thinking that fractures a patient's visible identity from his or her internal and complex identity oversimplifies the issue being faced by clinicians (McAllister, 2001). Instead of making quick assumptions as to why a patient self-cuts, clinicians should take a long range view, where they work with the patient to explore the meaning behind the self-inflicted wounds in order to create understanding (Nyquist Potter, 2003). In addition, clinicians could help patients by tactfully presenting resources a patient can turn to for long-term help (McAndrew, 2005). It is imperative that awareness of the complexity of the act of self-cutting be raised, not only within the medical community but throughout society as a whole (Best, 2005).

Cultural Influences/Factors

Self-cutting is reflective of various cultural forces that place individuals in an environment that lacks constructive communicative outlets and deprives individuals of the necessary tools to uncover and face the source(s) of emotional angst and imbalance. We live in a society where it is common for both parents to hold full-time jobs or to have a single-working parent, leaving a substantial gap of time where adolescent children are physically left alone (commonly referred to as "latchkey children") (Conterio & Lader, 1998). A child's ability to verbally express their thoughts and feelings may be hindered by this situation, not to mention hindered by the increased amount of time spent in isolation with technological entertainment.

Another cultural force, which Conterio and Lader (1998) discuss, is our culture's dependence on the "*quick fix*" or "immediate gratification"(p. 9). We live in a society where you can surgically alter your body or take a pill to quickly fix almost anything from impotency, to insomnia, to obesity, to depression, and even to pregnancy. By focusing on the immediate effects of a pill to temporarily "cure" us, we consistently fail to explore the deeper causes to our emotional and physical issues. Self-cutting may provide immediate and temporary relief to deeper issues but it is not a lasting solution.

College Students

The common fast pace at which individuals in Western society live and work, and the busy schedules they subject themselves to, can create excess stress and strain on their physical and emotional well-being. College students are one group of individuals who exist in a potentially stressful environment and are at a pivotal point in their lives where identity formation and negotiation are constantly taking place. MacGeorge, Samter, and Gillihan (2005) explore the relationship between academic stress and depression among college students and whether or not emotional support helps alleviate that depression. The authors did find a positive correlation between academic stress and depression. As previous literature on self-cutting name stress and depression as risk factors for self-cutting and other self-injurious behavior, it is logical to question whether or not academic related stress may indirectly put college students at risk for self-cutting. Best (2005) asserts that schools (at all levels) should address the pressures and expectations placed on students and aim to make the school values people-centered in addition to being academic-centered. Therefore, it valuable to continue to include college students within

the self-cutting conversation and ascertain whether any link is present between the collegiate environment and self-cutting behavior.

Conclusion

Self-cutting is becoming more widespread and society is finally starting to take notice and action in order to understand this phenomenon. As a result, some common misconceptions are slowly being addressed and it is becoming easier for individuals who self-cut to come forward, share their stories, and, if necessary, seek help. The act of self-cutting is complex and there is never one reason that explains why an individual might choose this type of behavior. It is not as if one can plug a variety of attributes and environmental factors into an equation that produces to one who self-cuts. It is vital for those with a desire to better understand this behavior to see self-cutters for more than their disorder, look beyond the label, and listen to their stories. Hence, the research conducted to date that explores the “what,” “why,” “how,” and “who” of self-cutting has only grazed the tip of a forever-expanding and shifting iceberg.

Although current scholarship explores valuable aspects of self-cutting, including its stigmatized status, historical and cultural significance, and prevalence within present-day Western society, there is still a great deal to be said within the self-cutting conversation. The voices of those who live and have lived through the experience of intentionally cutting their flesh, whose skin bears the indelible reminders of each piercing moment, need to be heard. I believe that the communication studies discipline is well situated to explore self-cutting as a communicative act, creating a space for those who have self-cut to speak and share their stories. Narratives of the self have the power to not

only reveal how an individual makes sense of an assigns meaning to her or his decision to self-cut but also reveal how she or he frames self-cutting within the sphere of her or his cultural reality.

How one narrates one's self-cutting story, the characters involved, and the language used to describe one's experiences within that story, can present alternative ways of viewing and understanding those who self-cut and what the idea of cutting means. Currently, self-cutting is commonly framed as problematic and a behavior that needs to be treated. Perhaps the act of self-cutting and what it stands for is not the problem. Perhaps treatment is not meant to be at an individual level; rather, treatment needs to occur at a cultural level, where the mindset of society can shift its focus away from the *act* of cutting and towards what it symbolizes. This symbolism can only become apparent through the voices of those who have engaged in self-cutting.

Therefore, by exploring the personal narratives of a handful of individuals who have engaged in self-cutting, my goal is to create understanding about how these individuals make sense of and assign meaning to their experiences with self-cutting. By drawing the communication studies discipline into the self-cutting conversation, I will uncover how self-cutting is an act of self-expression that serves a communicative function. As a communication scholar who has personal experience with self-cutting, I will provide a unique perspective of this phenomenon and have my voice heard, in addition to those who volunteer their stories for this study.

By examining the personal stories of a small group of college students who have intentionally cut their skin, I will reveal how they understand and explain their

experiences through the story-telling process. In addition, based on current research and personal experience, it is my impression that supportive communication plays a significant role in an individual's decision to cut or to refrain from cutting. Therefore, this study will also explore what (if any) sources for supportive communication these students turn to for help.

CHAPTER 3: RESEARCH METHODS

The previous review of literature in Chapter 2 demonstrates the heterogeneity of those who engage in the act of self-cutting, thereby speaking to the need for a methodology that avoids generalizations and, in contrast, seeks to uncover the richness and complexity of the experiences and stories of those who self-cut. Self-cutting is multi-dimensional (McAllister, 2001) and a contested subject (Best, 2005), which supports my reasoning for broadening current research and knowledge regarding those who self-cut. As this is an exploratory study that seeks to describe, explain, and understand how college students communicate meaning through the act of cutting, I do not have hypotheses, nor do I seek generalizability. However, I do advocate for the exploration of self-cutting as a form of communication that should be included within the literature of the communication studies discipline. Therefore, I have decided to use a combination of a qualitative, narrative ethnographic, and autoethnographic approach to guide this study.

Paradigm Framework

As opposed to the discovery (or positivist) paradigm, which assumes there to be a logical, observable reality waiting to be discovered and seeks generalizability, this research will be guided by a blend of the interpretive and critical paradigms. Generalizability and objectivity are not a goal of research conducted within the framework of these perspectives. Rather, the interpretive paradigm acknowledges the value of subjectivity and is grounded in the belief that reality is socially constructed—meaning that each individual's worldview is continually shaped by his or her experiences

and interactions with others. In addition, according to Baxter and Babbie (2004), this paradigmatic perspective is grounded in the belief that “humans act based on the social web of meanings in which they are embedded” and such action is considered to be “meaning-making activity” (p. 59). Interpretive scholars seek to understand the people included in their study by positioning themselves within the subjective experience of each participant. Thus, the researcher cannot exist independently of his or her personal construction of reality and subjectivity. The interpretive scholar must embrace this “intersubjectivity” (Berger & Luckman, 1966, p. 23) and use it as a valuable lens for exploring and understanding communicative phenomena and meaning-making.

In the spirit of the interpretive paradigm, I will position each participant’s self-cutting story within the perspective of social construction, in order to examine the ways in which their experience and understanding of self-cutting are constructed within a social context. Berger and Luckman (1966) assert, “we participate in each other’s being” (p. 130) and our sense of reality, or worldview, is shaped, controlled, and filtered by language and social institutions. Through an examination of each participant’s narrative, I will keep in mind how my own subjectivity as researcher and interviewer both indirectly and directly affect the responses of each participant.

As mentioned earlier, this research is guided by a combination of two paradigms; the first, as I have just discussed, being the interpretive paradigm, and the second being the critical paradigm. One of the major goals of the critical scholar is to create a forum for elucidating the stories and experiences of those who have been marginalized, silenced, or overlooked within society and, in many instances, the academic community.

While eliciting and exploring the narratives of college students who self-cut, my role as researcher is to break free from the inclination to place these individuals into narrow categories and take a more holistic approach. Such an approach embraces the complexities and uniqueness of each individual's self-cutting story. My own subjectivity as a member of the cutting *and* college culture offers a unique perspective through which I can interpret and relate to the participants who are volunteering their own personal self-cutting narratives. By placing myself in the role of interviewer, I will act as an agent through which the participants can gain a voice and communicate their personal meanings for and reasons behind their acts of cutting.

Ethnography and Autoethnography

Ethnography, "*ethno-*" meaning "people" and "*-graphy*" meaning "describing," is a methodology used by a researcher who desires to study a culture's social settings and systems of meaning (Lindlof & Taylor, 2002, p. 16). Ethnographers commonly engage in participant observation, where the researcher interacts with and within the social group being studied, in order to make sense of and foster understanding of that group's symbolic practices. According to Goodall (2000), ethnography provides an "understanding of the story form and the role of personal voice in writing about lived experiences" (p. 79). The "new ethnography" Goodall refers to is "dialogic" and "dialectical" and strives to connect the writer to her or his readers, allowing for the development of "an appreciation for the differences that lead to improved understandings of ourselves in the context of others" (p. 14).

Autoethnography is a form of ethnography that is both autobiographical and ethnographical, an intricate weaving together of the self and its interactions and experiences with and within culture (Ellis, 2004). This careful weaving of the researcher's personal experience in relation to the subject matter under investigation has the potential to deepen both the reader's and researcher's understanding of the subject matter. Goodall (2000), in his introduction to the "new ethnography," emphasizes the value of this form of writing in its ability to create a space in which we must question ourselves and embrace reflexivity. He states, "We may suddenly turn around in our own earthly space and realize that we will never again be able to turn around in that space in quite the same way" (p. 196). Having the ability to change the lens through which I look at myself and my own personal experiences with self-cutting, in relation to the experiences of others who also engage(d) in similar behavior, is a vital aspect of this study and supports my choice to use autoethnography as a methodology.

Narratives

In order to understand and be understood in our social worlds, we use narratives as a way of placing our experiences within a context. Gergen (1994) discusses how events of our daily lives and how we think about those events are structured with a "storied sense"—having "a beginning," "a low point," "a climax," and "an ending" (p. 186). Gergen (1994) also emphasizes the idea that individual narratives cannot solely belong to one person because the experiences within the narrative are interactional. We "story" our experiences through relationships. Although, as researcher, I have the ability to guide each interview with various questions and moments of reflection, it is also

important to provide each participant with the freedom and flexibility to tell her or his self-cutting story in a way that feels most natural and fluid. Therefore, I do not plan on binding each interview to the same series of questions, nor do I intend to implement any strict time restraints.

Favazza (1996) expresses, “the human body mirrors the collective social body, and each collectively creates and sustains the other” (p. xii). We cannot begin to understand the personal narratives of self-cutters without first considering the social and cultural constitution of the “communal” body. By allowing participants to openly share their personal self-cutting narratives, I hope to develop an understanding of their experience and how their act and idea of cutting manifests as a form of communication. In other words, I aim to provide participants with a space in which their voices (McAndrew & Warne, 2005) and stories can be heard. In the process of liberating the stories and experiences of a handful of individuals who have self-cut their flesh, I also hope to have my own voice heard and journey through the transformative and self-reflexive process of composing autoethnography.

Participants

This study was conducted through the use of semi-structured in-depth interviews with a purposive sample of four college students at a diverse urban university who engage(d) in the act of self-injury by means of cutting. Although sex was not a demographic restriction among participants, the sample for this study consisted solely of women. In order to preserve the privacy and anonymity of the participants to the reader, pseudonyms were selected by each participant and will appear in subsequent chapters as

follows: Jade, Jordan, Alex, and Georgia. Participation was strictly voluntary and participants were recruited through a variety of methods.

Initially, the recruitment process was to be facilitated by the assistance of Counseling Services on campus, which, after discussing my thesis with Wiggsey Severtsen, Director of Counseling Services, offered to post a flyer detailing my study and contact information in their waiting room. Due to the serious nature of the subject matter of my study, one benefit of using counseling services to recruit volunteers is the greater likelihood that participants are already aware of available professional help they can turn to in the case of emotional distress. However, after weeks without contact from potential participants, this approach did not prove successful. Therefore, I turned to other methods of recruitment.

Over the course of a few months, flyers, which briefly stated the topic of this study and provided contact information (telephone and e-mail options), were posted on student bulletins, the walls of various hallways on campus, and in numerous bathroom stalls. Next, an advertisement, identical in content and appearance to the flyer, was posted and ran for two days in the campus daily newspaper. Finally, participants were recruited through in-class presentations that briefly described the study and supplied contact information. In an effort to keep participation in the study confidential, I handed flyers out to each student in attendance during the presentation, regardless of their interest in the study. Of these three approaches for recruiting participants, Georgia read about the study through a flyer posted in a women's bathroom stall, Jade and Alex responded to the ad in the campus daily newspaper, and Jordan saw my presentation in her public speaking

class. I also received a response to a flier posted in a men's bathroom; however, this individual opted to not participate in the study. All but one of those who contacted me did so through e-mail.

Interviews

Interviews are a valuable tool for making sense of and understanding the private experience and personal conceptions of the individual or group being studied. In order to develop and expand upon my own understanding of self-cutting and to add to the body of literature surrounding the topic, it is vital to discover how members of the "cutting culture" understand their experiences with and meanings for self-cutting. In this study and through interviews, I aim to describe, explain, and understand how college students communicate meaning through the act of cutting. In-depth interviews facilitate these tenets for qualitative research and open new avenues through which to make sense of the topic of study.

During initial e-mails and telephone conversations with the participants, I explained the purpose of the study, answered any questions or concerns they had, and set a date to conduct an interview. Three of the interviews were conducted on campus in a reserved room, ensuring immediate access to counseling services, if necessary, and privacy of conversation. One interview was conducted over the telephone due to schedule and location constraints. To minimize emotional distress, the purpose of this study was explained in full, both verbally and in writing, noting the potential for distress due to the seriousness of the subject matter. All participants were required to read and sign two copies of a consent form (one for me and one for them) that detailed the study,

ensured confidentiality, informed them that they may choose to withdraw from the study at any time, provided information about counseling services, and granted me permission to use data from their interviews in my final report (see Appendix B). Interviews were guided by, though not limited to, a list of relevant questions (see Appendix C). The interviews conducted in person with Georgia, Jade, and Jordan were audiotaped, while the telephone interview with Alex was recorded using a two-way digital recorder. The interviews lasted from forty-five to seventy minutes and were later transcribed, creating the text from which findings were generated and thematic analysis was conducted. All recordings are stored in a secure and undisclosed location in order to protect the privacy of the participants. This study has received Human Subjects approval from the San José State University Institutional Review Board, protocol #S0604019 (Appendix A).

Data Analysis

Through a thematic analysis (Boyatzis, 1998; Spradley, 1979) of the participants' narratives, I searched for recurrent themes, in addition to uniquely expressive stories. *Themes*, according to Baxter and Babbie (2004), "might include such concepts as core values, core symbols, basic taken-for-granted premises, world views, or orientations" (p. 373). In the following chapter, which details the findings of this study, I organize the participants' narratives into thematic categories that function to organize the data while preserving the richness and candor of their self-cutting stories. These themes serve as salient points for comparing and contrasting the participants' experiences, leading to deeper insight about their conception of self-cutting and how their experiences are constructed within a social sphere of reality (Berger & Luckman, 1966).

Through this process I hope to develop a stronger understanding of this phenomenon that has shaped parts of my own identity and, more importantly, add to the body of knowledge regarding the communicative nature of an individual's performance of cutting of their own flesh. Ellis (2004) emphasizes the value of viewing the process of data analysis through the lens of social construction, "allowing for multiple interpretations of social realities and the collaborative creation of knowledge by the viewer and the viewed" (p. 29). The participants' stories are co-created with me, the researcher; thus, it is important for the reader to bear in mind my subjectivity while making sense of the findings and analysis of this study.

CHAPTER 4: FINDINGS

Boyatzis (1998) describes thematic analysis as “a way of seeing” (p. 1). As I listened to each interview and read through each transcript, it was relatively simple to recognize the themes through which I could organize the participants’ narratives. Each of these themes is relatively reflective of the types of questions I asked during each interview and, of course, my own experience with self-cutting; however, each of the women interviewed substantiated the relevance of those questions through their responses. Throughout each interview, the questions I asked guided the participants’ responses as much as their disclosure guided my questions. For example, one participant might have mentioned a tool that she liked to cut herself with and that information would lead me to ask her to elaborate on the types of implements she would use and how she would use them to cut herself. The following themes are representative of those responses that the participants took a considerable amount of time exploring and reflecting upon, emphasizing the significance of various aspects of their stories. In addition, although there were various times in each narrative when the participant would travel backward or suddenly jump forward, the pattern of organization with which I have arranged the thematic categories is intended to be representative of how each participant articulated her story.

With each story there seemed to be an explanation of *the beginning*, where the participants explained how and why they started cutting. Usually, while in the process of explaining how they began to self-cut, the participants described the *tools and practices* of their self-cutting, what they used to cut with and how they used it. In addition, their

stories delved into the various *functions* and *meanings* self-cutting served. These two combined themes reveal what the act of self-cutting does and represents (physically, mentally, and symbolically) for each participant. The most apparent results of cutting are the scars, which participants discussed and described in the context of their process of *scar management*. At various levels of detail, participants disclosed information that reflected a certain contribution of *social support* and/or *social neglect* that affected their story in some significant way. The final theme surrounds the suggestion of *renewal*, where the participants assessed where they are now within their self-cutting story and what they have learned throughout their journey.

As I read through each participant's narrative, I was faced with the difficult task of deciding how to portray their stories in a way that would be representative of who they each are and how they each construct their unique experience with self-cutting. At first, I considered telling each of the participant's stories individually but realized, bearing in mind the length and breadth of each narrative, that I wanted to organize the data in such a way that would help facilitate analysis and allow the reader to see various similarities and differences among the participants. Thus, I have chosen to divide and tell each woman's story through the established thematic categories, some of which are more descriptive and reflective of the participants' responses to my question (e.g., *the beginning*, *tools and practices*, and *scar management*) while some are more interpretive and emergent (e.g., *functions and meanings*, *social support/neglect*, and *renewal*). Also, as my personal experience with self-cutting is essential in this study, I have framed each thematic category by weaving my own subjectivity into the explanation of what each category

represents and why each is valuable. By doing this, I hope to create a pathway for the reader to follow and make sense out of each participant's interpretation of her self-cutting story, all the while preserving her voice and honesty.

The Beginning: How and Why I Started Cutting

Recalling the first cut and how one first discovered cutting, whether it occurred by accident or intentionally, is one of the most significant moments to reflect on while trying to make sense of and explain how cutting became a part of one's life. I can remember the first time I cut a fine, and rather superficial, line along my wrist in fifth grade and, although I did not cut again until I was nineteen, the memory of the sensation and visible result stayed with me. Looking back, I am sure that I was mimicking the motion of something I had seen, perhaps on television, though the intent was entirely different. I was angry with my substitute teacher but curious at the same time about what I could physically do to myself to release that anger. I can reflect on that first cut and evaluate how the act of self-cutting slowly, and then quite suddenly, evolved for me. As I listened to each of the women who openly and honestly shared their self-cutting experiences with me, it was apparent that the beginning of their desire to self-cut was important and, for most, extremely vivid and detailed. Therefore, it seems appropriate to introduce you to each of these women through the very beginnings of their self-cutting story.

Jordan

Beginning at the age of thirteen and continuing for approximately four years, Jordan, a slender, dark-haired, twenty-year-old college student, who studies psychology and behavioral science, would use safety pins and broken pieces of glass to cut her

forearms and back. Reflecting back on her experience with self-cutting, Jordan attributes her past desire to cut as a response to the anger and frustration she experienced whenever her father, an ex-Army drill sergeant, would yell at her. “It was always my dad. He would yell a lot and he’s like a military person and you were not allowed to talk back. And I couldn’t—it was frustrating and I couldn’t get anything out that I wanted to say.” One night, after her father yelled at her, Jordan took a piece of glass from the cup she had broken earlier that evening in the dishwasher and dug the sharp edge into her arm. Trying to make sense out of that night’s initiation into cutting, Jordan explains, “I really don’t know why it did it the first time. It was very, I, I had so much anger in me and I needed to calm down and I, I don’t know what made me do it but ... I just took it and did it.” From that point on, Jordan would use cutting as a means to soothe the emotions that built up as she silently endured each thunderous and disapproving syllable uttered by her father.

Jordan experienced a number of challenges in the next few years, including a secret abortion at the age of sixteen, which she opted for after the biological father denied his paternity and exited her life. During this time, Jordan kept her cutting quiet, always doing it in private and covering any marks that may have been visible to others. After the abortion, Jordan’s cutting began to escalate and instead of cutting once a month she found herself cutting at least once a week. She always kept a safety pin (“because it was always successful”) attached to her shirt “just in case [she] needed it later.” This regular use of cutting, which Jordan considers to have represented “trading in emotional pain for physical pain because physical pain is easier to deal with,” continued for about another

year, until she was seventeen. Her final and most significant cut, which required six stitches, was quietly and inconspicuously inflicted in the presence of her father. Jordan recalls,

I remember my dad yelling at me, and you can't talk back to him. You just can't do it. And I was really frustrated and really mad at the time. I had so much emotion and I didn't know what to do with it. And I was in my room when he came to yell at me and I, um, grabbed that piece of glass from my dresser and the whole time he was yelling at me I was like this (holding her arm behind her back) and I had it on my back, in the center of my back.

It wasn't until later that night, after she snuck out to stay with a male friend of hers, that she realized the extent of her wound. Her white ribbed tank top, or "beater," as she refers to it, had stuck to the dried blood of a deep, six inch opening on her tiny back. Jordan describes, "I had to, like, peel the shirt off and it, like, lifted the wound."

Jade

At the age of twenty, Jade, a soft-spoken, petite, twenty-three-year-old, was sexually assaulted by her boyfriend. Following the assault, Jade confided in her mother, a conservative, Filipino woman, who unexpectedly blamed and rejected her for the assault, saying that she "wore something to draw attention to [herself]" and "got what [she] deserved." Hurt by her mother's response, Jade confided in her friends, who also responded with disbelief and rejection. "I just broke down," Jade says as she begins to describe how she first slid the blade of a pair of scissors across her wrists. "I don't know how I even started cutting myself. I'm trying to explain but I didn't even know anything about cutting. I just did it." For the next year, Jade, who was living in the dorms at her college, fell into a depression, her mind flooded with negative thoughts that would tell her she was "worthless" and "not good enough." The desire and need to cut intensified

as Jade began cutting herself on a regular basis, usually on her wrists and sometimes on her ankle and back. “I thought about it. I dreamed about it. I didn’t care how, just so long as I did it.” As Jade reflects on this confusing and dark time in her life, she explains how she “was very angry” and “had some sort of built up frustration” that she “just needed to let go of.” Cutting allowed her to expel this anger and frustration and manage the pain she felt others would cause her. Jade explains, “It’s really addicting to do when you’re hurt ‘cause it’s your crutch. You just start and it’s easy to do that. It’s the easiest way to deal with the pain.”

Alex

“My history is gonna sound like all of those television specials,” Alex, a fifty-two year old graduate student, laughs as she begins to tell me about the early period of her self-cutting story. Alex is lively and articulate on the phone and, had she not revealed her age early on, I probably would have guessed her to be in her early- to mid-thirties. Throughout her childhood and teenage years, Alex’s family traveled and moved every few years due to her father’s position in the Navy and, later, his training and studies in archaeology. She lived in Iran while in first and second grade, while her father was in the military, and moved back to Iran for her eighth, ninth, tenth, and eleventh grade years while her father was studying archaeology. At about the age of five, and again for a couple of years around the age of twelve, Alex’s father sexually abused her. She describes herself as feeling “very isolated,” “alienated,” and “miserable” during her teenage years. “I first started cutting when I was living in the Middle-East,” Alex begins. “I didn’t have friends and my father and I, at that point, were starting to fight a lot.” Alex

was fifteen at the time of her first encounter with self-cutting and explains, “I had gotten in the habit of dissociating when I was in a lot of pain...and [cutting] was really a way of bringing me back to earth.” Cutting made Alex feel “really alive,” “energetic,” “invincible,” “powerful,” and even “Godlike,” a term she used to describe cutting in her journal from that time in her life.

The cutting stopped for a short period of time when Alex was seventeen and had moved back to Ohio from Iran; however, she soon started up again and continued to cut “off and on” until her late twenties. While Alex cut, the span of time covered saw the birth of her two children, one when Alex was nineteen and the other when she was twenty-one, the death of her husband, who died due to complications following heart surgery, a bout with alcohol abuse, and the completion of art school.

Georgia

“The best way I could describe it is like I would want to rip off my skin and, like, burn it. You know, get a new layer of skin,” says Georgia, a twenty-year-old freshman in college. Georgia started cutting herself in eighth grade, originally an act to mimic a boy she went to school with who came to school with an “X” carved into his palm. She explains,

Something terrible would happen. I’d find a knife. I’d go to my room and I’d, like, cut, cut the palm of my hand and try to get to his point, which I never could; I always got one line and then half another one and then I’d stop because it hurt too bad...I don’t know if I admired him or what it was.

This was just the beginning of Georgia’s inclination to self-cut, an act she “regularly” engaged in from age fifteen to age eighteen that became progressively habitual and which she depended upon more and more as her life began “spinning out of control.” For

Georgia, cutting took the form of a coping strategy, used to calm and manage the intense and sometimes indescribable feelings that began to flood her life after she was raped by a close neighbor at the age of fifteen. Her self-cutting escalated as the sequence of events that occurred from this point in her life until she finally received help; events that she plainly exclaims, “you couldn’t pay me to relive.” These key events include being violently harassed by her male “friends,” who tried to throw her out of a moving vehicle, falling in with an adversely influential group of people, being kicked out of her house, and finally engaging in prostitution in order to earn a living and support herself and her troubled and manipulative female friend, Lizzy. At her lowest point, Georgia describes her life by saying it “couldn’t possibly get any worse” and that she felt she was “living in the bottom of pond scum.”

Tools and Practices: How I Self-cut

Razorblade, steak knife, nail clipper, safety pin, Exact-o blade, staple, mathematical compass, earring, nail, mechanical pencil, and scissors. These are all objects I have used to cut my arms. Cutting was always done in physical privacy, though there were a few times I can remember being on the telephone as the sharp edge of a particular object slid across my skin. I can still feel the “click, click, click” of each thread of skin breaking and the warmth of the blood each time I cut another layer. Each time the cut would fill with blood, covering the exposed and tender layers of flesh, I would soak the blood up with a tissue and continue to cut. Pressed between the pages of my journal, resides a blood stained tissue, the lines of blood slightly resembling Asian characters. Perhaps one of the most fascinating aspects of self-cutting is the variety of objects one

may use as tools to cut the skin and how one physically prepares for and carries out the act of cutting. These tools and practices are distinctive for each woman included in this study; however, while each is distinct and unique, it is intriguing to note the similarities and almost ritualistic manner in which their self-cutting practices are performed.

Jordan

“Whenever I see that there’s a tool that could be fun later I’ll keep it with me,” Jordan says as she describes her penchant for collecting items that could be used for self-cutting. Although she has ceased to cut in the last few years, Jordan still admits to pocketing broken pieces of glass from work or off the street and placing those objects in a small box that sits nestled on her bookshelf at home. Predicting that there may be a time in the future when the need to cut could arise, Jordan is prepared—keeping tools for cutting in her purse, her car, and her room. She explains, “For every place I’m in I have something that I’ve picked up.” If one were to reach through and pull back the folds of clothing in one of her dresser drawers, one would find that small, sharp piece of the broken cup that first sparked Jordan’s proclivity for self-cutting.

The practices involved in Jordan’s preparation and execution of self-cutting appear to be somewhat ritualistic, or repetitive. Using one of the items collected and stored in the small box on her bookshelf, Jordan would cut “real quick,” always swiping the sharp objects across her forearm in a single but “repetitive cutting motion.” Aside from the incident where Jordan discreetly cut in the presence of her father, Jordan would mostly cut in the privacy of her bedroom; though, there were times in high school when she would be excused to the bathroom and would use the safety pin fastened to her

clothing to break the skin and release her frustrations. Each cutting incident, Jordan recalls, “was always impulsive,” and during the time while her skin was splitting and expelling blood she “wouldn’t feel anything.” It was only after the episode, once the cut was made and a rag or paper towel was absorbing the blood, when Jordan admits to feeling “real physical pain.” She would then take the bloodstained towel and set it aside in her box, a “reminder of [her] pain and ability to release that pain on [her] own.”

In addition to collecting sharp fragments of glass and other objects that could be used for cutting and saving the towels painted with dried blood, Jordan would also save one more very personal and very secret reminder of each cutting event.

Okay, this is really crazy. This is really, really, really crazy, but the scars I have from cutting myself, when they would heal, I would peel off the scabs and, yes, those would all go into the little box. That’s the really crazy part...They’re a symbol of the cuts healing and it’s like a box of how much I went through.

This was the first time Jordan ever told *anyone* about saving the tiny threads of protective coating that would form over her tender cuts. She was relatively embarrassed and reluctant to admit to this unique practice of hers, which is evident in her repetitive use of the word “crazy.” While considering why she thinks collecting her scabs is crazy and she explains, “If I heard somebody else say it to me I would think they were really gross. That’s like your skin’s in a box.” Jordan keeps the relics of self-cutting close so that she can open her box and be reminded of how she has healed through all that she has been through.

Jade

For Jade, the urge to cut would be sudden and could progress to being unbearable and extremely overwhelming if she could not find anything to cut with or find a location

where she could cut discreetly. In fact, at one point, the urge became so strong while at the mall that Jade began slashing her keys against her wrist in public, apathetic to the possibility that others might see. However, Jade would usually cut in the privacy of her dorm room, playing the same song as she moved through the process of getting ready to cut, actually cutting, and finally, cleaning and covering up the fresh incision. The most common object Jade found herself cutting with was her set of keys, though she also admits to using paperclips, which she was “very creative with” and would bend and break them apart, and practically “anything [she] could get [her] hands on.” Although the need to cut would be immediate, following the sudden rush of emotional turmoil, the actual process of cutting could last for two hours. Jade’s wrists became the canvas on which she would primarily mark with cuts, while her ankles and back served as an alternate surface to mark. Each time Jade would penetrate the surface of her skin she would make it deep enough to bleed. “If I’m bleeding,” Jade says, “that’s the release.” As the blood began to stream from the cut, Jade would rinse it with water to assess whether or not she needed to cut even deeper. Once her emotions were adequately pacified and she felt satisfied with the depth of the cut and the amount of blood expelled, Jade would typically anoint the cut with Neosporin, adhere a bandage on top, and cover the wound with a scrunchie, a circular band of fabric-covered elastic used for fastening the hair, to keep it concealed from others.

Alex

Reflecting back on her time spent in Iran, Alex cannot recall the exact moment or implement used when she first cut herself; though, she does know that she first began

cutting on her forearms. Once she was back in the states and in art school, a number of Alex's art tools also became implements for cutting herself, such as a red-handled Exact-o knife or etching tool. Like Jordan, Alex would also collect pieces of glass from the sidewalk, which she would save and place in "a little box of cutting stuff." However, of all the devices she would use to score her arms, the Exact-o blade "was [her] favorite." When asked if she would repeat any actions consistently while cutting, Alex explains, "my rituals were mostly tied to the instruments that I used and I did have my favorite things." She would usually use a specific tool "over and over again" and then, when she needed a change, she would move on to a different tool for an indefinite period of time.

The state of "emotional pain" and depression Alex describes experiencing before engaging in cutting would gradually build up to a point where it needed to be released. Cutting was an instant release that allowed her to feel the desired and controlled sensation of physical pain inflicted on the delicate surface of her forearm. The actual activity of gliding the blade or sharp edge of glass across her skin would always be "under three minutes." Although the time frame in which she would cut was short, the physical motion of cutting "was more on the slow side." Alex explains, "Usually, if I didn't get deep enough, I would open it up so it would bleed. I wasn't out of control when I did it." As the opening in her skin would bleed, Alex admits to occasionally tasting the blood because, she explains, "It made me feel whole. It made me feel like I was part of myself." At the height of Alex's self-cutting practices, while she was in her mid-twenties, Alex was cutting, at most, once a week. She believes that the increase in

cutting coincided with heavier drinking, which she took up again while in art school and after the death of her husband.

Georgia

Georgia was very secretive in the beginning of her experimentation with the physical and emotional effects of cutting. She explains how the act of preparing to cut and then finally sliding the blade across her left forearm was “very ritualistic.” All alone in the confines of her bedroom, Georgia would carefully dismantle a disposable pink plastic Gillette shaving razor until she was left with nothing but the tiny metal blade in her right hand. She would sometimes sit with the blade barely touching her skin, contemplating what was going to happen and “drawing [the experience] out longer.” Carefully and slowly performing the actual motions and feeling the penetration of cutting provided Georgia with satisfaction. “I would do deep cuts,” Georgia describes, “and I would do them slowly too. I always drew it out and made it last as long as possible.” Watching the blade separate each layer of skin, releasing blood with each motion, was just as important as the physical sensation and pain experienced through cutting. The blood was “hypnotizing” and “peaceful” for Georgia to watch.

Cutting was always solitary act for Georgia and, early on, she would only cut once a month or once every other month. However, by the age of eighteen, Georgia was partying late with Lizzy and would stumble home intoxicated at four o’clock in the morning. Georgia’s parents were frustrated with the late nights and decided to forbid Georgia from sleeping at their house until she made significant changes in her lifestyle. At this point Georgia became involved in prostitution in order to pay for the hotel where

she and Lizzy were staying. Georgia recalls cutting herself weekly or almost daily and she would think about cutting all the time, even when her emotions felt in control.

Georgia explains, “I didn’t have a desire to do it but I was always thinking, ‘okay, I know where everything is. I have my stash and I have my way to do it.’”

Functions and Meanings: What Self-cutting Does for Me and Represents to Me

“Get tough, or die” was a common adage verbally thrown around my household on a regular basis. Surrounded by four daughters and my mother, my father definitely did not treat us any differently than he would have treated boys. As the youngest, I sometimes felt my voice was silenced and I was walking in the shadow of those who trailed before me. I needed to set my own path and feel control over my own mind and body. I think I first began to assert the body aspect of control when I secretly acquired a tattoo at the age of sixteen. The cutting was soon to follow. I once heard that women supposedly have a higher threshold for pain than men, somewhat due to our potential to bear children. Questioning my personal strength and ability to withstand pain, cutting partially symbolized a test of will. How much pain could I inflict on myself and endure? It was in this experimentation stage that I soon discovered how much cutting relieved inner emotional turmoil.

For me, self-cutting was always emotion-driven. I would cut out of anger, depression, sadness, frustration, hatred, courage, and even boredom. The emotions that prompted the first cut were similar to those that prompted the subsequent cuts; however, the difference was that the context of the situation that created those emotions changed. Whether it was tension among my family members, experiencing rejection from a

boyfriend, or feeling stressed with work or school, there were a number of situations that would prompt me to seek the benefits of cutting. It was a release and a high to feel the skin break with each penetrating motion, to see the blood rise, and bear the sting of air binding to the open wound. I would no longer focus on the emotion that led me to cut; I would now focus on the complete physical control contained in the palm of my hand. In addition, cutting later evolved into my way of visibly showing people that I was *not* fine, like I so often performed. Thus cutting represented control, courage, release, and communication.

Self-cutting provides a specific feeling and end result that leads a habitual cutter to strive for that feeling again and again. Therefore, in trying to understand and make sense of someone's desire to cut, it is important to assess the dynamic functions of self-cutting and what self-cutting symbolically represents. In other words, what does self-cutting physically and mentally satisfy for an individual? Jordan, Jade, Alex, and Georgia express the various functions self-cutting served for them and are extremely insightful and almost poetic about what it meant to them at the time they were cutting and what cutting means to them now. Understanding the function and meanings intertwined with self-cutting for these women is key to capturing the richness of their stories and experiences.

Jordan

For Jordan, self-cutting was a way for her to change her focus—a strategy she would use to relieve anger and frustration and calm down. Thinking of the numerous times her father would bombard her with yelling, Jordan expresses, “It was frustrating

and I couldn't get anything out that I wanted to say! And [cutting] was just my way of anger management...I mean, it hurt, so you're concentrating on physical pain and not so much what you were angry about before that." Cutting became a "distraction" for Jordan and, because it successfully alleviated the emotions that so painfully built up inside her, she "never saw it as a problem." In fact, she would express frustration when people would ask, "why do you hurt yourself like that?" because, as Jordan explains, "it's not hurting yourself if you feel better in the end."

Throughout her narrative, Jordan mentions the "emotional pain" she experienced, pain that manifested in the form of "anger" and "frustration," especially when her father yelled at her. She felt as if she had no control when her dad was yelling because she "couldn't talk back" and there was nothing she could do to make him stop. However, after discovering cutting, Jordan began to feel as if she finally had a sense of control over something. "You know," Jordan explains, "with my dad yelling, I had no control. There was nothing I could do about it. *This* was something I could control." Jordan's school counselor, who became aware of Jordan's habit through an anonymous source (most likely another student or teacher who had seen the signs of cutting in Jordan's scars), tried to explain to Jordan that the cutting, itself, was actually a loss of control. Jordan adamantly disagreed with this claim, and disagrees still, and expresses her understanding of control in relation to cutting in the following passage:

I always thought I had control over it. I never saw myself as *having* to [cut]. I mean, I did it a lot but I never saw it as out of control 'cause, I mean, I would never do it just for fun. It was only when I really *needed* to do it. I felt I had control over it because I had control over my emotions. Or, just, at least, to make them go away at that moment.

In addition to cutting representing a sense of emotional and physical control, it also symbolized “ownership” to Jordan. She explains, “I always tried to project that it was *my* thing. Like, I didn’t want anyone else to know about it. It was, like, for *me*.” That perception of ownership was violated when Jordan was required to see the school counselor and forced by her parents, who noticed the marks, to see a therapist. Conveying agitation as she remembers these encounters, Jordan exclaims, “I didn’t think it was a problem! Definitely not any reason to get called to the office and have, like, a session for it...It was just *my* way of dealing with things.”

Jade

Following the sexual assault and her first encounter with cutting, Jade remembers, “I just couldn’t wait until I could hurt myself.” Her “obsession” with cutting grew and she depended on it as a quick, and usually “impulsive,” way of “letting go” and “silencing the thoughts” that fueled her depression and negative self-regard. “I would keep hurting myself and then hurting myself over and over again, thinking maybe the thoughts would stop.” Jade was angry and frustrated with herself and the people in her life and when she became overwhelmed by these feelings she found her “immediate” response would be to cut. “If I really needed to get the frustrations out I would cut immediately.” For Jade, cutting gradually became less about the physical pain and more about the “release” she would experience while watching the blood well up from inside. “When I am bleeding, I’m happy. I guess, to me, if I’m bleeding, that’s the release. I had to make sure I was really alive.”

Although cutting never guaranteed complete relief and full expulsion of “emotional pain,” Jade found that she began to cut more often. “It happened a lot when I was depressed. I would cut myself. After awhile that was just how I dealt with everything. Like, if I failed an exam, I didn’t get what I wanted, or just someone pissed me off or didn’t call me back. It was always easier than talking about it.”

Feeling the rejection of her mother, the violation of her body, and the perceived absence of people to confide in, Jade describes her choice to cut as “just being a way of projecting my own pain when I couldn’t really talk to other people.” Rarely feeling as though she could meet her mother’s expectations and knowing that her body had been forcefully violated, Jade also used cutting to signify the reclamation of control over her own body. Jade explains, “It was a control thing because I would be hurt and people would keep hurting me and I would just cut. I just wanted to have control over myself.” Like Jordan, cutting for Jade also symbolized a sense of ownership and secrecy. While discussing her wounds and scars, Jade says, “I would cover them ‘cause I thought they were mine.” As negative thoughts continued to flood her mind, Jade began to drink more and fell deeper into a depression. She was tired and experienced periods of dissociation. The blood, according to Jade, “was a way to make sure that I was real and that I was alive.”

Alex

At the time Alex first began cutting, she felt “isolated,” “alienated,” “depressed,” and “dissociated” from her body and her needs. She expresses how she never felt “in tune with [her] body” and was “painfully shy of anything else that involved other

people.” Cutting was something Alex could do by herself, secretly, and it enabled her to connect with her body at a new and heightened level. To her, the breaking of flesh was “very exciting and very physical.” Alex explains, “I felt really alive when I did it” and “it was a way of really being in my body.” She continues, “It made me feel whole. It really made me feel like I was part of myself...and it was wonderful to feel that physicality.” With each cut “the depression would leave” and Alex would feel “better.”

When Alex was in her mid-twenties and in art school she began a new form of self-marking in addition to cutting. While in large gatherings, Alex would inconspicuously burn herself with cigarettes, which she explains as “my game with myself.” She saw this form of self-marking as a challenge and, for someone who describes herself as liking “pain and strong sensations,” exciting. The self-burning did not last long and Alex continued to turn to cutting as a personal “tool for embodiment.” Alex does not completely agree that her act of self-cutting functioned as a way to communicate with others; rather, Alex believes “[cutting] was totally personal.” To Alex, self-cutting symbolized “a powerful tool to give oneself control.” For an individual whose sense of control over her own body was violated at a young age, cutting became a valuable outlet for Alex. She describes how she would cut and later look at her scars as a “reminder of doing something where I was in control of my body and that made me feel good.”

Georgia

In the beginning, Georgia started cutting as a means to punish her mother and let her know how angry she made Georgia feel. She explains, “I wanted her to know [about

the cutting] because I wanted it to hurt *her*.” However, after being raped by her neighbor at the age of fifteen, the cutting became a means of alleviating the painful and sometimes indescribable feelings that inundated her life. The sensation and release Georgia would experience while she cut is best described in the following quotation from her interview:

It was just the most amazing feeling in the world when those endorphins flood your body and it's like you're crying non-stop. You can't stop crying and all of a sudden you do it and you're fine! And it was, I don't know, it was really an intense feeling. It's, like, such an intense emotion and all you can think about is, “Oh my gosh, I have to cut myself. I have to cut myself.”

Similar to Alex and Jade, Georgia felt that there were times when her mind and body felt separate, and used cutting to counter such sensations. While contemplating the physical pain of the skin parting with each cut, Georgia explains, “*I loved it*. It was an exhilarating feeling and it made me feel like I was back in my body [and] it made me feel in control.” Cutting became representative of regaining control over her own body and reconnecting the mind to the physical self. With each cut and each bead of blood that would erupt from her stinging skin, the emotional turmoil Georgia felt accumulating inside could be placated. “The blood,” Georgia describes, “was hypnotizing...it was peaceful.”

In addition to representing control and reconnection of the mind and body, Georgia speaks of using the physical manifestation of cutting to say the things she could not easily put into words or the things that others were not able or willing to hear.

I think beneath it all, I was trying to reach out to people and I was trying to connect with people...and I thought if somebody saw it that it'd be a step for them to say, “Well, what's this?” And, you know, reach out to me and get into my life. And I think that's what I was trying to get from people.

Georgia's words illustrate the meaning of her acts of self-cutting through the lens of her own complex system of understanding. The actual cuts Georgia inflicted on her arms were symbolic of an attempt to communicate with others. Although Georgia admits to contemplating suicide, though "never seriously," she tries to explain the difference between suicide and cutting in the following statement, which highlights one of the principal functions self-cutting held for her: "Cutting isn't trying to deny myself life. It's just trying to make it easier to cope with."

Scar Management: What I Do and How I Feel About My Scars

Of course, with most of the cuts that go deep enough to draw a significant amount of blood, scars are expected to form. Just as the actual process of cutting serves specific functions and holds various meanings for one who self-cuts, so does the physical result of cutting. The practice of scar management goes beyond the concealing or revealing of one's scars; it also involves the caring for (or neglect) of one's infliction. I have always had a fascination with scars and treasure those on my body, including those that are self-inflicted, purely accidental, or a result of surgery. I cut for the scars as much as I cut for the control and release. I cannot say that I was ever ashamed of my scars because I know what they are and what they mean to me; however, I have felt the need to cover them at times when I want to avoid questions or make the wrong impression. (By wrong impression I am referring to the assumption that I might be suicidal). At one point, some of my scars were so obvious because they were red and a couple had developed keloids. I would never want to get rid of them because they are marks of my past but I did have a few injected with steroids to break apart the keloids and minimize the redness. Little did

I know that the skin surrounding the steroid injected scar would alter to be the color and texture of my grandma's skin, but as time has passed they have become less obvious. I still touch and examine my scars, following the scattered emotional map they have imprinted on my skin.

Jordan

Cutting, for Jordan, was a private and personal act; so, when she got called to the office in high school to speak to the counselor because someone had reported seeing her scars, she became mindful of covering them up. Although Jordan was not ashamed of her scars, she was cautious of what others might think about her, which thus compelled her to fabricate a variety of excuses in the event that someone may ask how she got them. "I would never openly show them off," Jordan says about her scars. It is not that Jordan is uncomfortable telling people the truth, it is that she thinks other people would *be* uncomfortable hearing the truth. "If you bring it up and say, 'oh, I used to cut myself,' it's like that opens up a can of worms and I don't want them to feel like they have to listen to my story now," Jordan expresses as her reason for keeping her past habit of self-cutting private.

Scars, to Jordan, are symbolic of "recovery" and "battle wounds," left to mark the past. "For every traumatic event in my life I've been through, I have something to show for it," Jordan verbalizes. Each time she would have a new cut, Jordan would prolong the healing process by picking at the scabs, a habit she has had long before she began self-cutting. Jordan explains, "I don't want them to heal so that I'll always have something to, I don't know, do when I don't feel like cutting again." She can look at her

arms, scattered with the fading remnants of her past, and reach her arm behind and feel the raised surface of the scar on her back and remember the events surrounding those that are most significant. As for how Jordan feels when she sees her scars today, she admits,

I feel happy when I look at them. I mean, at the time, the thing on my back was like this big gaping wound. I mean my shirt was stuck to it. It was like all bloody and huge...It was like a wide-open wound and it symbolized something in my life that was a big experience. You know? And now, just to have that be a little scar, it's like I've overcome that experience.

Jordan can look in a mirror and not feel any negativity towards her scars, especially because she never considered cutting to be problematic. Any potential discomfort surrounding the visibility of her scars is primarily due to the expected reactions of others, which are usually negative and awkward, and having to answer questions that might be asked; thus, making the prospect of wearing a bathing suit somewhat intimidating.

Jade

Jade became rather protective of the scars on her wrist, almost always keeping them concealed under a scrunchie or long sleeves. She explains how she got tired of people, especially complete strangers, pointing at the scars, making comments or exchanging looks, and asking questions about them. Such uninvited questions made Jade feel like contemptuously asking, “why should I tell you?” In one incident, another student made a comment exclaiming how Jade “worshipped the devil.” Being sensitive to these remarks, Jade began to make excuses for her scars, such as “I fell” or “I burned myself with the iron.”

To Jade, her scars “are history” and she can look at them and “remember why and when [she] did it.” Jade is very insightful and reflective about her experience with self-

cutting and the marks that have slowly faded back into her skin. She admits to feeling her scars every once in a while when alone and says, “They were my way of crying out to be heard and at least when I touch them I know I tried.”

Alex

Unlike Jordan and Jade, Alex rarely felt compelled to cover her scars. “You know, I’m an artist and I’ve never been really good at passing as a kind of normal person, so they’re just there,” she explains understatedly. Especially now, living in San Francisco, Alex feels fortunate to live in “an alternative community” where people are more accepting of self-cutting and other behaviors that may seem abnormal from an outsider’s view. The only time Alex recalls feeling embarrassment about her scars was in her late twenties, when her lover saw them and asked her to stop cutting. Even though the relationship with this lover ended, it was the catalyst for Alex to stop cutting, save one “half-hearted” attempt in her early thirties.

Although she does not cut anymore, Alex can remember picking at the scabs that would form along each incision. Part of the picking behavior she attributed to “nervous habits” while the other reason was clearly to “make the scars bigger.” The bigger the scar, the more Alex felt as though she was in “control of [her] body” and had the ability to make herself “feel good” when her emotions would tell her otherwise. When asked if she was ever proud of her scars she replies, “I think I was proud of the burn ones cause that was pretty painful.” At present, now that years have passed and the once red and raised marks have slowly faded into her skin, leaving one long scar on her right forearm

and a few cigarette burns visible, Alex seems ambivalent about their presence. “They’re just there,” she says again.

Georgia

Georgia’s fascination with scars started before she ever intentionally cut herself. “I love scars. I’ve loved scars forever,” Georgia exclaims. Although Georgia always cut herself in privacy, she did not feel as though she had to cover her scars. In fact, she *wanted* her scars to be seen.

I wanted everybody to know. It was almost like I would purposefully roll up my sleeve so people would see it...I don’t know if I thought I was a badass or what, but I just wanted people to step back and be like, “wow,” and actually see that I’m a normal person who can get hurt too.

Unlike, Jordan and Jade, who tried to conceal their scars, and Alex, who was not trying to hide or show off her scars, Georgia used her scars as a tool for communication, hoping that someone would notice them and talk to her about it. If someone did ever notice and ask, Georgia would tell the truth; though, her truth was usually met with a change of subject or the end of a conversation altogether.

On a personal level, Georgia’s scars are symbolic of experiencing and overcoming past distress and struggle. “They kind of felt like battle wounds,” Georgia expresses. “They made me feel powerful.” There was period of time when Georgia would look at her scars and “feel sad,” especially after a coworker asked how she would explain her scars to her future children; however, her mindset has shifted and instead of being “sad about something that [she] can’t change,” Georgia looks at her scars and says, “I see it as where I used to be and where I am now.”

Social Support/Neglect: Who I talked to and Who Talked to Me About My Self-cutting

Social neglect may lead a person to cut more while social support, when provided effectively, can actually help an individual confront what might be underlying the act of cutting. When exploring the communicative function of self-cutting, it is important to understand the forms of social support and neglect an individual experiences. Social support, for me, does not necessarily refer to others reaching out and telling me how much they care and want to help. Rather, social support is characterized by knowing that someone in my life will sense when there is a change in my character or will notice if I am bleeding or upset. Knowing that I have people whom I can talk to when I feel the buildup of emotional tension creates a space for me to stop and ask myself if I need to cut. The women in this study experienced various degrees of social neglect and support, some of it welcomed and helpful, while some was unwelcome and ineffective.

Jordan

There were few people in Jordan's life who knew the truth about her self-cutting and, more specifically, the reasons why she would do it. A year after being summoned to visit with her high school counselor, Jordan's parents confronted her about the marks on her arms, trivializing them as "not normal," "stupid," and "*just* a cry for attention." They practically forced Jordan to see a therapist, using the free therapy sessions her mother's work offered. This therapist, however, offered very little insight and kept trying to pin a psychological disorder, such as bipolar disorder, on Jordan. Finding the therapy session pointless and unnecessary due to her firm belief that she did not consider cutting to be a problem, Jordan lied to her parents about the session by faking a smile and brightly

saying, “Oh that really helped. Thanks a lot!” Frustrated as she recalls her parents’ way of “dealing” with her during this time, Jordan articulates, “They never knew any reason behind it or why I was mad when I did it.”

In high school, Jordan had a close female friend, Melanie, who acknowledged the cutting but did not try to make Jordan feel guilty for cutting herself. Instead of approaching Jordan’s cutting as a problem, Melanie would ask Jordan, “Well, what’s going on?” Jordan appreciated Melanie’s concern and ability to keep her secret. In fact, Melanie would help cover for Jordan when people would ask about a new cut or visible scar. “When people would ask, ‘oh my God, what happened to your arm?’ she’d be like, ‘she has a cat.’ You know, she’d look out for me,” Jordan explains.

Although Jordan and Melanie’s friendship was strong, and they are still close friends today, there were some topics that Jordan did not feel comfortable talking to Melanie and her other friends about. The only person Jordan ever confided in about the abortion she had at sixteen was her younger sister, who happened across the sonogram. Jordan is one who does not like to show her emotions to others. She admires her younger sister for being able to “talk about her feelings” but when she thinks about her own ability to confide in others and reveal her emotions she says, “I don’t think I go to anyone for social support. I mean, everybody who knows me would say they’ve never seen me cry and they’ve never seen me upset. I’m always very composed in front of others.”

Jade

Raised in a Filipino household where her mother was the matriarch and her father had less say in decision-making matters, Jade considers her family environment to be

somewhat unsupportive and competitive. Always feeling as though she was being measured by her mother against the success and accomplishments of her three older sisters, the rejection, blame, and putdowns Jade received from her mother weighed heavily on her self-esteem— especially after she was sexually assaulted. Even when Jade’s counselor called her mother to discuss the assault and encourage her to talk to Jade about it, Jade’s mother got angry and made Jade feel even worse, thus pushing her depression deeper and making the cutting escalate. Jade wanted her mother to listen and wanted her approval but she explains, “She was closed-minded when I got assaulted, which just kind of tells me that she doesn’t care. She wouldn’t tell me if she did. Even if I did something good it wouldn’t matter.”

“I needed help and I didn’t know how to get it.” Jade states. “Cutting just wasn’t this little thing to get attention.” Although Jade expressed the need for support and the need for someone to listen to her, she was extremely resistant to the two counselors she saw. The first counselor she saw on campus, whom she had to see due to a report made by her R.A., seemed to belittle the act of cutting by referring to it as “scratching.” The use of this term offended Jade and made her angry because she thought that it was “petty” and minimized what was going on in her life. Jade was also frustrated because this counselor was “more focused on stopping [Jade] from cutting” rather than asking what was really going on and what she wanted. Jade’s agitation with this counselor grew and she explains, “She would say that there was a better future for me beyond this. She would say that! And that was just the wrong thing to say! At least to me it was. I was like, ‘get over yourself!’” After the six sessions allowed by the college were up, Jade

was referred to a different counselor off-campus, a Filipino woman, whom Jade found easier to talk with about the cutting; however, Jade was reluctant to discuss the sexual assault because, Jade explains, “I was afraid that when she heard I had had sex she would give me a lecture...because she would think that I should wait until marriage to have sex. And that’s what my mom thinks.” Overall, Jade did not find either counselor helpful and actually felt more motivated to cut following those sessions.

Although Jade felt misunderstood by her mother and most people she would come into contact with regarding her cutting, she does recall appreciating the attention of one professor who noticed the cuts on Jade’s wrists. The significance of this interaction is apparent in the following:

She actually asked me to describe what and why I actually did it. She listened to me and told me that she didn’t know what to do and didn’t know how to handle it. Like, she said, “I’m willing to listen to you because if it affects you it affects me.” It was nice to get that. She listened to me and that was important.

In order to help this professor understand why Jade cut herself, she wrote a beautiful poem, putting her personal meaning for cutting into words. The much-needed support offered by this professor came in the form of listening and the desire to truly understand Jade on an emotional level.

Alex

While in Iran, Alex did not have much in the way of social support. She describes her mother and father’s style of parenting as “not really hands-on” and “lazy.” She was never able to confide in her mother about the incest that occurred between her and her father and, unfortunately, her mother’s passing in 1985 made that impossible. While raising two young children on her own and going to art school, Alex recalls having

absolutely no emotional support from her family. Alex knew that the past incest perpetuated the depression she was experiencing but she was skeptical of therapy at the time. She never felt as though she needed to talk to anyone about the cutting because she did not consider self-cutting to be problematic. Rather, it was what was beneath the cutting, causing the depression and feelings of dissociation that needed to be confronted. It was not until her early thirties that Alex entered a twelve-step program for victims of incest and began seeing a therapist individually to confront her past experience with incest. At this particular point in her life, Alex had stopped cutting.

Although Alex was never one to cover her scars in order to conceal her tendency to cut, she rarely felt compelled to talk about her cuts either. However, she did find herself most comfortable talking about her experience with cutting among friends who also self-cut. She describes those conversations as a form of “bonding” where she could connect with others who shared similar “renegade pasts.”

Georgia

“I *wanted* to talk about it and I *wanted* to stop doing it,” Georgia emphatically reveals about part of her motivation for self-cutting and need to be heard. During these pivotal years of Georgia’s life, years that landed in the heart of the tumultuous period of mid-adolescence, there was an absence of sincerity, care, and support from the people in her life. Her one female friend, Lizzy, took advantage of Georgia’s weaknesses and manipulated her, playing the helpless victim who needed Georgia’s protection. Georgia’s relationship with Lizzy revolved around parties, excess amounts of alcohol, and frequently stumbling home at four in the morning, which consequently led to Georgia’s

parents banning her from sleeping in their home. Georgia immersed herself in the company of people who thought very little about her needs and mental wellbeing and she pushed herself away from the people who cared the most—her parents. Georgia’s sense of her social world was that the people in it were not watching and listening to her, which consequently prompted more regular and obvious self-cutting. Self-cutting for Georgia became more than attention seeking, it symbolized attention *needing*.

There were instances when people would comment about the fresh cuts and tender red scars on Georgia’s left forearm but would leave their inquiry at the surface and quickly change the topic to avoid having a meaningful discussion. For example, some of her boyfriend’s friends would say, “you should stop doing that, we’re gonna talk about it,” and that was it. These were the same guys who, at one point, considered Georgia’s cuts to be suicide attempts and told her that she was “doing it the wrong way.” The interpersonal relationships in Georgia’s life were failing to provide her with immediacy and a healthy outlet to express herself. Georgia, whose *intrapersonal* struggle grew, continued to turn her thoughts and feelings inward only to have them released through the parting and bleeding layers of her skin. She began to evaluate her life and her value within the world and to herself, based on the unhealthy relationships she formed.

Georgia’s parents, especially her mom, certainly came through in the end and got Georgia off the streets, into counseling, and agreed to participate in family counseling. She definitely feels most comfortable talking with her mom, who has been extremely compassionate over the past year, and feels like she does not want to let her down by cutting again. In the past year, Georgia has made a point of surrounding herself with

people who are supportive and will listen to her or come stay the night with her if she is ever upset and in need. While considering whether or not she thinks she will ever cut again, Georgia says, “There’s less of a need to do it when people are there like that for you.”

Renewal: Where I Am Now and What I Have Learned

Although the stories of the women in this study have not ended, they each provide a sense of closure on their experiences with self-cutting and how cutting has shaped their identities in some way. They each reflect on where they have been and where they are now and how cutting fits into their past, present, and future. As each woman openly and honestly shared her story with me, it became apparent that they are each at a different level of processing and understanding their self-cutting history. Looking back at my own experience with self-cutting, I can see how my understanding has shifted and transformed over time. I feel like I am a stronger and more self-assured person than I was when I began cutting regularly. I am more attuned to my emotions and my body and can sense when I need to slow or calm down. Nowadays, when people ask me how I obtained the scars on my arms I try to tell them the truth. I know some will change the subject, some will make comments that reveal their complete lack of understanding about cutting, and some will ask me more specific questions, which I will gladly answer to the best of my ability.

For me, renewal does not imply that I will never cut again; rather, it signifies personal growth and understanding—being able to think introspectively while examining a confusing period in my life in order to see how I have evolved and learned from that

time. Renewal is also relational because it allowed me to step out beyond my personal experience and be open to hearing the stories of others who have self-cut. Perhaps the most apparent indicator of renewal for the women in this study is that they responded to my flyer or advertisement and volunteered to openly share their extremely personal story with me.

Jordan

Jordan's history with self-cutting is distinct from the other three women's history because the cessation of cutting was not marked by a constructive shift in her sense of self; rather, Jordan "traded one addiction for another." The cutting stopped when she began using crystal meth, which lasted for two years until she was nineteen. On her nineteenth birthday, Jordan realized that she needed to get off of the meth because her body, her social life, and her status within school were quickly deteriorating. At the time she sought help from the health center on campus, Jordan's 5'7" frame weighed only ninety pounds and the doctor, who examined her EKG, was amazed that Jordan had not suffered a heart attack. It took six months for Jordan to completely wean herself off the meth and now, after going to NA meetings and separating herself from the people who encouraged her to use, Jordan has been clean for over a year.

Jordan works full-time now, managing a boutique, and attends schools fulltime as well. In fact, she changed majors from business to psychology because she saw psychology as a tool for understanding herself and her experiences with cutting and substance abuse better. Jordan looks back at her interaction with the two counselors she had to talk to about self-cutting, recognizing that they had a limited and narrow

understanding of the behavior. By entering the field of psychology, Jordan hopes to reach out to people who have had similar experiences with cutting and substance abuse and she remarks, “I think it would help a lot of if people have someone they can talk to who specializes in that kind of thing and knows what it is.”

Overall, Jordan feels that college has helped her experience “a lot of personal growth,” especially since she has quit using. Although she has not cut in years, she does not view the lack of cutting as an accomplishment because she never considered it to be a problem in the first place. “I don’t think I’ve stopped,” Jordan explains. “I just think nothing’s triggered it in a long time.” Jordan still lives at home, but she feels that she has “matured emotionally over the years” and her father seems to respect the fact that she is an adult and is able to make her decisions on her own. As far as associating cutting with her personal identity, Jordan makes a distinction between her private and public identity:

I’m definitely a cutter. That’s part of me. It’s what I used to be and still probably will be. I mean, it’s part of me but if someone were to ask me to explain my whole identity, I would totally leave that part out. That’s my identity to *me*. Not to other people. I wouldn’t want that to be the only thing they see.

Jordan has definitely experienced a sense of renewal in the last year and seems to be very confident in who she is and what she expects of herself. She is in a new relationship, her “first real relationship,” with an old friend from high school and seems to have a positive outlook on her life and the difference she can possibly make in the lives of others.

Jade

Jade self-cut for about a year, from about age twenty to twenty-one, and she thinks the cutting slowly stopped because she started to become numb to each cut and it wasn’t having the same calming effect. Jade explains, “I was at the point where I’d put

the blade to my skin and it didn't matter. It was just blood...I just got tired of it. Tired of thinking about cutting." Although Jade has yet to feel the support and recognition she desires from her mother, she did manage to recently face her past sexual assault. Earlier this year, while at the movie theater, Jade confronted the guy who assaulted her. After he approached her and asked, "Don't I know you from somewhere?" Jade followed him into the men's restroom and told him about all of the pain he had caused her. "He was trying to apologize and I just couldn't hear it," Jade expresses. Crying and feeling angry, especially after he had the nerve to pretend he did not remember assaulting her, Jade forcefully grabbed him and shoved his head into the toilet. "He was terrified," Jade says as she remembers the scene that took place in the bathroom. "I think, by the way his facial expression was, he knew I was going to come back at him this way." Although this incident was momentous for Jade, the softness of her voice indicates that she is relatively ambivalent about the outcome of confronting her assaulter. Looking back on the incident in the bathroom Jade says, "I was feeling a little bit of relief but bad at the same time because I was revisiting it again." As angry as Jade was with this person, she also wanted to forget the assault so that she could move on and not feel upset by being reminded of the pain she went through during that time in her life.

Although Jade believes that "people are a lot more than just their one habit," she does consider cutting to be a part of her identity. "I think once a cutter, always a cutter," Jade insists. She does not deem cutting as "just a phase," as one of her friends called it. In fact, she was upset when a her friend described cutting in that way because, Jade explains, "I still have those thoughts but I'm just a little more in control of it now." One

of the ways Jade discovered that helps her control the desire to cut is writing. When she thinks about cutting, she writes about it, which has been a useful alternative since she determined that she was not gaining the same release that cutting once provided her. In response to my question of why she initially responded to the advertisement in the paper, Jade first expresses how she believes that people misinterpret cutting because they really do not know enough about it. She asserts, “I just felt that my story should be told and that I want people to hear my story.”

Alex

Alex used her art as an alternate means of self-expression and exploring her past. While in art school she painted images that incorporated aspects of her experience with incest and self-cutting. While seeking therapy in her early thirties, Alex revealed to her aunt (her father’s sister) and her brother what her father had done to her as a child and she wrote a letter to her father, confronting him about the incest. As she expected, her father denied her claims about the abuse and he essentially disowned Alex at that point, severing communication with her. However, Alex feels as though she has made her own peace “with the fact that he’s old and really forgetful and he’s never going to admit it.” She sees her troubled childhood and early adulthood as the substance of life to learn and grow from because, she explains,

People end up with childhoods where there’s some really great stuff and some really crappy stuff. And sometimes the really crappy stuff can lead to surprises that aren’t all bad. If you can recognize that it sure makes your adult life a lot happier.

Now, at fifty-two, Alex gives the impression that she is comfortable with her life and the community of people she has established herself in. She reflects back on her cutting as a

positive outlet, emphasizing, as one of her reasons for sharing her story with me, how she worries “that studies show one-sided viewpoints” and she believes “self-cutting isn’t necessarily a bad thing.” Renewal, for Alex, has come in the form of making peace with her past and being able to openly and articulately share the life experiences within which self-cutting is interwoven.

Georgia

The common cultural adage, “change your friends, change you life,” can be related to Georgia because she has taken the initiative to reframe, both physically and mentally, her life and the way in which she understands the value of her past experiences. Self-cutting has shaped who Georgia is today in that it has taught her about “coping with the world” and seeing the value and beauty of an unpleasant and chaotic time in her life. Georgia does not rule out the possibility that she might cut again, but she has made life changes that have helped her avoid getting to the point where cutting is necessary. She only buys expensive shaving razors now with the idea that she will be less inclined to break them apart and she has made the time to get enough sleep and go to the gym. If Georgia ever does sense that she might be nearing the point where she feels the need to cut, she will “physically leave and go cool down” until that feeling passes.

Georgia considers self-cutting to be “addictive” and “a huge risk because of what it does to you emotionally.” Looking back on her experiences, she acknowledges that cutting was a way for her to cover up the her real problems and that, in a way, “cutting [was] just running.” Hearing about others who cut and reading articles that explore self-cutting, terrifies Georgia because she is concerned for those who do not have the same

support system she was so lucky to build with her parents and her new friends in college. She hopes to use her experience to reach out to others who are going through similar circumstances. When asked why she decided to respond to the flyer she saw posted in the women's restroom, Georgia explains, "I am a firm believer that things happen for a reason and that we're supposed to take all the terrible things that happened to us and put them to use in positive ways in the future." Georgia cannot change her past; however, one she has shifted how she interprets and views her experiences in that past.

Conclusion

In this chapter I have presented the self-cutting narratives of Jordan, Jade, Alex, and Georgia by partitioning their stories into various thematic categories, which gradually acquaint the reader with each participant and provide salient points of comparison and contrast among these four narratives. The participants' narratives were told through the following thematic categories: *The beginning, tools and practices, functions and meanings, scar management, social support/neglect, and renewal*. These categories help guide the reader through the complexities of these women's experiences while preserving their voice and allowing their uniquely expressive stories to be heard. These categories function primarily as a tool for organization and will help generate discussion. The following chapter aims to peel back the layers of these narratives to describe and understand how these women make sense of and assign meaning to their experiences with self-cutting.

CHAPTER 5: DISCUSSION

The primary research question guiding this study asks: What meanings do women express through the act of self-cutting? Discovering the meanings that underlie the act of intentionally cutting one's skin is key to understanding the communicative function of self-cutting. Personal meanings are constructed and revealed in *how* the women in this study tell their very personal and unique self-cutting story—paying close attention to what they emphasize and minimize. In order to identify, interpret, and understand these meanings, it was necessary to organize the obtained narratives into thematic categories derived from the interview questions, as seen in the previous chapter. The thematic categories include: *the beginning, tools and practices, functions, meaning, scar management, social support/neglect, and renewal*. These categories are not intended to be mutually exclusive; rather, they function to preserve the voice and candor of the women in this study and the textual richness of their stories. Although these categories do not represent the emergent meanings expressed by the participants, they do serve as a tool for organizing information to facilitate analysis and discussion of the participants' narratives. Through the analysis presented in this chapter, I hope to elicit a deeper understanding of how the women in this study make sense of and assign meaning to their self-cutting experiences through narrative. Considering my second research question, I will also determine what forms of supportive communication these women received or sought out during this period in their lives

One approach to uncovering meaning is to position each participant's story within the perspective of social construction, thereby examining the ways in which each

participant's experience and understanding of self-cutting is constructed through their discourse and within a social context. The narratives serve as a primary text through which to explore the social construction of self-cutting; specifically, how these women's experiences with self-cutting or what cutting stands for and symbolizes to them—including the beginning, peak, and the end—is socially constructed. Considering Hacking's (1999) argument about social construction, let me be clear that I am not claiming that cutting, the *thing*, is socially constructed; rather, I am interested in exploring how cutting, the *idea*, is socially constructed through the participants' narratives. Where, when, why, and how one cuts is socially influenced and an analysis of these narratives will illuminate how these women construct, make sense of, and assign meaning to their personal self-cutting story.

Specifically, I will first discuss how Jordan, Jade, Alex, and Georgia make sense of their experiences with self-cutting through the relationships that existed or still exist in their lives, as well as the emotions that evolved in response to the interactive practices of those relationships. Throughout this explanation of the relational qualities of the participants' narratives, I will discuss various social and cultural conditions that significantly influenced the lives of the participants in this study before, during, and after their proclivity to cut. I will then move into a discussion of how these women story their self-cutting experiences through the perceived stigmatized status of self-cutting and how that view is explained through the lens of the social world in which it occurs. Within this portion of the discussion, the complexity of the participants' sense making will become apparent in how they simultaneously reinforce and challenge the stigma assigned to self-

cutting by society. As stigma is commonly attached to objects and people based on visible features, it seems appropriate to explore how the participants create meaning and make sense of their experiences with self-cutting by reflecting on the creation and maintenance of their scars. The scar is richly symbolic, one of the most tangible relics of breaking the skin, and is interconnected with the *communication, control and power, self-healing, and release and awakening* embodied in the act and result of cutting.

Making Sense Through Relationships and Emotions

Narratives place our experiences within a context, allowing us to understand and be understood within our social worlds. Stories can be narratives of the self, positioning the self in a way that the views one holds of oneself are reinforced and one's experiences and perceptions are contrasted in relation to others (Cooper & Galvin, 2003). The way a story is told conveys the intention and motivation of the narrator and is also reflective of the audience receiving the story. Stories are a unique foundation for creating understanding because they are subject to countless readings, or interpretations (Carter, 1999). Gergen (1994) emphasizes how one's experiences within the narrative are interactional because one "stories" those experiences through relationships. Because one's story is relational, the characters in that story become co-authors of the narrative as it is told. How an individual organizes and makes sense of the information in her story reveals causality between a sequence of events and the characters that interact with the narrator throughout those events. Throughout their narratives, the women in this study regularly used language that framed their relationships and the emotions existing within the interactions of those relationships as causal. Hence, it is imperative that I express

how any events and interactions that are sequenced in a pattern of cause and effect, are presented as such based on the language each participant used to story her experience.

The women in this study storied their practice and understanding of self-cutting through relationships with a variety of people involved in their lives, whether previously or currently. It is through these relationships and the implied effect these relationships had (or have) on each woman's inclination (or resistance) to cut that meaning is created and continues to evolve. In order to facilitate an understanding and discussion of meaning, it is important to first evaluate the types of relationships through which the women in this study storied their practice and understanding of cutting. What do these relationships represent and how are the characters in these relationships co-authors in each woman's story? All of the women, to some extent, evaluated their lives and their value within the world based on past, present, and future relationships. Their stories are co-authored by all of the other acting characters.

Throughout this portion of the discussion I will examine how the participants storied their self-cutting experiences through the following phases of relationships: (1) the early relationships that were considered dysfunctional and violated the participants' expectations in some way, (2) the relationships that were characterized by a sense of intrusion or interference into the participants' private act of cutting, and (3) the supportive relationships that promoted self-reflection and healing for the participant. It is impractical to examine every relationship that influenced each of the participants' narratives because doing so would do a disservice to this analysis. Therefore, I hope to focus on the *types* of relationships through which the participants make sense of their

history with self-cutting and how those *types* service the meaning making process of each participant, while extracting examples from each narrative as support. Because the emotions associated with self-cutting are intimately connected with the stories of these relationships, I begin my discussion with an analysis of the role of emotion within these narratives.

Emotion

As previously stated, the women in this study story their self-cutting experiences through relationships and the emotions emerging in response to the interactive practices of their relationships. Because emotions were one of the primary explanations these women used to make sense of their desire to cut, it is necessary to include a brief discussion on emotions and how the participants' narratives place emotions as object to be released or obtained. Before they delved into the deeper meanings for self-cutting, each of the women in this study began their story by explaining the primary causes for their desire to cut. Most of the causes were described as emotions (e.g., anger, frustration, isolation, and depression), which were then defined in the context of the relationship that created or led to these emotions in the first place. Gergen asserts that rather than impacting social life, emotions "*constitute* social life itself" (p. 222). If emotions are social, then they must be viewed "as events within relational patterns" (p. 219). For example, the anger and frustration that would precede Jordan's impulsive decision to cut was almost always reflective of her relationship with her father and how his yelling prompted those emotions. Jordan acknowledged her father's role in her emotional turmoil and explained how the act of cutting serviced her need to reclaim

emotional control and pacify or forget the emotions that formed in the heat of being reprimanded. Cutting became an event situated within a relational context and propelled by emotions connected to actual social interactions or memories of particular interactions.

Although each of the women in this study essentially describe cutting as a symbolic reclamation of control over emotions, whether that control be obtained through an emotional release or an emotional awakening, the emotions during and following the act of cutting are still relational. Gergen (1994) explains how an individual cannot acquire an emotion without some prior relational stimuli; thus, when one argues that one's emotions are personal and asserts a sense of ownership over one's emotions, one's possession is only in the sense that one is the "performer" of that emotion. If cutting acts as a means to counter the negative emotional stimuli brought on by various interactions, the sensations of happiness, calm, energy, and relief experienced during or after cutting are desired because they are associated with more positive social interactions. Because emotions are representative of social life (Gergen, 1994), one knows that feeling angry or depressed is less desirable than feeling relieved and energetic. Although it is not my intent to position self-cutting as a detrimental phenomenon, I do find it fascinating that the women in this study always cut in response to emotions that are socially constructed as negative. None of the women in this study explained cutting as a means to eliminate a positive emotion (e.g., "I need to convert my happiness to sadness") or as being in any way similar to how one may bite one's tongue to refrain from laughing. Unless there is a situation that deems a positive display of emotion as inappropriate (e.g., laughing at a funeral), society does not directly encourage the conversion of positive emotion to

negative emotion. In addition, none of these women used cutting to maintain a positive emotion that was already present (e.g., “I am so happy I need to cut myself to stay happy”). Cutting, however personal, is an alternative route for modifying one’s emotional condition to satisfy the emotional expectations of culture or relational life.

Early relationships—violating expectations

Taking a step back from the emotions that form in the context of relationships, it is valuable to examine how each participant made sense of the beginning of her self-cutting story through one or more relationships. Based on their narratives, each of the women in this study storied their early desires to cut through relationships that were characterized as dysfunctional or in violation their social expectations. The participants linked their initial motivation to self-cut to the interactions that transpired within these relationships. Whether with a parent or a supposed friend or group of friends, these relationships represented some form of violation, loss of control, and uneven distribution of power. Through their stories of these relationships, the women in this study expressed feeling abused, silenced, or unexpectedly rejected, or a combination of the three.

Sexual violation was one of the primary events that framed the beginning of three of the women’s self-cutting stories, which signified a loss of control and voice. Jade, Alex, and Georgia were each sexually violated and positioned their experience of being violated as a pre-cursor event that began to alter their sense of self and created powerful and uncomfortable emotions. Jade storied her experience of being sexually assaulted by her boyfriend as the event that led to her mother’s blame and rejection, which hurt Jade and violated her expectation to have support and comfort from her mother. Alex, like

Jade, also felt violated and silenced as a result of being sexually abused. Alex began her story by revealing how she endured years of incest with her father and she linked that abuse to the depression that permeated her life as a teenager and young adult in her twenties. Although the very beginning of Georgia's self-cutting story was characterized by curiosity and mimicry, Georgia attributed the event of being raped by a neighbor, whom she described as "like a father figure," as the time when self-cutting began to escalate and evolve in meaning. Although Georgia was able to tell her parents about the rape, she backed out of pressing charges against her attacker because she just was "not ready to deal with it."

Like Alex, the beginning of Jordan's self-cutting story was father-centered; however, rather than sexual abuse, Jordan's father verbally abused Jordan by yelling at her and creating an environment where she could not talk back and assert herself through words to her father. Jordan made sense of her initial decision to cut as a response to this relationship that silenced her voice—a relationship where there was an unequal distribution of power. Feeling violated and silenced by these relationships that framed the beginning of each of the participants' self-cutting story, Jordan, Jade, Alex, and Georgia began to explore why they continued to cut and how the function and meaning of self-cutting evolved as the various relationships in their lives either shifted, persisted, or disappeared.

Outsider relationships—intrusion

Just as the relationships in the beginning of each participant's self-cutting story are valuable to discovering how each participant explains and understands her initial

choice to self-cut, the relationships that existed throughout the duration of each story are equally important. After making sense of how and why they initially began to self-cut, the women in this study continued to assign meaning to and assert identity through their self-cutting practices and interactions with those who were obviously outside (the *other*) their personal cutting culture. These relationships are characterized by a sense of intrusion or interference into the participants' private acts of cutting. In response to interacting with these characters, the participants expressed feeling misunderstood and even defensive about their choice to cut. For example, Georgia's male friends would see her cuts and tease her by telling her she was "doing it the wrong way," indicating that they considered her scars to be weak attempts of suicide. This, of course, was incorrect and frustrated Georgia because she felt misunderstood and no one seemed to take the time to talk about the real reasons why she cut herself.

For Jordan and Jade, this character came in the form of a counselor or therapist. Jordan met with her high school counselor on multiple occasions and a therapist from her mother's work once. Both of these instances were forced and Jordan expressed that neither of the professionals had much comprehension of self-cutting. Her school counselor approached cutting as "problematic," while the other therapist assumed the cutting was indicative of bipolar disorder. Through these interactions with her counselor and therapist, Jordan not only felt misunderstood but also more determined to privatize her self-cutting practices. Like Jordan, Jade was also forced to see a counselor at her college campus in order to remain a resident in the dorms. She believed this counselor trivialized the act of self-cutting and focused more on encouraging Jade to stop instead of

talking to Jade about the underlying issues that fueled her negative self-regard. By the time she had to see another counselor, Jade was already resistant to the help and expressed how she actually felt more motivated to cut after her sessions.

These characters, who misinterpreted the meanings the participants were trying to express through cutting, may have imposed a sense of embarrassment or shame upon them. For example, when Alex's romantic partner saw her scars and asked her to stop, she described herself as feeling "embarrassed" because, she said, "They perceived it as hurting myself." Jordan also experienced a sense of embarrassment after she was sent to her high school counselor's office due to an anonymous report of her scars, which led her to feel very self-conscious of what others thought of her.

What is interesting about the relationships that represent a sense of intrusion or interference is that they highlight how each participant considered her self-cutting practices as personal. Although each woman in this study had scars that could sometimes be visible to the public eye, the stories and meanings behind those scars were still private. When the meanings of their scars were misinterpreted or mislabeled, these women felt defensive, embarrassed, and even irritated. In addition, by comparing and connecting each of the participants' stories based on these relationships, one can begin to see how they each position their personal selves in opposition to the *other*. The *other* is not part of their culture and therefore unlikely to understand how self-cutting operates as a positive outlet for these women. Therefore, it makes sense why some of the participants felt immediate resistance to thought of having to talk about and explain what self-cutting symbolized and did for them.

Supportive relationships—shared meaning

The women in this study also storied their self-cutting experiences and assigned meaning to their self-cutting practices through the relationships that offered them support and promoted a sense of self-healing or self-reflection. It is important to note that the participants' discussion of these relationships by no means positions their desires to self-cut as being *cured* and it is not my intent to even imply that one can be or should be *cured* of their desire to self-cut. Rather, these relationships represent a turning point in the lines of communication, where both parties in the relationship attempt to create understanding and share meaning. The women in this study found support in a variety of relationships, including parents, friends, professional listeners (therapists), professors at school, and romantic partners. The participants found these relationships effective because within each relationship there was perceived trust, acceptance, common ground, open-mindedness, and dependability.

These interactions represent a shift of narrative form from “regressive” to “progressive,” where the movement through the narrative becomes incremental (Gergen, 1994, p.194). According to Gergen, when there is a regressive narrative there is a natural tendency to strive for improvement and turn one's story from regressive to progressive. This might help explain why the women in this study volunteered to share their self-cutting stories. Each were at a point on the progressive pathway of their story, making their story more complete and allowing it to end with hope rather than despair. This leads me to the final relationship through which the participants made sense of and assigned meaning to their self-cutting story. The relationship I am referring to is the one

between the women in this study and me, both the researcher and a member of the cutting culture.

I have to wonder how the participants' narratives would change or if they would have found it more difficult to explain their understanding of and reasoning for self-cutting if I did not have personal self-cutting experience. While eliciting the personal stories from the women in this study, there were numerous times when they would be explaining and trying to make sense of a certain aspect of their story and would say, "Well *you* know" or "*You* understand." I know that Jordan decided to share her story with me *because* she knew I was also a cutter and would not pass judgment on her. By hearing Jordan disclose this, it reaffirmed the value of my subjectivity in this study. As researcher and interviewer, my membership in the cutting culture created this intersubjectivity, which allowed me to connect with each of the participants and go through the extraordinary experience of co-creating a narrative. This illustrates the interactional quality of narratives and how we shape our stories and self-identities depending on who we are with and the social context of the situation (Gergen, 1994).

So far, I have discussed how the participants' narratives are relational because they storied their self-cutting experiences and the meanings represented in those experiences through relationships and the emotions that emerged in response to the interactions within those relationships. Specifically, I presented how each woman made sense of her early experiences with self-cutting through relationships, which could be characterized as dysfunctional and in violation of their social expectations. This revealed how their early desires to cut made sense because of a breach in their communicative

expectations and served to temporarily mend, or at least patch, that breach. Then I examined how the participants storied their self-cutting experiences through relationships that were marked by a sense of intrusion or interference, which either created a sense of shame and embarrassment or resistance and defensiveness. Finally, I discussed how the women in this study storied their self-cutting experiences through the relationships that served as support and facilitated self-reflection and self-healing. By acknowledging how narratives are relational and by illuminating how each of these women positioned their experiences with self-cutting in the context of the relationships that comprised their social worlds, we move towards a fuller understanding about self-cutting.

In addition to relationships, these women also storied their self-cutting experiences through the perceived stigmatized status of self-cutting and how that view is explained through the lens of the social world in which it occurs. Examining how they referred to or described how they think others perceive their behavior helps to reveal the motivations and meanings expressed by the participants through cutting. Meaning is relational and how one perceives the dominant cultural view of one's personal actions affects one's construction of one's actions. Remember, self-cutting, the *thing*, is not socially constructed; rather, the *idea* of cutting and what it represents is socially constructed (Hacking, 1999). In this portion of the discussion, the complexity of the participants' sense making will become apparent in how they simultaneously reinforce and challenge the stigma assigned to self-cutting by society.

Making Sense Through the Stigmatized Status of Self-cutting

According to Goffman (1963), “stigma” is defined as attributes (or an attribute) possessed by an individual that expels him or her from the category of a normal or whole human being. A stigmatized individual is ineligible for “full social acceptance” (p. i). A “normal” person, according to Goffman, is one who does not depart negatively from the “normative expectations” of society and, usually, takes their normativity for granted. Because of the common misconceptions and lack of understanding surrounding self-cutting, it has become stigmatized. Each of the women in this study made various references to the abnormal or atypical status of self-cutting within our society. This acknowledgment of the stigmatized status of self-cutting is important because it further illustrates how each participant constructs her understanding of and meanings for self-cutting through her interactions within her social world. In addition, the notion that self-cutting is stigmatized creates a space to discuss the process and explanation for *scar management*, one of the thematic categories included in the previous chapter. I will briefly discuss how each of the women in this study referred to the stigmatized status of self-cutting, and how that perception is reflected in how they manage(d) the framing of their cutting history as well as their expressed meanings for self-cutting.

The first time Jordan referred to the stigmatized status of self-cutting was when she explained why she felt comfortable sharing her story with me. She said, “There were a lot of people I hated talking to because they thought of me as crazy...and you said you were part of it, so I was like, ‘okay, she won’t think I’m crazy.’” This comment signals that Jordan was reluctant to share her experience with others out of the fear of being

misabeled and misunderstood. In addition, when she acknowledged my presence, Jordan highlighted the interactional quality of narratives because my presence, as one who has personal experience with self-cutting, allowed her to speak more candidly, adding to the richness and depth of her story. Jordan continued to recognize self-cutting as stigmatized through her repetitive use of such words as “crazy,” “normal,” “insane,” “bad habit,” and “self-destructive.” She embodied this notion of being abnormal when she talked about getting cut by accident: “It’s not like I get cut like a regular person.” Jordan likes the sensation of being cut and enjoys the resulting incision; however, she makes the assumption that this reaction is somehow abnormal and that “regular” people, though having the same physical reaction of bleeding from an open wound, do not respond to cuts in the same way.

Jordan’s view of the stigmatized status of self-cutting can also be seen in her process and explanation of scar management. One aspect of Jordan’s process of scar management that she admitted was “crazy,” and is therefore embarrassed to confess, is how she liked to pick at her scabs and save the protective coating that she would free from her skin. She positioned herself in the third person and expressed how she would think someone was “crazy” and “gross” if she knew they engaged the same act. Again, one can see how Jordan differentiated between the normal and the abnormal, perpetuating self-cutting as stigmatized. Even though Jordan insisted that she does not consider cutting to be a problem, she usually covers her scars to avoid being misinterpreted and bothered by others. Jordan clarified that she does not cover her scars due to shame; rather, she covers her scars to avoid making others uncomfortable because she already

assumes they will not understand. In reference to identity, Jordan believes that she has a private and public identity, where she identifies as a “cutter” on a private level but omits such a title from her public identity. Goffman (1963) would refer to this differentiation as the spatial division of one’s world between the “personal” and the “social” identities. She thinks that people have a hard time understanding self-cutting because, in addition to being an abnormal behavior, they “can’t imagine hurting yourself on purpose.”

Jade acknowledged the stigmatized status of self-cutting primarily through her explanation of other’s reactions to her when they see her cuts. “Self cutting,” Jade explained, “is something that people don’t know about and they misinterpret it as people who want to draw attention to themselves and that’s really not the case.” She expressed how the negative reactions of others, when they would see her cuts, would make her conscious of what they thought of her. There were times when Jade would cut and then feel shameful about it afterwards because she knew it was not a normal act to engage in. She did not want to be thought of as crazy and, consequently, found it necessary to conceal her scars and prepare excuses in the event that someone would see her scars and ask about them. Goffman (1963) would refer to this act of concealment as “passing,” or the concealment of discrediting information about the self. Although Jade has resisted cutting over the past couple of years, she still identifies herself as a “cutter;” however, she challenges the notion of stigma because she insists that her identity is composed of more than the single label of “cutter.”

Alex was very insightful in her discussion of the stigmatized status of self-cutting because, although she acknowledged the lack of social acceptance towards self-cutting,

she also challenged those views. Like Jordan, Alex does not regard cutting to be a “bad thing” or necessarily problematic. She expressed, as if asking a question, “I kind of wish that it was a little more—and I know that this is going to sound funny—socially acceptable?” In this comment, Alex recognized that people might consider it strange to accept cutting as a socially sanctioned practice because it is already considered, at some level, to be deviant and abnormal.

When I asked Alex to explain why she thought the act of self-cutting was not socially acceptable, her response was fascinating: “I think it’s too ‘out-of-control’ appearing and that it’s considered to be a woman’s behavior. And I think our culture, and many other cultures, fear women that are out of control. It also seems to be a really primal thing.” In this statement I can see a reflection of the patriarchal values asserted in the culture of Alex’s family and in our culture in general. In addition, Alex’s use of the word “primal” is interesting because it reflects one of the underpinnings of Western culture where there seems to be this tension between the civilized and the primitive. In other words, Western society might view self-cutting as uncivilized and, therefore, unacceptable. In addition, Alex went on to explain why she thought stigma has been attached to cutting by describing it as “not scientific enough,” “frightening to people,” “confused with suicidal ideation,” and “seen as mysterious, much like ghosts are mysterious.” We live in a culture that is grounded in scientific explanation and uncomfortable with ambiguity, which makes it difficult for many to conceive of self-cutting as something other than negative and destructive.

Because Alex is aware of the stigmatized status of self-cutting, she already knows and is accepting of the possibility that others will view her as “not normal.” When she explained why she does not feel the need to conceal her scars, Alex said, “I’m an artist and I’ve never been really good at passing as a kind of normal person, so they’re just there.” Referring back to Goffman (1963), Alex’s refusal to conceal her scars, therefore not “passing,” may indicate that she engages in “covering,” or finding ways to minimize or manage the tension created by revealing her stigma. One of the ways Alex has done this is by moving to a community that is more accepting and by connecting with other artists and people with similar backgrounds and values. Alex’s acceptance of her past and understanding of her past engagement in the act of cutting could help explain one the reasons why she felt compelled to participate in this study.

Throughout her narrative, Georgia implicitly acknowledged the stigmatized status of cutting as she tried to make sense of and justify her behavior. When Georgia began to explain how she was first introduced to the idea of cutting and why she decided to mimic the act of the boy who came to school with an “X” carved into his palm, she offered some comments that revealed her own conception of self-cutting as abnormal behavior. For example, she first referred to cutting as “disturbed” and immediately says, “it’s really weird to think of [how] that was my reaction to being stressed and in pain.” Georgia also acknowledged how self-cutting is socially abnormal when she reflected on why her male friends would not talk to her about why she cut herself. She says, “I think they didn’t like it because, to people they knew, it probably made them look bad.” In other words, Georgia’s self-cutting could be reflective of their failure to acknowledge what was really

going on in her life. This could be analogous to the way parents do not want their children to make poor choices or do something that is socially unacceptable because it reflects poorly on them as parents.

During the period of time when she was cutting frequently, Georgia found it difficult to understand people's reactions (or perhaps I should say lack of reaction) to the obvious marks on her arms. In fact, she remarked on her heated frustration with people misinterpreting why she cut, especially when they assumed her to be suicidal ("I love life and cutting isn't trying to deny myself life, it's just trying to make it easier to cope with"). While acknowledging how self-cutting is considered to be a socially deviant or an abnormal behavior, Georgia separated herself from the act and exclaimed, "See, I'm a normal person who can get hurt too. Doesn't mean you're a crazy person." This comment is fascinating because Georgia wanted people to see her cuts and know she was hurting, yet she also does not want to be considered different or, even worse, crazy. Self-cutting, in this statement, does not solely define Georgia's self-identity. She continued to bring her social identity closer to others by creating analogies between self-cutting and other, more culturally sanctioned, "self-destructive" habits other people partake in. "From my experience," Georgia said matter-of-factly, "everybody has a way that they hurt themselves. Everybody. I mean, you overeat, you don't eat, you throw up, you drink too much, you do drugs." Now, *that* is an image of American society we are familiar with.

As our social norms and expectations are humanly constructed, so are the cultural conditions that silence an individual's voice and compel him or her to be heard through

other means. In other words, the actions we take to manage our emotions and cope with life are essentially socially constructed. The stigmatized status of cutting acts as a cultural condition that limits the communicability of self-cutting and often leads to misinterpretation and trivialization of the intended meanings expressed by those who cut.

Using Ogden and Richards (1923) *semantic triangle of meaning* model to assist in explaining the misperceptions of cutting, the final image and perception (or *referent*) one may have of self-cutting (the *symbol*) is greatly dependent on the way in which self-cutting is described and explained. Self-cutting, as revealed in the participants' acknowledgement of its stigmatized status, has been described and explained in such a way that trivializes its potential purpose, places it in the category of a mental health construct, and positions it as an act that counters appropriate human conduct. By examining the actual narratives of women who have self-cut as a primary source for data, there is potential to influence and change the final image and understanding of cutting within society and build a shared social language for the cutting culture that challenges its stigmatized status.

Although this discussion of the stigmatized status of self-cutting connects the conception and process of scar management to the scar as stigma, the scar is representative of so much more. In the next section of my discussion I explore how the participants of this study made sense of and assigned meaning to their self-cutting experiences and practices through the creation and maintenance of their scars.

Making Sense Through the Creation and Maintenance of the Scar

Forged in the skin and interlaced with meaning, scars are richly symbolic and an essential medium used by Jordan, Jade, Alex, and Georgia to create and understand meaning surrounding their choice to self-cut. Because the act of cutting was usually private for each of these women, the resulting scar became a highly communicative symbol. For these women, the scar represented an outside image of what was being experienced on the inside at the time they engaged in the process of cutting their skin. From a phenomenological perspective (Merleau-Ponty, 1962; Deetz, 1973), the meanings these women created for their scars were determined by the way in which they related to their scars and experienced events that led to their scars in the first place. Using the scar as the focal point for exploring the meanings expressed by these women through the act and idea of cutting, I will illuminate how cutting, for these women, represents (1) communication, (2) control and power, and (3) self-healing, release, and awakening.

Communication

As my original purpose for conducting this research was to present self-cutting as serving a communicative function, it seems appropriate to examine how the act, idea, and result of cutting for the women in this study was (and is some way still is) *communicative*. Through an examination of their narratives, each of the women expressed that cutting served an *interpersonal* and *intrapersonal* purpose. Feeling silenced at various points in their lives, cutting and the resulting scars became a means to speak the unspeakable, both to others, sometimes overtly and sometimes subtly, and to themselves. Through cutting,

these women were able to bring their subjectivity into being and try to regain their once lost voices.

Georgia exhibited the most overt use of her scars as a form of interpersonal communication. In the beginning of her experiences with cutting, Georgia cut out of anger towards her mother and wanted her mother to visibly see the cuts on Georgia's forearm and to realize how angry she felt. As the years progressed, Georgia expressed how she wanted people to see her scars with the hope that they might acknowledge her pain and talk to her about it. Georgia not only wanted others to interact and reach out to her, she *needed* their attention to help her get her life back on track. Similar to Georgia, Jade also conceived of her scars as a tool to interpersonally communicate. After Jade felt silenced and hurt by her mother's rejection and blame, which subsequently filled her mind with negative thoughts about herself, cutting became a way for Jade to counter those thoughts and "project [her] own pain when [she] couldn't really talk to other people." Nobody believed that Jade had been sexually assaulted and, not knowing how else to obtain help, she used cutting and the scars that would form from each incision as her "way of crying out to be heard."

Jordan and Alex explained the communicative function of cutting and the resulting scars as more *intrapersonal*. For Jordan, cutting allowed her to feel like she symbolically regained her voice, which was silenced every time her father reprimanded her. She was frustrated that she "couldn't get anything out that [she] wanted to say" and turned to cutting to deal with that frustration. Jordan was (and still is) one who did not care to make her problems open for all to see and hear and therefore liked to deal with

them on her own terms and by herself. On an interpersonal level, Jordan did use her scars as a way to quietly disclose that she was troubled to her friend Melanie, who would ask, “well, what’s going on?” This type of sincere and open-ended inquiry was welcomed and appreciated by Jordan.

Like Jordan, Alex also felt that her father had silenced her voice. As a result, she began to feel isolated and experienced periods of what she referred to as “dissociation,” where her mind and body felt disconnected. Cutting became a very intrapersonal form of communication for Alex because she was able to use it as a tool for physically connecting with herself and getting in touch with her body. Through cutting and through the scars that formed on her arms, Alex was able to reaffirm her physicality. Alex never felt the *need* to talk about her cutting to anyone because she cut for personal expression; however, she did feel the need to reach out and talk to someone about the issues underlying why she felt the sensations that contributed to her desire to cut. This is evident in her later use of therapy to address her past experience with incest.

One aspect of the symbolic and communicative nature of scars that was consistent throughout each of the women’s stories was that their scars built a sense of autobiographical meaning. Through the formation of scars, these women were able to fix their memories onto their skin, allowing them to remember their self-cutting history. One’s scars tell a story and are a most natural form of proof that a past physical event somehow altered the terrain of one’s flesh. This marking of memory not only makes the experience of cutting real and tangible but also asserts the authenticity of life.

Control and power

Another communicative function of cutting, which is represented in the resulting scar tissue that marks the act, is the assertion of *control* and *power*. Kettlewell (1999) writes, “Our bodies sometimes serve as the symbolic ground where order and disorder fight for supremacy” (p. 59). There are various aspects of life in which these women felt powerless and lacking control (e.g., sexual violation, other’s actions and words, being accepted, death). If control or power was lost, then an alternate route for reestablishing control and power was necessary. To the women in this study, cutting represented their ability to take control of and have power over their physical bodies and emotions that filled their physical selves. If they could not control the actions and inactions of others, at least they could control and reclaim power over their minds and bodies through cutting. Within the act, idea, and result of cutting, control is exhibited in relation to emotions, the actual process of cutting, the visibility of one’s scars, and one’s private and public identities. The process taken by each of the women before, during, and after self-cutting is one of the most fascinating areas through which control and power can be examined.

For each of the participants, the self-cutting process can be viewed as somewhat ritualistic and, therefore, is useful to explain through Victor Turner’s (1988) notion of the “social drama” (p. 34). Social dramas, like the act of cutting, follow a certain process, which consists of four stages: *breach*, *crisis*, *redressive* or *remedial procedures*, and either *reintegration* or *recognition of an irreparable schism*. In the first stage, *breach*, there is a violation of social order. This stage can be compared to the event(s) that

disrupt the emotional state or expectations of one who self-cuts. For example, Jordan's father yelling at her violated and threatened her state of being, silenced her voice, and led to feelings of frustration and anger. The next stage, *crisis*, is characterized by a sense of agitation and taking sides on the issue raised in the *breach*. In this stage, one who cuts is experiencing the surge or lack of emotion that necessitates the decision to cut. The self-cutter's social worlds may feel chaotic and cutting serves as a means for restructuring that chaos into order (Favazza, 1996). At this point in the social drama, the one who is about to cut passes through what Turner refers to as the *limenal* or *threshold state* (or *limen*). The following stage, *redressive* or *remedial procedures*, is where meaning is created and a performance is made that repairs the *breach*; this stage also allows for self-examination. For the self-cutter, this stage is characterized by the actual act of cutting, through which one can begin the process of releasing emotions or awakening one's physical state. As a very private and personal act, this is when an individual becomes more introspective. The first possibility for the final stage in Turner's social drama is *reintegration*, which is a period of restoration of peace. The self-cutter, whose skin is now parted and bleeding, has succeeded in taking emotional and physical control, allowing for perceived order to be restored. However, reintegration is not always attained and the other final stage of Turner's social drama, *recognition of an irreparable schism*, may occur. In this stage, peace is not restored and society does not go on. For the self-cutter, cutting does not always ensure the attainment of physical and mental peace, which, for some cutters, prompts them to cut more until that personal order can be restored.

The process described above was almost always controlled by each of the women in this study. Each had specific tools they preferred to cut with and knew exactly where to access those tools in case the need to cut arose. The pace at which they chose to cut and the amount of time they would each spend cutting was also controlled. Jordan would usually cut herself quickly but would use repetitive and precise motions. Jade preferred to draw out the process of cutting over the course of two hours and would slide the selected implement slowly across her wrists. Alex also preferred to use slow motions to cut at her forearms, but the effectiveness of the blade she used made the process quick and usually less than three minutes. Georgia was extremely cautious and aware of the manner in which she would cut. Like Jade, she drew out the process of cutting over an extended period of time; however, she also mentally prepared for each cut by holding the blade slightly above her skin, controlling the exact moment when the blade would penetrate.

Breaking the skin represents breaking the boundary between the inside and outside of one's body, allowing for either a release from the inside or a sense of entering in from the outside. The sense of control these women expressed through the process they took to cut was empowering and made the act of cutting a conscious choice. Even now, when they have each admitted to not cutting for a significant period of time, each of the women in this study continues to assert a sense of control by knowing that if they ever need to cut again, they are prepared. Just like these women, I also find comfort and security knowing that I have clean and sharp implements available if I ever feel the urge to cut again. I could make a comparison to how I have to store milk chocolate

somewhere in my house just in case I *need* it. As long as it is there, I do not need to think about it and am less likely to use it.

In addition to feeling in control over the physical act of self-cutting, these women also found it satisfying to control the appearance of their scars. By physical appearance, I am referring to whether or not one chose (and still chooses) to reveal or conceal those scars and the actual size of the scar. Through the active choice of concealing or revealing their scars, these women were able to assert control over aspects of their private and public identities. Georgia preferred to make her scars visible, sometimes even rolling up her sleeve to do so, while Jordan tried to keep her scars concealed because she worried about what other people thought of her. Just as these women could decide to show their scars or keep them concealed, they also had control over the size of their scars. A great deal of this control occurred during the actual process of making the incision; however, by continually picking at the encrusted wound, one can alter the size and appearance of one's scars. Alex enjoyed the fact that she could pick at her scabs in order to make the scar bigger because it made her feel in "control of [her] body." Jordan also liked peeling back the layers of protective coating that would line the forming scar because it made her feel in control of the healing process. The healing process that one's tender cuts undergo, although potentially painful, can also be very symbolic and meaningful to one who self-cuts.

Self-healing

Anyone who is unfamiliar with cutting might be quick to conceive of the act as a means of hurting oneself. One may ask, "Why would you want to purposefully hurt

yourself?” A couple of the women in this study acknowledged that cutting their skin is a variety of self-hurt; however, one of the most powerful meanings each expressed through the act of cutting is that cutting, and the visible scars from cutting, is more symbolic of *self-healing* than self-hurting. Jordan explained, “It’s not hurting yourself if you feel better in the end.” This statement is contrary to the deductive reasoning someone unfamiliar with self-cutting might use: If you get cut, you hurt. Therefore, if you purposefully cut yourself, you are essentially hurting yourself. What this questioner fails to realize is that the pain experienced by someone who self-cuts is dissimilar to the pain one might experience when they fall and skin their knee, because the meaning for pain is different. The physical pain inflicted by the self-cutter can act as a symbolic bandage for emotional pain. Self-healing can be witnessed as one’s self-infliction becomes encrusted and slowly shapes into scar tissue. The remaining scar tissue, according to both Jordan and Georgia, represented “recovery” and perseverance through an internal “battle”—hence their use of the term “battle-wounds.”

The blood released in the process of cutting also promotes self-healing because it symbolically expels the negative emotions as it seeps out of the open incision. Both Jade and Jordan expressed how watching and feeling their blood well up from the open layers of their skin visibly represented their overwhelming emotions and negative thoughts departing from the body and leaving them in a state of peace. Self-healing, for these women, was also facilitated through the sensation of emotional and physical *release* and *awakening*. Alex described how self-cutting allowed her to feel a sense release from depression, ending periods of dissociation, and reconnecting her mind and body. In this

reconnection, her state of being was awakened and energized, almost as if instantly cured. Georgia also experienced periods where her mind and body felt disconnected and used self-cutting as a means to bring herself back to her body and feel at peace as she watched the blood flow from her tiny forearm.

In this section I have discussed how the women in this study made sense of and assigned meaning to their choice to self-cut through the creation and maintenance of their scars. These relics of their experiences with self-cutting are communicative because they signify voice and represent personal history. In addition, the scars forged into their skin are symbolic of control and power over their emotions, physical bodies, and ability to reveal or conceal their self-cutting identity. Finally, the women in this study made sense of their self-cutting practices through the scar and how it symbolized self-healing through a sense of release and awakening.

Summary

In this study, I have positioned self-cutting as a relational act and explored those relationships that influenced and co-authored each of the participants' stories. It is through an evaluation of these relationships that one can begin to distinguish self-cutting as a highly communicative act, interwoven with symbolism and meaning. By positioning the participants' narratives within their acknowledgment and understanding of the stigmatized status of self-cutting, meaning can further be evaluated and uncovered. How each participant perceived herself within the context of her social world is influential in how she makes sense of her experiences and meanings for self-cutting. Finally, based on the prominence of the scar as a self-cutting relic through which the participants created

meaning, I discussed how creation and maintenance of the scar was invaluable to each participant's ability to make sense of her self-cutting story.

CHAPTER 6: CONCLUSION

The purpose of this study was not to generalize and classify these four women into pre-defined categories of what constitutes the character of a person who intentionally cuts her fragile flesh; rather, it was to create a space in which their voices and self-cutting narratives could be heard. In addition, it was also my goal to address the communicative and relational perspective of self-cutting and shed new light on the forms of meaning expressed by a small group of college students who engage(d) in self-cutting. Although I expected the cultural space of “college student” to be more significant in the stories of the participants, it was less important than other cultural factors such as family and friends. If anything, the college environment and the resources made available to college students worked in favor of Jordan, Alex, and Georgia. Jade was the only participant who expressed the college environment, specifically the dorms and counseling services, as detrimental to her personal struggles during the year she cut herself; however, Jade also benefited from the support of a professor who reached out to her and wanted to understand the meanings Jade ascribed to her self-cutting practices. Thus, I did not include the college factor within my discussion.

Another important goal of this study was to resist the common classification of self-cutting as a harmful and problematic construct. This goal was initially based on my own experience with cutting and how it was never intended as a means to fatally or even dangerously harm myself. The act of cutting calmed me and provided a sense of immediacy when my world otherwise felt like it was falling apart (although, in retrospect, “falling apart” is an overstatement). Instead of addressing the act of cutting as the

problem, it is important to locate the issues that lie within the idea of cutting. For me, cutting symbolized a failure in my ability to verbally communicate my distress and the failure of others to notice the signs of my distress. Using Georgia as an example, she used self-cutting to communicate that she needed help from others because her life was beginning to rapidly unravel at the seams. The act of cutting, itself, was not the problem, but the troubles that created a space for the act of cutting to fill were. Once Georgia felt socially supported and capable of verbally reaching out to others, there was no longer an immediate need to cut. Georgia is an excellent example of how treatment for individuals who self-cut needs to be reframed so that treatment no longer frames cutting as *the problem* that needs to be *cured*. Instead, treatment should take a more holistic and interpretive approach toward helping an individual confront and work through the various aspects of her life that may contribute to her distress. One major component of this new perspective of treatment is the emphasis on supportive communication.

Supportive Communication

A number of the relationships the women in this study experienced throughout their self-cutting story served as sources for supportive communication, which leads me to my second research question: What sources for supportive communication do, or did, these students turn to for help? Supportive communication may be verbal (e.g., someone asking “what’s wrong?” or “do you want to talk?”) or supportive communication may be nonverbal (e.g., a hug or a smile), or a combination of both. The women in this study turned to a variety of sources for support at various stages throughout their experience

with self-cutting. Some of these sources were more effective and useful than others and it is vital to note what made this distinction.

Looking at the variety of experiences Georgia, Jordan, and Jade had by interacting with either a counselor or a therapist, it is apparent that professional help is only as useful as one wants it to be. By this, I mean that there are cases where one should seek professional help by choice rather than by force in order to obtain the potential benefits it has to offer. In addition, professional help may only be useful if the counselor or the therapist has a broad enough understanding of self-cutting and, rather than approaching the act of cutting as the problem, can get below the surface and into the issues and past events that contributed to the cutting. Also, it is possible that Georgia had a more positive experience because she had already experienced supportive communication from her parents and was physically and mentally ready to confront and talk about her personal issues.

What is consistent across all of the useful forms of supportive communication used by these women is a sense of honesty, openness, understanding (or desire to understand), respect, and trust. If self-cutting is a silently communicative act, it is important to assess what sources for supportive communication those who self-cut have success interacting with and why. What helps one put into words what one is trying to communicate through the skin? As family members, teachers, friends, counselors, and partners, it is important to know how to be supportive of those who may need help or ask for help when addressing what may end up being some extremely sensitive issues. By examining where the women in this study had success in obtaining supportive

communication it is apparent that the sources they turned to did not try to tackle self-cutting as the problem but tried to get in touch with other aspects of each woman's identity that were sources of discontent. It is in this idea that I want to assert my belief, and the general belief the women in this study, that the act of cutting is not necessarily problematic, so long as one's cuts are controlled. Furthermore, it is the social environment that created the need for self-cutting that should be addressed. By addressing the social and environmental issues, it is possible that one will discover that she can express herself and connect with others through various mediums that may or may not include self-cutting. Georgia, for example, discovered that she was less inclined to self-cut once she felt assured that she could verbally express herself and be heard by her parents and friends. Georgia's social environment changed and the function once served by self-cutting was now being met through her words.

The narratives of these four unique and incredible women provide symbolically rich and meaningful accounts of their personal self-cutting experiences. These interviews marked the first time I had ever directly interacted with others who self-cut about our self-cutting practices. Experiencing this direct interaction is much different than reading about others who self-cut in a book or seeing them on television. I could feel the cutting culture being created and maintained through our interaction and the storytelling process. Although our stories were different in many ways and unique, as I listened to these four women tell and make sense of their stories, I could see my own story reflected in various facets of their experiences and explanations. Hearing them try to make sense of and understand their self-cutting stories has been tremendously valuable to my own sense-

making. There are times when I still feel unable to fully explain why I chose to self-cut and what the act and the idea of the act symbolically represented to me. However, I am comfortable with the notion that my story will continue to evolve in meaning as I continue to grow within my social world.

In this study I have tried to preserve the voice, candor, and personality of the four women who participated; however, looking back through my discussion of their self-cutting stories, it is apparent that the reader is seeing these women through my eyes and my own construction of self-cutting. I am aware that the knowledge I am generating will influence the ways that cutting is perceived and defined in the future. Thus, it is essential to recognize how my subjectivity, as one who has engaged in self-cutting, influenced how I envisioned and interpreted each participant's explanation and description of her experiences with cutting. My personal conception of self-cutting shaped the language through which I described the physicality and personality of women in this study. On the note of physicality and how I described the skin of these four women (e.g., fragile, delicate, tender), I do not think these descriptions are particular to the character of each woman; therefore, it is imperative that I explain how it was not my intent to make these women appear weak or diminutive by referring to their skin as fragile, delicate, and tender. I admire the strength and spirit they each embodied while telling their self-cutting stories and hope that the reader can appreciate these characteristics as well. Perhaps the desire I have for the reader to empathize with these women is embedded in the language I unconsciously used to depict the nature of their skin and body. I realize how I am

participating in the construction of cutting in a very significant way and think that future research should explore this phenomenon.

Framing Characteristics and Future Research

This study had a number of framing characteristics that warrant discussion and call attention to prospective avenues for future research. The first frame that delimits the study concerns the composition and size of the sample for this study. The findings revealed in this study are meant to emphasize the heterogeneity of the cutting culture and the complexities involved in the meaning making process of individuals who self-cut; therefore, these findings cannot (and should not) be generalized. In addition, the sample size of this study was comprised of four female participants, which is too small to represent the larger population from which the sample was drawn and is lacking a male voice. Due to the multidimensional nature of self-cutting and the potential for narratives to reveal the richness and complexity of the experiences of those who self-cut, future research needs to continue creating a space for the unique voices of individuals who have intentionally cut their skin as a means of expression.

Although each of the participants could not be assured that they would never cut again, each had refrained from cutting for at least one year. Each of the participants was relatively removed from her experiences with self-cutting and had had time to reflect on those experiences and what self-cutting symbolized. Therefore, it would be worthwhile for future research to elicit the narratives of those who still engage in self-cutting and are in a different stage of sense-making. I had one male student contact me and express interest in sharing his story; however, he decided to back out once he realized that he was

not ready to talk about cutting because it was still a significant part of his life. It makes me wonder how the sense-making could be different for those who are still very much in the midst of self-cutting versus those who have refrained from cutting and have had time to reflect on their experiences.

The next framing characteristic that demarcates this study relates to the storytelling process for both the participant and the researcher. The narratives elicited from the women in this study are one-sided and are not verifiable from the perspective of the other characters acting in each woman's story. Although the purpose of this study was to explore how the individual doing the cutting makes sense of and assigns meaning to her experiences with self-cutting, future research could benefit from eliciting the perspectives of multiple characters acting in the narratives. This type of research has the potential to explore how self-cutting is constructed from multiple perspectives, allowing for a comparison and contrast between the meaning making process of those on the outside and those on the inside of the cutting culture.

Another framing characteristic that influenced the scope of this study is my subjective role as the researcher and how that subjectivity affects how participants are portrayed. As researcher, I have the responsibility of selecting which part of each woman's story to use and which parts to leave out. I struggled with this process because I was aware of how the information that may have seemed less significant to me in one participant's story may have struck another as valuable and essential to the telling of one's story. While weaving together and interpreting these women's stories, I could not help but wonder how someone who is not part of the cutting culture would tell and

interpret each story. Therefore, using the same format that I have used for this study, a future study could be co-constructed between researchers. This process would not only shed new light on the sense making engaged in by the participants but could also challenge the co-researchers to confront and work through their interpretations and subjectivity.

Closing Remarks

As language and social institutions shape, control, and filter social and individual knowledge and our sense of reality or worldview (Berger & Luckman, 1966), how self-cutting is understood will continue to evolve. We are all contributing authors of our social identities and, as Berger and Luckman assert, “we participate in each other’s being” (p. 130). Through an examination of the narratives of Jordan, Jade, Alex, and Georgia, it is apparent how others, including myself as her interviewer, both indirectly and directly shape aspects of their lives and how they tell their stories. As this study has shown, it is valuable to acknowledge the extent to which we contribute to the stories and experiences of others and vice versa. It is not only those who self-cut who are active participants in the creation of the cutting culture; it is society as a whole. In order to begin to understand how those who self-cut make sense of and assign meaning to their experiences, we need to examine how our society participates in the social construction of self-cutting. Although I believe it is unfeasible to measure understanding and claim that one can completely “understand” another’s subjective reality, I do think that we are capable of finding common ground as a means of relating to one another. Even those who are not members of the cutting culture have the ability to keep an open mind and

take the time listen to the powerful and rather beautiful meanings embodied in the stories
and on the expressive skin of those who self-cut.

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APPENDIX A: SAN JOSE STATE UNIVERSITY HUMAN SUBJECTS- INSTITUTIONAL REVIEW BOARD

San José State
UNIVERSITY

**Office of the Provost
Associate Vice President
Graduate Studies & Research**

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To: Nita George
20151 Bear Creek Rd.
Los Gatos, CA 95033

From: Pamela Stacks, Ph.D.
Associate Vice President
Graduate Studies and Research

Date: September 13 2006

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

“The cutting culture: An exploration of the meanings
communicated by college students who engage in self-harm”

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to all data that may be collected from the subjects. The approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Pamela Stacks, Ph.D. immediately. Injury includes but is not limited to bodily harm, psychological trauma, and release of potentially damaging personal information. This approval for the human subject's portion of your project is in effect for one year, and data collection beyond September 13, 2007 requires an extension request.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services that the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

cc. Elissa Foster, HGH 204-0112

The California State University:
Chancellor's Office
Bakersfield, Channel Islands, Chico,
Dominguez Hills, East Bay, Fresno,
Fullerton, Humboldt, Long Beach,
Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego,
San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

APPENDIX B: AGREEMENT TO PARTICIPATE IN RESEARCH

San José State
UNIVERSITY

**College of Social Sciences
Department of Communication
Studies**

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Agreement to Participate in Research

Responsible Investigator: Nita C. George

Faculty Sponsor: Dr. Elissa Foster

Title of Protocol: The cutting culture: An exploration of the meanings communicated by college students who engage in self-harm

You have been invited to participate in a research study designed to investigate the ways in which college students express meaning by self-cutting. The purpose of this study is to explore and reveal the communicative function of self-cutting and elucidate meanings and meaning making constructed by those who self-cut.

You will be asked to participate in a semi-structured in-depth interview, which may last approximately 90 minutes. During this interview you will be asked detailed questions regarding your personal self-cutting story. This interview will be audio taped.

There is minimal risk involved in participating in this interview and there is no material or financial benefit. During the interview you may choose to reflect upon memories and experiences that are uncomfortable and personal, which has the potential to cause emotional distress or discomfort. However, you may also enjoy the indirect benefit of having your voice and story heard, which will help contribute to the body of knowledge surrounding self-cutting among college students.

In the event of emotional distress, please contact SJSU Counseling Services (408) 924-5910. SJSU Counseling Services is located in the Administration Building in Room 201 and its hours of operation are M-F 8 am – 5 pm.

Although the results of this study may be published, participant pseudonyms will be used and there will be no information included in the final document, notes, or subsequent papers that could be used to identify you. All cassette recordings will be listened to only by the responsible investigator and will be destroyed following the completion of this project.

Questions about this research may be addressed to Nita George, (408) 924-5389 or Dr. Elissa Foster (408) 924-5372. Complaints about the research project may be addressed to Dr. Dennis Jaehne, Chair of Communication Studies, (408) 924-5360. Questions about research subjects' rights, or research-related injury may be presented to Pam Stacks, Interim Vice President, Graduate Studies and Research, at (408) 924-2480.

Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You have the right to not answer questions you do not wish to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University. Your signature at the bottom of this letter will serve as your consent to participate. Your birth date month/year will be recorded next to your signature to verify you are a consenting adult 18 years of age or older.

At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

- The signature of a participant on this document indicates agreement to participate in the study.
- The signature of a researcher on this document indicates agreement to include the above named participant in the research and verification that the participant has been fully informed of her or his rights.

The California State University:
Chancellor's Office
Bakersfield, Channel Islands, Chico,
Dominguez Hills, Fresno, Fullerton,
Hayward, Humboldt, Long Beach,
Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego,
San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

Participant's Signature/Date of Birth

Date

Investigator's Signature

Date

APPENDIX C: SAMPLE INTERVIEW GUIDE

For this study, the primary purpose of the in-depth interview is to elicit each participant's personal self-harm narrative, beginning with general information and moving deeper into self-specific stories. Because no person's narrative will be the same, I cannot ask the same series of questions for each participant. The following list of questions serves *only* as an interviewing and listening guide for me to help bring out personal narratives that are detailed and comprehensive. Also, a majority of the questions I will ask during each interview will be framed in such a way that draws out each participant's story, rather than yes/no or single word answers (e.g., "*Can you tell me the story of the first time you cut yourself, including any reasons why and what you remember feeling during that time?*"). This type of question is widely open-ended and allows the participant to take over and reveal multiple aspects their first encounter with cutting. Therefore, when viewing this list, please keep in mind that this is only a guide and the actual questions asked will vary in format.

- How old are you?
- What year in school are you?
- What terms have you heard used to describe the behavior or act of cutting?
 - Do you prefer to describe yourself with any of these terms?
- How long have you been engaging in that act of cutting?
- Can you remember the first time you cut?
- Where did you cut yourself?
- What instrument did you use to cut?
- Can you recall *why* you began cutting specifically, instead of another form of self-marking? (How did you even think about cutting you skin?)
- Do you tend to cut yourself in a specific region of your body?
- What causes or leads you to cut?
 - Emotions?
 - Depression?
 - Low self-esteem?
 - School?
 - Expectations?
 - Money?
 - Negative body image?
 - Attention "seeking" or "needing"?
 - Need for help?
 - Relationships?
 - Other pressures?
 - Personal history? (abuse, separation, neglect...)
- Can you anticipate your need or desire to cut?
- How do you feel before, during, and after cutting?
 - Does this feeling vary each time you cut?
 - Are you aware of what you are doing?

- What goes on in your head when you are cutting yourself?
 - Can you control how deep you cut?
 - What type of pain do you feel when you cut?
 - How often do you cut?
 - Do you have any ritual behaviors that accompany the act of cutting? (e.g., management of bleeding, treatment, instruments, location)
 - Have you ever cut in the presence of other people? Why or why not?
 - Have any of your acts of self-marking involved any form of suicidal intent or consideration?
 - Have you ever engaged in any other form of self-marking? If so, what?
 - What external pressures (if any) fuel your need or desire to cut?
 - Have you found ways to help you manage your cutting? Explain.
 - Do you feel comfortable telling others?
 - When did you first seek help or support?
 - Who did you feel comfortable going to for help, support, or advice?
 - What have you found helpful in dealing and coping with your tendency to self-injure?
 - How do you keep yourself from cutting?
 - How did it make you feel the first time you told anyone about your cutting behavior?
 - Are you ever aware of your scars? How does it make you feel when you see your scars?
 - Have you ever been in a situation where another person noticed your scars and asked you about them?
 - Did you feel the need to cover or conceal your wounds and scars?
 - Have you cut in other regions of your body that are less visible?
 - Have you ever been hospitalized for cutting or other self-injurious behavior? If so, do you remember how the health professionals treated you? Was it a positive experience?
 - Are you ever embarrassed, ashamed, or guilty about your self-injurious behavior?
 - How has being in college affected your tendency to cut? (easier to or harder to manage?)
 - Do you see your cutting as a problem? A risk?
 - Do you know other people who cut or engage in other forms of self-marking?
- How does it make you feel to know that cutting is becoming more widespread?