

Inside out

Some thoughts on issues related to self-harm and young people's experience of their bodies

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In recent years self-harm – for this paper taken to indicate the act of a person deliberately and non-fatally physically hurting or injuring their body, and distinct from suicidal activities – has become an increasingly observed phenomenon in the West. It is noted to occur predominantly among young people, with reported acts of self-harm occurring with children as young as eight, and has been represented as a frightening new ‘epidemic’ by the media. It is primarily viewed as a means of coping with mental health and emotional problems, and accordingly it has received most attention – in the way of conceptualising the phenomenon, and researching it – from the psychological and psychiatric professions. Anthropology, and more broadly the social sciences, have thus far contributed little to what is still a relatively unknown, and misunderstood, range of behaviours. This paper thus acts as a call for attention to this important topic, with a specific emphasis on an alternative conceptualisation from an embodiment perspective, investigating the very bodily nature of what is a very physical act done by the body, to the body. Drawing on several authors, and using specific examples, I aim to present a case for the value of an embodied understanding of self-harm as it relates to young people, and hope to inspire further social science research into this still little known issue.

[self-harm, young people, medical anthropology, anthropology of children]

This paper is a reflection on young people and self-harm. It is not based on field research, and does not present ‘findings’, but was inspired by a perceived gap in our understanding of the meanings which this behaviour has for young people in relation to their understandings of – and relationship with – their bodies. Self-harm – in the form of a person deliberately cutting, hitting, scratching, burning, or otherwise non-fatally physically hurting or injuring their body, and distinct from suicidal activities – is a phenomenon which has been brought increasingly to the public consciousness in recent years, receiving attention from the media, in popular culture, and from the health professions. This is particularly so in Britain, where one in twelve young people report deliberately harming themselves, the highest recorded rate in Europe (*The*

Observer 2006). Self-harm is also referred to as self-mutilation, self-injurious behaviour, deliberate self-harm, parasuicide, and self-wounding (Ross & Heath 2002), and the many terms and definitions for the behaviour pose difficulties in coming to a more comprehensive understanding of the phenomenon, particularly in evaluating clinical research. Such behaviour is most common in young people, with the greatest prevalence occurring in adolescence; however, recent reports suggest that many children start as young as eight years old (*The Observer* 2005). In the media it is largely portrayed as a worrying and frightening phenomenon affecting today's youth, with the rising prevalence being called an 'epidemic'; but despite growing awareness about the issue, it is still poorly understood, and the reasons for its increased prevalence are merely speculated about.

In dealing with, explaining, and 'treating' self-harm, most approaches focus on mental health and emotional issues; for example the experience of childhood sexual abuse is often cited as a predicating factor, as well as emotional abuse, bullying, isolation, and mental health problems such as depression and personality disorders. The issue has therefore received a considerable amount of attention within the fields of psychology and psychiatry. While these approaches give valuable insight into certain aspects of this sensitive and evocative topic, I argue that most studies or theories fail to account for the very physical and bodily nature of self-harm: it is about the body, of the body, done unto the body, by the body. People who self-harm live with sometimes permanently altered, even 'disfigured' or 'imperfect', bodies. Thus more attention should be focused on how people who self-harm conceptualise, view, feel, relate to, and live with their bodies. Given that it appears to be especially pertinent for children and adolescents, I believe there are issues particular to their experiences – and their experiential relationship between body and emotions – which warrant further exploration. I argue that by looking at some of the issues from an anthropological and embodiment perspective – which have had a minimal contribution to the field thus far – it may suggest fresh ways of viewing self-harm that take into account issues such as childhood, the experience and expression of wellness and illness, and notions of the body and emotions.

In order to come to an understanding of what self-harm means for children and young people, we need to grasp it from their perspective rather than imposing an external model based on adult assumptions. I would also argue that given the wide age range for the phenomenon, and the increasing prevalence among younger children, self-harm may appear the same from the outside – physical harm/hurt done to the body – yet it could have different meanings for people of different ages, and for a single person at different stages in their life. Just as it has been shown that the category of 'child' is neither homogenous over time, nor universal (Caputo 1995), so too are there differences between the 'culture' of eight year olds and the 'culture' of fifteen year olds in the same environment, in terms of their development, their expectations, the expectations others have of them, etc. For example, children of eight are still believed, in the Euro-American sense, to be 'innocent' and 'vulnerable', while teenagers are seen to have largely lost their innocence (Christensen 2000).

Children's views are currently being considered more important within anthropology, however the process of involving children in research about issues which affect

their lives remains sporadic and tricky (Van der Geest 1996; Hardman 2001). Further, while there are qualitative studies on self-harm (Adams *et al* 2005), many studies focus on people within clinical settings, and the greater number who self-harm in the community without ever accessing services are largely under-investigated (Ross & Heath 2002). There are obvious difficulties in undergoing participant observation research for this topic, particularly as it involves children – a group protected by many levels of ‘gatekeepers’ (Hood *et al* 1996) – but I believe that ethnographic, qualitative study would prove helpful in increasing awareness of the many dimensions of the issue. Material that could enable such an endeavour might include first-hand narratives; diary-type documents; internet resources such as self-harm related websites, blogs, and chat forums; as well as interviews or focus groups.

Looking at literature that does exist about children and their experiences of their bodies, some very interesting insights begin to emerge which could have relevance for a deeper understanding of self-harm among children. In particular, Pia Christensen’s (2000) exploration of the cultural construction of children’s vulnerable bodies in the West offers some fascinating theoretical starting points, which deserve to be addressed here in some depth. While Christensen does not challenge the idea that children may be vulnerable, she does suggest that the vulnerability attributed to childhood in general, and children’s bodies in particular, is culturally constructed from a Euro-American perspective, and obscures the ways in which this construct renders unimportant children’s own understandings of themselves and their bodies. Further, Christensen argues that adults have a vested interest in maintaining children’s innocence and vulnerability because they act as symbolic conceptual counter-balances to the perceived ‘dark-side’ of adulthood.

Christensen proposes that this conceptualisation of children as vulnerable, in need of protecting, leads to an interesting paradox whereby children are seen as precious, yet their perceptions are not necessarily regarded as valuable in their own right but only in relation to the adult world. Children’s own experiences and understandings are devalued, while adult experiences/understandings are imposed upon them. This is particularly visible in adults’ and children’s contrasting notions of the body, differentiated between the former’s ‘somatic body’ – the body objectified beyond subjective experience – and the child’s ‘incarnate body’ – a unified, subjective experience of the body in time and space. During minor illnesses or day-to-day accidents, “this experience of the permeability, fluidity and extensibility of the body is transformed for children when adults attempt to translate the body incarnate into the somatic body” (Christensen 2000: 45).

Christensen takes this notion further in her observation of the adult distinction between the exterior and the interior of the child: the child’s outer body is visible and deemed indicative of their wellbeing; the internal body is hidden, and is the site of emotions, motivations, and bodily processes. Adults work on controlling the external body in various ways in order to discipline and control the ‘inner’ child, seen as immature and incompetent. This leads to a belief in the need to develop a ‘hardened’ exterior skin in order to deal with the complexities of adult life and maintain emotional control and resilience. Thus adolescence, when a child moves into adulthood, is a

period characterised by conflict between the inner and outer body, visibly manifested through bodily and behavioural changes due to their not yet fully hardened exterior. It is the “inside leaking out” (Christensen 2000: 50).

What Christensen refers to here as the ‘incarnate body’ is also addressed by Csordas (1994) when he speaks of the preobjective character of our bodily being-in-the-world. Our lives are not, he argues, always lived in objective bodies but instead they are the grounds of perceptual processes that *end* in objectification, the individuation of the psychological self and dualism in the concept of the human being. While Christensen observed that the children in her studies, particularly the older ones (ten to twelve year olds), were “engaged in creating conceptual linkages between ‘the incarnate body’ and ‘the somatic body’” (2000: 55), Csordas argues that embodiment as lived experience is the continual and *lifelong* play between preobjective and objectified bodies. If an important reason for studying children and childhood is because it “can enable us to understand how we come to hold the ideas we hold” (Toren 1990: 28), then understanding when and how children begin translating the experiences of their preobjective bodies into ‘adult’ objectified bodies could be very illuminating.

In relation to self-harm, I believe Christensen points to some interesting concepts. The idea of a hard, external barrier to keep emotions in has been observed by Lupton among adults in Australia, whereby the “body is conceptualized as an inner, fluid or gaseous mass of emotions that are held back by the external skin and the will” (Lupton 1998: 90). Lupton goes on to express how emotions bring about a heightened awareness of the body and embodiment, and that the emotional body is often represented as grotesque, transgressive, and polluting in Western society, unable to maintain its boundaries. The significance adults give to children’s external surfaces as markers for wellbeing establishes early in life the message that the external body should be kept hard and intact, but also that external suffering or markers are valid, while internal suffering is not, and must be contained. Self-harm represents on one level, I argue, a breakdown of this barrier between inside and outside. Emotions and feelings contained on the inside build up to such a degree that they need to be released, and by cutting the skin, not only is the ‘hardened’ skin barrier temporarily broken down, but the (invalid) emotions, which are meant to be hidden and are hard to articulate, are translated into a (valid) physical marker, understandable as ‘pain’. Taken further, self-harm could be seen as an ‘extreme’ method of translation between the invisible subjective, embodied experience – pain, anguish, emotions – and the visible objectification of this experience – bruises, cuts, blood.

In this sense, a young person’s self-harm may also be perceived as a threat to, or failure of, the adult’s role as protector, and an exposure of both adult and child vulnerability through the *dys-appearance* (Leder 1990) of the child’s ‘inner’ self. Christensen demonstrates that adults pay a great deal of attention to maintaining the external appearance of children – their ‘social skin’, from Turner (1980) – as this demonstrates their competencies as protectors/providers. Yet self-harm subverts this by damaging – often permanently – the surface of the body. Following Foucault, much social science literature makes “references to the body as a kind of readable text upon which social reality is “inscribed”” (Csordas 1994: 12); self-harm is literal ‘inscrip-

tion'. This may explain why it is so often reported by young people who self-harm that the reactions they receive from adults or carers have been ones of anger, dismissal, and stigma rather than empathy, support, and understanding (*The Observer* 2006).

Self-harm, I argue, can also be seen as a form of embodied language. Children, as a social category, are muted in terms of their ability to speak, act, and be recognised as agents in their own right. In certain circumstances where children, and their ability to communicate or articulate, become extremely restricted, self-harm can be a way to 'speak' when their actual voice is denied. For example, the policy of mandatory detention for asylum seekers entering Australia has led to a highly publicised debate over the self-harm of child detainees (Parr 2005). In the camps, "children, in particular, suffer from a double silencing – unable to speak English, traumatized and often *too young to speak for themselves*" (Parr 2005: 281, emphasis added), and there have been highly controversial reports of children slashing their arms and faces on the razor wire fencing them in, and sewing their mouths shut in protest. One child reportedly cut the word 'freedom' into his arm. Parr argues that the actions of the child detainees "could be viewed as a form of pragmatic writing: embodied graffiti" (2005: 289), a means of communication when other means have been denied.

What I believe this final example reveals is the fact that there are many dimensions to this phenomenon. The child in the detention centre is, on one level, trying to communicate his or her situation to others through self-harm, and the 'public' nature of the act attests to this. On the other hand, in Britain, the majority of self-harm reportedly takes place not only in private, but in great secrecy, in contrast to the common yet false assumption that its primary purpose is 'attention-seeking' (Sutton, accessed 09.11.07). Therefore, while it may still be considered a form of communication, it is not directed outwards to others but inwards to the self. This difference is critical, demonstrating that there is not one single phenomenon of self-harm, nor one way of understanding it; rather it is multi-dimensional, related to persons, space, and time, thus trying to understand how it is reaching 'epidemic' proportions in Britain and elsewhere will need closer attention to the particular circumstances – socio-cultural, age-related, emotional, embodied, or otherwise – in which it takes place.

This is but a brief assessment of some of the issues related to self-harm among children and young people in Britain and elsewhere in the 'West'. The issues I have focused on – principally Euro-American notions of childhood, the body, and wellness/illness – are broadly culture-specific, and do not necessarily account for self-harm observed in non-Western countries, or among immigrant communities in the West. Furthermore, the question of agency in the act of self-harm – for example, is the child victim or perpetrator, active or passive – has barely been addressed here. The issue is complex and multi-dimensional, and without hearing the voices of those affected the points raised above are largely theoretical. However, I believe anthropology can make a valuable contribution towards a greater understanding of the 'self-harm epidemic', particularly through an embodiment perspective which focuses on the very physical and embodied nature of what has previously been looked at as largely psychological and emotional. I hope this paper provides food for thought for future research into self-harm, drawing on the embodied experiences of young people expressing intense

emotional feelings in visceral, physical ways; inscribing 'pain' onto the surface of their bodies; and translating this pain from the inside out.

Note

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