

Identity, emotions and the language of the body

Readings and meanings of bodily self-harm in young people

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This paper approaches bodily self-harm from a hermeneutic perspective in order to analyse the relation between identity construction, emotional experience and bodily representations of affliction and malaise in young people. The point of departure is the concept of the individual body as a field with expressive possibilities that may either reproduce or subvert the normative body through strategies that may be interpreted on various levels as subaltern body images, forms of agency that defy hegemonic models of the body and canons of beauty, or responses to embodied feelings of alienation. The analysis of virtual communities that promote self-injury and self-harm allows me to address the question of social support networks that exist only in an online space where the body and its representations, contrary to expectations, are still playing a crucial role that exceeds the cyborg category and forces us to redefine and reevaluate the meanings of injured virtual bodies.

[identity, emotions, bodily self-harm, virtual communities, young people, Spain]

In 2006 alarm bells sounded in the mass media over publications issued by the British Government concerning an increase in self-harming behaviour among young people. The increase was sharp enough to justify declaring bodily self-harm as *silent epidemic*, affecting one in every 15 young persons between the ages of 12 and 25 in the United Kingdom.

According to the results of the main report, *Truth Hurts*,¹ every year more than 24,000 young people are admitted to hospitals as a result of self-injurious actions, although the authors recognise that these figures are not completely reliable because the majority of young people who self-harm never reach the hospital. *Truth Hurts* concluded that one of the things that the action of self-harm offers to young people is a feeling of control over some part of their lives, and that they are afraid that if they reveal their secret, they will lose that sense of control. But the *Truth Hurts* report did not appear out of thin air. Since the end of the nineties – and partly as a consequence of famous people *coming out* and confessing their addiction to bodily self-harm – reports dealing with the issue of bodily self-harm have been steadily appearing, primarily in the U.S., the U.K. and Canada.

Although today the scope and level of social alarm generated by these reports is relatively new, we can find parallels in the biomedical field going back to 1934, when Karl Menninger, an American psychiatrist and psychoanalyst, published *A Psychoanalytic Study of the Significance of Self-Mutilation*. Menninger identified six sub-categories classifying not only behaviours and attitudes that would be understood today as pathologies, but also a variety of practices that are meaningful in a religious context and involve mortification of the flesh as a method for cleansing the soul. Menninger's categories also included self-harming behaviour in puberty rituals; in organic diseases, such as autism; in psychotic illnesses, such as schizophrenia; in neurosis – for Menninger young people who self-harm fell into this category – and *socially acceptable self-harming behaviour*, related to actions such as biting one's fingernails or mutilations for aesthetic or decorative reasons. At the time, Menninger's work was criticized by psychiatrists for including disparate and non-comparable practices in a single medical category.

From Menninger until today, the issue of self-harming behaviour has been dealt with primarily by cultural psychiatrists and psychologists. Initially – from Menninger's time to the 1980s their efforts were directed at putting some order into the terminological confusion surrounding self-harm. At present there is still no unanimity, and a variety of terms are used to identify the phenomenon: self-injury, self-harm, self-damage, self-aggression, self-destruction, self-mutilation or self-inflicted violence.

The second phase was motivated by interest in the meanings and causes of the increase in new forms of gross self-violence in young people. In my view, these forms of self-harm were culturally legitimated by three types of phenomena. First, new youth movements such as Goths and Emos² have endowed self-harm with a certain countercultural appeal, and musical groups associated with these movements such as My Chemical Romance, Marilyn Manson, and The Manic Street Preachers defend the practice of self-harm in the lyrics of their music. The second reason stems from the media attention given to the revelations of famous people recognising their addiction to self-harm. The first case was Princess Diana, who in a 1995 interview with the BBC and later in her biography talked explicitly about the motivations that led her to self-harm and the instruments she used. These revelations were closely followed by those of Fiona Apple, Angelina Jolie, Drew Barrymore, Christina Ricci, Colin Farrell, Johnny Depp and Amy Winehouse. Third, and parallel to the 'coming out' of these famous figures, near the end of the 1990s testimonials of self-harming behaviour began to emerge in mass-market paperback books, primarily in the United States. These paperbacks contained testimonials of people who admitted to having harmed themselves and offered their personal stories as an example of how to overcome difficulties.

While the private lives of anonymous and public figures laid bare to the media were being published and sold, quantitative studies of self-harm began to proliferate, describing the magnitude of the issue on a national and global scale. Although in Spain no research of this type has been carried out, in interviews I conducted with 10 psychiatrists in the Barcelona and Tarragona areas, all of the respondents told me that they had observed an increase in the prevalence of self-harming symptoms in primary care consultations and in specialist juvenile and child psychiatric care.

In terms of hard data, the most recently published figures I have come from the June 2008 issue of the *Journal of Child Psychology and Psychiatry*. A study led by psychiatrist Keith Hawton of Oxford University compares self-harm among 30,000 adolescents between 14 and 17 years of age from seven countries (Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway). The results showed that in general, the prevalence of self-harm in girls was triple that of boys (13.5% women vs. 4.3% men) The highest prevalence was found among Australian girls (17%), followed by English (16.7%) and Norwegian (16.4%).

The aim of this paper is to contextualise this kind of data through a social-science approach to the meanings of bodily self-harm³ in young people.

The work I present here is the result of my ethnographic experience in high schools working with adolescents ranging from 14 to 17 years of age in outpatient juvenile psychiatric consultations, in children's hospital inpatient units and in adolescent crisis units. My goal is to characterize the forms of suffering hidden behind these self-inflicted injuries and to trace the connections between emotions, identities and the body.

Selfhood and bodies

In the first part of this paper I would like to analyse the process of identity construction in late modernity, sometimes also referred to as 'second modernity' or postmodernity.⁴

The Polish anthropologists Zbyszko Melosik and Tomasz Szkudlarek (cited in Bauman, 2004: 68), in their 1998 study of the construction of identities in the post-modern world, pointed out that living in a world of apparently endless choice (or at least more options than one person can choose among) gives us the pleasant but illusory sensation of being free to transform ourselves into whoever we want in a world full of possibilities.

This deceptively pleasant sensation, however – the idea of becoming whoever we would like to be – leaves us with a bitter aftertaste because it entails a permanent state of indecision and dissatisfaction. This is why people feel unhappy despite being able to choose among many possibilities.

Gilles Lipovetsky (1990a) calls our attention to the hedonistic narcissism inherent in what he calls the 'personalization' of identity in a society that has entered a 'second phase' of consumerism characterized by widespread apathy toward anything not connected to the satisfaction of individual desires. Lipovetsky evokes the trivialization of the social world through a sports metaphor, that of 'gliding', as in windsurfing and skateboarding, in which the individual skims the surface of things, indifferent to their import. The social is reduced to the psychological, and self-absorbed individuals feel at ease only in the company of others like themselves. Paradoxically, in Lipovetsky's society of narcissistic hedonists, individual consumption practices have the effect of uniformizing bodies. As Àngel Martínez (2003: 8) has observed, consumption in late capitalism generates regularities concealed behind apparent diversity, and the body, as one of the most highly commodified objects in the global marketplace, is no excep-

tion. At the same time, postmodernity is subject to multiple readings, and the body, to cite Martínez (2003), is not a “uniform token of the culture of modernity” but also a narrative tool for the expression of identity that has lost its meaning as the source of sin and has become the ultimate customizable accessory.

We have an example of the body as a commodified object in clinical discourse between plastic surgeons and their patients.⁵ During their first office visit, many women patients tell the doctor that they want Elsa Pataky’s bottom or Angelina Jolie lips. This is not an exclusively feminine-gendered phenomenon; there are men who request Julian Mc Mahon’s almond-shaped eyes or George Clooney’s behind. This is not limited, however, to the cosmetic surgery industry. It is difficult to escape normative body imagery even in social spaces where the physical body is absent: chat rooms and virtual discussion forums. Sooner or later, references to the body appear even in these contexts. I am convinced, although I do not have ethnographic data to support this, that when people talk about their bodies online they make an effort to remain within preestablished normative canons.

I will return later to the question of representations of the body in virtual spaces in the context of an analysis of virtual communities that promote self-injury and self-harm. I would like first to focus on how advances in cosmetic surgery have made constant remodelling of the body possible. Our permanent dissatisfaction with our bodies is also fuelled by the advertising industry, which requires an increasing dynamic of consumerism (Featherstone, 1991). Spain leads the member states of the European Union in the number of plastic surgeries performed, and it is fourth in the world, preceded by the United States, Mexico and Argentina. According to data published in the journal *Diario Médico*⁶ in March 2008, in Spain approximately 50.000 breast implants were performed in 2007, most for nonmedical reasons. The same article reports that 80% of the patients who undergo plastic surgery are women.

Even cosmetic surgery attempts to reproduce normative bodies. Problems arise for health professionals when people request surgery that redefines their appearance in ways that subvert the normative and hegemonic patterning of bodies. I am thinking here of people whose sexual identity is at odds with their physical appearance, or people who are unable to identify with their own bodies unless they are in some way mutilated, as by amputation of a limb. Psychiatry defines this as a pathology, body integrity identity disorder (BIID). It is plastic surgeons, however, who often find themselves on the front lines of the ethical dilemma this poses. Who decides what is and what is not an ethically acceptable surgical modification of a normal body? While plastic surgeons feel unable to question on ethical grounds non-medically necessary breast augmentations, liposuction, and other procedures that bring bodies into line with broadly accepted canons of beauty, they draw the line at unnecessary limb amputations. Social consensus on definitions of the normal and the pathological in the realm of the body find a parallel in the social construction of sanity and insanity. In my view, as soon as the body becomes modifiable, it ceases to be a subject – the repository of personal definitions that make it unique – and becomes an object in a strategic space where identities are re-defined and re-formulated. Transsexuality and body integrity identity disorder are examples of this objectification of the subject.

Readings of the body through narcissist imperatives (Lipovetsky 1990b) promote and glorify the self-construction of bodies valued insofar as they can be commodified, insofar as they acquire their identity through particular uses and the use of particular products. The constant search for identity under these circumstances produces forms of malaise that translate into an increase in the number of psychiatric diagnoses, which in turn are reported in the press as signs of a looming epidemic of mental illness: “Depression on the rise in Spain: the eight causes of a 21st century epidemic” or “Mental health disorders affect twenty percent of children; Sant Joan de Déu Hospital warns of a rise in psychiatric illnesses” or “In Catalonia fourteen percent of women and seven percent of men suffer from mental health problems.” The feelings of vague distress, inner emptiness, and the absurdity of life that such headlines reflect are linked to the endless search for and reaffirmation of the self, and oblige us to reconsider the cultural construction of emotions.

Agency and alienated bodies: meanings of bodily self-harm

The relation between body and identity, and the idea of the body as an amplifier for the self, makes the anthropological paradigm of embodiment (Thomas Csordas 1990) an especially useful way to analyse the meanings of self-harm practices in young people. The paradigm of embodiment allows us to approach the injured body analytically as an object field. From this perspective it is possible to read injured bodies as embodied metaphors for the permeability of body boundaries (the image of blood seeping from razor cuts, for example, suggests the porous nature of identity) and also as practices that transmit a message of social suffering from uncontrollable emotions that are literally inscribed into the skin of the young people whose stories are quoted below.

Although the injured body can be read as a symbol, as a text that reflects the individual’s disenchantment with society, in some narratives it is possible to read self-injury as a disruptive practice, as a form of resistance to normative patterns of beauty. To give an example, Dark Rose wrote in a published post at the end of 2007:

When I see my blood running I feel good, though I have to say that the scars are the best part. I love looking at myself in the mirror and see the fresh marks. It makes me feel different, special, I need to do it.

When I cut my arms, I feel like the happiest girl in the world, but this feeling is only in my memory, because I don’t cut myself in places where others can see it. I feel so stupid but this is really what I feel. I’m as beautiful and special as my scars...

Dark Rose’s need to feel ‘different’ and ‘special’ points to the process of construction of identities through the body both as symbol and as agent. The lacerations and the blood seeping from them allow us to perceive these bodies in both a metaphorical and a carnal way as open systems. Self-injury and the resulting scars express blocked or silenced emotions. In the life stories I collected from the young people I interviewed,

talk about repressed emotions was framed in their own experience-near categories as 1) inner emptiness, 2) loneliness, 3) anxiety, and 4) pain that reconnects one to life.

Maica is a 17-year-old girl I located on the internet two years ago, and although I tried to establish contact with her, she never answered my e-mail messages. I was, however, able to track her postings in different forums in which she told her story using the same pseudonym. I quote from one of her postings, published on *elconfessionario.com* in March 2006, in which she draws a connection between her feeling of inner emptiness, which she transfers to her body in the form of scars, and the pain that reconnects her to life:

When I injure myself I feel... hypnotised. When I feel that razor cutting my flesh my mind goes blank as the trickle of blood forms. For me it is a way to struggle against the emptiness inside me: the pain takes me out of myself, the blood hypnotizes me and wakes me up...

Reading Maica's story, and Claudia's story (see excerpt below), I am reminded of Schopenhauer (1969: 312), who wrote in the 19th century that "Life swings like a pendulum to and fro between pain and boredom, and these two are in fact its ultimate constituents. ... But the constant striving, which constitutes the inner nature of every phenomenon of the will, obtains at the higher grades of objectification, its first and most universal foundation from the fact that the will here appears as a living body with the iron command to nourish it. What gives force to this command is just that this body is nothing but the objectified will-to-live itself."

It is interesting that the weariness, grief and despair that lead Maica and Claudia to flee from the world, like Schopenhauer, does not inspire any of them to seek an escape through suicide. In fact, their positions have common elements and the main differences between them have to do with specific methods of escape or reconnection to the world. For Schopenhauer (1969: 178), artistic contemplation and ethics are strategies of escape, while Maica and Claudia use bodily self-harm as the method that allows them to reconnect to a world from which they feel alienated.

Claudia — The story of Claudia is the experience of a 16-year-old Colombian girl who came to live in Tarragona two years ago. She defines herself as an Emo. In Cali Claudia lived with her grandparents since the age of 9, and at 14 she came to Catalonia to live with her parents, who had been working here for five years before she arrived.

Claudia started to feel drawn to Emos when she was living in Cali with her grandparents. She describes the beginnings of her interest in Emos:

Basically, it was about fashion at first. At the beginning when I started to be interested in Emos, the main attraction was their appearance. I didn't really know what an Emo is like, how an Emo thinks, but when I started looking a little deeper I realized how profound their philosophy is. Maybe I was also attracted to Emos because of the feelings I share with them, because I was feeling alone and gradually I started to identify with what it means to be an Emo...

When I asked Claudia what was special about Emos, she referred to emotions and life experiences:

“Emos have lots of emotions inside them. We’ve had experiences that marked us and made us feel sad”— *And are you feeling sad?* I asked her – “To be honest, I ended up being an Emo because when I was in Colombia, I missed my parents and lots of sad things happened to me. I felt very alone and maybe for that reason I became an Emo. I hate the way ‘normal people’ never act the way they feel. For me being an Emo allows me to express how I feel. If I feel sad, well then I’m sad, and that’s all there is to it. Other people can’t admit how much pain they’re feeling inside.”

Searching the Internet, I located a number of Emo websites in which self-injury was treated as a way of expressing sadness. Although Claudia did not go into detail about her self-harm practices, in the second part of the interview she told me:

I see self-injury as a way to escape. When I feel sad, problems pile up and I want to get away from everything I resort to self-harm. My scars show how I feel. When I feel anger or rage, it’s a way to vent my feelings, it gives me relief...

Claudia’s only references to bodily self-harm are in this paragraph, and although I tried several times to reformulate my questions with the aim of getting her to discuss what led her to express emotional experience through her body, her responses were limited to stereotypes answers about ‘Emo attitudes.’ In this final excerpt from our interview, however, Claudia is quite explicit about sadness, anger, and their expression through self-injury. These feelings also appear repeatedly in other stories, and point to loneliness as a precursor emotion to self-harm.

Roser — Roser is a 16-year-old girl who lives in a small town near Tarragona who spent five weeks as an inpatient in a children’s mental health institution to which her psychiatrist referred her. She is diagnosed with borderline personality disorder and is receiving both psychotherapy and drug therapy with Rivotril and Lorazepam. When I asked her if she knew the reasons for her admission she told me, “I had problems with my family, troubled friends, problems with drugs and also with alcohol...”

This was not Roser’s first admission to a mental health institution. A year earlier, she had been admitted for three months because of “mood swings and problems at home as a result of my addiction to crack and MDMA.”

Roser began to self-injure when she was 13 years old. Following the advice of her therapists, in order to avoid upsetting Roser, the interview was structured in two parts and I did not ask her explicitly about bodily self-harm. This issue emerged spontaneously, however, in the first of the interviews. Roser explained that she did it to relax, to calm down when she felt in a bad way:

I know that smoking is not good; I know that taking drugs and drinking isn’t good for me. But my ex-partner wasn’t any help: I started to steal money at home so he could buy

drugs. My relationship with my family got worse. I accused my father of abusing me, but it was a lie. Since then we haven't spoken to each other. I think he will never forgive me. I've lost him. The first time I self-injured I remember that it was to express how I felt. I was sad and I needed to express how sad I felt. I apologized for inventing that horrible story; my father was on the verge of going to jail...

Roser left school at the age of fourteen. A year earlier, her parents had decided to put her in a religious school – theoretically a stricter environment than public school – to bring the situation under control, but she explained that usually she escaped from school to go to the train station to smoke and drink beer alone. It was there, she said, that she met a group of Gypsy boys who were dealing in cocaine and heroin. Roser became friendly with them, and also became addicted to crack. Roser's turning point from 'good girl' to 'bad girl' was at the age of eleven or twelve.

When I was in sixth grade, I started to go with people older than me. I started to try things that I shouldn't have, like joints and alcohol. My parents started noticing that I was acting strangely and sent me to a psychologist. But to be honest, the psychologist didn't help me. He only gave me pills and I wanted to drink, so I didn't take them.

Roser started to self-harm when she was thirteen years old. She described herself in the following way:

I'm a nervous and impulsive girl. When I was at home I usually went to sleep at 3 or 4 AM: I spent all night smoking, watching television or listening to music. Sometimes the music bothered my parents and although they woke up to turn off the music, I turned it back on (...)

At home I was never with my family. I stayed in my room smoking all day and at night. Sometimes I went partying on Friday and didn't get home until Sunday afternoon. I used to be with several boys in one night and my parents began to worry about me. I felt sort of guilty and that's why I started to self-harm. (She showed me her arms: her wrists and forearms were full of cuts and cigarette burns. She also had carved *odio* – hate – into her left forearm. On the back of her left hand, she had a smiley face that she burned into her skin with the end of a cigarette lighter...

For Roser, inflicting bodily self-harm is a punishment.

Sicksaura — Sicksaura is a 17-year-old girl who frequently writes in a *ya.com* self-injury forum. In a post at the end of October 2007 entitled "Confused thoughts," Sicksaura wrote:

I have a lump in my throat so big I can't breathe. For almost two years now my life has been lost in time. I want to cut myself today, perhaps because I don't want to think about how to take my life back. But I don't want to go back to the cutting routine either,

because I don't want to leave my love. I wish I could evaporate and disappear, I wish I could fly; I wish I could stop cutting...

Sicksaura's desire to evaporate and disappear through cutting returns us to the idea of the body as object, and to an interpretation of self-injury as a metaphor for open bodies as extensions of shifting identities. Connections between identity construction, repression and linkages between emotions and the body surfaced repeatedly in my interviews. 'Loneliness', 'pain' and 'emptiness' recurred both as discursive themes, and also as inscriptions on the body.

In their article on the 'mindful body,' Scheper-Hughes and Lock (1987) analyse the relation between emotions, bodies and suffering through the analysis of *the three bodies*. Emotions, they argue, affect the way we perceive and live with our bodies in the individual sphere: "Emotions affect the way in which the body, illness and pain are experienced and are projected in images of the well or poorly functioning social body or body politic..." (1987: 28).

In the social dimension of the body, the matter of the *disembodied self* or the *self-less body* that appears as a consequence of the modern obsession with and fetishism of consumption (Scheper-Hughes and Lock 1987), allows me to introduce another shade of meaning related to bodily self-harm as actions that allow my interlocutors to 'wake up' and 'reconnect' to the world in situations that threaten to numb or paralyse the self.

Statements such as "The blood connects you and wakes you up" or "The cuts remind me that I'm alive" speak to the embodied alienation of these young people. But why should self-harm be the preferred strategy for reconnecting with the world? Terence Turner's (1980) use of the term 'social skin' gives me a point of departure from which to develop the notion that our body surface represents a frontier between society and the individual and that it is precisely on the skin that the social drama is played out (Turner 1980: 83). Turner also pointed out that our clothes and other bodily adornments are a language through which our cultural identities are expressed.

Extending Turner's argument, I want to suggest that the social drama that emerges from bleeding self-lacerations leads us to rethink the body as something already intuitively perceived: not as a series of closed categories, but as open and fluid, in perpetual dialogue with the outside (the social world) and the inside (the individual), and to read self-injury as a strategy that allows individuals to reconnect with their alienated bodies.

The work of Zygmunt Bauman (2000) and Richard Sennett (2000) offer analytic possibilities regarding the social construction of emotions, specifically loneliness, and the remaking of individual identities in the context of late capitalism. As a consequence of the prevailing models of self-made man/self-made woman as people free from social ties and out of touch with their own feelings, new insecurities, fears, and anxieties are emerging, expressed through the body. Bauman (2004) analyses the counselling boom and the emergence of the self-help industry as a market response to the management of distress.

In DSM IV⁷ self-injury is mentioned as a symptom of or a criterion for the following diagnoses: borderline personality disorder, stereotypic movement disorder (asso-

ciated with autism and mental retardation), and factitious (faked) disorders in which an attempt to simulate physical illness is present. Forms of self-mutilation (amputations, castrations, etc.) may also appear in psychotic or delusional patients. Self-injury is considered a symptom, although some American psychiatrists such as Favazza and Rosenthal (1993) have proposed the recognition of *repetitive self-harm syndrome* as a diagnosis. In her study of women who self-injure, Dusty Miller (1994) suggested the use of *trauma re-enactment syndrome* as a diagnostic category.

In interviews with psychiatrists and psychologists during my fieldwork in mental health institutions, I found that the most common explanations for self-harm were: 1) the desire to attract attention from others, 2) an addictive behaviour as a consequence of the release of endorphins it stimulates, 3) a response to blocked emotions usually caused by sexual, physical and psychological abuse in childhood. However reductive they are, these forms of explanation retain a powerful grip on our collective imaginary because they are both popular and biomedical/psychiatric. The contribution of an ethnographic approach to the study of bodily self-harm in young people is that it decentres these models. A social-support-stress-disease paradigm (Dean 1984) allows us to see bodily self-harm not simply as a psychological or physiological phenomenon, but as a complex process in which social, cultural and biological elements interact with psychology. The application of a multi-causal paradigm not limited to either biology or psychological deviance could provide us with new ways of understanding self-harm and its meanings.

In my fieldwork I have encountered evidence of the nocebo effect (Cannon 1942) produced by labelling, in this case a diagnostic label that makes things worse and turns diseases in general and bodily self-harm in particular into chronic affairs. To a much greater extent than was true in Spain even a few years ago, patients want to be informed about their symptoms, diagnosis and prognosis, but this positive development, together with rising and even inflated expectations regarding treatment that can lead to a kind of dependency relation, may generate self-fulfilling prophecies that amplify the impact of the diagnosis on the lives of young people and leave them more vulnerable than ever.

Marilyn — Marilyn's story provides a clear and paradigmatic example of the nocebo effect. I met Marilyn in a psychological forum in 2007, and since then we have been in touch by e-mail. Marilyn is 40 years old; she is a professor of business administration in a Spanish university, although she has been on sick leave for a year with a diagnosis of depression. She is currently studying psychology at the National University for Distance Education (UNED) and is also the webmaster of a self-injury webpage (www.somostlp.net). She has been injuring herself since she was fourteen years old. Below are some excerpts from her second posting in the online forum that are representative of the nocebo effect of labelling:

Weeks ago I wrote my first post in this forum, entitled: "I'm new here and I need help". In the post I said that I was diagnosed with chronic personality disorder, and explained my current state, a state that I described as quite critical (especially because of the prob-

lems with my parents) that returned me to the origins of my illness, with the reappearance of anxiety and panic attacks, agoraphobia, neurosis, insomnia and self-injury (...) The problem now is that I not only can't control the injuries, but also that I'm injuring myself more often, 2 or 3 days a week, and worse: all of them are razor slashes, and if I started with small multiple cuts in my calves, now I am making deep, serious slashes in my thighs, forearms and abdomen. Yesterday, for example, I cut the inside of my left calf so deeply that part of the muscle was exposed and I had to go to the emergency room for stitches. Luckily I knew the psychiatrist on duty and talked with her (...) I read in a psychology book that the body secretes endorphins when you cut yourself. Does this mean that I'm addicted to self-harm and I'll never be able to give it up? (...)

Marilyn's story, and others like it, demands an analytic approach that takes account of the multidimensionality and the causal multiplicity (Cannon, 1942) of bodily self-harm. We can only gain access to the cultural and symbolic meanings behind self-injury, through an interpretive approach that takes seriously the point of view and the explanatory models of those who engage in it. Seen in this way, self-harm can be understood as a practice through which the body speaks through its skin, through the cuts and inscriptions incised into it, and is transformed from an anonymous body into a text with its own discursive power.

Bodily self-harm can be understood as a form of agency if we take as our starting point Csordas' (2002: 58) idea of the body as a social field (Csordas 2002: 58). The self-injured body, in this perspective, is a subject capable of transgressing the hegemonic and normative patterning of bodies. Recall that in Aldous Huxley's novel *Brave New World* (1932), disruptive practices begin to appear despite the serial reproduction of behaviour and bodies like that of Lenina Crowne, the perfect archetypal citizen in the novel. While Foucault's (1992: 107) analysis of disciplines of the body posits power structures and dominant discourses that systematically reproduce controllable and classifiable bodies, human agency is manifest in acts of resistance and subversion of the kind analysed in the work of Jean and John Comaroff (1992). Their exploration of Tshidi Zionism in South Africa suggests that subaltern corporal practices embody a message of protest and resistance that must be decoded and interpreted. Cutting as a disruptive practice (usually superficial cuts mainly on the arms, belly and legs) and engraving words on the skin (for example, *I hate you, this one is for you*, or *loneliness*) reveal the body as a field from which it is possible to communicate and to express desires that emerge from buried emotions. The relation between repressed emotions and the body as the vehicle through which distress is channelled surfaces frequently in the narratives of my interlocutors. Loneliness, pain, and emptiness appear not only in their speech, but also engraved literally on their bodies.

Most of them consider self-injury to be part of an alternative lifestyle. But their alternative lifestyle is read as deviant behaviour, and that difference raises two issues: first, what can and cannot be represented using the body; and second, the legitimacy of reading bodily self-harm as an epidermal performance according to subaltern bodily codes that appears in response to homogenised paradigms of bodies and identities.

This second point brings us to an analysis of pro-self-injury and pro-self-harm virtual communities.

Pro-self-injury and pro-self-harm virtual communities

When I began studying pro-ana and pro-mia (pro-anorexia and pro-bulimia) virtual communities a few years ago, one of the most important methodological problems I had was how to position myself in relation to the field.

I was for some time (more or less three months) doing floating observation in three forums and I must admit that I never dared to participate. The problem was that I didn't know how. I knew that 'nosy' researchers were not very well regarded and if one was detected he or she was immediately expelled from the community. Impelled by a mixture of fear and inexperience, I did the research *from the backstage* of the communities. Tracking these three forums, I was witness to the closure of one of these communities by the Ombudsman for Children in Spain in 2006, and followed the process of re-establishing the community in a new domain.

During the period I was working on this project,⁸ my research was limited to tracking forums and collecting information from them. I never participated, and the girls never knew that their published posts were used in the research. My position as a 'lurker' (unidentified observer) placed me in an ethically complicated situation, and for that reason I was forced to rethink the ethnographer's role in the study of virtual communities, blogs and internet forums pro self-injury and pro self-harm on internet. When I began to conduct fieldwork, I generally identified myself as a nurse – true, and much more immediately comprehensible than 'anthropologist' – doing qualitative research on the experiences of young women who self-injure. The young women I contacted were willing to share their stories with an outsider they thought of as someone prepared to listen with an open mind. Some of them had had prior negative experiences with psychologists doing questionnaire-based studies, and tended to reject such contacts out of hand. There are still some outstanding issues of ethics in research with virtual communities that I have yet to resolve to my satisfaction. One of these has to do with establishing the dividing line that separates 'private' from 'public' in virtual space. I have cited published postings using pseudonyms, but individuals run the risk of being identified by another aspect of their signatures: the quotations and other text fragments they include below their names on every posting. Those short sentences – usually extracts of a poem, set phrases or proverbs – provide additional information about who the writer may be.

A second methodological question has to do with the verifiability of data obtained online. Since I began presenting some of my data to anthropological audiences, the main questions have focused on whether it is possible to check my data against other sources of information. Some of my colleagues have pointed out that, except for comparing successive e-mail interviews with the same informant, the possibilities are limited and my study is basically a discourse analysis of blogs and virtual communities. I am not convinced, however, that this is a weakness. The analysis of online discourses

is valuable in two ways: it provides arguments in support of the legitimacy of virtual space as a field site (see Christine Hine's excellent 2004 book on virtual ethnography); and second, it allows us to think about a paradox: the construction of bodies and identities in a context in which identity is disembodied. One of the most interesting aspects of the analysis of still and moving images from pro-self-harm virtual communities is the staging of violence. The blood, scars, and corporal inscriptions they depict – without identifying the person on whose body they are inscribed – constitute performances of self-injury that would be unimaginable in real space and time.

Although the 'internet era', as defined by Manuel Castells (2003), was thought to mark the end of geography, it has since become evident that the internet possesses its own geography consisting of information-processing networks from which new spatial configurations and networks are emerging. Increasingly widespread access to the internet has promoted the idea of having parallel lives and interactions with other social partners in virtual space, and it is from this process that virtual communities emerge. Analyzing pro self-injury/pro self-harm social movements in virtual space requires us to modify our traditional research tools and adjust our analytic frameworks accordingly. This will involve rethinking the relation between body and self, individual and social network.

According to Anthony Giddens (1998), identity transformation and globalisation are two sides of the same coin, the two faces of the local-global dialectic, where things that happen in private life are directly connected with broader social phenomena. The self, Giddens argues, is naturally embodied, and consciousness of our bodies originates from the very first relationships we establish with other individuals.

Giddens' notion of the body and the relation between body and identity leads us to ask why some young – or not so young – people injure or mutilate parts of their bodies, display images of the self-inflicted violence on the internet, and create groups and virtual communities that promote such acts. Following Giddens, I would suggest that modernity and control of one's own body are translated into aggression against what by association is the 'self', a socially constructed self against which individuals rebel.

Sherry Turkle (1997), in the first part of her book, explains how we have been learning to live in virtual worlds, in online spaces where we are constantly constructing, deconstructing and simulating identities – and bodies – on the other side of the mirror. This new body configuration, however, does not imply in any way the extinction of the physical body, but its extension through a cyborg prosthesis. Going beyond Donna Haraway's (1991) half-human half-machine creature, these cyborg prostheses are multiple bodies created, electronically distributed and represented only in virtual space. Outside virtual space there are no pro-self-injury or pro-self-harm groups; there are only individuals who practice self-injury. Alice's looking-glass world has no analogue in real life; it can exist only on the other side of the mirror. In the same way, individual acts of bodily self-harm are shared only through forums, communities and blogs in virtual space.

The internet has become a kind of virtual Sherwood Forest where those defined as 'deviant' may find refuge, where it is possible to display images of self-injured bodies, where the bodies exhibited are transformed simultaneously and in the same

space into a text-narratives and embodied experience. On the internet, the meanings expressed by these young people through their bodies are not challenged or reduced to one explanatory model or other. The lack of success of kedadas,⁹ face-to-face meetings between participants in these virtual communities, may be attributable to the desire to protect one's real identity for fear of being stigmatised, recognized as different, being transformed into an object by the gaze of others. The inability to cross the online-offline boundary with my interlocutors is one of the main limitations of doing fieldwork in self-injury virtual communities.

Despite this reticence, however, the members of self-injury communities are recognizable to each other in real space through the use of distinctive symbolic markers: necklaces, bracelets, key chains, and finger bands in orange (identifies a person currently self-injuring), or orange and white (identifies a person who has self-injured in the past). Mutual recognition, however, seldom if ever progresses to social contact. In blogs, You Tube videos, and internet forums, images of fairies, butterflies, teddy bears (always mutilated, missing an eye or an arm) or sad-eyed princesses identify the participant as someone who self-injures. The use of such images and elements of material culture with shared meanings shows that, while self-injury is a response to individual distress for which the internet serves as a platform for expression, it also has a social and intersubjective dimension. The virtual community is, at least to some extent, a real community. Paradoxically, it is in the disembodied space of the internet where this community finds expression.

After two years of floating observation as a 'lurker', and two additional years as a registered participant in pro-self-harm and pro-self-injury websites, I have found that virtual space offers new possibilities for social action and mobilization, and the redefinition of certain acts as lifestyles that would be inconceivable as such offline. The internet has enabled us to outsource specific elements of our social lives and private lives, and this has given rise to new types of social movements. For some time now, anthropology has been questioning some of its most basic notions, starting with 'the field' as a physical place and 'the community' as a localizable unit of analysis. Research in virtual space with virtual communities can help us as a profession to develop these and other concepts as methodological constructs.

Conclusions

The reflections presented in this article come in response to some of the ideas that have occurred to me while working on my doctoral thesis project. These have helped to guide the creative process and my fieldwork in juvenile psychiatric institutions, correctional institutions, secondary schools and virtual pro-self-injury and pro-self-harm virtual communities. I have argued that bodily self-harm should not be analysed as an isolated symptom or deviant behaviour, but as actions that we must redefine and position within explanatory models and frameworks of broader social and cultural significance. The connections between processes of identity construction, repression of emotions, and the link between emotions and the body and its reactive capacity, is

a theme that comes up again and again in the narratives of the people I have spoken with, and I have tried to present here an analysis that takes their interpretations and insights as its point of departure.

The 'three bodies' approach (the individual body, the social body, and the body politic) proposed by Scheper-Hughes and Lock (1987), with emotion as the mediator between them, has proven useful to me in deconstructing and analysing the meanings of suffering at different levels and rethinking the mechanisms of control and regulation at work on the body. This model has helped me to contextualise self-injury from a phenomenological and symbolic-interpretative perspective, and to understand acts of bodily self-harm as expressions of individual suffering that appear in response to feelings of alienation – the 'disembodied self' or the 'selfless body' – that arise in contexts in which the reproduction of normative body patterning is politically reinforced by subtle forms of discipline. Still, although Scheper-Hughes' and Lock's approach is methodologically helpful, these three analytic levels allow me to establish only in part the relations between embodied experience – remembered as well as immediate in the process of self-injury – and the narratives that emerge from these private but interconnected worlds of experience.¹⁰

The semiotic interpretation of the body as text is useful in analyzing experiences of suffering, forms of resistance, and embodied feelings of alienation inscribed literally on the body, but I also recognize its limitations. First, treating the body as a symbol that reproduces cultural meanings draws our attention away from the individual's capacity for resistance; as some of the narratives quoted in this article show, the scars of self-inflicted wounds constitute a wholesale rejection of idealized body images and aseptic canons of beauty. Second, in taking as our starting point already objectified cultural meanings, we miss the dimension of preobjective individual and intersubjective experience constructed through narrative.

This intersubjective dimension of shared meanings, both inseparable from individual experience and situated in a cultural context that is always already there, is perhaps easiest to detect in pro self-injury and pro self-harm virtual communities, where images of injured bodies and body parts are exhibited and shared in cyberspace. In these images a range of discourses can be identified, covering the spectrum from claiming the right to difference through images of bloodied and fragmented bodies to feelings of alienation, emptiness and loneliness that can be addressed only through self-injury as a means to reconnect the self to the social world. That these practices of the body considered deviant in real time and space are located in the apparently disembodied space of the internet is a paradox that reveals, among other things, the limitations of a medical model of these acts constructed as a symptom of illness: a thin description (Geertz 1973: 6-7) of what impels these young women to seek out spaces – internet forums, blogs, videos posted on You Tube – that give voice to their embodied experiences.

Notes

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All names of youngsters involved in self-harm that appear in this essay are pseudonyms.

- 1 Downloadable at: <http://www.mhf.org.uk/campaigns/self-harm-inquiry>
- 2 The Goths began to emerge in the late 1970s, while the Emos are a later development beginning in the mid-1980s. Both are associated with musical styles and distinctive forms of dress and personal adornment. The idea of death through suicide is a central aspect of the Goth relationship to self-harm, while the Emos (whose name is based on 'emotions') tend to less radical forms of self-injury.
- 3 As I have indicated, there is no consensus regarding the use of these terms. For this study, I propose the term 'bodily self-harm act'. The use of *act* instead of *behaviour* allows me to disassociate myself from psychopathological studies, and to make the case for incorporating *bodily* into both the study's approach and at the more superficial level of terminological precision.
- 4 Anthony Giddens prefers 'late modernity', while Ulrich Beck uses 'reflexive modernity' and 'second modernity' interchangeably.
- 5 http://www.elconfidencial.com/cache/2008/01/26/5_pacientes_cirurgia_plastica_quieren_labios_angelina.html (consulted 14/11/2008)
- 6 Downloadable at: www.dmedicina.com/edicion/diario_medico/dmedicina/mujer/es/desarrollo/1101670.html (consulted 08/11/2008)
- 7 The Diagnostic and Statistical Manual of Mental Disorders (DSM), a classification of officially recognized psychiatric disorders, published by the American Psychiatric Association, is used by mental health professionals to ensure uniformity in diagnosis.
- 8 Between 2003 and 2005 I participated in a research project on eating disorders with an interdisciplinary team composed of medical anthropologists on the faculty of the Department of Anthropology at Rovira i Virgili University (Tarragona). This project was commissioned by the Women's Institute (Spanish Ministry of Labour and Social Affairs). Part of my fieldwork was carried out in an eating disorders unit in a Barcelona children's hospital.
- 9 An alternative spelling of *quedadas* (Castilian), meetings or dates. The use of non-standard orthography is a feature of many blogs, especially those written by young people, and is not limited to the self-injury community. In Spanish-language blogs it is particularly common to substitute 'k' for 'qu'.
- 10 I have borrowed the term 'worlds of experience' from Byron Good in order to highlight the pre-objective – but not pre-cultural – quality of my interlocutors' embodied experience. "The rhythms and disruptions of experience presume a socially organized lifeworld, and a description of the contours of the social world as experienced requires attention not only to the cognitive shaping of experience, but to the sensual body as well" (Good 1994: 123). This

perspective centres analytic attention on our awareness and perception of our own bodies, and on the body as an experiencing agent.

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