Introduction

Self-injury has existed for nearly all of recorded history. Although it has been defined and regarded in various ways over time, its rise in the 1990s and early 2000s has taken a specific, although contested, form and meaning. We focus in this book on the deliberate, nonsuicidal destruction of one’s own body tissue, incorporating practices such as self-cutting, burning, branding, scratching, picking at skin (also called acne mutilation, psychogenic or neurotic excoriation, self-inflicted dermatosis or dermatil-lomania), reopening wounds, biting, head banging, hair pulling (trichotil-lomania), hitting (with a hammer or other object), swallowing or embedding objects, breaking bones or teeth, tearing or severely biting cuticles or nails, and chewing the inside of the mouth. Our goal here is to discuss the form of this latest incarnation of self-injury, now often regarded as a typical behavior among adolescents, describing and analyzing it through the voices and from the perspective of those who practice it. We call these people the “practitioners.”

Referring to self-injury as “tender” in the title of this book carries with it a distinct purpose, especially since previous treatments have often used harsher words, such as “mutilation,” “scarred souls,” and “a bright red scream.” It may seem oxymoronic to refer to cutting oneself intentionally as tender. By this term we intend to convey what the individuals we studied thought about this behavior, which was accepting. Nearly all of these people regarded this behavior as a coping strategy, perhaps one they wished they did not need (and might someday be able to quit), but one that functioned to fill needs for them nevertheless. Several referred to it as a form of “self-therapy,” noting that when things were rough and they had nowhere else to turn, a brief interlude helped them to pull themselves together. People felt better after injuring than they had before. Many used terminology to describe it such as “a friend” and “my own special thing.” We dedicate ourselves here to representing their perspectives and providing a nonjudgmental voice for their experiences.
The Social Transformation of Self-Injury

The rise of self-injury has been accompanied by a significant transformation in its prevalence and social meaning. The past several centuries saw this behavior regarded as a form of psychological pathology, practiced largely by people, especially young, white, middle-class women, who suffered from mental illness. However, during the 1990s the behavior began to expand, taking on new connotations and converts as it did. In this book we describe how self-injury changed from being the limited and hidden practice of the psychologically disordered to becoming a cult youth phenomenon, then a form of more typical teenage angst, and then the province of a wide swath of socially disempowered individuals in broader age, race, gender, and class groups.

As its practice spread, it became associated with different groups who used it in myriad contexts to express their anguish and disaffection with society. Unconventional youth used it to claim membership and express status in an alternative, hard-core punk subculture that over time morphed into the Goth and later the emo subcultures. Adolescents used it as a mechanism to cope with the traumas typically associated with the dramatic physical and personal changes, shifting social alliances, identity uncertainty, raw nastiness, inarticulateness, insecurity, and general emotional drama associated with the ’tween and teenage years of life. From here it spread to populations who were structurally disadvantaged, for various reasons, and lacked the social power necessary to ameliorate their situations or improve their lives.

In expanding, self-injury took on new social meanings, remaining a behavior practiced by psychologically troubled individuals who used it to soothe their trauma, but it also became a legitimated mode of emotional expression and relief among a much wider population. Society learned, in small circles at first but diffusing concentrically outward, that people who were neither suicidal nor mentally ill were using self-inflicted injury to cope with life’s difficulties. The stigma attached to this behavior was regarded initially as shocking, disgusting, and dangerous. It then evolved to becoming considered merely troubled and finally to representing an inarticulate and underappreciated cry for help. By the end of the twenty-first century’s first decade, self-injury represented an entrenched and still growing phenomenon that could easily be considered a fad. Although not the expression of a happy or typical life experience, it nonetheless conveyed an allure of daring, dangerousness, risk, desperation, and hope that many people, especially youth, found attractive. As a result, it spread rapidly among populations vulnerable to this mystique, changing from being something that was generally
self-invented by individuals in private to a socially learned and contagious behavior.

In this process it became transformed from an essentially psychological disorder into a sociological occurrence. The way people injure their bodies is socially contoured, shaped by various subsets of normative and alternative subcultures. Yet, without wanting to pathologize it, we acknowledge that self-injury falls within the realm of a social problem. There are harms potentially associated with its practice that include social isolation, ostracization, labeling and stigma, infection, scarring, and habituation. As such, a greater understanding of its full dimensions is important from a public health perspective.

Involved for many years with a hidden and demonized practice, self-injurers suffered from society’s views of their behavior. For many, isolated or faced with physicians (particularly in emergency rooms) and mental-health professionals largely uninformed, misinformed, or judgmental about what was seen as their self-destructive actions, treatment often made their lives worse instead of better. Yet although they found themselves isolated and powerless, self-injurers have fought to give some legitimacy to what most people see as deviant acts. This has been difficult because self-injury tends to be conducted covertly, secretly, and privately. Only in the early twenty-first century did self-injurers begin to find a common community, and then only in cyber space, where they could communicate, learn from each other, and offer each other knowledge and understanding. One online support group offered this assessment of the definition and extent of self-injury:

An estimated one percent of American’s use physical self-harm as a way of coping with stress; the rate of self-injury in other industrial nations is probably similar. Still, self-injury remains a taboo subject, a behavior that is considered freakish or outlandish and is highly stigmatized by medical professionals and the lay public alike. Self-harm, also called self-injury, self-inflicted violence, or self-mutilation, can be defined as self-inflicted physical harm severe enough to cause tissue damage or leave visible marks that do not fade within a few hours. Acts done for purposes of suicide or for ritual, sexual, or ornamentation purposes are not considered self-injury.

The terminology used to refer to this behavior has gone by the various names listed in the quotation in addition to deliberate self-harm syndrome and self-wounding. We choose, here, to use the term self-injury, although in the original psycho-medical treatments of this topic it was called self-mutilation, and the term self-harm is popular with many European practitioners.
and sites. In a politicized field, our decision is based on two factors. First, self-injury was the idiom most commonly used by the people we studied in person and online, who noted that terms such as mutilation imply, inaccurately, that the goal is self-disfigurement. We also found the idiom self-injury the most common in the small collection of inpatient treatment centers that arose during the early twenty-first century focusing specifically on self-injurious behavior; these centers turned people away from words such as cutting or mutilation because they were too triggering. Following our belief in the importance of language and our commitment to practitioners’ views and definitions, we use this term throughout the book.

Self-Injury and the Body

The body plays a central role in self-injurers’ means of self-solace and self-expression. This topic begs for an embodied analysis, since people who practice it use their bodies as the vehicle for enacting and relieving their trauma. They write the text of their inner pain on their skin, transforming themselves as they do so. Scholarly focus on the body was largely overlooked until recently, with the specifically embodied nature of culture and society either ignored or assumed to reside within the white, male, heterosexual, patriarchal, able-bodied, adult, first-world, middle-class experience. The body was taken for granted as always present, hence never a subject of analysis. Since the mid-1980s, however, the body and embodiment have become objects of a blossoming critical reflection. Focus has been directed at the social body, the way we as people relate to each other as social beings through our bodies, and how social relationships shape our bodies.

There is not a single strain of embodied theory and research but a host of topics, themes, and issues situated within the various social sciences and grounded in a wide array of theoretical traditions and levels of analysis. Various scholarly approaches to the body exist, ranging from structural (Marxism, feminism) to cultural (Durkheim, cultural studies) to symbolic interactionist (Weber, pragmatism, symbolic interactionism) and psycho-medical (psychoanalytic, biological, medical) perspectives.

One difference in these perspectives involves the tension between viewing the body as object or subject. Perspectives that take bodies as cultural objects look at the way they are molded to conform to external rules and regimens. This involves examining how people’s bodies are shaped by the norms of public and private bodily behavior, the regulation of body habits, and the social ownership and control of the body. Objectifying the body looks at the
way it is controlled by social training, bifurcating the mind-body relationship but giving primary consideration to the systems of society as they are internalized by people. Bodies, then, are objects shaped by society and culture. Foucault has been especially influential in raising awareness of the way mechanisms of bodily control are influenced by the “panopticon” of institutions such as prisons, schools, hospitals, and social mores, leading people to internalize the omnipresent gaze of society. Society, thus, teaches people to control their bodies-as-objects.

Consideration of the body-as-subject tends to individualize embodiment, focusing on how people create and inhabit their bodies. This approach looks at the basis of bodily understandings in individuals’ experiences. Individual concerns are elevated beyond the level of culture and social structure, a perspective that associates this approach with a neoliberal conception of free will and individual rights. The psycho-medical tradition is most strongly associated with this perspective, having a dominating influence on the field, with its focus on the individual's body at the expense of social forces. The body is thus the product of self-creation and self-reconstruction but is viewed through the lens of psycho-medical approaches to the self. Relatedly, the body social may be considered either the prime symbol of the self or the creation of society, something people have versus something they are, individual and personal or common to all of humanity, and either the acting subject or the acted-upon object.

None of these approaches has more intrinsic merit than others; they must all be balanced against each other. We argue that the body and its embodiment must be viewed as reciprocally incorporating all of these dimensions and processes: as nuanced, complex, and multifaceted, subject to the interweaving of subjective experiences, interpersonal interactions, cultural processes, social organization, institutional arrangements, and social structure.

In this book we consider how self-injurers’ lives and experiences are shaped through the cultural and structural forces that surround them and, at the same time, how they view and use their bodies, including offering a temporal understanding of how this may change over the course of their self-injurious careers.

**Types of Self-Injury**

Portraits of individual people and their behavior, although isolated, may coalesce to give a rich sense of the range of practices in which the self-injurers we discuss were involved. In this section we offer some vignettes depicting a variety of self-injurious behaviors. These are not intended to provide a comprehensive landscape of all acts that could be classified under this rubric,
but when taken together, they give readers a sense of what to imagine when picturing self-injurious acts.

By far the most common behavior we encountered was cutting, and this practice has received the most recognition, in scholarly, medical, and popular outlets. One estimate of the prevalence of various acts, in comparison to each other, suggests the following distribution:\textsuperscript{7}

- Cutting: 72 percent
- Burning: 35 percent
- Self-hitting: 30 percent
- Interference w/ wound healing: 22 percent
- Hair pulling: 10 percent
- Bone breaking: 8 percent
- Multiple methods: 78 percent (included in above)\textsuperscript{8}

Janice, a 22-year-old graduate student from a loving and supportive family, had been raped early in high school and was subsequently plagued in both high school and college by interpersonal issues and fears that men were stalking her. She sometimes felt on shaky ground socially and was rejected by friends for telling stories. She described what became a typical episode of cutting:

I think I was fifteen [in 1994]. It was right after—it was about four months after I was raped. So it was a traumatic time. And I had just a really bad day, huge fight with everyone in my family, miserable day at school. I was thinking nonstop about that event, and I went to take a bath. When I was in the bath, I was shaving my legs, and I cut myself really badly, and it made me feel a lot better and gave me something else to focus on. For some reason, if you’re that upset, seeing that you’re physically hurt, seeing blood in the water, or whatever, made me feel a lot better.

An online poster noted that sometimes cutting was the only thing that could give her relief:

The release that I get is something that talking about it cannot give me nor anything my parents could have given me. SI is almost like a drug that you want to stop, but are not able to. You know that what you are doing is wrong, but stopping it is not possible until the person is ready to say that I do not want this in my life any longer. Speaking only for myself, I know that things can get really bad and I am not able to deal very well with
the emotions of it all and I become overwhelmed and I feel that the only option that I have is to harm myself.

Second in prevalence was burning. People innovated in their burning, using all sorts of implements, from matches to grill igniters, chemicals, and a range of creative sources. Erica, with whom we talked when she was an 18-year-old college freshman, had been sexually abused by her older brother when she was seven. Although she claimed that the abuse was not connected to her self-injury, she never revealed it to her family members, who glorified her brother. This made her feel isolated from her parents and siblings and hung over her head. In 1998, when she was 12, she heard about self-injury from a television show, and shortly after that one of her classmates confessed to her that she was cutting. Erica progressed from scratching herself with her fingernails to using a paper clip, through a range of different utensils, before finally settling on an X-Acto knife. Then she added burning. She described the way she used to burn:

Q: When did you try burning?
Erica: I started burning in, like, probably my sophomore year.
Q: What did you use?
Erica: Curling iron. That’s all I ever used, a curling iron.
Q: How did you do it?
Erica: I would just literally just hold the curling iron to my skin until I got a big huge blister thing. Have a random scar from it.
Q: Where did you put it on yourself?
Erica: I have one here [shows arm], and then I did some on my legs and some up here [shows torso].
Q: And so you’d heat it up, and how long would you hold it on for?
Erica: I don’t know. It depended. Long enough for me to be satisfied with the results.
Q: How did the burn differ from the cut?
Erica: The burns were way worse after. Way worse. I—like, obviously it doesn’t hurt when you’re doing it but afterward. No one’s going to tell me that theirs don’t hurt. There’s no way in hell. That you don’t wake up in the middle of the night and just not be able to move. The burns were so much worse after.
Q: From blistering?
Erica: Yeah. And just, like, I don’t know. You’ve obviously had a burn before, the tightness, I don’t know. So I didn’t burn that much because of that. But I liked it.
When we spoke with Judy, she was a 21-year-old college student in Louisiana majoring in music therapy. She began her injuring when she was 14, partly as the result of her mother’s verbal abusiveness and her parents’ constant bickering, which ended in a divorce. Afterward, she felt responsible for her two younger brothers and internalized the blame for her family’s situation. Although she primarily cut, she experimented with inflicting chemical burns on herself:

I had put oven cleaner on my skin and left it there for a while, and it gave me a chemical burn. And it kept oozing even though I was putting Neosporin on it and covering it with Band-Aids, but uh, kept oozing. But my counselor was like, “You should go get that checked out.” And it turned out I had a second-degree burn, and the doctor said, “You know, if you would have had a third-degree burn, you would have had to get a skin graft.”

Third in popularity among our respondents was branding. Jane, who was 19 and a sophomore in college when she spoke to us, had been a model student from a typical, intact family throughout her high school career. A cheerleader, she impressed the people in her school and community as being totally happy and stable. Yet when she was dumped by a boyfriend without a good explanation during her junior year of high school, she tried branding:

Jane: I would take a coin of some sort and heat it up with a lighter or a candle or something like that just so it got really hot, and I would leave it on my wrist and not touch it and just leave it there until it burned to the point where it cooled down so that all of the heat had gone and burned me.

Q: So you used the flat of the coin?

Jane: Yeah. Just stuck it on there and left it on there. Then senior year I did it a couple times, but it wasn’t like something I was doing every weekend. It was like every four to five months. So I only think I did it like three times my senior year, twice my junior year. I did it, I can’t remember how many times during my freshman year in college. But it was more often, and I would brand myself for longer with hotter kinds of things. It was a different type of burn; it was a more extreme burn than I had been doing before because the first two times you couldn’t really see anything, not that much damage. It looked like I hit my arm on a coffee pot or something like that.
Erica, who was abused by her brother, was intrigued by the whole act of self-injury and tried many different forms, one of which was bone breaking. Although she realized that these were things other people did not do, she struggled to hang on to an image of herself as “normal” for as long as she could. She described her experience:

**ERICA:** I broke my hand.
**Q:** On purpose?
**ERICA:** Uh huh.
**Q:** How did you do that?
**ERICA:** I—you know those big hotel doors that connect two rooms? There's like a door, like metal, huge. I just held my hand like this on it. I just slammed it in there. I got in a big fight with one of my friends, and I was pissed.
**Q:** And how did that feel?
**ERICA:** I really liked it actually, to be honest with you. Yeah, it was good, for sure.
**Q:** And you slammed your left hand in the door or your right?
**ERICA:** This one, so left. I’m right-handed.
**Q:** So how long did that put you out of business in your left hand for? You said you broke it?
**ERICA:** Yeah, I did. A few weeks. I wouldn't go to the doctor because I did it more than once, and I didn't know if they could tell. But my fingers obviously didn't move, so it had to have been broken right here. And I had just gotten rid of the bump thing, calcium thing, like it just went down. So it wouldn't work for a few weeks, like a month. It was so gross. It was disgusting.
**Q:** And do you have any attraction or get any benefits out of the scars, blisters, or bumps in between your self-injury episodes?
**ERICA:** Yeah, I guess. Yeah, I mean, as far as cutting, I would try to never get them to heal. I just liked the fact that they were there. I never put Neosporin on them. So I guess so. Burning, you can't do anything about it anyway. And the hand thing wasn't going away.

Breaking one's bones was actually a fairly common injury for boys, who would take out their anger and frustration on themselves by hitting or punching things. Twenty-year-old Billy described his family background as typically middle-class suburban and his family relations as normal, but he acknowledged that he was not a happy kid. He smashed his hand into a tree and broke
it when he was 13, then followed this up at 14 with a suicide attempt by swallow-
ing a full bottle of Tylenol. He was hospitalized twice during his high school years and became a regular cutter during this period. Looking back on his tree incident, Billy later characterized it as early self-injurious behavior.

Bone-breaking was also practiced by kids who felt distress at an early age and did not know why they did it or what it meant. This was more common among people who later displayed long-term patterns of depression or who had problematic family situations, such as Molly. From a strict religious family in rural Texas, 20-year-old Molly was raised in a traditional and authori-
tarian manner. She described her early injurious behaviors:

MOLLY: I was nine when I started beating myself up and breaking bones. It was never an attention thing for me. It was always—I just hurt, and I don’t know how to get rid of the pain. I was the oldest. I felt that I wasn’t allowed to cry, I wasn’t allowed to show emotion. And when I would break down and start crying when I was younger, my dad would walk in my room and go, “If you’re going to cry, let me give you a rea-
son to cry.” And he’d pull off his belt, and he’d buff me.

Q: And what made you decide to break your bones? Do you remember?
MOLLY: I was standing in the garage doing something, and I was always my dad’s tomboy. And I was building something out of wood, and my dad walked into the garage and said, “Use this little-girl hammer; it’s lighter.” And he made me mad because I was like, “Well what’s the dif-
fERENCE? We’re both people. Why should I have to use a little-girl ham-
er, and my brother gets to use the big one?” And I was like, “Well, I’ll show him that I can use the big-person hammer.” And I broke my wrist in three places.

Q: You smashed your wrist with a hammer?
MOLLY: By holding my arm against the work bench and taking the hammer in my right hand and just hitting it repetitively, over and over and over, until it hurt so bad I couldn’t do it anymore.

These types of episodes were accompanied throughout her childhood and adolescence by repetitive intentional bicycle accidents that gave her hairline fractures and by running into and punching brick walls with her fists. From there she tried shooting herself with the nail guns her father used in his con-
struction work and eventually graduated to full-fledged cutting.

Less severe than breaking one’s bones is self-inflicted bruising. Lois grew up in a divorced family in Las Vegas and had lived in some tough neighborhoods.
She eventually joined a Goth subculture and cut, but as a youth she had a history of bruising herself. Slamming her forearm, forehead, calves, or shins into hard objects, her goal was the pain and swelling that resulted. This numbed her emotional feelings when she had no other outlet. Joanna, a 19-year-old college sophomore, had a traumatic childhood because, after her parents divorced, her mother remarried an abuser. He began by verbally humiliating Joanna about her weight and her looks, and he eventually progressed to hitting, punching, and slamming her against walls. Joanna’s cutting started at 14 in an attempt to get her mother’s help, but her mother brushed it off as “attention-getting.” Joanna described another of the ways she self-injured in futile attempts to rescue herself from this desperately unhappy situation:

**JOANNA:** I used to give myself black eyes.  
**Q:** How did you do that?  
**JOANNA:** I would take my lacrosse stick or a ball and pound constantly.  
**Q:** In your eye socket?  
**JOANNA:** Yeah, it was bizarre.  
**Q:** What did that feel like?  
**JOANNA:** It gave me a headache. I can’t explain the black-eye thing as well as I can explain the other things. It was just another thing I could do.  
**Q:** How often did you do that?  
**JOANNA:** I did it three times. I got a real purple shiner on my eye.

Less common were people who engaged in episodes of picking. One member of an Internet support group described her history of picking:

I’m 48 years old and have been injuring myself since I was about 14. I’ve been in and out of therapy since I was 17, yet I never told anyone about it. Not until four years ago did I ever tell anyone that since I was a young child, I’ve been afraid of unfamiliar places and people. I was diagnosed with social phobia then, and I never told anyone about it because I was too embarrassed. Still, the self-injury was the most difficult thing I ever had to disclose. There are people in my life who likely would be quite shocked if they knew. I’ve been so good at hiding the truth that even my partner of nine years didn’t know. I could always explain away injuries because I worked outside a lot. We worked different shifts, and I often could hide injuries until they healed. I’m not a cutter. I’ve never taken a knife or any other type of blade to my skin. My weapons of choice have been nail clippers, tweezers, needles and my own fingernails. None of my injuries has
been life-threatening or serious enough to require medical attention, mostly just ugly. Any flaw on my skin—an insect bite, a scratch, pimple or even a small skin tag—gets clawed at, scratched at, picked at, until I'm bleeding all over my body. Small scratches that would have healed in a couple of days without leaving a scar are picked at until they are gaping wounds, remaining for a month or longer and leaving small scars all over my body. No part of my body is without a scar that shouldn't be there. Nothing that would alarm anyone, though. Nothing that would reveal my secret to the casual observer. And scars that are noticeable enough that someone asks me how I got them, I always have a reasonable explanation.

I'm tired of hiding, and I want it to end. I don't want to die with my own blood under my fingernails. My therapist and I have talked about it only a little bit. We have so many other issues to work on. I've suffered from major depression, PTSD [post-traumatic stress disorder] and social phobia since I was a child, having had my first suicidal thoughts when I was only about 10 years old. I made the first attempt when I was 17. I've also been diagnosed with borderline personality disorder and have had varying types of insomnia since I was a child. I graduated from high school a year late because of that first attempt and eventually went to college on a state mental-disability grant and graduated cum laude. I was a journalist for 16 years and was damn good at my job, but the mental-health issues brought with them an anger that I couldn't control. That anger eventually destroyed my life. I lost my career, my home and my partner.

Related to picking is scratching or clawing.9 Lynn, a 36-year-old neuroscientist working for a company that tests pharmaceuticals, began to self-injure two years prior to our interview. Describing herself as severely obsessive-compulsive (OCD), she would scratch at her skin so badly that it became raw and bled:

LYNN: I'm a scratcher. I scratch myself with my fingernails. I started with my wrists and hands, and recently I've moved on to my legs and feet. I've scarred myself severely. It starts by me scratching really hard at a small area, and then it becomes this feedback thing where I get the sensation from it where it's—you know, it's not a hurt sensation, maybe a tingle, and I go through it for a while until it's, you know, to the point where it starts to hurt. I'll sit there, let's say at a meeting, and just start rubbing on my wrist with my other hand, and then I scratch. I might start one and then a couple hours later go back to it, you know, again. Once it's
raw, usually the next day, I don’t pick at it because that’s when it hurts. They’re a good half inch by half inch in size so they’ll be big enough where I’ll get a scab because the skin’s tried to join back up. You know, it’s wide enough that it will form a scab.

Q: And is that something that you’ll pick and prevent from healing, or do you go somewhere else then?

LYNN: I pick at it once it scabs. I mean, not right away. I wait, and then once it gets to a point where it’s past the painful part, or I tend to scratch around it, you know, ‘cause I still get this good sensation scratching around it.

People made clear distinctions between these types of self-injuries and the homosocial bonding commonly practiced by (usually high-school-aged) boys. Particularly common in athletic or other hypermasculine subcultures, young men engaged in various injurious acts, probably the most common being self-burning, to prove that they were tough and could take the pain. This reinforced their identity and connection to the group. Jason, a 22-year-old college student when he spoke to us, described a history of group injury. It began at the age of nine, when he and his friends inserted mechanical pencils into electrical outlets and held hands to get a big jolt. The one closest to the wall received the strongest shock and the highest status, which progressively diminished as they went down the chain. Then they rotated. When they told kids in school about it, the other boys thought it was cool and lined up to join them. They had to seek ever-stronger electrical generators in their search for a jolt that would reach to the end of the chain. As teenagers, they graduated on to group branding rituals in which they would heat up metal objects, such as keys or bottle caps, and burn them into their flesh. Eventually their parents noticed these marks, but once they explained these acts as masculinity rituals, they were permitted to continue. Ironically, they described these later acts as giving the same kind of release as more traditional self-injury:

It was more like if the time was right, we would do it. If we felt like we needed a pick-me-up, we would self-inflict ourselves. You know, sometimes you have to yell out and let all the emotions out, and I think that’s what part of it was when it got to the part where we branded ourselves. It would be a long day, or mad at your parents. I can recall a couple instances where you would be mad at a bad athletic event. So heat up some metal and put a little mark on your body.
History

Based on our research, we propose three significant historical periods that have affected the population, prevalence, social organization, meaning, and practice of self-injury. The behavior of individuals who engaged in this practice during these three periods was socially shaped in different ways.

Ancient and Ritualistic or Hidden

Self-injury can be traced back to ancient civilizations. Many early mentions surround culturally sanctioned rituals and practices dating to the time of Herodotus in the fifth century BC, when martial leaders sliced their flesh prior to battle. Shamans throughout cross-cultural history have painfully dismembered themselves, often in anticipation of attaining religious reconstruction and purification. In the early Christian era, priests and zealots mortified their flesh, modeling themselves on Jesus, seeking to attain salvation. The Catholic Church reinforced some of these extremes of religiosity, canonizing noteworthy self-injurers as saints. Rites of passage in primitive societies often involved body modification, infliction of pain, tooth extraction, and slicing or removal of body parts. Examples of scarification, immolation, dismemberment, flagellation, and other forms of self-mutilation can be seen all the way through the Middle Ages, practiced by religious fanatics, leaders, and their followers.

Self-mutilation has also been chronicled as occurring throughout this time among outcasts and the severely disturbed or mentally ill. Basing their actions on religious inspiration, fears of being sinful, or self-doubt, individuals from biblical times into the recent past have plucked out their eyes, mutilated their genitals, self-aborted, and self-castrated. Records indicate that some mental patients have removed sexual organs because they feared they could not control their sexual urges.

Beginning in the mid-twentieth century, scholarly research from the psychiatric field began to document cases of more specifically focused self-injury. The term self-mutilation was introduced by Karl Menninger in 1938, when he documented its growth and classified it as a destructive but nonsuicidal act. Studies from the 1960s to the 1980s then noted the rise of “wrist-cutting syndrome,” associating it with unmarried, attractive, intelligent young women. This idea generated more psychiatric interest and broadened the notion into terms such as “delicate self-cutting,” “non-fatal self-harm,” and “deliberate self-harm,” eventually expanding into other variants such as “self-picking” and “plucking.”
These psychiatric studies all were based on inpatient treatment populations, and knowledge of the behavior was limited to psychiatric professionals and the populations they served. Tracy, a 31-year-old librarian, described what it was like to be a cutter during the tail end of this period. She self-invented her cutting in the 1980s, during a period of high frustration in her early twenties. Although she found it satisfying to cut herself, she thought she was alone in this act. When she decided to check into a mental hospital in 1990, she was shocked to discover that other people engaged in similar behavior:

**Tracy:** It was a relief to be in the hospital, but it was also incredibly frightening. And it—it took a while for me to accept that: “I’m a mental patient.” But I also, well, I discovered that a lot of other people were doing the same things that I was. That was really the first time that I encountered other people who had similar scratches, scars.

**Q:** How did that make you feel?

**Tracy:** Actually, it was very helpful, to realize that this was a coping mechanism, perhaps not a *good* one but a coping mechanism that other people had resorted to.

**Burgeoning Awareness**

Our interviews and archival searches suggest that sometime during the 1990s public awareness of self-injury began to rise, with depictions of it appearing in books, films, television shows, and other media. Several celebrities publicly admitted that they self-injured, among them Fiona Apple, Drew Barrymore, Brody Dale, Johnny Depp, Richey Edwards, Colin Farrell, Kelly Holmes, Angelina Jolie, Courtney Love, Marilyn Manson, Shirley Manson, Princess Diana, Christina Ricci, Amy Studt, Sid Vicious, Amy Winehouse, and Elizabeth Wurtzel. In 1997, the *New York Times Magazine* ran a cover article on self-injury that grabbed a lot of attention, *Newsweek* and *Time* ran stories on it in 1998, and discussions of it flourished among high school populations. This burgeoning awareness spread fairly rapidly through the segments of the population that were most likely to come into contact with self-injurers: adolescents, young adults, educators, doctors, social workers, and psychologists.

People who cut or burned at this time, still often through self-discovery, acknowledged that their peers were becoming more aware of the existence of self-injury as a phenomenon, although most did not really understand what it meant. Valerie saw a high school friend with cuts on her arm in 1996 and asked her about it. When she heard what her friend reported, she tried it.
herself. Rumors abounded around her school about a girl who cut herself, but Valerie felt that since others did not really understand the meaning of the act, they could not comprehend why the girl would do something so strange. In fact, it was this ignorance that prompted her to come forward for an interview with us in November 2001:

Part of the reason, when you mentioned in our sociology class that you were doing a study—the reason I decided to say something to you that I had any experience whatsoever is that a lot of people in class didn't know what it was. And that upset me, because I was like, “What? What were they doing if they all were like, you know, treating it as less than it is?” Everyone was like, “Cutting, what's that?” They didn't—the kids in class, you know, were kind of scoffing at the idea. In high school, a lot of kids didn't know how to label it. They knew, you know, I think a lot of them knew that it was pretty self-inflicted, but none of them knew why you would do that to yourself. They couldn't understand, you know. It took me a while to just get used to the idea of that this is how people control themselves. But even for me at first, while I knew the label, I didn't know the reasoning or the justification.

Young people who were into the punk, hard rock, or heavy metal music scenes were exposed in collective venues to musicians’ songs about and displays of self-injury. Gary, another of our earliest interviews in late 2001, was a 24-year-old college junior when we talked. Introduced to injuring by a high school friend, he started out by burning himself in 1991. He discussed his observation of the rising awareness of this phenomenon in the culture:

G A R Y : Yeah, when I was in high school, the faculty of the school, they just really had never heard of it. They didn't know what it was.
Q: Right. And when was that?
G A R Y : That was like ’92–’93. By ’95 stuff was probably at the break of popular rave culture, I guess you could say, and a lot of the kids who were into raves were conceivably also into cutting. There would be, like, a parallel, because I would say that there's definitely some kind of connection between cutting and drug culture. Not that they’re, you know, connected or whatever. I guess it really started to come out with Marilyn Manson. You know, that was a big deal. And he was based on sort of those earlier, you know, punk rockers like Iggy Pop and GG Allin and others. But Marilyn Manson would have to be the epitome of the showy cutting.
Q: And so, when was that?

Gary: That was probably like ’96 or so. I would say that that’s really the first kind of big media awareness of this that really ever came out. Before that, it was really unknown—I mean, nobody. Just obscure punk rock records was the only place where you would hear about this, and maybe in some studies or some sort of thing. But it was pretty rare. You just never heard about it. So I would say ’96: ’96 would probably be the year.

Robert confirmed Gary’s assessment. Twenty years old when we spoke with him in early 2002, he began cutting when he was 13 or 14, in 1994 or ’95. At that time he noted that no one knew about it, and he could hide his behavior easily. Quitting for a few years, he resumed the behavior in 1998 and noted distinctly that by then it had hit public awareness through exposure on such television shows as *The Guardian* and *ER*. Gary explained the way cutting was portrayed in the early days of the punk scene:

The main reason they would do it, in my eyes, was for attention grabbing. Whether that was subconscious or not, that’s kind of their purpose for it, basically. Usually it was anything sharp, really: a knife. I’ve seen weird things: nail files, all kinds of things used. Letter carving, those kinds of things. I’ve also seen it where it’s sort of a different situation where it’s like, along with like the punk rock lifestyle. GG Allin was sort of famous for cutting, that sort of thing, on stage, so a lot of punks would do that. It’s their style.

**Cyber Era and Burgeoning Silent Epidemic**

We place the dawn of a third period around 2001–2002, when Websites began to appear on the Internet focused on self-injury (self-mutilation, self-harm), complete with public chat rooms where people could interact with fellow and former self-injurers, those who wished to discourage the practice, and random other visitors. Internet self-injury sites and groups have enabled the development of cyber subcultures and cyber relationships in which communities of self-injurers flourish and grow. At the same time, during this phase the practice of self-injury became widespread among a broader range of people: prisoners, especially juvenile delinquents; fostered or homeless street youth and others who suffer and lack control over themselves; boys and men; people of color; those from lower socioeconomic statuses; members of alternative youth subcultures; youth suffering typical adolescent stress; military
personnel; and a growing group of older hard-core users who began the prac-
tice to seek relief but settled into a lifetime pattern of chronic self-injury.

It is hard to know if public awareness of self-injury expanded so much
after this time because of a genuine growth in the extent of its practice or
because the broader public became aware of it as a phenomenon and began
to recognize its marks for what they were. Diana, a 44-year-old mother in
Sweden living on disability, self-invented her cutting in 1999 at age 36. She
voiced the opinion that the practice had grown much more widespread:

I’m pretty convinced that it has grown; I mean, I know some people who
say that it’s just been, you know, it’s just so much more noticed and talked
about today and people have always been doing it and stuff like that, but
I am very convinced that it has increased a lot in numbers. It is a part of
young people’s culture today, when it certainly wasn’t when I was young.
And I mean, I used to hang out with the punk rockers and stuff. I mean, if
it had been a common thing back then, I probably would have heard of it. I
can see with my kids it’s just a part of life. I mean, they—they have friends
who have been cutting; it’s just a thing everybody knows about.

At the same time, people began to identify the signs and scars more
clearly. Shannon, who started as a high school sophomore, discussed the
public recognition of her self-injury. When her sister got married during the
summer of 2002, her mother was furious and embarrassed because Shan-
non’s self-injuries showed in her sleeveless bridesmaid dress. The excuses
she had commonly offered in the past of getting scratched no longer worked
effectively, and it generated a lot of talk around the wedding.

Everyone with whom we spoke acknowledged the rising faddishness
of self-injury. Many compared it to the boom in piercing and tattooing in
the 1990s. Others related it to the growth of eating disorders. Online post-
ers were very critical of the general growth of this behavior, as one young
woman expressed in 2004:

I remember when I had started cutting, I thought I was the only one who
did it. The first time I found out others were was in sixth or seventh grade
backstage at a play I was doing and four of us talked about how we were
depressed and from there found out we were all cutters. I never talked
about my cutting. This year (my freshman year) I walked into school sec-
ond semester and its everywhere. There was this girl that would get pissed
off at a teacher and shove safety pins into her hands. Or other that would
compare scars and their recent adventures in the middle of our commons area. It’s pathetic. I love how a lot of them are so against “posers.” Look at them. This would be the last thing I would ever want to pose about. Because we all know cutting makes you cool. That’s why most of us suffer from depression, or anorexia, or are bipolar.

Many of our contacts, in fact, saw self-injury as a “burseong epidemic.” Ross Droft, a suburban high school health teacher, estimated in 2006 that out of the 3,800 adolescents in his school, 30 percent cut themselves. Hannah, a young woman who had spent 30 days in one of the specialized self-injury clinics, discussed the prevalence in her former high school in 2005:

Among teenagers, a ridiculous number do it. A ridiculous number! And they can talk to each other about it, and they’re all so—like I said, in high school I was in that little subculture, the punks and the Goths—and they’re all, “We’re all f***ed up. Look how f***ed up I am. I’m more f***ed up than you are.” Among teenagers it’s so rampant. I’d run across people that I’d known for years, and I’d see them in the bathroom with their sleeves pulled up so they could wash their hands, and I’d glance over and see a little mark that I could identify as injuring. And I’d be like, “Oh, God damn. Look at that! Another.” I really believe that there are a lot more men who do it than we know about because, God, how masculine, you know?

The breadth of self-injury as a practice extends beyond the stereotypical view of faddish teenagers, however. Cindy, a 19-year-old salesperson in Pennsylvania who had both experience with inpatient hospitalization and an extensive Internet support group background, summed it up in 2005: “I was amazed, but there are a lot of middle-aged people who seem to have perfect jobs and good lives, married with children and everything, and they self-harm. I think it’s a very quiet epidemic. It’s very hush-hush.”

**Overview**

The population we studied, composed primarily of noninstitutionalized self-injurers living in their natural settings, goes beyond the tip of the iceberg seen by the psycho-medical experts in clinics, hospitals, and treatment centers to shed light onto this larger, hidden population. Ours is the first major academic work to address those individuals at large who practice self-injury alone, in secret, and those who engage in it but congregate into cyber subcultures and
cyber communities facilitated by the postmodern technology of the Internet. Many recent works address the explosion of self-injury in the teenage population. We discuss this group but also focus on several more hidden groups: longer-term, middle-aged and older participants who support each other and have ambivalent feelings about stopping, more men and people of color, more disadvantaged populations who lack control over themselves, such as fostered or homeless street youth and incarcerated and military populations.

In chapter 2, we begin by reviewing the literature on self-injury and outlining the demographics of the population that has been proposed. We then present our data, augmented by other sociological and media accounts, which show that the existing psycho-medical views of both the behavior and those who engage in it are extremely limited and no longer accurate.

The rest of the chapters follow a combination of the developmental progression of the behavior and its temporal evolution over history. That is, we begin by looking, in chapter 3, at the ways people got into self-injury and how this was influenced by the era during which they started. We then turn in chapter 4 to the nature of the experience. We consider the act of self-injury from start to finish and present a description of how practitioners feel as they contemplate doing it, begin the act, and feel its sensations. We present some of the diversity of their approaches to finding suitable places to injure themselves and to deciding when they have injured enough and when to bring the episode to a good or bad close.

Chapter 5 takes a more historical perspective, looking at the 1990s and early 2000s, when self-injury started to spread and became more sociological, but before the Internet brought about communities and subcultures of participants. Self-injurers lived in isolation as “loner deviants” then, unlikely to confide in others about it and facing harsh reactions when they did. Chapter 6 moves us into the most recent phase of this behavior by looking at the rise of self-injury on the Internet and the vast array of changes wrought by this development. This chapter, along with chapters 7 and 8, examines in detail some of the sociological dimensions of the cyber subcultures of self-injury. People who chose to look for others like themselves found community online, and it gave them a base on which to build a host of new social meanings, norms, and values. In chapter 6, we examine the way their lives and acts were changed and how finding others affected their behaviors and sense of self. Chapter 7 takes a closer look at the nature of their Internet communities, from the way these are organized to the roles of various types of members and their stratification hierarchies to their effect on their members. In chapter 8, we look at the relationships self-injurers forge with others in
cyber space, exploring the nature of their Internet interactions and associations and some of the patterns and issues people encounter in balancing an intimate, inner, secret world with an outer, shielded, face-to-face world. We compare and contrast self-injurers’ cyber relationships with those they maintained in the solid world and discuss their feelings about how these relationships influenced both them and their deviant practice.

In chapter 10, we develop the fullest sociological implications of this revolution in self-injury by looking at the effects of its transformation from a hidden, psychological illness to a social phenomenon. We consider how self-injury’s spread, understanding, practice, and community have significantly impacted the way it is viewed by society. We discuss the social meanings associated with the philosophy and lifestyle proposed by those who celebrate its practice.

Chapter 11 takes a career analysis of the pathways that self-injurers typically follow as they progress through their experience with this behavior. We consider the different pathways taken by the types of people likely to become involved with it, differentiating between those who have significant psychological problems and those who adopt it because of its trendy, dark, and mysterious connotation of anguish. We offer suggestions on why some people move through the career stages quickly and spin out while others stick with it for longer periods of time. We conclude by looking at how and why people move away from self-injury, what motivates them, how they make the break, the typical patterns of quitting and relapse, and the effects of this practice on their lives after self-injury.

In chapter 12, we add to the empirical knowledge of self-injury by tracing its rise as a contemporary social phenomenon, articulating its different socio-historical periods. We offer theoretical analyses of the nature and implications of the postmodern cyber communities, relationships, and selves, pondering the relationship between the solid world and the virtual world, as it is experienced by these and other cyber travelers. Finally, we discuss the destigmatization that self-injury has achieved over the course of our study and the moral passage that self-injury has taken thus far and is likely to attain in the future.

For brief biographical descriptions of all the participants quoted in this book, see http://www.nyupress.org/tendercut/.