# SELF-INJURY, MEDICINE AND SOCIETY

Authentic Bodies



**AMY CHANDLER** 



# Self-Injury, Medicine and Society

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### **Note on Quotations**

The transcribed text used in this book seeks to remain as close as possible to the way that participants spoke. As such, colloquial language is retained; in many cases—due to the location of some of the interviews—this includes Scottish dialect. Below is a list of common terms to help those readers who may be unfamiliar with some of the terms used.

```
'aye' = yes
'didnae' = did not, didn't
'dinnae' = do not, don't
'cannae' = cannot, can't
'couldnae' = could not, couldn't
'greetin' = crying
'ken' = know
'kindae' = kind of
'mair' = more
'nae' = no
'shouldae' = should have
'wasnae' = was not, wasn't
'werenae' = were not, weren't
```

# **Transcription Key**

[...] text has been removed

[---] speech/recording was unclear

... short pause in talk [pause] longer pause in talk

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1

# Introduction: Constructing and Situating an Embodied, Sociological Account of Self-Injury

I think it's, it's really difficult to get somebody to, sort of, use alternatives, because it's such a powerful thing, because it involves the body so strongly and [...] the actual cutting and the, the blood thing and, there's not much else that can kind of, stand in for that really. (Rease, 28, 2007)

On the surface I wasn't feeling particularly distraught or any-you know, hysterical or anything, it was just, I was wondering what it would do, I was wondering what it would do to my skin, how much it would hurt. (Francis, 25, 2007)

The twenty-first century is unfolding with an escalating epidemic of young people resorting to self-harm as a means of coping with pain and turmoil. (Plante 2007: p. xiii)

This book is about accounts of self-injury, of bodies and of the role of sociology in helping to deepen our understanding of what self-injury is, how it functions, and why people might do it. The quotes from Francis and Rease, above, indicate, in different ways, the centrality of the body to the practice of self-injury. Rease's account highlights the importance of corporeal, tangible aspects of self-injury—cutting skin and flesh, the resultant blood—in

explaining why self-injury might be difficult, for some, to replace as a 'coping mechanism'. Rease's explanation resonates with findings from clinical research which have, so far, struggled to develop 'effective' treatments for people who self-injure (Warner and Spandler 2011). Francis' narrative gestures to the importance of embodiment in a different manner, suggesting an exploratory orientation towards his body. Self-injury for Francis is framed as a way of testing out bodily responses and limits in order to discover what his body could do, and how it might feel if he did certain things (burning) to a part of it (his skin).

Both Francis and Rease's accounts indicate the complex ways in which 'the body' is implicated in narratives about self-injury; in some senses being objectified and separated off, with the self *acting upon* the body. These narratives point to a dualistic understanding of 'the self' with body and mind framed as separate from one another (Crossley 2001). Studying the manner in which accounts about self-injury implicate 'the body' opens up important routes through which to interrogate the ways in which bodies and embodiment are understood in different social and cultural contexts. This book is also, then, about accounts of embodiment, and the role of self-injury in helping to expand our understanding of what bodies are, and how people in late modern, 'Western' societies conceptualise and narrate their bodies, and their selves.

An increasingly dominant explanation for self-injury is that it is a method of coping with difficult emotions (or with 'pain and turmoil'): as illustrated in the final quote at the start of this chapter, taken from Lori Plante's *Bleeding to Ease the Pain* (2007). This is one example from a plethora of books which followed the publication of Favazza's landmark Bodies Under Siege (first published in 1987) which aim to explore the meanings of self-injury. These books are often aimed jointly at clinical and popular audiences, reflecting the wide appeal of the subject matter, and the sense that the practice is esoteric and difficult to understand. The starting point of many of these works reflects a position of horror and disbelief at the types of practices that self-injury (or self-mutilation) can involve. In these accounts, self-injury is clearly framed as something that 'other people' (never the reader) do. Thus, description and discussion is often oriented towards helping readers to understand self-injury from the perspective of those who carry out the practice. However, the language