Introduction

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Elizabeth: When I first started hurting myself, I was a teenager and I did it using hammers. If there was a scene in the house with my dad—because he was violent—I would go upstairs and I would be so frustrated, but it seemed like it was *stuck* here in my chest. And I would bang my head against a wall, or get his hammer from the toolshed and beat on myself. It didn't feel weird, and after I did it, I didn't say: "Oh my God! What the heck am I doing? This is not right." Because it felt good, and it helped me vent my frustration and my anger. And it kind of became a habit then. But it never seemed like it was out of the ordinary because I never told anybody up until two years ago. No one in the entire universe knew before that. It was just my thing, so there was nobody to tell me that it was weird. And it felt good to me, so *I* wasn't going to say it was weird. It was only when people found out about it and were saying that that was extreme behavior and it's called "self-destructiveness" and "self-injury" and all these *labels*. Then I realized it was wrong, but even then, I was like: "I don't care. It feels good."

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ELIZABETH IS one of fifteen women whose experiences of living with self-injury shaped this book. Like countless others, these women cut their arms and legs with knives and razors; scratch at their skin; burn, bruise, or stick themselves with cigarettes, hammers, pins, and other objects; bang their heads and limbs; and break their own bones. Concealing any resulting scars or other signs of injury is crucial and partly dictates their daily routines, choice of clothes, and choice of an appropriate lie to excuse any traces of injury that have to remain visible. When I spoke with them, the majority had already been living with self-injury for thirteen years or longer while simultaneously working outside the home and, in some cases, raising children. Throughout this book they speak, secure in their anonymity from a public that generally sees self-injury as frightening, senseless, and repulsive.

Most of these women have lived with self-injury during their years of greatest sexual and professional potential, making self-injury a possible force in their working lives and in their relationships with partners, children, and friends. All fifteen women work outside the home; six had sexual partners at the time of the interview, and six are mothers. One chapter is devoted to self-injuring women at the workplace and another to the effects of self-injury on women's personal relationships.

I found these women eager for a book that would explain the logic of their "weird" actions, give dignity to their behavior, and discuss their concerns as workers, partners, friends, and mothers. Because I am an independent researcher interested in the ways self-injury affects the quality of women's lives, I asked questions they had never been asked before. One woman said that she told me more than she had ever told her therapist. Because I am a writer specializing in women's health, these women hoped that their experiences would reach the public and increase awareness and understanding of self-injury. Because I am a woman who lived with obsessive-compulsive disorder half of her life, some of the women I interviewed may have sensed that I could listen and understand without judging.

Through an acquaintance who used to injure herself, word of mouth, advertisements in a women's newspaper, and posted fliers, I found and interviewed twenty women ages twenty-five to fifty-one, all living in the northeast or on the west coast of the United States at the time of the interviews. Fifteen of these women's stories constitute the bulk of the text. Supplementary information stems from professional journal articles and from women who formerly or currently self-injure and are now advocates for other women who injure themselves.

Through years of writing on women's health I was experienced in asking potentially embarrassing questions about topics women rarely discuss. Yet, finding women willing to confide in me was not simple. I had underestimated the level of shame attached to self-injury and the fear women had of repelling me by graphic descriptions of their diverse methods of injuring themselves. For some women, scheduling the actual interview was a major and somewhat frightening step. Talking openly about the subject was an experience some had never had except with their therapists or, perhaps, with other women who self-injure. Some were visibly moved while telling what they do to themselves and about their childhood experiences. In the middle of the interview one woman said, "I can't believe I'm telling you these things."

I conducted the interviews during meetings or by telephone, with each interview taking around three hours. The interview consisted of audio-taped, open-ended questions that I had constructed over a period of months based on prior years of reading on self-injury and on a pilot study. The audiotapes were then transcribed into text, which I analyzed for themes and patterns and from which this book is compiled. I tried to capture the women's own powerful words as much as possible, either directly or by paraphrasing: three chapters are entirely in the women's own words from interviews that I edited and rearranged in narrative form; direct quotes make up large parts of most other chapters. Each woman also filled out a brief questionnaire on personal and family

background and on therapies for self-injury. When I began the writing process, women who were still reachable and willing critiqued at least one chapter-draft each, providing valuable additions and corrections.

During my original search for informants, I looked for women who work outside the home and who had been repeatedly cutting, hitting, burning, or otherwise injuring themselves for at least one year. Later in the process I included women who had stopped so that they could tell about the methods they use to keep themselves free of self-injury. No other limitations were set but the study is, nonetheless, circumscribed. With one exception, every woman who responded had experienced prolonged sexual, physical, or emotional abuse as a child. For the first few years of my research, I believed there was an almost inevitable connection between self-injury and prior abuse. This is not the case. Repeated childhood illnesses or hospitalizations, chronic family chaos, separations from a caregiver, and witnessing violence can all lead to self-injury. Demeaning experiences concerning an adolescent girl's changing body—such as comments, insinuations, insults, or unwanted exposure—may also result in self-injury, especially if a girl feels that she cannot use words to convey the distress such intrusions cause her. For some girls, self-injury may become a general form of self-expression when they doubt or do not recognize their own feelings and experiences.[1] A girl who does not cut or burn herself may be friends with one who does and begin self-injuring by copying her friend's methods of coping in times of stress. This may be one reason self-injury appears to be spreading. Sometimes self-injury among adolescent girls disappears when they enter their late teens or early twenties. Nonetheless, prolonged childhood physical, sexual, or emotional abuse or neglect precedes self-injury for many, perhaps most, women who live with self-injury in adulthood, such as the women who entrusted their experiences to me. The prologue and chapter two illustrate the many links between childhood abuse and self-injury.

All women who responded to my search were Caucasian Americans of European descent. Women of non-European origin also injure themselves, yet they appear in studies either in very small numbers or not at all, and no one knows if they are equally prone to injuring themselves.[2] Their scarcity in research could reflect a tendency to express emotional distress in other ways, but it could also reflect a reluctance to participate in studies or to seek help from psychiatric hospitals primarily run by European Americans. Because of these limitations in ethnicity and childhood experiences, this book reflects self-injury in the lives of formerly abused, active, adult women of European origin, women in whose lives self-injury has been a central but hidden factor for years. Men are excluded because self-injury appears to be primarily a woman's cop-

ing strategy, at least among those who seek help from therapists.[3] Some of the possible reasons for a gender split are discussed in chapter two.

When I was well into the analysis of the transcribed interviews, a woman called me in response to a flier she had seen about my study. She told me that she compulsively squeezed the skin of her breasts. Yet, the reasons she gave for doing this and what she felt afterward did not correspond with the information from the nineteen women I had already interviewed. This woman's experiences made me struggle again with a definition for self-injury.

How to define self-injury remains one of the many unanswered questions about it. Psychologists and psychiatrists tend to define actions such as self-cutting, -hitting, and -burning as deliberate, repetitive, and socially unacceptable harm to one's body without a conscious intent to die,[4] a definition I use for lack of a better one. Yet, there are countless actions that could be defined in such a way. Pulling out one's hair is sometimes considered a form of self-injury, but I agree with others who see it as a different, though sometimes overlapping, problem called trichotillomania. Actions such as compulsively squeezing the skin to the point of leaving scars or biting nails until the fingers bleed are sometimes associated with trichotillomania but could also be called self-injury. Drinking alcoholic beverages mixed with shampoo, super glue, brake fluid, insecticide, or "anything that burns" could be called self-injury, alcoholism, or both.[5] Depriving oneself of food or gorging on it and then vomiting or taking laxatives could be called anorexia and bulimia respectively, self-injury, or both.

The provision of mental health services in the United States is often based on the belief that thoughts and actions can be accurately defined. Giving acts such as self-cutting, -hitting, and -burning a name is useful mainly for therapists, who rely on the theory that proper diagnostic categories lead to proper therapy, and for medical insurance employees, who require diagnostic categories to reimburse the cost of professional intervention. Over the years, mental health practitioners have tried to categorize and define self-cutting, -hitting, -burning, or otherwise injuring the body by relating these actions to schizophrenia, psychosis, or neurosis. Currently, therapists commonly classify self-injury as a sign of borderline personality disorder and a disorder of impulse control "not otherwise specified," but also as associated with posttraumatic stress disorder.[6] Similarly, mental health practitioners have given such actions an array of names: self-mutilation, autoaggression, symbolic wounding, self-attack, self-inflicted violence, self-abuse, focal suicide, attempted suicide, suicidation, parasuicide, antisuicide, wrist-cutting syndrome, wrist slashing, delicate self-cutting syndrome, self-assault, chronic repetitive self-injury, carving, indirect self-destructive behavior, deliberate self-harm, and self-injury.

Yet, the actions themselves have a way of spilling out of diagnostic containers and mixing with each other until they are indistinguishable. For example, some women say that they starve themselves to be thin, are driven to binge-eat because their bodies are starving, then purge to avoid weight gain. Others say that they deny themselves food or purge whatever they do eat to hurt their bodies, or that they eat compulsively or in binges to relieve stress, block out emotional pain, become fat and therefore unattractive to men, or escape a less intense numbness than the numbness they escape through cutting themselves. Some women who pull out their hair do so to assuage emotional pain, but also because they happen to look in the mirror and fall into a trance-like state of constant hair-pulling. Yet, they also pull out their hair when they are relaxed, as though their hands had become independent and could not be still. Women who cut, hit, or burn themselves do so to feel that they are inside their bodies but also to "leave" their bodies, to release emotions, to see blood, to punish themselves, to avoid suicide, to ask for help without using words, to reorganize turbulent thoughts, to make emotional pain concrete, and for other reasons. These and other forms of temporary self-help are strikingly versatile, defying strict categories.

As a researcher, I had to accept this versatility and the impossibility of adequately defining self-injury. I also had to learn the differences between women's own terms for what they do and the terms used within the fields of psychology and psychiatry. At the beginning, I assumed that self-injury was an act with only the negative consequences of secrecy, shame, and mortification. Social ostracism, I thought, could be added to the list of negatives because compulsive actions that leave visible marks on the body are stigmatizing. I became interested in self-injury partly because it is considered socially unacceptable yet can leave telltale traces on the body. From my own experiences with obsessive-compulsive disorder, I knew that a socially unacceptable compulsion is hard enough to bear even when it leaves no visible traces. What must it be like, I wondered, to live with it written on the body? What if friends see the scars and bruises? Do scars affect women's options in getting a job, finding a loving partner, raising children? I conjectured that partly because of its potential visibility, women would want to rid themselves of self-injury if they could.

Though some of my assumptions proved true, I soon learned that self-injury can be necessary and beneficial to the point of saving a woman from suicide, or even from homicide. Erica, one of my informants, chastised me early in our interview sessions for assuming that negative terms such as "deliberate self-harm" and "self-injury," which I had learned from reading professional journals, were appropriate terms to choose from:

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I'd like to have a little semantic discussion. I recognize that this stuff is perceived as harmful, but I don't see it that way. For the benefit of communication, I will use that terminology, but for me, the benefits outweigh the harms. And I suppose, to be perfectly truthful, I would like that balance to tip: I would like the harms to outweigh the benefits so that there was some real gain to be had by stopping.

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In this book I use the term "self-injury" because I find it the least offensive general term already in use and accepted by some women who self-injure. I regret that this term was not introduced by the women themselves and that it has solely negative connotations.

None of the labels that I or many others use necessarily reflect how a self-injuring woman sees her actions. Some self-injuring women perceive from the beginning that their actions are outside the social norm. Yet to others, self-injury initially feels like a normal, necessary way of expressing emotions, like shouting or crying. Gradually, they realize how the actions that seem normal to them are perceived by others. Thereafter, it is difficult for these self-injuring women to see their actions as strictly positive acts, although some women say that public condemnation is still the only negative aspect of self-injury and is the main reason they want to stop:

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Edith: When I finally came to realize that this was not quite normal behavior . . . it was awful for me because I felt so guilty about it, and so wrong. . . . So, my thought is, I *have* to get rid of this [open wound from scratching] but where can I have one that no one will see? Which is very hard to admit because this is crazy: You want to get rid of this one but you don't want to *stop*, you just want to have one someplace that nobody can see! . . . Because, still, for me, the only part that I don't like about it is that it's visible to other people. I suppose there's a small part of me inside that says: "You know this isn't normal. . . ." I think that the major reason I want to stop is simply because it's abnormal, and it's weird, and I don't want to have all these scars.

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Because self-injury is beneficial in so many ways, some women feel conflicted: while acknowledging that others consider their actions abnormal and self-destructive, they may partly accept the negative views, yet defend self-

injury as a viable, necessary form of self-help. Here, Elizabeth expresses the pull she feels between social condemnation and her own perceptions of self-injury:

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I've gotten so used to doing it now, it's like it's a part of me. For me, it seems normal to go up and lock myself in my room, and take out my razor blades, and cut. I don't see that it's abnormal, I don't see that it's crazy, because it's part of me and I've been doing it for so long. I remember starting it when I was fifteen, right after my brother abused me, and I've been doing it ever since. I feel so calm after I do it. People who don't do it, they don't understand that. It's hard to make them understand. . . .

I couldn't see why [my counselor] would call it abnormal. Because she said, "First there's the normal range and then there's crazy." And I said, "Hold on a second! If that's not in the normal range that means it's in the crazy range, and I'm not crazy. I'm completely sane: I hold down a good job, I manage my finances well—a crazy person couldn't do that." So, I know I'm not crazy, and my behavior is not crazy. I don't care what anybody says; I think it's normal. I know that a lot of people would disagree, but I think that other people who do this would agree.

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Erica is one who agrees. She says that she has always known that self-injury is an irreplaceable benefit in her life. Simultaneously, she has kept it hidden, tacitly admitting that "this is not good." In what way is it not good? Some women who injure themselves point out that smoking cigarettes is considered normal, yet it is far more harmful to the body than cutting, hitting, burning, or picking. Ironically, self-injury involves less harm than many other methods of disguising or releasing emotions. The drama of attacking one's own body, and the blood and scars that can result, are misleading: usually the skin's natural capacity to heal itself takes care of the damage. Even self-inflicted wounds requiring stitches do not usually entail serious, long-term harm to the body, while smoking cigarettes and abusing alcohol do.

Barbara, who has used food, alcohol, and other mind-altering substances to live with unbearable memories and emotions says that cutting is the most direct and least harmful method. It does not harm her liver, like alcohol, or her teeth, stomach, and balance of electrolytes, like vomiting after binge-eating. She admits that she would prefer being addicted to something healthful, such as swimming or riding a bike, but points out that anything that becomes a compulsion is not life-affirming:

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There are compulsive joggers out there or . . . people who are just doing; compulsive doers. They're not really feeling their feelings and living their lives. They are just acting out in socially acceptable ways. . . . You're not allowing what's there to be there if you have to run out and jog every minute. It just looks better and people don't mind seeing it as much as they mind seeing cutting. They get proud of it. Like you see someone who is anorexic even, and you go, "Oh wow, you're so skinny!" The person is purging or taking laxatives and all these terrible things, but they *look* good. Like the compulsive doers: "Wow, you got so much done!" Meantime, the person can't even deal with their kids or anything else because they are so hung up on do, do, do; they're just trying to avoid their feelings. There are all different ways to do it. . . .

My therapist [once] said: "What would your words be if you weren't just cutting; what would you be saying?" I got out a whole lot of stuff that I wasn't saying because I was cutting. I didn't have to say it because I cut it away. Just like you think you have a drink and your problems go away; well, you never had to deal with them because you drink. Your feelings went away—but it is just temporary.

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Here, Barbara defends self-injury as one of the least harmful addictions, and also reveals her conflict: self-injury may be relatively healthy, but she would rather be able to tolerate her feelings and express them in words.

Descriptive terms that mental health practitioners use, such as self-mutilation, emphasize harm done to the body. However, the women these professionals are studying have strikingly different descriptive terms for their actions: "friend," "crutch," "security blanket," "life-preserver," "vent," "medication," "validation." All these terms refer to people, objects, substances, or actions that help one get through difficult times. Because women have not been asked for their own terms for what they do, their voices have not been heard; because their actions are secret, their descriptive terms are often not familiar even to each other. Women's positive terms, however, are often followed by terms that express conflict and lack of choice because a woman who injures herself usually feels that she cannot stop. She may also find that self-injury keeps her from learning socially acceptable ways of coping, or that it perpetuates the violence done to her body in the past. It is understandable that Barbara, who calls self-injury a "life-preserver," also calls it her "ball and chain"; and Elizabeth, who calls self-injury a "friend," also calls it a "demon."

Some women express their lack of choice by calling their actions compul-

sive, and their thoughts obsessive, because self-injury can take over a woman's thoughts against her will. Self-injury is, however, not the same as the anxiety-driven washing, cleaning, or checking characteristic of obsessive-compulsive disorder, although some women have signs of both problems.[7] Women sometimes find that the term "impulse" describes an act of self-injury, especially the quick, unpremeditated actions often involved in picking or hitting. The term "impulse" is, however, inappropriate for those self-injuring actions thought of and planned hours in advance. Some women find that "addiction" best fits the overall experience of self-injury, no matter what the specific action may be. First, many women switch from alcohol or other drug addictions to self-injury, suggesting that self-injury is a substitute drug. Second, for some women, self-injury becomes a way of responding to almost any emotional stress, just as drugs and alcohol seem to do. Possibly, the body becomes dependent on internal painkillers secreted in response to self-injury, just as it can become dependent on the soothing properties of alcohol, nicotine, and other drugs.

Although "addiction" may often be a useful category for self-injury, it too does not comfortably fit all women. Self-injury is as complex and diverse as the women who experience it and seems to defy any single descriptive term. Esther has her own term, the one perhaps most fitting to many women who chronically self-injure.

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I don't know if I'd call it an addiction, because to me, [with] an addiction . . . you start out using alcohol or drugs to get through a certain thing and then it turns out that you are not just using it for that anymore, you are using it for everything, an all-the-time thing. Whereas I still use cutting, hitting, and pinching for . . . just getting through those tough times. I guess the biggest thing I would call it is—this sounds funny—salvation. Even though I know that it's a "bad" thing to do, it's kept me alive.

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Esther, Barbara, Elizabeth, and Erica, like all my informants, hope that this book, with their own words and experiences, will promote understanding and compassion for self-injury and help break down secrecy and shame. They want to be able to be truthful about their actions with friends, families, coworkers, physicians, and therapists. As Esther says:

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Maybe [this book] could teach people the truth about what it is and what it isn't. They get the wrong idea about it and they're horrified. I'd like to

see that change because one thing that we don't need is to be pulled away from—like it's a disease somebody's going to catch, or like we're homicidal instead of just injuring ourselves. It would be nice to say "These are scars from my knife or from a razor blade" and have a person not think "Oh, how horrible, how disgusting! How can you do that to *yourself?*"

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These women's involvement in this book is a way of breaking their own and other self-injuring women's isolation. If the book reaches mental health professionals, physicians, and schoolteachers as well, they, in turn, can help girls and women who injure themselves. Two chapters are devoted to recovery methods, including self-help, and one of those chapters includes self-injuring women's advice to therapists. As Edith says: "Maybe we'll put this all together someday and figure out how to help us not just stop it, but stop *needing* to do it." I share these hopes for this book and add one more: that it will encourage awareness of the one to three million U.S. children abused yearly, of which close to one thousand die of the immediate causes of abuse and countless others die of abuse-related suicide.[8] Among those children who managed to stay alive, grow up, and become full participants in society are the women who describe their lives on the following pages.

Interviewees

The ages and professions of my informants at the time of the interviews are as follows, listed in the chronological order of the interviews, using the names they chose or that I chose for them:

Edith, 51, physical therapist

Karen, 49, human services worker

Elizabeth, 25, typist

Jane, 39, treasurer

Erica, 43, editor and writer

Peggy, 34, human services worker

Barbara, 38, social worker

Mary, 47, technology manager for communications company

Esther, 40, central security station operator and store sales associate

Jessica, 46, part-time social worker and in graduate school for social work

Rosa, 30, drafter for engineering and architectural firm
Meredith, 26, part-time social worker and in graduate school for social work
Caroline, 30, office staff worker and student in music school
Helena, 28, freelance proofreader and copyeditor
Sarah O., 27, part-time worker while in graduate school in pharmacy

Prologue

Home, Sweet Home

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Elizabeth: There's a lot that I can't remember. Sometimes I'll get just one picture of things in my mind and I can't remember the whole incident. I have one picture of me and my younger sister in the bathtub, and my dad touching us. I don't remember how it felt when he was doing it to me, but I remember how it felt when I watched him doing it to my sister. And it felt probably worse, because I knew it was wrong, and I couldn't stop it.

My dad would beat us. He would go into these *rages* where, if we stepped out of line, there would be slaps across the face, punches. He would trap us in a corner and punch us, kick us. I hated my dad, and I still do. When I call home, I don't talk to him. He's not part of my life anymore.

When I was fifteen, my brother raped me. I used to share a room with my sister, and my sister was gone away for the night. I was kind of nervous on my own because I come from a large family, and I had shared a room with someone all my life. My brother had been out drinking, drugging—which I didn't know. When I heard him come home I was relieved because I felt safe. But I kept hearing noises outside, and I don't know if that was just me being paranoid. He came into my room, and I told him I was scared. He said he'd stay with me for a while—but if he was going to stay with me, he wanted to get under the covers. So I said "Okay."

It's hard, because it's not something one can share with someone. After everything happened, I've never felt like I've been cleansed of it. It's still on me; it's still there. . . . I know that's why I cut. It's almost like I'm trying to cleanse my body of it, trying to get rid of it.

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Edith: When I was very young my father started putting things inside me, sexually stimulating me. It finally grew to rape. I wasn't very old when he penetrated for the first time with his penis—I guess that I was around three or four. And when that memory came back there was this awful cracking sound but there was absolutely no sensation of pain. I've had bladder surgery, because probably there was some damage to my bladder.

If my mother knew that my father was doing anything with me, afterward she'd come back and hit [me]. Probably the most horrible memory of her—

and I don't have that many—was when my father had done oral sex for the first time. I got sick afterwards; I was throwing up. And she came in and was *wild*. . . . She was not normally a screamer or a yeller. Normally, if I did anything that was wrong she'd just withdraw and wouldn't talk to me until I would apologize no matter what it was; whether *she* had done it, *I* had to apologize before she would be available at all for anything. Basically, the less I needed her, the more available she was; and if I really needed her, she wasn't available at all. I learned real quickly not to need her. But that particular time, I was lying on a little rug that was next to my bed, and she came in hitting, kicking, yelling, screaming. That's the only way she knew how to deal with it, I guess. . . . She also used to give me enemas on a general basis when I was a kid. Not several every day, but often enough that it was painful.

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LIKE ELIZABETH and Edith, many women who chronically injure themselves were repeatedly abused as children.[1] Often they were abused by the very people they depended on for their welfare and safety and whom they were taught to love and obey: parents, grandparents, stepparents, and older siblings.[2] Their experiences include genital fondling and rape; random physical attacks; physical neglect, abuse, and torture; physical and sexual abuse within the context of rituals; and emotional abuse and neglect.

Chronic abuses within families are among the most severe traumas that we can experience.[3] Women are more likely than men to experience sexual abuse, both as children and as adults. Although boys and girls suffer almost equally from physical abuse, girls are two to three times more likely to be sexually abused,[4] and far more girls than boys are victims of incest. Childhood abuse is also associated with subsequent depression, anxiety, volatile emotions, dissociation, eating problems, and alcohol or other drug abuse,[5] all of which can be familiar experiences for women who self-injure.

Cutting seems to be the most common method of self-injury, and some researchers find it the method most often associated with prior sexual abuse.[6] A child's age when the abuse first began, the nature of her relationship to her abuser, the type of sexual abuse, the length of time she was abused, and other factors may all influence the frequency and severity of her cutting. If several people were involved who made a ritual of the abuse, or if she was also forced to harm others or had to watch others being harmed, her self-cutting and other signs of emotional distress may be most severe.

Weeks, months, or years of inescapable fear or horror are the background to each act of self-injury. As I talked with women who injure themselves, their childhoods emerged, forming stories that make the need to self-injure under-

standable. Peggy is one of only two of my informants who does not cut but instead hits and scratches herself. She is the only one whose childhood memories do not include sexual or physical abuse. Peggy grew up having to keep all her feelings to herself. If she expressed even the smallest hint of anger or frustration her mother would walk away, not look at her, and then, while talking with someone else, joke about Peggy's feelings. Because Peggy's father had two jobs and was never at home, Peggy had nowhere to turn with her emotions. She would go to her room, feeling that she had a choice of exploding inside or banging her arm against the bed or her head against the wall. For a while, Peggy's mother also performed a daily ritual of emotional sadism. She would bring her two daughters together and ask Peggy what color lollipop she wanted. Whatever Peggy replied, her sister would say that she wanted one, too. The mother would not look at Peggy but at Peggy's sister and give the lollipop to her, saying louder than words that Peggy's wishes did not matter, that Peggy herself did not matter.

Mary's father repeatedly raped her, and from her fifth year periodically sold her to a friend for use in a lucrative business of child pornography and prostitution. Before a camera, Mary was subjected to unspeakable sexual acts and physical torture. She then had to watch other children be similarly treated. Mary now carries burn scars from childhood torture by a brand, cigarettes, and candle wax as well as later scars from cutting herself. As an adult, Mary once asked her mother if she hadn't thought it strange that Mary would be gone for weeks at a time and all summer long during childhood. Her mother replied, "I figured it was better not to ask."

Erica's mother was a teacher beloved by generations of students. The generosity she showed her students did not carry over to her own children. At home she attempted to own her daughters, leaving Erica feeling powerless and trapped—feelings that now precede Erica's self-cutting. Erica's mother would regularly, but randomly, come up behind Erica and knock the air out of her by hitting her between the shoulder blades and admonishing her to "Stand up straight!" or "Sit up straight!" These surreptitious attacks, which Erica calls her mother's "favorite trick," would occur out of the blue. Erica's mother also frequently gave her enemas. Years later, Erica heard that frequent enemas can be considered a form of rape by proxy, and Erica's self-cutting began to make sense to her.

Barbara's earliest childhood experiences included having her arms and legs tied to the bed while her grandparents and parents inserted objects into her vagina. Sometimes they would drug her and tell her that it was only a dream. Later in life, around age seven or eight, her father showed her "how to make men happy" through fellatio, pretended that she was his girlfriend, and told

her that she was "better" than her mother. From her tenth year, the fellatio was replaced by intercourse. When her mother saw what Barbara's father was doing, she, too, sexually abused Barbara. Throughout her childhood, Barbara chronically felt trapped with no way to vent her overwhelming feelings, similar to the way she now often feels before cutting herself. Barbara can never have children because of the internal damage done to her as a child. Nonetheless, she feels lucky. When she sees her family at a wedding or funeral she thinks, How did I ever get out of there alive?

As children, Esther, Karen, and Jane, now mothers themselves, were regularly subjected to family members' sexual assaults. Esther grew up surrounded by violence. As far as she remembers, her father repeatedly raped and physically abused her, including cutting her twice, and a few of her eleven siblings pinched, hit, and whipped her. She also witnessed cutting, pinching, and hitting, some of it evidently in the context of rituals. From Karen's fifth to eighth years, her father stuck his fingers into her vagina and made her suck his penis. He then stopped such abuse but later began subjecting her to obscene provocations by mail and in person, which he was still doing at the time of the interview when Karen was thirty-nine. Like Karen, Jane experienced abuse both as an adult and as a child. Date rape as a young woman reinforced her childhood experiences of being fondled or raped by six boys and men—her stepfather, three brothers, and two neighbors, making both home and neighborhood unsafe yet physically inescapable surroundings for playing, studying, and sleeping.

Escape

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Barbara: Sometimes if I feel so trapped, like I did as a kid in battering situations, where you feel like you have all these feelings and nowhere to go with them, nowhere to vent them. That's when I resort to cutting in my current life. That is when I think I already got to my max of how much I could tolerate. When I was younger . . . when it got to the point that I couldn't stand to bear the feeling, I would leave my body. And this is just a way of dealing with that overload, I think. I was chronically in a state of stress growing up by all of the abuse I suffered and not being able to tolerate it. Because I think I would have died—I don't know if you can die from feelings, but I would have killed myself probably if I felt it too much.

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Faced with unbearable events and emotions, a small child rarely kills herself.[7] Instead, she has to find other means of escaping situations in which she

is helpless and overwhelmed. Because of her youth and dependency, she cannot flee, and nothing that she can do will alter her circumstances. When there is no other exit, the child's consciousness can protect itself by leaving her body, a process called dissociation.[8] Leaving the body is a psychological statement: "I distance myself from these events." This process is available to us in our earliest years: entering a trance state is one of the few ways an infant can regulate her emotions.[9] It is also the only way a person of any age can numb the effects of abuse while it occurs. Only after the event can a small child scratch at herself or, as she grows older, use razor blades, hammers, food, or alcohol and other drugs to temporarily relieve the lasting effects of abuse by others.

Dissociation is only one of myriad reasons a woman injures herself, reasons discussed more fully in the following chapters. However, some knowledge of dissociation is crucial to understanding certain aspects of self-injury. Because our minds "travel" every day, dissociation is not difficult to comprehend. Daydreaming is a form of dissociation that can routinely take us to a different time and place, with some of us more susceptible to sustained daydreaming than others. The expression "absentminded" reveals how familiar mild forms of dissociation are in our everyday lives. Hypnosis is induced dissociation, often practiced therapeutically for the purpose of temporarily relieving physical pain, just as other types of dissociation provide an escape from physical and emotional pain.

When everyday life involves repeated abuse, dissociation can become appropriately extreme. Instead of being a voluntary play of the mind, extreme dissociation can protect a person's consciousness from actual events taking place and, over time, become involuntary. Long after the actual abuse has ceased, a woman's consciousness may tend to leave her body whenever she experiences stress or anxiety caused by events in her life or by memories, whether conscious or not. This is apparently why physical numbness is often part of the experience of a woman who injures herself.

Mild dissociation can feel strange, but not unbearable. Peggy tells of standing at the copy machine at work, looking around the office and feeling as if she were not there: "I was really in some space ship operating my body by remote control." In a more severe form however, dissociation can be painful: a woman feels physically and emotionally numb, empty, or dead, and describes herself as "unreal" or "gone." She is unable to distinguish herself from other objects, and unaware of the existence of her body. Although the numbness serves to protect her from insufferable emotions, the feelings of separateness and deadness are themselves unbearable, making a woman feel that she is internally disintegrating. Many women who self-injure say that they some-

times do so in order to feel "real" or "alive" again, and to stop the intolerable feelings of dissociation.

Cutting may be the type of self-injury most strongly linked to prior dissociation.[10] Most of the women I spoke with who cut themselves said that the act of cutting never hurt at first, suggesting that they were severely dissociating at the time. When women do feel pain while injuring themselves, they are often relieved, as though the pain were a reassurance that they are "in" their bodies and therefore real and alive.

The Others

People who have experienced rape, physical abuse, combat, torture, or other traumas often speak of dissociation as a sensation of floating above and looking down on their bodies during the traumatic event. Sometimes the floating also occurs in later years during flashbacks of the trauma or just before and during the act of self-injury. Both Edith and Jane described episodes of being up by the ceiling looking down: Jane was looking down on herself in the act of cutting; Edith was in a prolonged flashback, looking down at herself as an infant in mortal terror during one of her mother's physical attacks.

The most thorough way that a child can dissociate from her besieged body is by having her awareness leave the body for stretches at a time, creating a different identity. Some women who self-injure have one or more alter identities who have other names and behave differently. Women who have alter identities sometimes refer to themselves as "multiples," a shortened form of multiple personality disorder, a term once used in diagnosis but now changed to dissociative identity disorder. An alter identity can take over a woman's body from less than an hour to more than a year, and when a woman comes back to herself she often has no memory of that time in her life. Alter identities can embody feelings or protective wishes related to abuse, or embody parts of a woman's identity: a protector from harm, a sexy woman, a terrified infant, a rational adult, an animal, a spirit, and others. One or more of a woman's alter identities may be violent, causing her to be hospitalized because others fear for her safety and for the safety of those around her. At times, the violence is self-injury.

The alter identity can be a child, adolescent, or adult of either sex. The identity's personality and purpose determine what happens when that identity takes over. Some child identities simply want to play, while some want to punish the original person or, perhaps, punish their bodies. Others want to destroy themselves because they were evidently created during abuse and are stuck in childhood, condemned to repeatedly feel as they did while the abuse

was occurring. The most severe cutting is sometimes associated with a child identity.[11]

When a woman with multiple identities has periods of amnesia, she knows that an alter identity was in complete charge. Edith, for example, repeatedly cannot remember parts of what happened a few days ago or at her last therapy session. She has completely lost memory of her ninth school year. Esther, however, sometimes cannot control her voice and behavior although she can hear and see what is happening and remembers the situation afterward. She has become an observer of her alter identity's actions, a phenomenon called co-consciousness.

Some adult identities regularly carry out a woman's activities, such as going to work, going to social events, or being interviewed. I was halfway through the interview with Mary when she told me that I was actually speaking with one of her alter identities because Mary no longer talks. An excerpt from this conversation gives a sense of the complexity of multiple identities:

Q: You seem to have been able to separate cutting completely from your working life.
A: Right.
Q: Why do you think you are able to do that?
A: Because somebody else goes to work.
Q: How does that happen?
A: In a way, over the years it's been prearranged. I have an alter that does most of the work activities.
Q: Does she go away when you come home?
A: Not necessarily. She has some other jobs, but for the most part she's the person who goes to work, and she's the person who does more social interaction. In other words, if we're going to a play with some people, she does those types of social interactions. That's what her job is.
Q: So, she takes over when you have to deal with other people?
A: In a lot of circumstances, yes.
Q: Are you aware when this is going on?
A: Yes, I have co-consciousness up to a point, and I'm aware of Cathy.
Q: Her name is Cathy?
A: Yes.
Q: Can you actually feel the change taking place?
A: Yes, if I'm going to work, it's an agreed upon thing, and the shift is made.

Q: Agreed with whom?
A: Agreed inside, between myself and Cathy.
Q: Is Cathy talking to me now?
A: No, I'm Jennifer. I'm the one who is out most of the time in other environments.
Q: I see, but you're a different person than your actual name.
A: Right.
Q: So this is another person?
A: Right. Mary doesn't function at all. Mary is in the system, but Mary stopped functioning a long time ago.

In Mary's case (or the person whom I continue to call "Mary"), her alter identity actually keeps her from cutting herself during working hours. Some adult identities, however, have no agreed-upon function. Instead, they have an unbearable emotion and self-injure as a result. The times when an identity with unbearable emotions has taken over can be alarming for a woman and her caregivers: control over her body is in someone else's hands. A woman can come back to herself and discover new wounds that she does not remember inflicting. As one alter identity said: "I'm cutting Frances's arm. It's my hand though."[12]

Alter identities, therefore, cannot be separated from the experience of self-injury in women who have several identities. Esther, who has numerous alter identities, sometimes hears their voices inside. She knows what they think and what they would do if they could come out, yet she can sometimes keep them inside and maintain control of her actions. Here she gives examples of the ways they both encourage and prevent self-injury:

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About 10:00 maybe 11:00 A.M., when I have run out of things to keep my mind busy, I start to think about the dreams [I had the night before] and try and figure out what they mean. And sometimes there'll be voices telling me what the different things mean and then I talk back to them—not out loud, they'd lock me up if I did that—I just talk back to them and say, "No that isn't what happened, don't be saying stuff, making up that stuff," and just feeling horrible. Essentially it comes around to feeling horrible that my mind is making up stuff even though I know on one level that I'm not making it up; I know that it's real. Anyhow, they just start going and going and I have this voice of reason in there; her name is Amy and she's a calming influence most of the time. And she will say stuff to me like, "Look at the facts, try not to get so emotional about it, just look at the facts and calm down." And when I do,

and I'm listening to all this stuff, I realize that what's going on in the dream and what the voices are saying all makes sense, like a real sick sense, as in vomiting sick. And then I feel a strong urge to cut: one, to silence everyone to make them stop saying those things, and the other, I guess there's also this feeling that I'm bad or even thinking that my grandfather or my uncle could have been involved with people who did bad things to children—and then I get depressed. I guess the depression comes before the cutting. Sometimes if the depression doesn't go away, then there's more cutting. And then I just put band-aids on them if they need band-aids. I don't cut really deep; a few scars, but they're not real deep and they generally go away. Most of the time I don't bleed so much that I need bandages, but after I've cut I seem to get some kind of pleasure from watching little beads of blood connect and look like a little necklace or a chain. I don't know what that's all about. . . .

If I'm driving and I feel an overwhelming urge to do something, that's generally when I feel like driving into a tree, which is more suicidal than self-injury although that is self-injury, too. I dip into my spirituality and I just go, "God, help me. I can't do it alone." That's how I get through driving—and then pull over. "Somebody else drive, *please*!" I first start with just calling out to God and asking for help. And if it still feels awful, then I pull over and I go away. Somebody else gets me home. I don't know how. One of the alters, I think it's probably Amy. She's the oldest.

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Esther begins her narrative by describing a process that evidently begins during sleep and ends with cutting. Her thoughts or memories of past feelings and events are in the form of alter identities who talk inside her head and interpret her dreams in ways that Esther initially denies, then accepts as the truth. This truth is unbearable, and a downward spiral of feelings begins that must be released through self-cutting.

Esther then describes her temptation to use her car to release her emotions. Overwhelmed by unbearable feelings while behind the wheel, she leaves her body and a lifesaving identity safely drives her home.

Although it may sound as though some identities cause Esther to injure herself while others save her life, Esther disagrees. For her, cutting is a lifesaving act. The harm some identities bring is not self-injury but the memories and feelings they embody from Esther's past abuse at home.