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Sociological Seminar Senior Thesis A Comparison Study of Causal Factors Contributory to Self-Mutilation

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Sociological Seminar Senior Thesis
A Comparison Study of Causal Factors Contributory to Self-Mutilation

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Abstract

Self-injurious behavior has become an increasingly well known phenomenon in today’s society. By way of comparing factors leading up to and purposes derived from the self-injurious behavior, this paper compares the life story of one self-proclaimed self-injurer to the stories of 32 other self-injuring women. Based on this comparison is a study of how characteristic the interviewee is of other self-injurers, followed by a theoretical analysis of the causes and functions of self-injurious behavior for the interviewee.

Introduction

The phenomenon of self-injury or self-mutilation has received increasing attention throughout the past decade. It has come to light through it’s portrayal in television sitcoms, such as 7th Heaven and MTV’s Real World, and also on the big screen in movies such as 28 Days. Along with its spotlight on screen, widespread awareness of the trend ultimately resulted from the disclosure of the late Princess Diana’s own affliction with self-injurious behavior on the popular British television channel BBC. Following her own admission of her self-injurious behavior, several other famous individuals admitted their own self-injurious behavior. Some of the famous names include Fiona Apple, Johnny Depp, Richey Edwards, Angelina Jolie, Courtney Love, Marilyn Manson, Shirley Manson, Christina Ricci, Elizabeth Wurtzel and Roseanne Barr.

Due to the increased attention drawn to self-injurious behavior through these admissions, several web communities have been set up on the internet for self-injurers to
get together and talk about their addiction, as well as to educate the public about the "secret world" of self-injury. One such website which hosts a self-injury chat room and message board is RuinYourLife.com, where I was able to find several interesting facts and message boards for self-proclaimed self-injurers. However, despite all of the increased publicity of self-mutilating behavior, discovering of the factors which lead individuals to engage in self-injurious behavior is a still being researched.

Self-mutilation or self-injury can include a wide range of behaviors that result in either deliberate direct harm or deliberate indirect harm of the individual engaging in the activity. The most common forms of direct self-injury include cutting, burning, or scratching oneself in order to cause physical harm to one's own body. However, these are not the only forms of self-injury. Direct self-injury can also include behaviors such as biting, self-hitting, hair pulling, head banging, and scalding. Indirect forms of self-injury can include behaviors such as eating disorders, unsafe sexual conduct, substance abuse, disregard for one's own medical requirements, and other high-risk activities with weapons, driving, and aggression towards other dangerous individuals.

The causes of self-injurious behavior is greatly debated and often misunderstood by persons who know a self-injurious individual. Many authors have written and published books on the factors that influence an individual to engage in self-mutilation. Self-injurious behavior is a difficult behavior for outside individuals to understand, accept or talk about. When my own friend in high school admitted to me her own self-injurious behavior, I was not only shocked and worried, but repulsed and disgusted. This response is a typical one for self-injurious individuals who disclose their behavior to friends, family, and even medical professionals. It is because of this seeming lack of
compassion and understanding on my own part that I decided to undertake the effort to compare and contrast my friend’s personal story with those of other females who came forward to educate the world about the secret life of being a self-injurer. While it is well known that no two individuals are alike, much can be learned through study and comparison of individuals who share similar life experiences and whose responses to those life experiences seem to imitate each other.

**Hypotheses**

I devised three separate hypotheses regarding why an individual would engage in self-injurious behavior. The first hypotheses which I proposed was that self-injurious behavior is most often caused by individual’s poor self-image which is learned from and frequently reinforced by individuals closely associated with self-injurious person. I hypothesize that self-injury is a means by which the individual punishes themselves for their worthlessness. I theorize that my interviewee suffers from feelings of self-worthlessness which contribute to her self-injurious behavior.

My second hypothesis was that self-injurious behavior can result from trauma or victimization that the individual experienced at the hands of another. Depression and/or guilt as a result of that experience consequently leads the individual to lash out at themselves, and the self-injurious behavior is a form of punishment due to the belief that they deserve to be punished based on their victimization/trauma. Self-injury following trauma or victimization therefore has the effect of returning to the self-injurer a sense of control over their own body. Self-injury may function as a way to regain a feeling of
power again; to be the one to decide how, when, and how much they will be injured, as compared to being at the mercy of another individual to decide such details. I theorize that my interviewee was likely victimized or experienced trauma at one time in her life, and the feelings which resulted from such experiences are contributory to her self-injurious behavior.

A third factor which I hypothesized to influence an individual to engage in self-injurious behavior was being exposed to a poor family structure, or living within a dysfunctional family situation in which the home environment is one of hostility among the family members. This dysfunction may be in the form of frequent or constant arguments between the members in the family and/or abuse, whether physical, sexual, emotional, or in the form of neglect. Self-injury then serves the purpose of self-punishment due to guilt associated with their family environment, or again as a means of regaining control over one’s own situation, self or body. I theorized that my subject grew up in a dysfunctional family setting which has contributed to her engagement in self-injurious behavior due to a need to be in control or to punish herself due to feelings of guilt.

Methodology

In order to effectively and efficiently compare several self-injurers and with having access to only one individual willing to talk with me, my first step in implementing my comparison research was reading several books in which authors have interviewed and published the stories of several self-injurers. The books which I used to
obtain my comparison data are: *A Bright Red Scream* by Marilee Strong; *Skin Game: A Cutter's Memoir* by Caroline Kettlewell; *Women Living with Self-Injury* by Jane Wegscheider Hyman; and *Secret Scars: Uncovering and Understanding the Addiction of Self-Injury* by V.J. Turner.

Using interviews and examining writing, journal entries, and poems from my subject, I diagramed the factors which the subject most closely identified as attributing to her self-injurious behavior. The general structure of the interview can be more closely defined as a discussion of the subject’s history with self-injury, and a candid talk about her thoughts on the reasons she engaged in self-injurious behavior. We also looked at the topic of the functionality of her self-injuring behavior. I sought to attain personal justification from the subject as to what purpose or function she saw self-injury as serving in her life at the time she was engaging in the behavior.

While reading each book, I documented each individual’s account of the factors which they claimed led to their self-injurious behavior, as well as the purpose they saw their self-injurious behavior serving in their life. I then created a chart and graphed the role that each of my hypothesized factors played in the individuals’ in each book initiating self-injury. I also graphed the various purposes given by the self-injurers in the book. Throughout the research as I began to notice factors, purposes and themes which I had not anticipated, I kept another list to document these recurring themes in the lives of the self-injurers. Some of these recurring themes were alcoholism, drug abuse and eating disorders.

In all, my chart documented references to the following factors which I hypothesized to be influential in leading to self-injurious behavior: Poor Self-Image;
Physical, Sexual, or Emotional Abuse or Neglect; and Poor Family Structure/Dysfunctional Family Situation. My chart also documented the following purposes I hypothesized self-injurious behavior to play in the lives of individuals who self-injured: Self-Punishment; and An Attempt At Regaining Control In Their Lives. Other recurring themes I noticed while researching which I documented include: Alcoholism/Drug Abuse; Eating Disorders; A Need for Blood/Scars; Relieving Feelings of Pressure/Stress; To “Feel Real”/End Dissociative States; Make Their Internal Pain “Real”; “Bleed Out Evil/Bad Blood”; Call Attention to Emotional Pain; Refrain From Suicide.

I then compared the causal strengths of the factors for each individual with the strength each factor played in my interviewee’s decision to engage in self-injuring behavior as recorded through my interview and through reading her journals/writings. The following is the result of the comparison between the individuals I researched through reading and my interviewee as indicated by our conversations and her personal journals, writings, etc. Due to the sensitivity of the topic discussed in this thesis, my interviewee has requested that her identity remain anonymous and that I used a pseudonym when referring to her. Therefore she will be referred to for the rest of this thesis as Julie.

**Research Findings**

Upon reading Kettlewell, Hyman, Strong, Walsh/Rosen and Turner, I comprised a list of 32 individuals who currently battle with or had previously battled with self-
injurious behavior. Each individual’s story was chronicled, studied and analyzed by the authors in their attempt to gain understanding of this new phenomenon. The ages and races of the women varied, as did their backgrounds, methods, patterns, and rituals regarding their self-injurious behavior. The following is a list of the individuals from each book which were used to compare Julie to other self-injurers:

- From Kettlewell’s *Skin Game*: Caroline.
- From Hyman’s *Women Living with Self-Injury*: Barbara, Edith, Elizabeth, Erica, Esther, Helena, Jane, Jessica, Karen, Mary, Meredith, Peggy, Rosa and Sarah O.
- From Strong’s *A Bright Red Scream*: Melanie, Fran, Daphne, Barbara, Annie, Lindsay, Colette, Cindy, Liz, Cherie, Josie and Fiona.
- From Walsh/Rosen’s *Self-Mutilation: Theory, Research, and Treatment*: Rhea, Pam, Angela, Joanna and Darlene.

Through my research, I realized the redundancy of the factors I hypothesized would influence self-injurious behavior. It became clear that Poor Self-Image, Victimization and Poor Family Structure were all inter-related. Victimization of each individual almost always occurred as Physical, Sexual or Emotional Abuse at the hands of a family member, which in turn led to a poor self-image. Therefore, since almost all Victimization was in the form of Physical/Sexual/Emotional Abuse/Neglect at the hands of a family member, I combined the categories of Dysfunctional Family (always reported as some for of abuse by the self-injurers) with the Physical/Sexual/Emotional
Abuse/Neglect category. This does not disprove my original third hypothesis that Poor Family Structure plays a role in self-injurious behavior, rather it combines hypotheses two and three into one hypothesis which can be rewritten as: Self-injurious behavior can result from trauma or victimization that the individual experienced at the hands of another, typically a family member within a dysfunctional family setting. Due to the large number of individuals and categories studied within my research, I will discuss each book separately. Following the study of each book I will provide a summary of results from my research findings.

Caroline Kettlewell’s *Skin Game* is an autobiography documenting her personal struggle with self-injurious behavior which began when she was twelve years old. She grew up in a family of love and support, surrounded by Christianity. She notes however that there was very little communication regarding feelings in her family, stating,

In the home where I grew up, no one ever argued. No one ever yelled... There was something out there you couldn’t dare to acknowledge: a writhing Pandora’s Box of frustrations determinedly quashed, angry words bitten back, sorrows unvoiced... No one would ever be so presumptuous as to ask about your troubles, and you would never be so presumptuous as to tell. (Kettlewell 1999:20-21)

This sort of silence about feelings led her to a life of role-playing; being the perfect daughter and student, which led to feelings of disembodiment and disconnection within her.

Caroline’s feelings of dissociation made her feel out of control of her own body, and eventually led to thoughts of suicide. However, she did not wish to kill herself so much as feeling a need to “kill something *in*” her (Kettlewell 1999:57). It was her desire
to return to control of herself that led her to cut. When she cut, she regained the control over herself and her body, finding the real under the façade, and felt that,

All the chaos, the sound and fury, the uncertainty and confusion and despair— all of it evaporated in an instant, and I was for that moment grounded, coherent, whole. *Here is the irreducible self.* I drew the line in the sand, marked my body as mine, *its flesh and its blood under my command.* (Kettlewell 1999:57)

*Underlining added for emphasis*

From then on, Caroline’s cutting became a form of control, of power. She struggled later with anorexia and self-esteem problems despite her very thin figure.

Caroline defies statistical data according to Nichols’ study on self-injury which found that “79% (of self-injurers) reported significant childhood trauma in the form of physical or sexual abuses…” (2000:153). Despite defying the statistics (and my hypothesis) on abuse among self-injurers, Caroline discusses an attempt to regain control of her self, a purpose mentioned in my hypotheses. She also reports feelings of dissociation from her body, and a need for drawing a lot of blood and creating scars during each self-injurious episode. And she is not alone in this disposition.

In Jane Wegscheider Hyman’s *Women Living with Self-Injury,* she recounts the life stories of fifteen women who are struggling with or have struggled with self-injurious behavior. However, I have only studied fourteen of the fifteen women in this book, as information on the fifteenth woman, Caroline, was very sparse: it was limited to a few sentences within the entire book. Upon reading each of the stories, a common theme arose which was correlated with Nichol’s findings in her 2000 study: thirteen of the fourteen women had experienced some sort of physical, sexual or emotional abuse or
neglect. Twelve of the thirteen had experienced some type of sexual abuse from a relative, or about 86% of the women. This again follows with findings from a 1991 study in which 79% of adult cutters reported childhood abuse (Van der Kolk, Perry, & Herman 1991:1667). Romans et al. (1995) also found a “clear statistical association between sexual abuse in childhood and self harm that was most marked in those subjected to more intrusive and severe abuse” (1336).

Several women in Hyman’s book reported a poor self-image, ranging from embarrassment and disgust of their bodies (typically caused from embarrassment or shame as a result of the sexual abuse), to full blown hate, as Sarah O. reported.

I hate my body... I’d rather hack parts of it off... I’ve always felt very ashamed of my body... I pretty much hate it all; there’s not a whole lot about my body that I love. I don’t like people looking at my body; I don’t like having things go wrong with my body. I do not give my body permission to be sick or hurt... (Hyman 1999:159)

This sort of hate for one’s body is a common theme for many self-injurers. Sarah O. is also a binge eater, a less common eating disorder among self-injurers, but still characteristic in that eating disorders are very common among self-injurers. According to her 2000 study, Nichols reported that eating disorders was the most significant, positively correlated variable linked to self-injurious behavior (2000:152). Thus, eating disorders are frequently found to be present among females who engage in self-injurious behavior.

The most commonly reported purpose or desired result of self-injuring episodes among the fourteen women was achieving a feeling of release or escape from feelings
they were unable to cope with. One of the women, Edith, finds that part of that feeling of release comes from seeing or feeling the blood that seeps out of her wounds. She relates the seeping of the blood to stress being released through little vents (Hyman 1999:25). In the book she says,

I finally realized what I’ve been doing with my picking all these years. I’ve always talked about being like a volcano that was getting ready to erupt. And what I’ve been doing with the picking is making little vents in the bottom of the volcano so that it never went over. (Hyman 1999:57)

Her referral to her wounds as “vents” letting out her stress is a common theme among all of the self-injurers in my research. Barbara, Elizabeth, Karen, Mary and Meredith also directly referred to their wounds as a means of releasing or relieving built up tension, anxiety, or angst. Elizabeth however found her wounds to be effective ways of releasing more than just tension.

Elizabeth, like other females in my research, referred to the wounds as a means of letting out “bad” blood: “Something that I didn’t want to be there is being taken out through the cutting. And when I’m done, it’s not going to be there anymore” (Hyman 1999:33). Meredith also sees bleeding as a means of cleansing herself, saying “I guess [bleeding] is like purging to me, it’s very cleansing in some sort of way” (Hyman 1888:68). While not what I hypothesized, this sense of “purging” through their self-injurious behavior was reflected in five of the 32 researched women’s testimonies.

Of the fourteen women from this book that were included in my research, seven women reported the need for some sort of blood-letting to occur in order for the self-injurious episode to achieve its purpose. Several required such injuries to leave scars as a
sort of proof to themselves that the episode had succeeded. Helena referred to her scars as “battle scars” which she claimed “proved [that I had been] grievously wounded and survived” (Hyman 1999:124).

Other purposes for the self-injurious behavior as noted by the fourteen women included punishment, feeling out of control and trying to regain control, attempts to end dissociative states, attempts to make emotional or psychological pain tangible, and in one instance, an attempt to draw attention from others to personal suffering on the part of the self-injurer. In concurrence with most research findings, only three women reported suicidal thoughts as playing a role in their self-injurious behavior, while only one woman, Jessica, a mother of two, actually made a suicide attempt.

Karen, one of the three who reported suicidal thoughts was also one of only two women who reported having violent thoughts or actions towards other individuals. Karen admitted to abusing her daughter and having a desire to hurt her husband. Sometimes, when he makes her really angry, she says, “I wait till he’s asleep – and I want to be destructive with him. I don’t do anything to him – but I end up cutting myself” (Hyman 1999:104). This sort of violence towards other individuals is not characteristic among self-injurious individuals. Typically any sort of violent behavior is directed inwards towards themselves and outwardly through self-injury.

Marilee Strong’s *A Bright Red Scream* is perhaps one of the best known books on the topic of self-injurious behavior that’s been published to date. Within the book are twelve women who are included as part of my comparison with Julie. Again, in following with most study results, 75% of the women report some sort of abuse or neglect. Cherie, perhaps the most traumatically abused and neglected girl out of the
eleven, was both beaten and raped by her father. As a result of the abuse, Cherie engages in self-injurious behavior that seems unfathomable perhaps even to other self-injurers. Strong writes that Cherie would “reenact the inhumanly sadistic ways (her father) molested her by douching herself with boiling water to ‘sterilize’ her privates, (and) scrubbing her vagina with rough brushes” (Strong 1998:102). While atypical of the methods of self-injury usually reported, loathing of one’s body and specifically genital region is very common among self-injurers who have experienced sexual abuse. This sexual abuse is typically foundational to their poor self-image.

Strong notes that “while most women today have some negative feelings towards their bodies, the level of shame and disgust self-injurers feel is in another dimension entirely” (1998:122). Wendy Lader, co-founder of S.A.F.E. (Self-Abuse Finally Ends) Alternatives® agrees that self-injurers have a much more negative view of their bodies. “We’re talking hate, malevolence… They want out of their bodies to the point of dissociation” (Strong 1998:122). Self-loathing of this magnitude can come not only from inappropriate sexual attention, but also from neglect or abandonment.

At the opposite end of the spectrum, however, an over-involved parent (characteristically a mother) can have a negative impact on body image. Strong cites S.A.F.E. therapist Jerilyn Robinson as saying that her patients are as likely to have a smothering mother as an inattentive one (1998:123). Annie and Colette both claim to have mothers who were far too involved and demanding in their lives. Annie’s parents were successful individuals who constantly pushed their daughter to reach the same level of success. “If I scored a 97% on a test the questions always was ‘Why didn’t you score 110?’” (Strong 1998:21).
Because of this constant stress and tension, Annie turned to cutting as a way to regain some control in a life that seemed so far out of her control. She used the cuts to make her pain material, and she found a sense of power in each self-injurious episode. Strong reports,

[The cuts] were beautiful to her. They also represented something else that made her feel powerful for the first time in a long time; a sense of control over her body, over her life, and a secret that would be hers and hers along. No one could ever hurt her again as much as she could hurt herself. (Strong 1998:22).

Annie found, however, that cutting didn’t cure her sense of emptiness and feelings of being out of control. Most self-injurers admit that after the initial feelings following their self-injuring episodes, things return what they were like before the episode and the feelings they were trying to silence through their self-injury are still there, usually heightened by the shame of their recent self-injurious behavior. Still, eight of the twelve women cited a desire to regain a feeling of control as a reason for their self-injurious behavior.

As with Hyman’s book, self-injury for a feeling of releasing built up tension or stress was the second most commonly reported purpose for the women’s self-injurious behavior. Fran referred to cutting as being “like opening a safety valve or letting steam out of a covered pot” (Strong 1998:7). Daphne says she used cutting to say what her words could not. “There are times when I just hurt too bad – too deep for tears – so I cut to let some of the hurt out. It’s like when you see the blood flowing out, the pain and fear are flowing out with it” (Strong 1998:9). She also uses it to bring herself back from dissociative states or feelings of numbness.
Dissociation is a commonly reported phenomenon among self-injurers. Strong documents dissociative moments among five of the twelve girls. Five of the fourteen girls in Hyman’s book also reported feelings of dissociation during self-injuring episodes. Strong expounds on the phenomenon of dissociation as a psychological state in which mind and body separate. Pain is anesthetized. The individual feels depersonalized: numb, unreal, outside oneself, a dispassionate observer rather than an anguished participant. For example, a sexually abused girl may feel as if she is leaving her body... watching the abuse – as if it’s happening to somebody else – from a safe and detached spectators distance. (Strong 1998:38)

This is a common psychological defense of abused children who, being unable to leave the situation, detach themselves emotionally and in some sense mentally from the abuse that is happening to their bodies. This sort of dissociation can come into play later in life when that same individual experiences similar trauma or experiences which they feel unequipped to deal with. Feeling detached can arouse feelings of fear, of being false or unreal, leading the individual to hurt themselves in order to make sure they are “real.”

Josie is one cutter who experiences dissociation before self-injuring. Being sexually abused by her father and “severely” neglected by her mother, her dissociation makes her feel as though she were vanishing: ceasing to exist. “I feel so unreal in those states... with the pain, cutting and burning bring me back into sharp focus. I’m back in my body and fully aware again, with a calmness and peace that makes me love the pain and find the blood beautiful. I am in control again” (Strong 1998:40).

According to four different studies, reintegration or returning to personal control in individuals suffering a dissociative episode were given frequently as explanations of
self-injurious behavior (Favazza 1989; Leibenluft, Gardner, and Cowdry 1987; Simpson 1975; Suyemoto and MacDonald 1995). Van der Kolk, Perry and Herman (1991) also found high correlations between dissociative experiences, histories of trauma, and intake histories of cutting. Nichols (2000) likewise found dissociation to be a commonly given reason for self-injury. She defines it as “an inability to recall important personal information, usually of a traumatic or stressful nature... (involving) memory impairment in which recollections or a personal experience may not be immediately retrievable but are split off into a kind of parallel experience apart from what is really happening” (156). Maya Angelou admits to dissociative experiences in her book *I Know Why the Caged Bird Sings* in which she talks about her own sexual abuse.

The final book which provided me with comparison individuals was Walsh and Rosen’s *Self-Mutilation: Theory, Research & Treatment*. While this book provided little in terms of information about the background of the five females described in the book, it is noted that all of the women experienced either physical or sexual abuse at the hands of a relative. Also, two of the five admitted to eating disorders, and one to substance abuse. These females where characteristically younger than most of the women who were part of my comparison data, yet they where distinctive in that they all suffered from a poor self-image brought on by abuse within their families.

To summarize my findings among the 32 individuals used in comparison to Julie, 26 experienced some sort of physical, sexual or emotional abuse or neglect (approximately 81%). Five admitted to substance abuse, whether alcohol or drugs (16%), and six admitted to eating disorders (19%), both statistics being contradictory to most studies. Ten women admitted that the most important part of their self-injurious episodes
was the amount of blood or creating a scar (31%), eight reported self-injuring in order to punish themselves (25%), ten reported self-injuring to achieve a feeling of “release” (31%), and twelve used self-injury to regain a feeling of control over their bodies or themselves (38%). Eight women reported dissociative states and using self-injury to bring them back into feeling (25%), nine used it to make their emotional/psychological pain tangible (28%), five used it to release “bad” or “evil blood” from their bodies (16%), and only two used it to gain attention (6%). Seven admitted to suicidal thoughts in correlation with their self-injury (22%), while only two of the seven actually attempted to commit suicide (6% of the 32 women). According to this information, if Julie were to be comparable to the women in the books I researched, then she would seem to substantiate my hypotheses.

**Julie**

Research says that most self-injurers were victims of physical, sexual or emotional abuse or neglect at the hands of a family member. Most often this abuse is in the form of sexual abuse or rape by a male family member, typically the father. Julie however claims no physical or sexual abuse of any kind from any family member. She does however admit to having a family where the majority of interaction between the family members was verbal abuse. “Fighting and hostility were everyday in my house. We didn’t spend much time doing things as a family cause it always ended up as some sort of argument.”
Julie grew up in middle class white rural America. She was a straight-A honor student, member of her National Honor Society chapter, and participated in her high school's honor choir, tennis team, softball team, and was actively involved in her church. She also cut herself when she felt overwhelmed, angry or upset with herself or her mother. “My mom was a big part of my self-injury. I could never do anything right, no matter how well I did or how involved I was in everything, I was never good enough.” Pressure to succeed in academics, sports, extra-curricular areas and her social life made her life very stressful in high school.

Julie was constantly striving to gain approval in her mother’s eyes, and to avoid the conflict that surrounded her at home. She involved herself in everything she could think of in order to stay out of the house and away from the fighting. “I was in choir, band, tennis, softball, school plays, and I even helped with the boys track team part time. I took accelerated courses, was involved in my church’s high school youth group, and sang actively in the choir.” But it wasn’t just school and community that kept Julie active; she also had a busy social life.

From the time Julie entered into high school, there was only a six month span in the total four years that she was single. Her first boyfriend was abusive, and after he graduated at the end of Julie’s freshman year, the relationship ended. During the same time, harsh ridicule from her mother led Julie to stop eating in order to “not look so fat” in her softball uniform. She struggled with undiagnosed anorexia for the next 2 years. Soon after that relationship ended, she got into a year long relationship with a boy who was emotionally abusive to her.
Her new boyfriend would tell her that she would never find another boy who would like her, that she was the cause of all of his problems, and that she was lucky to have him. “He used to lie to me about all sorts of things, and when I would get really upset he would apologize and tell me he did it so I would be upset and prove that I loved him.” While the relationship ended after a year, she remained friends with him until she graduated and he continued to put her through emotional hardships for the remainder of their friendship.

During her junior year, Julie became actively involved with the “wrong crowd,” and began drinking socially with friends. Her next boyfriend treated her with little dignity, making her feel more like a toy than a girlfriend. “All he was interested in was trying to see how far he could go with me. He was always touching, grabbing, groping, and patting me.” Following that brief relationship, Julie was single for the first and only extended period in high school. However, her lack of a dating relationship bothered her mother, who said it was a question as to why any guy would want to date her in the first place. “I learned quickly that it was expected for me to have a boyfriend.” So after six months of being single, Julie dated her final high school boyfriend. Although he was by far the most respectful of all of her boyfriends, she says, he made her feel like he was doing her a favor by dating her.

When that relationship finally ended, Julie’s self-injury episodes increased dramatically. This was when she wrote the majority of her poems pertaining to her cutting. Julie finally managed to get out of her parents house, and without the tension and hostility of her family to upset her, she started on the road to recovery: to end her
self-injury. She has not cut in over two years, an achievement she is very proud of. Julie recalls what helped her quit:

“When I got away from all of my mothers expectations, it was like some of the negative voices in my head left. I found a boy who re-introduced me to Christianity, and I started talking to God again. My body is a temple of the Holy Spirit, and God doesn’t want me to mistreat it like I was. So I decided I had to stop. I prayed about it, and I slipped up a few times, but God’s given me the strength, resolve and awareness to know that He’s gonna help me through it.”

Julie now considers herself on the road to recovery, however she acknowledges the journey isn’t over here. She considers self-injury to be an addiction or disease, like alcoholism. “It’s about not putting yourself in the situation, or giving your self the opportunity to go back there. It’s a mind set – It’s a choice.”

Julie spoke with me about what she feels led to her engaging in self-injury. She acknowledges that it started because of her relationship with her mother. “I would get so upset, so angry that it felt I had this pressure inside my chest and I couldn’t breathe or think: I thought I was going to explode!” One day when she was about fourteen, after a fight with her mother she picked up a pair of scissors and ran the blades down her forearm “at least” nine or ten times. Suddenly things seemed clearer, and the pressure was gone. It was the beginning of an addiction that would last nearly seven years.

Through those seven years, Julie kept journals where she would write poems mostly about how she was feelings. Today she has 898 poems, 90 of which pertain to her self-injurious behavior and episodes. Most of these poems are talking about anger
towards her mother, anger towards herself, and in some, thoughts of suicide. In some she
even asks for help to stop her behavior. In one such poem to her mother she writes,

“I wanted you to listen/ But you couldn’t/ You just wouldn’t.
I wanted to be heard/ To know I have a voice/ To maybe know/ That what I say
matters.
I wanted you to stop/ And hear me/ But you didn’t have the time…
I cried/ I cried out to you/ Because I needed to know if I mattered at all/
But I didn’t get an answer/ You couldn’t hear me…
I tried to tell you/ I wanted to be stopped/ But you didn’t hear me.
If you would just listen…”

This is only one of five such poems which seem to be crying out for help, and in which
she feels she receives no response. They are far outnumbered by the 21 poems written
with a wish to die.

I asked Julie what purpose she saw her self-injury serving in her life when she
used to self-injury. She gave me her answer in one word: “Control.” She recalls feeling
so out of control that the only thing she had left that wasn’t under her mother’s sway was
her physical body. “She would rule my life; my emotions, my actions, my thoughts… the
only thing I had left was me.” Julie pointed out 18 poems she had written which talked
about regaining control within her life. One poem which echoed closely to something
Annie had said from A Bright Red Scream began with the lines “No one will ever hurt me
quite like I will, because as long as that’s mine – as long as I can cut deeper—you can’t
hurt me – I’ll be okay, as long as I can control my pain” (written 4-28-2000).
While control seemed Julie’s main motivation, she wrote poems pertaining to other feelings too. Along with her poems about her emotional abuse, neglect, anger, eating disorders, suicidal thoughts and a need for control, Julie wrote poems about her anger at the addiction itself and about anger at not being able to share her secret with others. One poem above all the others stood out to Julie as the poem which most closely describes her during the seven years she struggled with self-injury. It’s called “Have You…?”

Have You…?

Have you ever heard the sound a razor makes/ When it cuts into the skin?
Have you ever felt the calm just before/ The pain, like bright red blood
Seeps through the cut?
Have you ever watched the blood rise/ And suddenly form a burning line
Where there once was none?
Have you ever seen the blood/ Seep into a pure tissue
And soak it with bands of red pain?
Has it ever made you feel better/ To feel the pain on the outside?
Has it ever reminded you you’re still alive/ Despite the dead feeling inside?
Have you ever wanted to bleed your pain/ So desperately
That you just slash and slash/ Until you realize through your tears
That you’re bleeding all over yourself…
And it makes life more bearable somehow?
Have you ever tried to remove your pain/ With the point of your razor
And the blood of your veins
Just to throw it away/ On the blotting tissue?

I have. (2-4-01)

In this poem, Julie writes about several of the purposes that many of the other women I read about had discussed. In it she mentions a need to draw blood, to feel real again (possibly as a result of a dissociative state), to make her pain tangible and visible, and to bleed out bad blood, or as Julie refers to it, to “Bleed out pain.”

There are 90 such poems and journal entries Julie allowed me to read for this research and comparison. Just to give a general summary, 32 mentioned a poor self-image, 11 dealt with anger and pain as a result of her mother’s treatment, 1 discussed her eating disorder, 13 referred to her need/desire to draw blood and create scars which she wrote “stand for pain, survival (and) strength.” As far as reasons or purposes her cutting served, 5 poems dealt with feeling the need to be punished, 8 talked about feeling release, 18 referred to her cutting as giving her “control,” 7 discussed making her feel real or alive again, 18 mentioned making internal pain tangible, 3 discussed bleeding out bad blood or bad feelings, 21 mentioned suicidal thoughts, and 5 mentioned wanting help to stop cutting. In all, Julie seems to be fairly representative of the typical cutter. Popular self-injury website RuinYourLife.com says the following about the typical self-injurer:

A great proportion of people who have self injured started in their early to mid teens, and women are more prone to start… Most people who self-injure tend to be perfectionists who are unable to handle intense feelings, are unable to express their emotions verbally, have dislike for themselves and their bodies, and can experience severe mood swings. They may turn to self-injury as a way to express their feelings and emotions, or as a way to punish themselves. (Jan. 16, 2004)
Yet the question still remains, can those who don’t self-injure ever possibly understand why someone would choose to intentionally hurt themselves in order to “feel better?” Is there anything out there that can help us in understanding why they do it?

**Theoretical Analysis**

Based on class discussions and the literature research I have conducted for my thesis, I have identified several theories which seem pertinent to the topic of self-injury or self-mutilating behavior. These theories appear to have validity in regards to my attempt to explain Julie’s rationale for engaging in self-injurious behavior as well as expound on what purpose the self-injuring behavior serves in her life. I assert only that the applications of these theories are relevant to Julie and should not be held as necessarily true to all individuals who engage in self-injuring behavior; it is her Emic. At the same, they may not necessarily be true of Julie as they are only my attempt to explain her behavior and were not identified by Julie herself as pertinent to her past self-injurious behavior; it is my Etic.

Based on literature research which demonstrates poor self-image as a common affliction among self-injurers, and in conjunction with my first hypothesis, Cooley’s theory of the *Looking-Glass Self* seems to have a valid and rational connection with self-injurious behavior. This theory is centered on the idea of an individual’s perception of themselves. According to Cooley, individuals form their sense of self by means of their interaction with and the reaction of people around them. Using the feedback from people around them, individuals gauge themselves on who they are and how they are doing.
This theory has explanatory value in discussion self-injurious behavior due to the fact that Julie admittedly suffers from a poor self-image which appears to be the result of emotional abuse she suffered from her mother and various boyfriends’ verbal berating. Julie admits that her negative self-image was a considerable factor in her engagement in self-injurious behavior, and has written several poems that spoke of her need to punish herself for her worthlessness and uselessness. Thus, by way of Cooley’s *Looking-Glass Self*, Julie most likely saw herself as worthless because her observation of others responses to her. After relationships with many boys who treated her with less than the amount of dignity and respect that she deserved, Julie had come to think of herself not being deserving of the same level of respect and consideration as others within society. She admitted to engaging in self-injuring behavior as a means of punishing herself for her perceived worthlessness, both in her interview and in her poems.

Because Julie has managed to leave the home situation which led to the majority of her poor self-image, her feelings about herself have improved, and her self-injurious behavior has stopped. This change in perceived self-image and self-injurious behavior can likely be attributed to that fact that Julie is no longer exposed to the same “Looking Glass” as she was when she was in high school and living at home with her mother. By changing her environment and the people around her, Julie was able to change her looking glass and thus change her image into something more positive. “I realized that I wasn’t who my mother or my boyfriends said I was, and I didn’t deserve to feel how they made me feel.” Her renewed Christian faith also played a role in her changed self-image. Perhaps if more self-injuring people are able to change the environment they are in, and
change the “Looking Glass” that they are faced with, then they might be able to stop their harmful self-injurious behavior.

Emile Durkheim’s theory on Anomie also offers a possible explanation concerning the phenomenon of self-injurious behavior. Anomie, as explained by Durkheim, is essentially a feeling of not being connected with society; being unaware of social expectations, and without a moral compass of right and wrong within the society. Logically this theory finds merit when looking at the phenomenon of self-injurious behavior due to the fact that Julie felt disconnected from her family and society. However, in realizing that her behavior was unacceptable in society, she was well aware of the social expectation that people are not to hurt themselves in order to feel better. Despite that, Julie felt as though she were alone and no one was listening to her or could hear her. So while she did have a moral compass, she did not feel as though she was part of that society and therefore likely felt it was unnecessary for her to follow the moral sway of a society of which she was not a part. She was not regulated by societies norms.

Within all of my hypotheses is a social dynamic in which the typical feelings of equality, individual value, and characteristic social interaction among linked human beings is, in one way or another, flawed. This abnormality seems to have led to despondent emotions within Julie, leaving her feeling as if she was floating alone within society without an anchor. She was unable to determine the right choice of action in times of distress and confusion, and felt as if she had no channel through which she could ask for help. Her writings appeal to her mother and friends for help, but due to the fact that they were not shared with the audience they were in fact written for, Julie received no help from family or friends. Another mindset Julie shared with me was that while she
wanted to ask for help, she never believed that telling her mother or asking her for help would actually result in her mother helping and improving her situation. “She was the reason I was hurting... I couldn’t tell her that and expect her to be nice or happy about it.” Through these feelings of isolation from society, Julie found her only relief was through self-injury.

Considering that self-injurious behavior is on average a private act, Goffman’s theories of Dramaturgy and Impression Management seem to play vital roles in the lives of individuals who self-injure. Dramaturgy refers to Goffman’s theory that life is a cycle of “dramatic performances” in which individuals play different roles depending on the “stage” or situation they find themselves in. This is a means of impression management; a way of maintaining appearance and handling situations in the face of problems.

In chapter six of the book Contemporary Sociological Theory and It’s Classical Roots, author George Ritzer described Goffman’s theory as life as consisting of two stages in which an individual performs. These stages are the “front stage” and the “back stage.” The front stage is relative to the public life of the self-injurer in which they keep their affliction and scars hidden. The back stage is analogous to the self-injurer when they are alone and engaging in self-injurious behavior. The purpose of the self-injurious behavior determines on which stage the self-injurious behavior presents itself. For Julie, the purposes of her self-injurious behavior were vying for control and the urge to self-punish. Based on both of these reason, I believe that Julie’s self-injury was well hidden on her “back stage,” while on “front stage” she played the perfect daughter and child.

Through my research I have noticed that such behavior is very common among self-injuring individuals. Typically self-injurers are just as active, social and successful
as any other individual who does not engage in self-injurious behavior. Julie was likewise an academically, socially and athletically gifted individual who could easily have been taken for the “All-American Girl.” Meanwhile she struggled with a “back stage” that was both lonely and filled with pain. Julie was able to keep both stages separate within her life. However, she was unable to deal with the stresses of the “front stage” which were typically dealt with within the context of her “back stage” life. Because of the amount of secrecy surrounding her “back stage,” Julie was left to deal with her demons on her own. This is typically the case with most self-injurers: they want help, but they don’t want to let anyone “back stage.”

In juxtaposition with my first hypothesis and the theory of Cooley’s Looking-Glass Self is the Labeling Theory. This theory asserts that an individual is likely to become what they are labeled; individual self-image is shaped by social labels. Therefore, if an individual is constantly hearing negative comments about themselves, they are likely to believe and accept those remarks as true. The label becomes the motivator, and can lead the individual to react to the label as if it were true. Based on the root and tone of Julie’s self-image, the Labeling Theory also look as if it plays a large role in explaining why she engaged in self-mutilating behavior.

Julie was constantly bombarded by people telling her or showing her how little she was worth. Her second boyfriend told her straight out that she would never find another boy who would want to be with her, and her mother called her a failure even if she got straight A’s in school. “My brother could get a C and my mom would congratulate him, but if I got a low A, my mother would go nuts.” The irrational double standard Julie was daily faced with and the names and put-downs she experienced from
some of the most influential people in her life likely led her to believe that she was in fact as "bad" as they said she was. She was faced with a legitimacy crisis in her relationship with her mother, and as Julie put it, "Mothers aren’t supposed to lie to you."

Another very important theory which appears to bear heavily on the topic of self-injury is Ethnomethodology. In nearly every source I discovered on the topic of self-mutilation, ethnomethodology was either discussed or implied. Ethnomethodology is a study of how individuals understand and operate in everyday life situations. Since this is very applicable to the study of self-injurers due to their atypical self-injuring behavior, it is the essence of my methodology. It is important to use ethnomethodology in order to study, gain insight into and understand why (for what reasons) certain individuals engage in self-mutilation.

Through ethnomethodology I sought to understand how Julie organized and understood situations. This aided me by giving me insight into why she resorted to self-injuring behavior in response to certain situations. Because it appears Julie was never given a supportive upbringing, which did not allow her to discuss her problems with her parents, Julie quickly learned that the best resolution to a problem was to ignore it and not talk about it. As a result, situations arose which were too stressful or hurtful for Julie to understand or cope with. She had never learned the appropriate coping skills to deal with emotionally stressful situations. Such situations included negative comments from her mother and boyfriends, poor grades in school, losing games or matches in either of her sports, or even not getting a solo she had tried out for. These seemingly insignificant setbacks as others would see them appeared to be huge obstacles to Julie, who found the only way to deal with the hurt or disappointment associated with these setbacks was to
cut her self in order to feel a physical pain rather than an emotional one. She also cut when faced with comments of ridicule or failure that she was unable to control. She cut so that she could “regain control” of her life and surroundings again.

Approaching this topic from an ethnomethodological approach enabled me to compare the organization and understanding of other self-injuring individuals to Julie’s organization and understanding. It is through the study of her understanding and reaction to everyday situations and circumstances that I was able to understand or decipher why she engaged in self-injurious behavior, and what benefit that behavior served her. As far as Julie’s organization and understanding is concerned, there was one major difference that I noticed between her understanding and organization compared to that of someone who does not self injure. Julie was unable to identify and distinguish small setbacks from major problems, and therefore dealt with everything as equally distressing. Her inability to distinguish between major and minor problems created in her an understanding that alleged “any failure or setback is entirely unacceptable.” This mindset led her to treat every slight as equally upsetting, and she responded in the same dramatic way: self-injury.

*Phenomenology* is probably the most closely correlated of all theories when it comes to understanding the growth or increasing popularity of self-injury. Phenomenology is a school of philosophy which focuses on the study of the mind. Alfred Schutz, a famous sociologist and phenomenologist theorized about the mind and mental process, focusing clearly on the ideas of meanings and motives. *Meaning* refers to what aspects of the social world a given individual considers important or meaningful. *Motive* simply refers to why people do what they do.
Based on the ideology of phenomenology, I endeavored to comprehend what Julie defined as meaningful, and thus what had the most effect on her and likely led to her engagement in self-injurious behavior. For Julie, approval and acknowledgement was very important to her, yet she was unable to get approval from her mother or from her boyfriends. She constantly strove to please both but never received any sort of acknowledgement for her efforts. Nothing seemed good enough to gain her mother’s approval, and the only way she felt she could please her boyfriends was by being a virtual slave to their demands and desires. However, because of the amount of effort she put into trying to please others, she never was able to find true happiness for herself. She relied on others to give her happiness, and when every effort was met with impassiveness, she was left feeling both unhappy and unfulfilled.

In reference to my understanding the purpose of self-injury in Julie’s life, Functionalism played a key role in my discerning why the self-injurious behavior continued, and what benefit it provided her. Functionalism is a means of seeking how something works for the welfare of an individual or society. It is logical to assume that if a behavior or object serves no beneficial function to an individual or society, then the practice or object would fall out of use and be replaced by something more useful. It was through functionalistic means that I was able to appreciate what benefit Julie reaped from her self-injurious behavior, and thus why she continued to engage in it.

Applying the theory of Functionalism to self-injury suggested that self-injurious behavior served some valuable incentive which convinced Julie to continue in her ways. People and structures continue on the basis of certain indispensable functions which, if they were without, would collapse and become dysfunctional. Theoretically, the same
would happen in the sense of an individual. Therefore, I listened carefully during our interview and took a close look at Julie’s writings in order to see what sort of indispensable function self-injury played in Julie’s life.

Julie’s life was ruled by performances and disappointment, as well as feelings of being out-on-control. At times, Julie admits, she felt like she really didn’t matter or even exist to her mother. “When I had upset her, she had this habit of walking right past me, staring straight ahead as if she didn’t even notice I was standing there.” Julie wrote in many of her poems about the need to feel real, and how feeling the pain of cutting made her realize she was real and did exist. Strong writes,

...cutting provides a sense of reintegration, like a jolt of reality to the vanishing self. The sensation of pain and the sight of blood breaks through the deadening depersonalization and prove that the cutter is alive, human, whole. (1998:40)

Cutting made Julie realize she did exist, and that she was real. The alternative, the doubt of really existing was too much to bear, so when she felt spurious she would cut in order to feel real and alive again.

Another indispensable purpose which her cutting seemed to serve was to gain control of a situation in which she had none. In most cases, these were times when her mother’s or boyfriends’ words or actions hurt her, upset her or made her feel worthless. She frequently felt as though she were unable to control the situations in her life and therefore unable to control the emotions and feelings that went along with those circumstances. To feel as though you cannot control your very life and emotions would seem to any human being a terrifying existence. So Julie found her control in the only place that was left as hers. She writes numerous poems which the themes centralize
around the idea that while others hurt her emotionally, no one will ever hurt her "quite as badly as she can" (meaning physically). This last ounce of control was all that was left to her when everything else was taken away. At one point she struggled with anorexia, though undiagnosed, because this was another area where the control was purely hers. As she said, "No one can make you eat if you don't want to." Feelings of being alive and of having control, feelings she could get no where else were hers through her self-injury. Without them, she says, she would have been no better "than a mindless, heartless, worthless slave."

A final theory which proves relevant to the topic of self-injury is the concept of *Habitus*, as conceived by Pierre Bourdieu. *Habitus* refers to the mental or cognitive structures through which people deal with the social world; a series of internalized schemes through which we perceive, understand, appreciate, and evaluate the social world. It is closely related to the theory of Dramaturgy. It is through these structures that we define the world around us and understand its meaning, thus responding to it as we deem appropriate or effective. Julie responded to life using self-injury because of the way she saw and understood the world around her. Understanding her cognitive process and structures at the time of her self-injury gave me a better understanding of her reasons and the benefits she received from self-injury. While habitus may suggest to her what she should think and choose to do, it was ultimately her choice what as to what action she engaged in. It is the process of deliberation and decision-making that replicates the operation of the habitus.

Julie made a conscious choice to self-injure. Julie saw her life as outside of her control, and instead as bending to the will and desire of those around her. She realized
that nothing she could do would change the way her mother saw her, and thus nothing would ever make the situation within her home better. She understood herself to be without merit, to be constantly failing at everything she attempted, and to be worth little in the scheme of her surroundings. Thus, hurting herself didn’t seem like a bad thing to do. The only feelings she felt “were pain and sadness and loneliness.” Through this understanding, through this association of pain and sadness as the root of her life, hurting herself more seemed to her completely natural. “Everyone else hurt me,” she says, “so I figured if they could do it, so could I.”

Julie was alone in her world, as far as she could tell, and without anyone to tell her or show her how to effectively deal with disappointment, sadness or failure, she developed her own means. With what she understood to be true of her self, self-injury was not an abomination, but rather another link in a chain of abuse and neglect that began outside of her. I asked Julie the same question I asked her a long time ago, when I first found out about her self-injury: “why would you take one pain and one hurt (caused by those around you) and allow yourself to turn it into two. Isn’t that like them winning twice?” Julie thought for a while, and then gave me a similar response to the one she gave me when I first found out about her self-injury. It’s a response I believe may echo with many self-injurers out there: “I wanted to hurt myself as badly as I was hurting inside from them, and as long as I could do that – as long as I could hurt myself worse, then they would never totally destroy me or own me. All I had left that was really mine was my blood and my scars.”
Conclusion

There are a lot of factors which can contribute to an individual’s decision to engage in self-injurious behavior. Sexual abuse seems to be the most common factor among all of the individuals I studied. Abuse at an early age can lead children to feel separated from their bodies, strange about their feelings which betrayed them during their assault, and ultimately guilty, responsible and deserving of all of the pain, guilt and confusion that follows such abuse. They start to hate themselves and their bodies, and if the abuse is at the hands of a relative or family member, there may be no safe haven for them to talk about their feelings and emotions as a result of the abuse. These children can grow up hurt, angry and alone in a society that should be reaching out to them.

However, there is no one factor that can be pinpointed and blamed for definitely leading to self-injurious behavior. Ultimately it is a choice made by an individual who may see no other options. Self-abuse and self-injury can serve many purposes in the lives of those who live with it. Those who have not spent time in these individuals’ shoes are best not to judge or criticize individuals who self-injure, but rather should be supportive and give them a place to turn before they resort to self-injury. In the end, the decision to stop self-injuring is also one that must come from within the individual. Typically it is a result of the positive influences that surround the individual at the time they choose to discontinue their behavior. Julie gives a lot of credit to her friends who were supportive of her and would listen to her when she needed to talk. “My friends were a big part of it, but ultimately, it was my choice. I decided I was worth more, and that cutting was only
perpetuating the hurt someone else had made me feel. It wasn’t my pain, it was my mothers, and I wasn’t going to live with it.”

Julie shared with me a letter she had found online which she kept taped to her wall next to her bed. It’s a letter from another cutter, written to his addiction (cutting). The letter reads:

Dear Cutting,

You helped me tremendously over the past two years. In the beginning, the very first time, I used you for attention. As much as I don’t like to admit it, that’s what I did. It was negative attention and I found that I was uncomfortable by that attention. I felt like I deserved your darkness, cutting. And when I was angry, I used you to calm down and I felt that it was the only real way to express the terrible rage I felt towards my parents, my mom’s boyfriends, and most of all, myself. I cut when I was sad and broken, which was behind my anger. And it got to the point where I cut when I was content. I’ve never been happy. You became my addiction after two or three months. Cutting made me feel strong and in control. I couldn’t make my dad stop drinking, I couldn’t make my mom stop throwing up or admit what she did in C_____; I couldn’t change the past. I never could and never will. But I did cut. I cut a lot. I had my own ritual and every time I followed my ritual I felt stronger at first, then ashamed. So incredibly ashamed. When I tried to cry, no tears came. So I cried bloody tears. It made me feel crazy and to this day I understand most of the reasons but not all of them. I won’t forget the sad, disgusted, angry looks of hospital staff, parents and therapists. I haven’t used you in a long time, but I never through of writing
you a letter. Now I am saying goodbye, cutting. Goodbye to the security, the false control, the shame... and thank you for keeping me alive at my most difficult times.

Sincerely, J.S.

Julie says she looks at the letter every night before going to bed. "It reminds me that I'm not alone in my struggle, in my feelings." As of our interview on March 16, 2004, Julie has been episode free for over two years.
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