Understanding Self-Injury through Body Shame and Internalized Oppression[1]

Abstract: In this paper, I assess one dimension of self-injury through a framework of psychological oppression. Certain effects of psychological oppression, I argue, share a surprising degree of overlap with subjective features of self-injury, and may thereby partly explain socially marginalized agents' high risk of self-injury. I first discuss certain subjective features of self-injury that are particularly salient in agents' self-reports. I then canvass some of the literature on the risk of self-injury among members of socially marginalized groups. Focusing on one socio-cultural analysis of self-injury as a start, I discuss Sarah Naomi Shaw's (2002) feminist analysis of self-injury. I argue that while Shaw's analysis pays important attention to certain features of self-injury, its reliance on white feminine socialization, and body and beauty norms in particular, is overly restrictive. Finally, using Sandra Bartky's (1990) conception of psychological oppression, I focus on three features of psychological oppression and their connections to self-injury: 1) self-loathing and intra-self fragmentation; 2) bodily objectification; and 3) shame over acting out one's agency.

Keywords: Non-suicidal self-injury; self-loathing; shame; self-objectification; agency

I. Introduction

Though clinical understandings of self-injury, the deliberate mutilation of body tissue, have developed significantly since the phenomenon was first studied, the predominant stereotype of who self-injures is still white, teenage girls (DeAngelis, 2015; Shaw, 2002).[i] White girls as well as white women are, indeed, at risk for self-injury (Smith et al., 1999; Strong, 1998), and socio-cultural explanations appealing to oppressive socialization—particularly the influence of Western beauty norms—have been offered to explain their high rates of self-injury (Shaw, 2002). Yet evidence exists to challenge this conception that self-injury is exclusively a white, female issue: black women (Cooper et al., 2010), South Asian women (Chew-Graham et al., 2002), black boys (Gratz, 2012), and LGBT youth (Liu & Mustanski, 2012), for example, are

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found to be at risk for self-injury along with white women and girls. This suggests that an understanding of self-injury needs to account for these other socially marginalized agents' experiences—it cannot be solely based on the norms of white, feminine socialization. To that end, I assess the socio-cultural dimensions of self-injury through a framework of psychological oppression. Certain effects of psychological oppression, I argue, share a surprising degree of overlap with subjective features of self-injury, and may thereby make socially marginalized agents vulnerable to self-injury. This framework is therefore applicable to a diversity of agents who self-injure, including, but not limited to, white women and girls.

In order to develop this framework, I first discuss certain subjective features of self-injury that are particularly salient in agents' self-reports. I then canvass some of the literature on the risk of self-injury among members of socially marginalized groups. Focusing on one socio-cultural analysis of self-injury as a start, I discuss Sarah Naomi Shaw's (2002) feminist analysis of self-injury. Shaw (2002) argues that self-injury is a way for (white) women and girls to both reenact and resist the bodily objectification and violations they experience socially. Because it is a startling reflection of women's oppression—a reality that many would rather not see—self-injury faces severe social scrutiny. I argue that while Shaw's analysis pays important attention to the socio-cultural features of self-injury, its reliance on white feminine socialization, and body and beauty norms in particular, is overly restrictive. I then set up a framework for understanding the socio-cultural dimension of self-injury using Sandra Bartky's (1990) conception of psychological oppression. I focus on three features of psychological oppression: 1) Self-loathing and intra-self fragmentation; 2) Bodily objectification; and 3) shame over acting out one's agency. I argue that each of these features may partly create the conditions that put agents at risk for self-injury. Though future work will require a more tailored analysis to particular

marginalized identities and their experiences of self-injury, my goal here is to introduce a framework that sets up the connections between psychological oppression and self-injury without privileging the experiences of one group.

One word of caution: social marginalization and self-injury are each heterogeneous phenomenon, lived through the particular circumstances of a given agents' life. There is no univocal experience of self-injury, just as there is no univocal experience of oppression. Any connection between self-injury and oppression must be tempered by this awareness. Not everyone who experiences oppression will internalize their oppression to the same degree or in the same way (or at all), for instance, and the reasons for an act of self-injury will vary between and within individuals. Similarly, there are cases of self-injury that are not related to social oppression at all, and so cannot be analyzed in these terms. Further, socio-cultural features are only a single dimension of self-injury, and not necessarily definitive of it. A full understanding of self-injury will also need to consider, for instance, individual and relational factors. But insofar as socio-cultural factors do play some role in self-injury, an effort to understand self-injury should include a wider attention to this dimension than has yet been given.

II. Self-Injury

Self-injury goes by many names—self-harm, non-suicidal self-injury, self-mutilation, self-violence—but all refer to a behavior marked by deliberate, self-directed physical damage. The core features of self-injury (hereafter SI) which appear within most definitions are:

a) S causes "destruction of the body tissue", e.g. by cutting, burning, carving, bruising, breaking bones, or inserting objects under the skin (Nock and Prinstein 2005, p. 140)

b) S injures themselves deliberately/intentionally/with purpose

c) S does not act out of (conscious) suicidal intent

Some explanations of these components may be helpful in understanding the behavior. Note first that the physical damage that S causes themselves is deliberate: it is not accidental, a delusional behavior, or part of a psychotic act. Rather, S knows what they are doing, and does so deliberately. Early research on SI interpreted the behavior as nothing more than a failed suicide attempt, but opinions have since shifted to recognize SI and suicidality as separate behaviors (Favazza 1996, p. 232).[ii] SI is not an act of suicide but rather a deliberately undertaken act of non-lethal injury.

One striking variation on definitions of SI is the normative evaluation of the behavior. While some define SI as normatively neutral, indicating that there is nothing inherently 'bad' about the behavior, others build an evaluative component into the definition. Under the latter definition, SI is self-directed bodily damage of a "socially unacceptable nature" (Walsh and Rosen 1998, p. 10). This difference is clearly drawn under Armando Favazza's distinction between acceptable and unacceptable SI. Favazza's general definition of SI is neutral; he then divides SI into "culturally sanctioned" and "deviant" groups (Favazza 1996, p. xviii). According to Favazza, what grounds the distinction between socially deviant and socially acceptable SI is its source: deviant SI is a "product of mental disorder or anguish," while acceptable SI is seated in a larger social meaning or practice (Favazza 1996, p. xix).

In contrast with socially acceptable SI, deviant SI tends to be an isolated act of distress management. While there are a few forms of deviant SI, most psychological research is focused on superficial/moderate, episodic self-injury, defined as periodic acts involving low tissue damage, like cutting and burning, which may be symptomatic of or associated with mental

illness such as depression, anxiety, or personality disorders.[iii] Superficial/moderate episodic SI (hereafter, SESI) has been called "a morbid form of self-help," and there is clinical agreement that SESI is an effort to relieve personal distress (Favazza 1996, p. xix). The forms of distress vary: SESI may be undertaken in order to relieve anxiety, dissociation, anger, feelings of being out of control, or to prevent emotions from becoming too strong; it may relieve intense guilt, shame, or self-loathing by functioning as a form of self-punishment; it can act to purify a perceived internal corruption, or be a way to avoid intense feelings (Favazza 1996, pp. 242-245; Strong 1998, pp. 36-45). As Merilee Strong writes, "Deliberate self-injury appears to be a source of effective and instantaneous relief from both the state of heightened agitation and anxiety as well as from the opposite state of inner deadening and numbness that characterizes dissociation" (Strong 1998, p. 106). Roughly, then, we can distinguish two types of distress to which SESI is a response: hyper-arousal, (e.g. anxiety and anger) and absence of affect (e.g. numbness and dissociation).

It is worth stressing that a given agent's reasons for engaging in SESI (in general and in any particular instance) may be overdetermined: in addition to distress relief, SESI may be used to signal to others how much pain one is in when language is inadequate, or as a personal test to see how much pain one can withstand, for instance (Favazza 1996, pp. 244-245). Nonetheless, the primary function of SESI, and the one that will be discussed here, is its function as a coping mechanism to manage distress.[iv] When other methods are ineffective to relieve these overwhelming states, self-injurers attest that the sight of blood or shock of pain succeeds in mitigating unbearable emotions, calming anxiety, regaining control, or awakening feeling (Klonsky, 2009; Strong 1998, pp. 1-16). A few particularly prominent reasons for SESI are

worth noting in more detail here as they will be relevant to my argument below. These are: feelings of self-hatred, mitigating dissociation, and seeking to regain control (respectively).

Among the variety of reasons for engaging in SESI, Favazza identifies what he calls "negative perceptions" of the self (1996, p. 244). The thought is that SESI can be a response to certain negative self-regarding views. He cites the following example: "A 33-year-old homemaker explained, 'My father tried to have sex with me when I was 22 years old, and I felt like a frightened child. I cut myself because I feel so much hate for myself.'" (Favazza 1996, p. 244). Self-hatred, and the related feelings of worthlessness, disgust, shame, and the need to punish oneself seem to be one particular cluster of motivations for SESI. Strong recounts a number self-injurers who attest to this self-loathing: when she started cutting, Melanie says, "'I didn't like who I was, I didn't like the way I looked, I didn't like anything about myself,'" (Quoted in Strong, 1998 p. 5); another self-injurer, Gillian, claims, "'Before cutting I usually feel disgusted with myself, like I have no future and I can't go on…Self-harm is like a catharsis for those feelings, and afterwards I usually feel a little better,'" (Strong, p. 43); and "Lukas thinks one of the reasons he cuts, and cuts so savagely, is because he has internalized his father's contempt [for him for failing to meet his father's standards]. 'I hate myself,' Lukas says unequivocally. 'It's almost an insult for people to refer to it as a self-esteem problem. I'm talking active, passionate hatred.'" (Strong, p. 12). These accounts suggest that self-hatred plays two possible roles in SESI, functioning both as a background condition, a 'negative perception' of the self that sets the stage for SESI (as in Melanie's case), and as an acute emotional experience that SESI can relieve (as for Gillian).

Another function of SESI is mending a disconnected sense of self by interrupting the unpleasant experience of depersonalization, a mild form of dissociation in which one feels unreal

or unconnected to their body (Strong 1998, pp. 36-40). Dissociation is a protective mechanism that may occur under extreme distress or trauma. In its milder forms, dissociation causes agents to feel numb, unreal, not really alive or embodied. A cut or burn can "bring one back to reality," the wound providing evidence that one is connected to their body and real—states that are in doubt during dissociation (Strong 1998, pp. 37-40). Self-injury is a way to reify the body through harm and exact 'proof' of one's embodiment. As clinicians attest, it is hard to imagine a more effective way to reestablish a connection to one's body than to harm it. Harming the body produces the pain, the sight of blood or smell of burnt flesh that is definitive assurance that one is and is in one's body. Josie, a 29-year old self-harmer, describes this function:

> I feel so unreal in those states, like I'm disappearing. Sometimes I even have difficulty recognizing things and am unsure of who I am. I often get trancelike, far away. 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. (Quoted in Strong 1998, p. 40)

SESI can also be a way to gain control over one's emotional life. Feeling 'out of control'—of "[one's] thoughts, [one's] emotions, and [one's] actions," can be terrifying (Strong, quoting Lindsey, a 15 year-old cutter, 1998, p. 41). SESI is an act that can reestablish control by tempering and managing unbearable emotions—affect regulation is a primary function of SESI (Klonsky, 2009). SESI is also, itself, an expression of control. The act of cutting or burning is something one *can* do in a desperate situation. SESI is thus a deliberate act of coping, chosen for its efficacy and enacted with the purpose of establishing some control over one's emotional life. And as many self-harmers and clinical professionals have noted, it works—if only temporarily—to relieve distress, regulate emotions, and establish control. 'Morbid self-help' is an accurate title: SESI is a way to cope through harm even if not an ultimately beneficial way to do so.

Though clinicians generally agree that SESI functions as a coping mechanism undertaken in an effort to relieve distress, this is not a positive endorsement of SESI (Favazza 1996, p. xix; Shaw 2002, p. 1999). The claim that SESI is effective in its short-term aim of relieving distress does not imply that it is an all-things-considered adaptive coping mechanism, nor does it follow that clinicians should encourage SESI. Rather, clinicians view SESI as a psychological problem that requires treatment (Favazza 1996, pp. 288-323). However, emphasizing that self-injurers experience real benefits from SESI is imperative in light of the disapprobation they face because of it. This disapprobation is born out in two ways: the attitudes directed towards SESI and self-injurers by others (call these out-group attitudes) are highly stigmatized, marked by disgust and alarm, while the attitudes that self-injurers harbor towards themselves and their behavior (in-group attitudes) tend towards shame and self-loathing. In-group and out-group attitudes towards SESI are distinct yet related; social stigmatization can become internalized in the self-injurer, resulting in personal shame and self-hatred.

As is clear from the clinical designation of 'deviancy,' out-group attitudes to SESI are unambiguously negative. Shaw, for instance, notes that "…it is immediately transparent that episodic and repetitive self-injury is not socially sanctioned" (Shaw 2002, p. 205). Historically early reactions to SESI in clinical settings included disgust and horror. Though positive shifts have been made in the clinical understanding of SESI, the behavior remains largely stigmatized: SESI "is constructed as pathological and typically experienced by outsiders as unsettling" (Shaw 2002, p. 205). One study found that self-injurers who visited Accident and Emergency Centers experienced "hostile and punitive treatment" (Owens, Hansford, Sharkey, & Ford, 2015, p. 289). Specifically, some self-injurers were "told that they were 'selfish,' 'inconsiderate,' 'as bad as people who make hoax ambulance calls' and that they were 'wasting time that could be used on

real patients'" (Owens et al., 2015, p. 288). In a non-clinical context, family and friends who misunderstand self-injury may also spread this stereotype, as in the case of Annie, whose father angrily described her self-injury as "'teenage bullshit, an attention-getting device'" (Quoted in Strong 1998, p. 23). Ultimatums to stop self-injuring from family, friends, or clinicians may reinforce the perception that self-injurers are manipulative or attention-seeking.

Given these stigmas, it is unsurprising that in-groups attitudes towards SESI are marked by shame and self-loathing. While any given self-injurers' attitudes towards themselves and their behavior will vary, there is a pattern of self-direct "anguish" among self-injurers (Jeffreys 2002, p. 420). Shaw (2002) notes that "women report tremendous shame over self-injury…[c]onsequently, many women go to great lengths to hide their behavior" (p. 201). Self-injurers who experienced punitive responses from Accident and Emergency Center staff are unlikely to return because of the "shame and self-loathing" such responses reinforce (Owens et al., 2016, p. 287). Shaw (2002) notes that "shame… may be exacerbated by clinicians' accusations of manipulative intent and coercive treatment" (p. 201). Experiences of shame further isolate self-injurers as they strive to keep their behavior secret.

The shame at issue here is shame towards oneself in light of self-injuring behavior, not a generalized sense of shame (though self-injurers may independently experience this). This shame over SESI stands alongside and in tension with the relief and sense of control agents may gain from SESI. Self-injurers often vacillate between feeling empowered by and feeling ashamed of their behavior. Strong (1998) describes one such sequence of self-injury: "After cutting…[agents] have moved from a place of passive helplessness to active control. Some look upon their wounds with pride as true battle scars, test of their strength, courage, and survival.

More often, though, when the peace and euphoria recedes, they are filled with shame and regret" (p. 57). SESI is thus marked by an interplay between agential expression and shameful isolation.

The remarkably strong stigma towards SESI and the powerful shame that self-injurers feel over it call for an explanation. One place to start looking for an explanation is by noticing *who* is at risk for SESI. Accordingly, in the next section I canvass work on at-risk populations, close attention to which will challenge the stereotypes of who the 'typical' self-injurer is.[v]

III. Self-Injury Among Marginalized Groups

Like any stigmatized behavior, it is hard to assess exactly how prevalent SESI is and who is doing it. Acts of harm are typically hidden, and self-injurers are often reluctant to seek medical help (DeAngelis, 2015; Owens et al., 2016). One trend is overwhelming, however: SESI is more likely to occur in adolescence than adulthood, when stressors are high and resources for coping are low (DeAngelis, 2015). Additionally, childhood abuse has been linked to SESI. According to Favazza, 50 to 60 percent of self-injurers have suffered childhood physical or sexual abuse (Strong, 1998, p. xiv). Others, like Strong, suggest an even stronger correlation between childhood abuse, neglect, and trauma and later self-injury: Strong claims that "Most self-injurers come from families in which values are horribly twisted," leading to abuse and neglect (Strong 1998, pp. xviii-xix).

The common conception of self-injurers partially overlaps with that of a trauma or abuse victim: stereotypical 'cutters' are supposed to be young, white, middle class women and girls. And though this demographic does have high rates of self-injury, the conception that SESI is exclusively a 'rich white girl problem' is inaccurate: self-injury is not isolated to one particular

race or economic class (DeAngelis, 2015). While women are at a high risk for self-injury, men may make up between 35 and 50 percent of self-injurers, though this number is hard to pin down since men tend to engage in less overt, and therefore less identifiable, form of self-injury, like bruising (DeAngelis, 2015). Further, the extent to which physical violence is culturally encouraged in men and boys may mean that these acts are unremarkable, even when they are self-inflicted—'boys will be boys,' and this will involve some violence. Compounded with norms of masculine stoicism and the stereotype of feminine self-injury, this means that men and boys may be even less likely to seek help or share their self-injury.

Certain groups are at a particular risk for SESI, however, such as the LGBT community (Liu & Mustanski, 2012). Gay and bisexual men are more likely than heterosexual men to self-injure (DeAngelis, 2015), and the same is likely true of lesbian and bisexual women as compared to heterosexual women (Alexandar & Clare, 1998). Stonewall.org provides harrowing figures: "More than four in five trans young people have self-harmed, as have three in five lesbian, gay and bi young people who aren't trans" (2016). These high rates of self-injury are the result of an increased general risk for SESI (like heightened adversity) as well as risks specific to the LGBT community, such as the pressures of having a stigmatized social identity and exposure to LGBT victimization (Liu & Mustanski, 2012; Alexandar & Clare, 1998). In other words, the fact that LGBT youths face more distress in general means that they are more likely to turn to self-injury to cope, but in addition, some of the particular challenges they face by virtue of their marginalized identities also increases the likelihood of self-injury.

In addition to agents with marginalized sexual identities, ethnic and racial minorities are particularly at risk for SESI. For instance, a study that led focus groups for South Asian women living in the United Kingdom found that these women reported self-harm as the only viable way

to deal with the incredible pressures of living as ethnic and religious minorities (Chew-Graham et al., 2002). These pressures include racism and stereotyping, domestic violence, and expectations to maintain *izzat*, or honor/respect, in the family (Chew-Graham et al., 2002). Self-harm was "seen by the women as a logical response to the distress that was experienced, either by themselves or their friends, and as a logical behavior to reduce distress and ask for help. As [one] 18-year-old who talked freely about her own experiences of self-harm said, 'What else can we do?'" (Chew-Graham et al. 2002, p. 343). Another report found that Asian women living in the UK between the ages of 15 and 35 are at a two to three times higher risk of self-harm than white, African, and Caribbean women in the same age range (Bhardwaj, 2001). Again, culturally specific factors like expectations placed upon women to care for the family as well as more generalized patterns of gender oppression like sexual violence were among the factors predicting these women's self-harm (Bhardwaj 2001, pp. 58-60).

What may come as a surprise to those who believe the stereotype of the 'white female cutter' is the high risk of self-injury in black youths. Though the data on rates of SESI in black communities is slim compared to white communities, the research that exists does suggest the both black boys and black girls and women are at high risks of self-injury. The dearth of research on this topic suggests a lack of attention to mental health issues, particularly SESI, in black communities. One study of emergency centers in three cities in the UK found that young black women were more likely to self-harm than white people of any gender, while there were no significant differences in rates of self-injury among black and white men (Cooper et al., 2010). Further, black women compared to white women were less likely to receive specialist and follow-up psychiatric care as a result of their emergency visits for SESI (Cooper et al., 2010). Another study found that in a survey of six middle and high schools in Mississippi, black boys

had the highest rates of self-injury, and the highest rates of cutting in particular alongside white girls (Gratz, 2012).

Racial stereotypes about SESI are that much more harmful in light of contradictory data like this. Black agents who self-injure face the general stigma about SESI in addition to the particular prejudice that self-injury is a 'white' problem, and therefore not a 'real' issue in black communities. As one mother of a black self-injuring teenager noted, even she had to confront her own assumption that self-injury "didn't strike her as something black folks do" (Harris, 2014, paragraph 5). The impact of racial stereotypes of SESI is therefore both silencing and shaming: agents who don't fit the presumed image of a self-injurer are generally overlooked so that when they are noticed, they face additional censure because they are not 'supposed' to self-injure.

One may argue that this data about who is at risk for SESI is unremarkable. Marginalized agents face significant emotional burdens and have limited resources available to address these burdens. So, it makes sense that these agents would have higher rates of self-injury, as this is a coping method employed when emotional pain is overwhelming and outlets for release are few. And this is likely part of the explanation for the high rates of self-injury among black youths, LGBT youths, ethnic minorities, and women. But as the studies cited above suggest, some of the risk factors for SESI are linked to the social pressures of particular marginalized identities, not just greater degrees of general distress. Living with a stigmatized identity, the physical and emotional tax of encountering racism, the effects of sexual violence—these are not only factors that increase distress, but are uniquely distressing experiences linked with social identity. This suggests that the social marginalization these agents face are more than incidentally related to their self-injury. All this warrants more attention to the social-cultural dimension of SESI.

Shaw's feminist analysis of self-injury provides a starting point for this analysis by attending to the role of oppressive socialization in women and girls who self-injure.

IV. Shaw's Feminist Analysis of Self-Injury

Shaw's (2002) contribution to psychological research on SESI is notable not only for its comprehensiveness, but also for how it embraces a new clinical framing of the topic. Starting with articles on self-injury published in 1913, Shaw assesses the shifting themes in clinical understandings of self-injury. This includes attention to the changing portrayals of the white, middle class women and girls who are the overwhelming subjects of these studies. Historically, white women and girls who self-injure are either represented empathetically, as intelligent and capable agents trying to cope with distress, or as unstable and hysterical attention-seekers, manipulating clinicians with the threat of self-injury that require ultimatums to stop and punishments for transgressions. In addition to these vacillating depictions of white women and girls, self-injury had regularly dropped out of the literature as a subject of study. Shaw's analysis pays attention to these shifting cultural attitudes and patterns, interpreting SESI not in terms of isolated pathology, but as "a symptom of a larger relational crisis for girls and women in western culture" (2002, p. 202). Starting with the assumption that culture "is enacted through and reproduced on the body," while also influencing psychiatric research and meaning, Shaw argues that self-injury should be understood as a cultural (rather than purely individual) phenomenon (2002, p. 208). The fact that white women and girls are stereotypical self-injurers in most studies suggests that attention to the gendered and racial dimensions, in particular, is crucial to understanding the behavior and its shifting treatment in clinical literature.

Shaw argues that clinicians' discomfort with self-injury is a reflection of the social meaning it holds for white women and girls, and that this explains the periodic absence of the topic and the negative portrayals of these agents. SESI is both a reflection of and resistance to a patriarchal society that objectifies white female bodies in the name of beauty. Western beauty norms teach white women and girls that they are valued as sexual objects and are expected to conform to certain standards of beauty. The means to achieve these standards are often violent: even short of the extreme of cosmetic surgery, beauty routines like waist training and hair removal can involve painful distortions of the body. Yet such self-directed pain is hardly considered deviant. Rather, it is socially approved—expected, even—that women will undergo some physical pain for the sake of being beautiful. And this, Shaw argues, is part of the reason why self-injury for the sake of distress management is so taboo. Western culture has no problem condoning violence to the white female body so long as it is done for the sake of beauty. But self-injury in the service of distress management serves no such function, and in fact flouts the standard by making skin *ugly* with scars.[vi] This failure to conform to beauty standards with an act of self-directed violence is what makes self-injury so culturally disgusting.

According to Shaw, self-injury is an expression of white women and girls' experience of cultural violation and objectification, a way of acting out the violence against their bodies that they are confronted with daily. Self-injury is an act that signals the reality of this objectification when other channels of communication are socially impossible. At the same time, self-injury defies and resists this objectification since it is self-imposed, a way of "taking control of" and reclaiming a body that is socially claimed by others (Shaw 2002, p. 206). As Shaw (2002) puts it, white girls and women:

> …come to grasp that what will bring attention to their experiences of violation is the destruction of their bodies in ways that simultaneously re-enact their experiences and

> transgress cultural norms. Self-injury is a brilliant maneuver in the sense that girls and women turn the cultural and relational objectification of their bodies on its head. In one powerful act, they replicate what has been done to them by objectifying their own bodies. In so doing they appropriate the relational and cultural methods through which they have been violated. (pp. 207-208)

Shaw hypothesizes that this dual function of self-injury—its simultaneously re-enacts and resists social objectification—is what makes it so disturbing both culturally and clinically. It is a reflection of the social reality of a subordinated group and expressive resistance to it, both of which would rather be ignored by society at large. As Shaw notes, self-injury is "a radical and threatening act because part of what holds patriarchy in place is girls' and women's silence" (2002, p. 208). She suggests that this 'threat' may explain the demeaning depiction of white women and girls who self-injure as well as why research into self-injury regularly disappears from the field. In order to avoid the striking cultural meaning of the behavior, clinicians instead depict self-injurers as unstable manipulators, or else ignore the topic altogether (Shaw, 2002, p. 204).

Shaw notes that self-injurers need not be consciously aware of the cultural meaning of reenactment and resistance of bodily objectification in performing the act, nor that SESI should be used as a tool for political resistance (2002, p. 208). However, she does cite one telling first-person account that shows the cultural meaning of SESI can be explicit for some agents. She quotes Diana Harrison at length on her experience with SESI:

> Once in the hospital I remember being physically dragged into the charge nurse's office where…He told me that I'd look prettier if I plucked my eyebrows and put on make-up. Is it any wonder that I went on to slice up my face? I was visibly saying 'fuck off' to my abusive keepers…Self harm was the only defense I had—there, in my own space, I could punish or scream at my perpetrators. Sometimes my wounds were light because I felt too undeserving to express anything. At other times, cutting was an act of defiance and anger. I was trying to reclaim my own territory, my body, my power, something which had been taken from me, rendered numb, silenced. (Quoted in Shaw 1998, p. 207)

Though Harrison is here reflecting on the meaning of her past self-injury, her account suggests the cultural meaning of SESI for white women and girls may sometimes be part of their subjective experience of SESI, lending support to Shaw's argument. This suggestion is supported by other subjective accounts that cite SESI as a way to reclaim one's body by hurting it (Strong 2002, p. 22).

While Shaw is insightful in redirecting an understanding of SESI away from a reduction to individual pathology, one may worry that this frame puts too much focus on white feminine body and beauty norms.[vii] That is, while Shaw's account reveals one important dimension of SESI for white women and girls—a dimension that pays attention to their social identities and experiences in a value-laden culture—centering the analysis on this point may overstate the role of bodily objectification and white feminine beauty norms in SESI for that population. While bodily objectification is certainly one feature of feminine oppression, it is by no means the only way in which women and girls are harmfully socialized. Additionally, subjective accounts suggest that SESI is oftentimes a response to oppressive norms and expectations that are not directly related to beauty norms. Thus, while Shaw's account is paying attention to the right phenomenon, it may not take a wide enough view of it.

To see this, consider three other themes that emerge from subjective accounts of SESI among white women and girls and their possible connections to common effects of feminine oppression. One theme is the presence of anger, destruction, and violence inherent in self-injury. SESI is often used to relieve intense emotions, but among women and girls, anger appears to be a particularly unbearable and otherwise uncontrollable emotion. As Melanie says of her reasons for cutting, "…I get so frustrated it's the only thing I can think of other than punching something'" (Quoted in Strong, p. 4), while Daphne claims, "I mostly do it when I'm angry.

Maybe I was raised not to be angry, or show anger. But whenever I'm mad, I find myself to be at fault so I punish myself. The anger builds up, higher and higher until something has to happen—and for me, that something is self-injury." (Quoted in Strong, pp. 9-10). Daphne's self-awareness of her limitations in expressing anger points to a larger cultural trend. White women and girls are discouraged from expressing anger or using violence, feelings and behaviors that are encouraged in boys and tolerated in men. SESI may thus be one way for women and girls to express their mounting anger because healthy outlets are denied them (Picard, 2015).

A second theme that emerges from subjective accounts of women and girls who self-injure is self-directed disgust, hatred, and shame, especially in connection with sexual assault or exposure to abuse. Recall, for instance, Favazza's "homemaker" who self-injured because she felt disgusted with herself after her father tried to force sex on her. One study that compared the narratives of urban and suburban female self-injurers cited Cicily, a 16-year old white young woman, who "directly linked her ritualistic cutting behaviors to the time she was sexually assaulted at a high school dance" (Abrams & Gordon, 2003, p. 436). According to Cicily:

> When I cut myself…I really want like, a lot of blood…'cause I hate blood. It scares me. But when I see it, like when I cut myself, it's like, all the bad escapes in the blood. And it's like you can physically watch everything just wash away…It doesn't hurt when I do it; it feels like I deserve it or something. (Quoted in Abrams & Gordon, 2003, p. 438).

Sexual violence against women and girls tends to be silenced and disbelieved or else taken to be the victim's fault (as cultural patterns of accusing victims of lying and victim blaming attest). As a result, women and girls who are the victims of sexual violence may come to blame themselves for that violation and feel loathsome, ashamed, and disgusted towards themselves. For some of these victims, SESI may be a way to symbolically purge that shame and disgust or punish themselves because it is what, they believe, their loathsome self deserves. And while this disgust can be directed at the body in light of the experience of sexual violence, it need not be; as a

victim of sexual violence, one can be disgusted by one's *self*, independent of feelings towards one's body.

A third and related theme in accounts of SESI among women and girls concerns shame—both a general sense of inferiority and a particular in-group shame that self-injurers may experience over their chosen coping mechanism. While Shaw's analysis explains out-group attitudes towards self-injury, it does not discuss the shame self-injurers feel towards themselves and their behaviors. This is not to say that Shaw's analysis sheds no light on the issue: a behavior that is viewed by others as disgusting can quickly become internalized as shameful, especially in cultures that teach women and girls to feel independently ashamed of their bodies. But Shaw does not explicitly make the connection between the perception of women and girls' self-injury as manipulative and attention-seeking and the possible internalization of these perceptions (as seen, for instance, with the internalized shame from self-injurers who visit A&E centers). And again, this sort of shame seems to be (or at least can be) independent of the oppressive body and beauty norms that support Shaw's main claims.

The themes of anger, self-disgust over sexual violence, and shame and self-loathing in white women and girls' subjective accounts of SESI suggest that the effects of oppressive socialization independent of beauty and body norms may also be at play in explaining self-injury for this group. If that is right, then Shaw's account demonstrates an important but incomplete dimension of the socio-cultural factors contributing to SESI in white women and girls. This limitation is even more urgent considering white women and girls aren't the only at risk group for SESI. Since Shaw is conducting a review of the existing literature on self-injury, and since this literature has been almost exclusively focused on white women and girls, Shaw's analysis is restricted to this scope as well. Shaw acknowledges as much, noting that her analysis will need to

account for other social identities especially as more research emerges that challenges the stereotypical image of self-injurers (2002, pp. 208-209). For those self-injurers who are not white or female, it is clearly inappropriate to appeal to white feminine beauty norms in a socio-cultural explanation of their behavior.

So, while the social meaning of the body is one important factor in SESI for white women and girls, Shaw's focus on white feminine beauty norms is an incomplete explanation for this group and an inappropriate one for others. In order to adequately consider the socio-cultural dimensions of SESI for at risk groups, a broader approach is needed—one that pays attention to, but is not exclusively focused on, the social objectification of certain bodies. In the next section, I take up this project by looking at features of psychological oppression (including but not limited to bodily self-objectification) and consider how these features may be related to certain subjective features of SESI. The thought is that considering how features of oppression (generally) may be connected to features of self-injury introduces a framework for understanding SESI among members of marginalized groups. The upshot is that this framework does not privilege white feminine beauty norms in its explanation of SESI and takes bodily objectification to be only one possible dimension of psychological oppression and subjective experiences of SESI.

V. Psychological Oppression and Connections to SESI

In what follows, I discuss characteristic effects of psychological oppression and argue that these effects are plausibly connected to certain subjective features of SESI, and that they thereby may partly help explain these features for members of marginalized groups. These features are: 1)

feelings of inferiority, self-loathing, and intra-self fragmentation; 2) bodily self-objectification; and 3) shame over acting out one's agency.[viii] Each of these features, I'll argue, can play a role in motivations for and experiences of SESI, and each can have roots in psychological oppression, though I do not claim that they are necessarily present for anyone who experiences oppression or self-injury (and their intersection), nor that each component is always present for any given agent. For instance, bodily self-objectification may be linked to SESI that is used to relieve dissociative states, while internalized inferiority may be present when SESI is motivated by self-loathing. Rather than attempting a comprehensive account, the aim here is to sketch a picture of characteristics of psychological oppression that makes a case for its effects in the lives of individuals who self-injure. Though future work will require a closer analysis of the experiences of particular social identities and SESI, starting with an understanding of psychological oppression sets up a framework for thinking about socio-cultural dimensions of SESI for a variety of marginalized groups.

Consider, first, how internalized oppression can create beliefs of inferiority and worthlessness. Oppression does not only limit agents materially; it also shapes them in ways that serve to perpetuate oppression. Drawing on Frantz Fanon's (1952/2008) work on the effects of colonization, Sandra Bartky calls the process by which oppressed agents internalize oppressive beliefs and attitudes towards themselves "psychological oppression" (1999, pp. 23). Psychological oppression can come in many forms, and one mode of psychological oppression is stereotyping, in which oppressed agents harbor oppressive stereotypes about themselves. Stereotypes like 'white women are infantile,' 'black women are promiscuous,' and 'black men are dangerous' can take hold in agents, consciously or otherwise. Oppressed agents can then end up unwittingly reinforcing these stereotypes by enacting them, thereby perpetuating oppressive

patterns.[ix] This creates one example of what Bartky calls "fragmentation," a psychological fissure of the agent's self into fragments that are often in tension (1990, p. 23). In the case of internalized stereotypes, a tension arises between the authentic self and the stereotyped self. Bartky argues that this fragmentation can interfere with self-actualization as the "truncated and inferior self" built of stereotypes is always vying for a place in the agent's psyche (1990, p. 23). One's identity can be reduced to stereotypic beliefs that one is 'nothing more' than a pretty face, a harlot, a criminal, and stand in tension with one's authentic self. Here, the self is split from itself such that one's 'real self' can become elusive, even alienated amidst a perception of the self constructed on stereotypes and denigratory beliefs.[x]

Psychological oppression can thus shapes victims to internalize and live out a conviction of their own inferiority. This is in the face of a society that obscures the true, systemic causes of oppression and denies responsibility for them, a process Bartky calls "mystification" (1990, p. 30). Contending with the mystification of oppression results in agents either coming to believe they are inferior by virtue of the inferiority of their group or by virtue of a personal flaw. For either reason, oppressed agents can become convinced of their own inferiority. As Fanon (1952/2008) writes of the experience of certain colonized agents: "We said rather too quickly that the black man feels inferior. The truth is that he is made to feel inferior" (p. 127). This conviction of inferiority can, in turn, be manifested as an experience of shame and self-loathing.

For Bartky (1990), viewing oneself as inferior is central to shame. She writes:

> Shame is the distressed apprehension of the self as inadequate or diminished: it requires if not an actual audience before whom my deficiencies are paraded, then an internalized audience with the capacity to judge me, hence internalized standards of judgment. Further, shame requires the recognition that I *am*…as I am seen to be. (p. 86)

In shame, the agent "can become an object for [herself]," an object that is judged inferior by the oppressive standards she has internalized (Bartky, 1990, p. 85).[xi] To internalize oppressive

beliefs is to constantly see oneself through the views of one's oppressors. Shame can become "a perpetual attunement, the pervasive affective taste of a life" (Bartky 1990, p. 96). And this 'taste' is unpleasant—judging oneself to be worthless is always painful, no less so when this judgment never rests. A whole cluster of negative attitudes towards the self can emerge from this orientation to the self: believing oneself to be worthless or inferior can quickly become an attitude of shame towards that perceived inferior status, disgust with who one is, and hatred of the self.[xii]

As discussed above, feelings of self-loathing, worthlessness, disgust, and shame are present in many agents' experiences of SESI. Hating oneself and hurting oneself seem to go hand in hand—recall Favazza's category of negative self-perceptions as one motivation for SESI. Again, this cluster of feelings can support SESI in a number of ways: feeling disgusted with oneself, one may feel the need to cleanse out the 'badness'; hating oneself, one may believe punishment is necessary; steeped in shame, one may believe one deserves pain. Of course, anyone can have these feelings for any number of reasons and turn to self-injury to deal with them (as, recall, there is some connection between the self-disgust resulting from sexual violence and SESI). But the point is that insofar as marginalized agents are already vulnerable to just this sort of negative self-regard by way of internalized oppression, they may be, in that respect, primed to turn to self-injury in times of distress. Agents socialized towards shame and self-loathing by virtue of their social identities (if indirectly, 'mystifyingly') can express or respond to this orientation to the self through SESI. Here, the body is the means of externalizing a loathsome or shameful regard for the self.

In addition to fostering feelings of inferiority and shame that are common in experiences of SESI, a related effect of psychological oppression—Bartky's fragmentation—may also speak

to accounts of SESI. Recall that fragmentation is an internal fissure of the self whereby the inferior self built upon internalized oppressive beliefs may interfere with the actualization of the authentic self (Bartky, 1990, p. 23). In fragmentation, one's sense of identity can become confused, embattled between competing parts such that the 'real' self is at risk of becoming lost. And strikingly, the disintegration or confusion of self is a prominent motivation for SESI. This is found especially (but not exclusively) among agents with Borderline Personality Disorder (BPD) (Brickman et al., 2014). For instance, among a non-clinical sample, the BPD symptoms of chronic emptiness and identity disturbance "independently distinguished [participants with a history of NSSI]" compared to other symptoms (Brickman et al, 2014, p. 5). Identity disturbance here refers to feeling that one has no identity or feeling empty or unreal.[xiii] Additionally, identity confusion as opposed to identity synthesis was positively associated with SESI in an adolescent sample (Claes et al., 2014), where identity confusion indicated an inability to unify the various possibilities of one's life into a determinate purpose.[xiv] Broadly, then, SESI can be used to address an unstable sense of self, whether it is unstable because it is elusive, confused, or internally disconnected.

We might speculate, then, that the fragmented self caused by internalized oppression can yield a similarly unstable sense of self. An agent who feels an internal conflict between who she knows she is and who she is socially expected to be may experience an increasingly insecure sense of her 'real' self, especially if oppressive beliefs are particularly entrenched or her environment particularly adherent to these norms. And insofar as the fragmented self can interfere with self-actualization, as Bartky warns, it can interfere with the development of a stable sense of self that is unencumbered by denigratory beliefs. The risk of a disconnected or confused sense of self is thus not trivial. This is not to suggest a connection between

psychological oppression and BPD, of course, but just to point out a potentially shared (or similar) feature of both—a feature that *is* connected to SESI. If this is right, then again, the marginalized agent who is vulnerable to experience a fragmented, disconnected self is thereby vulnerable to a predictor of SESI.

A second feature of psychological oppression that may play a role in SESI concerns how agents regard and relate to their bodies.[xv] This is another mode of psychological oppression that Bartky identifies: objectification. Consider the pervasive sexual objectification of women. Women that are constantly or inappropriately reduced to (parts of) their bodies can come to view themselves as sexual objects. They may then see themselves primarily as others see them: a thing that is valuable only or primarily insofar as it is beautiful and sexually available. This is another example of fragmentation since when an agent self-objectifies, one's sense of self is reduced to that of a sexual object fit for the consumption of others. (The fragmentation here is between subject and object, self and body, whereas the type of fragmentation discussed above involves an internal fissure within the self.)

Though Bartky focuses on the sexual objectification of women, marginalized agents are subjected to all manner of bodily objectification. The bodies of marginalized agents are one target of oppression in that agents are *reduced* to their bodies in various ways. This reduction happens at both the level of the individual subject and group member: an agent is reduced to her particular body (e.g. Bartky's example of catcalls reminding a woman she is a "'nice piece of ass'"(1990, p. 27)) and to the stereotypes associated with having a certain sort of body (e.g. black men are presumed to be violent). The body can be identified as a *problem*: one's body is too sexual, not sexual enough, dangerous, aberrant, unnatural. For one striking example, consider how the bodies of transgender agents are socially policed with violent results (Bettcher, 2007).

Or, consider how black bodies are regularly regarded as dangerous. One facet of oppression, then, is the objectification of bodies, though different bodies are turned into 'problems' in different ways.

Connecting the objectification of bodies to the internalization of oppressive stereotypes, one possible result is that oppressed agents can come to view their own bodies as problematic things. Not only can this reinforce a sense of inferiority and pervasive shame over the body, in particular, but it can also serve to create a distance between the agent and his body. That is, one may view his body as if from a distance rather than living through it. There is a fissure between living as an agent, comfortably forgetting one's body as one goes about the day, and the painful reminder of one's body as a flawed thing. And this can become physically alienating as it becomes harder to simply live through one's body.

This bodily alienation can be engendered by what Dolezal (2015) calls "chronic body shame" (p. 10). Body shame is shame that is a result of "some aspect or feature of the body" (Dolezal 2015, p. 6), and chronic body shame:

> …arises because of more ongoing or permanent aspects of one's appearance or body, such as one's weight, height or skin color…this type of body shame comes chronically and repetitively into one's awareness, bringing recurrent or perhaps constant pain. Shame, in this case, is not experienced as an acute disruption to one's situation, but rather as a background of pain and self-consciousness… (Dolezal 2015, p. 10)

Unlike acute body shame, a flare-up of embarrassment that poses a temporary disruption, chronic body shame is pervasively present, the agent constantly attuned to their physical 'flaws.' It is this painful focus on one's body that causes a rift between an agent's lived experience and her physical body. An agent's body is typically "invisible" to her, not a thing that is experienced itself as much as the means by which she experiences the world (Dolezal 2015, p. 23). In chronic body shame, the body becomes painfully conspicuous as the object of the agent's attention. This

attention disrupts the typically seamless experience of living through one's body. As Dolezal writes, "In shame, a distance opens up between oneself and one's body" (2015, p. 6). In the cases of oppressive self-objectification, this distance is marked by unworthiness and inferiority engendered by the social problematization of the body.

So, the internalization of oppressive stereotypes coupled with the objectification of marginalized bodies can create a pervasive sense of shame towards and alienation from one's body. This body shame manifests in different ways depending on the stereotypes associated with a particular marginalized identity; we should expect that a white transwoman's body shame wouldn't be identical to that of a cisgendered black man's, for instance, since their bodies are differently problematized. But the relevant commonality is an orientation to one's body as shameful. As the perceived object of shame, one's body is regarded as the reason for one's inferiority and resulting psychological pain—yet another hated aspect of oneself. And it is this orientation that may prime agents to harm their bodies in an effort to cope not only with this shame, but also with distress in general. That is, the internalization of body shame can make one's body a more likely target for self-induced harm.

If one regards their body as inferior or worthless, then the body's physical destruction can be an attempt to manage the shame felt over it or a way of punishing the body. Think of the phenomenological dimension of shame: one wants to disappear, become invisible, erase or destroy oneself out of shame. Bartky (1990) captures this destructive urge: "…The heightened self-consciousness that comes with emotions of self-assessment may…generate a rage whose expression is unconstructive, even self-destructive" (p. 97). When one already experiences body shame, a state of distress may sharpen this tortured relationship with the body and make it a target of harm. Violently attacking the source of shame may yield relief insofar as this attack is

satisfactorily destructive. SESI as an effort to diminish pain by destroying the perceived source of the pain thus makes a certain tragic sense.

Moreover, the alienation from one's body that is characteristic of body shame may facilitate the violent targeting of the body. As Dolezal notes, one is already at a distance from one's body in body shame, detached from it in attitude and action. It is not merely the fact of this self-objectification, but the objectification of one's body as a *problem,* a "hated object" that is relevant for self-injury (Muehlenkamp et al. 2005, p. 24). This attitude may make harming one's body easier: one is phenomenologically detached from the body, so less resistant to physical harm, and emotionally detached from it, regarding it with hatred rather than concern. Coupled with states of distress, this alienation from the body can make SESI look like a viable avenue for relief.

Harming the body may be desirable not only as a way to attack the object of shame, but also as a way to seek reintegration with when one feels alienated from the body. Recall that SESI can be used to temporarily relive dissociation. While feeling alienated from the body is not identical to dissociation, we might think of these states along a continuum, with phenomenologically milder experiences of bodily objectification at one end and extreme dissociation at the other. If that is accurate, then SESI may serve as a response to any state of bodily alienation along the continuum. Further, constantly experiencing one's body at a distance may sometimes translate to acute feelings of dissociation, suggesting a stronger relation between the two extreme. And even though the body is a source of shame, feeling alienated from it—experiencing it as a thing separate from oneself, to whatever extreme—can be a distressful state. So, reestablishing the connection to the body is crucial. The thought is not that one wants to reconnect with something they are ashamed of, but rather that one is after the experience of

seamlessly living *through* the body—a state that is missing under both alienating and dissociative conditions. SESI may be motivated by this need for reintegration with the body.

In the psychological literature on SESI, there is some precedent for the idea that bodily objectification and a negative regard for the body may play a role in SESI. Much has been written about how abuse and trauma engender a negative relationship to one's body, and how this explains the high rates of self-injury among abuse and trauma survivors (Strong, 1998). Strong, for instance, theorizes that for some abuse victims, self-injury serves to reestablish the boundary between one's self and the world—the body—since this boundary has been violated in abuse (1998, p. 66; p. 40; p. 47). Additionally, eating disorders are also linked to self-objectification, poor body regard, and self-injury (Peebles et al., 2011). The suggested connection seems to bottom out in negative body regard. For instance, Muehlenkamp et al. (2005) found significant relationships between self-objectification and self-injury, but only through the causal mediators of negative self-regard and depression. This suggests that insofar as self-objectification causes negative self-regard and depression, it increases the likelihood of self-injury. Additionally, this connection was impacted by the presence of a negative emotional state, suggesting that experiencing heightened distress when one already has negative body regard makes self-injury a likelier option for coping. In a latter study, Muehlenkamp and Brausch (2012) similarly found that "adolescents who evaluate their body negatively and experience a disregard for their body may be more prone to engaging in [non-suicidal self-injury] when confronted with aversive, overwhelming emotional states" (p. 6), and even speculated that this may play a larger role than negative affect in SESI.

So, the suggested connection between internalized objectification engendered by oppression and SESI fits an existing pattern. Among the other ways that agents can become

alienated from or learn to hate their bodies, we may add psychological oppression to the list. Bodily alienation engendered by oppressive self-objectification does not merely make SESI easier to achieve; it may also set the conditions for an alienated relationship with one's body for which SESI is exercised in order to feel real and embodied. Alienation from and shame towards the body can make the turn towards self-injury less difficult and more appealing, especially in times of extreme distress when agents are desperate for relief. Insofar as psychological oppression engenders these attitudes towards one's body, as I've argued above, it may also set the stage for SESI.

Finally, a third feature of psychological oppression may help explain the characteristic in-group shame over SESI. The fact that self-injury is often experienced as an agential act of coping is in tension with a view of oneself as a dehumanized object—a view characteristically created by oppression. That is, one regards oneself as alternately an inert object under oppressive internalization and as an empowered agent when self-injuring. The incompatibility of these two attitudes creates an internal tension that, I argue, generates a particular in-group shame towards SESI. That is, agents' orientations to their selves as objects, denigrated 'things', is in tension with the sense of agency that self-injury expresses, prompting further shame. Crucially, regarding oneself as an object in this way is distinct from (though may involve some degree of) *bodily* objectification. Rather, regarding oneself as an object indicates a view of oneself as dehumanized, powerless, or not in control. This powerlessness may be experienced as not being in control of one's body, but I mean to use it as a notion separate from bodily objectification.

Recall that Shaw's analysis highlighted competing meanings of SESI. At the same time that it is a reenactment of the bodily violations that women experience, she claims, SESI is also resistance to these violations—one act carries these contrasting implications. Deliberately

injuring the body is one way of reclaiming it, marking ownership of and exerting control over a body that is not always experienced as one's own. This appeal cannot be overstated. As one self-injurer, Annie, put it: "'I loved the control that cutting gave me over my body'" (Quoted in Strong, 1998, p. 24). Paradoxically, the bodily reclamation engendered by SESI sits alongside the desire to destroy the body that motivates the act: the act of SESI is an act of reclamation *through* destruction. Further, the consensus that SESI is a way of regulating negative affect (Klonsky, 2009) suggests another way in which it can be a source of control—control over one's self, one's emotions, and one's pain.

In addition to regaining control over one's body or emotions, SESI can also represent a reestablishment of a *sense* of control. As Bhardwaj (2001) notes in her research on Asian women in the UK who self-injure:

> Power and control are closely connected to self-harming behaviours. When what is absent from a woman's life is any semblance of empowerment, when a woman feels that she has no control over anything, the last remaining site over which she can effect control is her own body. (p. 57)

This point may apply to agents who are systematically disempowered. When agents lack control over various respects of their lives, the need to reestablish some control is imperative. And control over one's body or over pain through harm is an easy and immediate way to do this when other avenues are closed off.

So, SESI can be an expression of agency in at least two ways: it can serve to reclaim ownership over one's body or emotions and it can reestablish a sense of overall control or power. When options and power are limited, reestablishing a sense of control is vitally important as it reaffirms one's agency—the recognition that one has choices, reasons to act, means to execute these actions, and freedom to do so. However, the fact that self-injury is a last-resort grasp at agency made possible against a backdrop of felt powerlessness suggests this sense of agency is

unstable. Specifically, the expression of agency afforded by self-injury is at odds with the oppressive dehumanization that can lead one to self-injure to begin with. Additionally, coping with one's pain through self-injury is in tension with the systemic denial or downplaying of marginalized agents' pain—an attitude that may have also been internalized.

Consider the tension between viewing oneself as, alternately, a dehumanized object and an agent. Simone de Beauvoir (1948/1976) argues that this tension is at the heart of the human condition. Each of us is fundamentally free to choose who we become (an agent, or in Beauvoir's terms, a subject), yet are bound by our past actions, our bodies, and our "particular situation in the world" (an object) (de Beauvoir 1948/1976, p. 68). She calls this tension *ambiguity*: man "*asserts* himself as a pure internality against which no external power can take hold, and he also experiences himself as a *thing* crushed by the dark weight of other things" (de Beauvoir 1948/1976, p. 7, emphasis added). In other words, humans are at once actors capable of effecting change and things that are vulnerable to and determined by forces over which they have no control. The perspectives of subject and object are at odds when it comes to expressing freedom and taking responsibility. When viewing oneself as a subject, an agent is geared towards taking responsibility for *becoming* who they are and realizing the values they want to see in the world. As an object, their options are frozen, determined by past actions or other forces. She is fixed: someone who *is*, and so cannot become anything else. Navigating these incompatible perspectives is part of the maturing into a responsible agent (de Beauvoir 1948/1976, pp. 43-73). Again, the sense of 'object' here is not identical to bodily self-objectification, but rather indicates a view of oneself as inert or powerless.

Beauvoir sees ambiguity as an existential condition, but I want to suggest that her apparatus can help explain a particular tension in marginalized agents who self-injure. Granted,

this latter tension is more localized and extreme than the ambiguity Beauvoir discusses. But the struggle between dehumanized object and subject/agent is nonetheless present. For someone who self-objectifies under oppression, they may not only see themselves as a thing, but as a *sub-human* thing. To be dehumanized is to be stripped of all that makes one a subject: agential capacities, independent choices, an inherent worthiness as a human, and so on. By viewing oneself as an object, one renders oneself agentially inert, incapable or undeserving of choice. Under oppressive forces, one may come to believe this is how they *should* view themselves. And yet, through SESI, agency is undeniably affirmed, upturning the oppressive view of oneself, if only temporarily. These two views are utterly incompatible yet can both be present in an agent. This is yet another example of Bartky's fragmentation: the dehumanized 'self' can splinter from the agential self, the two selves at perpetual odds.

This fragmentation may reinforce a resistance to viewing oneself as an agent. That is, if one has internalized dehumanizing beliefs, then any expression of agency may be met with self-derogation: 'if others do not see me as worthy of freedom, why should I believe otherwise?' Agential expression through SESI is directly at odds with this dehumanizing effect of oppression. This is why SESI is effective at establishing a sense of control (again, temporarily), but it also means that it stands in tension with potentially deep-rooted sense of inferiority or self-objectification. And this tension may be a unique source of the shame for many self-injurers. Agency expression stands in violation of an internalized view of dehumanization, and as such may be felt as a failure or flaw. That is, agents may be ashamed over their expression of agency when they have been convinced that they are nothing more than a thing. The agent can vacillate between feeling empowered and feeling ashamed, as the act of self-injury yields a rush of control that resolves into shame (recall Strong's description of the cutting sequence, as a feeling of

control followed by shame and regret). One fluctuates between viewing oneself as agent and object, feeling powerful and ashamed, with one and the same act. SESI is thus marked by a tension between reclaiming agency and feeling shame over doing so.

The in-group shame that is characteristic of SESI, then, may be partly a result of feeling ashamed over expressing agency when one has internalized dehumanizing beliefs—a particular *shame of agency*. Oppressive dehumanization may render a perspective of oneself as an object that reasserts itself when one tries to break out of it through SESI. Here, a denial of agency is imposed by oppressive forces, and taken up as shame towards one's own expression of agency. This expression is met with shame when one believes one is not worthy of agency.

Shame over agency is compounded by the fact that SESI is an agential act of coping with pain that may be systematically downplayed or denied. Along with an oppressive suppression of agency, marginalized agents face a routine rejection of the seriousness or even existence of their pain. Recall the dearth of research on mental health in black communities or the fact that black women who self-injure are less likely than white women to receive follow-up treatment. Recall Shaw's findings that self-injury was historically viewed as white women's attempts at manipulation. Note how domestic violence against women of color does not draw attention and concern the way that domestic violence against white women does (Crenshaw, 1991). When the existence or seriousness of marginalized agents' pain is systematically denied, so too are efforts to relieve that pain.

Like other oppressive attitudes, the downplaying of pain can also be internalized in marginalized agents. They can come to view their pain as unimportant and their desire to relieve it undeserved—all while experiencing very real suffering. And SESI as an agential act of coping with distress threatens just this oppressive attitude of denying one's pain and its relief. The effort

to help oneself is a violation of an oppressive restriction of agency, proof of a pain that would rather be ignored and an affirmation that one's pain is worthy of a response. Thus yet another layer of tension is raised in marginalized agents who self-injure, between *suffering* agent and dehumanized thing that does not deserve relief from pain. And as SESI is an affirmation of pain and an effort to cope it is also a resistance to these internalized attitudes. This tension can result in shame when these oppressive attitudes flare up against attempts to cope with pain.

The in-group shame among marginalized agents who self-injure, I suggest, may be partly a result of this expression of their agency and addressing of pain. That is, one reason why SESI is regarded so shamefully by the agents who do it is because its conditions are partly built from premises of shame and inferiority, born of an alienating relationship with one's self and a conviction of one's sub-humanity. SESI can therefore be experienced as a violation of imposed dehumanization, a shameful defiance of the inertness one is continually reduced to. Because oppressed agents' selves can be split into competing parts that attempt to undermine subjectivity and worthiness, an act of coping may not be permanently empowering, but rather may reduce into further shame. And as Bartky reminds us,

> [S]hame is profoundly disempowering. The need for secrecy and concealment that figures so largely in the shame experience is disempowering as well, for it isolates the oppressed from one another and in this way works against the emergence of a sense of solidarity. (1990, p. 97)

Shame over SESI not only causes great individual suffering, it isolates agents from one other, unwittingly maintaining the oppressive systems that can support the conditions for SESI in the first place.

Taken together, these effects of psychological oppression—self-loathing and intra-self fragmentation, bodily objectification, and shame over agency—tell parts of a story about the socio-cultural dimension of SESI among marginalized agents. Insofar as members of

marginalized groups are vulnerable to psychological oppression, and these effects overlap with predictors of SESI, then marginalized agents in distress are thereby vulnerable to SESI. I have here sketched a framework that motivates some plausible connections between psychological oppression and SESI; future work will require a more tailored analysis of SESI among specific marginalized populations in order to better understand these various experiences.

VI. Conclusion

Considered in light of oppression, SESI makes a tragic sort of sense: of course socially disregarded agents would be made to hate themselves and turn towards harming themselves; of course society is disgusted by this 'acting-out' when it already disregards the pain of these agents. There is nothing too mysterious about the motivations behind SESI, despite the stigma it still receives. But the demystification of the reasons for SESI raises more questions about its normative status. One may wonder: if SESI is ultimately a way to cope with distress, to regain an agency that has been denied, and one of the few options for relief that marginalized agents have, should we regard it as a positive form of resistance and coping? Should clinicians recommend it to their patients and social attitudes shift to embrace the behavior? In other words, is SESI only really a problem because it is *considered* a problem, and once this stigma drops, will it be rightly regarded as any other coping mechanism?

While the sentiments of this conclusion are in the right place, I think it fails to acknowledge the depth of the issue. The social conditions that make the destructive turn against oneself possible—that cause agents to doubt their own worth and render them incapable of feeling powerful without pain—*these conditions* are the problem. Rather than working to make SESI as acceptable as any other coping mechanism, our goal should be to dismantle the

oppressive structures that engender internalized shame and objectification. This will include undoing the effects of psychological oppression by helping others rebuild their agencies and sense of worth, and so must involve a compassionate understanding of SESI and the agents who do it. I hope to have contributed to that goal.[xvi]

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[i] An internet search of 'self-injury stereotypes' reveals a number of blogs and articles that seek to bust the negative myths of self-injury; among these is the myth that self-injury is exclusively the province of teenage girls (see, for instance, Clark, 2017; Sanghani, 2016), suggesting the prevalence of this stereotype. As will be discussed below, the harmful stereotype that self-injury is a 'white—not black—issue' also exists (Shelton, 2016; Harris, 2014).

[iii] Favazza divides pathological self-mutilation into three categories: major self-mutilation, which includes castration and eye enucleation and is associated with psychosis or intoxication; stereotypic self-mutilation, or repetitive behaviors like head-banging, which can be associated with mental retardation; and moderate/superficial self-mutilation, which is described above (Favazza 1996, pp. 232-242). Moderate/superficial self-mutilation is further subdivided into compulsive (repetitive acts like trichotillomania or excoriation), episodic (discussed above), and repetitive types (described as an addiction to self-harm, in which the behavior becomes part of one's identity). (Favazza 1996, pp. 242-260.)

[iv] Favazza even notes the shared function of SESI and culturally acceptable self-injury like healing rituals; each is "an attempt to correct or prevent a pathological, destabilizing condition that threatens the community, the individual, or both…. at the deepest irreducible level self-mutilative behavior is prophylactic and salubrious for groups and for individuals threatened by death, disorganizations, disease, and discomfort" (Favazza 1996, p. 222).

[vi] Self-injury is also unlike eating disorders in this way, for while the latter are considered pathological, there is still a sense in which they are "understandable" and more acceptable in light of a culture obsessed with thinness (Shaw 2002, p. 206).

[ix] This is not to say that agents are blameworthy for perpetuating this oppression, or that agents 'oppress themselves' and are thereby solely responsible for being oppressed. Rather, it is just to recognize the reality that oppressive norms and beliefs can become internalized by the very agents who suffer from them, and that their lived realities can reflect this internalization.

[xi] Regarding oneself as an object in this way is not the same as bodily self-objectification (which will be discussed below). That is, in shame an agent is viewing herself as if from outside, as (she believes) others perceive her to be. She thus regards herself as a thing to be judged (like other things and people are judged), and while this is a way in which one can objectify themselves it need not involve *bodily* self-objectification, in which one regards one's body as a thing, as if from outside.

[xv] To be clear: the role of bodily objectification in SESI is one possible effect of psychological oppression among others. I deny that the relationship to the body is a fundamental or the single socio-cultural dimension of SESI. In this way, I avoid the same criticism I leveled at Shaw. However, to say that the socialization of the body does not play a fundamental role in SESI does not mean there is nothing significant about this relationship, so I include it here as one socio-cultural dimension of SESI.

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