

The scarred body: A personal reflection of self-injury scars

Qualitative Social Work

0(0) 1–16

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DOI: 10.1177/1473325021990868

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Abstract

Self-injury is deemed a pathology and a deviant practice that is not socially sanctioned and culturally accepted as soothing and healing the self. The marked female body is also pathologized and perceived as deviant; hence, having self-inflicted scars may easily lead to social stigma, shame, and the need to hide the scars. In this personal reflection I explore how self-inflicted scars can have the same meaning as self-injury to control the self and act as self-expression, and how the marked female body can be a resistance to the cultural idea of femininity. I draw upon my own personal experiences of self-inflicted scars and how these scars have become intertwined with my identity. I have carved or burnt my body in different situations and from different moods in the past, but they are all with me at the present and will be with me in the future. Without the scars, I am not the person that others see me as or I see myself as. I sometimes feel that I would be nothing without my scars.

Keywords

Identity, self-injury, reflection, scars, personal reflection

Introduction

“Oh my God, look at her arms!” I hear the words clearly and from where the voice is coming, I can see two girls out of the corner of my eye. I am 23 years old; it is in the middle of the summer and I am standing in a queue to the toilets at the Roskilde

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musical festival in Denmark. Two, one centimeter wide, scars run on the inside of my arms, from the bend of the arm down to my wrists. Multiple, less wide, scars run across these. The scars are still vividly pink. The exclamation from one of the girls is made with a tone of amazement and curiosity. It's almost like the girls think it is cool, and that they look up to me. Like, I am, because of my scars, someone special.

This is a personal reflection on how self-inflicted scars can have the same meaning as self-injury to sooth the self and manage emotional pain, and how the marked female body can be a resistance to the cultural idea of femininity. I draw upon my own personal experiences of self-inflicted scars and how they have become intertwined with my identity. The scars are about the self and about identity. It is about an embodied feeling of being in my body, and as I choose what to do with that body. The skin is cut or burned, and the wounds will eventually turn into scar tissues. The scarred body is proposed to have a meaning beyond the actual act of cutting or burning. When the skin is cut, the body bleeds. When the body bleeds, the body heals. When the body heals, the self also heals. This is what self-injury is about. Healing the self, a survival technique – a kind of “symbolic homeopathy,” as Le Breton (2018) writes. But what about the scars? What meaning and function do the scars have, and how do they interact with the self and my identity? Scars are not the wound itself; they are the healing of the wound. In this sense, the scars are like self-injury about healing of the self.

The scars that are left on my body are signifiers of a life of practicing self-injury; in the present, they are also marks of identity and social value. As self-injury is a practice that is heavily pathologized (Steggals, 2015), the scars will thus also become marks of pathology. Social work is a normalizing practice, where ideas of what is a “normal” life and “normal” behavior of clients are central, and the goal is to help clients become “normal.” This entails disciplinary dimensions as to make clients “good” and healthy citizens. Although it is not suggested here that self-injury is to be fully normalized, it is still important to view it as a social practice (see Brossard, 2018; Steggals, 2015) and not a pathology, because the latter will only lead people who self-injure to feel stigmatized and ashamed. Consequently, it may be difficult to disclose the scars and talk about self-injury to the social worker and other health service providers. In this reflection, I put forward a different perspective on self-inflicted scars that may open the discussion about what it means to have scars all over my body. Self-injury is about self-care, self-control, and a means of self-expression (Adler and Adler, 2011; Brossard, 2018; Simopoulou and Chandler, 2020), and my scars may therefore be perceived in a similar way.

Self-injury

Self-injury is dominantly deemed as a symptom of mental health issues, as an individual psychopathology (Favazza, 2011), although it is evident that not all who self-injure do so because of a mental illness (Adler and Adler, 2011). It is

also considered a deviant practice and thus not a socially sanctioned or culturally acceptable form of emotion management. Self-inflicted wounds and scars are often met with disgust (Favazza, 2011), and those who self-injure can be deemed as crazy, hysterical, and lacking intra- and interpersonal skills (Nock, 2009).

Self-injury is a heavily stigmatized practice (Long, 2018), and the stigmatization has left people who self-injure to experience shame and with it a need to hide their suffering. When one becomes socially stigmatized, this also often leads to self-stigma, which means that a stigmatized group accepts the negative attitudes and comes to hold feelings of self-blame (Leaf and Schrock, 2011). People who self-injure may withhold seeking professional help (Long, 2018); instead, they may blame themselves for the inability to cope with their suffering (Bareiss, 2013). One cuts or burns oneself as a means of coping with suffering and distress; still, it continues to elicit shame rather than compassion. Having scars from self-inflicted wounds can then be proposed to elicit the same feelings of disgust and shame. There is also a certain expectation from society that self-injury scars should be concealed, because it signals bodies that are dangerous or threatening to public safety. Stirling and Chandler (2020: 2) discuss this in terms of having “dangerous arms.” The danger or threat lies in the fact that it is believed that self-injury is socially contagious (Adler and Adler, 2011; Nock, 2009), and the scarred body thus potentially becomes triggers for others.

In a sociological perspective, researcher has moved beyond the view that self-injury is a psychopathology and instead considers how self-injury is rationalized (Adler and Adler, 2011) by those who carry out the act and that it is a social practice like any other social activity (Brossard, 2018). Self-injury also involves emotion work, that is, for example, it can alleviate distress, evoke authenticity, and elevate self-efficacy (Leaf and Schrock, 2011). Thus, Leaf and Schrock (2011: 157) state that self-injury is “a form of bodily emotion work that made the sufferers feel better about themselves.” Brossard considers how self-injury is about self-control, as to “calm down,” or to avoid “going haywire,” or “breaking everything” (Brossard, 2018: xvii). Here, the scars may be able to tell a different story than that of shame and self-blame, as self-injury instead is perceived as a way to manage shame and other emotions and to restore the social order and the bond with others (Gunnarsson, 2020).

It is not uncommon that self-injury provokes distress in healthcare providers (Hadfield et al., 2009), and that social workers and other service providers have negative attitudes toward self-injury (Mackay and Barrowclough, 2005; Muehlenkamp et al., 2013). This may lead to feelings of antipathy toward individuals who self-injure (Patterson et al., 2007). Such negative attitudes toward a client group will inevitably impact the worker-client relationship, making it difficult for the self-injuring individual to disclose the wounds and the scars, for fear of being shamed, judged, and rejected. Furthermore, Chandler (2016) pinpoints that there can be accusations of attention seeking from professionals and others, which then also put into question the authenticity of individuals’ emotional pain. As such, one may become subjected to moral judgment (Chandler, 2016) when

displaying one's wounds and scars. Self-injurers strongly disclaim that self-injury has to do with attention seeking when obtaining help for their injuries (Chandler, 2016).

It may be that the cutting of one's skin goes against the very foundation of our understanding of "doing no harm"—and the idea of striving for pleasure rather than pain. However, self-injury is not necessarily about pain, as many who self-injure testify that they feel little or no pain when they cut themselves (Adler and Adler, 2011). It is not about any masochistic tendencies, as in taking a liking to pain, but a way to manage situations in everyday life, turmoil, and emotional pain (Brossard, 2018). It can be about not living up to gender-stereotyped cultural body ideals or high standards for academic success (Leaf and Schrock, 2011). As a healthcare provider, one may perhaps not help but feel it is wrong and horrible that someone cuts or burns themselves, but being a professional is about showing empathy and understanding, and about having the ability to regulate one's own emotions or sympathies (or antipathies). It is also about knowing who is responsible for what and to acknowledge that the person who self-injures is an agent in her/his life (Adler and Adler, 2011), and the one who decides whether or not she or he wants to, or can, stop.

My body is covered with scars. So many that it would take a while to count them all. Most of the scars reside on my arms. Some of them are covered by tattoos. The majority of my scars have faded into white scar tissue, but there are a few that are still rose-tinted. There are round scars from cigarette burns, larger burn marks that look like a crater or a star and these are from chemical burns. There are longer and shorter marks, some of which are crossed over others. Some run deeper and some are shallow. Broader and thinner stretches of scars run alongside or across my arms. On the front and the inside. Some have marks from stitches. The scars are part of my body, my skin, and are engrained in who I am, who I was and who I have become. The present, the past and the future are written on my body. I am who I am now, who I was yesterday and who I will be in the future, all written together, in the multiple scars that all have a presence, a past and a future. They are carved or burnt into my body in different situations and from different moods in the past, but they are all with me at the present and will be with me in the future. This is what the scars are all about: the past, the present, and the future.

The marked female body

Historically and in the present, the marked body has been highly pathologized and considered a deviant practice carried out especially by an immature, impulsive, psychopathic, criminal and more "masculine" man (Yamamoto et al., 1963). In terms of how body modification practices (e.g., tattoos, scarring, branding) are conceptualized in newspaper accounts and among mental health professionals, Pitts (1999) shows how such body markings are condemned as, not chosen, but

pathologically driven. Furthermore, the marked female body is often more pathologized than a man's marked body. Women with tattoos are described as having personality disorders (specifically, borderline personality disorder) and substance addiction, and a history of sexual abuse (Arya, 1993; Swami and Furham, 2007). Hawkes et al. (2004) reported how both women and men have more negative views of visibly tattooed women than non-tattooed women. The larger the tattoos, the more negatively the women were viewed. Another study showed how undergraduate students perceived tattooed women as less healthy than those without tattoos (Wohlrab et al., 2009). The similarity between heavily tattooed women and women with self-injury scars are startling, as self-injury has also been and still certainly is related to conditions like borderline personality disorder (Favazza, 2011).

Although body markings such as tattoos relate to deviant behaviors, shady, and mentally ill people, there is also another discourse which comes from those who engage in body marking practices. Pitts (1999: 298) found these to be marginal discourses in the news media; nevertheless, she suggested that body modifiers "interpret their practice as assertions of self-control over their bodies and that they take offense at suggestions that they are mentally ill." Body markings, thus, are also about re-empowerment through taking control over their bodies and who they are. In terms of women body modifiers (Pitts, 1998, 1999), they have expressed that the practice is a way to redefine beauty and reclaim their bodies from a patriarchal culture. Body markings, thus, represent a resistant to social and cultural norms of how a woman should look.

Managing visible scars often means managing the stigma of scars, and one's bodies can easily become the focal point of attention for both the self and others (Ucok, 2005). However, the meaning of bodily scars varies, depending on how the scars have come about. For women with scars after breast cancer surgery, they managed their scars by objectifying them in different ways (Slatman et al., 2016), for example, by distancing themselves from their marked body. Scars may be interpreted in both a positive as well as a negative way (Lewis and Mehrabkhani, 2016; Stacy et al., 2017). For example, Lewis and Mehrabkhani's (2016) study on self-injury, online, message boards indicates that self-inflicted scars can be integrated in the individual's biography, be a reminder of growth or change since the injury, and some attributed the scars to an inner strength. Scars played a role in the "development of participants' sense of self, in particular, individuals discussed how their scars represented an aspect of their identity and understanding of who they have become" (Lewis and Mehrabkhani, 2016: 303). However, according to Walker (2009), self-injury scars may also overtake the individual's identity so that other people "no longer see them or treat them for who they are, an individual woman" (p. 126).

There were also individuals that had a difficult time accepting and coming to terms with their scars, and some were ambivalent toward the scars, i.e., a sort of love-hate relationship. Although they described not being bothered by their scars, they also mentioned being ashamed of them (Lewis and Mehrabkhani, 2016). Stacy et al. (2017) examined the difference in meaning between self-injury scars

and environmentally-inflicted scars and found that people with self-injury scars attached more meaning to their scars. They viewed them as a marker of stigma and shame, but also as a reminder that they had overcome life's adversities. Still, both groups viewed their scars as *part of their identity*. Likewise, in Inckle's (2011) study, her interviewees looked upon their scars as an integral part of who they are.

In self-inflicted scars, the individuals seem to experience a sense of pride and growth for overcoming an emotionally difficult situation (Chandler, 2013). Another significant aspect of the scars from self-injury compared to other scarring is that individuals reported "greater importance in observing, touching, rubbing their scars, as well as frequently thinking about and noticing one's scars" (Stacy et al., 2017: 94). This makes the scars from self-injury meaningful, in a sense that is similar to the acts of cutting or burning and the wounds that are the result of such self-injury. There is something about the scars that is self-soothing, just like the act of cutting and seeing the wounds is known to be (Le Breton, 2018).

There are times when I look at my scars and feel elevated. It is like the scars talk to me from the past of who I was, but at the same time they speak to me in the present and about who I am today. The scars are also going to be there in the future and my future self will continue to be intertwined with the signs on my skin. Sometimes I touch my scars, run my fingers over them, and feel the tingling sensation of that sensitive scarred skin. It makes me feel that I am alive. It makes me feel like I am somebody, someone unique, perhaps even special. I have my life and the circumstances of that life written on my body. My shame is written on my body. But it is not a shame I experience as a result of my scars, but a shame that made them. I have lived my entire life with shame— a shame-ridden self. It is a shame of who I am that has turned my skin into a map of self-loathing. The scars are there for a reason and that reason was my deep and intense shame. The shame of not being good enough, of not being worthy of love and happiness, of being a failed self, an inadequate human being, a no-good person, an incompetent researcher, a worthless and appalling woman. But the scars are part of me, and they sometimes seem to lessen my shame. It is like the scars give my existence a meaning or a reason for me to go on— in those dark times when all I want to do is to give up— the scars remind me of who I am. I am someone— in my own eyes— I can see myself as something special, something more than others, or not more— but different. I am different because of my scars and that difference feeds my self-image, my self-esteem, who I am to myself when I look into other's eyes. The way I imagine others to view me is embedded in who I am. The scars make me somebody. Someone strong, hardy, intriguing. Someone who has persevered and overcome things in her life. Someone to be amazed by because she is still standing upright, standing proud with the warrior scars on her arms and body. Someone whose skin speaks about a battle that other people may think she has won. What they don't know is that there is no battle to be won, it is simply an attempt to survive. Perhaps, being a survivor is what makes me special, to others and to myself. But, why do I need my scars to be special? For how long can I uphold and maintain the idea of my scars showing the world who I am? It is true that I have survived this far, but the scars are

only temporary winnings and soon to be a fading fad of yesterday. For how long can my scars heal my shame and keep up the interest of others? When the fad is gone, what is then left of me and of my skin?

Identity may be understood as a narrative construction of who I am with regard to my own life course, and with regard to other people. Identity is the story I tell about myself. The story serves certain purposes: first, “it distinguishes the self from others to develop and maintain a sense of uniqueness in relation to others.” Secondly, it “describes the consistent elements through which one can say that the present self is the same as the past or future self” (Ganzevoort, 2008: 20). “Identity” is thus a process. Nevertheless, identity is not just about one’s personal story, as the self is essentially a social structure that arises in social experiences (Mead, 1934). In this reflection, identity is understood as the product of interaction, and this also means that it is changeable. Identity (the self) begins to form as we acquire the ability to take the others’ attitude (Mead, 1934). According to Mead, there are two aspects of the development of the self, the inner “I” and the outer “Me.” An individual has an inner core or essence, the “I,” but this “I” is molded and changed by the dialogue we have with the other, the external world, the “Me” and the identities that the world offers to us. Thus, identification depends, not only on what we think of ourselves but also on (or especially) what other people think of us. Furthermore, there is not just one self that each person identifies with, but rather multiple selves. As Hall (1989) stated, “most of the identities that I have been I’ve only known about, not because something deep inside me—the real self— but because of how other people have recognized me” (p. 15). I am who I am because that is what I believe others see me as— and as such, my identity is dependent on how others view and respond to me.

I was in my mid-thirties when I started to cut myself repeatedly and regularly (the scars from when I was 23 as cited in the beginning of the article was from a suicide attempt). That is not how it usually works, as most self-cutters start in their early teens (Favazza, 2011). I was acutely aware of the discrepancy of this fact. I was not a teenager, I was a mom to a soon to be teenager, and I was a Ph.D. student and a university teacher. To others, most of the time I was a normally functioning individual, mother and professional. I suppose one could even have called me successful. Still, I had this other side of me that most people did not see or could comprehend. Where despair, anxiety, depression and anger took a hold on me. This was hard to fathom for most people, and sometimes also for myself. I had a split identity because I was both functional and dysfunctional. My intimate relationships were a disaster of chaos and fear. I could not feel safe and secure and loved. I felt unsafe, insecure and utterly unlovable and this got me stuck inside my own mind and made my emotional life a rollercoaster. I had no control over my emotional life, and I started to cut myself one day out of sheer despair and desperation and shame. I was ashamed of who I became together with the other, in the relationship, and I started to feel ashamed of everything, what I did, what I did not have the ability to do— I felt a deep intense

shame for who I was. With time, I started to loath myself for not being able to get going with my Ph.D. studies at the pace I was expected to do so. Soon enough, the cutting became an all-purpose solution (Kettlewell, 1999). Just to be able to get through the day. The wounds and then the scars started to multiply on my body. The more I cut, the easier it became to cut again. And I cut because it worked. It worked to make me get out of different, awful, kinds of emotional turmoil and pain. I cut to punish myself for being that person who could not get it together. I cut because I turned into a child in my relationship. I cut out of anger toward myself. I cut to be able to see the day through (Kettlewell, 1999). I cut to be able to go to sleep. I cut instead of drinking, but I also cut, often much deeper, when I drank. If I did not cut, I did not know how to manage my life. Without the cutting, I suddenly felt like I was nobody. The cutting made me whole, at least more whole— more unbroken.

Eventually, the scars started to have a similar effect. The scars told me I was alive when I felt numb or dead inside. The scars told me I existed when I felt the opposite. The scars were something to hold on to when I wanted to let go. The scars gave me an identity when I felt like I had none. The scars made others see me. Made others notice me in a different light. People became intrigued. Although I did not know what they were thinking, I felt seen and that I had something in me worth being curious about. I became somebody in others' eyes and therefore, I also became somebody in my own eyes. The scars made me special when I felt far from special. The scars made me something more than who I was. It perhaps makes no sense, but the scars tell the story of myself. They connect my past selves with my present selves and redirects attention to my future selves. Without them, I am not the person that others or I see me as. I sometimes feel that I would be nothing without my scars.

In “the wounded body,” Dennis Patrick Slattery (2000) argues that a marked body (e.g., scarred) is not only an individual phenomenon but a cultural symptom, a place of suffering and of seeing and ordering the experience of the one wounded. “When the wound becomes a scar, there is always present the ‘afterthought’ of the original violation. The scar, we might say, is the wound that has matured and taken on its own shape in the body; from there it signals a greater level of psychic wholeness” (p. 54).

Just like a tattooed body, a scarred body makes itself known to others— to either a curious or a condemning external gaze. Self-injury scars are laden with pathological and self-destructive notions in people's minds, and therefore often hidden behind long sleeves and other clothing. But like tattoos, scars may illustrate individuality. Even though self-injury scars leave marks on the body and the skin, not as a way to customize the body in pursuit of individuality as do tattoos (Atkinson, 2004), they nevertheless are marks of individuality. The marked skin is about expressiveness. The scars can also be seen as signs of an “invisible kind of trauma that has arisen in the context of Western societies that value high achievement, productivity, and individuality at the cost of individual emotions” (Kokaliari and Berzoff, 2008: 268). What I do when inflicting injury to the

body-self is to discipline the self-body; thus, it works as a form of social control (Brossard, 2018; Kokaliari and Berzoff, 2008). Although self-inflicted scars acquire their meaning after the actual cut has been made, self-injury scars can represent an “ambivalent sign as a marked body tough enough to endure pain” (Herrera et al., 2009: 78).

Femininity and bodily marks

From early on, around six years of age and especially in my teens, I always hated to be called a pretty girl. I did not want to be pretty but sexy and tough. For me, pretty had a doll-like ring to it and exuded weakness. I did not recognize myself in labels of girlishness. I believe that is one of the reasons that I did my first tattoo at sixteen years of age (and in the 80s, teenage girls did not generally have tattoos), and neither a nose piercing. It was not a big tattoo and today, no one would flinch when seeing a small tattoo on a teenage girl’s body. But my first tattoo and piercing were my way of expressing who I wanted to be and be seen as, a tough and sexy girl with an attitude. Today, the self-inflicted scars have a similar meaning; they take away the “girlishness” in me- the “womanesses”- who are supposed to be a certain way and look a certain way. A feminine woman does not have unsightly scars all over her arms and body. Somehow, the scars express something different- perhaps something more masculine- and it takes away the pressure of femininity. Even in midlife, I still cringe at the thought of being too much of a girl. Still, I am succumbed to the pressure of female appearance, and being female means being subjected to the “constant, internalized scrutiny of the male gaze, creating a hyper self-objectification” (Inckle, 2007: 95). I am preoccupied with my own body, feeling disgust of my body and shame of my femininity; but at the same time, I still succumb to the need to be sexy. But through the scars, I become something more than my female appearance; I have scars that tell another tale than that of sexual objectification. Instead, and in contrast to what Walker (2009) states that women experience the signs of self-injury in a way that just makes them self-injure and not individual women, I experience myself more like an individual woman with the scars than without them. Tattoos often attract the attention from men, and although I loathe myself for it, I cannot but like the attention. It’s an attention that is different from the one emanating from bodily attractiveness. There are tattoos that are mainstream today, and it is more acceptable for women to have small, symbolic tattoos in more hidden parts of their bodies, but I have big tattoos on both of my arms, and that attracts another kind of attention that is not built on being a typical feminine woman but someone tougher and different. A woman perhaps with secrets and layers of life experiences. The scars also elicit that same kind of attention, although people usually do not dare to ask about them, it is obvious what they are a result of, that is, self-inflicted marks of cut or burnt skin.

Women’s bodies are commodified in different ways, and especially so in a sexual way. For example, in internalizing the cultural view that the primary value of the

female body is to evoke sexual desire and deliver sexual pleasure. Considering this and the fact that many women live with a negative body image, known also to be present among those who self-injure, one can ask what the scars may mean. For a man, a scarred skin may be looked upon as masculine. For a woman, however, she may be considered less feminine if her skin is scarred; hers should be soft, smooth, and blemish-free (Lafrance, 2018). The scarred female skin thus may signal something that goes against these cultural views of the “perfect” skin and of being a sexual object. So, instead of thinking about self-injury as a pathology, one can consider how cutting or burning the skin has a wider meaning that relates it to women’s role in the social order (Bartky, 1990). The scars thus, as other body markings, can signify a resistance to the sexualized objectification of the female body, a site of symbolic resistance, a foundation of personal liberation, and the basis for the creation of a sense of self.

I inhabit this body, but at times I do not feel it is connected to me. It’s like the idea of my body is cut off from the idea of who I am. As a sociologist, I know that who I am is not an intrinsically inner activity, as who I am is embedded in the idea of how others see me. Still, my body feels at times foreign to me, like an alien that creeps up on me and makes itself known through physical and emotional discomfort, pain and anxieties. At other times, my body feels numb and out of reach. I can look at my hands and they don’t feel like part of myself. It’s a de-personalization of kind that is hard to fathom. The cutting made my body come alive, but the cutting was also easy at times when I did not feel as though my body belonged to me. When I felt disembodied.

With the scars, my body feels again like it belongs to me. I cannot fully answer why this is so. All I can do is to put words to these odd experiences of the body-mind dualism that the scars seem to bridge. The idea that I experience the world through my body is many times a remote idea to me. Because if I do not experience my body as part of me, who I am, how can I experience the world through it? Perhaps, this is the whole point; that my body is an object at times and feels like an “other.” The subjective body is lived as someone else’s. But what happens when the wounds and the scars are left on my body? I can look at my scars and feel real. It’s like the scars refocus the idea of myself and (re) shape my body. The scarred body then shapes my world. It is from the view of the scarred, refigured, body that I sense the world around me, and from where I interact with others.

I seldom hide my scars. I have always hidden my open wounds, in respect for others. At times, I have hidden the wounds and the scars because of what they represent. Pathology. Because no one can be in their right mind if one cuts open one’s own skin. Mutilates one’s own body. Who does something like that? As it happens, not a small number of people self-injure. Although it is difficult to estimate a reliable number, there are studies showing the prevalence to be between 8–20%, with lower numbers among adults (Swannell et al., 2014). In a clinical population (of youths), the figure can be much higher (Heath et al., 2009). Does that mean it is pathological after all?

Is it pathological to need to regulate one's emotions? Is it pathological to do something that makes one get oneself together to be able to fulfil everyday social and cultural obligations? Is it pathological to want to survive – to live?

Individuals do not suffer in the same way, or live, talk, and respond to serious problems in the same way. On the contrary, collective modes of experiences shape individual views and expressions. Collective modes are patterns of how we go through troubles, and they are taught and learned, often indirectly. Self-injury may be learned through others (Adler and Adler, 2007), but it is a private practice, often carried out in secret. Although things have happened in the way we view self-injury, it is still not a normalized practice. Likewise, it is still heavily pathologized. Many individuals who self-injure are known to carefully take care of their wounds, by cleaning them, dressing them, and making sure they heal properly. But that is not all, self-injury has an impetus of self-care in the very act of self-injuring, according to Simopoulou and Chandler (2020), which renders the regulatory function of self-injury an act of agency. The authors state that “noticing their ritualistic character, we argue that a sense of pleasurable pain, repetition, and permanence point to self-harming acts as attempts at marking-feeling and sustaining- oneself alive through (an intimate and meaningful relationship with) one's own body” (p. 114). The permanence is especially interesting here as it speaks of “a memory, a record or a marking of surviving an experience. The scar, by means of its indelibility, marks the personal experience rendering it valid, real, concrete, seen” (p. 117).

I know people have ideas about the scars on my body, and that they may react to them with wonder or disgust. However, it is always possible to hide behind people's interpretations that they are a result of teenage anxiety. In my experience, the reactions I have gotten for my scars are mainly that of curiosity and interest. But it is often assumed that I have hurt my body in the past and when I was young, and that I have now conquered these urges and stopped self-injuring. The societal, medial picture of a typical young, white, girl, self-cutter is very much present in people's minds. Often enough, I just let people assume that is the case, that my scars are a result of my teens and past mental health issues. Because how can one admit to the fact that one cuts or burns oneself at middle age and that there are no clear-cut situations that mark the stop of such self-injury. That it can be an ongoing practice that I choose to perform, just because it works, works to establish control over myself and my life, or to feel alive. The scars are not the result of impulsive behaviors done by a young girl but a voluntary choice of an adult woman (Adler and Adler, 2007). A deliberate act of self-soothing or self-control.

At work, with students, I often hide my scars, but not always. When I do not, it is usually because of practical circumstances, mainly when it is too hot outside. If I hide scars, it is foremost to not impose myself on others, just like how women who have scars from breast surgery hide their scars (Slatman et.al., 2016). I do so for others, so

as not to upset the social order. In relation to my colleagues, I have been fully open with them and this has never created any problems or need to hide my scarred body. Because, by showing the scars, I can also actively work to (re) shape the practice of self-injury from pathological to non-pathological. Because for me (and others), the scars do not represent pathology, they represent the struggle for going on with life, for surviving and being able to commit to what makes life worth living, taking care of ones family, going to work, being with friends and to (re) connect with the self and others. Self-injury has helped me to get on with the day and to uphold the different social and cultural obligations I have as a member of society.

Some final reflections

There is this idea about self-injury that it can be “socially contagious” (Adler and Adler, 2011; Nock, 2009). According to Adler and Adler (2007), there is a group of individuals who by mistake (e.g., cut themselves while shaving) started self-injuring by discovering it by themselves. By the mid-1990s, however, most individuals have heard of others self-injuring, for example, a friend, or in class, and over time individuals would search the internet for information about cutting or other ways of physically hurting oneself. This would indeed point to a certain social and cultural transference of the practice of self-injury. However, just because you get the idea from somewhere does not mean it will be socially contagious, and it cannot explain why certain individuals continue to self-injure. There are many destructive behaviors that are not considered socially contagious but which people have heard about and tried, such as alcohol use, drug use, and other violations of the body. If self-injury is learned, then in what way can wounds and scars be triggering to others? Online photographs of self-injury (e.g. open cuts, wounds) can reinforce and encourage self-injury, but they may also reduce feelings of loneliness and curb urges to self-injure (Baker and Lewis, 2013). Thus, some caution should always be taken, at least with young people who self-injure. However, talking about the positive aspect of self-injury and showing my scars are not the same as being pro-self-injury; rather, it is about understanding the practice of self-injury and what the scarred body can represent.

Scars from breast cancer or any other illness often elicit compassion from people. For example, surgery scars from breast cancer are shown in media to raise awareness of breast cancer as well as to highlight those who survived. Individuals who self-injure also talk about themselves as survivors of abuse and of other traumas (Cresswell, 2005). However, such wounds and scars are not met with compassion, and self-injurers are not displayed as being survivors but as carrying out a deviant behavior or being mentally ill (i.e. impulsive and pathological). Nonetheless, Adler and Adler (2007: 560) have shown that the self-injurer “describes their self-injury as intentional and instrumental, guided by the social meaning they attach to the behavior.” It is a way of active coping and of

self-expression. Thus, the scars are a signifier of surviving unbearable emotions and events and an expression of self, having gone through these times and still being alive to tell the tale to others. If scars would be displayed as other scars (e.g. breast surgery scars), self-injury would perhaps become less stigmatized. It is not about normalizing self-injury to the extent that we cannot help those who want to be helped, who want to stop cutting, but it is about having the courage to listen to what self-injury means to those who engage in it, and to, at least, de-medicalize the practice. Perhaps, then people can be proud of the fact that they have survived awful things and emotional pain, but also to recognize that there are people who in fact do choose to continue to self-injure. Self-inflicted scars of the female body, like tattoos, are a mark of individuality, and the scarred bodies can be viewed as a resistance to the patriarchal establishment rather than a sign of being a victim of it (Jeffreys, 2000; Strong, 1998).

The scar resembles the “I,” the spontaneous part of me, the subjective me. At the same time, the scars also resemble the “Me,” the social and objective side of me. The “Me” controls the “I,” and the “Me” tells a story that I should be ashamed of my scars, and therefore to hide them. But the “I” also molds the “Me,” and the “I” tells a story about the scars that is not about shame and hiding but about self-gratitude and identity. It is a valid way of remembering who I was, who I am and who I will be in the future. It is a remembrance of a life lived and survived. About experiences that should not be hidden or covered up.

After words: a poem

Flaunt them,
be proud of them.
Watch them,
they tell you who you were.
Read them.
Forge them.
anytime you want,
they are yours,
only yours.
Believe them,
they are the truth.
The scarred tissue of white (and pink)
Challenge the norms.
Break the rules.
Resist yourself.
Flaunt your scars,
for they are what you are,
and
of what you will become.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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