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TRACES AND SHARDS OF SELF-INJURY

Strange accounting with "Author X"

Brittany Presson, Brandi Barnes, Carol Rambo, and Author X

We attend a panel on arts-based research at the Thirteenth International Congress of Qualitative Inquiry, featuring Arthur Bochner, Carolyn Ellis, and Csaba Osvath. Osvath, a student of Bochner's, is an artist who collects shattered glass from which he crafts large compositions to "create a new whole out of formerly broken parts." Osvath has created a piece in response to Bochner's (2012) paper "Bird on the Wire," which imagines a "purifying conversation" with his deceased father. Many themes are discussed during the conference panel—freeing oneself from one's history, using a story to heal from past wounds, restoration, transformation, and more.

The glass work is difficult. It involves meticulously laying the glass into place one shard at a time, as Osvath "thinks through his hands." A paper copy of "Bird on a Wire" is rendered into bits and incorporated into the piece. The words, though distorted in places, appear through the transparent multicolored glass overlay. Osvath frequently slices his fingertips as he labors over a project.

Ellis comments, "His blood is literally in the piece." Audience members respond with light-hearted laughter. Some of us in attendance who have done research on the topic of self-injury steal knowing glances at each other and fail to repress our smiles. Thematic mischief weaves in and out of our lives, connecting us, one to another. We are all thinking it, "Is Osvath's artwork, in part, a form of unconscious self-injury?"

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Something skitters across the floor. This chapter's authors collectively track a jewel-toned shard of glass; it lands at our feet, inviting us to pick it up and fashion it into our own hybrid of art and social-science-based inquiry (see Ellis,

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Adams, & Bochner, 2011). We know if we pick it up it could hurt us, so we take exceptional care to protect ourselves. Still, we may get hurt.

This autoethnography is a performance text about self-injury and an experiment with *strange accounting* (Rambo, 2016; Rambo & Pruit, 2019) with an Author X. It is performed from the perspective of multiple authors, who have individually taken on multiple identities regarding the topic, such as: researchers, former self-injurers, ambiguous self-injurers, friends of self-injurers, and parents of self-injurers. Those who may not have self-injured provide "cover" for those who may have (unless, of course, everyone did). Some of the authors may not care if readers believe they have self-injured or not. They provide cover for those who do care by *not* outing themselves. We will not indicate who said or did what (glass cuts deep and distorts images at times), though each author claims at least two or more of the identities listed.

Strange accounting, thus far, has been used by solo authors to explore the experience of applying for the chair position in a sociology department (Rambo, 2016) and of being the chair of a communication department (Ellis, 2019). The identities of people and places as well as the meanings of things were left in-play in both manuscripts. In both cases, play created *strangeness* (Simmel, 1950) and distance from harmful specifics.

In the next evolution of strange accounting, two authors used the technique to explore their experiences of marginalization as autoethnographers and qualitative researchers (Rambo & Pruit, 2019), and three authors explored their experiences with toxic masculinity in the academy (Pruit, Pruit, & Rambo, 2021). In situations where multiple authors were involved, each used the other(s) as "cover" to safely tell stories that would otherwise go untold. All the authors were listed on the publication, but the identity of who wrote which sections was left in play, thus creating strangeness and distance for each author.

In this manuscript Author X marks an ambiguous placeholder for the presence or absence of an author. The possible absence creates yet another dimension of strangeness. What the reader takes in may or may not be attributable to one of the authors listed. That space, or pocket of ambiguity, serves as a multiplicative dimension of play, creating more strangeness and distance from harm for authors and others in the manuscript.

***

Can self-injury usefully be conceived as a therapeutic mode of "self" or "ego" destruction, carried out in the spirit of deconstruction/reconstruction/rebirth/renewal? In this chapter, we construct from the shards of our lives a layered account autoethnography (Ronai, 1995) to explore this possibility. We bleed; you read. X will demarcate all the individual authors' identities represented in this paper, identities that remain in flux and under construction. In this way, X serves as a noun. Let X also allude to identity as a process whereby

a final meaning never shows up but rather is left *in play* (Derrida, 1993). Readers can guess but they will never be certain whose story is being told. All the authors' individual consciousnesses skim an interconnected surface together through the chapter, across ever shifting rhizomatic synapses of meaning and *associational slides* (Rambo et al., 2019; Rambo & Pruit, 2019). All of us are Author X. None of us is Author X. Author X is something else. Because of the "edgy" nature of self-harm, Author X also serves as a shield behind which we discuss self-injury, collectively protecting one another, and others, from stigma. Or, there could simply be a fourth author who did not want to be named, and the rest is elaborate, obfuscating, postmodern posturing (read that as jargonized "bullshit"). For this to function as designed, Author X stands for a range of possibilities, as a constellation or *strange attractor* (Gleick, 1987) of meanings; meanwhile the status of the authors (who wrote what) cannot be allowed to settle.

***

My hands shake as I staple my paper. The assignment is to write a reaction paper to *The Tender Cut: Inside the Hidden World of Self-injury,* by Patricia and Peter Adler (2011). I am going beyond that. This will be the first time I share my history with self-injury with a non-peer. Why am I doing this? What will my professor think? This is grad school!

***

My classmates take turns discussing their opinions on *The Tender Cut*. As we go around the table, soon it will be my turn to speak. What will I say? Will I be honest? Will I disassociate myself from the topic? I shouldn't share my experience. My paper will be enough; only the professor will read it. But good grief! My classmates are being so judgmental. Self-injurers aren't all "crazy" or "just seeking attention." They don't all *need* counseling, medication, or to be locked up. My "compassionate" sociology grad school classmates are mindlessly labeling and stigmatizing self-injurers. *This* is why people can't talk about self-injury. Nobody understands. Sometimes it feels like others don't even want to try.

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In the beginner's mind there are many possibilities, but in the expert's mind, there are few (Suzuki, 1970).

***

My classmates' opinions get stronger as they begin to validate each other's perspectives. I become angry. I can no longer keep quiet. To do so would be to allow myself to be bullied. It is my turn to speak. I open my mouth. The words fall out before I can stop myself. "I used to be a self-injurer …"

***

After class, the instructor and the student stay after and gossip.

"He was awesome! He defended self-injurers long before he knew someone in the room had a history with self-injury."

"He was in the minority."

"She has a background in one of the so-called 'caring' social sciences! Yet she could not be convinced that self-injury was anything more than crazy—it is so 'unlike her.'"

"She questioned the wisdom and professionalism of bringing the topic into the classroom at all, 'Some things should not be discussed,' she said."

"Yeah like, should self-injury not be researched at all? She didn't think that through."

"I think they believe we're taking the position that self-injury is 'okay' when we try to look at it as anything but mental illness."

"That is not what we are trying to say!"

"That is *not* what we were trying to say."

We talk at length and exchange confidences about the topic, what we know, who we know, and the "whys" of self-injury. We agree. *There are times self-injury makes good sense; there is a way it can serve the positive function of suicide prevention*. That is a difficult idea to convey in a casual conversation.

The instructor suggests that the student consult the literature. The instructor believes a larger research project could come out of this, though she wonders if they can get their Institutional Review Board (IRB) to approve it. Maybe if the student got University Psychological Services to agree to see anyone who may have been distressed by participating in the project, for free, it might make the IRB happy.

***

Self-injury is a public health concern and a "problematic" social problem. Rates are tracked by organizations such as the Centers for Disease Control and The Institute of Medicine. The International Society for the Study of Self-Injury (ISSS; https://itriples.org) defines it "as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned." Examples include self-cutting, burning, branding, bone breaking, hitting, scratching, hair-pulling, and banging one's head. According to the website, "Research … found 12% to 24% of young people have self-injured.… Most studies find 6–8% of adolescents and young adults reporting current, chronic self-injury." They also note that girls and women are slightly more likely than boys and men to engage in the behavior.

Some researchers want self-injury classified as its own disorder (Adler & Adler, 2011). Others document self-injury behavior as a means of diagnosing psychological conditions such as borderline personality disorder (Selby et al., 2012). In the DSM V (American Psychiatric Association, 2013, p. 783), non-suicidal self-injury is not

classified as a distinct condition, however, it may be defined as one in the future; it has been listed under "conditions for further study."

Self-injury is also framed in the literature as a rapidly spreading sickness, disease, or as having a contagion status (Matthews, 1968; Ross & McKay, 1979; Taiminen et al., 1998; Whitlock et al., 2006). This proliferation is blamed on the media and more recently social media. In the past, self-injury was thought to be an accidentally learned mental disorder (Adler & Adler, 2008). During the 1990s, according to Ranker.com (2019), Marilyn Manson was known for self-injuring during live performances. People following various music subcultures began self-injuring as a gesture of solidarity and a confirmation of group membership (Adler & Adler, 2008). Later, Johnny Depp, Sid Vicious, Angelina Jolie, Lindsay Lohan, Drew Barrymore, Miley Cyrus, Christina Ricci, Fiona Apple, and others, appeared on Ranker's (2019) list of "celebrities who self-harm." Self-injury is viewed by some as "fad" behavior and subculture impression management (Adler & Adler, 2011).

Because of the Adlers' work, research on self-injury has taken a decidedly social constructionist turn. Emphasizing social interaction, rather than individual pathology, Chandler (2012) has framed self-injury as embodied emotion work, where the body was acted on to change one's emotions. Brossard (2014) has shown how self-injury can be viewed as an attempt to maintain the interaction order by managing emotions so that one's outward affect matches what society expects. From a perspective that frames the framers, Bareiss (2014) has examined constructions of self-injury in 78 news accounts. Bareiss noted, "the remedy to the problem is not constructed as redress of contemporary pressures placed upon young people, but rather, as the responsibility of adolescents to conform to the social system that causes them to hurt themselves" (2014, p. 279). Chandler, Myers, and Platt (2011) have examined constructions of self-injury in clinical literature and reached similar conclusions.

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Each author of this chapter, in their own way, came to question the assumption that self-injury was always harmful. Some of us did so based on our reading of existing literature. Some of us started questioning and remembering our experience with self-injury and started writing.

Claims makers (Best, 1998, 2013), those who define and codify a social problem, describe self-injury as "deliberate" "without suicidal intent" and "for purposes not socially sanctioned." Yet a casual glance beyond the ISSS's webpage (https://itriples.org) reveals that the boundaries of self-injury quickly blur like the edges of a healing wound, leaving in doubt the boundaries of healthy and unhealthy. Depending on time, place, and context, the definition of self-injury is in flux. For instance, eating disorders such as anorexia and bulimia are classified as self-injury in the United Kingdom but not in the United States (NSHN, 2019). On-line campaigns such as Pro-ana (pro anorexia) and Pro-cut (pro cutting) have made mainstream news (Castillo, 2012)

by advocating for these activities; Pro-ana websites such as myproana.com have even hosted self-injury sub-forums where people supported one another's self-injury.

Some view tattooing, piercing, and branding as forms of self-harm, yet according to other claims makers they do not "count" because they are socially sanctioned forms of body modification (Adler & Adler, 2011). Branding is often accepted as a display of hegemonic masculinity or a symbol of group cohesion in settings such as fraternities, athletics, and the military (Adler & Adler, 2011). However, a Google search of branding and hazing turns up numerous articles where branding is considered a social problem that must be prevented, even though most who get branded do so voluntarily.

Cutting is documented in biblical passages as a way to grieve death and as a practice of those who follow "false Gods." Scarification is found throughout history (e.g., military records from fifth century Greece; see Adler & Adler, 2011) and is still a cultural practice in Sub-Sahara Africa (Ayeni, 2004). Scarification and branding have been banned in some states (Obenschain, 2013) including New Jersey, Kansas, South Carolina, and Oregon.

It is commonly understood in tattooing circles that many who get tattoos have a history with self-injury. One of the authors of this chapter told her tattoo artist the topic of her research. The artist claimed that when she trained, out of a room of 14 trainees, all but one raised their hand when asked if they had ever self-injured (Presson & Rambo, 2015). Another author has been invited to "piercing parties" which take place after hours in tattooing studios. Participants lay on their stomachs and have their backs systematically pierced with hooks. Later the jewelry is removed, and everyone cleans up and goes home (Presson & Rambo, 2015). "Flesh hook suspension" (Forsyth & Simpson, 2008), a practice where participants suspend their bodies from hooks pierced into their skin, further blurs the line between body modification and self-injury.

***

According to Joel Best (1998) "social problem-ing" issues is a social process. He uses the changing definition of toys to illustrate this point. For Best, toys have always been a target for claims makers. Barbie, for example, has been a target of claims makers since 1959. She was first considered a less-than-innocent companion who would "corrupt" the minds of girls. Next, she was guilty of taking a girl's attention away from baby dolls so that she would not want to be a mother. Then she became vapid and anti-feminist, using her sexuality to get ahead in the workplace. Next, she was a promoter of capitalism and the mindless consumption of luxury goods. Later, she was ageist, sexist, racist, and a promoter of anorexia. More recently, some have decided she was a promoter of resistance to parental values.

At first blush (and eyeliner), Barbie appears to have been busy. No 60-year-old ever looked better, occupying girls' toyboxes, adults' curio shelves, Joel Best's attention, and our landfills—a social problem yet to be codified by a claims maker; let us be the first to protest *Trash Heap Barbie*™ and *Ocean Plastic Barbie*™. We wonder if Barbie can take time out of her busy schedule of hegemonic activities to inform us about self-injury. We think so. Barbie is not busy, but the claims makers have been.

Tokidoki Barbie™, sold with a prickly cactus friend named *Bastardino*, was banned because she had too many permanent tattoos and might encourage girls to want them (Boone, 2014). In 1999, Mattel's *Butterfly Art Barbie*™ was withdrawn from sale in the U.S. after parents had similar complaints. *Totally Stylin' Tattoo Barbie*™ was sold with a "tramp stamp" displaying Ken's name and 19 other assorted tattoos (Boone, 2014). Mattel refused to bow to parental pressure that time, so she sold out. *Babysitter Barbie*™ reads a book called *How to Lose Weight* that advises her inside the pages, "Don't eat!" (Boone, 2014). *Slumber Party Barbie*™ comes with a scale that she takes to her party which permanently reads 110 pounds (Boone, 2014).

We smell burning toxic plastic. Where is *Bodacious Branded Buttocks Barbie*™, with Mattel burned into her gluteus maximus? Or *Self-injury Barbie*™, sold with a soundtrack of Alice Cooper's renditions of "Welcome to My Nightmare" and "Only Women Bleed?"

***

Two psychologists are eventually added to the first project proposal, one on campus, one off campus.

***

Hello,

The University of [X] Institutional Review Board, FWA0000[X], has reviewed and approved your submission in accordance with all applicable statuses and regulations as well as ethical principles.

PI NAME: [X]

PROJECT TITLE: Self-Injury and Identity

FACULTY ADVISOR NAME (if applicable): [X]

IRB ID: #[X]

LEVEL OF REVIEW: Full Board

***

More than one project gets approval, eventually; IRB is, at times, unpredictable. Some of us interview people who have self-injured. More join the project as researchers and/or autoethnographers. Others leave. There is a sense of "churn" as graduate assistants perform work, write theses, present conference papers and publish. Some are informally affiliated with the project; others are concerned about being associated with the project but leave traces in our thoughts on self-injury and in this manuscript.

***

Author X marks (or unmarks) a status and a process. Presence, absence, neither, nor, identities in flux, shifting, rhizomatic associational sliding, strange accounting, strange attracting. We are drawn to one another in this strange process of research and healing.

***

Self-injury has an objective, obdurate, facticity about it. Self-harm is—well—harmful. There is the possibility of injuring oneself more than one anticipates, subsequent infection, or even accidental death. While the Adlers have called for demedicalizing the topic, we suggest claims makers should seek to "de-problematize" the social problem status of self-injury. If we do so and start with lived emotional experience, what other understandings about self-injury might become possible? For those who have self-injured in the past, these vignettes may be "triggering."

***

I am 12. I get off the bus at the elementary school and walk to my parent's house. It is a Friday afternoon. I have my backpack and a silver messenger bag packed with clothes for the weekend. It has been two weeks since I last saw my parent. I let myself into the house, my younger sibling trailing behind me. She/he/they grabs a Hostess cake and eats it while I make a glass of chocolate milk. My parent arrives home through the kitchen door and sees me drinking it. She/he/they becomes visibly angry, her/his/their face straining as s/he/they yells, "You are overweight! You don't deserve chocolate milk. You don't need to eat dinner tonight!"

I successfully hold it together until I can take a shower later in the evening. Only then do I let myself cry. If I were skinny, then maybe I would be loveable. If I killed myself, the only thing my parent would care about would be cleaning up my blood. I pick up the razor and start shaving my legs. I hit another wave of crying; the tears spill out and merge with the shower droplets flowing down my face. Blinded, I quietly sob. I accidentally scrape my shin with the razor and start to bleed. The sobbing stops. I take deep breaths and watch the blood wash down the drain with my tears. I don't think much about it; I just feel better.

***

I am 12 years old. I have been arrested. The police ask why I did it as my guardians stare at me. My guardian comments, with cutting contempt, "You are just like your 'jailbird' parent." I am horrified. My jailbird parent is the personification of evil, tainted genetic material. We all know it. The truth of my existence is exposed; everyone can see me for what I am—a criminal. I am trapped in dread and shame. *Everyone hates me.* There is nowhere to go, nothing to do to repair it. It is untenable. I cannot continue to exist like this, but I can't make it stop. From inside this feeling, an impulse burst through me, overwhelming my mind and body. I repeatedly thrust my head hard, backwards, against the paneled wall of the police station, gripping the arms of the chair as I do so for extra traction. I do not think about it; it just happens, as if someone other than me was making the decision. I wonder how badly I am going to hurt myself, but I can't stop. The police say, "Can't you see she needs help?" My guardian says, "I don't know what the hell's wrong with her."

***

Was that "real" self-injury? Does it count? I still don't know for sure to this day, but I think so. I responded to overwhelming emotion in that manner because my society provided me with no other formulas or schemes through which to process

and/or interpret it. I engaged in bodily emotion management (Chandler, 2012). I question it because I did not experience my head banging as an "idea," "thought" or "choice." It felt more like an autonomic process. Often, those who self-injure wonder if their activity "counts" or constitutes "real" self-injury (Presson & Rambo, 2015). Meanwhile, if that wasn't self-injury, then was I in some other way "mentally ill?" The problem with that label is it shuts down further consideration of what was happening to a 12-year-old girl, outside of a jail cell, in a policeman's office.

***

The first time I deliberately cut, I am in my brightly colored room, frantically running around. My favorite band, Saliva, is playing on the radio. It has been a bad, bad day. My family praises my weight-loss, but they fail to recognize that I haven't eaten in a week. If they do recognize, they do not care. My best friend stood me up earlier and has disappeared. I am stranded, trapped, my head swimming, overwhelming me with negative thoughts that won't stop.

Whiplash. I am losing control of my emotions. I can't cry. It is considered weak—a notion conveyed by my parents, friends, martial arts teachers, and media. I can't hit anything. That is considered unladylike; my mom would try to lock me up for sure. Even in Taekwondo our sparring must be levelheaded and void of emotion. I am at a loss for how to deal with my world. The phrase "trust no one" has been drilled into me by my family. I can't talk to them. I can't talk to other adults. I can't speak with a counselor. I tried writing my thoughts down, but my mother hired my sibling to spy on me. He/she/they confiscated my writing. I thought I could turn to my friends, but they were nowhere to be found.

I am in a frenzy. My heart is racing as I search every drawer and surface for a tool. I look over and notice the items hanging on my cork board. There are two photo collages, a beaded necklace from my childhood, a St. Patrick's Day crown, and at the very top left-hand corner, my shark tooth necklace.

The first cut is small, the shark tooth is smooth. My breathing steadies as I dig the point into my skin. I slowly and shakily drag the point along my forearm, trailing behind it a faint red line. My heart rate increases until I officially break the skin. Seeing my blood brings a calming wave that rinses away my panic; I feel my body relax. I am proud of that first little mark. It is roughly an inch long. I eventually make a second with the same necklace before moving on to a better tool.

I am at school, later, when I discover how sharp a soda can is when broken in half. I cut my hips instead of my arm. My friend taught me that the torso area cuts better. We cut together, on occasion, during gym class, sitting along the wall at the start of class until roll is called, positioning our hips against the wall on the side we were cutting, each of us shielding the other. We would each cut for a few seconds—fast—then roll the pant band up and pull the shirt down. Easy-peasy.

***

From an interview:

I lost my virginity and it was traumatic and date rapey and … I don't know. Definitely coerced and vodka and not a good experience. And then my best friends called

me a whore that night. I can't really remember what I was feeling at the time which I guess makes sense because it was eleven years ago. I was obviously upset but I know I wasn't crying because I never really cried while self-injuring. That's always been the point for me was to not be emotional. It's the way to feel. It's almost the way to not feel—feeling something physical instead of something mental. So, being able to feel something on my skin—I've never gone deeper than that—it's a reminder. Because once there's a marker there, you can press on it and remember it was there. And I liked [markers]. I liked the visual-ness of [them].

***

The speakers drown out the don'ts. The "don't do this." The "don't think that." The "be perfects." Smile. Breathe. What's the number one rule? Never cry. If you're bleeding, if you're broken, if you're afraid, if you're alone, never cry. Tears are a sign of weakness. Think of other people. You have it better than a lot of kids in this world. Smile.

I'm 14 years old and arrive home from school. My backpack hangs on the kitchen chair. There is no wall separating the kitchen from the living room. I live with my mother and stepfather in a small rental house. The music is blaring from the family desktop computer. I hang up the phone.

I pace the floor. My teeth clench, barring any vocal outrage. Forgotten. She forgot me. A friend was supposed to pick me up to go to the movies, but she ditched me. Left me behind. Stood me up. She would meet up with the group there without bothering to call.

I can feel my breathing quicken. I want to scream, but I cannot. I want to shout and punch things, but I won't. Young ladies don't do that. My heart stings with betrayal. She wasn't supposed to do this. She was supposed to be the one who cared. She was supposed to remember me. I put the song "Always" on repeat. I crank up the speakers even louder.

Abandoned. I am the unwanted child. The mistake. My dad regrets adopting me. My mother didn't mean to have me. She often joked that my name should have been, "Drunken Blackout." My paternal uncle threw a refrigerator at her three months before I was born. My biological father never met me. He signed the go-away papers quickly.

I open the silverware drawer and slam it shut. My fingers squeeze the lip of the counter. I turn on the hot water, washing my hands and forearms. I start to calm down. Supper dishes from the night before are in the sink. It's my job to wash them. My parents don't notice that I don't eat. My stomach feels like it is caving in.

The phone rings. It's my mother. She has a list of chores for me to do before she gets home or I'm grounded. She doesn't hear the strain in my voice. I look at the clock.

A fresh wave of anger hits. I grab a butcher knife from the drying rack. The blade is gleaming. I rinse it with hot water and touch it to my skin. This isn't the first time that I have cut, but I've never used a knife before. I turn this corner.

I typically cut with an aluminum shard peeled from a soda can. Sometimes, I feel emotionally numb and will saw away at my hips until the blood distracts me. The thought of the blood evens my breathing.

I go back into the living room and stand in front of the couch. I hold out my left arm and rotate it, first one way and then the other. I rarely cut on my arm. It's unwise. I don't care this time. I can excuse it away easily. It's still cool enough to wear a jacket, anyways.

I decide on the inside of my arm. It's more concealable. I want to see it bleed. The tip of the blade reaches my skin.

My breath catches. I can't do this. I'm afraid. The knife is so big. What if I go too deep? What if someone sees?

This fear opens the emotional floodgates. I drop to my knees. The mental anguish hurts so much. My hands grab my ribcage, unsure of whether to rip my guts open or hold my torso together before I really crumble. What is wrong with me?! Why am I unwanted? What did I ever do that was so bad? I try to be perfect, but I can't.

Every muscle is tense. Tears blur my vision. My chest heaves with painful sobs. I feel like my sternum is tearing its way out of my chest.

I'm fat. I'm ugly. I shouldn't have been born. I'm not good enough. I'm in the way. My parents battled for custody over my younger sibling. They never fought over me.

For some reason that last thought helps. All I have is myself. I need to be in control. My body involuntarily takes two very deep breaths. I twist my left arm over, exposing the back of it. The tip of the knife pricks the outside of my wrist. I let more of the blade touch. I stop thinking about the "what ifs," the pain, the abandonment. Just me and the blade. I press down. I pull back, slicing my skin, guiding the metal across my arm, stopping when I reach the inner bend of my elbow.

The blood rises thickly. My cut was deep enough. I smear the blood with my fingers. I take the blade and retrace the incision. It's the longest cut so far. I stare at it, no longer feeling anger or pain. I'm in control. I watch myself bleed.

I rub the blood between my fingers. I stretch the sides of my skin back to observe the depth of the wound. It's perfect. It serves its purpose. I don't need stitches. I'm too smart for that. I push the skin back together. I let go. It won't scar.

I know that I don't need to cut on my arms again; knives invite carelessness. I know that this cut is risky. I don't care. I've reached my familiar level of emotional apathy. I decide not to apply pressure or a bandage, letting the wound finish bleeding on its own. I rinse away the evidence, sanitize the knife, sweep the floor, wash the dishes and start the laundry.

***

I search images of self-injury on the Internet, hoping to get grounded and desensitize myself to any graphic material that may come up during my research. My imagination can be quite vivid, and I want to prevent myself from displaying inappropriate reactions with self-injurers. If I am honest, there is curiosity, a voyeuristic component to this. I want to see how extreme is extreme.

I scroll through the images, each row getting bloodier and bloodier. I come across a strange looking picture. "What is that white stuff?" I enlarge it. I involuntarily gag. Someone had cut too deep, beyond just the skin. It looks as if the fat is bubbling out. I feel my own thigh muscle tense in empathy. I place my hand over my mouth and inhale through my nose. I stare at the picture until I no longer feel the urge to gag.

I found my "limit." Perhaps if the image hadn't been a close up, maybe if I had seen the individual's face, or maybe if I had witnessed it in person then my reaction would have been different. Either way, this image of the white bubbling fat is enough for me to complicate my "self-injury is okay" stance. My confidence falters. How powerful are my words? How powerful could they become?

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The three girls live with their mother, my husband's ex, but visit often. The oldest, the daughter I am most drawn to, is 15 years old and very withdrawn. I see remnants of the little girl inside me, within her. She wears black clothing, thick black hoodies in the middle of summer, and heavy black eye makeup. Her sadness is overwhelming. Though I sense she does not want to be, she is distant and untrusting. As a very small child, there were nights when she would pull her drunken mother out of the front yard and attempt to clean her up while her mother physically fought her. Her dad worked nights and slept all day; she played mom and dad to both of her younger sisters. Her mother degraded her, hit her, and took no interest in valuable things, be it school or extra-curricular activities, that would help her grow as a person.

One day her mother shows up at our house and says, "Now I know why animals eat their young. Take the little bitch; maybe you can do something with her. I'm finished. She'll be a pregnant little whore running around here in another year or so anyway, and I'm not taking care of some n***er's baby. See if you can take her and teach her how to love something, anything. I don't have the capacity."

I want to harm this woman—physically harm her. I ball my fist at my side, trying to contain the contempt I feel towards this so-called mother. I have no idea what to do with a teenage girl, but I take her. There is never a question. I coax her out of the car. She stands up with her head down, that black hoodie hiding her face. She slowly looks up at me, wide-eyed and scared. I softly tell her, "It's okay" and lift my arms in her direction. She throws herself into me, sobbing uncontrollably. *This little girl is so messed up*, I think, *God, how am I ever going to be able to help her?*

As time moves on, it is clear she is lost in a dark place within herself. For one four-day span, she routinely comes home from school and disappears into her room, not interacting with anyone. If I happen to catch her when she decides to go to the kitchen, my questions are responded to with a short answer or no answer at all. I try to respect her space as much as I can, but I have had enough of her attitude and follow her into her room. As she tries to shut the door, I push her out of the way and go in.

In that moment, time stops. Her room is dark; the only light emanates from a tiny desk lamp pointed downward. Her little stereo pulsates with screaming vocals that sound like people being tortured in hell; the music is by a screamo band called Brokencyde. As I turn, I see lyrics from this band written in black sharpie covering the back of her door; they are horrible words that speak of death, destruction, and hatred. As I turn to my left, a wall is covered with more lyrics, this time from Linkin Park and in the same black motif. I turn a little more to see the lyrics from Rihanna's "Russian Roulette" covering another wall. I think, *What the fuck is wrong with this kid?*

And then I see "them"—the cuts, the open lines on her arms that attest to her suffering. I am mortified. There are so—fucking—many—of them. One line, two lines, three lines, four, five. Fuck! Her other wrist tells the same story. She cuts everywhere on her body, not one piece of flesh left sacred. She is crazy, legitimately DSM-diagnosable crazy. Her room, the walls, the music, the self-mutilation are too much. I explode and rage at her, "Are you fucking stupid? You whine that no one sees you but resent when I try to help you! Do you want to die? Because if you really want to make the point, you are cutting your wrists in the wrong direction—try vertically. You want my attention? You got it. You are not the only one in this house, and it is not all about you. Why are you doing this? What the fuck is wrong with you?" I have no idea what this cutting stuff is about, but I am terrified. And angry.

I walk out and slam her door, leaving her alone in the aftermath. I talk to her dad, who is completely clueless as to what has been going on. She has been cutting since she was 12 years old. My anger turns on him. "This is your child; how could you not know?"

I cry. I cry for her pain, for the total neglect she has been subjected to, and for the overwhelming feeling that I have failed her. I am the only one, at this point, who has even cared to notice that she hurts herself. I'm trying to love her and desperately want to save her, but I'm realizing that it's not enough. Why isn't my love enough? I am alone in this struggle with her. I want to scoop her up and hold on to her, tell her that everything is going to be okay. But I don't know if everything is going to be okay and anyway, my anger bars me from reaching out to hold her.

After that night, I try talking to her, but she tells me what she thinks I want to hear and then cuts herself again. I become angry, and the cycle repeats. Most of the time she just stares at me, blank, empty. When she talks, she cannot articulate how she feels, only that she "hates herself" or that "she can't feel anything" or worse, "this [the cutting] is why I am not dead." What the hell does that even mean? Sometimes she opens up a little, and just when I think progress is being made, she cuts again. Only she cuts in a different place, somewhere that we cannot see. Eventually it comes out when she forgets to be cautious around one of her sisters. They always tell. I yell at her, "Stop lying to me about everything. You'll lie when the truth is easier." I learn much later that the truth is never that cut and dry, and sometimes the truth is the hardest thing in the world to face, especially when you feel alone.

We decide to put her in Parkwood, a mental health facility, thinking that they might "fix" her. Her dad takes her to check in; I stay home. I cannot bear to watch her walk into that place. I do not have the strength to be the one to leave her there, though I feel like it is the right decision. I do not want her around the other kids; I am not interested in the lessons that might be learned from her teachings. She is not healthy, and I do not want them tainted by her darkness. I love her though. From her perspective, my love must seem conditional. That is not true, but I cannot tell her. Or is there a little truth in that? Why can't I tell her how much I love her and just want her to feel better? She blames me for Parkwood, even though it is jointly decided by her father and me. I am in this role of "disciplinarian" for many years, set up to fail; everything is my fault because I am, after all, the evil stepmother. My "role" makes life much more comfortable for those around me. At least she might get help, and ultimately, I just want her to be safe.

The hatred spews from her eyes when she leaves the house. According to her father, she does not say a word in the car on the way there, nor does she tell her dad "bye." She cuts the entire time she is there; she uses door hinges, bed frames, or anything else her creative mind can conjure to carve her work on her canvas. Later, she is told by her roommate that if she ever wants to get out of there, she better start talking in group. Our girl knows exactly how to play that game; just say enough of the right things to be "miraculously healed" and discharged quickly.

The same girl comes right back home; only she has honed her acting skills while locked up, playing out her role with absolute perfection. I have no idea how to handle her. Sometimes I cry, sometimes I rage. To say nothing risks the perception that I don't care, and frankly, she has had enough of feeling like that. To say too much risks complete alienation and I might lose her.

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In hindsight, I did not handle anything correctly. Recounting those instances as I write this, I understand why she could not or would not talk to me. She must have felt like I hated her. I wasn't equipped to know how to handle her. It felt like continually beating my head on a brick wall. We did this for the next year and a half. Shortly after her 18th birthday, she waited for me to go to work and left home—for good.

"Good, let her go. I had a fucked-up childhood, too, and I wasn't hell bent on a path of self-destruction." Was I? "She can't deal with her problems, and I sure as hell can't fix them for her. She doesn't want help, and I'm tired. Maybe she'll find the attention she so desperately seeks out there."

Yeah. Wow. That was me. I didn't mean it. I didn't mean a lot of things. More than anything, I just wanted her to come home. She never did. God, what have I done?

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The authors chorus together, "How could you know, Mom? No one ever talks about this." If no one talks, no one heals.

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We were estranged for several years after she left. I kept tabs on her through social media and word of mouth but never by direct contact. That is, until the night I walked into Domino's Pizza where I was told she was now working as a shift manager. I saw her in the back of the store, and I couldn't do anything except stand there and watch her. She was so confident in her abilities and had taken the reins as a leader. A small smile crept across my face. *What do I say? I've missed her so much*; I think to myself.

"Ma'am, can I help you?" The cashier's voice interrupts my thoughts.

"No, thank you," I respond, "I'm here for my daughter." Recognizing my voice, my daughter looks up and freezes. I'm afraid this isn't going to go well. It's been too long.

"Are you okay?" one of the employees asks, noticing the shock on her face. "Who is that?" A smile slowly lights up my daughter's face as tears begin to roll down her cheeks.

"That's my momma," she replies as she runs to me and collapses in my arms. "I'm so sorry, momma. I love you so much. You were right about everything," she says as she sobs into my chest.

The truth is, I wasn't right about everything. The social sciences have taught me that there is no capital 'T' truth about anything, only belief systems influenced by social constructions of right and wrong. Arguably, her cutting could be viewed through the same lens as my tattoos. They could both be seen as self-mutilation or as therapy, depending on the value system of the one holding judgment. I now understand that cutting was a way for my daughter to manage emotions that were otherwise out of her control.

She talks openly with me now about her cutting and confides in me how it kept her from suicide. She describes the darkness, the place inside her that would not allow her to feel, as the absence of everything—*dead*. Humans are innately predisposed to feel certain things. Pain. Pleasure. Happiness. Sadness. She felt none of these things naturally. Cutting gave her permission to be human, to *feel* human. Cutting gave her power to control the extent of what she felt in those darker moments—the ability to feel *anything*. She tells me that when the razor slit her skin, it was cathartic, empowering, almost euphoric. She dictated how far to allow this ritual to go and when to stop. It quieted the chaos inside her. She felt control over nothing else. I finally understand what she meant when she said, "This is why I'm not dead." She now wears rubber bracelets to hide the scars on her wrists. She pops them on her scars when she's triggered, a reminder that she can choose how to cope in moments when the darkness creeps in. So far, she continues to just pop the bracelets. We have both let the guilt and the blame go; there's no room for them here. I listen to her with a heart that wants to understand rather than anger that seeks to judge. She listens to me with the full understanding that my anger came from a place of fear and love. She says that she always knew that; no one else had ever cared enough to be that angry with her. Forgiveness and love have opened the door to many conversations about cutting since that time. The fact that she cut may not have been the ideal coping method, but in hindsight, it probably

did save her life. She knew what she was doing, in her way. I just wish that during that time, I had known what I was doing as well.

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From an interview:

It wasn't just heartbreak, it was shattered. Everything was just shattered. And in order to get the pieces back together, I had to break 'em up a little more because they weren't fitting together anymore. Self-injury was very much, like, this is me chopping the pieces. Only it wasn't chopping. It was cutting and all of that.

***

Self-injury can be viewed as a technique for managing both embodied emotions (Chandler, 2012) and internalized self-dialogues (Blumer, 1969). The physical injury "grounds" the self-injurer in their body, turning attention away from the incessant, destructive, chatter of old stories of self and other. In shutting off the dialogue, the self-injurer therapeutically shuts down negative constructions of self, creating space for peace or other more useful and positive dialogues to emerge, even if only temporarily. Self-injury, interpreted in this way, is both narratively deconstructive and "self"-destructive. By interrupting the internal dialogue that constitutes the self (Blumer, 1969), reconstruction, rebirth, and renewal become possible. We know this is a ridiculously positive interpretation of self-injury for some folks. We stand by it.

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Our blood is in this piece.

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Self-injury can be thought of as a built-up response to self and others; a negotiation of both internal pain and external social pressures which are at war in the individual. There are too many "experts" or claims makers (Best, 2013)—who medicalize, pathologize, and "social problematize" self-injury—all while creating more negative discourses and social pressures that self-injurers must navigate (Presson & Rambo, 2015).

In this chapter, instead of examining self-injury as a deviant process or social problem, we framed it as a social practice and, for some, a normalized everyday practice. Via strange accounting, we openly approached the topic with "beginners mind" (McGrane, 1994) and made self-injury "anthropologically strange" (Garfinkel, 1967). From that position of understanding, we were situated to apprehend our experiences of self-injury; to first feel them, and then later comprehend why self-injury could "make sense." In this way, emotional experience centered the analysis.

This method and mode of representation featuring Author X is inspired by and epitomizes Ellis's (1991) emotional sociology. Some ideas are difficult to get across in conversation, discussing them is not enough—they must be shown—lived by writers and embodied by readers. In this chapter, mothers speak to daughters and

researchers; daughters speak to mothers, researchers, and friends; researchers speak to colleagues and more. With Author X in play, multiple writers give voice to multiple intersecting emotional perspectives on self-injury while cultivating compassion for a way of being that may otherwise seem alien or even be untellable.

Throughout the stories, common emotional themes emerged regarding self-injury: alienation, isolation, anomie, over-socialization, and unbearable somatic sensations that feel as if they *must* be managed. The pressure to conform is emotionally overwhelming. Claims/policy makers should take into consideration the socially embedded nature of the phenomenon of self-injury. Disregarding emotional experience could, unintentionally, fly in the face of effective "treatment," via the formulation of half-baked solutions that only focus on the individual who self-injures. One might conclude from this chapter that one must "treat" not just the patient but the whole culture (Brossard, 2014).

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Without the groundbreaking work of Art Bochner and Carolyn Ellis in autoethnography (1992), the strange accounting with Author X would not be possible. Given Ellis's (2007) call for autoethnographers to take responsibility for our actions and their consequences, an "ethic of care" compels us to seek out and *codify* new, protective, compassionate ways of writing about our lives and the lives of others. Autoethnographers may be morally and ethically challenged when writing about difficult topics. Our personal identities may become stigmatized and/or events in our lives may involve risks and secrets that may endanger ourselves and others. Strange accounting as a mode of representation with Author X facilitated this "edge ethnography" (Ferrell & Hamm, 1998; Miller & Tewksbury, 2010), where the issue under consideration was liminal, seemingly beyond the margins of society; and where there might be risk-taking and physical, legal, or social danger involved in the research (Rambo, Presson, Gaines, & Barnes, 2019).

The reader was never sure who a storyteller was; the authors' identities were unsettled and "in play" with one another. In all cases with strange accounting, it is our hope, as one reviewer put it, that "there are no 'giveaways' in terms of distinguishing voices, only takeaways about the shared (and interconnected) experience and an opportunity to highlight self-injury in a way that humanizes participants and informs readers."

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Traces and shards of self-injury—creating a new whole out of formerly broken parts. Connection. Strange attractions. We love you Art, Carolyn, and Csaba.

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By making it safe to talk about, we hope that at least some facets of self-injury no longer appear "crazy." We are not saying self-injury is okay. We are saying that self-injury often makes sense, given that we live in a society that has few scripts and offers few options for managing extremely negative emotional affect.

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