



Witnessing Through the Wound

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This piece, a melding of the critical and creative, examines the possibility of bodily wounding as a way in which to witness the self and others. I seek to model an affective scholarship that integrates the voices of those who self-harm and their own lived experiences alongside accounts of self-harm in film, performance art, and fiction. Using feminist scholarship on the history of mental illness, I look at the ways that self-harm facilitates bodily agency. By creating a conduit—a literal opening in the skin—self-harm not only makes apparent the connections between bone, skin, and sinew, but allows the self-harmer to create a new skin and form a new understanding of themselves.

Content Warning: Please note that this essay contains material on sexual assault, self-harm, and bodily violence. The author encourages care when reading this paper.

Black Swan: An allegory of the seven-year skin: the shedding does not take place peacefully.

Look at Natalie Portman's skin in Darren Aronofsky's *Black Swan* (Aronofsky 2010). Ignore the over-dramatized simplicity of Aronofsky's retelling of "Swan Lake". An allegory as psychological thriller. Portman as ballet dancer gone mad with purging and perfection.

Look at Portman's skin. Not at its varnished bone-jutted elegance. Its studied paleness. The eyes always somewhat startled, as though a fright looks out of the ever-present mirror.

You see the thatch of scars on her back. A thatch that reopens as she picks it, scratches it. Portman is startled too by this thatch; she doesn't remember making it; perhaps it is her double, the ghostly reflection in the mirror, shedding any small weight of flesh that remains on her body.

There are other ways Portman molds her flesh: she throws up, starves herself. She lives her life on tiptoe. But none of these matter. These are required hurts, the consequence of being half air and image, so light that your leaping looks like flying: a ballet dancer.

It is the nail peeling, the skin tearing, the cross-hatch of scratches opened and reopened that you should notice. This creature of Aronofsky's has so fragile a skin, I wonder that with one scratch the skin does not fall from her entirely.



One day it does, fairytale-like. Not a Disney fairytale but rather a Grimm's fairytale, where part of the magic will always contain terror. Portman's skin falls from her and she grows a new skin. The new skin grows out of her thatch of self-inflicted wounds. Spikes stick out of them like the fronds of a dried Christmas tree. This is a less pale, less fragile skin. One with wings. Sharp as shale and black.

But in the end, like Andersen's mermaid with her longing for legs and a land-walking prince, her new skin comes with a death.

The death of Portman, bleeding from her side, garbed in fairy white is anticlimactic. Aronofsky's eye seems attuned to the coupling of destructiveness and perfection, beauty and death that are contained in Portman's "transformation." Aronofsky's lesson: There is nothing that does not die at the moment of its perfection.

This bores me.

The thrill of the movie; the thrill of Portman's skin; Portman's aching stretching body is the thrill of discovery, not the thrill of perfection. The discovery of her own skin; her newly sprung feather as it pricks her finger, her snapping red eyes and dervish twirling wings. She has painfully, searchingly—the scratching finger picking through skin and muscle, hitting bone—borne a new self.

Violence Against the Self

In this piece I ask: How can you refigure and reclaim violent touch towards yourself and others? I claim that while self-harm rends the skin and turns the flesh of the body inside out, self-harming may be a necessary step in allowing an individual to experience cohesion between their inner and outer selves, a past violence and their present actions, the persistent experience of suffering and the ability to continue living in the material world. "Blood," Caroline Kettlewell writes "knows all the news of the body. It connects where no apparent connection can be seen" (1999, 3). The young Kettlewell cuts into her skin to rediscover these connections. Unharmful our skin may seem too uniform, each patch of skin similar in texture and look to the one next to it. But if you probe underneath the skin, as Kettlewell does or Louise Pembroke (1996) or Esther of the film *In My Skin* (DeVan 2002)—all subjects I examine here—the body becomes less uniform, and its noises become clearer. Ligament attaches to bone and vein to muscle; connections that are invisible when the skin is sealed become evident.

My theory is that self-harm is a form of self-touch and the perceived violence of its touch is often necessary for the self-harmer to see themselves as whole. This type of self-touch allows the self-harmer to become a witness to their own experience. Sara Ahmed writes, "Parveen Adams reminds us that although a scar may be healed it nevertheless opens you up continuously to the previous time of the open wound" (2001, 112). Elizabeth Grosz adds, "Every body is marked by the history and specificity of its existence. It is possible to construct a biography, a history of the body, for each individual and social body" (1994, 142). In self-harm, the body makes a very deliberate, marked history for itself.



Context: Surrounding Bodies

I created my theory of self-harm—as a means of reclaiming agency over the body and a means of discovering and re-creating the self—in light of two very specific contexts: feminist performance art and the Western medical establishment’s treatment of mental illness in women. Perhaps “context” is not the right word. This would imply that I will constantly be going back to these contexts in my analysis, assiduously making sure that they will tally step by step with my own theory. Let’s call these historical contexts—performance and the medical establishment—a kind of scaffolding. A grounding. Performance art gave me the idea that performative self-wounding creates an uneasy empathy in the viewer of the wound. This empathy lies in an empathy with the individual wounded body but also in an empathy with the social body that the particular performative body is representing. By extension (or broad leap!) could private self-harm create self-empathy? My readings on the history of women and mental illness gave me the clearer grounding here: bodies under surveillance find a means of creating agency. And that agency can come in the form of self-harm.

Reading Janet Frame’s *Faces in The Water* (1982), Emily Coleman’s *Shutter of Snow* (1997), Caroline Kettlewell’s *Skin Games* (1999), Marya Hornbacher’s *Wasted* (1998), as well as the more recent Esmé Weijun Wang’s *The Collected Schizophrenias* (2019), there is little doubt that the history of mental illness in the West is a history of the pathologized female body. The writings of the women that I have mentioned (and the many I have not) comprise their own canon, a canon of “psychiatric imperialism” (Chesler 2005, 1) where women can be institutionalized for, according to the records of the Salpêtrière asylum, “masturbation, scrofula, blows and wounds... erotomania, alcoholism, rape” (Didi-Huberman 2003, 15). That is, any sexual impulse, any physical illness, any trauma in reaction to violence. That is, any form of bodily expression, bodily sickness, emotional unhappiness, ongoing habit. That is, anything that the female body expresses can be deemed distasteful or repellent.

The Salpêtrière, France’s first asylum, where this list of infractions is noted, where the idea of hysteria (manifested in the unruly womb) was born. Here, women like the famous Augustine were made to perform their distress, each gesture (an upturned hand), each expression (a smile) given as evidence of sickness or malignity. The body forced to witness against itself. The Salpêtrière was founded in the mid 1700’s and hysteria had its peak years with the doctor Jean-Martin Charcot in the mid to late 1800’s. However, the idea that pathology was simply rooted in the female body, did not fade. Author Phyllis Chesler reports that “during the 1950’s and 1960’s clinicians were still being taught that women suffer from penis envy, ... none of my professors ever said that women (or men) were oppressed or that oppression is traumatizing ... we were taught to view women as somehow naturally mentally ill” (Chesler 1972, xi).

The persistent patriarchal imperialism of psychiatry is why Chesler and her fellow students and colleagues began to reconfigure mental health treatment through a feminist lens. Feminist therapy “locates pathology in the realm of the larger patriarchal structure—outside of the individual, not within ... as attempts to solve the problem of powerlessness” (Brown and Bryan 2007, 1123). As we are told by Georges Didi-Huberman, historian of the Salpêtrière and hysteria, the most frequent spaces in which self-harm occurred were closed and well-guarded institutions: prisons, hospitals and mental health facilities. The enclosed space of the institution drives individuals to seek windows and doors in their own bodies. As Frédérique de Vignemont writes, “Tactile sensations confer a sense of ownership on the body part in which they are felt to occur...” (de Vignemont 2017, 475). Bryan and Brown, feminist therapists, put it more bluntly,



seeing SIV (self-inflicted violence, a term they prefer to “self-harm”) as “resistance to experiences of oppression” (2007, 1123). This can be the very literal oppression of a state-sanctioned prison, the oppression of interpersonal violence or the ongoing social oppression of a racist, sexist, imperialist society.

Louise Pembroke, an activist and a writer who openly speaks about her own self-wounding (1996, 2), talks about why certain self-harm practices (tattooing, plastic surgery) are acceptable, but self-harm in its private form is not, particularly for a woman. Self-harm defies the social desire for women to be flawless. A scarred body is not an acceptable body, or, in any case, it is not beautiful. It is perhaps pitiable. Self-harm which can leave raised scars, holes or bruising on the skin is much less acceptable than breast augmentation, which by shoving a silicon bag underneath the fat and muscle of the breast, stretches, hardens and bruises the skin. The implant also leaves the patient with many months of constant pain and causes destructive leaking in the body.

I agree that private self-harm is “disapproved” of because it damages the skin in ways that are unbeautiful, but also more so because it is private, hidden. The overall society has no part in the self-harmer’s activity. The privacy of self-harm is partly what allows the self-harmer to create a sense of physical identity that is separate from the social body. It makes sense, then, that self-harm (and its characteristic privacy) can become a way of escaping social norms and expectations. The wounding is an attempt at a unique form of expression, a type of artistic rebellion. Self-harm becomes a way to change the demands of “molding oneself to the situation,” doing the socially acceptable thing. There is no secondary social representative to approve of and help with the rituals of self-harm. They are rituals that bind the cutter to themselves and their identity. You might say “I am a cutter” as readily as saying “I am an alcoholic,” or “I am a narcissist.” There is simplicity to this identification—it pares down all the contradictions of the self and puts it under one, definite label. Of one young woman she interviewed, Marilee Strong, an American journalist, writes in her book *Bright Red Scream* (1988), “Cutting had by now become her identity inseparable from herself” (Strong 1998, xii).

A film that synthesizes these ideas—medical control of female-identified bodies, the need for privacy and the use of violence—on the self and others to reclaim a sense of bodily autonomy— is *The Girl with the Dragon Tattoo*, based on the trilogy by Stieg Larson (2009). Perhaps the tattoo gives us a clue as to pain and its uses. The eponymous “girl,” Lisbeth, is a computer wunderkind. She comes from an abusive home. Her father is the head of a criminal agency and routinely tortures her mother. One day, Lisbeth sets fire to him and his car. After the fire, she is transferred to Swedish state care.

Police, investigators, social workers choose not to believe Lisbeth’s story. It’s easier to believe that a 13-year-old girl is unstable, subject to hormones, a loner, than the daughter of a violent sadist, the head of a crime ring. When the villainous Dr. Teleborian, the psychiatrist assigned to Lisbeth’s case, refuses to believe Lisbeth’s tale of abuse, Lisbeth simply stops talking to him. She is tied up and put in solitary confinement for days at a time, but her mouth remains sealed. Lisbeth’s silence is practical. It protects her from the insensitive intrusion of the doctors, nurses, and social workers who seem to willfully misunderstand her and deliberately harm her. The silence allows her the privacy of her interior world even as her body becomes state property. Lisbeth’s silence acknowledges the failure of the spoken word to accurately convey her feelings of frustration and fear. Moreover, it is rooted in the wisdom of experience. When she speaks, no one listens. She has learned the treachery of language, its ability to be changed, skewed, or simply ignored by those who possess more authority than she does. So, like the self-harmers who carve into their own skin, Lisbeth uses her own non-verbal language to



communicate. She tattoos and pierces her skin. She deliberately gets into physical altercations with others. The resultant bruising from the fight and her victory over the bodies that she fights with are even more satisfying because they were self-initiated, self-generated acts of violence.

After she is raped by her guardian (an action that demonstrates not only the dismal nature of her guardian but is symbolic of the abuses she suffers by state authority: as a young female, she is also “raped” by the state and its policies), Lisbeth gives herself a tattoo—a tattoo right across the ankle bone; the tattoo is knotted, a type of rope, rather like the rope that was used to still her body during the rape. The pain of the tattoo allows her to reassert authority over her own body, make a claim on the rope and the ankle that it binds. It is only after this self-inflicted pain (and tattooing is certainly a more “acceptable” self-harm than a burn or a cut), that Lisabeth has the agency to get her own rope, her own devices—a computer, a taser, a dildo—and exact her revenge on her rapist.

Surrounding Bodies: Performance

The privacy of self-harm gives the self-harmer a unique agency and autonomy. The very opposite of this solitary tryst with the self would seem to be performance art, where wounding is very purposefully displayed. One of the reasons I began to examine performative self-harm in my scholarly and artistic work was to understand the function of pain when that pain does not come from an outside source. It was in looking at the performance art of artists such as Gina Pane, Anna Mendieta, and Marina Abramović, that I understood the power of ritualized bodily harm to draw attention to marginalized bodies, bind an audience (or other) to the performer (or harmer), and elicit an empathy that creates a physical urgency.

Kathy O’Dell explains why this type of performance flourished, writing “masochistic performance artists of the 1970’s took suffering upon themselves in order to point to trouble in two interconnected social institutions: the law and the home ... these artists metaphorically pointed to the ills of various social institutions that affected their lives, they appeared to understand that it was the social origin of these institutions—the home (that is) the very place where patriarchal power is first established” (O’Dell 1998, 63, 62). These masochistic performances also sought to reinstate an unspoken contract between individual bodies. As individual bodies within a “national body,” individuals must take a certain responsibility towards other individual bodies and the pain/harm that they experience. Describing the performance of Gina Pane, Ron Athey, and Bob Flanagan, Amelia Jones writes that “These leaky bodies violently recorporealize the subjects of culture who spew, shit, and piss and vomit their woundedness (as female, gay, sick). As the locus where social trauma is registered, the body becomes the site of protest” (Jones 1998, 31).

Masochistic performance art was not only a feature of female-identified artists, but, like private self-harm, the use of bodily violence by female performers brings immediate attention to the way in which the female body has been acted upon by the social forces that seek to display, shape and encode her flesh. Jones writes that “in this way, Schneemann’s, Kusama’s, and Mendieta’s corporeal displays can be seen as claiming the immanence and intersubjective contingency of all subjects (as well as the particular oppressive history of women’s bodies/subjects) in white, Western patriarchy” (Jones 1998, 51).

Recalling Pembroke and Brown and Bryan’s comments on socially approved self-harming practices, I think of French artist Orlan’s *Omnipresence*, the seventh of her performance operations, when Orlan had cheek and eye implants placed in her by a surgeon.

The operation was broadcast live; Orlan was fully awake during the procedure. After the performance, Orlan placed pictures of her bruised face against goddesses from Greek mythology. Jones remarks that “this emphasized the physical deformity and pain she was undergoing to attain a culturally idealized beauty” (Jones 1998, 185). Or as Christine Stoddard writes, “Orlan’s performance makes space to speak to widespread apathy in the face of subtle violences that often remain unmarked: the commodification of identity, the disciplinary demands of patriarchy, and the challenge of ethically facing the other and her suffering” (Stoddard 2009, 12).

Pain, then, even if self-inflicted (as one could claim Orlan’s is with her pain being both a choice and a cultural imperative), brings the possibility of empathy. Spectators from around the world were able to ask questions about the surgery as the surgery was performed. Orlan’s open skin is met—melded into—the open eyes and open mouths of the audience. Stoddard writes, “The performance of pain positions the spectator as witness through the affect it mobilizes and the complex acts of (always partial) identification, misidentification, and counteridentification ... In this process of dis/identification, suffering might be made meaningful” (Stoddard 2009, 12). Here, the spectator enters a space of complicity and woundedness with Orlan, acknowledging the necessity of rupture between questioning pain (curiosity and distance) and empathizing with the pained; between seeing the wound as a necessary social function and as a site where the violence of that social wound is revealed.

There are other performances that create a kind of a social skin. These are performances where the wounded skin of the performer bleeds into the space of the spectator; the spectator then feels compelled to feel the performer’s pain. By using the pain of the performer as a proxy, the spectator can be made to feel the greater social pain that the performer is enacting. Anna Mendieta’s performance “Rape Piece” illustrates this dynamic (Warr and Jones 2006, 100). Mendieta invites guests to her apartment where she greets them with her naked, bloodied back and thighs and genitals; the apartment is a mess of glass. The suffering of Mendieta’s body is a stark reflection of socially sanctioned sexual violence—the invited guests are complicit in witnessing her body, and in acknowledging the suffering of that body they also become participants in that suffering.

It was in seeing the “empathetic skin” between performer and audience in masochistic performances that I understood that such empathy could be created through self-wounding. While my focus here is on the way in which private self-harm becomes an avenue for the female-identified body to engage in acts of creativity, healing, and self-acknowledgement, the particular way in which masochistic performance art situates the spectator is useful for revealing how we see and care for these bodies.

I hesitate here in making linkages between private and performative self-harm. The site at which they achieve their power is so very different. Performance thrives on the emotional interplay between performer and witness. Non-performative self-harm creates power through enclosure, through a reclaiming of the individual body. Yet, if performances can, as Stoddard (1998) notes, create a dis/identification, (empathy, care) in the audience (or performance community), couldn’t private self-harm create empathy for the self? Couldn’t seeing the woundedness and blood of your own skin create the same type of empathy as seeing it in another? Could self-harm be about a radical empathy towards the self? A way of keeping the self alive, Audre Lorde’s “self-care as self-preservation” (2017, 130)?

Strong writes, “Rather than a suicidal gesture, cutting is a symbol of the fight to stay alive” (1998, xviii). A means of self-creation, yes, a means of soothing, yes, but more a way of sustaining physical life and ego wholeness in a social structure that is persistently, ruthlessly



trying to shatter that life, that wholeness; Strong continues, “Massachusetts therapists Walsh and Rosen confirmed Menninger’s observation that in contrast to the permanent escape of suicide, self-mutilation actually promotes psychic reintegration and reinvolvement in life” (33). In my final section, I discuss the possibility that self-harm can become a radical system of self-care through which the self-harmer becomes in some sense autonomous—fulfilling her need for sex, soothing, and witness by herself.

Cutting a New Self

At the beginning of French director Marina De Van’s, small, almost claustrophobic movie, *In My Skin* (DeVan 2002), the protagonist, Esther, accidentally injures her leg on a piece of sharp metal while walking across a parking lot. It is important to point out that before the discovery of her wound, Esther was at a party—an informal party, no doubt, but a public gathering, the type that imposes thousands of imperceptible but strictly imprinted societal behaviors upon the individual. Moving through the party, Esther occasionally laughs and uncomfortably swivels her body, but she is never at ease amongst the crowd of party goers. At the party, Esther dances, talks with her friends, and drinks wine without noticing that her leg is bruised and bleeding until she takes a trip to the bathroom and sees the imprints of blood on the white carpet where she has just walked.

It is only when she discovers her trace—the bloody marks and her skin’s creation—the mottled wound, “does her spirit fly into her” (Pembroke 1996, 37). Ironically, it is when her flesh has been shattered that Esther—blank white face, staring at blank white flesh— seems most honest, most unified. The exploration that Esther takes with and on her body after the discovery of her first wounding is a literalization of French philosophers Gilles Deleuze and Félix Guattari’s famous theory of “becoming.” “Becoming,” they say, “produces nothing other than itself” (Deleuze and Guattari 1987, 238). “Becoming,” like so many of Deleuze and Guattari’s theoretical terms, is playful and unpinnable. “Becoming” is not to imitate or to parody, nor is it to sympathize with or understand. “Becoming” is akin to the sense of touch. By touching another body, your skin merges with but does not become inseparable from another person’s skin; you feel the possibility of the other within you, but you are not entirely the other. The sense of unity that Esther gets from her wound incites her repeatedly to harm herself. I believe that in self-harming, Esther is able to touch, to “become” herself. She can feel the possibility of herself by tracing her wounds with her fingertips.

Increasingly painful to Esther are the moments when she is not allowed to “become” herself: social situations, work situations, scenes with her unsuspecting and largely ignored boyfriend. In one scene, at a formal dinner with coworkers, after Esther has been promoted, the strain of the situation: the stiltedness of the conversation, the control of the body that must be exacted in the upscale restaurant, is too much—Esther and Esther’s body “unbecome.” Esther’s hand detaches from her arm and from the rest of her body and it evades Esther’s attempts to stop its flopping, independent movement. Esther’s body is “unbecoming” piece by piece—she is losing access to herself and to coherence within herself. In clinical terms Esther is disassociating, unable to experience her body as part of herself. Strong writes, “When cutters sense that they are shattering, they turn to the most effective thing to ... pull the pieces together ... cutting is as much about binding as it is about rending” (Strong 1988, 37). To re-attach herself again, Esther must open the skin to gain entrance to her blood, veins, organs, her experience, and her ability to “become.”



Annie, a young woman journalist Marilee Strong spoke to, had been cutting herself since she was twelve. Annie relates that she would often cut herself in the middle of parties and after social occasions because she felt no coherence between the social roles she was supposed to play and the inner life she felt. Cutting focuses her identity; it is “inseparable from herself” (Strong 1998, 23). So, too, Esther, looking down at her wounds in either public or private places—after a party, at the office, during a stressful dinner—assures herself that she is a unified self; the gateway of her wounds allows for this unification. “To have pain is to have certainty” (Scarry 1985, 13).

“Self-harm thrives in an environment where people are stripped of freedom and control over their lives and yet are expected to behave in a controlled manner” (Pembroke 1996, 1). As mentioned in my opening paragraph, part of what gives self-harm its potency is its privacy—a bodily act that seeks to escape social rule. In her brief, inconclusive essay, sociologist Gabriela Sandoval (2006), describes her experience as a Resident Advisor (RA) in a dorm populated by young, educated women of color. Early on in her role as RA, Sandoval becomes aware that more than one of the women on her floor is self-harming. Her attempt to help these women leads her to this observation: “women of color use self-injury as a way to reconcile class disjunctures or disjunctures between their own racial identities and those of their parents” (Sandoval 2006, 88). Extending on this observation, I can see that Sandoval’s ideas are not dissimilar to my own. These young women, it seems, self-harm so that they can create a coherent understanding of their own life experiences and the life experiences of their parents in a white supremacist context; the self-harming also creates continuity between an identity that is double: immigrant and American; traditional daughter and independent student.

After the accidental wounding at the party, Esther begins to cut herself frequently. In a visit that Esther makes to the doctor after her leg injury, the doctor probes her about the wound: he asks her why she did not come to see him sooner. Did she feel the pain? Esther answers blankly and noncommittally. He asks her if she would like to have surgery on the leg. Because of the severity of her injuries, if Esther does not have surgery, she will be badly scarred, even disfigured. After glancing down at her leg and running her hand in between the round pits, the thin rivulets her wounding has made, she answers the doctor decisively, “I would rather not.” Her answer gives further credence to the idea that the scar and its very “deformity” is like a more intense, more private tattoo. A way in which Esther can see and mark her individuality. As Grosz writes, “Welts, scars, cuts, tattoos, perforations, incisions, inlays, function quite literally to increase the surface space of the body, creating out of what may have been formless flesh a series of zones, locations, ridges, hollows, contours: places of special significance and libidinal intensity” (Grosz 1994, 139). Self-harm, then, literally remakes the body, not only visually, but through the way it feels on its surface (rough, hollowed, latticed), but in its depth too. Parts which were once numb may tingle. Other parts may lose sensation. Esther discovers this power as she runs her hands down her leg, her self-created wound. Significantly, in a doctor’s office. Taking away the doctor’s ability to resurface her body, she uses it to create her own skin.

By remaking myself, I become the god of myself. Unstitching and restitching the temporarily bound seams of the cloth from which I am sewn. The wound I make is a bloody sun with its own sensation of burning. At first it is always unfamiliar, uncomfortable. Then, widening, settling, seeping, the remade skin torturously wrought, painful, becomes familiar. It becomes more familiar to me than the first skin which was stitched smoothly by another hand. The new skin is always your own. The old skin, the outer skin is always being sullied by a second person’s glance, a second person’s touch; it is the public skin.

The least erotic scene in *In My Skin* (De Van 2002) is the scene where Esther has sex with her none too observant boyfriend. It's a short scene that occurs on the morning after Esther experiences her first episode of "cutting." Esther and her boyfriend are in her kitchen eating breakfast and the boyfriend engages Esther in a discussion about living together. Esther seems reluctant to live with her boyfriend, her verbal responses are quiet and noncommittal, and her body language is avoidant, her face turned away from the boyfriend and the camera. But, drawn in by the enthusiasm of her boyfriend and because she cannot think of any good reason not to live together, Esther agrees to look for an apartment with him. The boyfriend is overjoyed and hoists Esther's completely clothed body onto the counter of the kitchen. They proceed to have sex. There is little sensual exploration of each other's bodies: hugging, kissing, caressing, undressing. It's important to note that this is not a scene of sexual violation; the boyfriend in no way forces Esther to have sex, but it is clear by her blank face and by her lack of sensory affect that she is indifferent to his desire.

In striking contrast is the scene where Esther disregards her date with the same boyfriend and passionately mingles with her own blood in a solitary hotel room. As destructive as Esther's cutting of her body may seem, this scene, virtually the final scene of the movie, is a scene of self-love, even self-worship, a scene that documents the delights that Esther discovers (not necessarily conventional delights, but a type of delight nonetheless) in her own body. Like Rita, a young woman who self-harms, for Esther cutting becomes "a way to get in touch with my body ... it wasn't to play out hatred, it was a way to counteract that" (Strong 1998, 144). After she is finished cutting for the evening, Esther takes a piece of her own dried skin and places it like a lover's rose underneath her bra, against her breast—a reminder of herself, a memory of her ability, albeit painfully, to "become."

Self-Care: The Body Authors Itself

Drew Leder writes of pain as "A sense of primordial aloneness" (Leder 1984, 263), a bodily sensation that does not give entrance to another's companionship or empathy. Leder speaks of this primordial aloneness in the negative, but I think the alone body can be a source of protection, creation, regeneration. Self-harmers don't always (or often) get a sense of connection or satisfaction from the bodies who surround them. Esther is alienated at work and sexually unsatisfied by her boyfriend. Like the heroine in *The Girl with The Dragon Tattoo* (Larsson 2009), the narratives of self-harmers (Pembroke 1996) have only been harmed by other bodies. "As noted earlier, this leads to an association of SIV with self-care and self-soothing in persons who have experienced chronic pervasive disempowerment and the absence of protection or soothing from others. Tending to present external wounds often helps soothe the internal wounds of the past" (Brown and Bryan 2007, 1123). When you play the role of both "cutter" and "caretaker," you do not have to explain what you want or need to other people, and you do not have to be disappointed by their lack of care or understanding or their awkward fumbling as they try to satisfy your needs. You are entirely responsible for your own care: mother, doctor, lover; self-sufficiency wrapped in a wounded skin. "It is the attempt to author the self without relation" (Ahmed 2001, 135).



Caretaker

There is something soothing and necessary to seeing the skin break apart, reveal its trickles of blood, its finely knotted veins. Milia recalls the story of a woman who describes the blood that pours from her skin as she cuts as a “security blanket.” A kind of self-swaddling. The kind of swaddling you might have with sheets of blood or layers of scars. “I would constantly look at it in the mirror and touch it (the wound) under my clothes for a few days” (Milia 2000, 61). The repetitive touch is reassuring, the automatic grasp of a baby as it curls around a caregiver’s finger. To give another example of self-soothing that is more acceptable, that doesn’t evoke horror or shame in the audience—an example that much of society encourages and believes is necessary—alcohol. Think about whiskey or scotch or rum, those heavy, medicinal intoxicants. You sip them, burning going down your throat, your chest. Your stomach is for a minute “on fire” (the burn and sting of the blade to the skin). A few minutes later, you are pleasantly warm. You don’t feel the cold that ebbs in from the cracked door. Blood is warm, too, and viscous. And like alcohol, it briefly changes the chemistry of the body. By cutting, the body releases endorphins, our little molecules of pleasure. It is remarkable that something as simple as cutting the skin can provide so much: creative satisfaction, sexual pleasure, and temporary comfort.

There is something soothing in the way blood warms the skin. But there might be something equally soothing in watching the broken skin come back together, heal. Heal unevenly, perhaps, heal to make a jagged, asymmetrical white line, but heal, nonetheless. The healing gives the self-harmer power or even agency. Recall Esther and the wound on her leg. Esther goes to the doctor for the initial wounding, but she does not allow the doctor to stitch the wound or extensively care for it. As the leg begins to heal and Esther wounds it again, Esther goes through the healing and wounding of her skin repeatedly. This process (interestingly) becomes a type of exercise in self-care. It tests the body, and it triumphs in its strength and endurance. “Or it may allow the tortured individual to play out the roles of victim, perpetrator and finally loving caretaker, soothing self-inflicted wounds and watching them heal (Strong 1998, 127).

Lover

In her language of liquid and flesh, French feminist philosopher Luce Irigaray (1985) writes of the multiple types of self-touch that individual bodies are capable of feeling. The body is constantly touching itself. Speaking of a woman’s erogenous zones and, more specifically, her vaginal lips, Irigaray writes “thus within herself, she is already two—but not divisible into one(s)—that caress each other ... They have returned within themselves ... Within themselves means within the intimacy of that silent, multiple diffuse touch” (1985, 24). I realize that Irigaray is not speaking about self-harm here, nor does she directly allude to it in her book, *This Sex Which is Not One* (1985). Her scope is broader, fittingly more diffuse. But Irigaray’s words and the underlying theory speak to the possibility—no, inevitability—that “multiple [and] diffuse” (1985, 24) types of self-touch are just as important to the body’s sensory experience as sensations that comes from outside the self, through the involvement of a second person. Moreover, self-touch and the multiple sensations it arouses are silent, not necessarily communicable in verbal language. It is a language of bodily interiority.



“To wound for the feverish beauty of the wound itself. I wanted blood—not the refined bubble of sundered capillaries, but a frantic spill ... I let the razor’s edge kiss” (Kettlewell 1993, 27). The words that Kettlewell uses to describe the act of cutting are not ones of loathing or regret or even detachment. They are words filled with a desire never quite gone, despite years of “recovery,” for the bloom of her own blood, its vividness, stickiness and saltiness. Kettlewell’s words display a lust for the emotional and physical abandon that puncturing the thin container of her skin would bring.

Again, recall Esther’s final act in the movie *In My Skin* (DeVan 2002). At the end of the day, instead of going to her apartment and her boyfriend, Esther checks into a hotel and proceeds to wound almost every part of her body: her face, her breasts, her arms, her thighs. Rubbing blood all over herself, we see Esther going through every possible emotion: fear, anger, fascination, desire, sadness, as though the cutting of arm, breast, thigh and face opened a fount of specific emotion for Esther to feel and explore. It is as though Esther is making love to herself. She explores her body as though she is touching another, desired body—every breath, every mound of skin, every bodily fluid must be explored to be known.

Life Giver/Death Bearer

“If Pain is the harbinger of death, this can serve a positive role, bringing us in Heideggerian fashion, to an authentic recognition of our own outermost limits and possibilities” (Leder 1984, 259). Cutting is a choice—the choice between hand or leg, surface or depth, ultimately life and death. Each time, there is a choice to survive in the face of abuse, constriction, the social structures that render many women feeling choiceless. Milia describes self-harm as a kind of “focal suicide,” a way by which the individual can kill a part of the self to substitute for the whole (Milia 2000, 52). While most self-harmers are in no way attempting suicide—Pembroke states that she cut herself to keep herself alive, to come face to face with self-harm is to be confronted by our skin’s capacity for both pain and healing, life and death. “The wound can function as the site where medicine enters the body to restore life or as a site where death nearly realizes itself in an accident of self-harm” (Ahmed 2001, 113). I think it is the complexity of the wound, its dual role as life-giver and death-bearer that makes it a site of potential transformation.

Wounds imply that we are vulnerable, a step away from the marginality of physical or mental illness, a shadow away from death, but that we are excruciatingly, painfully alive in the face of this sickness and death. Self-harm, with its deliberate wounding of our skin, creates this sense of vulnerability and aliveness simultaneously. It is a self-given sensation at the outermost limits and possibilities (life and death) that give the power of recreation to the self-harming individual. A creative power that is given to no other body than their own.

Here I think of a young woman, Annie, in Strong’s *Bright Red Scream* (1988, 24). She imagined herself cut entirely open, lying on a bed. Entirely open, she could, like in an autopsy discover her body’s secrets: its diseases, the cause of its death, perhaps the pleasures it indulged in. Annie’s fantasy of being sliced entirely open is a fantasy about knowing herself entirely; seeing and feeling the way her body pumps its blood and grinds its food; the fully opened body will, in the most literal sense, reveal Annie to herself. It is about self-knowing, but also about self-care and self-creation. The way in which Annie chooses to re-stitch her body (crooked, jagged, ruler straight), what she now knows as a result of its opening and its capacity to resurrect are the most radical form of witness and care she can give to herself.



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Witnessing Through the Wound
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