The “good” and the “bad” subject position in self-injury autobiographies

Nina Veetnisha Gunnarsson

Department of Social Work, School of Health and Welfare, Jönköping University, Jönköping, Sweden

Mikaela Lönnberg

Linköping University, Sweden

Abstract

Utilizing published autobiographies, we explore how individuals who self-injure discursively construct their experiences of the self and self-injury. The authors construct their selves into two seemingly opposite subject positions, here named the “bad girl” and the “good girl.” For the most part, the authors identify themselves with the “bad girl” position. Although there is a struggle to uphold normalcy in front of others, they regard evidence of the “good girl” position as fake. We demonstrate how they, to a large extent, accept the dominant discourse of self-injury as an individual and pathological problem for which they tend to blame themselves. However, they also challenge the negative subject position by separating themselves discursively from the bad “side of the self.” Acts of self-injury are described as a way to cope with the negative perception of themselves and at the same time being what causes feelings of self-loathing. Thus, understanding how the psychomedical discourse affects individuals who self-injure as well as the consequences of the medicalization of self-injury are of importance. Furthermore, social workers may be in a legitimate position to work with the self-representations and the social factors that may underlie an individual’s need to cut or in other ways physically hurt oneself.

Corresponding author:
Nina Veetnisha Gunnarsson, Department of Social Work, School of Health and Welfare, Jönköping University, Box 1026, 551 11, Jönköping Sweden.
Email: nina.gunnarsson@ju.se
Keywords
Self-injury, firsthand accounts, construction of self, subject position, autobiographies

Introduction
Over the last few decades, self-injury has attracted considerable attention in media, on social media, and in research. In this paper, we define self-injury as physically injuring one’s body, for example, by cutting and burning; moreover, self-injury is viewed as a way for individuals to manage emotional suffering. Research has shown that self-injuring acts serve an important function for individuals who self-injure, in that it is a form of a coping strategy to reduce emotional suffering and deep distress in order to create a sense of control (Adler and Adler, 2011; Bareiss, 2014). Self-injury is perceived by western societies as a deviant behavior, dominantly framed within an individualistic and psychomedical discourse (Chandler, 2016; Steggals, 2015) that considers self-injury to be about an individual’s deficiencies, or lack of something in the individual’s biopsychological makeup (Favazza, 2011). This perception is limited because important aspects, such as the social context, are not considered (Chandler et al., 2011; Ekman, 2016; Steggals et al., 2020). Furthermore, in a psychomedical context, there is a tendency to medicalize socially originated phenomenon like self-injury. Recent studies have therefore focused on self-injury as a social and cultural phenomenon in an attempt to de-medicalize the practice (e.g., Brossard, 2018; Chandler et al., 2011; Steggals, 2015), for instance, by explaining self-injury to be an intentional act, a social practice, and means of communication (Adler and Adler, 2011; Brossard and Steggals, 2020; Steggals et al., 2020).

In this paper, we explore the written narratives of individuals who have published their experiences about self-injury in autobiographies. In autobiographies, individuals can narrate their own stories about their suffering and self-injury, by attending to themselves as an “I that is the character of the story” as well as the “I who narrates the story” (Frank, 1995). In self-injury autobiographies, individuals write about who they were in the past and who they have become, thus retrospectively attending to the past self from the present self. The stories are highly personal but also address sociocultural issues concerning responsibility of trauma and abuse, i.e., who is deemed healthy or sick, who is “good” or “bad,” and what is pathological or deviant.

According to Sutherland et al. (2013: 2), “experiences and identities are constructed socially.” Therefore, how the discourse concerning self-injury is constructed affects the experience of self-injury and also the construction and view of the self. Long (2018) points out that self-injury is a particularly stigmatized practice, which results in feelings of shame and the consequent need to hide this suffering. Social stigma is connected with self-stigma, “the process through which the stigmatized group accepts the negative attitudes and subsequently holds
feelings of self-blame and shame,” which results in real consequences such as restricting help-seeking among people who self-injure (Fortune et al., 2008; Long, 2018: 90).

Furthermore, persons who self-injure seem to accept that self-injury is caused by individual pathology, which results in individuals blaming themselves for “their inability to cope” with their suffering (Bareiss, 2014: 281). However, in pathologizing self-injury, social problems such as bullying or growing up in a dysfunctional family are disregarded. Moreover, if self-injury is tightly linked with mental illness, individuals may experience a double stigma (Long, 2018). Individuals with mental illnesses generally tend to be categorized as bad, helpless, and blameworthy compared to individuals with physical illnesses (Monteith and Pettit, 2011). Additionally, Burke et al. (2019) found that there is a significant negative bias toward individuals who self-injure. Their study participants were less likely to accept individuals with a history of self-injury as a friend, roommate, classmate, or sexual/romantic partner compared to individuals having tattoos or non-intentional disfigurement. When individuals become stigmatized, a negative labeling also takes place that leads to social control and sanctions.

Social control refers to the social process used to regulate individuals’ and groups’ behaviors, and it works to reward conformity and shared expectations and punishment for not conforming to such expectations (Scheff, 2007). When behaviors, such as self-injury, do not conform to socially sanctioned norms, they are usually labelled as deviant. According to Pitts (1968), a specific way to control deviant behaviors is to define it as an illness. Such medicalization of deviance can become a powerful form of social control. Conrad (1975) considers medicalization to be a behavior that is (re)defined as a medical problem, which then also authorizes the medical professions to provide treatment. This, in turn, leads to social problems being de-politicized. Hence, instead of observing and studying social institutions and practices that may be involved in “creating” the behavior, the suffering individuals are expected to change. According to Scheff (2007), almost everyone at some point commits an act in a way that will be considered deviant and that may “mimic” mental illness. When such acts become public information, the affected persons may also be referred to suitable representatives and processed as mentally ill. With time, the person will eventually come to accept the role of being mentally ill and incorporate it into her/his lifestyle. Hill and Dallos (2012) alluded to this when they found that adolescents had difficulty elaborating on their explanations of self-injury when challenged about it. They believed that these explanations had probably been given to the adolescents by professionals.

The individualization of self-injury may have the consequence that people begin to look for causes and solutions to social problems within themselves and start to view themselves through the psychomedical lens (Chandler et al., 2011; Stegalls, 2015). However, Cresswell (2005) points out how individuals who self-injure also resist the medical professional’s power to define their experience. The individuals who self-injure are concerned about how the medical professionals pathologize their experience and instead describe their experience as “a silent scream” and
individuals who self-injure as “survivors.” In social work, there has been a development that is aligned with the psychomedical discourses. For instance, Herz and Johansson (2011) argue how social work has come to mostly focus on social problems in individualized terms. The discipline and practice have been “gradually pushed” in a direction of psychological measurements and methods, thus ignoring the social context in which subjects live their lives. In line with this, Ekman and Jacobsson (2021: 42) describe how a medicalization of self-injury may affect the encounter between social workers and adolescents as it may “hamper non-medical professional to identify or recognize the social context of self-injuring acts.” They conclude that social workers are important actors when it comes to de-medicalizing the practice, for instance, by focusing on what is going on in the social context and listening to the young individuals in a trusting and non-judgmental way.

In the present study, we use published autobiographies to explore how individuals who self-injure construct their experiences of the self and self-injury narratively and discursively. Through their way of “talking” (i.e., writing) about themselves and their self-injury, we elucidate how they position themselves in two subject positions, one “bad” and one “good,” where the “bad” position is the one connected with self-loathing and self-injury and the “good” position with the “normal” functional part of the self, which they mainly construct as a public façade. We demonstrate how the authors of the autobiographies negotiate their identity but also tend to accept the dominant discourse of self-injury as an individual and pathological problem, for which they blame themselves. Nevertheless, they challenge the “bad girl” position by discursively separating oneself from the cutting and “bad” part of the self.

Methodology

For this study, fifteen published autobiographies were selected, written by individuals who have experience of self-injury. Autobiographies were selected from the following databases: Libris, Adlibris, Bokus, and Amazon. We searched for a variety of keywords (in both English and Swedish): self-harm, self-injury, autobiography, biography, and memoir. In a biography, one writes about another person’s life. However, in a memoir and autobiography, one writes about one’s own life. Memoirs often focus on outer, often historical, happenings in the person’s life. In contrast, autobiographies tend to be about the person’s entire interior life, namely a more confessional discourse. The subjectivity in memoirs is often externalized and dialogical (Smith and Watson, 2010).

A selective sampling method was used to collect the information. The aim of the study limited the data collection, in that the autobiographies analyzed are firsthand accounts of the experience of self-injury and are limited to autobiographies written in Swedish and English. Most of the autobiographies had a focus on self-injury but also experiences with e.g., depression, anxiety, eating disorders, and some about living with a specific mental disorder. The autobiographies provided
accounts of self-injury during childhood and/or the teenage years, often with repetitive episodes over several years. Many of the books follow a similar narrative structure. Hence, the authors either start their book in their childhood or describe a defining moment in their lives and finish the book in the present, when it was published. Some of the books, however, are about a shorter period of time, in which the authors (Åkerman, 2005; Kettlewell, 1999) write about their younger self, and the books end at the time when they stopped self-harming.

An advantage of using autobiographies as data as opposed to, for example, interviews is that the biographies contain the experiences of self-injury told by the individuals themselves, which is a form of data that is non-reactive (Power et al., 2012). Hence, the data have been created without the interference of the researchers. Autobiographies can therefore be a valuable source of first-hand accounts of emotional suffering, in which the personal experience and individual’s voices are central (Power et al., 2012).

There are however other aspects that could have affected the data, which are important to consider. The autobiographies have already been published, meaning that they are intended to be read by others. Moreover, they are about a person’s life, which might be difficult to share with others for different reasons. The books have been edited by the authors themselves, and those published by an established publisher would have been edited by an editor to fit certain audiences (Smith and Watson, 2010). Therefore, there is no immediate authenticity in the autobiographical texts. Rather, they represent a “cultural production in which various voices and versions contest, and contend for, authority” (Smith and Watson, 2010: 69).

Another aspect to consider is that self-injury is a subject that can be difficult for people to talk/write about because of the stigma associated with it. When writing the autobiography, the author decided what to include and what not to include, and the experiences might have been described differently if writing a private journal rather than a text intended for public consumption. What the author chooses to include might also be influenced by, for example, whether the author decided to publish the book using a pseudonym or not (Power et al., 2012), as was used in some of the autobiographies included in the sample (see Appendix 1).

An additional aspect to consider when analyzing autobiographies is that it is a kind of data that often only represents “a relatively literate population” (Power et al., 2012: 42). As evident from the authors’ presentations or revelations in the text, in addition to seeking information on the Internet, most of the authors had a university degree and/or professional job. One author has a PhD, and one was a doctoral student, seven had a university degree, and there was no specific information for five authors about their education. One of the authors was running a ministry and another worked as an alcohol and substance abuse counselor. The majority of the autobiographies are written by young women; thus, older individuals and men who self-injure are underrepresented.

The approach adopted in this study is a discursive narrative approach, meaning that the narratives of self-injury have been analyzed using discursive analytical concepts (Sutherland et al., 2013). The data analysis focused on how, as assessed
in their autobiographies, individuals who self-injure discursively position themselves and how the practice of self-injury is embedded in the way they regard themselves, as well as how they affect and are affected by their constructions of self. We looked at discursive features, such as the use and change of pronouns. We also looked at the use of metaphors, which derives from either the subjects themselves or constructed by us as a way to capture the metaphors of the study’s subjects. Metaphors were used as linguistic devices to analyze and interpret the data in a creative way, for example, by putting a familiar perspective in a new light (Carpenter, 2008). Since metaphors are both cognitively and emotionally grounded (Steger, 2007), we used them explicitly, meaning that it became apparent that experiences of self-injury were described through metaphors by the individuals themselves. Furthermore, we noted how they repeated different metaphors, how they elaborated on these, and how they used contrasting metaphors to construct the different subject positions (Steger, 2007), for example, by contrasting a functional and a dysfunctional self and by relating the dysfunctional self to being a monster or a manipulator.

**Two subject positions**

In the autobiographies, the authors construct themselves as two identities or two subject positions. The subject position of a “good girl” is constructed as someone who is in control of his or her own life, emotions and thoughts, stays out of the hospital, is a grown-up, and someone who would be described as capable. The authors do not, for the most part, identify with this subject position; instead, they identify as being an individual, who is the opposite of a good girl, hence metaphorically a “bad girl.” The position is constructed through the descriptions the authors use to label themselves as being “powerless,” not having control over their own lives and thoughts, “a mess,” chaotic, and incompetent. This is all related to the view of themselves as negative, deficient in some way.

**The “bad girl” – A negative self**

An aspect that becomes clear is that the authors have a very negative view of themselves, and that self-loathing constitutes a large part of the discourse and the authors’ experiences. Usually, individuals tend to keep up an appearance and act and talk about themselves in a positive way, hence, to give a positive self-representation (e.g., Goffman, 1995). In other words, people try hard to steer the impression they give of themselves to others and to defend their doings and who they are, so that other people see them from a positive perspective. However, in the autobiographies, the authors explicitly construct their selves as highly negative and display a representation of the self that expresses a high level of self-loathing and worthlessness. The prevalence of self-loathing in the self-injury discourse can be observed through the authors’ descriptions of their perceived inabilitys, and by how they position themselves, for example, as “broken”
Self-injury is herein described as being a reason for the self-loathing but also as a way to manage the negative view of the self. Victoria (Leatham, 2006: 32) writes that she felt self-injury was the only way “I could handle being with myself” and describes cutting as “the only thing that would make me feel better.” However, she also describes the practice as causing feelings of self-loathing and shame. Jouanita (Törnström, 2004: 24) writes that: “I am bad because I feel bad, I feel bad because I am bad.” Hence, there is evidently a connection between how Jouanita feels and her perception of herself as a person. This quote clearly shows how the position of being “the bad girl” is related to the discourse of self-injury and how self-injury is part of what is constructing the individual’s identity as “bad” and dysfunctional.

Overwhelming feelings of self-loathing and inadequacy can be observed commonly within the autobiographies and constitute an important aspect of the narratives, in which self-injury is described as a coping device. In the following excerpt, Deborah describes how cutting was a way for her to escape from herself and also writes that it was a way for her to punish herself for “falling short” of others’ perceived expectations. It displays her negative perception of herself and also how self-injury was used to cope with those feelings.

“Self-injury, cutting was a way to escape from me. You can never know what it felt like to make that first cut... everything was great except for when I got angry, I didn’t know why I got angry, I just did sometimes. My parents of course expected nothing but great things from me and when I fell short, I would punish myself. I WOULD PUNISH MYSELF...they didn’t punish me. My mum and dad gave me encouragement and if I fell short they would always tell me to do better next time. I didn’t hear their encouraging words. In my heart I heard, “You are a failure and you won’t amount to anything. I felt like I was just never good enough, no matter what I tried.” (Wade, 2011: 72)

In the excerpt, Deborah describes self-injury as “a way to escape from me” and also a way to punish herself for failing to meet perceived expectations. Using the metaphor of escaping oneself by practicing self-injury displays the presence of self-loathing and wanting to separate from those emotions. The description can be interpreted as displaying wanting to escape from “me”, referring to the dysfunctional self. Furthermore, in the excerpt above, Deborah describes self-injury as an escape, a way to cope, whilst also describing it as a way to punish herself. Self-loathing can clearly be observed through the reoccurring use of “I”, for example, “I got angry” and “I fell short.” It shows that the “blame” or responsibility for “falling short” is perceived as being on her, and so is the “responsibility” to punish herself. Deborah writes that her parents would encourage her if she “fell short.” However, this did not alter her sense of self-loathing.

The “bad girl” is constructed as someone who is non-functional and particularly someone in need of being helped by others. Emma writes that even though she was
hiding the self-injury, which would probably have been easier if she lived alone, she decided to get a roommate, adding that “maybe I know I should be watched” (Forrest, 2011: 29). This indicates that she considers the notion that she might be someone who is in need of being helped, who is out of control, and is unable to take responsibility. This perception is present in most of the autobiographies as well as in psychomedical literature. Long (2018: 96), for example, writes that the clinical discourse positions clients as needing to be “either fixed, cured or rescued,” which is what the self-injuring authors seem to accept as “true.” Likewise, the psychiatrist and self-injury researcher Favazza (2011: 244) states how self-injurers’ “promises are usually worthless and their crisis never-ending. Yes, they are “sick,” and part of their sickness is the abrogation of personal responsibility.”

The positioning of clients within clinical discourse and notions, as present for example in Favazza’s (2011: 244) statement, has seemingly affected how people who self-injure perceive themselves and construct their identities. This has resulted in a number of consequences, for instance, often describing their need for help as a “waste of time.” This is displayed in the following excerpt: “I told them it wasn’t a good idea to try to help me; I was a bottomless pit of need and I would wear them out for nothing” (Wilson, 2010: 41). Similar to how Favazza (2011: 244) describes the “crisis” of people who self-injure as being “never-ending,” Violet writes that she was a “bottomless pit of need” and therefore felt that helping her would be for “nothing.” This rather short excerpt displays both that Violet felt she needed a lot of help, but also that she felt being helped would only be “for nothing” and would wear out those who try to help her. The clinical discourse and the position of people who self-injure have seemingly resulted in the authors being aware and perceiving themselves as needing help. It also shows they have accepted the detrimental notion that they cannot help themselves and that help from others was not going to make any difference to who they are.

Several of the authors write about “wanting to be like everyone else” (Robson, 2008: 92) and wanting to be “normal” (Åkerman, 2005: 37–38). The self-loathing, however, seems to create the idea that they do not deserve to be liked, to be “normal” (Johansson, 2010). Thus, Abigail (Robson, 2008: 92) continues by writing that “even wanting to be (normal) is selfish when I’m such a horrible person.” The self-loathing involves describing oneself as being weak and having no will-power. At times, some authors pinpoint that they do not really suffer from an “actual” illness and that there are other people who are “actually” ill and more “deserving” of receiving help than they are themselves. Instead, many of the authors describe feeling that they themselves are “the problem,” that is, they are “bad” or broken and beyond the point of being helped or rescued by others. A perception that can be observed in the excerpt below.

“That is why there are so many depressed, self-hating people in this world. We know that whatever we do we will never change their perspective of us. Never. We are too much of a bother to be bothered with. Why should they waste their time trying to help such nuisances? Wéll always be at the bottom rung of the ladder waiting for society to
Kimberley describes how she does not deserve to be liked and helped; this presentation of the self is clearly connected to the self-loathing and how the authors position themselves. In Kimberley’s description, a person who self-injures is a “bother” and a “nuisance,” which results in the conclusion that helping people who self-injure is a “waste of time.” Here, she uses “we” to emphasize that she views this as being true, in general, for people who self-injure. Victoria (Leatham, 2006: 43) describes a similar experience of feeling undeserving and not wanting to “burden anyone” with “my problems,” which is an aspect that seemingly has impacted the authors’ construction of their identities. Victoria, for example, is not the only author who describes her problems as being solely hers. Berny (Pålsson, 2004: 37) positions herself as being broken and describes how “the brokenness lives under my skin,” and this constructs the “bad” self as embodied in her view of herself. The descriptions by the authors make it clear that being positioned as a self-injurer affects their view of themselves. Many of the authors write, for example, about how they become “a different person” (Leatham, 2006: 123) or that they “split” themselves into multiple persons, as displayed in the following excerpts.

“Do you know what I’m really terrified of? The wrong side winning. It’s as though my mind has split into two and I have no control over it. And the thing is, I’m beginning to get confused about which side is right and which is wrong.” (Leatham, 2006: 170)

“I often find that I split myself into more than one person. When I look in the mirror, I see the person staring back at me as someone else. She is all the bad things that happened to me, and all the bad things I do. I hate her, and often find myself unable to look in the mirror for fear that I would hurt her. I know she is me, but that’s how I see her. I call her Stupid Girl. That’s her name” (Water, 2015: 1388)

Here, Victoria describes her mind splitting into two and discursively constructs one side as being “right” and the other as being “wrong.” Violet (Water, 2015: 1388) similarly describes looking at herself in the mirror and feeling that the person staring back was “someone else.” The person she sees in the mirror, who she says does not feel like her, is called “Stupid Girl.” The person staring back at Violet is described as embodying the bad things that have happened to the author and the bad things that she has done, while at the same time writing she is aware that the “Stupid Girl” is her. Violet, as can be observed above, continues by talking about “her” in the second person and discursively makes a distinction between the two.

The authors also state how people who do not know that they self-injure do not think of them as “bad” or dysfunctional. Emma (Forrest, 2011: 28) writes that the people around her “were all functional and didn’t realize that I wasn’t,” exhibiting
that people who do not know about the author's self-injury do not perceive or position her as "bad" and non-functioning. Abigail, like Emma, describes that other people saw her as "someone who's capable of doing something, who's achieved things" (Robson, 2008: 164). She felt that when she did not self-injure, she was someone who people looked up to and someone they would come to for advice. Abigail also writes that when she relapsed and started self-injuring again, she was afraid that she would lose that position or identity. Here, we may find a reason for why most individuals who self-injure keep the act hidden from others (Brossard, 2018). By hiding the act and signs of self-injury (such as wounds and scars), one can keep up the appearance of being a "normal," well-functioning person.

**The “good girl” – Upholding a façade**

The authors tend to discursively construct the good girl part of themselves as only being a façade that they put up around others. In the following excerpt, Abigail (Robson, 2008: 43) can be observed constructing the functioning part, the "far more attractive" part, which she "seemed to be on the outside" as a façade. Underneath that façade, however, Abigail describes herself as a "weak and disgusting creature" and constructs that as being who she "really was."

"I was unable to tell anyone about the battle I was fighting with each urge inside my head. I couldn’t admit to anyone that I wasn’t all I seemed to be on the outside. The façade I’d built was far more attractive than the weak and disgusting creature I felt I really was.” (Robson, 2008: 43)

Many of the authors can, in other words, describe the functioning part as being a mask or “coping face” (Robson, 2008: 87) and construct what they perceive being their real identity behind the façade as someone who is “inadequate” (Leatham, 2006: 191) and “a complete failure” (Robson, 2008: 42). The authors also often describe hiding behind a façade as “pretending” and discursively construct the functioning part as not being part of their identity. Moreover, this position is constructed in contrast to how they would like to be, someone "good," "normal," and functioning. Abigail (Robson, 2008: 164), for example, writes that she “wanted to be a grown-up, fully functioning, counsellor Abbie, who’d sorted her life out and moved on.” She then writes that due to her “relapse” (that she had started self-injuring again), she was afraid that she would once again be seen as “helpless,” which displays the notion that if she is self-injuring, then she is not “fully functioning.”

There is a clear struggle for normalcy that is lingering behind the way the authors position themselves and displaying in what way they are considered “normal,” ordinary, and sane individuals. This is done simultaneously as they are pinpointing their unworthiness, their sickness, or their sense of failed self. However, although they do talk about behaviors and aspects of the self that
point to how they also live an ordinary life, like being “an ordinary teenager,” they also focus on the “other me.” As Caroline says below, a self that is made up for others, a public self “whose job it was to distract attention from any evidence of that other me” (Kettlewell, 1999: 95). The “other me” is the one who engages in self-injury acts.

In the example below, Caroline maintains her normalcy by sustaining for others “the impression of irreverent insouciance.” She upholds a cheeky indifference and makes herself out to be someone who is just a comically awkward figure who puts herself in mishaps and makes jokes about her true feelings of sadness and anxiety in front of others.

“Outside the shelter of the Chevrolet, however, I dedicated myself to maintaining for everyone else the impression of irreverent insouciance. I cast myself as the comically maladroit figure at the heart of one tale of misadventure after another. Humour at your own expense allows you great latitude. I’d vent my anxieties by making jokes of them.” (Kettlewell, 1999: 127)

Constructing a public self, which is the opposite of how one feels inside and that uses self-injury to cope, is a strategy that also functions as a way to abide by other people’s expectations, and to more general social and cultural expectations (see also Brossard, 2018). The expectation they are trying to uphold is an identity that is intact and fully functioning, and although they do not feel fine, this is what they try hard to uphold in front of others. In Caroline’s case, she states that “humour” gives her “great latitude.” Carolyn also states that pretending to be fine is what “most people” expect; they ‘just like to hear you say, “it’s fine”’ (Smith, 2006: 51). Considering what was shown earlier, as long as the authors can hide their self-injury and keep up an appearance that everything is fine, they could also pass as “normal” (Goffman, 1995), as non-deviant, hence, as the “good girl.”

The struggle for normalcy is not merely a facade, it is also about wanting normalcy and striving for it, foremost to be(come) like everyone else. In Sofia’s case, this was about being a normal schoolgirl. Here, Sofia constructs herself as someone who hides behind the safety of good grades and laughter. However, she also constructs her “real” identity as being the sick Sofia, and she is clearly ambivalent about how to become normal but still be someone (special). Thus, the identity, which is created through the practice of self-injury, is also something that is difficult to give up, as the “bad girl” position in this case gives Sofia an identity she is afraid to lose if she stops and becomes “normal” again. It is better to be someone (even sick and abnormal) than being “invisible”:

“I really wanted to go to school, and I absolutely didn’t want to. I wanted to be normal, do things that normal teenagers did and live like everyone else, but at the same time I was so afraid of losing my only identity and falling back and becoming that invisible Sofia again, the one I was before I got sick all those years ago. Behind the protection of grades and laughter, no one could see what really was inside. When I
was a little girl, I had passed by like an invisible ghost. I had always managed on my own, and everyone had taken it for granted that I had it easy in life.”

“//I was so much looking forward to the school start and at the same time I was afraid of it. I was so different. I was after all a Zebra Girl! I was not human anymore, I belonged to that species that ran on the hospital’s savannas and the more stripes you had the more important you were.” (Åkerman, 2005: 37–38)

Sofia does not construct her longing for normalcy as clear-cut but divided, in the sense of both wanting normalcy and still wanting to stay in the deviant role. She identifies herself solidly with the deviant position and through the practice of self-injury. She is then no longer invisible like before she became “the zebra girl” as she calls herself. Here, Sofia uses the metaphor of a zebra living in the savannas, which like her, has stripes all over the body. Sofia’s stripes are her many cuts and scars. Her savanna is the psychiatric hospitals where she was admitted for several years. Here, she has her fellow zebra-girls, her reference group, and in this social landscape she is just like everyone else, no longer different. Then again, she can also become someone special because of her cuts and scars; she can gain power and importance for each cut in a way that would not be possible on the outside, in the “normal” world where she is deemed deviant.

Sofia also clearly separates herself, the healthy and sane side, from the monster that she calls Lucifer: “but it was my inner monster, my so hated, loved Lucifer that made me do it. He was the one who killed me. A sickness, not myself” (Åkerman, 2005: 27). Lucifer is presented as both a “he” and as a disease. Although Sofia separates herself from her companion, the sickness, she also positions Lucifer as “hers,” her hated and loved monster, both a friend and a foe. Lucifer is blamed for what she did (disappointing her parents and being unable to make them proud of her), but she also does not want to let go of him as “he” gives her meaning and an identity, the identity of a zebra-girl.

As was becoming clear from the example of Sofia and others, it was always “the bad girl” that did the cutting and the burning, but we also saw that this subject position is simultaneously constructed as an identity that they cannot or will not live without. It also made them unique, special, and as Lisa says: “trading my uniqueness for normalcy wasn’t always worth it; and giving up a rare thing in search of a common one seems...insane” (Verde, 2012: 598). They could also see this side as the only thing they were good at, the only thing they had, as David says: “the only thing that belonged to me was my blood. That was who I was- I had my illness and nothing else” (Fitzpatrick, 2013: 262).

Discussion

In their autobiographies, the authors discuss why they feel the way they do and why they self-injure. They draw the conclusion that the “problem” is individual and internal, that they personify the “problem” and are the ones to blame for their
suffering (see also Bareiss, 2014). The psychomedical discourse can be observed in the autobiographies and has clearly resulted in negative consequences for the authors and their perception of themselves and their sense of self. The medicalization of self-injury means that the “gaze” on self-injury is directed and focused on individual deficiencies rather than societal aspects, and the “burden” of suffering is thus put on the individual (Conrad, 1975; Ekman and Jacobsson, 2021). Through the authors’ descriptions, it seems clear that they accept the notion that the problem is individual, and that they seldom consider the social aspects that might have contributed to their suffering and their need to cope through self-injuring acts. By focusing on their own individual deficiencies and shortcomings, they conclude that something is inherently wrong with them, leading to negative self-representations that also have real consequences, for example, having to hide their suffering and being reluctant to seek support from others and/or professional help (Long, 2018).

Acts of self-injury are described in the autobiographies both as ways to cope with the negative perception of themselves and simultaneously being what causes feelings of self-loathing. A way for the authors to cope with this negative view of themselves is to construct two different selves or identities. The construction of a “good” versus “bad” self seems to be a way for the authors to manage the burden that they put on their self. The “bad” self thus seems to function as a way to redirect the blame away from the part of the self that still may be “good” (e.g., functional and reliable). Hence, it may work to reduce the burden of being the one that carries out a deviant act for which they are also ultimately responsible. Then again, the authors have a hard time merging the “good girl” identity with “their self.” Therefore, at times they portray that part of their selves as being a mere façade, regardless of writing about several examples when they are seemingly well-functioning individuals. The medicalization of self-injury that deems self-injury a pathological way of coping as well as the perceptions of other people and society that do not approve of their way of coping may also lead the authors to uphold a front of normalcy (see Hodgson, 2004) to avoid possible stigmatization.

As the authors position themselves both as “normal/functional” (good) and “not normal/dysfunctional” (bad), they must address this opposition in some way. Dividing the self into two seemingly opposite identities is one way in which they address this contradiction. If one divides the self and constructs oneself as being both a “good” and a “bad” self, one can then in a sense protect the good self and put the blame on the bad self. Even if both might be “you,” the individual may get a sense that the blame is not put on the “whole” self. By doing this, they may also keep some of the shame away (Gunnarsson, 2021).

The consequence of the medicalization of self-injury is that it “objectifies the individuals and makes them passive receivers of treatment” (Ekman, 2016: 355). This negatively affects the authors’ perception of their need for support and their abilities to cope and help themselves. As they describe themselves as being inadequate and unable to change their situation, they acknowledge their need to be helped by others. However, at the same time, they strongly believe that they do not deserve (i.e., not worthy of) attention and support. The way they portray
themselves in the autobiographies is thus being someone in need of getting fixed (e.g., because they are broken, bad), cured (e.g., because they are ill, sick), and rescued (e.g., because they cannot help themselves). In their stories, they reproduce the perception that other people (and society) and professionals have of them (Long, 2018: 96), that is, they need to be “fixed, cured or rescued.” Furthermore, as individuals who self-injure often refrain from seeking professional help, for fear of becoming stigmatized (Long, 2018), they are put in an impossible situation when believing they are unable to help themselves, but not worthy of anybody else’s help and if seeking professional help, they may face being discredited (see Harris, 2000).

The authors use self-injury acts to cope with difficult and painful experiences and feelings of self-loathing and of not being able to live up to social and cultural expectations (see also Brossard, 2014; Ekman, 2016). However, at the same time, it is apparent that self-injury becomes something that causes feelings of shame and emotional suffering, which then often leads to more self-injuring. Their coping strategy thus becomes something more that the authors must cope with, which tends to push them further into a vicious circle of self-injury and shame (see also Gunnarsson, 2021).

To understand self-injury more fully and to develop better support systems for people who use acts of self-injury to cope, self-injury needs to be de-medicalized, and the social contexts need to be considered (Brossard, 2014, 2018; Ekman, 2016; Ekman and Jacobsson, 2021; Steggals, 2015). Consequently, the knowledge gained through analyzing the autobiographies includes the importance of taking social aspects into consideration, as well as an understanding of how the psychomedical discourse affects not only other people’s perceptions of individuals who self-injure, but also how it affects the self-injuring individuals’ view of themselves.

Using autobiographies as data has its strengths and weaknesses, as was discussed more thoroughly in the method section. However, there is another significant limitation to the present study in relation to who has written about their experiences. In other words, it is relevant and important to point out that the autobiographies are written mainly (except for Fitzpatrick, 2013; Wade, 2011) by white, middle class (educated) young women, which by no means is representative of everyone who self-injures. This was not an intentional selection bias; rather, other self-injury groups had not written or at least published their stories when the data was collected for this study. The young, white, middle class women have been constructed as the “typical self-injurer” (see Chandler et al., 2011) within the psychomedical literature, and this perception is still present in academic literature and media (Brickman, 2004). Hence, their stories and which self-injury autobiographies have been published have likely been affected by this discourse of self-injury. Although most research tends to pinpoint young women who self-injure to be in the majority, other studies have found more equal numbers among young men and women (e.g., Kaess et al., 2013). Self-injury is also carried out by individuals from lower socioeconomic classes, with different ethnicities (e.g., Kuentzel et al., 2012) and by older individuals (e.g., Wand et al., 2018).
Practical implications

Social work is a normalizing practice that aims to determine what is “normal” and “abnormal” behavior, where the goal is to “normalize” the individuals’ behavior and life situation. Thus, social workers, among other service providers, are viewed as the “judges of normality’ assessing and correcting individual behavior against a normalizing set of standards and assumptions” (Dolezal, 2015: 62). If social work focuses on individualizing social problems and directs its focus on diagnostic criteria and psychological assessments of behaviors among their clients, then there is a risk that the medicalization of self-injury is reinforced even further. By considering self-injury instead as being a coping strategy, a means of self-expression (Adler and Adler, 2011), and a social practice (Brossard, 2014), social workers could connect with individuals who self-injure by jointly exploring possible underlying social factors for why self-injury becomes a way to cope and control the self. Perhaps also by considering self-injury to be a valid coping strategy, rather than working toward making people stop cutting, social workers could explore ways for individuals to minimize the harm done to their bodies/selves. Harm-reduction is an intervention that “validates people’s experiences and their struggles to cope and survive and promotes and encourages self-care. It respects and empowers each individual’s ability to make choices, while at the same time always supporting them to work through their experiences” (Inckle, 2011: 375). By validating individuals’ experiences and struggles, and their entire life situation, social workers will have the opportunity to build an honest relationship with their clients that can prevent them from putting further shame and stigma on an already shamed and stigmatized client group.

Self-injury has been a rather neglected subject in social work research, and the psychomedical and healthcare perspectives on self-injury have dominated the research carried out so far. It is proposed here that this has led to a skewness in the construction of self-injury as a psychopathological problem and medicalized practice that renders those who self-injure to be mentally ill and deviant, rather than survivors of hardship and difficult circumstances. Although not everyone who self-injures has experienced trauma and abuse, they have nevertheless found themselves in situations where they have felt they had no control over their lives and their emotions (Inckle, 2011). Self-injury thus represents a way for them to gain some control and agency over their lives. Hence, future studies should continue to explore the subjective meaning of self-injury and how it functions to cope with and control life circumstances, without putting the weight of responsibility on the individual and her/his personal deficiencies. Here, social workers could be in a legitimate position to redirect the focus on self-injury away from individual pathology to other social factors that may underlie the need to cut or in other ways physically harm the body, and to be the professionals who in a non-judgmental way work with self-injuring individuals’ self-representations.
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.

ORCID iD
Nina Veetnisha Gunnarsson https://orcid.org/0000-0001-8948-1055

References
Adler PA and Adler P (2011) The Tender Cut: Inside the Hidden World of Self-Injury. New York: New York University Press.
Åkerman S (2005) Zebraflickan [the Zebra Girl]. Falun: Författarhuset.
Bareiss W (2014) “Mauled by a bear”: narrative analysis of self-injury among adolescents in US news, 2007–2012. Health (London, England: 1997) 18(3): 279–301.
Brickman BJ (2004) “Delicate” cutters: Gendered self-mutilation and attractive flesh in medical discourse. Body & Society 10(4): 87–111.
Brossard B (2014) Fighting with oneself to maintain the interaction order: A sociological approach to self-injury daily process. Symbolic Interaction 37(4): n/a–575.
Brossard B (2018) Why Do We Hurt Ourselves? Understanding Self-Harm in Social Life. Indiana: Indiana University Press.
Brossard B and Steggals P (2020) The sociological implications of taking self-injury as a practice: An author meets a critic interview. Social Theory & Health 18(3): 211–223.
Burke TA, Piccirillo ML, Moore-Berg SL, et al. (2019) The stigmatization of nonsuicidal self-injury. Journal of Clinical Psychology 75(3): 481–498.
Carpenter J (2008) Metaphors in qualitative research: Shedding light or casting shadows? Research in Nursing & Health 31(3): 274–282.
Chandler A (2016) Self-Injury, Medicine and Society: authentic Bodies. London: Palgrave Macmillan.
Chandler A, Myers F and Platt S (2011) The construction of self-injury in the clinical literature: A sociological exploration. Suicide & Life-Threatening Behavior 41(1): 98–109.
Conrad P (1975) The discovery of hyperkinesis: Notes on the medicalization of deviant behavior. Social Problems 23(1): 12–21.
Cresswell M (2005) Self-harm “survivors” and psychiatry in England, 1988-1996. Social Theory & Health 3(4): 259–285.
Dolezal L (2015) The Body and Shame. Phenomenology, Feminism, and the Socially Shaped Body. London: Lexington Books.
Ekman I (2016) Beyond medicalization: Self-injuring acts revisited. Health (London, England: 1997) 20(4): 346–362.
Ekman I and Jacobsson L (2021) On the risks of medicalization of adolescents self-injuring acts. Open Journal of Psychiatry 11(01): 29–46.
Favazza AR (2011) Bodies under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry. 3rd ed. Baltimore: Johns Hopkins University Press.
Fitzpatrick D (2013) *Sharp: My Story of Madness, Cutting, and How I Reclaimed my Life*. New York: HarperCollins.

Frank AW (1995) *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: University of Chicago Press.

Forrest E (2011) *Your Voice in my Head*. London: Bloomsbury.

Fortune S, Sinclair J and Hawton K (2008) Adolescents’ views on preventing self-harm: A large community study. *Social Psychiatry and Psychiatric Epidemiology* 43(2): 96–104.

Goffman E (1995) *Jaget Och Maskerorna: en Studie i Vardagslivets Dramatik [the Presentation of Self in Everyday Life]*. Kristianstad: Rabén Prisma.

Gunnarsson NV (2021) The self-perpetuating cycle of self-injury and shame. *Humanity & Society* 45(3): 313–333.

Harris J (2000) Self-harm: Cutting the bad out of me. *Qualitative Health Research* 10(2): 164–173.

Herz M and Johansson T (2011) Critical social work – Considerations and suggestions. *Critical Social Work* 12(1): 28–45.

Hill K and Dallos R (2012) Young people’s stories of self-harm: A narrative study. *Clinical Child Psychology and Psychiatry* 17(3): 459–475.

Hodgson S (2004) Cutting through the silence: A sociological construction of self-injury. *Sociological Inquiry* 74(2): 162–179.

Inckle K (2011) The first cut is the deepest: A harm reduction approach to self-injury. *Social Work in Mental Health* 9(5): 364–378.

Johansson ML (2010) *Girl in Need of a Tourniquet: Memoir of a Borderline Personality*. California: Seal Press.

Kaess M, Parzer P, Mattern M, et al. (2013) Adverse childhood experiences and their impact on frequency, severity, and the individual function of nonsuicidal self-injury in youth. *Psychiatry Research* 206(2-3): 265–272.

Kettlewell C (1999) *Skin Game: A Memoir*. New York: St. Martins Griffin.

Kuentzel JG, Arble E, Boutros N, et al. (2012) Non-suicidal self-injury in an ethnically diverse college sample. *The American Journal of Orthopsychiatry* 82(3): 291–297.

Leatham M (2006) *Blood Letting: A Memoir of Secrets, Self-Harm and Survival*. Oakland: Allen & Unwin.

Long M (2018) ‘We’re not monsters … we’re just really sad sometimes.’ Hidden self-injury, stigma and help-seeking. *Health Sociology Review* 27(1): 89–103.

Monteith L and Pettit J (2011) Implicit and explicit stigmatizing attitudes and stereotypes about depression. *Journal of Social and Clinical Psychology* 30(5): 484–505.

Pitts J (1968) Social control: the concept. In: Sills D (ed.) *International Encyclopedia of Social Sciences*. New York: Macmillan. pp. 381–396.

Power T, Jackson D, Weaver R, et al. (2012) Autobiography as genre for qualitative data: a reservoir of experience for nursing research. *Collegian (Royal College of Nursing, Australia)* 19(1): 39–43.

Proveaux KA (2008) *Grey and Red: An Internal Struggle of Depression and Self-Injury*. Baltimore: Publish America.

Pålsson B (2004) *Vingklippt Angel [an Angel with Clipped Wings]*. Falun: Forum.

Robson A (2008) *Secret Scars. One Woman’s Story If Overcoming Self-Harm*. Sparkford: Authentic Media.

Smith C (2006) *Cutting It Out: A Journey Through Psychotherapy and Self-Harm*. London: Jessica Kingsley Publishers.
Smith S and Watson J (2010) Reading Autobiography: A Guide for Interpreting Life Narratives. 2nd ed. Minneapolis: University of Minnesota Press.
Scheff TJ (2007) Being Mentally Ill: A Sociological Theory. 3rd ed. New York: Aldine de Gruyter.
Steger T (2007) The stories metaphors tell: Metaphors as a tool to decipher tacit aspects in narratives. Field Methods 19(1): 3–23.
Steggals P (2015) Making Sense of Self-Harm: The Cultural Meaning and Social Context of Nonsuicidal Self-Injury. New York: Palgrave Macmillan.
Steggals P, Lawler S and Graham R (2020) The social life of self-injury: Exploring the communicative dimension of a very personal practice. Sociology of Health & Illness 42(1): 157–170.
Sutherland O, Breen AV and Lewis SP (2013) Discursive narrative analysis: A study of online autobiographical accounts of Self-Injury. Qualitative Report 18(48): 1–17.
Törnström J (2004) Ansiktet Bakom Masken: om Att Vara Borderline [the Face behind the Mask: About Being Borderline]. Förlunda: Mareld.
Verde L (2012) Confession of a Cutter: A True Story of Sexual Abuse, Self-Mutilation, and Recovery. Seattle, WA: Kindle Publishing Amazon.
Wade DR (2011) Invisible we Cut Too! People of Color Share Their Stories of Self-Injurious Behaviour. Baltimore: Publish America.
Wand APF, Peisah C, Draper B, et al. (2018) Understanding self-harm in older people: A systematic review of qualitative studies. Aging & Mental Health 22(3): 289–298.
Water MC (2015) Lady Injury. Seattle, WA: Kindle Publishing Amazon.
Wilson V (2010) Slices: A Memoir-in-Progress. Seattle, WA: Kindle Publishing Amazon.
# Appendix 1. Summary of autobiographies

| Book title | Author | Publisher |
|------------|--------|-----------|
| Your voice in my head | Emma Forrest (born 1976) is a British-American film director, screenwriter, and novelist. | Bloomsbury |
| Sharp: My story of madness, cutting, and how I reclaimed my life | David Fitzpatrick born in Dearborn, Michigan. He earned his MFA degree from Fairfield University and is a writer. | Harper Collins |
| Girl in need of a tourniquet: memoir of a borderline personality | Merri Lisa Johansson has a Ph.D. in English and serves as Director of the Centre for Women's and Gender Studies at the University of South Carolina Upstate, where she also teaches. | Seal Press |
| Skin game: a memoir | Caroline Kettlewell has a Master's degree in writing from George Mason University. Caroline is a freelance writer living in Virginia. | St. Martin's Griffin |
| Bloodletting: a memoir of secrets, self-harm and survival | Victoria Leatham (pseudonym) is today a “happy, successful thirty-something professional. She lives in Sydney, Australia.” | Allen & Unwin |
| Grey and red: an internal struggle of depression and self-injury | Kimberley Aleena Proveaux was born and raised in Davenport, Iowa. Kimberley has a Bachelor of Science degree in elementary education. | Publish America (self-published) |
| Vingklippt angel [An angel with clipped wings] | Berny Pålsson was born in 1983 in Sweden. | Forum |

(continued)
| Book title                                      | Author                                                                 | Publisher                              |
|------------------------------------------------|------------------------------------------------------------------------|----------------------------------------|
| Secret scars: one woman's story of overcoming self-harm | Abigail Robson studied counselling at London Bible College. Abigail works with self-harm and eating disorder clients. She has set up Adullam Ministries to support people who self-harm and runs workshops on these issues around the country. | Authentic Media                        |
| Cutting it out: a journey through psychotherapy and self-harm | Carolyn Smith (pseudonym) was educated at the University of Derby and the University of Wales. Carolyn is a qualified librarian living in London. | Jessica Kingsley Publisher             |
| Ansiktet bakom masken: om att vara borderline [The face behind the mask: on being borderline] | Jouanita Törnström was born in 1973 in Sweden and is a licensed nurse. Today, Jouanita is a recovery consultant in psychiatry. | Mareld(self-published)                 |
| Confession of a cutter: a true story of sexual abuse, self-mutilation, and recovery | Lisa Verde is an author.                                               | Kindle Publishing Amazon (self-published) |
| Invisible we cut too! People of color share their stories of self-injurious behavior | Deborah Renee Wade was a Credentialed Alcohol and Substance Abuse counselor and an Assistant Director of a Mother’s and Babies Drug Program. | Publish America (self-published)         |
| Lady injury                                    | Melissa C. Water was born in Canada. Melissa is a mental health activist who raises awareness on YouTube. | Kindle Publishing Amazon (self-published) |
| Slices: a memoir-in-progress                   | Violet Wilson grew up in rural Kentucky and now lives in Attleboro. Violet is an author. | Kindle Publishing Amazon (self-published) |
| Book title       | Zebraflickan [The zebra girl] |
|------------------|-------------------------------|
| Published        | 2005                           |
| Author           | Sofia Åkerman was born in 1984 in Sweden. Sofia is an author, a licensed nurse and currently a doctoral student in law at Lund University. |
| Publisher        | Författarhuset                 |