Nonsuicidal Self-Injury Among Nonclinical College Women

Lessons From Foucault

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This article presents a qualitative study that explored nonsuicidal self-injury among relatively psychologically healthy college women. It examines the phenomenon of self-injury through a social theoretical perspective using Foucault's concepts. Key arguments are that self-injury in women may be a reaction to an insidious form of social control and a reflection of the social pressures for productivity that are enacted on the body. Self-injury may regulate socially unacceptable affects and modify states of the ego so that women can regain their capacity to produce within a competitive and capitalist society. Implications for social work practice are discussed.

Keywords: *Foucault; patriarch; self-injury; self-mutilation*

Nonsuicidal self-injury refers to purposeful, non-life-threatening self-inflicted injuries without suicidal intent that aim to alleviate emotional distress. The most common method of self-injury is cutting, followed by burning, hitting, or biting oneself; pulling one's hair; scratching to the point of bleeding; and interfering with one's wounds. Nonsuicidal self-injury most often involves the arms and legs but may also include the abdomen, genitals, and breasts (Andover, Pepper, & Gibb, 2007; Favazza, 1996; Walsh, 2006; Whitlock, Powers, & Eckenrode, 2006). The onset of nonsuicidal self-injury is generally found to be in early adolescence (ages 12 to 14; Muehlenkamp & Gutierrez, 2004, 2007; Ross & Heath, 2002), often reaching its peak in early adulthood (age 24), predominantly among White single or separated women (Hawton, Rodham, & Evans, 2006; Kokaliari & Lanzano, 2005; Skegg, 2005; Whitlock, Powers, et al., 2006). Most often, trauma (Allen, 2001; Connors, 2000; Van der Kolk, 1996), borderline psychopathology (Bohus & Schmahl, 2007; Gunderson, 2001; Linehan 1993), major disruptions in attachment (Farber, 2000; Levenkron, 1998), and major psychiatric disorders (Favazza, 1996) have been cited as the underlying reasons for self-injurious behaviors.

However, there has been a change in the profile of people who self-injure. A newer trend suggests an increase of self-injury in nonclinical populations (Fennig, Carlson, & Fennig, 1995; Gratz, Conrad, & Roemer, 2002; Turp, 1999; Walsh, 2006; Whitlock, Powers, & Eckenrode, 2006). These studies have revealed that self-injury is on the rise, especially among school- and college-aged students. The rate of self-injury in these populations varies from 16% to 38% (Gratz, 2003, 2006; Gratz et al., 2002; Kokaliari, 2005; Muehlenkamp & Gutierrez, 2004; Ross & Heath, 2002; Whitlock, Powers, et al., 2006). Self-injury appears to be most prevalent in advanced Western civilizations (Conterio & Lader, 1998; Kokaliari, 2005; Sargent, 2003; Shaw, 2002) and to occur disproportionately among females (Favazza, 1996; Kokaliari, 2005; Levenkron, 1998; Shaw, 2002).

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The spread of the phenomenon in recent years among nonpsychiatric populations and the high prevalence of this behavior among females have challenged the view that self-injury arises out of psychopathology alone. Most explanations for self-injury have been psychological and have located the problem of self-injury within the individual. However, these explanations have not addressed why this symptom has increased in nonclinical populations or how it may reflect the society in which the individual who self-injures resides. Self-injury needs to be explored as a manifestation of a greater problem with both psychological and social meanings (Potter, 2003; Shaw, 2002). This article addresses the social dimensions of women's self-injury using Foucault's theory.

Foucault's Views on Power and Objectification of the Body

Foucault, a brilliant but controversial French philosopher and historian, was highly regarded for his revolutionary ideas on discipline and power. He was interested in discourses of power and identified power as a method of social and personal control. In contrast with major theorists, such as Karl Marx (who saw power in relation to class conflict), Foucault (1980) contended that power circulates but is neither local nor static.

Foucault (1984) theorized that systems of knowledge, such as medicine, psychology, and religion, exercise particular power, which he referred to as "disciplines." Disciplines define "how the culture attempts to normalize individuals through increasingly rationalized means" (Dreyfus & Rabinow, 1982, p. xxvii). Disciplines like medicine and psychology determine what is normal and what is abnormal in each society. Thus, systems of power implicitly and invisibly exert control over the individual and the society (Foucault, 1990). Disciplines represent systems, such as governmental institutions or schools, that function as the secret police of societies (Richer, 1992).

Foucault examined how societies impose marginalization and even punishment as a way of maintaining social control. This type of social control has taken different forms at different times in history (Driver, 1994). Foucault (1979) specifically discussed the transition of the exercise of power from obvious torture to what he called "docile bodies." That is, he initially viewed power as exercised through external forms, such as torture or execution. However, over time, torture has somewhat disappeared as a form of "public spectacle" (Foucault, 1979, p. 7); instead, punishment has gradually become a more "hidden part of the penal system" (p. 9). Foucault identified four types of punishment that have been manifest at different times in Western societies, which Cooper (1981, p. 81) summarized as follows: Classical Greek and Roman citizens could suffer exile, banishment, and exclusion from certain areas; confiscation of their property, or destruction of their homes. The antique Germanic tradition practiced compensation, atonement, and fines as the chide method. In the Middle Ages, marks of power might be inscribed directly on one's body by branding, wounding, or mutilation. Finally, there was jail.

Jail belonged to what Foucault (1979, p. 293) labeled the "carceral regime," in which the focus of power and control was not only on punishing individuals but also on producing obedient individuals. Referring to the 18th century, he argued that carceral regimes "looked to disciplinary training as a means of producing docile obedient individuals…reformed individuals" (quoted in Driver, 1994, p. 118). Obedient individuals were produced by creating a Panopticon society that Foucault (1979) described as follows:

> Incarceration is the omnipresent armature; the delinquent is not outside the law; he is from the very outset, in the law, at the very heart of the law or at least in the midst of those mechanisms that transfer the individual imperceptibly from discipline to the law, from deviation to offence. (p. 301)

Foucault's theory of the Panopticon society was inspired by Jeremy Bentham's Panopticon (Foucault, 1979), an architectonic design of a model prison. This model prison was designed to be semicircular, with a cabin at the center used by guards for surveillance. Cells designed around the perimeter would accommodate only one person each. The building was designed to allow guards to observe prisoners at any time, but the prisoners could not observe the guards. The hope was that eventually the prisoners would start observing, controlling, and disciplining themselves. Another objective of the Panopticon was to control deviance through the isolation of the inmates by ensuring that all personal and spiritual needs could be met without prisoners leaving their cellswithout prisoners moving from their cells" (p. 61): Although the Panopticon was never built, it provided Foucault with a paradigm for demonstrating how discipline could be imposed and how it might operate.

The power of the Panopticon was "to induce in the inmate a state of conscious and permanent visibility that assured the automatic functioning of power" (Foucault, 1979, p. 201). It was designed "to use uncertainty as a measure of subordination" (Lyon, 1994, p. 65). Hence, external power would result in internal discipline that was exercised gradually, even without the presence of guards or observers. In other words, "the inmates should be caught up in a power situation of which they are themselves the bearers" (Foucault, 1979, p. 201) Foucault argued that the most effective form of exercised power in modern democracies is indirect and masked. In his words, "power is tolerable only on condition that it masks a substantial part of itself.…Its success is proportional to its ability to hide its own mechanisms" (Foucault, 1990, p. 86).

For Foucault, the body was the perfect medium on which power relations, societal structures, and politics were enacted and exercised. The body also was directly involved in a political field. "Power relations have an immediate hold upon the body; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.…It is largely as a force of production that the body is invested with relations of power and domination" (Foucault, 1990, p. 173). The body, then, was a useful component and force in the system only "if it is both a productive body and a subjected body" (Foucault, 1979, p. 26).

Foucault saw bodies—more specifically, women's bodies—as sites in which power is exercised "in the struggle over who knows them best, who gets to say what is normal, healthy or hysterical" (quoted in Allen, 1999, p. 71). Foucault wrote about the objectification of the female body and the subsequent "hysterisation" of women. According to him, the body is also treated like an object. Women are much more vulnerable to the objectification process because they are "ascribed a specific identity by men and relegated to the spheres of nature, emotion, desire, and the household" (Eckerman, 1997, p. 156).

Method

Rationale

Having worked in college counseling services in a high-achieving all-women's college, we were struck by the number of women who were self-injuring but who otherwise excelled academically and socially. Hence, we decided to identify and examine a nonclinical population of college-age women who were self-injuring.

The underlying question of this study was: What psychosocial functions does self-injury serve in a nonclinical population of college women? Specifically, we were interested in the increased prevalence of nonsuicidal self-injury among college women and the psychosocial meanings of self-injurious behaviors. Our findings report on women's narratives from a social perspective.

Research Design and Procedure

Our first task was to find a relatively "healthy" sample of college women who self-injured. To locate these women, we used a mixed-method design and conducted the study in two phases. After we received approval by the college human subjects review committee, we initiated Phase 1. We administered a survey to 400 random students in a small, liberal arts women's college to screen for a sample of women who engaged in self-injurious behaviors but did not meet the criteria for borderline pathology or post-traumatic stress disorder (PTSD) and who were classified as securely attached. This way, we would eliminate the usual criteria that are used to explain self-injurious behaviors. The survey consisted of the following five instruments: a demographic questionnaire, the Self-injury Behavior Questionnaire (McArdle, 2003), which assessed the prevalence and type of self-injurious behaviors that students engaged in, and the Personality Disorders Questionnaire (Hyler, Rieder, Williams, & Spitzer, 1988), which was used to rule out borderline pathology. The Purdue Post-Traumatic Stress Disorder Questionnaire–Revised (Lauterbach & Vrana, 1996) was used to rule out PTSD. Bartholomew and Horowitz's (1991) Self-Report Attachment Style Prototypes questionnaire served to assess the students' attachment styles and to rule out self-injuring women with insecure attachment styles. The results indicated alarming rates of self-injury in that 91 of the 166 participants who returned the surveys reported self-injurious behaviors. Of the 166 participants, then, 16 (9.7%) met the criteria for borderline personality disorders and 16.7% met the criteria for PTSD. In terms of attachment styles, 32.7% had secure attachment styles. By ruling out students with borderline pathology, PTSD, and insecure attachment styles, we were able to proceed to Phase 2 of the research, in which we selected a "healthier" subsample of 20 women who had self-injured.

We then contacted this subsample by mail and asked whether they were willing to participate in in-depth, semistructured interviews of up to 2 hours to explore the psychological and social functions of their self-injurious behaviors. The first 10 participants who responded were asked to be interviewed because of the limited time available to us. Each participant was paid $30 in appreciation for her time.

Demographic data were obtained from each participant that included race, ethnicity, income, sexual orientation, and grade point average (GPA). The participants were provided with informed consent forms and could withdraw at any point from the interview and from the study. The study questions included personal experiences with self-injury, the values of the families in which they had been raised, and the degree to which each family valued self-reliance, independence, and autonomy. Questions about possible contagion, objectification of the body, and how self-injury can be related to wider social issues were also included.

All the interviews were digitally recorded, transcribed in full, and analyzed using the grounded theory approach (Strauss & Corbin, 1990) using ATLAS.ti software. There has been limited research on society's contribution to the emergence of self-injury (Conterio & Lader, 1998; Shaw, 2002; Turp, 1999); thus, grounded theory provided multiple perspectives for generating hypotheses about nonsuicidal self-injury and its psychological and social functions through women's own voices.

Participants

All the respondents were in the process of obtaining their bachelor's degrees from an elite all-women's college. The 10 participants ranged in age from 18 to 23 ($M = 20.6$). Eight were White, 1 was Asian, and 1 was biracial (White and Native American). The sample was

diverse in terms of sexual orientation in that 3 students identified as bisexual, 2 identified as lesbian, 4 identified as heterosexual, and 1 saw herself as questioning. Each participant excelled academically, with GPA's greater than 3.0. In terms of relationship status, 8 were single and 2 had partners. In addition, the participants came from diverse family backgrounds. Five came from intact families in which their parents were still married, 3 had parents who were divorced, and 2 came from single-parent families.

In terms of educational family backgrounds, the parents of 7 of the 10 participants had graduate degrees, including doctoral education, the parents of 1 participant had undergraduate degrees, and the parents of 2 participants had high school degrees or had attended some college. Two participants were from affluent environments, 3 were from upper-middle-class families, 1 was from a middle-class family, and 2 were from working-class families; 2 did not identify their class backgrounds. Six of the 8 participants from two-parent families reported that both parents worked when they were growing up, and the remaining 2 participants said that one parent was working and one stayed home; each of the 2 participants from single-parent families reported that her parent worked. Nine participants described experiencing their parents as protective.

All but 1 participant had engaged in multiple nonsuicidal self-injurious behaviors. In terms of frequency, scratching to the point in bleeding was reported most often, followed by cutting, burning, self-hitting, and self-biting.

Findings

Autonomy, Self-Reliance, and the Denial of Feelings

Among the 10 participants, there was a considerable consensus that self-injury could be understood as a social phenomenon. All the women spoke of the ways in which their families had shaped them to be self-sufficient and independent. Each also reported coming from environments that valued individualism as one of the desirable goals. Their own values indicated that self-reliance had been highly valued in childhood. All the participants consistently spoke of their discomfort with dependence and emotions. One participant said that emotions were considered to be a weakness in her family and that it was important that she be independent: "Well, feelings were not acknowledged.…You are to be strong. You are not to cry.…Well, it was not discouraged, but you can never feel like you need someone, to depend on someone" (Antigone, age 20). Another said that her family denied emotions so much that they even laughed about it: "We have this joke that denial is a river that runs through our family" (Ismini, age 19).

For many, feelings were discouraged. "We lead a very active life, so I do not have to feel a lot of emotions.…I never really acknowledged my own emotions…my feelings took a backseat" (Antigone, age 20). Artemis, age 21, underscored how important self-reliance had been in her family of origin, saying,

> When I was 12, I believe, my parents decided that I needed to be more economically self-reliant…so my parents told me they were not going to give me any sort of allowance unless I had made like a certain amount of money elsewhere. And they were not going to buy me shampoo or my face wash or whatever, and it was really difficult. You know, I was doing sports at least 3 hours a day, and I was in seventh grade. And so it was really difficult to then, like, go baby-sit at night so [I could] make money. I had to wake up at 4:30 in the morning to go to sports, and there were so many little things.…I just think it was totally unreasonable.

Andromeda, age 23, said that she recalled her mother saying that "the biggest success of every parent is to see their child become self-reliant."

Needing to Be Perfect, Just Like Men

The participants also talked about how they needed to control and perfect their bodies. For example, Ismini, age 19, said, "Eating disorders are just another form of self-injury, and all these are based on control, and you know, at that point, I could control my body, and so appear perfect." Penelope, age 21, added that self-injury offered her a kind of control. She said, "Yeah. I mean, it is the way that you can determine what's going on with you and your body, and I had a friend who both self-injured and was anorexic, and she definitely needed something she could control in her life."

Many of the high-achieving women in this study spoke of the high and often unrealistic expectations for them that were then enacted on their bodies. "I think maybe because we have more of a push to be better than men, to strive to be better, to work harder, there are more expectations of us. And these expectations are climbing" (Antigone, age 20).

Ariadne, age 21, addressed a similar concern, as follows:

In women, there is just so much pressure to be like men or, you know, to be stick-thin, and to just be all these things, and being them all at once is impossible. Women have to choose who we want to be and not according to what society pressures us to be. I think there is much more external pressure on women.…Men, more often than women, are recognized more for what they do. I really think it is just that women…we still are not willfully fighting with men, and we get a lot more pressure from the society, from our parents, and from everything around us.

Arethusa, age, 19, added,

I really think in a society there is lot more pressure on women than men…and there is also…this has just occurred to me now, but there is also, you know, with like women's libera-tion and everything, there is also pressure for women to succeed and to have as many successes as men. And in order to do that, I think a lot of women feel like they need to put themselves through a lot in order to be that person.

Hence, each of these women described needing to control and discipline herself to be like, or even be more successful than, men.

Self-Injury as a Western Form of Personal and Social Control

Some participants saw self-injury as a particularly Western phenomenon that functioned to make them comply with socially determined expectations for high productivity. For example, Artemis, age 21, said,

I see Western society, and I do not know exactly what it is about Western society, but I do see that there is something enabling this [self-injury]. I mean, I do not think it is promoting it, but there is something that is causing it and enabling it to happen.

A number of students commented that Western societies, which value independence over inter-dependence, socialize their members to deal with their pain alone. As Athena, age 21, put it,

I am wondering if it says something about our culture's need to deal with something on your own as opposed to deal with something with other people or with healthy means.…You can't rely on other people to help you, and sort of like an independent self-sufficient mentality is pretty widespread.

As in the Panopticon, in which prisoners were kept in solitude and relatedness was avoided, 9 of the 10 women reported performing self-injury in solitude (Kokaliari, 2005). Also, as in the Panopticon, these women appeared to discipline themselves and, when appropriate, alter their emotional states to comply with the need to be productive as college students. For example, Ariadne, age 21, said, "In our Western culture, the feeling of being in control and being able to…you know.…We all have issues; we all have problems, let us just suppress them and get on with it!"

Among these 10 women, then, self-injury was a private act that controlled emotions to make them productive commodities. Self-injury seemed to them to be a particularly Western construct that provided a method of self-surveillance in which power was exercised in private. On a similar note, one high-achieving student discussed how self-injury helped her keep up with expectations of productivity,

There would be so much going on in my head that I could not focus on my homework. So like, every couple of hours…it was like smoking a cigarette. Every couple of hours, I would, just make, like, one little cut, and then I could, like, deal with that and then go back and focus. But then, like, it was really awful. I mean…it really…was like taking a cigarette break, and it was something that enabled me to do what I had to do…what I needed to do. (Artemis, age 21)

Artemis was overwhelmed, initially, by her school's, family's, and society's demands for high productivity. Her self-injury functioned as a form of social control in that it allowed her to localize her pain and control it. Although it produced more pain, it paradoxically helped her to focus on her work. What had been an external control became self-imposed.

Another participant also used nonsuicidal self-injury to block her feelings to focus on her work.

Because if you can do that, I mean…coming back on a track and focus on all different things, you know, trying to block out the fact that you are upset or you are overwhelmed…because it's always like, "Oh, I need to focus. I need to focus on this and this and this. I need to get this done, you know"…You have no time to think about your emotions…you need to be in control of your emotions.…You can focus on everything that you have to do for you to succeed. (Alkyone, age 19)

It is interesting that cutting gave her the illusion of control over her emotions.

Self-Injury as a Quick Fix

All 10 participants discussed self-injury as a "quick fix" that provided immediate alleviation of painful or difficult emotions that got in the way of their productivity. Rather than seeking relationships when stressed, these women were harming their bodies, in private, to be able to function productively in the world. As Penelope, age 22, put it, "I think to some degree it is a quick fix.…I think it can help you relieve that stress immediately, and it's a little faster than having to drive to someone to talk to them about the whole process." Aphrodite, age 22, added that not only was self-injury a quick fix, but it was like fast food.

She said, "It is definitely a quick fix.…Welcome to McDonald's society, right where we came from, fast food, anything into a sugar high and then it drops!" In this way, she was condensing the consumer society's need for quick fixes and for gratification in the service of greater productivity.

Discussion

Modern Western societies have been organized to accumulate capital and power. At their core are competition, earning, and consuming. This structure has an impact on every aspect of life and shapes social relationships (Castells, 1999). In addition, modern Western societies tend to blame the individual for any kind of suffering, especially psychological. In discussing Kovel's (1980) article, Gilford (1999, p. 3) noted, "Capitalism displaces the true and social political causes of psychological suffering and locates them within individuals instead of in society." In this view, Western society has become like Foucault's Panopticon. As Foucault (1979) wrote, "Is it surprising that prisons resemble factories, schools barracks, hospitals, which all resemble prisons?" (p. 228). Indeed, Foucault (1979) called modernity the "disciplined society" "where the routines of everyday life have become transparent as never before" (quoted in Lyon, 1994, p. 37). This Panopticon-driven disciplined society has increased pressure to develop new behaviors that require new types of personalities and expressions (Lasch, 1979). Docile bodies subordinate individuals to ensure a society's survival. Masked social forces operate subtly and invite individuals to cope with all these rapid changes by crossing boundaries between normality and what is defined as madness (Kovel, 1980).

Foucault would assert that women in modern societies internalize forces of discipline and punishment. These now-internalized systems of social control become self-regulatory and extreme. "When people are treated as objects they see themselves as objects and tend to torture their bodies and desires to fit instructions and specifications" (Eckerman, 1997, p. 157). History has given us similar examples with such disorders as hysteria and eating disorders that have been predominantly seen in women. These symptoms served as vehicles to carry female distress (Farber, 2000; Pipher, 1994). Nonsuicidal self-injury, like eating disorders, then, appears to function as a form of self-surveillance. Eckerman (1997) argued that self-starvation serves women because asceticism represents an aspect of the objectification and self-surveillance of bodies. The same concept applies to self-injury. On a psychological level, nonsuicidal self-injury has been described as a mechanism that helps the body reorganize unbearable affects, but on a social level, self-injury may help the body regain its capacity to produce and be a useful subjugated body in the service of capitalism.

Self-injury, then, may be a phenomenon that has "escaped" from psychiatric settings and now functions as an internalized punishment system that quickly alleviates emotional or mental pain. It makes obsolete the more time-consuming sources of relief to which people have traditionally turned, including family, friends, colleagues, or nature. This behavior has, however, become medicalized and has been seen as a form of individual pathology. Thus, society is not considered responsible for having produced the symptoms. Instead, the individual can be "treated," sometimes in restricted settings like psychiatric hospitals. The human suffering brought about by political or societal pressures is turned into a personal and private pathology.

Nonsuicidal self-injury appears to be an insidious form of social control. As Danziger (1990, p. 190) noted, it involves "the management of persons through the subjection of individual action to an imposed analytic framework and cumulative measures of performance." Self-injury, then, offers a way to regulate socially unacceptable affects, to isolate the person

from her feelings, and to modify states of the ego so that the person regains the capacity to produce. The demands of productivity do not allow space for the expression of emotion. Nonsuicidal self-injury appears to serve as both a symptom and a symbol of our time. It is low in cost. It is effective in imposing control over the body, including feeling states, and it is congruent with what Conterio and Lader (1998, p. 9) referred to as "a quick fix and immediate gratification." The combination of patriarchy and of a modern disciplined society encourages individuals to seek solutions for emotional issues internally and in solitude, "which would return individuals to self-reliance while maintaining structural barriers related to economic, racial and sexual class that limit and curtail the individual" (Eisenstein, 1992, p. 191).

At a moment in history when women have achieved, after enormous effort, the right to become more active in society, they are also being seduced by society into adopting the goal of achievement at any cost, even at the cost of denying their feelings. At a time when women are finally claiming social equality, self-injury may emerge as a subtle manifestation of self-surveillance to undermine their success within capitalistic values, such as individualism and maximized profits.

Self-injury, then, can be seen as a representation of women's oppression that has become self-imposed. As Shaw (2002) argued, it is a "reflection of women's experience of trauma, silencing, and objectification within a patriarchal culture" (p. 59). Devenaux (1994, p. 225) suggested that self-injury becomes "the ultimate expression of the self-disciplinary female caught up in an insane culture," especially in Western societies with their "irrational passion for dispassionate rationality" (Rieff, cited in Harris, 2000).

Implications for Clinical Practice

Exploring self-injury within a nonclinical population has implications for practice. Nonsuicidal self-injury may reflect not simply individual pathology but societal pathology. Given that self-injury may be associated with intense social pressures, these pressures need to be analyzed and understood in groups in which women may discuss some of these issues with one another. Women may need help understanding that when a symptom, such as self-injury, manifests in such alarming rates, it is a sign not only of individual distress but also of dysfunction in the larger social context.

Clinicians need to be mindful that self-injury cannot be exclusively understood as a reflection of trauma, borderline personality, or another major pathology. It is important that women who self-injure be less pathologized and that more attention be paid to the social pressures that they encounter that lead to these behaviors. Hence, consultation with deans, faculty members, and college mental health personnel is essential to treating some of the causes of the behaviors.

Conclusion

This exploratory study has raised many important issues. Is self-injury an individual pathology, or does it reflect social pathologies? Do women self-injure as a discipline, and do they do so in serving society's needs for greater productivity? Do women self-injure as a way of internalizing society's demands for compliance and as a way to suppress emotion? Do women self-injure because of socially sanctioned expectations for independence and autonomy? Do women self-injure as a way of perfecting themselves by taking the toll on their bodies? Is self-injury a social construction? This small sample of psychologically healthy women, although limited by its size and lack of representation across class, race,

and ethnicity, certainly indicated that self-injury is not just a response to trauma or major attachment disruptions nor a function of borderline pathology. Instead, it may be a response to a more invisible kind of trauma that has arisen in the context of Western societies that value high achievement, productivity, and individuality at the cost of individual emotions. Future research in this area, using a larger sample of healthy women who self-injure, will shed more light on this interesting phenomenon.

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