

The Voice on the Skin

Self-Mutilation and Merleau Ponty's Theory of Language

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The Voice on the Skin: Self-Mutilation and Merleau-Ponty's Theory of Language

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Self-mutilation is generally seen only as a negative response to trauma. But when trauma cannot be expressed, other forms of communication become necessary. As gestural communication, self-mutilation can reorganize and stabilize the trauma victim's world, providing a "voice on the skin" when the actual voice is forbidden. This is a plausible extension of Merleau-Ponty's gestural theory of language, and an interesting comment on his notion of "reversibility" as essential to linguistic communication.

Merleau-Ponty's theory of language implies that, since language is an outgrowth of our bodily existence, human experience will and always must be communicated. As long as human beings breathe, we will say our lives in order to *have* or *live* our lives.

But the transition from gesture to language is not simple. Quite commonly, a person has experiences she or he wants to express—which may *compel* speech—but which nevertheless remain unsaid. Not because the person is mute, or has an injured brain, but because speech is thwarted or even forbidden. In such a case, what becomes of the impetus to speak?

Experiences compelling speech certainly include physical and psychological trauma or both. Yet in many traumas, expression is either impossible or expressly prohibited. For example, in sexual, physical, and/or psychological abuse of children, silence about the abuse is almost always coerced: by force, or by ignoring, mocking, and redescribing the victim's pain (Courtois 1996, 29-31; Davies and Frawley 1994, 26-42). Abuse victims thus learn to ignore, minimize, or valorize trauma; the violence is not articulated to others, and often barely even to the victim herself.

The actual human voices we hear form and fade like pond-ripples; that is their mystery. Often we misread them as solid objects, like stones or stars, because we're used to carved stele, printed text, digitalized recordings of the fluttering larynx and its small warm wet wind, the vibration which reaches out and shivers the skin inside our ears and the watery electricity of our brains. One way of remembering that voices are not things is to recall that one of those voices is our own: a dark resonance in solid tongue and bone, which is not tongue and bone themselves. It is the breath our bow across the larynx our violin. It is in fact our body, vibrating, as it grasps the world or alternatively, a casting of our body upon the air.

But if this gathered gesture, the body become air, is killed in its cradle? What then?

The trauma of abuse exists as emotional and/or physical wounding, and in the pain of these. Pain, no matter what its cause, is a strange and difficult phenomenon. Its hardness and horrors collapse normal life; pain, as Elaine Scarry asserts, is "the unmaking of the world" (Scarry 1985, 3-11). Yet I would argue that pain is not simply a heap of inchoate sensations; it is a structure with its own affective, bodily, and cognitive frameworks. Our normal lifeworld dramatically does recede when pain is intense. What does matter then is: How can I get the pain to end, and when? Why do I hurt? Will it ever go away? These concerns have content; they refer to the wounds which cause pain, and the state of wished-for normality. These are the foreground and background, the significations, by which pain gives life (unpleasant) meaning (Merleau-Ponty 1973, 60-61). Thus while they differ, pain and the pain-free are both still "worlds" of meaning.

This does not mean that all pain is ultimately expressed in speech. Nevertheless, all experiences of pain have both the referential and valuational content which language requires. Pain *refers* to the disintegration of the wounded person and to her need for reintegration, and *expresses the value* of the person harmed, her wholeness, and her wished-for unwounded connection to the world. Even the cries, screams, moans, grasping of wounds, rocking back and forth of physical pain are sounds and movements which are part of the gestural basis of language (Leder 1990, 74-79; Merleau-Ponty 1962, 185-87).

But if these expressive aspects of pain are hindered or destroyed—if the wounding is not communicated or intended normality not achieved—pain reiterates. It is not resolved, but becomes part of the lived structure of the human being suffering it (Freud 1966, 340-41).

The silenced pain of abuse is not purposeful or even identifiable pain—the dancer's feet, the penitent's back. It is pain hidden so deeply within the body that it can scarcely be felt. It is the body, silently. It is a drawn face. It is a tightened blood-vessel in a lung or brain or leg. It is a broken membrane, disappeared, ripped. It is an uncertain hesitation, a fear of the dark, a conviction that arms will come out of the walls if one does not watch, very carefully, every night. It is a cigarette, dragged on, hard. It is a

fearful looking up at two arguing people, and wondering what, what, can be done about the unnamed violence in their voices.

I have stated that abuse victims are forbidden to speak their experience, often to the point of being unable to articulate or even perceive their abuse. Nevertheless, even when the victim is seemingly detached from the experience, abuse is communicated in her physical style and gestures. This occurs in more ways than I can address here, including hyperarousal, dissociation, sleep disturbances, migraine headaches, gastrointestinal disorders, anorexia, bulimia, alcohol and/or drug abuse, obsessive sexual behavior, and so on (Davies and Frawley 1994, 26-42). I will consider a particular gestural articulation of trauma, one often used by abuse survivors—self-mutilation. Self-mutilation—also referred to as self-inflicted violence, or SIV—is the deliberate cutting, burning, or otherwise injuring of one's body in reaction to psychological and/or physical trauma. It is primarily done by women and its practitioners are usually survivors of some kind of childhood abuse (Carmen, Reiker, and Mills 1984, 378-85; Van der Kolk, Perry, and Herman 1991, 1665-71).

Why would silenced abuse express itself in such extreme behavior? We may find some clues to this in Merleau-Ponty's theory of language. At one point in *The Phenomenology of Perception*, describing why the brain-damaged patient Schneider does not feel the need to speak, Merleau-Ponty says:

[Schneider's] experience never suggests a question to him, it never ceases to have that kind of self-evidence and self-sufficiency of reality which stifles any interrogation, any reference to the possible, any wonder, any improvisation. We can perceive, in contrast with this, the essence of normal language: the intention to speak can reside only in an open experience. It makes its appearance like the boiling point of a liquid, when, in the density of being, volumes of empty space are built up and move outwards. (Merleau-Ponty 1962, 196)

The "empty space" which must build to a linguistic "boiling point" Merleau-Ponty identifies as wonder, improvisation, openness, the possible. By this, he implies that speech is a lived structuring of what is new. That is, anything which "shifts" being so as to make it less "dense," opaque, or homogeneous makes an openness into which communication—including linguistic communication—enters.¹

While Merleau-Ponty writes of wonder and improvisation, painful or violent experiences can also open the "empty space" which voice may enter.² Yet what recedes when a person is silenced is precisely the possibility of such openness. One result is that the pain of abuse often literally cannot be perceived by the abused. Negating the expressiveness of pain makes pain

impossible to discern as such. Yet pain's expression cannot be dissolved by being forbidden; it is rather contained and hidden. Only a new structure which reinstates openness in the abuse survivor's lived world could allow pain and wounding to at last be seen, and thus make it possible to act in ways that might end pain.

The primary pain of abuse is experienced as the structure of the world itself, something that has been taken in like the nerves absorb lead or hemoglobin inhales carbon monoxide. But these metaphors are incorrect, for their processes result in a dying brain or shocked cells sucking for scraps of oxygen. What I am describing is closer to fossilization or petrification, one substance taking the place of another. But again these comparisons are not exact, because there, living bone and plant become stone, and in this, a primary pain is absorbed into and itself becomes the living body. What happens is substitution, but of one life for another. A spine of bone becomes a spine of pain. A beating heart, which looks like any other heart, becomes an injury-circulating mechanism. Sometimes its a vulva which goes from dimly sensed body-part to the dimly remembered site of cruelty; sometimes it's a mouth which was meant for ice-cream and becomes bloody.

There is not only the actuality, but indeed the necessity for change in the life of an abuse victim. Abuse destroys a child's bodily and psychological integrity, so that the very rage and hurt of being violated make an abuse victim reach the "boiling point" of speech. Furthermore, healing—psychic and physical reintegration from assault—is change which is not only possible, but needed.³

But speech is precisely what has been nullified for the abuse victim. Even more, enforced silence has created what we might call an unreal unity to the victim's body, life, and voice. On the surface, she is a normal little girl, loved and cared for; underneath are terrible wounds (Herman 1992, 103-10). To conform to the demands of "normality," the victim must present herself as unwounded. It is as if the abuse survivor reaches a point at which she must speak, but at the same moment finds in front of her a rock-hard barrier of silence: a barrier which breaks her heart, her resistance, which seals her silence in blood. What is she to do?

What the abuse survivor must do is, through her body, learn to speak again. She must communicate both the fact of being abused and the fact of being silenced. And if we consider Merleau-Ponty's metaphor of the boiling point, we can see one direction this expression is likely to take. The need to speak builds and moves outward, but meets a barrier of silence. In meeting this boundary, the abuse survivor is forced back upon herself; into a box, as it were, inside of which she must play out and voice the drama of her experience. Her rage and anguish move outward, strike at the boundaries enclosing her, and having no other place to go, rebound toward herself. In extreme cases, where experience, silence, and the need for expression are

all violent, the rebound can become so strong that this assertion may be "spoken" by injuring one's own body.

When hidden pain starts to speak, it will speak silently. Its voice may appear as a cut on the leg, a burn on the arm, skin ripped and scratched repeatedly. There will be no sound, not any, only unfelt and silent pain which makes its appearance in another pain, self-inflicted, and when that second, collateral pain emerges, it will articulate in blood or blisters the open definition you desire, although it may not be in a language you care to see. This, it says, is pain, and this is real in any language you care to speak.

I have given above one account of self-mutilation's origin. But what of its teleology? There one must remember that all human beings, including abuse survivors, create unifying gestures through which to live (Merleau-Ponty 1962, 198). I would argue that in attacking her flesh, the self-mutilator is paradoxically finding and creating such unity in her lived body, and therefore in her self. Such self-destructive yet partially unifying gestures are echoed in many other actions: smoking, eating disorders, self-denigrating thoughts, self-defeating relationships.

Still, why self-mutilation? One might agree that the destruction wreaked by abuse is so great that basic physical and psychological reorganization is necessary. But how could self-inflicted violence provide such structure? One relevant factor is that the meanings which the abuse victim must live are deeply contradictory and divisive. For example, abuse is most often perpetrated by family members, friends, or other adults who the child otherwise trusts. The victim is also usually told that the abuse is her fault, that it is "love," and/or that it is "educational." Even her own body, the source of her life, seems to somehow be "wrong" or a betrayer, since it is that which other people seek out to abuse (Courtois 1996, 33-37). With this in mind, it may not be as difficult to understand that such conflicts require expressions which are themselves conflictual. The "expressive space" (Merleau-Ponty 1962, 146-47) which Merleau-Ponty says the body is must itself express the lived contradictions of abuse, and from them wring some wholeness of self.⁴

This voice is so appalling that even the self speaking in wounds cannot stand to hear it. For who can really bear to be their own torturer? Who can look into their own eyes and see the three-headed-baby nature of themselves, such a freak that they carve their own body into wounds? Some people can look into a mirror and call their self-wounding tattoo-art, body-piercing, religious ecstasy, a drug-trip, psycho-analysis. But these terms themselves are an artful arranging of cooked bits on a plate to disguise the fact that one is eating pieces of bloody dead animal. Who can take off their skin and dance around in their bones (Waits 1993), without wanting to throw up? No one I know of.

This voice is too terrible to contemplate. But we must.

*but push pulse curve expand contract; they are the ripple of flesh culminating in noise.
This hand holding the knife is silent in action, loud in the voice it produces.*

*This voice of action speaks, saying, "Destruction." "I cannot be stopped."
Saying, "I will end the pain, even if in other pain." "I can act." Saying, "I exist."*

In addition, the feelings caused by injury make the survivor's existence unavoidably present to herself. She feels, and therefore is. Moreover, and surprisingly, injuring herself shows the self-mutilator that she can care for herself. She does so insofar as self-mutilation allows her to finally create and express feeling—relief, pain, anger, concern for self, and so on. That is, to connect with the self is to care for the self, even if the connection is made through self-attack. Self-mutilation is thus revealed as in part a gesture of involvement. By this combination of action and feeling the survivor confirms herself as a human being with her own separate identity.

As one self-mutilator writes:

Blood
 wounded
 hand bleeds
Red Blood
 makes me real
 makes me real
I am alive
I feel pain
otherwise numb . . .
I may as well be
(a) plastic baby doll . . .
Until
 I cut myself
 and bleed
 and see
 the blood
 bleeding
 from the body
 not plastic
 after all
 but human babydoll. (Carol A. 1993, 3-4)

Here, the death of feeling needed to survive extreme abuse can only be undone by the most graphic means. Or as another self-mutilator expresses it: "Tears have to come from my/veins to make any difference" (Sharpe 1993, 4). The reality of violation has been so ignored and destroyed that not only language, but even normal tears no longer have meaning. Only when the

entire body “cries”—when it bleeds from a cut—is this woman able to hope that anyone, herself or others, will comprehend her pain.

The stopped voice becomes a hand lifting knife, razor, broken glass to cut, burn, scrape, pop, gouge. The skin erupts in a mouth, tongueless, toothless. A voice drips out, liquid. A voice bubbles out, fluid and scabby. A voice sears itself for a moment, in flesh. This is a voice emerging on the skin, a mouth appearing on the skin. The body which could not be air upon the larynx becomes the stroke of a razor on the breastbone or of a red-hot knife-tip upon the wrist. The bow of the breath, that necessary intermingling of the innards of cells with the outards of air, becomes the arm-bones like a magic wand ending with the hand erupting in bone-and-flesh magic holding the magic tool which itself vibrates with its molecules and the arm's motions, and slowly or quickly is drawn or placed to make a mouth, a magic bleeding blistering mouth broken out upon the skin, skin which is supposed to be whole, which is supposed to be a perfect and undeniable boundary between the inner and outer. Everyone agrees that skin is a membrane for telling one thing from another, body from world; it is a definite substance which cannot be disrupted without undoing everyone's agreement about what is and what is not, like the notion that there is only one kind of voice, the sort that emerges from the mouth on the face, and that voice is either uttered or not. And if there is a voice but not coming out of your mouth, or if a normal spoken voice is not the one you say deep inside is actually yours, you have no right (it is said) to make another mouth on your skin; you are damned if you do for no one wants to be reminded of the fact that there are other voices in them speaking, all the time, which might in fact take up residence on their skin.

Third, self-mutilation helps the self-injurer restore firm boundaries between self and other. For this “temporary way of controlling my universe” (as one woman calls SIV) allows the self-mutilator to be defended from others' arbitrary actions (Umans 1992, 7). People are regularized, kept at bay, because *they* are not the ones causing the wounds. Self-directed violence preempts, or tries to preempt, injuries from others. For although self-mutilation causes harm, that harm is not caused *by others*. It is initiated, defined, and ended by the mutilator herself, to the pointed exclusion of anyone else. Others remain other; they do not invade the self physically or psychically.

Thus a self-mutilator relates in her journal:

Tonight I've done everything to distract myself from thoughts of cutting. . . . I feel angry and I'm not very good at that feeling. They say that behind anger is always fear. So I ask myself: “What are you afraid of?” Well, what do you think?! I'm afraid my father will jump right through my skin and scare the silence right out of me. When I put down this pen, who'll get me first? My daddy or me? I'd rather get there first. This belongs to me! cut, cut, cut. (Kim 1993, 3-4)

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This woman sets a visible sign that access to her body is decided by her, even if the only access imaginable to her is violent, and thus makes it clear that the violator has not subsumed or stolen her existence. Her life and body are her own; possession of it is literally carved into her skin.

It is important to note that the self-mutilator distinguishes self from other partly by rejecting human interconnection. That is, she *self-mutilates*. Contrary to many medical and lay opinions, self-mutilators seldom seek to exhibit their wounds or behavior in public, or to manipulate others through self-wounding. Rather, they protectively hide what they do, keeping the act and its meaning strongly private (Courtois 1996, 303; Walsh and Rosen 1988, 12).

Along with this, it must be emphasized that SIV is not an attempt at or gesture of suicide (Walsh and Rosen 1988, 15-53). In fact, self-mutilators who address the issue describe their injuring behavior as a decided help in refraining from suicide. A self-mutilator says, "I had always sensed that SIV, for me, was related to survival. I did not understand all the dynamics bringing on SIV, but I had experienced it as an alternative to suicide or psychic implosion. . . . Without survival, there would have been no possibility for healing" (Mazelis 1995, 1).

In these and other ways, self-inflicted violence continues life by organizing the abuse survivor's embodied world and telling her story. It is for this reason that I characterize self-mutilation as the creation of a voice on the skin. No matter whether cut, burned, scalded, or otherwise created, the wound which is a "mouth" can speak what the actual physical mouth has been forbidden to utter. It creates a voice which can speak survivors' pain because it breaks through the false surface unity of her experience to express the violence and contradictions she knows, while controlling the expression and its effect on others.

To express pain, you must feel it, and move as the pain tells you to move. You may do that by standing a little away, holding yourself at arm's length. For the self-mutilator, this is the length of the arm from shoulder to wounded skin, making a circuit of safety, of pain, of lack of pain, of punishment, of solitude, of connection. A circuit of arm, knife, skin, wound, mind which expresses and denies, reproduces and transcends, is and is not the original trauma which prompts it.

Merleau-Ponty asserts that the world's structure is explained only by what he calls its reversibility: the fact that the toucher is always touched, the seer seen, the knower known. Reversibility means that human beings are not isolated minds imprisoned in a world of insensate matter, but exist in reciprocal relation to other people and the world. Speaking of visibility itself, he says:

If there is a relation of the visible of itself that traverses me and constitutes me as a seer . . . this coiling over of the visible upon the visible, can traverse, animate other bodies as well as my

own. And if I was able to understand how this wave arises within me, how the visible which is yonder is simultaneously my landscape, I can understand *a fortiori* that elsewhere it also closes over upon itself and that there are other landscapes than my own. (Merleau-Ponty 1968, 140)

In other words, if I know that I as a toucher am also touched, as a seer am also seen, and sense that this reversibility is me (although not consciously or transcendently created by me), then I may understand that flesh, sensations, and consciousness double upon themselves for other people as well as myself. Thus I understand that other conscious bodies, other human beings, also exist.

Merleau-Ponty's paradigm of reversibility—a person's right hand touching their left—is powerfully and paradoxically reformulated in self-mutilation. Here, reversibility is enacted through violence. The difference between a person's touching and touched hands is now the difference between a violator and a victim; the connection between toucher and touched is the connection between the victim and her pain, the victim and her own capacity for violence, the victim and her vulnerability.

But "the reversibility that defines the flesh exists in other fields," says Merleau-Ponty: not the least of these is language. He says,

Like crystal, like metal and many other substances, I am a sonorous being, but I hear my own vibration from within; as Malraux said, I hear myself with my throat. . . . [The] reversibility and the emergence of the flesh as expression are the point of insertion of speaking and thinking in the world of silence. (Merleau-Ponty 1968, 144-45)

Merleau-Ponty claims that for speech to appear, there must be a structure of reflexivity in and between self, other, and world (Merleau-Ponty 1968, 145). But an abuser refuses to acknowledge the reality of reversibility, trying rather to usurp the victim's body and spirit as proof of his own power.⁵ Finding some of her closest connections to the world to be violent, the victim's expression of her experience is deadened. Her muteness is not an example of what Merleau-Ponty called the world's "original silence" into which human beings insert speech and thought (Merleau-Ponty 1968, 144-45), but a communication suppressed. Thus, it is not the ability to speak *in general* that an abuse survivor must relearn, but speech which encompasses the entire range of her experience—good and bad, traumatic and beneficial.

Merleau-Ponty describes the spoken word as "that language-thing which counts as an arm, as action, as offense, and as seduction because it brings to the surface all the deep-rooted relations of the lived experience wherein it takes form" (Merleau-Ponty 1968, 126). The lived experience SIV brings to the surface is violence itself. Self-mutilation functions as a way of searching over

and over again for the meaning of being violated, without becoming a violator of others. The self-mutilator must, so to speak, hear herself through her own body. She makes a voice which more than "vibrates in her own throat"; it vibrates upon her skin, her very flesh. This bodily "voice" is not language itself, but is a possible precondition for language where violently enforced silence is the rule. The self-mutilator attempts to make the necessary reflexive structure of self, other, and world, all within the boundaries of herself.

Of course, achieving this is impossible. But if *enough* of it can be done—if the survivor can recognize her own agency, her own capacity to feel, her existence and the separate existence of others, her perception of a world which is other than she and yet which will not destroy her—then gradually, the possibility for another, more authentic voice emerges.

Voice is silence, flesh is voice, skin is mouth and is pain and is numbness and is the expression of pain. Skin is the boundary whose self-breaking is forbidden, so that "normal" people can keep the inside and the outside distinct. But for the self-mutilator, inside and outside, pain and voice, must become one in the act of creating voice. For those who have no voice but of silence, extremity is the only possibility for the expression and ultimate ending of pain.

The self-mutilator hears herself and begins to heal with her violence, with her blood and burns, injury, pain, and scars. It is of course possible to lose oneself forever in this gestural articulation of violation. However, as a mouth on the flesh containedly expressing violence, self-mutilation provides the possibility of a new openness—of expressing what it is to be hurt and what it is to be aggressive—without either lying or becoming an abuser. This new possibility would not be the hand holding a razor blade which cuts across the skin, but breath being pushed across the larynx, shaped by mouth and tongue, into a spoken word.

NOTES

1. The "empty spaces" of which Merleau-Ponty speaks need not be dramatic. Even everyday dealings between human beings bring change which must be acknowledged, structured, and expressed in the repetition of ordinary speech.

2. Violence is also a communicative act, since it shifts or changes the experience of the violator as well as the target of violence. However, violence can either create conditions which usurp the life and well-being of those violated (if the violence is evil, as with abusers), or which in fact help the violated (if it is generally benign, as with surgeons). This last example shows that violent communication cannot and should not be entirely avoided. Unfortunately, I have not here the space to address this complex issue fully.

3. Healing may ultimately include letting go of or forgetting certain aspects of trauma. However, forgetting that is *repressive*—i.e., which attempts to erase trauma from

the mind without processing or mending it—which may help in the short term, is not a long-term healing of trauma.

4. The gestures of self-mutilation vary in meaning between persons and, undoubtedly, between cultures and eras. However, the statistics about self-mutilation are very patchy. Thus little or nothing can currently be said vis-à-vis race and/or class variations among self-mutilators. See Walsh and Rosen for a summary of recent research (1988, 3-38).

5. See Scarry for a relevant discussion of the torturer subsuming the world of the tortured (1985, 36-38).

REFERENCES

- A, Carol. 1993. Babydolls don't bleed. *The Cutting Edge: A Newsletter for Women Living with Self-inflicted Violence* 4(1): 3-4.
- Carmen, Elaine H., Patricia P. Reiker, and Trudy Mills. 1984. Victims of violence and psychiatric illness. *American Journal of Psychiatry* 141(3): 378-85.
- Courtois, Christine. 1996. *Healing the incest wound: Adult survivors in therapy*. New York: W. W. Norton and Company.
- Davies, Jody Messler and Mary Gail Frawley. 1994. *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective*. New York: BasicBooks/HarperCollins.
- Freud, Sigmund. 1966. *Introductory lectures on psycho-analysis*. Trans. James Strachey. New York: Liveright/W. W. Norton and Company.
- Herman, Judith Lewis. 1992. *Trauma and recovery*. New York: BasicBooks/HarperCollins.
- Kim. 1993. Untitled. *The Cutting Edge: A Newsletter for Women Living with Self-inflicted Violence* 4(3): 3-4.
- Leder, Drew. 1990. *The absent body*. Chicago: The University of Chicago Press.
- Mazelis, Ruta. 1995. Untitled. *The Cutting Edge: A Newsletter for Women Living with Self-inflicted Violence* 6(2): 1.
- Merleau-Ponty, Maurice. 1962. *The phenomenology of perception*. Trans. Colin Smith. New York: Routledge and Kegan Paul.
- . 1968. *The visible and the invisible*. Trans. Alphonso Lingis. Evanston IL: University of Illinois Press.
- . 1973. The indirect language. In *The prose of the world*, trans. John O'Neill. Evanston IL: Northwestern University Press.
- Scarry, Elaine. 1985. *The body in pain: The making and unmaking of the world*. New York: Oxford University Press.
- Sharpe, Amy. 1993. Untitled. *The Cutting Edge: A Newsletter for Women Living with Self-inflicted Violence* 4(2): 4.
- Umans, Meg. 1992. Untitled. *The Cutting Edge: A Newsletter for Women Living with Self-inflicted Violence* 3(3): 7.
- Van der Kolk, B. A., J. C. Perry, and J. L. Herman. 1991. Childhood origins of self-destructive behavior. *American Journal of Psychiatry* 148(12): 1665-71.
- Waits, Tom. 1993. "Lucky Day (Overture)" and "The Black Rider." *The Black Rider*, Island Records.
- Walsh, Barent W., and Paul M. Rosen. 1988. *Self-mutilation: Theory, research, and treatment*. New York: The Guilford Press.