

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

Inviting pain? Pain, dualism and embodiment in narratives of self-injury

Amy Chandler

Centre for Research on Families and Relationships, University of Edinburgh

Sociology of Health and Illness, 35(5), 716-730

Contact

Dr Amy Chandler
CRFR
23 Buccleuch Place
University of Edinburgh
Edinburgh
EH8 9LN

a.chandler@ed.ac.uk

Abstract

The role of pain in the practice of self-injury is not straightforward. Existing accounts suggest that self-injury does not cause ‘physical’ pain, however self-injury is also said to alleviate ‘emotional’ pain by inflicting ‘physical’ pain. This paper explores these tensions using sociological theories regarding the socio-cultural and subjective nature of pain. Analysis derives from in-depth, life-story interviews carried out in the UK with people who had self-injured. Findings contribute to on-going debates within social science regarding the nature of pain. Participants’ narratives about pain and self-injury both drew on and challenged dualistic models of embodiment. I suggest that self-injury offers a unique case on which to extend existing theoretical work, which has tended to focus on pain as an unwanted and uninvited entity. In contrast, accounts of self-injury can feature pain as a central aspect of the practice, voluntarily invited into lived experience.

Key words: embodiment, pain, self-injury

Introduction

Self-injury offers a unique case on which to extend existing theories on the socio-cultural nature of pain. While existing accounts tend to focus on pain as an unwanted and uninvited entity, with self-injury pain can feature as a central aspect of the practice, voluntarily invited into lived experience. Much previous theoretical work regarding pain has focused upon chronic pain (Ong & Hooper, 2006), or pain experienced through specific sporting or leisure activities (Smith, 2008; Turner & Wainwright, 2003). This paper is situated alongside examinations of more mundane, transitory or acute pain experiences (Aldrich & Eccleston, 2000; Bendelow & Williams, 1998). I demonstrate that accounts of pain in the context of self-injury – not necessarily mundane, but more usually transitory and acute, rather than chronic – can extend and build upon existing theoretical debates regarding the socio-cultural, embodied and subjective nature of pain (Bendelow & Williams, 1995; Shilling & Mellor, 2010).

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

Following previous work, the analysis presented here focuses upon narratives of and about pain (Bendelow, 2006). The accounts discussed indicate the importance of both social context and broader socio-cultural motifs in structuring talk about the body in pain. I argue that self-injury offers a challenge to some theories of the meanings of pain which highlight the unwanted, destructive and disintegrative nature of pain (Johansson et al., 1999; Leder, 1990; Scarry, 1985). In contrast, self-injury can in some cases be understood as *invited pain*, which is framed as creating positive embodied states and reintegrating a self and body that might be perceived as uncomfortably separate.

Self-injury is a form of self-harm, defined in the UK as “self-injury or self-poisoning, irrespective of the purpose of the act” (NICE, 2004: 16). The terminology around self-harm is highly contested (Chandler et al., 2011). Debates are on-going, heightened by preparations for the publication of the DSM-V¹ in 2013, when non-suicidal self-injury (NSSI) looks set to appear for the first time as a single diagnostic category (De Leo, 2011). This paper draws upon research that focused specifically on accounts about self-injury, defined here as the cutting, burning or hitting of the body. Although some of the participants had taken overdoses also, the explicitly embodied approach I take views self-injury and self-poisoning (overdosing) as distinct. In particular, leading from the different corporeal practices involved with self-injury and self-poisoning, experiences and narratives of pain associated with these embodied activities are likely to differ.

Pain and self-harm in existing literature are addressed in complex, heterogeneous and occasionally contradictory ways. Some models of suicidality frame self-harm (both self-injury and self-poisoning) as a ‘cry of pain’ (Rasmussen et al., 2010). Explanations for self-injury in particular have argued that it is a method of ‘coping with’ unbearable emotional pain by inflicting physical pain on the body (Adler & Adler, 2007). Such accounts indicate a clearly dualistic model of the body and of pain, with physical pain framed as different from and preferable to emotional pain. Other theorists have noted that the privileging of physical pain or physical wounds over emotional distress is more widespread (Bendelow, 2009). However, existing literature on self-injury also reports that many (if not most) people who self-injure *do not feel* (physical) pain as a result of their self-injury (Hicks & Hinck, 2008; Jacobson & Gould, 2007). Indeed, this latter contention has led to a number of clinical studies attempting to find biological reasons why people who self-injure do not experience pain (e.g.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

Winchel & Stanley, 1991). The potentially contradictory nature of these accounts – that self-injury addresses emotional pain through the infliction of physical pain, but simultaneously does not cause physical pain – remains underexplored and rarely noted.

In this paper I suggest that accounts of pain and self-injury offer a direct challenge to more established theories that frame pain as destructive and unwanted. This offers empirical support to claims made by others regarding the potentially positive and productive ways in which pain can be understood and experienced (Aldrich & Eccleston, 2000; Shilling & Mellor, 2010). Self-injury is a particularly unique practice through which to examine positive understandings about pain. Unlike childbirth (Arney & Neill, 1982), body modification (Sweetman, 2000) or sporting activities (Smith, 2008), pain in some cases appears to be framed as a primary aim of the practice of self-injury, rather than a (generally unwanted, if not always negative) side-effect.

I suggest that accounts of pain during self-injury can be related to the concept of dys-appearance, initially proposed by Leder (1990) and utilised by other scholars more recently (Gimlin, 2006; Pickersgill et al., 2011). Leder suggested that in everyday lived experience the body more usually fades into the background, it ‘dis-appears’. As a result of physical pain or social discomfort, the body becomes more central to our experience, it ‘dys-appears’ (dys meaning bad), demanding attention. In extreme forms, painful bodily experiences can entirely subsume lived experience, obliterating a sense of self. In Gimlin’s (2006) work, experiences of social ‘dys-appearance’ led women to undergo cosmetic surgery in order to correct parts of their bodies that were felt to be abnormal. In most existing formulations, dys-appearance is unwanted and actions are taken to remove the source of the discomfort. In contrast, in some accounts of self-injury, the pain or sensations generated are described as a form of *invited* dys-appearance: individuals purposely create wounds or corporeal sensations (perhaps pain) that require attention. The end result might be the same – lived experience becomes oriented towards the body. Accounting for self-injury in this manner frames the practice as a successful way of distracting from or coping with emotional discomfort.

Each of these arguments relates to wider debates regarding the dualistic nature of accounts of bodies, embodiment and pain (Bendelow & Williams, 1995). Narratives about pain and self-injury support the view that dualism continues to be a central aspect of the way in which

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

bodies and minds are described and, perhaps, experienced by individuals. Dualistic understandings about bodies, minds, emotional and physical pain are present in both existing literature on self-injury and the accounts I discuss below. However, narratives about pain and self-injury also complicate and challenge this dualism. In particular, self-injury is described as a way of addressing emotional pain by inflicting physical pain, implying an intimate and inextricable relationship between these apparently separate 'feelings'. In contrast to other accounts, which have argued that pain leads body and mind to be perceived as separate entities (Bendelow & Williams, 1995: 149), some of the narratives discussed below indicate that pain might be understood as experientially (not just analytically) embodied.

Methodology

The research on which this paper is based was conducted in the UK, and comprised a narrative exploration of the life-stories of twelve people who had self-injured. Ethical approval was granted by the University's ethics board. Written consent was granted by each participant, and verbal checks were made throughout the research process to ensure participants were happy to continue their involvement. Participants were recruited through adverts at a range of community sites (an online community website, community centres) along with snowball sampling. The recruitment strategy was designed to maximise the chances of generating a varied sample. In particular I was keen to recruit those who had little or no engagement with formal medical treatment for their self-injury, people from older age groups, and equal numbers of men and women. Previous social scientific work on self-harm has tended to focus on specific groups of people: women (Harris, 2000; Inckle, 2007), young people (Scourfield et al., 2011) and psychiatric or hospital patients (Redley, 2010). Although these studies have produced important findings, there are problems associated with the concentration on such samples (Chandler et al., 2011, AUTHOR in press).

Interviews took place between 2007 and 2008. Each participant was interviewed on two occasions. The first interview focused upon the 'life story' of the participant, in most cases using a 'life grid' (Wilson et al., 2007). The grid included the topics: who and where I lived, education and employment, leisure activities, and health and ill-health along the vertical axis; while years in age comprised the horizontal axis. Participants used the grid in different ways, with some attempting to carefully and systematically fill in each block. Others used the areas

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

provided by the grid as prompts for wider discussion. Some participants elected to disregard the grid entirely, being very clear how they wanted to tell 'their' story. I chose to use the grid to help structure a potentially overwhelming subject (a person's entire life story). In addition, given the sensitivity of the interview topics (self-injury, mental ill health) I hoped the grid might provide a focus to help alleviate potentially awkward or difficult moments.

The second interview took place several weeks or months after the first. This gave me time to transcribe the first interview and reflect on what had been discussed. The research had initially been intended to be collaborative in nature (Cornwall & Jewkes, 1995). Thus, participants recruited early in the research were provided with summaries of the first interview and invited to comment in the second interview. In practice, I found creating the summaries to be counter-productive (see McCormack, 2004 for a similar experience). While I had hoped to engage participants in mutual meaning-making, and to encourage them to challenge my conclusions, participants tended to accept what I had written about them. Further, some participants were uninterested in reading the summaries. As a result, for later interviews I did not provide summaries. However, I did invite participants to contribute to the themes and issues we discussed in the second interview, and this was taken up by some. The second interview addressed the issue of self-injury more explicitly, directly inviting participants to reflect on different interpretations and explanations for their own self-injury, as well as that of others.

The research aims were exploratory and deliberately broad. However, during the course of the research, three themes became more and more important to my analytical approach. These were: emotions; communication; and embodiment. These themes arose occasionally in existing research. However sociological attention on these matters had been limited, despite a rich theoretical body of work that could be drawn upon. I chose to structure my analysis around these themes. Transcripts were content coded using NVivo into the themes of emotions, communication and bodies. Evidently, there were numerous overlaps. However, focusing my analysis on each of these themes in turn allowed me to better engage with these commonalities, and especially to interrogate the dualistic way in which both I and the participants tended to address these issues in the interviews. These broad themes were sub-coded more inductively. This paper is based largely on the sub-code 'pain' from within the

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

theme of 'bodies'. My initial categorisation of 'pain' as physical or corporeal no doubt reflected my own socio-cultural biases about what 'real' pain meant.

In my analytic writing I took a narrative approach (McCormack, 2004; Riessman, 1993). Despite using NVivo, and working with thematic content codes, I nevertheless attempted to avoid 'fracturing' the responses of the participants (Riessman, 1993). This approach was certainly aided by the small sample size. Following Atkinson's (1997) warnings about the pitfalls of narrative analysis, I avoid engaging with the issue of whether pain is or is not experienced during self-injury. Rather, I examine *accounts* of pain and self-injury, analysing the ways in which these are framed, and the broader socio-cultural motifs which are employed by participants. Transcripts were taken as offering a particular account of self-injury, specific to the context in which they were given, namely the research interview with me. Nevertheless, following other authors (Bendelow, 2006), I combine narrative and phenomenological approaches. Thus, although focusing on the ways in which pain and self-injury were narrated, my analysis engages with the narration of embodiment and lived experience.

Sample

The final sample comprised five men and seven women, aged between 21 and 37. My approach of advertising for participants was only partially successful and the sample was recruited in diverse ways. Three participants contacted me after seeing the research advertised. Three participants approached me about the research via personal or employment related networks. Two participants heard about the research via advertising or word of mouth through contacts I had in the voluntary mental health sector. A further four participants were recruited via snowballing through existing participants.

Most participants were either undertaking or had completed undergraduate degrees, with three exceptions. However, the socio-economic backgrounds of participants were more diverse, with five participants describing childhoods where there were financial worries. Participants were almost all White and born in the UK, with two exceptions.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

Participants' experiences with self-injury and with formal support services were varied.

While some said they had self-injured regularly over long periods of time (up to 15 years), others had injured themselves on only a few, discrete occasions. Eight participants said that they had 'stopped' self-injuring, between 1 and 6 years prior to our interviews. The other four participants had injured themselves in the weeks and months prior to and between the research interviews. All participants described cutting themselves, most also mentioned burning or hitting themselves. Leading from these diverse experiences with self-injury, participants related a range of different interpretations and explanations for the practice. This paper focuses on those explanations that addressed pain. However, there were several other significant ways in which participants accounted for self-injury; these are addressed elsewhere (AUTHOR, in press; AUTHOR 2010).

Findings

Following the existing literature, some participants claimed that self-injury did not cause them pain, whilst others described the practice as alleviating (or transforming) emotional pain through the infliction of physical pain. In the following sections I explore these accounts, demonstrating the nuanced ways in which pain was used by participants in their accounts of self-injury. Other participants noted that self-injury caused them pain, but that this was not a significant aspect of their practice. The narratives examined here are divided into three themes: pain as irrelevant or non-existent in the practice of self-injury; self-injury as the 'opposite' of painful (pleasure); and, finally, pain as a central feature of the practice of self-injury. These accounts demonstrate the complexity and variety of understandings about pain and self-injury, alongside the importance of a sociological framework in exploring such accounts.

My analysis of narratives about pain and self-injury supports earlier sociological work on the place of dualism in socio-cultural understandings about pain (Bendelow & Williams, 1995). Participants' discussions regarding the meanings of pain, its relationship with pleasure, and their attempts to split off 'emotional' from 'physical' pain experiences indicate that dualistic models of embodiment and emotions remain important. However, these accounts also challenge dualism. 'Physical' pain and 'emotional' pain are described as intrinsically linked.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

The absence of pain

Several participants claimed that they did not feel pain at all when they self-injured. The way in which this absence was framed varied. Some indicated surprise that they did not feel pain during their practice of self-injury. Robert², for instance, said that “I’m a big wuss eh, ken what I mean when it comes to pain eh, but it’s like it’s kinda weird because em, I dinnae [don’t] actually feel any pain”³. This sentiment was also expressed by Justin who, reflecting on his earlier self-injury, said that he now found it difficult to imagine injuring himself as he had “always had quite a, ... low, threshold to pain”. Some participants who said that their self-injury had been painful also indicated that, although more usually they did not ‘like’ pain or deal with it well, when they self-injured pain was not a concern.

Those participants who said that they did not feel pain, or as much pain as expected, frequently explored possible explanations for this during their interviews with me. Anna and Justin both indicated that pain was not felt (Anna) or not ‘an issue’ (Justin) because of the specific context in which self-injury took place. Both participants contrasted self-injury to non-self-inflicted injuries. Justin noted that when he hurt himself accidentally he often felt sick, and did not cope well. In contrast he said he had been able to cut himself with quite different effects – getting a ‘buzz’ from the injuries. Justin suggested that the difference may be related to the level of control and expectation involved in the injuries – self-injury hurt less because it was expected and he was in control of it. Anna said that when she hurt herself accidentally she did feel pain, but that when she injured herself she felt no pain at all. However, Anna suggested that this was less to do with expectation, and more to do with her state of mind:

I dunno whether it is as I say if it’s a situation or ... mental state, or whatever, but there is definitely a difference, between ... like being cut or being hurt or whatever ... and, and, cutting yourself, definitely ... I mean there’s some difference in the pain threshold [...] because if you were sitting like now, calm and kinda fine, to take, a razor blade to your arm ...or, or wherever, I bet you wouldnae [wouldn’t] be able to do it

Here Anna argues that even if an injury is expected, it would still hurt unless you were in a particular mental state. Anna was clear during her interviews that she never felt pain during self-injury. Indeed, Anna expressed disbelief that people who ‘copied’ self-injury were able to do so, as it must hurt them, the suggestion being that ‘authentic’ self-injury did not cause

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

pain (see also Scourfield et al., 2011). However, another participant, Harriet, said that it ‘varied’. When she was dissociating⁴ she felt no pain, but at other times she felt some pain – though not as much as might be expected. However, Harriet’s explanation for her pain experiences differed from both Anna and Justin’s:

...it just varies but, I think like, sometimes you don’t, you don’t feel as much pain as you’d think you do [...] cos like when I was trying to explain it to a group of, of like school kids [at a self-harm awareness workshop] I was like, explaining about how like there was like, like all these chemicals in your brain that get released [...] so that it acts like as a pain killer [...] so you don’t actually feel the pain that you think you would

While Anna highlighted the importance of ‘mental states’ and context, Harriet drew upon biomedical terminology to account for the lack of pain she sometimes experienced during self-injury. Other participants also employed biomedical narratives to explore their pain experiences. Mark, for instance, suggested that physiological mechanisms might explain the lack of pain he experienced during self-injury:

‘cos the parting of the flesh, I don’t think you’re actually, with a sharp instrument you’re not actually in contact with that many, [...] neurons in the sense, neuro [---], you know, so the, the, the brain isn’t receiving pain signals, it’s receiving, ‘something’s happening’ signals but it’s not necessarily, ... bad

Mark explored the issue of pain and self-injury at length in his interviews. As discussed further in the next section, Mark was keen to stress that the sensations he experienced during self-injury were not painful, but perhaps pleasurable. However he also discussed the potential impact of different contexts on the neurological or biological process involved in injuries more generally (rather than self-injury per se). Thus, Mark employed biomedical terminology, but also indicated the importance of interpretation and subjectivity in how ‘painful’ stimuli might be experienced or understood.

While existing literature on self-injury tends to report unproblematically that many people who self-injure do not experience pain (Jacobson & Gould, 2007), the narratives discussed here indicate that this is a more complex and nuanced issue. Even where participants describe their self-injury as pain-less, their understandings and explanations for this lack of pain vary.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

While some participants highlight the importance of the context in which their self-injury takes place, emphasising specific states of mind (self-control, or dissociation), others suggest that biological mechanisms mediate the (physical) sensations associated with self-injury. These findings demonstrate that professional, clinical narratives about self-injury and pain are employed by some individuals who self-injure in their attempts to account for their experiences. This parallels work by Pickersgill and colleagues (2011) on the ways in which neuroscientific discourse is used by lay people. What is less clear is how far biomedical narratives might impact on experiences and expectations of self-injury. For instance, the expectation that self-injury will not hurt (due to ‘pain relieving chemicals’) may impact upon future practices of self-injury, or even the decision to experiment with self-injury in the first place.

Pain or pleasure?

Participants’ discussions about pain and self-injury occasionally led to interrogation of the definition of pain itself. Reflecting the continued importance of dualism, in these cases pain was frequently juxtaposed with pleasure, and the nature of each was questioned. This issue came up particularly in the narratives of participants who framed self-injury as generating ‘pleasurable’ physical sensations. In each case, participants were careful to point out that they were not ‘masochistic’. Rease⁵ for instance, maintained that although she found self-injury a pleasurable activity, this did not make her masochistic, since she was not taking pleasure from pain, as self-injury did not actually hurt.

... a lot of people don't talk about that, about how good it [self-injury] feels. And, also that, em, people that haven't experienced how that feels, and think that, people that self-harm are masochists or something. But, mostly you don't actually feel the pain. And, I know a lot of people have gone on about, it's endorphins and stuff. And I guess it is, I don't know [...] but, em, it feels good ... but a lot of people don't really want to talk about that

Here, Rease emphasises the importance to her of the pleasurable feelings generated by self-injury. Mark similarly noted that although he would describe self-injury as a ‘pleasurable’ practice, this was not masochism since the sensations associated with self-injury for him were not ‘painful’. Pleasure and pain became amorphous, fluid entities in these accounts. Although Rease and Mark were discussing an activity that is more usually framed as painful (cutting or

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

burning the skin) they struggled to reconcile this with their own account of the practice as pleasurable. In both cases, neurochemical terminology was employed to try to account for this complexity, with both Rease and Mark implicating 'endorphins'. That 'endorphins' might be 'released' during self-injury and contribute to pain relief appears to be an increasingly widely held view in both academic and lay discourse (Hicks & Hinck, 2008; <http://self-injury.net>, 2010). However, despite some attempts to examine this clinically there is currently little evidence to support the idea (Chandler et al., 2011; Klonsky, 2007). Nevertheless, the idea that 'endorphins' create pleasurable or pain-relieving states during self-injury seems to be becoming important in how the practice is understood by both those who self-injure and academics.

Rease's account of pain, pleasure and self-injury addressed the gendered nature of understandings about self-injury and masochism. She suggested that wider understandings of self-injury as masochistic were particularly associated with female self-injury: "I suppose it's like, like, guys [...] with something like that [self-injury], em, it's em, macho but with women it's victim, masochist, you know?". Rease talked at length about gendered understandings of self-injury, arguing that her own self-injury had been related to attempts to subvert traditional ideas about gender:

... mostly when I self-harmed I didn't really feel the pain, as, other people would feel the pain [...] ... so I think when I went into school with that short sleeved t-shirt that time, it was more, kinda, macho swaggering kinda thing [...] which sounds really daft, but, it, it made me feel, em, less of the victim actually

Rease suggested that contrary to her impression of wider society's view of female self-injury as 'masochist', she framed her own self-injury as more 'macho'. Perhaps significantly, her account emphasises that self-injury had not caused her to feel pain in the way others might expect. This draws on contradictory socio-cultural understandings about gender and pain. Bendelow and Williams (1998), for instance, found that lay beliefs about pain simultaneously indicated that women could withstand more physical pain than men, and that women were weaker than men. Rease's view of gendered understandings about self-injury and pain reflect these complexities as well as offering an example of how these understandings can frame accounts of self-injury.

Physical pain as central

In contrast to the above, some participants described painful physical sensations as central to their experience and practice of self-injury. These accounts often drew upon the increasingly widely held narrative that self-injury is a way of coping with ‘emotional’ pain through the infliction of ‘physical’ pain. The way in which this was expressed and interpreted varied, however.

For some participants, the pain generated by self-injury was described as a *distraction* from problematic or painful emotional states. Craig suggested that “if your arm’s hurting for whatever reason, then that gives you something more to con- to worry about, and something that you can probably control”. Control was a significant feature of many participants accounts, and this is discussed in more detail elsewhere (AUTHOR 2010, AUTHOR in press). The extent to which participants’ described their self-injury as something they were ‘in control of’ varied widely, with some framing self-injury as an entirely voluntary, agentic practice, while others felt ‘out of control’ either prior to or during their self-injury. Some participants talked about the importance of having control over the wounds created by their self-injury. For instance, Dinah said that she had sometimes deliberately interfered with the healing of cuts, by picking off scabs, in order to control and prolong her self-injury. Control is also important in other discussions of understandings about pain (Aldrich & Eccleston, 2000; Arney & Neill, 1982). Narratives about self-injury and pain differ in that, for some, pain is self-inflicted and chosen. Rather than having control over an unwanted painful sensation, in some narratives pain was described as something that participants had control over generating.

For instance, Harriet described self-injury as a way of purposefully creating a visible signifier for unseen and inexpressible emotional pain; simultaneously, the ‘physical’ pain generated by self-injury was framed as a way of ‘masking’ or distracting herself from these painful emotions:

I was like feeling so bad and I couldn’t, ... understand what was going on inside me I was like hurting so much, but I couldn’t express that pain [...] and I couldn’t understand it, but by causing it physical pain, I could see the scars on my arm [...] the pain that’s created it’s like – it’s kinda like a way of masking the other pain, it’s like, because that pain, ... was like there,

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

you'd forget about the other pain you were in 'cos you're like 'oh! My arm hurts' or whatever!

Participants' accounts varied in whether they described the physical pain of self-injury as *distracting* from emotional pain or actually *removing* the emotional pain. Although most participants described self-injury as a successful method of dealing with their emotional problems, the permanency of this success was less certain:

having a physical pain, to deal with, was easier than dealing with the, the pain that you couldn't put your finger on [...] not that it took it away, but, it was still really helpful

Above, Milly indicates that the pain generated by her self-injury offered a temporary respite from emotional problems. This contrasted with another participant, Robert, who indicated that self-injury removed emotional pain entirely. Robert described a particularly instrumental account of his induction into self-injury:

I kinda thought well if I keep doing this [cutting himself], then, every time I'm emotional, or, [in] emotional pain, then, I'll give myself a wee bit a pain for a couple of minutes and then it'll just be that'll be it, it'll be gone

These narratives highlight the dualistic nature of accounts of self-injury and pain, suggesting that physical pain was 'easier' to deal with or certainly preferable to emotional pain. Several participants described self-injury in similar terms – as a way of signalling, expressing, or manifesting pain in a “concrete”, visible manner. This reflects a wider socio-cultural tendency to privilege physical over emotional pain and suffering: as Bendelow and Williams have suggested “[r]eal pain [...] means physical pain, anchored in visible tissue damage” (Williams & Bendelow, 1998: 157). It is possible that individuals who account for their self-injury in this way are drawing on socio-cultural motifs regarding the relative status of emotional and physical pain. Thus, self-injury is described (and widely accepted) as being a way of ‘transforming’ emotional pain into physical pain. This explanation is accepted and understandable because of the widely held belief that physical maladies are more important, or even more authentic, than mental illnesses. That self-injury itself is widely seen as evidence of a ‘mental illness’ adds a further layer of complexity.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

Milly, along with Dinah and Rease, described pain as being an important aspect of how self-injury became successful. These accounts suggested that the act of caring and tending for wounds could both distract from ‘emotional’ pain, but also potentially ‘symbolically heal’ emotional pain. Rease framed this as an explanation that ‘other people’ put forward:

... I think a lot of people have said about that, that em, about the emotions that you, can't sort of see them, or, or feel them, and, deal with the pain of them, but, when you have like, scars and they're healing [it's] like, you're looking after yourself, you're looking after the sort of mental stress that you're going through but in a, very, em, physical and [...] symbolic way that's a bit more, real

Rease's discussion is clearly dualistic, indicating a separation between the physical and the emotional. However, this way of accounting for self-injury is also inherently embodied – acting on the ‘physical’ is understood to directly impact the ‘emotional’. Emotional and physical pain become harder to distinguish, are inextricable and perhaps interchangeable. Although other authors (Leder, 1990) have argued that the body in pain can be experienced as separate, or alien from the self, narratives about self-injury indicate that in some contexts, for some people, pain might lead to or enhance experiential embodiment. This is reflected in accounts about self-injury which describe the practice as helping their ‘self’ to feel more ‘real’. Francis described self-injury as “a way of, feeling, pain, you know feeling pain cos it was something, [...] whereas you know, up to that, around that time I felt like I was in, cotton wool or something”. Belinda talked about how she increasingly used self-injury, in a ‘rational’ way to stop feelings of confusion:

so sometimes it's just frustration that I, just can't feel something, solid, that everything's just sort of jumbled, so that's [self-injury] the only solid thing, that I can sometimes, feel, [...] [recently], I was very rational I think, which is in a way scary because it's very sort of calculated but I think it's, it's good that I can think like this

Belinda framed her recent, “rational” self-injury as a more positive than her earlier self-injury where she felt she had been more “impulsive” and ‘out of control’. This highlights the importance of attending closely to the different ways that self-injury can be understood and practiced both within and between individuals. Following the life-story approach taken in the

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

interviews, participants frequently reflected on the different ways they had used self-injury at different points in their lives.

Discussion

Pain and the neurochemical self

Narratives about pain and self-injury both support and complicate existing sociological theories about pain. Similar to arguments put by Williams and Bendelow (1998), participants in my research frequently incorporated biomedical (often neurochemical) terminology in their attempts to account for the embodied (painful) sensations they experienced during self-injury. Williams and Bendelow (1998: 161), have suggested that biomedical narratives may “reinforce rather than heal” the dualistic body. However, with the use of neurochemical discourse in particular, this split becomes less clear. Indeed, I would suggest that the use of neurochemical narratives in lay discourse about pain represents a direct attempt to grapple with (and perhaps heal) a split between mind/self and body. ‘Endorphins’ and ‘adrenaline’ might be used in narratives about pain and self-injury as a way of bridging the (perceived) gap between mind and body; attempting to explain why and how practical, corporeal acts might impact on emotional and psychological states. As such, and as I have argued elsewhere (AUTHOR, in press), these narratives might lend support to Rose’s (2003) contention that we are becoming ‘neurochemical selves’.

With self-injury, we see lay and professional discourses merging into one another.

Participants in my research talk of endorphins, chemicals and adrenaline being ‘released’ when they self-injure; causing a ‘buzz’ or an improvement in their mood. These narratives are also found in professional academic literature (Adler & Adler, 2007; Hicks & Hinck, 2008). However, as noted earlier, clinically these endorphins and other chemicals are not well conceived, and certainly their relationship with self-injury (or other ‘painful’ sensations) remains unclear (Klonsky & Muehlenkamp, 2007; Winchel & Stanley, 1991). Nevertheless, both professional and lay commentators on self-injury talk authoritatively of endorphin releases and chemical pain-killers. Arguably, the existence or not of these ‘chemical processes’ is becoming less important than their significance as a cultural narrative.

Self-injury and dys-appearance

I would suggest that the act of self-injury in some cases could be seen as one of *inviting* ‘dys-appearance’, both supporting and extending Leder’s original formulation. Leder, and many other theorists (Campbell & Muncer, 2005; Frank, 1995), frame pain as unwanted and generally originating from somewhere other than the ‘self’. Leder’s concept of dys-appearance suggests that the experience of pain causes the body to become uncomfortably and dramatically present in lived experience, it ‘demands attention’ and forces the self to orient towards the body (1990: 92). During self-injury, some individuals *voluntarily* inflict pain upon their bodies, and in some cases this appears to be done in order to invoke dys-appearance.

in a way it is life affirming [...] it’s like a bit of a, jump start or something you know it’s like trying to, it’s trying to be alive, it’s trying to live and like, experience, emotion or pain or, rather than just being, sort of, numb (Francis)

In these instances self-injury is described as ‘forcing’ the individual to orient towards their body and away from their (problematic or absent) emotions. While in other accounts of dys-appearance this change of focus is understood as negative and distracting, in the case of self-injury, the reorientation of attention is framed as more positive. Indeed, in some of the narratives discussed in this paper, dys-appearance is framed as an important feature of how self-injury becomes successful.

Leder (1990) and Gimlin (2006) indicate that dys-appearance can be experienced as frightening and intensely uncomfortable. However, in some cases of self-injury dys-appearance is described as an aim of the practice, one that leads ultimately to more positive states of being. It may be that the self-inflicted, and self-controlled nature of self-injury might contribute to the more positive framing of the resultant dys-appearance.

A final, but nevertheless important difference between dys-appearance in narratives about self-injury and dys-appearance in other accounts, is that in the latter case dys-appearance is said to result in experiential dualism, with mind and body (uncomfortably) separate. Leder

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

(1990: 90) suggests that during dys-appearance “[t]he body [...] may be experienced as away, apart, from the ‘I’”. In contrast, accounts of self-injury suggest that dys-appearance might in some ways be seen as resulting in the ‘re-embodiment’ of the self. This is particularly the case in accounts which talk about self-injury in response to ‘dissociation’. While dissociation is described as causing an individual to feel apart from their ‘self’, in some cases self-injury ends dissociative states. Using less clinical terminology, participants in my research talked about self-injury allowing them to feel more ‘real’. Thus, in accounts of self-injury dys-appearance is described, but rather than splitting ‘self’ and ‘body’, it is framed as reintegrating ‘self’ and ‘body’.

Further transcending the dualisms

Narratives about pain and self-injury demonstrate that dualism remains an important feature of attempts to theorise pain: self and other; emotions and physicality; pain and pleasure. In accounts of self-injury, ‘physical’ pain is said to distract from ‘emotional’ pain, offering a more concrete ‘feeling’ and a more visible marker of ‘emotional’ pain. These accounts support the view that physical pain can be understood as preferable to emotional pain in socio-cultural discourse, suggesting some explanation for this. In particular, physical pain is described as being more *visible*, this visibility is taken to indicate that the pain is more ‘real’ than relatively *invisible* emotional pain. This finding has parallels in Scarry’s (1985) arguments about the importance of display and visibility in both the practice of, and meanings associated with, torture. In the socio-cultural contexts in which participants self-injured, visibility is understood to lend greater authenticity to the (‘emotional’) pain being experienced. As Harriet argued “they can see that you’re in pain because you’ve done something”. While Harriet described ‘others’ as placing more authority and belief in physical rather than emotional pain, participants also emphasised the importance of this for their own understandings and experiences. Francis and Belinda, as discussed in the section ‘Pain as central’, each indicated that self-injury offered a more ‘concrete’ feeling for their own benefit, with Francis suggesting that self-injury offered a ‘visible marker’ for otherwise ‘intangible’ feelings. Thus, whether wounds were seen by ‘others’ or not, cuts or burns on the skin were described as demonstrating or signalling pain in a more real, visible, or ‘concrete’ manner.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

Dualism was also important in the ways in which participants tried to account for the success of their self-injury. In contrast to other discussions of (chronic/'severe') pain (Leder, 1990), participants described the physical pain generated by self-injury as leading to an improved sense of self. Rather than making the body an alien 'thing', pain from self-injury served to reorient the practitioner to their embodied self: distracting from distressing emotional states, or offering a chance for self-healing that was otherwise framed as problematic or difficult. Thus, although these narratives drew upon dualistic conceptions of self/other; mind/body; emotions/body, they simultaneously challenged the logic of these dualisms, implying a thoroughly embodied self. Thus, I would suggest that in some cases pain can be understood as reintegrating the mind/body/self rather than destroying it. This conclusion supports the argument that pain can be interpreted and experienced as productive (Shilling & Mellor, 2010).

Conclusion

Narratives about pain and self-injury offer a number of contributions to existing theories. I have demonstrated that biomedical and neurochemical narratives are used by both lay people and professionals in their attempts to account for pain and self-injury. This contributes to existing commentary on the broader socio-cultural narratives about pain (Bendelow & Williams, 1995), as well as indicating the significance in particular of neurochemical narratives (Rose, 2003). In the case of self-injury, I have suggested that biomedical and neurochemical narratives have been appropriated in a positive manner, lending authority and some degree of agency to accounts of pain. This contrasts with the more negative framing of other theorists' assessment of the encroachment of biomedicine into lay narratives of illness (e.g. Frank, 1996).

I have suggested that self-injury might be viewed as a form of invited dys-appearance. However, while existing work using this concept frames dys-appearance as a problematic and unwanted state, I have argued that in some cases dys-appearance might be desirable. Further, in these cases where dys-appearance is instigated by the self (rather than originating elsewhere), it might serve to re-embodiment the self, rather than splitting off body from self. This offers a significant addition to the concept of dys-appearance, one that could be useful in the analysis of other embodied practices such as exercise or drug and alcohol use.

This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

My analysis supports the continued importance of dualism in framing accounts of both pain and embodiment. Similar to other analyses (Williams & Bendelow, 1998; Williams, 1998), understandings about pain and self-injury also serve to upset and challenge the dominance of dualism. Although participants clearly drew upon dualism in their accounts, they also struggled to separate mind and body, emotion and physicality in their attempts to relate their pain experiences. Future work on pain should attend more closely to different pain experiences, especially acute pain, and how these are narrated. In particular, it may be fruitful to examine other types of self-inflicted pain. In addition, it would be useful to investigate whether neurochemical narratives are becoming more dominant in attempts to account for pain more widely.

Finally, attending to the myriad ways in which the concept of pain is located in narratives about self-injury has implications for clinicians and practitioners. It is clear that great care must be taken not to assume people who self-injure have a high tolerance for pain, or that they do not experience pain during self-injury. Thus, when treating self-injury wounds, basic standards of care need to be maintained, including the provision of anaesthetics when suturing (NICE, 2004). Further, that self-injury can be understood as an attempt (and potentially a successful form of) self-healing offers a possible focus for psychotherapeutic work, though this is not a new concept (Sutton, 2007). In addition, viewing self-injury as an attempt at self-healing may provide clinicians with a meaningful way to engage with self-injuring patients: enabling them to feel confident that in providing practical care for wounds they are contributing to the healing of an individual, even if that individual goes on to injure themselves again.

- Adler, P. and Adler, P.** (2007), 'The Demedicalization of Self-Injury: From Psychopathology to Sociological Deviance', *Journal Of Contemporary Ethnography*, 36, 5, 537-570.
- Aldrich, S. and Eccleston, C.** (2000), 'Making sense of everyday pain', *Social Science & Medicine*, 50, 11, 1631-1641.
- Arney, W.R. and Neill, J.** (1982), 'The location of pain in childbirth: natural childbirth and the transformation of obstetrics', *Sociology of Health & Illness*, 4, 1, 1-24.
- Atkinson, P.** (1997), 'Narrative Turn or Blind Alley?', *Qualitative Health Research*, 7 3, 325-344.
- Bendelow, G.** (2009), *Health, Emotion and the Body*, Cambridge, Polity.
- Bendelow, G. and Williams** (1995), 'Transcending the dualisms: towards a sociology of pain', *Sociology of Health and Illness*, 17, 2, 139-165.

- This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.
- Bendelow, G. and Williams, S.** (1998), 'Natural for women, abnormal for men: Beliefs about pain and gender', in Nettleton, S. and Watson, J. (eds.), *The Body in Everyday Life*, London, Routledge.
- Bendelow, G.A.** (2006), 'Pain, suffering and risk', *Health, Risk & Society*, 8, 1, 59 - 70.
- Brodsky, B.S., Marylene, C. and Dulit, R.** (1995), 'Relationship of dissociation to self-mutilation and childhood abuse in borderline personality disorder', *American Journal of Psychiatry*, 152, 1, 1788-1792.
- Campbell, C. and Muncer, S.J.** (2005), 'The causes of low back pain: a network analysis', *Social Science & Medicine*, 60, 2, 409-419.
- Chandler, A., Myers, F. and Platt, S.** (2011), 'The construction of self-injury in the clinical literature: a sociological exploration', *Suicide and Life Threatening Behavior*, 41, 1, 98-109.
- Cornwall, A. and Jewkes, R.** (1995), 'What is Participatory Research?', *Social Science and Medicine*, 41, 12, 1667-1676.
- De Leo, D.** (2011), 'Editorial: DSM-V and the Future of Suicidology', *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 32, 5, 233-239.
- Frank, A.** (1995), *The Wounded Storyteller; Body, Illness, and Ethics* Chicago, University of Chicago Press.
- Frank, A.** (1996), 'Reconciliatory Alchemy: Bodies, Narratives and Power', *Body & Society*, 2, 3, 53-71.
- Gimlin, D.** (2006), 'The Absent Body Project: Cosmetic Surgery as a Response to Bodily Dys-appearance', *Sociology*, 40, 4, 699-716.
- Harris, J.** (2000), 'Self-Harm: Cutting the Bad out of Me', *Qualitative Health Research*, 10, 2, 164-173.
- Hicks, K.M. and Hinck, S.M.** (2008), 'Concept analysis of self-mutilation', *Journal of Advanced Nursing*, 64, 4, 408-414.
- <http://self-injury.net> (2010), 'Frequently Asked Questions', Accessed November 10th 2011.
- Inckle, K.** (2007), *Writing on the Body? Thinking Through Gendered Embodiment and Marked Flesh*, Cambridge, Cambridge Scholar's Press.
- Jacobson, C.M. and Gould, M.** (2007), 'The Epidemiology and Phenomenology of Non-Suicidal Self-Injurious Behaviour Among Adolescents: A Critical Review of the Literature', *Archives of Suicide Research*, 11, 129-147.
- Johansson, E.E., Hamberg, K., Westman, G. and Lindgren, G.** (1999), 'The meanings of pain: an exploration of women's descriptions of symptoms', *Social Science & Medicine*, 48, 12, 1791-1802.
- Klonsky, E.D.** (2007), 'The functions of deliberate self-injury: A review of the evidence', *Clinical Psychology Review*, 27, 2, 226-239.
- Klonsky, E.D. and Muehlenkamp, J.J.** (2007), 'Self-Injury: A Research Review for the Practitioner', *Journal of Clinical Psychology*, 63, 1045-1056.
- Leder, D.** (1990), *The Absent Body*, Chicago, University of Chicago Press.
- McCormack, C.** (2004), 'Storying stories: a narrative approach to in-depth interview conversations', *International journal of Research Methodology*, 7, 3, 219-236.
- NICE** (2004), 'Self-Harm; The short term physical and psychological management and secondary prevention of self-harm in primary and secondary care ', Leicester, British Psychological Society.
- Ong, B.N. and Hooper, H.** (2006), 'Comparing clinical and lay accounts of the diagnosis and treatment of back pain', *Sociology of Health & Illness*, 28, 2, 203-222.
- Pickersgill, M., Cunningham-Burley, S. and Martin, P.** (2011), 'Constituting neurologic subjects: Neuroscience, subjectivity and the mundane significance of the brain', *Subjectivity*, 4, 3, 346-365.
- Rasmussen, S.A., Fraser, L., Gotz, M., MacHale, S., Mackie, R., Masterton, G., McConachie, S. and O'Connor, R.C.** (2010), 'Elaborating the cry of pain model of suicidality: Testing a psychological model in a sample of first-time and repeat self-harm patients', *British Journal of Clinical Psychology*, 49, 15-30.

- This version accepted for publication in *Sociology of Health and Illness*. Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.
- Redley, M.** (2010), 'The clinical assessment of patients admitted to hospital following an episode of self-harm: a qualitative study', *Sociology of Health & Illness*, 32, 3, 470-485.
- Riessman, C.** (1993), *Narrative Analysis*, London, Sage.
- Rose, N.** (2003), 'Neurochemical selves', *Society*, 41, 1, 46-59.
- Scarry, E.** (1985), *The Body in Pain: The Making and Unmaking of the World*, New York, Oxford University Press.
- Scourfield, J., Roen, K. and McDermott, E.** (2011), 'The non-display of authentic distress: public-private dualism in young people's discursive construction of self-harm', *Sociology of Health & Illness*, 33, 5, 777-791.
- Shilling, C. and Mellor, P.A.** (2010), 'Saved from pain or saved through pain? Modernity, instrumentalization and the religious use of pain as a body technique', *European Journal of Social Theory*, 13, 4, 521-537.
- Smith, R.T.** (2008), 'Pain in the act: The meanings of pain among professional wrestlers', *Qualitative Sociology*, 31, 2, 129-148.
- Sutton, J.** (2007), *Healing the Hurt Within: Understand Self-injury and Self-harm, and Heal the Emotional Wounds*, Oxford, How To Books.
- Sweetman, P.** (2000), 'Anchoring the (Postmodern) Self? Body Modification, Fashion and Identity', in Featherstone, M. (ed.), *Body Modification*, London, Sage.
- Turner, B.S. and Wainwright, S.P.** (2003), 'Corps de Ballet: the case of the injured ballet dancer', *Sociology of Health & Illness*, 25, 4, 269-288.
- Williams, S. and Bendelow, G.** (1998), *The Lived Body: Sociological Themes, Embodied Issues*, London, Routledge.
- Williams, S.J.** (1998), 'Bodily Dys-Order: Desire, Excess and the Transgression of Corporeal Boundaries', *Body & Society*, 4, 2, 59-82.
- Wilson, S., Cunningham-Burley, S., Bancroft, A., Backett-Milburn, K. and Masters, H.** (2007), 'Young people, biographical narratives and the life grid: young people's accounts of parental substance use', *Qualitative Research*, 7, 1, 135-151.
- Winchel, R. and Stanley, M.** (1991), 'Self-Injurious Behavior: A Review of the Behavior and Biology of Self-Mutilation', *American Journal of Psychiatry*, 148, 3, 306-317.

¹ The Diagnostic and Statistical Manual of the American Psychiatric Association. Currently in use is DSM IV, in which self-injury is included as a symptom of numerous disorders most notably Borderline Personality Disorder.

² All names are pseudonyms.

³ In quotations "... " refers to a pause in participants' talk; "[...]" indicates that some of the transcript has been removed by me; [---] indicates that the recording was not clear and could not be transcribed. Dialect and colloquialisms have been reproduced in the transcriptions. 'Ken' = 'know'; 'dinnae' = 'do not'.

⁴ Dissociation is a psychological state where an individual feels separate from their 'self' or 'body'. In literature on self-injury it is often linked with past experiences of sexual abuse, e.g. (Brodsky et al 1995).

⁵ Rease chose this pseudonym herself.