

# Constructed Nature of Self-Harm Behavior: A Critical Assessment

## *Kendine Zarar Verme Davranışının İnşa Edilmiş Doğası: Eleştirel Bir Değerlendirme*

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### ABSTRACT

Despite the increasing interest in self-harm behaviors after 1980, comprehensive approaches regarding the definition, classification, reasons for preference, and motivations that sustain such behaviors have not been established. This situation has led individuals who engage in self-harm behaviors to encounter negative attitudes and behaviors such as stigmatization and unqualified service provision. In order to minimize negative attitudes and behaviors, all professional groups who are in contact with individuals engaging in self-harm behaviors need to consider their own personal, cultural, political, and intellectual backgrounds. The aim of the current study is to discuss the ambiguity, fluidity, and permeability of the boundaries between pathologically classified self-harm behaviors and socio-cultural or artistically approved self-harming acts. In this regard, definitions of self-harm behaviors have been critically evaluated to encourage awareness of the socially constructed nature of self-injury and to call for reflective practices. Self-harming acts embedded in literary texts, cultural practices, and art performances have been explored for this purpose. As a result, there are multiple individual and cultural meanings attached to what self-harm is, and no meaning takes precedence over the other because all meanings are historically and culturally relative. When this relativity, contextuality, and fluidity are understood, it will be realized that self-harm behaviors are not marginal but even common human experiences. This awareness can enable reflective and empathic practices that are important in increasing individuals' self-care capacities and enhancing their well-being in self-harm behaviors.

**Keywords:** Self-harming behavior, critical perspective, culture, art

### ÖZ

1980 sonrasında kendine zarar verme davranışına yönelik artan ilgiye rağmen ilgili davranışların tanımlanmasına, sınıflandırılmasına, tercih edilme sebeplerine ve devamlılığını sağlayan motivasyonlara ilişkin kapsayıcı yaklaşımlar ortaya konulamamıştır. Bu durum kendine zarar verme davranışı gösteren bireylerin damgalanmaları ve nitelikli olmayan hizmet sunumlarıyla karşılaşmaları gibi olumsuz tutum ve davranışlara sebep olabilmektedir. Olumsuz tutum ve davranışları minimum düzeye indirmek için kendine zarar verme davranışı gösteren bireylerle ilişki halinde olan tüm meslek gruplarının kendi kişisel, kültürel, politik ve entelektüel geçmişlerini dikkate almaları gerekmektedir. Çalışmanın amacı, patolojik olarak sınıflandırılan kendine zarar verme davranışlarıyla sosyo-kültürel veya sanatsal olarak onaylanan kendine zarar verme eylemleri arasındaki sınırların bulanıklığını, akışkanlığını ve geçirgenliğini tartışmaktır. Bu doğrultuda kendine zarar vermenin sosyal olarak inşa edilmiş doğasını fark etmeye teşvik ve düşünömsel uygulamalara çağrı olması açısından kendine zarar verme davranış tanımları eleştirel değerlendirilmiş ve edebi metinler, kültürel uygulamalar, sanat performanslarında gömülü olan kendine zarar verme eylemleri keşfedilmiştir. Sonuç olarak kendine zarar vermenin ne olduğuna dair bireysel ve kültürel olarak değişen çoklu anlamlar bulunmaktadır ve hiçbir anlam diğerinden önce gelmemektedir. Zira tüm anlamlar tarihsel ve kültürel olarak görecelidir. Bu görecelik, bağlamsallık ve akışkanlık anlaşıldığında kendine zarar verme davranışlarının marjinal olmayan ortak insan deneyimleri olduğu fark edilebilir. Bu farkındalık ise kendine zarar verme davranışında bulunan bireylerin kendi kendine bakım verme kapasitelerini artırmada ve iyilik hallerini yükseltmede önemli olan empatik uygulamaları mümkün kılabilir.

**Anahtar sözcükler:** Kendine zarar verme davranışı, eleştirel perspektif, kültür, sanat

## Introduction

Since the publication of Favazza's "Bodies Under Siege (1987)", theoretical and practical discussions on why individuals engage in self-harm have gained significance due to the growing clinical interest in self-harming behaviors. Regardless of whether the individual is willing to admit to self-harm, some researchers have discussed self-harm behaviors as a disease, some as a symptom of a psychological disorder, and some as a reflection of

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popular culture (Presson and Rambo 2016). Despite this interest, the existing literature lacks an inclusive approach to defining, classifying, assessing, and understanding the prevalence, preferences, and motivations behind self-harm behavior. This situation has confined the view of self-harm behaviors to a narrow area among professionals and society.

As an extension of this situation, negative attitudes, fears, and myths about self-harm persist in society, where self-harming behaviors are often viewed as taboo, and individuals displaying such behaviors face stigmatization (Long et al. 2013). Because deliberately cutting, burning, or harming oneself is perceived as contrary to the fundamental instinct of self-protection (McAllister 2003). From another perspective, this situation also influences the access of individuals with self-harming behavior to health services and the quality of services they receive (Aggarwal et al. 2021). Individuals who engage in self-harming behavior due to the fear of stigmatization may hesitate to seek help from hospitals or professionals. Additionally, Anderson et al. (2003) pointed out that health professionals' values, beliefs, and attitudes regarding individuals after self-harm significantly prevent self-harming behaviors and suicide. This situation was also highlighted in a study that systematically reviewed 19 articles, examining the attitudes of health professionals toward individuals who self-harm in mental health and medical settings. The study emphasized that significant improvements are still needed in the attitudes of health professionals toward individuals with self-harm behavior (McHale and Felton 2010). These findings suggest that individuals who interact with those engaging in self-harming behaviors should be encouraged to reflect critically and self-reflect on self-harm acts. Furthermore, professionals in contact with individuals displaying such behaviors should consider their personal, cultural, political, and intellectual backgrounds and motivations regarding reflexive practices.

Hence, in addition to the perspectives often discussed in existing literature, which are criticized in this study, there should be an emphasis on alternative viewpoints and discourses. These alternative perspectives should aim to understand the intention behind self-harm actions, relate them to other coping strategies, and introduce positive labels such as self-protection and self-soothing. This is because the perspectives commonly found in the literature overlook the fluidity, variability, and contextuality of self-harm and lead to practices that are overly protective against self-harm behaviors and are largely guided by the concepts of risk and problem-solving. At this point, critically evaluating these perspectives and discussing alternative viewpoints are necessary for both theory and practice. Increased critical discussion may enable more inclusive and empathetic approaches to self-harm behaviors and individuals who display such behaviors. The present study aims to discuss the ambiguity, fluidity, and permeability of the boundaries between pathologically classified self-harm behaviors and socio-cultural or artistically approved self-harming acts. We present widely accepted ideas of self-harm behaviors and pathological views in this regard. We then explore and discuss socially, culturally, or artistically accepted or perceived activities in various contexts and times that involve self-harm practices but are not included in the definitions of self-harm behavior. Thus, with this study, we call on academics and professionals working in this field to increase awareness of the constructed nature of self-harm and adopt a more holistic view of acts of self-harm."

## **Defining Self-Harm Behaviours and Pathological Perspective**

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The professional attention to self-harm behavior grew following the publication of Favazza's "Bodies Under Siege." (Favazza 2011) Cases of self-harm were rarely documented before this period. The limited recorded case reports included self-harm behaviors in women, who were typically diagnosed as hysterical, and self-harm behaviors related to sexuality (Gray 2019). For example, in Bergman's (1846) case report, a 48-year-old manic-depressive widow is mentioned who accused herself of being a great sinner. It was reported that the woman wandered naked in the streets and, in the hospital, removed her eyes, stating that they were full of sin (Brown et al. 1999, Lüleci 2007). In the following years, influenced by psychoanalytic studies, self-harm behaviors resulting in genital injuries and organ losses were interpreted as acts performed to mitigate the fear of castration and sexual desires (Helvacı Çelik and Hocaoğlu 2017). In 1938, Menninger introduced alternative ideas about self-harm in his book "Man Against Himself". Menninger (1938) drew attention to the distinction between self-harming behavior and suicide. He mentioned that in self-harming behaviors, the impulses typically focus on a specific part of the body, unlike suicidal acts, which involve impulses that encompass the entire body. At this juncture, he interpreted self-harming behaviors as actions aimed at averting self-destruction. He attempted to conceptualize them as an effort to reconcile the concepts of life and death. Various terms and definitions have been used to describe self-harm behavior, including self-mutilation, self-injury, self-cutting, self-harm, self-harm without suicidal intent, self-destructive behavior, self-abuse, and symbolic injury, often used interchangeably.

After 1980, Farberow (1980) defined self-harming behavior as cutting oneself or damaging specific body parts that result in significant harm (Helvacı Çelik and Hocaoglu 2017). In 1988, Walsh and Rosen defined self-harming behaviors as intentional actions with low lethality and social disapproval performed by the individual (Saçarçelik 2009). In 1989, Favazza described it as the individual's actions to alter or damage body tissue without conscious suicidal intent, which can manifest in various psychiatric disorders. In the same year, Favazza and Conterio (1989), with some additional criteria, considered self-harm behaviors a complex behavior encompassing the deliberate alteration or destruction of body tissue or allowing others to alter their body tissue without conscious suicidal intent. In 1998, Suyemoto provided a comprehensive definition of self-harm behavior by reviewing and synthesizing previous definitions. He defined these behaviors as socially unacceptable and repetitive actions that result in minor to moderate injuries to the individual's body. He noted that the individual was psychologically disturbed during self-harm but did not attempt suicide. He also emphasized that self-harm behavior does not typically manifest in the form of behaviors characteristic of autism. Hicks and Hinck (2007) defined self-harm behavior as an individual's deliberate act of harming body tissue to convert overwhelming emotional pain into more tolerable physical pain. They regarded this harm as a manifestation of extreme emotional distress. In addition, they emphasized that procedures such as tattooing, piercing, or undergoing plastic surgery would not be considered self-harm behaviors because they are culturally accepted.

In the fourth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA 1994), self-harming behavior is defined as a behavioral symptom in mood disorders, dissociative disorders, or borderline personality disorders. The fifth edition (DSM-5) (APA 2013) includes the history of self-harm under the heading other conditions that may be the focus of clinical attention. Therefore, self-harm behaviors are not a specific mental disorder, and individuals may display self-harm behaviors during post-traumatic stress disorder, dissociative personality disorder, bipolar disorder, depression, alcohol and substance abuse disorders, eating disorders, and often borderline personality disorder (Helvacı Çelik and Hocaoglu 2017). This suggests that self-harm behaviors may be accompanied by a high rate of psychiatric disorders in current clinical studies with a pathological perspective.

### **Limitations of Definitions and Pathological Perspective**

McAllister (2003) and Allen (2007) state that the definition of self-harm behaviors poses some difficulties. In the definitions of self-harm behavior, common points emphasized include causing tangible damage to body tissue, serving as a signal of the individual's psychiatric/psychological disorder or emotional pain, being performed intentionally but lacking suicidal intent, and lacking cultural approval.

Firstly, it is noteworthy that the definitions often emphasize amputation or destruction of organs or tissue, and in some definitions, this emphasis is further reinforced by the phrase "serious harm". From this explanation, it can be inferred that the damage resulting from acts of self-harm is expected to be visibly tangible or materially visible. However, there are also self-harming behaviors that are less immediately visible in material terms or whose effects may become visible in a material way. Self-harm through neglect, constant self-blame, working too much, or exercising too much are examples of less visible self-harming behaviors. Furthermore, the term "serious harm" is relative and carries the risk that less visible acts of self-harm may be perceived as "insignificant" or "trivial".

Another aspect, as observed in Favazza's (1989) definition and subsequent definitions, is the presumption that self-harm behavior is linked to various psychiatric or psychological disorders. In "Bodies Under Siege," Favazza discussed the ritualistic dimension of self-harm, providing essential insights (Favazza 2011). Despite these insights, the definitions of self-harming behavior that incorporate the abovementioned assumptions are contradictory. In fact, these presuppositions undermine the alternative perspective that emphasizes cultural parameters and hinders the recognition of individual and cultural factors in the self-harm process. Likewise, in Suyemoto's definition, there is an emphasis on the individual experiencing psychological distress during self-harm. Although Suyemoto's definition is more inclusive than others, the presupposition that the individual is psychologically disturbed during the self-harm act prevents understanding the motivations of the individual to continue the self-harm behavior. As a result, the authoritarian expression of self-harm behavior as a manifestation of personal distress in these definitions hinders the visibility of contextual and cultural factors in the self-harm process.

Furthermore, all definitions emphasize that the individual performs this act consciously but does not intend to commit suicide. However, McAllister (2003) states that the distinction or relationship between self-harm, suicide intention, and suicide is unclear. In some studies, self-harm behavior is viewed as a compromise between

life and death. It is suggested that the individual avoids complete extinction by expressing harmful impulses through self-harm or achieves rapid and effective emotional distance from feelings of anger, anxiety, depression, distress, loneliness, emptiness, and insecurity (Firestone and Seiden 1990, Van der Kolk et al. 1991, Suyemoto 1998). Other studies suggest that a history of repetitive self-harm is the strongest predictor of suicide. This is because individuals who engage in self-harm may become accustomed to these behaviors over time and experience an increased pain threshold. As a result, self-harm behaviors might serve as encouragement and motivation for suicide (Zahl and Hawton 2004, Joiner 2005, Nock et al. 2006). Shea's (1999) study, cited as an example by Allen (2007) in his article, is significant in drawing attention to the complex relationship between suicide and self-harm behavior. In this study, when individuals who had attempted suicide were asked whether they wanted to harm themselves, their response was "no". However, further inquiries were made since this response did not align with the evaluators' observations. During these follow-up questions, the individuals admitted they wanted to take their own lives. Still, they clarified their earlier responses by explaining that they wished to avoid experiencing any pain.

As seen here, even though behaviors involving a conscious suicidal intention are excluded from the definition of self-harm behavior, the individual's intent may not always be clear. Furthermore, somebody cannot always clarify the individual's nature, meaning, and intention before death. Therefore, it can be concluded that self-harm is not a subset or the ultimate predictor of suicide, but there are multidimensional relationship dynamics between them. This conclusion necessitates adopting inclusive approaches considering individual, contextual, and cultural parameters to clarify the relationship dynamics. Suppose self-harm behavior is not subjected to an individual, contextual, and temporal evaluation, as Allen (2007) asserts. In that case, it will not be possible to draw meaningful comparisons between individuals who self-harm and those who have had failed suicide attempts. This situation will have an impact on the practices supported by the theory.

In addition to all of these factors, evaluating self-harm behaviors from a pathological perspective may result in diagnosing or labeling individuals who engage in self-harm as having psychiatric disorders. Indeed, as McAllister (2003) points out, many books and professionals tend to associate individuals with self-harming behavior with a psychiatric diagnosis and often with borderline personality disorder. Without a social constructionist view of acts of self-harm, the diagnostic process may risk leading to ineffective treatments. This is because labeling without adequate assessment risks distracting professionals from seeing the individual and instead focusing on seeing the symptom. In this case, contextual and cultural parameters affecting the self-harm process may be ignored. This situation can also influence professionals' judgment, attitude, and behavior toward individuals displaying self-harm behavior. After labeling, the individual who displays self-harming behavior can be framed as unchangeable.

In this respect, it is clear that the definition and evaluation of self-harm behavior is not simple. This is because the meaning, nature, and triggers of self-harm behaviors vary from person to person or culture to culture. Historical and cultural interpretations indicate that acts involving self-harm practices have been conducted across various periods and cultures to serve different purposes for the individual and the culture. However, the existing definitions emphasize that culturally accepted activities (e.g., tattooing, piercing, and plastic surgery) are not classified as self-harm behavior. This emphasis clearly shows that differences in the definition of relevant behaviors are ambiguous and depend on context and social consensus.

Therefore, if this is the case with the existing definitions, several other questions and problems arise. Many activities that are culturally accepted in their specific context may become partially accepted or not accepted as time and space change. For example, although body piercing was unacceptable in modern society until recently, it is now among the mainstream practices. Another example is branding, which involves engraving symbols on a person's body and has historical associations with slave ownership. This practice is becoming more widespread among young people, and in the future, human branding may become as mainstream as piercing. In addition to this aspect of temporariness, culturally accepted practices throughout history extend beyond tattooing, piercing, and plastic surgery and many culturally accepted practices are considered appropriate for the definitions of self-harm behavior. There are also artistic performances that involve acts of self-harm, and the "social/cultural acceptability" of these performances is a subject of debate. In this case, how should historical, cultural, and artistic practices associated with self-harm be positioned within existing definitions? Do these practices differ in their content, and are the acts considered self-harming behavior? In this respect, it would be beneficial to examine self-harming behaviors as depicted in literary and historical texts, cultural practices, and art to broaden the perspective on these questions and explore alternative ideas.

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## **Self-Harm Behaviours in Literary, Historical, and Religious Texts**

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Literary, historical, and religious texts on acts of self-harm date back to ancient times. For example, in Norse myths, it is said that the figure of Odin gave up one of his eyes in exchange for wisdom and intelligence (Page 2009). Odin, often associated with both war and wisdom, is depicted as an elderly man carrying a spear named “Gungnir”. It is said to possess knowledge of past events and future occurrences (Sarı 2017). Odin has two ravens named “Huginn (Thought)” and “Muninn (Memory)”. The ravens must inform Odin about worldwide events (Akyıldız Ercan 2014). In an unending quest for wisdom, Odin is determined to uncover the mysteries of life at any cost. To unlock the runes (secrets) along this journey, he hanged himself and wounded himself with his spear. According to the narrative, it was believed that those who drank water from Mímisbrunnr (Mimir’s Well) would gain wisdom. For this reason, Odin decided to drink the water from the well and sought Mimir’s permission. But Mimir, the guardian of the well, told Odin that he could not drink the water unless he made a sacrifice, so Odin took out one of his own eyes and threw it into the well. Seeing this, Mimir filled the horn with water and handed it to Odin. Thus, Odin attained the wisdom he sought by sacrificing his one eye (Seyrek 2018, Sigfusson 2020). Therefore, in the Odin narrative, wisdom is glorified through arduous sacrifices so that actions that can be characterized as self-harm are interpreted as sacrifice.

Another example is the self-harm act of the Spartan leader Kleomenes in the chapter “The End of Kleomenes” in Herodotus’ “The History”. In the pre-action period, Kleomenes was enraged that Demaratos had become king, so he agreed with Leotykhidas. Thereupon, Leotykhidas accused Demaratos of not being the son of Ariston and having unjustly taken over the kingdom of Sparta, and Demaratos was expelled from the kingdom. Later, Kleomenes’ plot against Demaratos was discovered, and Kleomenes secretly fled to Thessalia. After a while, he was captured and imprisoned. One day, when only one guard was with him, Cleomenes asked for a dagger and started hitting himself with it to intimidate the guard. First, he cut his calves, legs, thighs, buttocks, kidneys, stomach, and intestines (Herodotus 2012).

Similarly, acts of self-harm are also seen in Sophocles’ King Oedipus. In the chapter in which Oedipus defeats the monster, kills his father, and takes the throne of Thebes, it is told that Oedipus became unknowingly the husband of his mother, the queen, and had two daughters, Eteocles and Polyneikes. Afterward, a plague and famine strike the city, leading the people to consult the oracle. The person is investigated when the oracle points to the person who caused the calamity. Finally, Oedipus, on whom all suspicions are gathered, blinds his eyes with the pain and shame he feels (Sophocles 1992).

Another similar example can be found in the travels of Marco Polo during the 13th century. Marco Polo recounts the story of a shoemaker who saw her leg while fitting slippers onto a young woman’s feet and ended up blinding his right eye (Brown et al. 1991). In the examples of Oedipus and Marco Polo, it is seen that the characters harm their bodies to punish themselves with feelings of shame and guilt.

In addition, actions that can be described as self-harm behavior are also found in religious texts. For example, in the Gospel of Mark, in the chapter on the healing of a demon-possessed man in the country of the Gerasenes by Jesus, it is described that this man lived in a graveyard, was not restrained even with chains, and cut himself with stones, shouting day and night in the cemeteries (Bible 2023).

From these examples in mythology, literary works, and religious texts, it becomes evident that actions resembling self-harming behavior can be found, each serving various purposes for individuals or communities. These representations highlight the multifaceted nature of self-harm throughout history.

## **Self-Harm Behaviours in Cultural Traditions**

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Acts of self-harm have a long history in almost all cultural settings where historical records exist (Kelly 2011). Favazza examined the attitudes and beliefs underpinning various acts of self-harm in different cultural backgrounds. He noted that self-harm can be seen as a rite of passage, a step towards wisdom/self-knowledge, and a way for the individual to heal themselves or others. Thus, he paved the way for cultural interpretations by moving the meanings attributed to acts of self-harm beyond psychopathology. In this context, there has begun to be the discussion that some acts of self-harm serve various purposes within their specific contexts. This situation sheds light on self-harm behaviors deeply intertwined with human and community experiences, including healing, religion, beauty, sexuality, social connectedness, and social acceptance.

For example, some tribal rites of passage involve interventions on the body (scratches, cuts, filing teeth, male/female circumcision, finger cutting, beatings, etc.). Rites of passage, often shaped by coercive sanctions,

encourage the acquisition of moral qualities that the community considers necessary and aim to facilitate the ontological transformation of the individual to be accepted by the community. Through ceremonies, individuals demonstrate to themselves and their communities that they are prepared to assume the roles and responsibilities associated with the life stage they have transitioned into. In rites of passage, sometimes the body of the individual whose transformation is expected may be harmed, and sometimes the bodies of the individual's family members may be harmed. For instance, Breton (2016) reported that in the Ashe tribe, for a young man to be recognized as an adult male with all rights, they make cuts from his shoulder to the waist using a sharp stone. The individual acting presses the rock with all their strength and makes approximately ten scratches on the young person's back. While this experience and the pain may appear quite distressing to an outsider, the young man maintains his composure in the face of the ordeal. This is because, according to the young man's attitude at this time, the community acknowledges his acceptance into manhood. Thus, the young man is redefined in the social sphere with an identity symbol that no one can deny (Clastres 1972). In the Hamar tribe, for a young man to become an adult male, he must pass over the back of a herd of cattle four times without falling off. This can only be attempted if the female relatives of the young man are whipped on his behalf. In this tribe, whipping and wounding the female relatives of the young man is considered a family duty, and the scars are seen as signs of pride (Abraham 2004).

In addition to rites of passage, some religious practices may also involve acts of self-harm. In various religions, individuals engage in self-harm acts such as self-flagellation to atone for personal guilt, individual or social sins, or to identify with a religious figure (Cardeña 1999). For example, Shiite Muslims hold ceremonies for mourning Hüseyin and other Imams on Ashura Day, the day of the Karbala incident. Participants in the ceremony march collectively and beat their backs with chains (Denkhalbant Çobanoğlu 2019). A similar ritual is the Los picasos de San Vicente ritual, which takes place on Thursdays and Fridays of the holy week in San Vicente de la Sonsierra in northern Spain. In this ritual, people hit their backs with long linen threads until they are covered in wounds (Pineda 2018). In addition, acts of self-harm are also committed to demonstrate the extraordinary protection given to the individual by the god or religious leader or to create different states of consciousness. For example, some cult members, authorized by their sheiks, insert skewers into various parts of their bodies without showing any signs of pain or bleeding to demonstrate the protection they receive from their religious leaders (Cardeña 1999).

In addition to all these, although they do not serve the same purpose as rites of passage, ritualized or ordinary practices of intentional harm to the body are also common in cultures referred to as modern. For example, an increasing number of people practice body piercing, tongue splitting (cutting the tongue for a forked appearance), having horns put on the head, having the eye's retina painted, and branding (branding the body with hot metals). These practices may reflect popular culture or a sign of belonging to a specific subculture (Abraham 2004, 2008).

Therefore, "culturally approved self-harm" has complex meanings that vary across cultures and even subcultures (Turp 2002). These examples are cultural reflections of pain as a means of social acceptance, identification, and divine intimacy. In this context, acts of self-harm are clearly revered in some cultures and subcultures. However, these practices appear to contradict the principles of mainstream Western culture, which emphasize physical integrity, pain avoidance, and self-protection. In this respect, beliefs, attitudes, and practices related to self-harm are acquired within a cultural context and transmitted across generations.

### **Self-Harm Behaviours in Performance/Body Arts**

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Artists who have dealt with violence in their works for centuries (e.g., Matthias Grünewald's *The Crucifixion* and Titian's *Tarquin and Lucretia*) have started to create performances involving violence inflicted upon their own bodies since the 1960s (Yılmaz 2013). These performances are called performance art, body art, or happening art, and they are defined as art movements in which artists use their bodies as a means of expression (Akkol 2018). Performances are a set of unlimited approaches that can include theatre, poetry, music, and dance and can be performed with one or more artists in front of the audience or away from the audience, lasting a few minutes, hours, or days. They can also be staged or exhibited with photographs or video recordings (Yılmaz 2013). The main focus of performances is to question daily life's foundations and reveal its constructed dimensions (Breton 2016). Thus, shaking the audience by bringing them into contact with their isolated world, awakening them, and ending their insensitivity to violence are among the main aims of performance arts (Yılmaz 2013). The performances first started with partially illusionary bloody images with paints or various materials, then turned into acts such as Hermann Nitsch's performances, in which animals were slaughtered and mutilated on stage, and finally turned into performances in which artists staged their own bodies by literally harming

them. Thus, the artists exhibited the violence they inflicted on their own bodies in their performances. This study includes examples from the performances of Gina Pane, Maria Abramovic, Stelarc, Bob Flanagan, and Fakir Musafar, including acts of self-harm.

Gina Pane (b.1939-d.1990) and Maria Abramovic (b.1946) aimed to raise awareness of difficult living conditions in their performances. Pane opposed the dominant understanding of pleasure and beauty in defining the female body and staged her body in the focus of pain, injury, and trauma in her performances with a feminist philosophy (Akkol 2018). There is a strict symbolism in every moment of her performance. For example, in "Unanesthetized Escalation" (1971), she climbed with bare hands and feet on a metal structure with sharp and pointed ends to the point where she could not endure the pain (Breton 2016). In this performance, she drew attention to the ongoing violence in Vietnam. She symbolically showed the unrest caused by the escalation of violence during the war by moving on a ladder equipped with sharp metallic parts (Voss 2014). In "Self-Portraits", she symbolizes a woman's pain in labor by lying on a bed of burning candles. In the last scene of this performance, she gargled with hot milk. She continued gargling until the blood and milk mixed, thus revealing her identity as a woman artist and combining two symbols of being a woman (blood and milk) (Breton 2016). Therefore, the feminist artist Pane performed with cuts and harm, focusing on pain. The aim of her performances is not to harm herself but to take a political stance. She exhibited a symbolic resistance against the world's injustice, wars, women's subordinate position and oppression, and the image of the beautiful body. The purpose of burning or cutting her body was to expose the widespread violence prevailing in society in all its dimensions.

Like Pane, Serbian performance artist Marina Abramovic has pushed the limits of the body and mind by experiencing pain in many of her performances. This includes injuring her body, self-flagellation, staying on ice blocks until reaching the freezing point, and even pushing herself to the brink of drowning by employing flames that consume oxygen within an enclosure (Yılmaz 2013). The artist, who demonstrated quite courage in subjecting her body to violence, pushed herself from a conscious state to unconsciousness through her performances throughout the 1970s (Üstel Arı 2020). For this reason, many of her performances were over with audience intervention. For example, in 1979, during her performance "Rhythm 0", where she explored the limits of organizational tolerance, Abramovic arranged a table with needles, thorns, chains, a loaded pistol, and other items. She then invited the audience to use any of the seventy-two objects on the table on her own body without hesitation (Breton 2016). In this performance, which ultimately led to a horrific outcome, the artist's clothes were torn, and her body was subjected to various forms of intervention, including slapping, cuts, and sexual harassment (Üstel Arı 2020). With this performance, she reflected on the vulnerability of human beings in the face of increasing violence in human relations. She symbolically staged what a life can experience when left defenseless. Another example is the performance of "Rhythm 10" in Edinburgh in 1973, where the artist first laid a white sheet of paper on the floor and placed ten knives and two sound recorders on it. During the performance, she spread the fingers of her left hand and put them on the floor, took one of the knives in her right hand, and started to strike between the fingers of her left hand in as fast a rhythm as possible. Each time, the aggressive right hand injured the passive left hand on the ground (Yılmaz 2013). Therefore, similar to Pane, the aim of Abramovic's performance is not self-harm. For Abramovic, pain is an integral part of her performances and the most direct way to connect with the audience. Consequently, she shares her pain by making it visible in her performances.

In his performances, Australian plastic artist Sterlarc (b.1946) aims to draw attention to the liberation from the body, which he sees as an outdated shell. As Esentürk (2021) states, Sterlarc exhibits experimental performances focusing on expanding, regulating, and strengthening the body boundaries. Before 1990, Sterlarc's performances focused directly on the skin, but since the mid-1990s, he has been exploring the relationship between the human body and technology. In 1971, he started to perform "Suspensions". In his first performances, he hanged himself by tying himself with ropes and saddles. After 1976, he radicalized these actions by attaching hooks to his body (Breton 2016). After 1990, in his performances such as "Stomach Sculpture", "1/4 Scale Ear", "Third Hand", and "Exoskeleton", he radicalized the invalidation of the body, its detachment from the species, and its meaninglessness in the face of contemporary technologies (Esentürk 2021). Therefore, especially in post-1990 performances, it can be inferred that the body is not the subject's place of being, but an object in the subject's environment, and is therefore seen as a structure/device to be controlled or modified (Breton 2016). As a result, Stelarc has reduced the body to an outdated shell to be disposed of, making it open to all kinds of experiences (including acts of self-harm).

Poet, musician, and artist Bob Flanagan (b.1952-d.1996) displayed his identity as a patient and his resistance to illness in his performances. Flanagan was born with cystic fibrosis, and doctors gave him 25 years to live. Therefore, he struggled with a disease that emerged despite himself (Breton 2016). Flanagan's performances are

highly provocative and challenging in terms of both form and content and have opened an alternative perspective for thinking about pain, eroticism, illness, and gender (Seymen 2010). In 1989, for example, he gave two performances called “Nailed” at the Southern Exposure Gallery in San Francisco, where he attached around fifty clamps to his skin. In another performance, he sewed his testicles with a needle and thread and nailed himself to a piece of wood. He stated that after each performance, he felt positive emotions such as peace, detachment, and empowerment (Breton 2016). Therefore, Flanagan fought the disease by taking the power of decision-making in the face of pain. Thus, he got rid of the victim role in front of the pain caused by the disease and directed the pain with his own will.

Similarly, the American performance artist Roland Loomis (b.1930-d.2018), known as Fakir Musafar, explored the possibilities and limits of the body until the brink of death in his performances and became the most recognizable figure of the “modern primitive movement”. Musafar shared his performances with the audience, such as applying gilded paint to his whole body that prevents breathing, hanging heavy objects on his chest with fishing needles, and extending his penis with weights (Breton 2016). Musafar stated that his performances provided him with physical stimulation, an enhanced sense of vitality, and, at times, extraordinary states of consciousness. He also emphasized the role of his performances in helping him strip away the false veneer of civilization, free himself, and transform pain into a state of ecstasy (Cardena 1999). Therefore, Musafar’s tools are acts of self-harm and the accompanying pain, even if it is not attractive to modern society. From Musafar’s perspective, it can be said that these serve as a trampoline for transcending and identifying with the body.

As a result, it is clear that these artists aim to create new forms of expression and awareness (sexuality, gender inequalities, illness, limits of the body, sanctity of the body, consciousness) through their bodies in their performances. Performance artists utilize their bodies as a form of ideological and political expression, critiquing existential conditions, social processes, and injustices through their physicality and engaging in discourse through their performances. These discourses mirror society’s attitudes, behaviors, and intellectual biases, thereby paving the way for alternative perspectives.

## **Conclusion**

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As discussed through examples of acts of self-harm in texts, cultural practices, and art performances, acts of self-harm are not a phenomenon that can be easily defined, delimited, categorized, and evaluated, as is often assumed in practices. These perspectives, commonly found in the literature, form the literature on self-harm behaviors, primarily focused on identifying risks and addressing problems. This has led to the developing of practices aimed at risk reduction and problem resolution. Undoubtedly, these perspectives are functional in designing and implementing protective and preventive interventions, but the limitations of these perspectives need to be discussed for more inclusive and empathetic approaches.

First, these definitions and perspectives tend to pathologize individuals who display acts of self-harm. This situation may give rise to the construction of pathological discourses in language, leading individuals to develop negative perceptions about themselves and their behaviors. Ultimately, this could result in the marginalization and silencing of those who engage in self-harm behaviors due to these constructed discourses. In such a context, individuals who engage in self-harm behaviors are at risk of being consistently overlooked or neglected. Nevertheless, as demonstrated in this study, individuals may engage in self-harm behaviors with similar motivations as seen in cultural practices or artistic performances. As a matter of fact, studies by Edmondson et al. (2016) and Taylor et al. (2018) have highlighted that individuals who engage in self-harm behaviors often do so with motivations such as emotion regulation, self-punishment, suicide prevention, seeking a sense of aliveness, alleviating feelings of emptiness, reducing emotional turmoil, exercising self-control, converting emotional suffering into physical pain, influencing others, and communicating distress. This situation confronts professionals working in this field with the fact that attempts to define, explain, and make sense of self-harm behaviors are based on representative examples constructed by modern minds. In this respect, when an individual engages in self-harming behaviors to the extent tolerated by their culture and context, they may not be perceived as engaging in self-harming behaviors. The issue appears to be a matter of boundary violation. These boundaries and pathological points of view are certainly not arbitrary but are contextually and culturally relative. With this critique, it is expected that the increased awareness of self-harm acts, as aimed at in this study, will help prompt new perspectives on these acts and generate alternative discourses that can facilitate more inclusive and empathetic approaches to addressing the needs of individuals, groups, and society. From the perspective put forward by the study, it is necessary to recognize that multiple meanings of self-harm vary individually, culturally, and artistically and that no one meaning precedes the other. As mentioned, all pathways of meaning are historically and culturally relative. In this context, acts of self-harm are culturally and

contextually constructed to some extent. For this reason, approaches focused on correcting pathologies in individuals may be incomplete.

However, once this relativity, contextuality, and fluidity are understood, it can be realized that self-harming behaviors are common human experiences that are not marginal. Practices informed by this awareness may lead to more empathetic and inclusive responses, allowing individuals with self-harming behaviors to be perceived less as “the other” and more as “us”. Ultimately, it can be predicted that these reactions and responses will enhance individual well-being by increasing self-care capacity. Furthermore, through additional qualitative studies and a greater focus on listening to diverse life experiences, alternative discourses can be developed to challenge the perspectives often encountered in the literature. Efforts to employ alternative, positively framed labels such as survival, self-protection, and self-soothing strategies can be expanded to elucidate the underlying intentions behind self-harming actions and to create space for connecting self-harm with other coping mechanisms. These initiatives are crucial for establishing alternative resistance against dominant discourses and negative objectifying labels, enhancing the visibility of individual and culture-specific needs, and facilitating multidisciplinary studies.

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