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'BLEEDING-IN-THE-WORLD': A QUALITATIVE STUDY OF SELF-CUTTING AND
BLOOD

A Dissertation

Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Sadie Mohler

August 2022

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Sadie Mohler

2022

'BLEEDING-IN-THE-WORLD': A QUALITATIVE STUDY OF SELF-CUTTING AND
BLOOD

By

Sadie Mohler

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ABSTRACT

'BLEEDING-IN-THE-WORLD': A QUALITATIVE STUDY OF SELF-CUTTING AND BLOOD

By

Sadie Mohler

August 2022

Dissertation supervised by Dr. Eva-Maria Simms

This dissertation is an existential, phenomenological study of the role and meaning of blood in self-cutting. Using in-depth, open-ended interviews with participants who self-cut, the author gathered data on the multisensorial experience of blood and bleeding in self-cutting. Data analysis was organized around the lifeworld existentials of corporeality, temporality, spatiality, communication, and relationality. The impact of blood and bleeding across each lifeworld dimension emphasized highly relevant, and previously unstudied, aspects of the lived experience of self-cutting. The six themes identified and explored are (a) blood as an animate abject; (b) bleeding and control; (c) bleeding is a process and the wound is a timekeeper; (d) sensing blood is a release; (e) blood's multifarious communication; and (f) bleeding is private and blood is taboo. Lastly, these themes were analyzed using various critical phenomenological theories, particularly those related to intercorporeality (Merleau-Ponty, 1968).

As discussed in this dissertation, blood impacted each participant's experience of self-cutting. Following blood's many meanings, the author also discusses how subjectivity has been misconstrued in the context of self-cutting. By attending to blood, the multifaceted ways that embodied subjectivity is experienced in self-cutting are emphasized and explored with nuance and detail. In addition to accentuating important parts of the lived experience of self-cutting, blood and bleeding also gesture toward ways of more fruitfully understanding the "self" overall and in the context of self-cutting. Each theme highlights hegemonic sensibilities of Western ideals of human subjectivity as well as offers suggestions for how to re-conceptualize human experience in liberatory ways.

DEDICATION

For my Mother and Sibling.

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Blut ist ein ganz besonderer Saft.

“Blood is a very special juice”

– Goethe, *Faust*

Introduction

Blood is vital, striking, emotional, shocking, unifying, dividing, and pumps through all our veins. As it pumps, blood circulates various critical elements. A liquid breath, blood delivers oxygen from our lungs to our body tissues and, in turn, blood carries carbon dioxide back to the lungs. It moves nutrients and waste, maintains our body temperature, and is a critical part of sustaining our bodily function(s). Blood has been used as a tool for oppression, marginalization, and murder, from dividing people in the Holocaust to using the “one drop rule” to reify the social construct of race. To some, the blood of Jesus has cleansing and redemptive powers. In prior decades, bloodletting was a curative technique, and, on occasion, is still used today with leeches (George, 2019). We can donate our blood, and a stranger’s blood can be transfused into our veins. For some, just encountering blood can induce vasovagal syncope which results in the loss of consciousness (Mathias et al., 2000). Blood’s significance and power has seeped into our vernacular: blood bath, bad blood, bloody hell, cold blood, blood relative, blood pacts, blood can drain from your face. There is a cultural fascination and queasiness about blood, both surrounding its physiological function and also what the bodily fluid represents.

Though always of relevance, this “special juice” emerges in different ways: self-injury, menstruation, accidents, miscarriage, birth, violence, nose bleeds. Bleeding can be a sign of trouble, life, death, or quotidian bodily function. For my dissertation, I am interested in the role and meaning of blood and bleeding in self-cutting, a form of Nonsuicidal Self Injury (NSSI).

Although I am fascinated by blood, I am also interested in the materiality of our bodies: we have the capacity to *bleed*. My dissertation topic is born out of this long-standing curiosity and revolves around an overarching question of how our lived materiality(ies) impacts the ways in which we navigate suffering and healing, dynamics that are vibrantly at play in NSSI. Broadly speaking, my project could be considered a phenomenology of blood and bleeding. By following each participant's lived experience of blood and bleeding, I hope to meaningfully speak to the phenomenon of NSSI as well as human subjectivity.

Chapter One: Literature Review

Overview of Nonsuicidal Self-Injury

Nonsuicidal self-injury (NSSI), also known as self-mutilation, self-harm, self-injury or parasuicidal behavior, is a phenomenon that psychology has grappled to understand. Generally speaking, NSSI is defined as the “destruction of one’s body tissues for non-socially sanctioned reasons but not as a suicide attempt” (Gonzales & Bergstrom, 2013, p. 124). Methods of self-injury include, “cutting, burning, scratching the skin to the point of bleeding, head banging, self-biting, and self-hitting” (Kokaliari et al., 2017, p. 1016) with cutting cited as the most frequent method. In Western countries prevalence rates of self-harm are high. Studies of community populations samples have shown that anywhere from 7.5 to 46.5 % of adolescents, 38.9% of university students, and 4 to 23% of adults engage in self-injurious behaviors (Cipriano et al., 2017). Self-injury most commonly starts in young adulthood and the typical age of onset is between 11 and 15 years old (Washburn et al., 2012). Although currently prevalent, rates of NSSI have risen over the past 30 years (Nock, 2009). Overall, as a psychologically pathological phenomenon, NSSI has a relatively nascent history.

Previously, there was a belief that NSSI was most prevalent among women, however, some studies show that both men and women self-harm at similar rates (Sornberger et al., 2012). Other studies reflect that rates of NSSI remain higher for girls and women when compared with boys and men (Barrocas et al., 2012; Bresin & Schoenleber, 2015; Monto et al., 2018). Research has started to study rates of NSSI amongst transgender and gender diverse (TGD) individuals. Overall, research has found that NSSI is elevated for TGD individuals when compared to cisgender individuals (Aboussouan et al., 2019; Arcelus et al., 2016; Morris & Galupo, 2019). Currently, there is little information on rates of NSSI across racial and ethnic identities (Cipriano

et al., 2017). Overall, while evidence indicates that certain groups of people self-harm at higher rates, a diverse range of individuals engage in self-injurious behaviors.

Despite the prevalence of NSSI, misunderstanding and confusion has plagued the phenomenon. Cipriano et al.'s (2017) systematic review concludes that, “self-injury is a common but—as yet—poorly understood phenomenon” (p. 3). Other texts, such as Nock's (2009) *Understanding Nonsuicidal Self-Injury* begins by describing the phenomenon as, “one of the most concerning—and perplexing—of all human behaviors” (p. 3). In general, there is a notable cloud of confusion that lingers around self-harm. In addition to the confusion that surrounds professional conceptualizations of self-harm, some literature also emphasizes the prevalence of negative attitudes of healthcare professionals towards those who engage in NSSI (Rayner et al., 2005). However, recent studies suggest that attitudes are shifting and there are fewer negative feelings toward caring for those who self-injure (Cleaver, 2014). Overall, there has been a notable sense of confusion and negativity that has historically surrounded self-injurious behaviors and efforts to clinically treat and help those who engage in NSSI.

Gesturing towards the need for additional clinical and theoretical understanding, the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, Text Revision* (DSM-5-TR)¹ (American Psychiatric Association, 2022) included Nonsuicidal Self-Injury Disorder (NSSID) in the “Conditions for Further Study” concluding chapter. The DSM-5-TR listed the following as the “Proposed Criteria” for NSSID:

¹ NSSID was first included in the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5; American Psychiatric Association, 2013).

A. In the last year, the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of his or her body of a sort likely to induce bleeding, bruising or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), with the expectation that the injury will lead only to minor or moderate physical harm (i.e., there is no suicidal intent).

Note: the absence of suicidal intent has either been stated by the individual or can be inferred by the individual's repeated engagement in a behavior that the individual knows, or has learned, is not likely to result in death.

B. The individual engages in the self-injurious behavior with one of more of the following expectations:

1. To obtain relief from a negative feeling or cognitive state.
2. To resolve an interpersonal difficulty.
3. To induce a positive feeling state.

C. The intentional self-injury is associated with at least one of the following:

1. Interpersonal difficulties or negative feelings or thoughts, such as depression, anxiety tension, anger, generalized distress, or self-criticism, occurring in the period immediately prior to the self-injurious act.
2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control.
3. Thinking about self-injury that occurs frequently, even when it is not acted upon.

D. Behavior is not socially sanctioned (e.g., body piercing, tattooing, part of a religious or cultural ritual) and it not restricted to picking a scab or nail biting.

- E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.
- F. The behavior does not occur exclusively during psychotic episode, delirium, substance intoxication, or substance withdrawal. (American Psychiatric Association, 2022, p. 923-924)

Prior to NSSID, self-injury was often conceptualized as a symptom of another diagnosis. Most notably, NSSI is a criterion for borderline personality disorder and self-injurious behaviors are frequently associated with this diagnosis (Hooley & Franklin, 2018, p. 429). However, more recently, research has increasingly emphasized that NSSI can occur across psychopathologies and can also develop in the absence of any identifiable clinical diagnosis (Hooley & Franklin, 2018).

Many studies have looked at the function of NSSI. Literature highlights a handful of ways that self-injury may operate for someone. In Gratz's (2003), "Risk Factors For and Functions of Deliberate Self-Harm" she listed:

- (1) to relieve anxiety; (2) to release anger; (3) to relieve unpleasant thoughts and feelings;
- (4) to release tension; (5) to relieve feelings of guilt, loneliness, alienation, self-hatred, and depression; (6) to externalize and concretize emotional pain; (7) to provide an escape from emotional pain; (8) to provide a sense of security; (9) to provide a sense of control;
- (10) to self-punish; (11) to set boundaries with others; (12) to terminate depersonalization and derealization; (13) to end flashbacks; and (14) to stop racing thoughts. (p. 199)

Gratz highlighted that self-injury likely serves multiple purposes simultaneously. In Taylor and colleagues' (2018) meta-analysis, the various functions of self-harm are separated into two main categories: intrapersonal functioning, for example emotional and affect regulation, and

interpersonal functioning, for example communicating suffering to others. For the participants, 63-78% endorsed the intrapersonal function and 33-56% endorsed the interpersonal function of NSSI (p. 759).

Other research highlights risk factors that increase someone's likelihood to engage in self-injurious behaviors. Linehan's (1993) biosocial model underscored the impact of childhood and emphasized that negative interpersonal experience can influence the development of NSSI behaviors later in life. For example, interactions—particularly with caretakers—that are invalidating or depreciating, especially of emotional experience or expression (Holden et al., 2022, p. 1). Much of the literature has emphasized a link between trauma and NSSI, particularly childhood sexual abuse (Holden et al., 2022; Johnson & McKernan, 2021; Martin et al., 2016), and studies have shown that 50-60% of people who engage in self-injurious behaviors have experienced trauma (Johnson & McKernan, 2021, pp. 69-70).

Nonsuicidal Self-Injury and the Body

To return for a moment to the DSM-5-TR (American Psychiatric Association, 2022), NSSID criterion A defines that there is physical damage, not just generally to the body, but to the “surface” of the skin. Within the proposed NSSID criteria, is not articulated as an inner, psychological experience—NSSI is intimately tied up with the flesh of the body. Given the central role of the body within self-harm, much of the literature has considered how embodiment and the materiality of the body informs our understanding of self-injury.

Both quantitative and qualitative studies have looked at the role of the body in NSSI. Quantitative literature has primarily researched body-image or body-regard, and various studies have found that low body-image and self-harm are correlated (Duggan et al., 2013; Muehlenkamp et al., 2013; Oktan, 2017) with one study suggesting that body-image is a

mediator between self-harm and negative affect (Muehlenkamp & Brausch, 2012). In other words, the relationship to one's body is seen as a connective link between the intrapersonal resolution of emotions (i.e., anxiety or anger) and injury to one's skin. Overall, within quantitative literature, the relationship and experience of one's body is understood as relevant to the phenomenon of NSSI.

Many qualitative studies have also explored the role of body in NSSI. Favazza's (2011) oft-cited text, *Bodies Under Siege*, comprehensively considered the cultural perspectives of self-mutilation². First published in 1987 and is now in its third edition, Favazza contextualized what are generally reduced to pathological presentations of NSSI within larger human traditions of using the materiality of the body, for example, tattooing, human pincushions, bloodletting, religious practices, scarification. In his chapter "The Skin" Favazza discussed the meaning of skin-cutting:

the skin is also a message center or billboard...temporary emotional states are also often communicated via the skin...deliberate self-injury of the skin, a morbid self-help behavior, indicates that a person is attempting to cope with some form of emotional distress such as intense anxiety, depersonalization, suppressed rage or fear of abandonment. (2011, p. 129)

As one of the first and prominent NSSI scholars, Favazza's text highlighted the body's role in self-injury.

² Favazza prefers the term "mutilation" to "injury" to highlight that, for some, self-inflicted wounds are not always intended to be injurious.

Sociologist Chandler (2016) also discussed the role of the body within self-harming behaviors. Drawing heavily from phenomenological perspectives she wrote,

We experience and perceive through the body; we are in the body and we are bodies.

Self-injury is a practice which is especially interesting in this respect, as it involves acting upon bodies, and through bodies: the body of the person self-injuring is both an actor and acted upon. Thus, I argue that any attempt to understand self-injury *must* attend to the bodily aspects of the behavior, as it is a behavior which inherently involves, implicates, and affects the body. (p. 27-28)

The body is central to the psychological phenomenon of NSSI; by taking a blade and slicing open skin, the body is a medium and a tool for coping.

Other scholars and researchers have also employed a phenomenological approach to understand and explore embodiment in NSSI (Brown & Kimball, 2013; Buser et al., 2014). Buetel (2016), Privé (2007), Rao (2000) and Hosmer (2009) all published phenomenological studies of self-injury. Rao's (2006) "Wounding to heal: The role of the body in self-cutting" emphasized the central role of the body to the function of cutting. She wrote, "'bodily mineness', pain, despair, and competence all factor into the embodied nature of self-cutting. The act of self-cutting pulls the individual together while simultaneously tearing her apart with its self-destructive, shaming, and addictive consequences" (p. 45). Rao's work named the multiplicitous experience of self-cutting as act that both helps someone cope while simultaneously extends their suffering. To return to Chandler's (2016) text, she described the liminality inherent in the embodied experience of NSSI stating, "my analysis draws on an embodied understanding of bodies and emotions, one which acknowledges the fallacy inherent in trying to separate our emotional states from embodied experiences or embodied experience from inchoate 'feeling'" (p.

30). Chandler noted the complex intersection where cutting exists—a method of psychological coping that profoundly entangles our flesh. This intersection highlights larger Cartesian “fallacies” about how we organize and understand emotions, bodies, and subjectivity through the binary of mind and body. Many articles have explored the ways in which NSSI is an embodied form of communication, for example, McLane’s “The Voice on the Skin” (1996), Kleinot’s “Speaking With the Body” (2009) and Kilby’s “Carved in Skin” (2001). Overall, across methodologies, much of the literature has studied and affirmed the significance of attending to the experience of embodiment in self-injury.

The Role of Blood in Self-Cutting

My dissertation study focuses particularly on the self-injurious practice of cutting. I focus on cutting for two reasons: first, cutting is the most common form of NSSI and it is estimated that 70% self-injuring is done by cutting (Barrocas et al., 2012). And second, cutting is the form of NSSI that consistently involves blood and bleeding, the primary focus on my study.

The relevance of blood in NSSI is alluded to in the titles of books, for example *Bleeding to Ease the Pain* (Plante, 2007), *A Bright Red Scream* (Strong, 1998), *Mutilating the Body: Identity in Blood and Ink* (Hewitt, 1997). Additionally, in some research studies, themes related to blood are discussed. In Rao’s (2000) dissertation study, she thematized her participant’s discussion of bleeding as an alternative form of “crying” (p. 71). A participant in Csordas and Jenkin’s (2018) study stated, “I like to cut, not for the pain, but just to see, like, the blood. I like to see blood now” (p. 216). In Favazza and colleagues’ study, the authors found that 47% of female self-injurers were comforted to see blood and 25% reported tasting their blood (Favazza

& Conterio, 1989 as cited in Glenn & Klonsky, 2010, p. 467). In another study³, Himber (1994) interviewed women on an inpatient psychiatry unit about their experiences with self-cutting. One of the seven identified themes from the interviews was “blood.” As Himber writes, “for all but one of the subjects, blood was at the core of self-cutting experiences. What emerged as most important was the experience of making blood flow, of blood-letting” (p. 624). Although it is not the primary focus of these studies, blood and bleeding are highlighted as important components of participants’ experiences with self-cutting.

In the last decade, there have been a handful of research studies focused specifically on the role of blood in self-cutting. In his article, “‘I like to see blood’: visibility and self-cutting,” Sternudd (2014) analyzed autobiographical written and photographic accounts of self-cutting and blood. He found that,

the role of blood as a central sign in the act was manifest in the written and visual accounts of the self-cutting experience. Blood was related to a wide range of meanings, such as realness and true self, and to feelings such as anger and sadness. Through the drawing of blood, feelings were expressed and understood (p. 14).

Sternudd’s work elucidated blood’s impact and emphasized the importance of blood.⁴ He also discussed the importance of how blood is visually at play in self-cutting, asserting that seeing

³ Interestingly, despite the study’s general focus on the meaning and function of cutting, the author utilized a sanguine title: “Blood Rituals: Self-cutting in female psychiatric patients.”

⁴ It is worth noting that while of much value to the psychological body of literature on NSSI, Sternudd’s work comes out of the field of Visual Studies.

blood makes the fluid a “vehicle” to externalize an internal experience (p. 26). Additionally, his visual analysis discussed how participants interacted with blood:

blood’s intriguing effect during the act was also notable in the photographs. Arms were held in certain positions so that the blood could run along them in red streams, or colour papers or the water in basins and tubs...It was also clear that both the practice itself and some self injurers’ way of re-articulating cutting—the sight of cuts, blood and scars—was something desirable, positive and beautiful, constituting a possible identity in deviancy. (p. 26)

Glenn and Klonsky (2010) studied the function of seeing blood in NSSI and they also articulated blood’s importance, “one salient but poorly understood aspect of NSSI is the role of blood...the desire to see blood during NSSI is relatively common, and seeing blood may be an ‘active ingredient’ that helps NSSI achieve the desired effect, specifically the reduction of unwanted and unpleasant affect states” (p. 467). The results of Glenn and Klonsky’s study affirmed the prevalence of wanting to see blood during NSSI as over 50% of the participants endorsed blood’s role in relieving emotional distress. The authors also posed the remaining question as a result of their study: “what is the mechanism by which seeing blood during NSSI results in feeling relief and/or calm?” (p. 471). Building on Glenn and Klonsky’s work, Naoum and colleagues (2016) conducted a pilot experimental study that looked at the physiological arousal response in a simulated cutting event controlled for the absence and presence of fake blood. The results of the study similarly affirmed the role of blood in self-cutting and the authors also explained that seeing blood resulted in a faster decrease in arousal for participants (p. 681).

Although all these studies (Glenn & Klonsky, 2010; Naoum et al., 2016; Sternudd, 2014) assert the importance of blood in NSSI, the focus is just on the experience of *seeing* blood. By

focusing on sight, the research has missed some of the other potential sensory aspects of embodiment, for example, feeling blood move, hearing blood drip, tasting blood, or smelling blood. Additionally, these studies focused on blood as a product of cutting, not on *bleeding* as an embodied process. This gap in the literature is where I situate my dissertation. Although consistently present in self-cutting, this “special juice” has infrequently been the focus. By turning my attention to people’s multisensory descriptions of blood and bleeding, my dissertation touches on what it means to live through a body that bleeds. Learning from experiences of bleeding and blood will not only expand our understanding of self-cutting but also contribute to a deeper examination of embodied subjectivity.

Chapter Two: Methodology

Research Question

Broadly speaking, qualitative research in psychology is useful to “develop initial understandings in a less explored area” (Levitt et al., 2018, p. 28). Given the limited findings on self-cutting and blood as outlined in the previous chapter, I developed a qualitative study to help deepen our knowledge of blood’s role in cutting as well as broaden the literature to include multisensory experience of bleeding during self-harm. By utilizing a qualitative approach for my dissertation, I aimed to gather information about themes and develop a nuanced understanding of the phenomenon of NSSI. As outlined in the literature review, research has indicated that blood is a relevant part of self-cutting (Glenn & Klonsky, 2010; Naoum et al., 2016; Sternudd, 2014). Building upon this research, my dissertation asks: what is the role and meaning of blood in self-cutting? Through this open-ended inquiry, I aim to offer richness and depth to the existing literature on self-harm; and I also hope to attend to broader questions of what it means to navigate suffering, healing, and life through a body that bleeds.

Hermeneutic-Phenomenological Method

My study uses a hermeneutic-phenomenological approach, primarily drawing from van Manen’s (1990) method as outlined in *Researching Lived Experience*. Phenomenology—as a theory and as a methodology—has an attunement to embodiment that is an apt fit to study blood and bleeding. As phenomenologist Linda Finlay (2011) asserts, all phenomenological research holds an awareness of the body and embodiment and appreciates that “body and world are intertwined” (p. 21). Embodiment does not reside in certain parts of experience, but rather, it is intimately embedded into all we do. As emphasized by Merleau-Ponty (1945/2009, 1948/2004, 1968), our experience of the world does not live beyond our body but rather the world is

wrapped up in our bodies. Our bodies are how we have a world and human experience and subjectivity is rooted in this inter-corporeality (Merleau-Ponty, 1968). Returning to Finlay, she writes, “to understand another person, phenomenologists do not inquire about some inner, subjective realm. Instead, understanding comes from asking how the person’s world is lived and experienced” (2011, p. 3). When thinking about the topic of bleeding and self-cutting, phenomenology assists in drawing attention to the intersubjective space where body and world interact. My study did not approach blood as an inner substance that then becomes externalized, but rather my study used a non-dualistic lens offered from phenomenology. By attending to lived experience, it is not just the sight blood as a substance, but bleeding as an embodied process that lives between and amongst body and world.

Additionally, phenomenology provides a useful frame to avoid reductionist descriptions of lived experience. As Husserl famously claimed, phenomenology aims to “go back to the to the ‘things themselves’” (Churchill & Wertz, 2014, p. 255). By attending to ‘things themselves,’ “fresh, complex, rich descriptions” (Finlay, 2009, p. 6) of experience emerge. Given my study’s focus on a bodily function, there can be a propensity to contextualize and explain blood from a strictly biological, clinical, and/or physiological perspective. This is not to suggest that those perspectives are not of value, however, the goal of a phenomenological study is to attend to the pre-reflexive meaning and nature of blood. Phenomenologist Zahavi (2008) frames Husserl’s direction as “a call for a return to the perceptual world that is prior to and a precondition for any scientific conceptualization and articulation” (p. 664). In other words, my dissertation does not aim to explain why people cut and bleed, but to richly describe what happens and explore the various meanings of blood and bleeding in the context of self-cutting to deepen and enrich our understanding of this phenomenon.

As previously described, phenomenology attends to embodiment in an effective way, however, even with phenomenological research's embrace of the body, historically there has been a strong focus on texts. As Finlay (2011) writes, "phenomenologists agree that the body discloses the world just as the world discloses itself through the body. Yet much phenomenological research focuses on words from interview transcripts. The body is strangely absent!" (p. 40). Given the body's omission in phenomenology, and in qualitative research more broadly, it has been useful to also draw from the field of embodied methodologies.

In the 20th century, scholars began to draw attention to how the body is missing from research and called for more embodied forms of inquiry (Chadwick, 2017). Chadwick (2017) notes that when the body is the subject of inquiry in qualitative research, it is often thought about discursively, linguistically, or textually which omits the slippery, uncontained aspects of the embodiment (p. 55). Over the last few decades, the development of embodied method/ologies has grappled with how to engage with the fluid, messy aspects of embodiment, arguing that these parts of human experience are not in the way of research, but they *are* a (meaningful) part of research. Given the focus on bodily fluids, approaching my research and analysis with attention to the materiality of the body and embodiment was crucial.

Data Collection

I collected my data through one-time, open-ended interviews with four individuals who cut as a form of NSSI. Two of the interviews were held in the Psychology Department on Duquesne University's campus. Due to the novel coronavirus disease (COVID-19) pandemic, the subsequent two interviews were conducted through Zoom's videoconferencing platform, and each participant virtually participated from a private, quiet location of their choosing.

Before conducting each interview, I engaged in the reflexive practice of ‘bracketing’ my assumptions about self-cutting. Phenomenological literature highlights the importance of bracketing to access descriptive, experientially-grounded material about a phenomenon (Churchill & Wertz, 2014; Finlay, 2009, 2011; van Manen, 1990). Finlay (2011) discusses how bracketing is often inaccurately framed as a tool to cultivate an objective mindset. She suggests that instead of attempting to remove subjectivity, bracketing “involves putting aside previous understandings in brackets to put them temporarily out of action, thereby reducing the field which commands one’s special focus of attention” (p. 46). As a psychologist in training, I am familiar with the clinical, pathological, and treatment-oriented literature on NSSI. Additionally, I have worked clinically with as well as personally know individuals who have self-cut. To fully ‘return to the things themselves,’ immediately preceding each interview I reflected upon and wrote down my presuppositions in an effort to expand my field of attention. Through bracketing, my aim was not to efface my pre-existing knowledge and subjectivity, but rather, by acknowledging its presence, I increased my meta-awareness and facilitated an openness to the phenomena of self-cutting and bleeding as individually and distinctly described by each participant.

Each interview focused on descriptive, sensory information about cutting and bleeding. As van Manen (1990) explains, the interview is a “means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon” (p. 66). To elicit experiential material, my opening interview question was:

I want you to remember an occasion when you cut and bled. It may help to slow down and take time to let the memory return. [Pause] Let yourself imagine all the details of this

situation [Pause]: where were you?; what were you wearing?; what sounds did you hear?

[Pause] I'd now like you to describe this situation and what it was like in as much detail as possible.

The subsequent direction of each interview was guided by the participant and my follow-up questions were used to elicit or deepen sensory descriptions of sight, taste, smell, touch, and sound, particularly as they related to blood. To encourage a flexible but sensory-focused interview, I had a table (see Appendix A) that listed all the senses for notetaking and to support identifying words or phrases to follow-up on that may elicit sensory description. Van Manen discusses the need to balance openness and direction in a hermeneutic phenomenological interview stating, "the art of the researcher... is to keep the question (of the meaning of the phenomenon) open, to keep himself or herself and the interviewee oriented to the substance of the thing being questioned" (p. 98). Beyond the opening question, I did not have a concrete interview guide, however, as van Manen suggests, I kept the interview oriented toward the experience of blood and bleeding.

Given the embodied nature of the study, I also attended to non-verbal data. Historically, researchers have interpreted interviews related to embodiment as *talk* about the body and therefore data is simply taken at word-value (Chadwick, 2017; Ellingson, 2017). This is not to suggest that the language people use to describe their bodies is not relevant or related to embodiment, but, as embodied methodology literature discusses, there is more to attend to as well. Interviewing, particularly in person, is the literal meeting of two bodies. We are not able to leave our bodies at the door before an interview; they are implicated in the research process as well as something we pull from as researchers (Ellingson, 2017, p. 102). Drawing from the phenomenological ideas of embodied intersubjectivity and intercorporeality (Finlay, 2006;

Merleau-Ponty, 1948/2004, 1968), the meeting of bodies is not a dialogue between discrete, separate subjectivities, but rather, there is a co-constitution and collaboration that takes place *between* the researcher and participant. In her text *Embodied Methodologies*, Ellingson (2017) explains that sensory data does not sit inside the participant waiting to come out during the interview, but it is in the inter-related space cultivated by the interview, “an intensely sensuous interaction take place” (p. 104). There is much value in attending to this embodied intersubjective space. Embodied reflexivity (Burns, 2003) or embodied self-awareness (Finlay, 2006), are ways in which a researcher can attend to inter-related sensory data in an interview. Finlay (2006) shares how she uses her “bodily reactions” during an interview, for example noticing a shift in her heartbeat or a sensation on her skin during a participant’s description. According to Finlay, change in researcher-embodiment is helpful information to develop insight into the participant’s lived experience, and, like language, is material that is communicative. During the interviews, I was aware of my own embodied reactions to participant’s narratives and followed them as guide. If I felt a surge of emotion in my chest or a pang in my stomach, I noted the intensity and was curious about how may be indicative of a salient theme.

In addition to embodied reflexivity, Ellingson (2017) outlines different types of non-verbal data that can be gathered from an interview: “kinesics”—bodily articulations, such as posture, hand movements, eye contact; “proxemics”—the space of the interview, for example, distance or proximity of interviewee/interviewer; “vocalic”—intonation of voice, cadence, non-lexical sounds, laughter; “haptics”—any touch, or lack thereof, between interviewee and interviewer, for example, a hand shake; “chronemics”—time, both calendar time as well as the lived, intersubjective experience of time; “physical appearance”—body habitus as well as socio-political identities that are communicated; lastly, “territoriality”—where is the interview taking

place (p. 106-109). During the interview, I was aware of my embodied reflexivity and of the various types of non-verbal communication that Ellison outlines. At the conclusion of each interview, I spent roughly 30 minutes taking additional notes on embodied reflexivity and describing any pieces of non-verbal communication data.

Thinking specifically about my research topic, I asked participants not only to describe an intensely embodied experience, but I also asked them to discuss a memory that was intimate, private, and that had rarely—or never—been verbally articulated. One participant, Bee, reflected on how she felt in anticipation of the interview and shared, “I realized, like, damn, I’ve barely talked about this in my entire life [laughter] what’s that going to be like!?” From a phenomenological framework, I did not approach the interview as method to extract an unspoken truth from a participant, but rather, through an inter-related exchange, the interview was a space where each participant could make meaning(s) of their lived experience of self-cutting, blood, and bleeding. Van Manen emphasizes the collaborative nature of the interview stating that, “the interviewee becomes the co-investigator of the study” (1990, p. 98). Following his guidance, as each participant remembered and described a moment of cutting and bleeding, the process of remembering was intersubjectively constellated.

When I proposed my dissertation in December 2019, I conceptualized how to attend to embodied reflexivity and non-verbal data during an in-person interview. I completed my first interview in-person in late February 2020. I scheduled my following two interviews for early March and, as COVID-19 led to shutdowns across the world, both were cancelled. During subsequent months, there was a lot of uncertainty. As the chronic nature of the pandemic became evident, I changed course, updated my IRB protocol, and ultimately completed my interviews through Zoom. Conducting the interview over video impacted embodied data. Through

videoconferencing, I could only see part of a participant's body, poor Internet connections led to choppy moments, through a camera, eye contact is never aligned, and joining a Zoom "room" from distinct, separate spaces cultivated a different intersubjective realm than an in-person interview. For example, during my in-person interview with Meghan, she pointed to parts of her body where she would self-cut and would move her finger across the surface of her limb imitating how she cut herself. This was a poignant, non-verbal form of communication that invited me into her embodied experience. In contrast, during my virtual interviews with Bee and Alex, I could primarily see from their shoulders upward. If there were any moments that they gestured towards a location of a self-cut, I was unable to see from my camera's point of view.

Overall, as a result of the pandemic, my data collection changed. Although I was still interested in non-verbal data and continued to attend to my embodied reflexivity, during a virtual interview, my data collection was primarily limited to what participants said about their experience and how it was articulated (e.g. laughter, pauses, tone of voice). Despite these changes, I was still able to gather rich, meaningful data, however, the impacts of the COVID-19 pandemic on my method are important to mention.

Recruitment and Participants

For my dissertation, I analyzed data from interviews with four individuals. Three people I recruited for my dissertation study and one I interviewed during a pilot study (pilot study will be further explained below). To be eligible for my dissertation study, participants needed to be over 18 years old, have non-suicidally self-cut (either in the past or present), and needed to currently be in psychotherapy, a decision modeled after Rao's (2000) dissertation participant eligibility. I recruited individuals by distributing flyers in outpatient psychotherapy clinic waiting rooms in the Pittsburgh area. Recruitment from clinics served two purposes— first, the concentration of

people with a history of NSSI would likely be higher than in a community setting, and second, by recruiting from a clinic all participants had access to psychotherapy, an emotional resource if the interview caused distress. Although I was attentive to the possibility that an interview could be upsetting, it is worth noting, that there are no known iatrogenic risks of participating in a research study about NSSI or being asked about self-injurious behaviors (Lloyd-Richardson et al., 2015; Muehlenkamp et al., 2015). Furthermore, research suggests that participation in NSSI studies can actually be emotionally beneficial (Lloyd-Richardson et al., 2015). To offset any financial burden of participation (travel, time off work, etc.), all participants received a \$20 Amazon gift card for their interview. To assess eligibility, an interested participant would contact me via the e-mail address on the flyer and I would subsequently conduct a brief phone screen to confirm eligibility and set an interview date.

At the start of the interview, each participant answered brief demographic questions about age, racial identity, gender identity, age of first of self-cutting, and frequency of self-cutting (see Appendix B). With each participant, I also completed the Columbia-Suicide Severity Rating Scale (C-SSRS) (The Columbia Lighthouse Project, 2016), a tool that assesses current morbid ideation, suicidal ideation, intent, and history of suicide attempts. Assessing suicidality helped confirm that a participant's history of self-cutting was non-suicidal (as opposed to a suicide attempt). Additionally, although NSSI is not a gesture of suicidality, research has indicated that a history of NSSI can increase someone's suicide risk (Hamza et al., 2012) so the C-SSRS also provided me with a sense of someone's current level of acute distress and risk.

In addition to the demographic questions and suicidality screening, all participants briefly discussed with me when their next therapy appointment was and what resources in addition to therapy are supportive. Although participation in the study had the potential to offer participants

a meaningful opportunity to feel heard, it was possible that discussing a memory of cutting and bleeding would be uncomfortable. As discussed in other NSSI studies, it has been recommended to talk with a participant before the interview about what supports they would find helpful in the event they feel upset (Lloyd-Richardson et al., 2015). To help frame and contain the interview experience, I also invited each participant to conclude the interview with a brief sensory-based grounding exercise to facilitate a withdraw from the memory and to help someone reintegrate back into the current setting and space. Lastly, each participant consented to the interview⁵, to audio recording, and was provided with a copy of the IRB-approved study consent form (see Appendix C). Each participant was invited to select a pseudonym of their choosing; if they were unable to think of one during the interview, I selected one.

As mentioned in the prior section, I started recruitment for my dissertation in early 2020 and planned to interview four to eight participants. I interviewed one participant in February and two more were scheduled for March 2020. As COVID-19 spread, I postponed my scheduled interviews and rethought recruitment. As in-person psychotherapy rapidly shifted to tele-health, waiting rooms suddenly did not exist. In addition to modifying my IRB to allow video interviews, I also adjusted my recruitment plan. I began to digitally distribute my flyer to clinics and individual private practices in the Pittsburgh area. Along with the flyer, I sent a short description of my project and a request for clinicians to share information about my study with potentially eligible individuals. I struggled to recruit any new participants amid a pandemic and through this modified, digital recruitment method. Fortunately, I was able to reschedule and

⁵ If the interview was conducted in-person, the participant signed a copy of the consent form; if the interview was conducted over Zoom, verbal consent was provided.

complete video interviews with the previously-recruited participants. However, after a few unsuccessful months with my COVID-adapted recruitment, I consulted with my dissertation committee. Considering the complex and extenuating circumstances of the pandemic, as well as the rich data I already had collected, we decided that I should move ahead with my three interviews and include data from an IRB-approved pilot interview.

I conducted my pilot interview in-person with Gertrude in April 2019. Overall, my dissertation was modeled after the pilot study, so the format of the interviews were very similar. I asked the same opening question, and asked follow-up questions based on sensations as well as blood and bleeding. Despite the similarities, there were some distinct differences. For the pilot, I did not gather demographic information or use the C-SSRS. The non-suicidal nature of Gertrude's self-cutting was verbally confirmed, and details about their identity and frequency of cutting was gathered conversationally during the interview. Additionally, for the pilot study, I began the interview with a mindfulness-based body scan. Lastly, I met Gertrude in my personal life so we had a pre-existing relationship prior to the interview. Though it cannot be measured, the impact of knowing one another on the relational field and intersubjective space of the interview is worth acknowledging. Like the dissertation study, with consent, I audio recorded Gertrude's interview and they selected their pseudonym.

Analysis

As described by van Manen (1990), hermeneutic-phenomenological data analysis is not a rigid process or set of steps, but rather it is "a free act of 'seeing meaning'" (p. 78). To begin my process of exploring and grappling with the meaning(s) in each participant experience, I transcribed the recorded interviews. As previously discussed, while language and the words that people use to describe their experience are important, so is non-verbal data. By transcribing the

interview data myself, I was able to indicate intonation, cadence, volume, and non-linguistic noises (like laughter, or stumbles). As Chadwick (2017) discusses, transcription is often framed as a “a fairly automatic and transparent process in which talk is seamlessly converted into transcript text” (p. 60) however she suggests that transcribing ought to “be repositioned as a *critical moment* in the research process. It is in the process of transcription that embodied voices are often rendered mute and are lost to analysis/interpretation” (p. 60, emphasis in original). As I transcribed the audio recordings, I attuned to the way in which words were said and attempted to include the quality of *how* words were spoken in my transcription—for example, pauses, laughter, and volume of speech.

After I completed the transcriptions, I used van Manen’s (1990) “selective highlighting approach” to identify the parts of the interviews related to blood and bleeding (p. 93). Once I identified, I coded the highlighted sections based on the existentials of: corporeality, spatiality, temporality, relationality, and communication. Following van Manen, lifeworld existentials are helpful “guides for reflection” (p. 101) during data analysis and offer a framework for phenomenological thematic analysis. Through this coding process, the lived experience of self-cutting and bleeding for each participant began to take form and, with each identified theme, my interpretation of the role and meaning of blood came into view. As Ellingson (2017) reminds us, themes are a “flexible and open-ended sense of findings” (p. 151). My process of thematic analysis was iterative—as I coded a theme, I would then return to the transcripts and grapple with what else related to (or perhaps contradicted) what I had found. Additionally, to support my “flexible and open-ended” process of discovery, I also was collaborative with my analysis. Van Manen notes that working with others during analysis can support a rich and nuanced research process (1990, p. 100). After I had identified my themes, I presented my data and analysis to

colleagues within the Duquesne University Psychology Department. Through sharing and collaboratively discussing my data and analysis, my themes continued to take shape.

In addition to transcribing and coding, writing was an important part of my data analysis process. Van Manen (1990) highlights the role of writing as a part of research, “in phenomenological human science, writing does not merely enter the research process as a final step or stage” (p. 128), rather, writing is a part of the analysis process. Inspired by the existential-hermeneutic analyses of Merleau-Ponty (1945/2009; 1948/2004), Eva Simms (2008), and Karen Arndt (2013), I organized and wrote about each theme by the existential dimensions of lived body, lived space, lived time, lived relationships, and communication. Using these existentials as a hermeneutic lens to guide my movement throughout the writing process, I interacted with the participants’ words from a new perspective and noticed different qualities and patterns.

Phenomenologists Todres and Galvin (2008) caution that in research there can be a “use [of] language in summative ways that can over-sterilize or even deaden the aliveness of the shown phenomenon” and recommend that researchers, “find words that are faithful to the phenomenon in all its complexity, sense, and texture” (p. 569). As I wrote, I thoughtfully and poetically chose words to represent the complexity of each participants’ experience and that attended to the depth within each existential, for example, writing about themes in spatiality, I used spatially-grounded language. As I wrote about each existential and theme, I constantly revisited the words of each participant. As I returned, again and again, I noticed and interacted with their narratives differently. By writing, the iterative hermeneutic process of my analysis deepened. I began to reflect on when and how different words were used (e.g., blood versus bleeding) and how the distinctions mapped onto each lifeworld existential. Utilizing an existential framework to shape my writing both held me in contact with the larger, overarching

structures that human experience is lived through and kept me in touch with the specific narratives and words of each participant. Much of the richness of my themes, was not palpable to me until I started writing.

Lastly, it is important to highlight that while I framed my thematic analysis and wrote about each key theme by distinct lifeworld existentials, the existential categories are interconnected and overlapping. As Arndt (2013) writes, “though useful for the purposes of this analysis, our delineation of different existential dimensions does not accurately reflect our lived experience in which space, time, embodiment, etc. form a dynamic gestalt rather than run in distinct experiential streams” (p. 37). The goal of my hermeneutic-existential analysis was not to divvy up the meaning and role of blood and bleeding into discreet categories. Rather, by thoughtfully considering the core human experiences of embodiment, space, time, relationships, and language, the rich and multifaceted implications of blood in self-cutting can be appreciated. Through the spirit of inter-connection, I considered what each existential thread gestures towards in the phenomenon, as well as how they all weave together. To return to van Manen (1990), he writes, “phenomenological research consists of reflectively bringing into nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural attitude of everyday life” (p. 32). Through an existential-phenomenological approach, my aim is to richly describe as a way to shed light on a phenomenon that is poorly understood and often stigmatized (Burke et al., 2018).

Intercorporeality and Critical Phenomenology

In addition to a hermeneutic-existential approach, my phenomenological inquiry is critically oriented. Before laying out the ways in which my project is critically engaged, I think it is important to highlight how traditional phenomenological sensibilities offer a radical lens to

understand human existence. In her chapter “Critical Phenomenology,” Guenther (2019) describes the profound perspective phenomenology offers, “rather than bumping our philosophical heads against the bell jar of solipsism, classical phenomenology...lights up the transcendental structures that we rely on to make sense of things but which we routinely fail to acknowledge” (p. 11-12). By ‘returning to the things themselves,’ that which has been systemically silenced, overlooked, muted, naturalized, or effaced is not only available for analysis, but is rendered comprehensible.

Although phenomenology sloughs off many taken-for-granted assumptions about the world, phenomenologists have historically struggled to consider and contend with systems of power and oppression. Guenther (2019) notes the failings of this method stating that classical phenomenology has not provided a

rigorous account of how contingent historical and social structures also shape our experience...structures like patriarchy, white supremacy, and heteronormativity permeate, organize, and reproduce the natural attitude in ways that go beyond any particular object of thought. These are not things to be seen but rather *ways of seeing*, and even ways of *making the world* that go unnoticed without a sustained practice of critical reflection...these structures generate norms of the lifeworld and the natural attitude of those who inhabit them. We overlook them at our peril. (p. 12, emphasis in original)

As Gunther accentuates, there is much at stake in *not* utilizing a critical phenomenology. She also suggests that Merleau-Ponty’s theory on intercorporeality offers a non-dialectical starting point that is conducive for critical work. Diverging from earlier phenomenologists, Merleau-Ponty retheorizes the relationship between noesis (intentional act) and noema (intentional object). Instead of a linear trajectory between individual action and external world, Merleau-

Ponty suggests that there is interrelation. Guenther writes, “Merleau-Ponty shows how the world shapes consciousness, without depriving consciousness of the agency to shape the world in return” (p. 13). Within this co-constitutive intersection can we more richly—and critically—understand human experience.

In addition to stressing our intersubjective posture within the world, Merleau-Ponty also emphasized the centrality of the body to lived experience. Our bodies are not solely a part of experience; bodies are how we have experience. Through perception, body and world are intercorporeally bound up in one another. As posthumanist, feminist phenomenologist Neimanis (2017) writes, “for Merleau-Ponty, what we can know about things resides neither in a transcendent platonic realm of ideals nor solely in our solipsistic imaginings; it emerges in the ineluctable imbrications of body and world” (p. 43). If we are to ‘return-to-the-things-themselves,’ the things will speak to our interdependent, ever-becoming existence.

In addition to emphasizing our interrelatedness, Merleau-Ponty also subversively highlights the “metaphysical porousness and lability of the intercorporeal body” (Marratto, 2019, p. 199). Intercorporeality ushers in a radical departure from the objectivist and intellectualist ontologies that orbit around Cartesian ideals of separation, division, and individualism. Overall, when we think of our subjectivity as intercorporeal, we can attend with care and nuance to the ways that our flesh (and blood) mediates our experience and is bound up with the world. This perspective is particularly useful when understanding the dynamics of blood within self-cutting and is quite valuable when thinking about NSSI overall.

I situate my existential-hermeneutic method within intercorporeality and use Merleau-Ponty’s work as footing for my critical analysis. Many other theorists—for example, feminist, critical race, queer, new materialist, posthumanist—have employed (and criticized) Merleau-

Ponty's ideas, and I also draw from these authors throughout my analysis. As previously described, the process of writing is conceptualized as a part of the analysis (van Manen, 1990). As I wrote about each theme, I held the words of the participants in close contact with philosophies that take up and expand upon Merleau-Ponty's concept of intercorporeality. Through this contact, the theories helped elucidate the many nuanced qualities of a participant's experience. Grounding within the theory of intercorporeality facilitated an analysis that had a depth and attention to the many qualities of a participant's experience, and, as following Gunther's (2019) aforementioned suggestion, intercorporeality also provided sturdy footing for a critical analysis.

In *Psychoanalysis of Fire*, Bachelard (1964) writes about his approach studying the phenomenon of fire. Though distinct from blood, there are ways that fire occupies a similar position as both quotidian and enchanting element of human life. In the introduction to his text, Bachelard writes, "the axes of poetry and sciences are opposed to one another from the outset. All that philosophy can hope to accomplish is to make poetry and science complementary, to unite them" (p. 2). Philosophy is not a stagnant theory, but rather, it functions as a methodological tool to effectively weave together art and science. Through my analysis, as I held the participant's words in dialogue with the ideas and sensibilities of different philosophies, a subsequent richness and depth to each participant's experience emerged.

A critical phenomenological approach helps to destabilize taken-for-granted assumptions which leads us to a fertile terrain rich with new, fresh perspectives. By orienting my analysis around the chiasmatic, non-dialectical sensibilities that Merleau-Ponty theorized, I grappled with the solipsistic assumptions about subjectivity that deeply undergird Western culture and implicate how NSSI has been understood. Through the results as well as the discussion sections,

I weave in different theories to help illuminate the numerous hegemonic beliefs that surround NSSI. Through this grappling, the different theories not only helped to inform my analysis of each participant's narrative, but, in turn, each participant's experience also spoke to the theories.

Chapter Three: Introduction to the Participants

I will briefly introduce each participant as well as provide background information on their relationship to self-cutting. This introduction serves as a succinct backdrop to contextualize the more nuanced and detailed aspects of the experiences and narratives that are discussed within each existential chapter.

Meghan is a 28-year-old white, bisexual, cisgender woman. She first cut when she was 13 years old. From ages 13 until 20, she cut about once a week. From age 20 onward, she estimated that she cut two or three times a year and last cut when she was 27. She shared that cutting helped her, “feel more alive and help release my emotions that I couldn’t control...and just be more in my body. Because when I was very overwhelmed with my emotions I don’t feel physically in my body.”

Bee is a 28-year-old white, heterosexual, cisgender woman. She first cut when she was 12 or 13 years old. At first Bee cut once or twice a week, however at times she would cut daily. Bee last cut when she was 24 years old, and she noted that she will sometimes think about of self-cutting. Bee shared that cutting was,

an emotional release because I didn’t know what else to do with all those feelings or who else to talk to about what to do. So it was kinda like, when something happens this is my thing I can do so I can move on from it. Um, because even as I am learning now through some of the therapy that I do, I feel like I hold onto things a lot. Whether it’s a physical tension or just a thought that keeps happening. So I feel like in high school the only way that I could get back to whether it was homework or leisure or whatever, was like to, I needed some way to get that out, some way to get rid of it. And I couldn’t talk to anybody. So, there was cutting.

Alex is a 24-year-old white, queer, non-binary person. They first cut at age 11 and estimated that they would cut biweekly, however they noted that they would sometimes cut more or less. Alex last cut at age 24 and shared that self-cutting,

provides me with an immediate answer to whatever problem I am perceiving to have for whatever reason, like, I become so engrossed or whatever, with whatever I'm experiencing, like I feel, like, agitated or distressed or you know, I'll have, like, flashbacks or something and I'll just be in this moment and, you know, for whatever reason, I'll just convince myself that oh my god I have to cut myself, cutting myself is the only answer to this, um, and following that, cutting myself and feeling better, um, because I've convinced myself that cutting myself is what I have to do to feel better.

When Alex was younger, self-cutting,

gave me, like, notoriety amongst people who I was like friends with at the time, um, and then it also, like, it gave me some sort of, like, uh, affirmation of like what my identity was, like I was emo, right, and yeah. And then it also, kinda, and I've also, kinda, used it, um, in the past, almost as like a manipulation. Like, I was in, like, a really abusive relationship—well I was in a really abusive marriage for like a few years, um, and like, yeah, I like. And in that, you know, I used cutting as like a means of like escaping a situation, where it's like if I cut myself bad enough then I have to go to the hospital and I don't have to be here anymore, um, kind of thing, yeah.

Gertrude is a 29-year-old, white, queer, non-binary person. They started cutting when they were 13 and stopped at age 25. Gertrude was a pilot participant so they did not complete the demographic form like Bee, Meghan, or Alex so I have limited information on their frequency of cutting. When reflecting on how self-cutting helped them cope, Gertrude shared,

people focus so much on the actual act of activity and how bad it is for you and that it's not the right way to do things, and people don't focus on why someone might be doing it. And I think one of the things that resonated with me, I think it was working with my therapist, it was like this is how you know how to maneuver and cope with the situation. We can't just take it away because there has to be some other way to cope, right. I mean if this is what you have developed as a coping mechanism. I mean sure, maybe it's not the healthiest coping mechanism, but you're doing it for a reason if you didn't need it you wouldn't do it. And I think that was the first time where it was like, yeah, like you're not just sitting here telling me that this is the worst thing you could possibly be doing, and you shouldn't do this. It was like, no, we need to give you things to replace this with that feel like you can get the same result almost in a way that is not damaging to your body. Because this isn't good for your body—it's a distraction I think more than a processing of feelings. And it was like ok we need to like do both of these things. We need to replace this with a new coping mechanism that is less unhealthy, and we need to deal with the processing of emotions so you don't feel you need a coping mechanism and that you can actually process.

Summary

Although brief, each participant summary guides our attention to the diverse meanings of self-harm, and specifically self-cutting, for Meghan, Bee, Alex, Gertrude. I share these narratives to orient our attention around the individual characteristics of each participant and to provide a backdrop to the phenomenon of self-harm overall before diving into specific the ways that blood and bleeding were at play for each participant. As we now turn to the results, organized into individual existential chapters, I will look at how the experience of blood impacted each

participant's lived experience of embodiment, temporality, spatiality, language, and relationality in the context of self-cutting. As previously discussed, I used each existential as a hermeneutic framework to guide my thematic analysis and to organize the results. Although organizing my results by existential dimension offers a helpful framework to organize the themes, it is important to reiterate that all dimensions are inter-related, overlapping, and build upon—and across—one another.

Chapter Four: Corporeality

In this opening existential chapter, I explore how blood impacted each participant's experience of their lived body. Given the embodied nature of self-cutting, I begin with the existential of corporeality as I believe it serves as the foundation for the other existential dimensions. In my discussion of the first theme, Blood as an Animate Object, I draw from theories of intercorporeality, transcorporeality, and abjection to employ a non-dialectical framework to understand the lived body. For the second theme, Bleeding and Control, I approach how the embodied experience of bleeding impacted each participant's experience of control. Additionally, I attend to how the participants distinguished between blood and bleeding, which emphasizes the distinctive and significant corporeal dynamics at play in self-cutting.

Theme One: Blood as an Animate Object

During my interview with Gertrude, they described the ways that blood “splattered.” As the conversation continued, they shared more about their experience of the splattering, cause it moves and it like drips, and when it drips, it splatters...I used to have pieces of cardboard, that I would let blood drip on. There is something very satisfying to hear it, like, the sound that it makes. Like, it hits the cardboard and then it splatters. And it's just, like, a reward. It's rewarding.

Gertrude emphasized that blood is not a passive medium that came out of their body. Blood *interacts*.

Stacy Alaimo's (2008) idea of transcorporeality is useful when considering sanguine dynamics. Expanding on the idea of intercorporeality, transcorporeality attends to the material properties of our environment and shifts the focus beyond just anthropocentric interrelation. As Alaimo writes, “I would like to propose that we inhabit what I'm calling ‘trans-corporeality’—

the time-space where human corporeality, in all its material fleshiness, is inseparable from ‘nature’ or ‘environment’” (p. 238). Alaimo continues and explains the utility of this term, imagining human corporeality as transcorporeality, in which the human is always intermeshed with the more-than-human world, underlines the extent to which the corporeal substance of the human is ultimately inseparable from “the environment.” It makes it difficult to pose nature as a mere background for the exploits of the human, since “nature” is always as close as one’s own skin. (p. 238)

Although Alaimo’s work focuses on the environmental consequences of our intimate embeddedness with the material world, her work has much to offer when theorizing blood. From the perspective of transcorporeality, the various elements, materials, and actors at play in self-cutting are more accessible. Transcorporeally, our bodies are not simply the “background for the exploits” (p. 238) of our mind, but rather our mind and body are fluidly intertwined and in a dialogue. Blood was not a neutral substance that Gertrude projected their internal emotions onto. Existing simultaneously inside, between, and outside, the blood was a participant in Gertrude’s self-cutting. Blood moved, dripped, splattered, and made a sound, which in turn influenced Gertrude’s experience. Gertrude dialogically interacted with the blood’s qualities and positioned their body and arranged cardboard to facilitate the splatter. Their experience of self-cutting and bleeding was transcorporeally situated between body and world.

Other participants also discussed the animacy of blood. For example, Meghan shared, Across the cut it would kind of, if it were angled, it would come down the cut and come mostly out of one spot, versus like on my wrist it was kind of equally coming out of the cut. Whereas on my hip it would pool down, like trickle down more. I enjoyed when it would come together; watching it, versus when it dispersed evenly; not evenly, but when

it was more dispersed. I enjoyed it more when it was collecting and like becoming, um, not thicker, but more, more blood in one spot, like concentrated.

Blood interacted with the fleshy terrains of Meghan's body in various ways. Blood's animacy changed depending where on her body she cut. Cutting her hip versus her wrist cultivated a different result. The way that blood flowed and congealed was a part of the process and Meghan described blood's movement, shape, and form:

the trickling does begin to stop and it kind of, not like pools, but like, trying to think of how you would describe—kind of like when a tear forms, it starts to come together more and it's like a little “bleb.” It kind of starts to get thicker in that way when it begins to slow down...I did like watching it when it would form drops or “blebs.”

Blood's slowing, pooling, and “bleb” shape all interacted, not just with the surface Meghan's skin, but with all the elements that are at play when a blood vessel is punctured and we bleed. As blood emerged from the tubular vessel, gravity, oxygen, cells, and platelets interacted.

Returning to Gertrude, they also discussed the ways that blood's qualities impacted their experience of self-cutting:

You could feel it more when it was thick. And I think when it was thick, it was red more, more red. But like if it was thin, it would just kinda fall out. Where if it was thick, it's like you can feel the buildup, and the moving down your arm, and dripping off your hand. Like you can feel it more, and that was more satisfying than if it was just pouring out.

The color, texture, and consistency of blood emerged between body, blood, and world. Gertrude's sense of “satisfaction” or “reward” was not in blood but was nested within the intermingling of blood, world, and body.

For Bee, blood had a different valence than Gertrude or Meghan. Blood was often discussed as an unfortunate aftermath and consequence of self-cutting; it was neither liked, rewarding, nor satisfying. As Bee explained, “it’s just messy, it’s annoying.” When describing her process of self-cutting, she noted how she anticipated the blood, “I think in my mind that is why I had chosen to sit in a bathtub, thinking like, this could get messy. I don’t want to take 12 years to deal with this.” Though a different reaction to the bodily fluid, the animacy in blood was also powerful for Bee. Her attunement to blood’s possibilities cultivated in her efforts to meet blood’s messy potential and sit in a bathtub to self-cut. Blood’s animacy was quite palpable (and bothersome) to Bee; when bleeding, blood is something that could, as she hyperbolically emphasized, take years to deal with. As a result, Bee navigated her surroundings in a dialogue with the blood. Again, blood was far from passive; blood could make a mess and stain. From Bee’s description, blood was something to be dealt with.

For Alex, their relationship with blood changed over time. When they first began cutting as an adolescent, blood was a peculiar substance, “I was more curious about it. Just like playing with it or let it sit on the counter and waiting for it to like change form or something.” Alex continued and described more of their process of engagement:

Bleeding into a cup and like sticking your finger in it or something, you know...it’s like I remember definitely like, like, like smearing it around and just like, like with it in my fingers and stuff, yeah. Just like being curious, it’s like what is this thing, what is this blood. Because it was before I ever got my period, it’s not like I ever really had any real experiences, like firsthand, with blood you know. It was like my, it was my first experience with blood was cutting myself.

Overall, blood's animacy evokes a response. The materiality of blood beckons for particular types of engagement. The texture, color, fluidity, ever-changing consistency, and viscosity may entice a curious smear or may suggest sitting within a bathtub. Blood's animacy is cultivated within the world, and the world's animacy is cultivated within blood; only between body, world, and blood can a smear, for example, come into existence. From a transcorporeal framework, we can begin grasp blood's many roles in self-cutting.

There is another aspect of blood that is crucial to discuss within this theme "Blood as an Animate Object." Blood is not simply a material from the "more-than-human world" (Alaimo, 2008, p. 238), nor is it something that is distinctly part of the body. Blood is liminally in-between. Consistently throughout the interviews, participants referenced blood as "it" or "the blood." There was not a sense of embodied possession over blood that came from a self-cut. Blood was both from the participants' bodies, and simultaneously, it did not belong to them. Drawing from Kristeva's theory of abjection can help to make sense of the liminal status of blood and how it implicates the experience of embodiment. Kristeva (1982) writes,

It is as if the skin, a fragile container, no longer guaranteed the integrity of one's "own and clean self" but, scraped or transparent, invisible or taut, gave way before the dejection of its contents. Urine, blood, sperm, excrement then show up in order to reassure a subject that is lacking its "own and clean self." (1982, p. 53)

The object ruptures a sense of embodied cohesion and the perception that the skin is a stable boundary that clearly separates self from other. Meghan, Alex, Gertrude, and Bee did not articulate blood as a part of their "own self," but rather blood was something relationally enigmatic: "it."

Human life originates during gestation and—although distinct beings—fetus and parent are concurrently inseparable. This formative experience cultivates a sense of subjectivity predicated on interconnection, envelopment, and interrelation. For many months after birth, an infant remains sensorily interwoven with their surroundings. Simms (2008), explores the embodied experience of breast-feeding during infancy, noting how baby, parent, and bodily fluids all intermingle together. As Simms writes, “the newborn lives the prereflective and unmediated ‘wild Being’ of the flesh” a chiasmatic reality which “remains the continual substratum of adult experience” (p. 22). Typically, through childhood development, this fluid dynamic consciously fades as we learn to perceive ourselves as singular, contained entities. Most notably, during the mirror stage of development, an infant begins to recognize their own reflection and starts to form a sense of a coherent, singular body image. What was previously indistinguishable, starts to be identified as “self” and “other.” However, in order to develop a sense of singularity, the fluid and liminal qualities that are the “continual substratum” (p. 22) of experience are abjected as they cannot fit within an individual body image. In order to maintain our “own and clean self” (Kristeva, 1982, p. 53) we continuously engage in the process of abjection to reassert and manage a sense of a contained self. Participants’ reference to blood as “the blood” or “it” can be understood as their negotiation of what constitutes a “self” and gestures toward the fluid, undifferentiated, and liminal elements that are originary to embodiment. Theories of intercorporeality and abject not only help us embrace the endless complexities of human experience, but they also crack open the idea of a singular “self.” From an intercorporeal perspective, the solipsistic subjectivity implied in the nosology *self*-harm starts to deflate and the interdependent and gestational dynamics of our primordial “self” are more accessible.

When holding together intercorporeal (or transcorporeal) and abject theory, we also can start to make contact with the ways that nature is not just “as close as one’s skin” (Alaimo, 2008, p. 238) but nature is always within, between, and beyond our flesh and blood. Starting from this place of non-dialectical understanding offers a fruitful and rich terrain for approaching the lived experience of blood and bleeding in self-cutting. Writing within the context of clinical psychology, it feels imperative to name that I do not consider bleeding as an aberration of a “normal body” but rather, I start within the fluid, chiasmatic relational dynamics that are originary to all human experience. This framing is not meant to wash over the pain, angst, turmoil, and difficulty that is within each participant’s story—or in many other stories of those who self-harm—but aims to have an open posture to the multivalent tendrils, fibers, and threads of experience that all are woven together in self-injury.

Theme Two: Bleeding and Control

Control

The last time Alex self-cut, they had just left the hospital after a miscarriage. The difficult situation was exacerbated by conflict with and lack of support from their partner. Once they returned home, Alex broke the glass in a picture frame and cut their arm. Reflecting on their experience of cutting, Alex shared, “the blood was particularly symbolic because like it felt like a kind of bleeding that I could control. You know, whereas a miscarriage is bleeding that I cannot control.” As Alex described, not all blood is the same. The experience of bleeding in self-cutting is distinct from bleeding during a miscarriage, an experience that was poignantly and painfully not in Alex’s control.

As the interview continued, Alex returned to their distinction between bleeding that can and cannot be controlled:

I'm not cis, right, and so it's like, I definitely have some sort of contention with, um, the way in which my body is constructed, is how I'll put it. Um, and bleeding can be really upsetting wherever you don't want to, um, for me. So it's just like, back to the control, it's just like, it's like, sometimes I can control when I bleed and that's whenever I cut.

Like I can't control when I bleed, you know, like, I can't control when I get my period.

The bleeding in self-cutting was not a marker of a menstruation, an experience that is encumbered with gendered assumptions in our binary-obsessed culture, nor was it a potentially laden reminder of how Alex's bodily states did not consistently feel welcoming or congruent as a non-binary individual. The experience of bleeding in self-cutting was a salve for the lack of control over of their body, the ways that it functioned, and the ways that it was "constructed." Overall, Alex reminds us that not all blood and bleeding is the same. The experiences of bleeding from a menstrual cycle, miscarriage, or a self-made cut are not equitable.

For Gertrude, similar to Alex, bleeding during self-cutting also related to dynamics of control, "being able to control how much bleeding was happening and if it slowed down too much, I could make it bleed more or I could make it not bleed," they continued, "It's satisfying. Like you're producing the thing you want it to produce." Gertrude shared how their sense of satisfaction was bound up in controlling the process of bleeding:

I could engage myself in this process of bleeding and like controlling that process because I felt out of control, like, my emotions felt out of control. I didn't necessarily feel out of control of the world, but I felt out of control of the way that my body was feeling or, like, that I couldn't control my body, and I needed to control my body and I think that stems back to like my uncle, because, like, because I couldn't control what was happening to my body.

For Gertrude, the control they derived from bleeding contrasted with emotions and bodily sensations that felt out of control. Their regulation over the production, quantity, and pace of bleeding was satisfying and re-grounding. The consequences of not being in control for Gertrude were likely quite threatening. Briefly mentioned in their interview, Gertrude contended with an uncle’s abuse where the control they had over their body was traumatically jeopardized. While bleeding, there were opportunities to control how blood bled, for example, when they “[produced] the correct bleeding pattern.” Gertrude noted that at times they accidentally cut deeper than they intended and would be aware that the blood was not in their control, however, because they were bleeding—the desired result—they still felt in control:

I mean if I was really worried about it, I could just apply pressure and you can speed it up by squeezing your arm and flexing your hand to produce more blood flow and then releasing it. Or cutting the same spot again, or, picking scabs, I mean there are lots of things you can do. But I think it would predominately be like, how much—so if I would initiate a cut, how much is it bleeding? Can I make it bleed more without cutting more? Do I need to add, do I need to actually cut more? Can I squeeze it or press on it or pull it open or move my arm lower to the ground or whatever it was to make it produce more or less bleeding?

Through the interpermeation of body, blood, and the world, Gertrude accessed a form of control. While bleeding, they engaged the various qualities of their body to control bleeding, for example, they squeezed the flesh near the cut, contracted their hand to induce flow, moved their limb in space to change the impact of gravity, or revisited old wounds. Like a marionette, Gertrude could tweak facets of different threads to create a result within the wound.

Meghan only briefly discussed the idea of control within self-cutting. Preceding her self-cutting, she noted that she would “feel really out of control.” Later in the interview, as she reflected on the vision of the blood, Meghan shared how she felt, “I wanted to stay in control at first, but kind of the opposite as well because you can’t really control the bleeding that comes out, but I am not really sure what emotions I felt while watching the blood, but I did watch it.” For Meghan, she felt some element of control while bleeding, however, she was also acutely aware of the ways that she did not have control; overall, she was ambivalent about her sense of control.

Lack of Control

For Bee, bleeding represented a lack of control. Bee shared that her childhood home did not have medical supplies, like gauze or bandages, so she resorted to using other household items or articles of clothing to try and control and stop the bleeding:

It was always the whole process of, like, first you have to like—whether it’s a wet rag or just rinsing yourself off in the shower or whatever, you first just have to get rid of that so you can even cover it because otherwise you’re gonna have to cover it like four or five different times, especially when you are just using things like toilet paper um, not super effective, um, I know there were times too where I would use a sock. Which thinking about it now, I don’t know where I got these ideas, but like, I just used the strangest things because I needed it to stop and I needed to move on with my day. Which was not always the easiest thing right after that.

Bee felt at the mercy of bleeding. Despite her various efforts to stop the bleeding, none of them were adequate, and it took time and many interventions for her bleeding to congeal and ultimately scab. Bee struggled to find anything in her environment that might help her regain

control, a reminder of how little overall agency she felt within her childhood home where she had a strained and difficult relationship with her parents. The lack of control over how she bled made blood a challenging consequence of cutting.

In addition to feeling a sense of control, Alex also shared an experience of lacking control over bleeding. During adolescence, Alex attempted suicide by self-cutting. Though a significantly different context than nonsuicidal self-injury, their experience of bleeding during their attempt impacted their experiences when self-cutting without any suicidal intentions. As Alex shared, “I had tried to commit suicide by cutting, um, it actually like quite traumatized me. The blood traumatized me. There was just like a lot of it.” After the experience of self-cutting with lethal intent, Alex no longer felt curious about bleeding, and felt more aware of how blood can lead to bleeding that is out of control. In contrast to this traumatic experience, Alex shared that they are now

first aid certified so it’s like I can make the bleeding stop as well, um, so it’s just like having—being able to know the limitations and, of, of my body and like what I am capable of and the knowledge that I do have, um, it’s kind of like empowering.

Studies suggest that dynamics of control (and lack thereof) are relevant to the phenomenon of self-harm. For example, Gratz’s (2003) empirical review of self-harm lists “provide a sense of control” as one of the primary functions of self-injury. Although the literature offers many important points to consider, there is little discussion of dynamics of bleeding and control. This is not to suggest that the experience of control can be reduced exclusively to the experience of bleeding, however, from the stories of Gertrude, Alex, Meghan, and Bee the experience of control is heavily implicated in bleeding, in both soothing and unsettling ways.

Notably, the participants did not talk about blood and control, but *bleeding* and control, a distinction worth unpacking. Most obviously, blood is a noun and bleeding is a verb. When bleeding, blood intermingles directly with gravity, a force which connects to the fluid, collaborating with the quantity and viscosity to shape its flow from the body into the air's elements. Participants referenced the site of the cut, the split skin, where the bleeding occurs. As Meghan stated, "bleeding comes out." For the participants, bleeding is an embodied process and something the body *does*.

Returning to Merleau-Ponty's (1948/2004, 1968) theory of intercorporeality, there is a mysterious quality to lived embodiment. Although the chiasmatic connection within the world engenders a sense of interrelation, Merleau-Ponty also discusses the simultaneous feeling of anonymity that accompanies the lived body. As phenomenologist Marratto (2019) writes, "intercorporeality is thus deeply ambiguous: on the one hand it suggests a *continuity* between myself and the other, an absence of definite boundaries, but this continuity is only made possible because of a sense of *discontinuity*, estrangement, anonymity, even possession" (p. 198, emphasis in original). Intercorporeality highlights the simultaneous intimacy and alienation of embodiment. While participants' cuts were self-inflicted, the wound's automatic conjuring of blood gestures to the "almost impersonal existence" of embodiment (Merleau-Ponty, 1948/2004, p. 86). While bleeding, the impersonal underbelly of embodiment cultivates a field where the question of control (or lack thereof) can be consciously contended with. Although the reactions varied, the dynamics of control were only accessible to participants because of a sense that there was an uncontrollable quality to their embodiment.

In the article, “Living with a Thousand Cuts: Self-Cutting, Agency, and Mental Illness among Adolescents,” Csordas and Jenkins (2018) discuss the role of agency in self-cutting which can help us understand that dynamics of control at play. They write,

self-cutting can be understood as a troubling symptomatic behavior or as a creative struggle for agency and may exhibit elements of both pathological obsession and ritual transformation, but in either case it is *an enactment of a vexed relation between body and world*. (p. 208-209, emphasis added)

By conceptualizing bleeding in self-cutting as a conjuring forth of the anonymous body, the “vexed” dynamics of body and world can be understood further. Many of the anonymous qualities of the lived body hum discreetly in the background of day-to-day life. Our hearts beat, lungs breathe, and stomachs digest without conscious request. As Leder (1990) writes in his text *The Absent Body*, “the perceptual and expressive surface always rests upon a hidden base. My inner organs are for the most part neither the agents nor objects of sensibility” (p. 64-65). There is a vibrant network of processes that pulsates throughout our lived body. However, within the phenomenon of self-cutting, the “hidden base” shifts and becomes perceptually accessible. No longer just coursing through our veins or sustaining the cadence of our heartbeat, blood bleeds in a sensibly distinct way. When bleeding, the vital substratum that quietly sustains embodiment is foregrounded and perceived. Leder describes the multilevel dynamics of embodiment, “my surface powers rely upon deeper vegetative processes, as well as an unconscious fetal history and periods of sleep. More than just a ‘cluster of ‘consciousness,’” my body is a chiasm of conscious and unconscious levels, a viscerio-esthesiological being” (p. 65). Participants’ efforts to control their bleeding emphasizes the ever-present dispossessed qualities of human embodiment and also highlights how different intercorporeal dynamics are accessible in self-cutting. Returning to

Csordas and Jenkins' (2018), they summarize cutting "as an intersubjective bodily technique to exercise agency" (p. 215). Building upon their framework, when bleeding, the familiar and anonymous qualities of embodiment re-constellate and invite a different viscerio-esthesiological experience of embodied agency and control. What is typically latent manifests which summons a new form of perceptual engagement and embodied process. The phenomenon of bleeding in self-cutting reminds us that embodiment non-dialectically skirts along the borderland of the "chiasmatic identity-in-difference of perceptual and visceral life" (Leder, 1990, p. 66) that renders our bodies neither fully agentic nor fully dispossessed.

Chapter Five: Temporality

In this chapter, I discuss how bleeding impacted participants' experience of lived time during self-cutting. Participants discussed the different ways that bleeding guided self-cutting and marked of the passage of time. Participants also articulated bleeding as a process which illuminated salient ways that self-cutting was temporally fluid and extended beyond the moment of cutting one's skin. Furthermore, I explore the material qualities of a wound which highlights the complex temporal dynamics in self-cutting. By following bleeding, we can see how a wound is a conglomeration of injury and healing as it holds multiple processes simultaneously and is an amalgamation of many temporalities.

Theme Three: Bleeding is a Process, and the Wound is a Timekeeper

As Bee talked about her self-injury, she expressed curiosity about the temporal experience, "it's strange because when I think about it I could describe it as sort of like a quick release as far as emotion, but like the actual, um, occasion of doing it is certainly more of a process." Shared in exasperation, once she cut, the process could take "forever" to deal with. Blood shaped the temporal experience of cutting, and Bee's struggle to navigate bleeding with toilet paper or articles of clothing was a part of the ongoing, and seemingly endless, process of self-injury for her. "It's frustrating because, like, the blood will sometimes stop, but then you'll have, like that gooey, gross aftermath which is, just, it just takes forever. Like my body just doesn't seem to scab." The elements of blood mark the movement of time within cutting, and the process of bleeding and blood congealing, slowing, and scabbing provides the temporal scaffolding for the experience of cutting. As noted in the literature review, self-injury is framed as the "destruction of one's body tissues" (Gonzales & Bergstrom, 2013, p. 124), however, when attending to the role of blood and bleeding, the experience of self-injury is not a singular event

of tissue destruction, but a process of cutting, bleeding, congealing, scabbing, and healing. When bleeding is attended to, there is not a clear and measurable beginning and end to self-cutting, rather the experience is temporally (and literally) fluid.

Within Western culture, our lives are beholden to measurable and calculable timeframes, for example, a clock or a calendar. Benjamin (1968) coined this numerical and scientific approach to “homogenous time”—time that is consistent, precise, and successive. This temporal structure runs throughout most of our daily existence—when wake up, arrive, leave, sleep, eat, work, or get paid. Operationalized time is a cornerstone for methods of production and productivity that are powerful cultural forces in a Western, capitalist, individualistic culture. Despite its preeminent presence, homogenous time is not how time is experienced. As we navigate our 24-hour days, they do not all feel temporally the same. Aptly exemplified during the COVID-19 pandemic, as we responded to the threat of the virus, activities suddenly halted, and as a result, the lived experience of a day dramatically changed. The passing of time was no longer lived in the multifaceted ways that most of us were accustomed to. Seeing fewer people, going fewer places, and doing fewer activities made some days fly by and others barely budge. In fact, it became hard to keep track of distinct days. Did I go to the store on Tuesday? Or was that Thursday? As the days blended together, homogenous time felt increasingly distant. When there is less “to do,” linear time loses relevance.

Lived time is constructed within the world and is an amalgamation of various qualities that cultivate a felt sense of temporality: “sunlight and shadow, the movement of the moon, the smell of the changing seasons, the color of the river water, the flight of birds, the sounds of predators at night: all are indicators of the world’s changing activity as it moves through time” (Simms, 2008, p. 129). Our world communicates the migration of time, and our bodies are in

dialogue with the various shifts. Within lived time, we can understand how time moves in a much more fluid, rhizomatic, enigmatic way. By attending to the experience of lived time in self-cutting, we can recognize these co-occurring temporal threads.

Through the dynamic interaction of body and world, lived time is expressed. The world does not give us signs, and we, as separate entities, interpret time (a presumption of homogenous time). Rather, we are intermeshed. Using homogenous time, the temporal experience of bleeding has been misunderstood, and as a result, many aspects of self-cutting have been obscured. From the perspective of lived time, the various temporal pieces at play during self-injury are elucidated.

Gertrude shared how their body and world temporally interacted:

I think everyone's blood is probably a little different, but like, it's so red, and it's thick, and it's like paint kind of. And it's just the whole part of the process—it doesn't drip like water does, you have to produce enough of it to get it to out of your body at a high enough rate to get it to drip onto something and it makes a sound...I would cut, and I would just hold my arm and let it drip, drip, drip, drip, drip.

Gertrude's process of cutting involved interacting with blood to facilitate a drip and sound. The blood's splatter was like a clepsydra, a tool that marks time through the passage of water.

Although the ancient water clock strived to operationalize time, it was often mathematically inaccurate because of how various elements, such as water pressure, impacted the flow's pace.

Gertrude, as discussed in the prior chapter, derived a sense of control from their ability to interact with the flow of the blood. For example, administering pressure near the site of the cut or shifting their body lower to the ground to increase the wound's blood supply. As Gertrude explained,

There is also something about, like, being able to control how much bleeding was happening and if it slowed down too much, I could make it bleed more or I could make it not bleed. And I mean it's almost like somehow, I don't even know where I got to a point where I was like "ok, I feel like I'm done now" but it's just like you get to a point where you feel like ok, I'm done now.

Gertrude's influence over the mechanics of the clepsydranic wound contributed to their sense of control, and also indicated a passage of the process. Unable to articulate precisely what happened or when they finished, Gertrude's bleeding guided the contours of the process and directed their sense of "done-ness" or completion.

In the text *Bodies of Water: Posthuman Feminist Phenomenology*, Neimanis (2017) uses water as an example of how to attend to the materiality of human experience,

human bodies are at least two-thirds water, but more interesting than these ontological maths is what this water does—where it comes from, where it goes, and what it means along the way. Our wet matters are in constant process of intake, transformation, and exchange—drinking, peeing, sweating, sponging, weeping. Discrete individualism is a rather dry, if convenient, myth. (p. 3)

Though she focuses on water, Neimanis has much to offer when thinking about the process of bleeding and blood. Following in Neimanis' footsteps, materially attending to the ways that blood moves through us, between us, and amongst us offers helps to unfold an understanding of intercorporeal temporality.

The process of bleeding is far from simple. Blood is an amalgamation of plasma, red blood cells (which are responsible for blood's bright color), white blood cells, and platelets (American Society of Hematology, 2022). When a blood vessel is cut, an orchestra of events and

activities unfurl: oxygen-carrying red blood cells, white blood cells, and plasma seep from a blood vessel into the flesh surrounding the injury. Platelets attach to the edges of the cut and emit chemicals that encourage more platelets to join. Platelets are the primary conductors of clotting and as they accumulate they form a platelet plug, which will slow and ultimately stop the bleeding. Beneath the wound there are threads of fibrin, a component of plasma, that fuse together and fill and compose the underbelly of the wound (National Library of Medicine, 2022). When bleeding, the features of blood are different than when it is circulating through our veins. There is a conjuring of the different elements of blood, primarily platelets, evoking a response that facilitates congealing and clotting. Without a conscious request, blood bleeds in response to the environment. As we understand the various components at play in bleeding, the concept of blood as animate and embodiment as anonymous expand further.

While bleeding, past, present, and future are simultaneously held together. Blood carries previously-formed proteins from various organs and oxygen from prior breaths, fills the present slit in the skin, and conjures various elements of its own fluid to guide the future flow. As Simms (2008) theorizes, “lived time rearranges itself continually because we flow along with it” (p. 134). Bleeding is an ongoing temporal rearrangement; as platelets flock to the site of an injury, blood’s flow concurrently oozes and congeals. Depending on the person, this dance can create a sense of control (Gertrude) or frustration (Bee). Toggling between past, future, and present, self-cutting is not a linear chronological process, but bleeding and wound co-occur and co-create each other simultaneously.

A wound is comprised of the elements of blood, and in its many forms—liquid, congealing, and scabbed—keeps time. To scab and heal, a wound needs contact with the environment, primarily oxygen, without which it will remain oozy. Temporal dynamics are not

contained in the wound, but in-between body, wound, and world. When we think about the wound as a literal conglomeration of blood clots, it extends the temporality beyond just when blood is bleeding, to include when blood is congealing and scabbing. This temporal framework was discussed by participants. Bee recalled,

I would cover them and put on pants. I always wore jeans pretty much, um, and clearly, either the blood or whatever the substance that happened afterwards, I don't actually know the name of it, would still be present. And I remember my jeans and stuff sticking to my legs as I am like trying to walk. Which was not super comfortable.

The process of bleeding and becoming a wound extends beyond the singular moment of cutting. For Bee, the congealing and healing of her wounds felt like “forever” and created painful and difficult temporal experience of self-cutting.

Meghan also discussed the temporal experience of bleeding and engaging with her wounds,

I would let it bleed for a little and then wipe it off. But like I wouldn't clean it well. Like you would if you got a cut and you were bleeding. I wouldn't take peroxide or alcohol or anything and clean it in that way. I just kind of wipe it off and wait until it stopped.

For Meghan, bleeding indicated the passage of time. Meghan let a cut bleed, interspersed wipes to facilitate the process, and waited for the bleeding to stop. Bleeding guided lived time. Meghan continued and shared that, similarly to Bee, she would feel her scabbed wounds beneath her clothing, an aspect that influenced where on her body she cut,

I enjoyed it more when I did start doing it on my hips. I don't know if it's a mixture of not being caught, and also, I remember the scab afterwards I would feel it on my hips so

I'd get a reminder of it when I was walking around or doing other things because there was always my underwear or pants on it.

Unlike Bee, when Meghan “enjoyed” feeling her scabs beneath her clothing, the sensations of a healing wound was a welcome reminder. As both Meghan and Bee suggested, blood in self-cutting is not just in liquid form, but in semi-coagulated and dried as well.

As noted in the prior chapter, Alex had a “traumatic” experience with cutting (as a suicide attempt) and bleeding. This experience shifted Alex’s relationship to bleeding and the temporal process of nonsuicidal self-injury as a whole,

after I experienced how dangerous like cutting could actually be...I tend to deal with the wound much more quickly, um, just because like, you know infections and stuff like that it's just definitely not worth it, um in my opinion and experience. You know, I don't want that. And I know that the longer you leave the wound open, the more susceptible you can be to stuff like that.

Alex was acutely aware of the complications that can occur while bleeding. Blood’s flow reminded Alex of the precariousness of time. The longer the process, the greater the risk. Less like a clepsydra and more like a stopwatch, bleeding cultivated a lived sense of urgency. For Alex, bleeding represented a fluid medium that could make contact with dangerous elements (e.g.: bacteria) and fold them into a wound, creating an infection. Bleeding was a reminder of how blood and world concurrently and autonomously interact to create a wound, a combination that must exist for blood to congeal and scab, and a combination that can result in lived complications.

Weiss (1999) writes on the experience of lived time discussing Henri Bergson’s theory of *durée* stating, “[the] experience of continual becoming or *durée* cannot be captured in discrete

moments of time; our *durée* is itself a continuous flux or flow that is accessible to intuition but eludes analysis and its conceptual symbolization” (p. 110). Blood bleeds across a continuum, from a fluid that flushes a cut, to a self-enfolding medium, to a coagulant that inspissates into a scab. Bleeding guides the durations of self-cutting and creates a temporal backdrop that is enigmatic yet “accessible to intuition” (p. 110). By attending to the lived experience of temporality in self-cutting and bleeding, the definition of self-injury as the “destruction” of tissues is near-sighted. The experience of self-cutting must widen to embrace the process of bleeding, congealing, and healing of wounds.

Blood marks the present injury, and bleeding is a sign of future healing. Within the moments of bleeding, various temporalities are held together: injuring, flushing, (potential) infecting, congealing, and scabbing. As Weiss writes, “one duration is always in contact with a whole continuity of durations” (1999, p. 111). The destruction and the healing of tissues non-dialectically comprise a wound. Indistinguishable from one another, a wound holds the processes of injury and healing, and bleeding is the connective tissue that agglutinates a multitude of temporal experiences within self-cutting.

Chapter Six: Spatiality

The literature highlights how NSSI can be a form of release (Gratz, 2003) and suggests that self-injury facilitates intrapsychic regulation and provides emotional relief (American Psychiatric Association, 2022; Taylor et al., 2018). In this section, I explore how blood impacted each participant's experience of lived space and the experience of release. Attending to blood, the conceptualization of a release as oriented around a discrete inside and outside pivots to spatially liminal. Through this spatial analysis, I also explore the impact of different sensations, primarily vision and touch, on the lived experience of space.

Theme Four: Sensing Blood is a Release

As discussed in the literature review, Chandler (2016) writes, "emotions are central to many accounts of self-injury...emotional distress is said to underlie any and all self-injurious acts" (p. 69). Self-cutting to release or let out emotion was a strong thread across the participants' stories, and notably, there was an emphasis on blood's role. For example, Alex shared, "it is like coming out, the tension, and like all of, like, the pain and like sadness, it's almost like the blood is coming out and so is everything else that I wanted to, you know." When blood moves it impacts emotions and overall it seems that self-injury's affective relief is related to blood.

Many of our daily interactions are mitigated by concrete and measurable concepts of space, such as, property lines, time zones, and square miles. However, as Merleau-Ponty (1945/2009) theorized, spatiality is lived through our bodies and we experience spatiality because our bodies are embedded into the world. To achieve a homogenous representation of space, our embodied embeddedness is removed. For example, to use a map you occupy an omnipresent, objective perspective that separates you from a seemingly isotropic terrain.

Representations of space as precise and consistent have enabled the division, occupation, and colonization of land, water, air, and outer space. The measurement of our bodies, primarily through weight and height, have also provided abstracted concepts for defining the spatiality of our bodies. Within Western culture, bodies are seen as solid, discrete entities that occupy a quantifiable amount of room. Using mathematical and abstracted concepts, bodies and world are seen as spatially unrelated, separate, and contained. Our bodies are not just *in* space, but intercorporeally bodies and space impact each other, sometimes with damaging consequences. As the consequences of human-generated climate change hastens, space changes: ice caps melt, sea levels rise, land recedes, rivers and lakes dry up. As humans continue to extract elements from the terrain, our bodies (including blood) are infused with lead, pollution, and carcinogens. Furthermore, as anthropogenic activities drive these climate shifts, the objective coordinates we have used to measure space are increasingly obsolete, and the perspective of human and world as territorially separate is increasingly dangerous. At the risk of diverging topics, the need to attend to lived space holds great consequences across many phenomena.

Visual Spatiality

Contrary to an objective space, lived space “comes to us through the senses” (Simms, 2002, p. 28). Our sensations are the bedrock of lived space and touch, sight, taste, sound, and smell are the multiple coordinates that orient us. To understand spatiality in the context of self-cutting, attending to sensation(s) is essential. Bee discussed how she never consciously correlated blood with her experience of release; however, during the interview she made connections between the sight of blood and her experience of self-injury,

I don't know if I ever really associated much with the blood, but I know that, like, kind of the process of like, for me, was more or less like release. So like, it's almost like, when

you see that happening, whatever it is that you are trying to get rid of is going away.

Like, um, weirdly exiting your body. So I can remember physically seeing it, like, uh, just running down my leg, and like, having a little bit of water running just so it was like easier to get rid of and, like, the visual was probably like less dramatic because it didn't stay around long. But so for me, it was more of an emotional kind of thing.

Seeing the blood move down her leg, mix with water, and run into the drain visualized release for Bee. Blood marked the topography of her body and the porousness of the terrain. Blood did not only run underground but flowed beyond a vein. The sensation of seeing blood created a sense of embodied spatial possibilities for the Bee: the body is not just container but can be like a sponge—it has the capacity to absorb and also to express. Bee continued and shared,

I knew my body was tense, I knew that there was like, a thousand thoughts happening or whatever at the time that I needed to get rid of, but I never could figure out how. And so, kind of the process of cutting, I don't know if was necessarily associated with the blood at the time, but thinking about it now, I could see, almost like a metaphorical, like, it's leaving me now, I can wash this down the drain.

Blood offered a model of how she could “get rid of” challenging and difficult thoughts. The experience of seeing blood was an illustration of how there can be movement in space and what feels stuck can access an “exit.”

Gertrude also discussed the role of seeing blood and emotional regulation, like the visual process of bleeding and seeing the blood go out of my body and being able to make it bleed more was, like, just made me feel calmer and, like, more—like I didn't need to feel that feeling in my body that I wasn't getting I needed or that there was something I needed that I wasn't getting—and like that feeling would go away and I

would be distracted by that actual visualization of the blood coming from body, down my arm, off my fingertips onto this thing [cardboard] on the floor.

Gertrude's sense of blood going "out" of their body and Bee's description of blood's "exit" both reinforce a spatial discourse of a disparate interior body and exterior world. However, simultaneously, blood's abject relational status loosens this binary logic—blood aided release. Gertrude and Bee's bodies were not simply an interiority that separately perceived the external world, but rather, blood did something across spaces. If the participants simply understand themselves as individualistic, contained entities emotions would remain "inside." With blood as a blueprint, Bee and Gertrude's emotions no longer felt confined to an internal space. Following blood's conjoining path between the "internal" body and the "external" world, their emotional experiences during self-cutting were lived within a liminal space. Blood's role fractures the notion that emotions produce, exist, and metabolize intrapsychically. Emotional experience is not a priori to the world, but our emotional experiences unfold *within* the world. Blood facilitates an emotional release that is not dependent on the dynamic of an inside versus an outside; rather, it is a release that traverses space. For the participants, blood carried emotion in a way that fractured conventional notions of interiority and transgressed traditional ideas of spatialization.

It is critical to spend a moment considering how visual sensation cultivates a particular spatial experience. To see, there must be distance and separation. For example, if something touches our eye (e.g., eye lids) we can no longer see; if something is too close to our eyes, our vision blurs. Since the Renaissance, ocular perception has been cast as the dominant mode of sensation which has cultivated Western cultural sensibilities of distinction, division, and separation. The prioritization of sight is quite palpable even within our language. For example, "I

see,” “to make clear,” “blind spot,” or “overlook” are all phrases that describe a level of apprehension.

The role of vision is central to the mirror stage of development as a child begins to recognize and construct their own body image. As previously discussed, not everything can be captured within a body image. Liminal elements—for example, bodily fluids—are abjected in order to create an illusion of a whole, discrete, singular subject. Subjectivity that is defined on these sensibilities “can overlook the fact that the world of which they are a part is (de)structured by continuous change, the flux and flow of material form, a viscosity that is not limited to the body” (Shildrick, 2002, p. 113). Within a specular economy, the intercorporeality of existence is effaced and the spatiality of subjectivity and experience is confined under a veneer of a singular, whole, contained body.

Turning back to self-injury, the few studies that research blood within self-cutting emphasize the sight of blood (Glenn & Klonsky, 2010; Naoum et al., 2016; Sternudd, 2014). The dearth of information about any other sensory experience of blood is striking. I am not asserting that vision is irrelevant to the experience of self-cutting and bleeding, however, focusing exclusively on vision the result is myopic and shallow. Attending to other senses, primarily touch, will provide a deeper understanding of the dynamics of emotional “release” in self-cutting.

Tactile Spatiality

In critical dialogue with Merleau-Ponty (1968), Irigaray (1993) suggests that touch, not vision, is our primordial sense. Our first experience of space is tactile. During gestation, a fetus is embedded within the cavity of the womb, enveloped by a fluid darkness, and in intense, constant contact within the topography of their parent’s body (Grosz, 2021, p. 104; Irigaray, 1993).

Noting the originary presence of touch to human experience, Irigaray argues that although the experience of touch can certainly exist without vision, vision inherently relies on touch. For example, there is consciousness without vision (e.g. blindness), however, without tactile perception, a person is unconscious (Grosz, 2021, p. 106). Expanding further, Irigaray asserts that in addition to human consciousness' inherent basis in touch, vision *only* functions “by the touch of the light” (Irigaray, 1993, p. 165). Vision is predicated on touch. Without light's touch there is no sight, and when we experience vision, it is through the intimate embrace of light. Irigaray's central positioning of the tactile shifts spatiality from an experience predicated on separation and division to an experience rooted in conjunction.

Following Irigaray's suggestion, the red we associate with the sight of blood is a function of touch. When a body begins to bleed, the distinctive color is a result of blood touching light; however, it also touches more. The red is also a result of the fluid's exposure to and enmeshment with iron and oxygen, elements necessary for blood to perceptually shift from the blue we see in our veins to the rich red we see in a cut. In addition to light and oxygen, blood can “leave,” “go,” or “release” from the body because it intermingles directly with gravity, a force which connects to the fluid, collaborating with the quantity and viscosity to shape its flow from the body into the air's elements. When understanding touch as the foundation of release, the architecture of inside and outside morphs from linear to rhizomatic.

Returning to Gertrude, in addition to talking about seeing blood, they discussed *feeling* blood,

seeing the blood but also feeling the feeling of blood actually dripping down—like, flowing out of my body, down off my fingertips just like, I don't know what about that, but it somehow felt like it was just—I think some of what I would feel, like I wasn't

getting what I needed or I felt uncomfortable or I felt anxious, I would feel that obviously in my body. And this was another experience in my body but also exiting my body. And it was like letting it go.

Gertrude's tactile sensations of blood's movement around their body, from the sensation of blood within a cut to dripping across their skin, created a shift in their embodied experience. Both "in my body but also exiting my body," letting go for Gertrude was multidirectional. The spatiality of our body is multifaceted, and blood gestures toward the multilayered depth and vitality.

Meghan also discussed the sensations of sight and touch related to release in cutting. Noting that she did not explicitly cut herself to watch or feel blood, she shared how she sensed blood's movement depending on where on her body she cut. As previously mentioned, for some time Meghan cut the skin on her wrist, however, she switched to cutting on her hips to better hide her wounds and to feel the friction of a scab against her pants. In addition to these elements, Meghan also noted that the blood moved differently on her hip which influenced the shape of the cut,

If I were to make an 'X' rather than just across my wrist, it was more aesthetic for me to watch, for some reason...it just seemed better, and then also kind of going back over one of the cuts again, it felt and looked different. I guess the bleeding would be different because you're kind of going over top of a spot so it definitely pools more in between the center of the 'X'.

The spaces across Meghan's body influenced the ways she bled: a hip was different than a wrist and an X was different than a vertical slice. Meghan emphasized the heterogenous topography of her body and how blood moved in different ways.

In addition to the aesthetics of blood, Meghan discussed blood's role in her emotional release:

Just thinking about how I described it [blood] as a tear, I was either actively crying or crying beforehand so I feel like those two bodily functions were similar in the way of like a release...the feeling of that trickling or drops of both blood and tears like it feels good on my skin when it, like I like to watch or feel a tear come all the way down before you catch it and I would like to feel the blood, so I feel, like, they are both ways of, like, release. Or like things that your body does during times of emotional release.

In addition to the sight of blood, feeling blood's movement and trickling was a part of the release for Meghan. Notably, participants talked about release and *blood*, not bleeding. Overall, from the results of this study, it seems that the experience of bleeding is temporally oriented, and blood is spatially grounded.

The sensations of blood, primarily those of sight and touch, are profoundly implicated in the experience of blood, self-cutting, and emotional release. Approaching release from the sensibilities of tactility and intercorporeality, the spatial implications of release are not bi-directional, but multidirectional. A cut is not an emotional release valve in the container of the body, but rather, predicated within the dynamics of touch, emotions mingle in a chiasmatic space where body and world are always already touching and the process of affect is bound up in this dynamic. Within the context of blood, release can be understood as a reconfiguration within, but not a break from, continuous touch. Across the multifarious terrains of body, fluid, and skin, blood orchestrated an interaffective, rather than intrapsychic, process of release within self-cutting.

Flesh, the primal medium to human experience, is spatially multitudinal (Merleau-Ponty, 1968). Grosz writes, “flesh is being’s reversibility, its capacity to fold in on itself, a dual orientation inward and outward, which Merleau-Ponty has described—not un-problematically—as ‘invagination’” (2021, p. 100). Skin is often positioned as an exterior that wraps around the surface area of the body, however it also has depth and variance. Beneath the visible epidermis, the top layer of skin, is the dermis. The dermis is substantive, thick, and a conglomeration of elastin and collagen fibers. A mixture of many elements, the dermis is durable and flexible and is home to a network of blood vessels, nerves, sweat glands, nutrients, and much more (Jablonski, 2006, pp. 15-16). In order to bleed, there must be contact with the dermis. Attention to blood’s role requires that we extend the concept of flesh to embrace the substratum of the epidermis and blood vessels that are rooted throughout the meat of the dermis. Skin is not a covering but is an interconnected layer. Spatially, as blood leaves the body it also enfolds (or invaginates) back upon itself, creating a wound, clotting, scabbing, and slowly integrating into the flesh. Between the two fleshy lips of a wound there is spatial dehiscence and convergence of blood simultaneously.

Attending to the material dynamics of skin, blood, and bleeding welcomes new ways of approaching concepts of emotional regulation, intrapsychic processes, and release. Positioned in a non-dialectical terrain, the possibilities for release and touch, letting go and congealing, and healing and suffering can spatially coexist, in their differences but “within a unified medium” of flesh and blood (Shildrick, 2002, p. 111). From an intercorporeal posture, blood expands the concept of an emotional release beyond the confines of an internal psychological terrain. Given the originary spatial experience of embeddedness, indeterminacy, and fluidity, the role of blood

in self-cutting is not a deviant form of release, but rather, blood draws our attention to the heterogeneous spatial dynamics always already present across phenomena.

Chapter Seven: Language and Communication

The literature on self-harm emphasizes that NSSI is a form of non-verbal interpersonal communication (Buelteel, 2016; Kilby, 2001; Kleinot, 2009; McLane, 1996). Particularly related to trauma, self-injury has been theorized as an embodied language to share suffering and pain with others. In the article, *Voice on the Skin*, McLane (1996) writes,

No matter whether cut, burned, scalded, or otherwise created, the wound which is a “mouth” can speak what the actual physical mouth has been forbidden to utter. It creates a voice which can speak survivors’ pain because it breaks through the false surface unity of her experience to express the violence and contradictions she knows, while controlling the expression and its effect on others. (p. 115)

If we follow McLane’s (and others’) logic, blood’s role in the communicative wound must be attended to as well. As discussed in the previous chapter, blood draws our attention to the relational interchange of body and world. In this chapter, I explore how the participants did not simply experience a communication of internal thoughts to external world, but rather, a multidirectional communicative dynamic.

Theme Five: Blood’s Multifarious Communication

For Alex, blood communicated a normalizing message:

[I] remember that I am a human and I have a body. And I can open and be open, like physically or like emotionally. Um, but, like, physically, sometimes it’s more important than emotionally because it’s like, I feel like, I dunno, it’s like, the blood feels like humanizing to me... it’s just like, it’s like, the whole—there’s like the catch phrase, or not the catch phrase. The old, uh, phrase, like, ‘we all bleed red,’ or something.

Blood humanized the experience of openness and also reminded Alex that everyone, when cut, bleeds. Blood provided them a sense of connection to others. Similar to Alex, Meghan shared a sense of humanization when she cut, “taking it back to feeling human. Like a body is a physical function. Like when you cut yourself, you bleed. A reminder or bringing myself back into knowing that I am in this physical body.” Without a conscious solicitation, cutting will conjure blood, a preverbal and prereflexive communication. The predictable and automatic (or anonymous) reality that if you cut, you will bleed conveyed to Alex and Meghan that they were human, a part of humanity, and experienced life through a human body.

The humanizing correspondence with blood was only possible through bleeding. To bleed, as discussed in prior sections, there must be an interchange between the various elements of body, blood, and world. While bleeding, the body was not perceived as a vessel, but, like Alex named, was an “open,” porous, and multifarious experience. Within this spatiotemporal multiplicity, the body responded within the world rather than in reaction to it and new intercorporeal relations were possible.

In addition to feeling humanizing, Alex also noted that blood disclosed information, blood says a lot about a person without saying it. It’s like, all blood looks the same, or almost all blood looks the same, but like, all blood is, like, different, or something. Like I think that that is kind of interesting. Um, you know because we, there’s like different types of blood, you know, like blood-borne pathogens and like illnesses, or like, you know, what drugs you’ve done, or like, you know, like all sorts of weird things you can discover, like, from someone’s blood and that’s fucking kind of weird.

On the surface blood appeared the same, but Alex was attuned to how blood encapsulated and conveyed information about a person.

Gertrude discussed how blood communicated about the current state of their body, their cutting, and their wounds,

there are so many factors, like, obviously how deep a cut is, where it is on your body, I'm sure there are other factors based on other things going on in your body that affect the consistency of one's blood and then that would affect how much it bleeds. Like, sometimes uh shallow, like a grouping of shallow cuts, might produce the same amount of blood as one large wound. Sometimes a big, deep cut doesn't bleed as much as you think it's going to like on your leg.

Blood communicated what was "going on in [their] body" and how their body interacted in the world. What Gertrude "thought" might produce a particular experience of bleeding was not something that they could calculate or control internally. The depth of a cut or the number of cuts was not a precise system of symbolization that resulted in a sanguine language. As Gertrude attuned to the qualities of their bleeding it informed how much and how deep they cut and what structure of wounds would result in what type of bleeding.

Blood also disseminated information about other aspects of Gertrude's embodiment, I think the way your blood is, is actually different sometimes. Like more red, more dark. I don't know what that has to do with. Maybe your diet or maybe your hormonally, like you just had a period, I don't know.

Blood communicated to Gertrude; the color, the viscosity, and the consistency told Gertrude about their present embodied existence (e.g., hormones or diet), which in turn, influenced their experience of cutting. Gertrude's self-injury was not simply an internal psychological experience externally symbolized to the world. Mediated through blood, Gertrude's experience with self-

injury was within a communicative web that told them about their body's interaction in the world.

Bee also discussed how blood communicated with her. Diverging from Alex, Meghan, or Gertrude, blood encouraged Bee to question her body,

I know that times when I would cut, some of them would take a very long time to clot.

And I don't know if that's a me thing or not. In high school I had never been tested for anything, like anemia or that kind of thing, as an adult, I have been and they told me that

I don't have it. But I remember that it took a long time, most of the time, to stop bleeding.

Based on her experience with blood and struggles to stop the bleeding, Bee questioned if there was something abnormal about her experience stating,

I know that I feel like I bled for longer than—I don't know what's normal, truly,

actually—but I know it always took a while, like, even after—even now, like, if I get a small cut or whatever, it just feels like it takes forever for my body to scab over.

As Bee listened to blood's messages, she was concerned that there was something aberrant about the interplay between her body and the world.

Merleau-Ponty (1965, 1968) writes about the intercorporeal relationship that unfolds between two hands holding. As the hands clasp together their distinguishable identities meld into a relationship where the two are held together and chiasmatically constituted. Irigaray (1993) both criticizes and expands Merleau-Ponty's work suggesting that the intercorporeal dynamics of hands grasping relies on a phallogentric, solipsistic dynamic of interchanging roles, for example, holder/held or toucher/touched. To shift this understanding, Irigaray proposes a relational experience that is not in an alternating exchange, like the two hands, but is entirely removed from an oppositional structure. Two lips, Irigaray suggests, is an apt example for understanding

intercorporeal relational experiences. Lips, unlike hands, cannot grasp or control through interaction. Lips touch, but they never *hold* (Irigaray, 1993, p. 170). Irigaray uses two lips as a literal and figurative metaphor of female sexuality⁶, however, the analogy can also extend from what is vaginal to that which is oral and communicative.

Building upon McLane's (1996) suggestion that "the wound which is a 'mouth' can speak what the actual physical mouth has been forbidden to utter" (p. 115), it is imperative to approach the communicative dynamics of speech from a non-dialectical posture in order to understand all the pieces that are involved. In verbal speech, many elements come together to create an utterance. Speech is not simply an inside thought that is mechanically externalized through a word, it is an experience between and amongst lips, teeth, tongue, throat, and breath. Like a mouth, the two lips of a cut form the wound, and many elements come together to create communication. Just as the lips of a mouth guide the flow of breath to cultivate speech, the lips of a cut (their depth, multitude, location) touch the flow of blood and give way to communicative bleeding. For each participant, as blood bled, the elements that agglutinated in the flow communicated in various ways.

⁶ It is important to note that Irigaray's work has been often criticized as essentialist for her use of vaginal and/or reproductive metaphors as representative of a woman's experience. For the purposes of my dissertation, I align with Neimanis' (2017) suggestion to read Irigaray's theories "through posthumanism and new materialism" lenses which will help us avoid "falling back on dichotomous positions (essentialist *or* constructivist; biologically reductive *or* virtually to come), we can read Irigaray's work as prefiguring matter as dynamic and facilitative, while still attentive to semiotic systems of power" (p. 73, emphasis in original).

McLane (1996) suggests that within the communicative gesture of self-harm, there is a connection to the intercorporeal dynamics that Merleau-Ponty theorizes are a part of language, the self-mutilator must, so to speak, hear herself through her own body. She makes a voice which more than “vibrates in her own throat”; it vibrates upon her skin, her very flesh. This bodily “voice” is not language itself, but is a possible precondition for language where violently enforced silence is the rule. (p. 117)

Blood adds another communicative dimension to McLane’s point. The linguistic vibrations of self-injury are not simply upon the skin but, through bleeding, vibrations are within the wound, across skin, and drip into the world. Blood moves the communicative possibilities from within the perceived boundaries of the body to a chiasmatic space where many elements intermingle together. A sanguine voice is not simply “within the throat” but is much more spatial-temporally fluid.

Here, Irigaray’s (1993) idea of ‘mucousity’ is useful for understanding these communicative dynamics. Concretely, mucus is a substance that flows and lingers amongst and between the inside and outside of the body and which, “accompanies and lubricates the mutual touching of the body parts and regions” (Grosz, 2021, p. 107). As a substance, mucus touches, slips, and never grips which represents how a mucous relationality is passively agentic and fluidly interrelated. Mucus produces without a conscious request and flows in tandem with the elements of its environment and by virtue of its lubricative characteristics. Mucousity embrocates inter-relationality, facilitates a mutual contact, and embodies a non-dialectically reversible relationality. In many ways, blood can be best understood within Irigaray’s framework of mucousity: the bodily fluid is a passively-active salve that marks the dehiscence of a self-inflicted wound. Blood chiasmatically “links and separates” (Grosz, 2021, p. 102) the two lips of

a cut and, by virtue of the continuous touching of various elements, will progressively congeal into a wound. Bleeding expresses a wound, and synchronously, a wound expresses bleeding. Merleau-Ponty (1968) suggests that communication comes from many sources and can be understood in many ways; as he writes, “to understand a phrase is nothing else than to fully welcome it in its sonorous being” (p. 155). Blood’s communication is beyond a dichotomous situation where silence or speech are the two poles of a linguistic spectrum and, as evidenced in the various narratives, the communicative gestures of blood were implicated in the experience of self-cutting. Mucousity gathers up elements from the inside and outside and slithers along leaving trails of information. As a substance that is “irrecusable and enigmatic,” (Merleau-Ponty, 1968) blood is a form of communication that does not require a voice or another person.

The communicative dynamics that are at play with blood are intimately related to sensation. Although there are various sensations simultaneously involved, there must be touch in order to bleed. Without contacting skin, a highly sensitive tactile organ, the relation to blood remains discretely, and for the most part unnoticeably, pumping within our blood vessels. As Alex mentioned, “all blood looks the same” but there is only so much communication from blood that can be intuited just from sight. Within the sanguine liquid, blood delivers many messages about a person; while in our blood vessels, blood carries hormones, cells, and antibodies (American Society of Hematology, 2022). Blood’s communicative potential is also part of the cultural horror that is assigned to its (visible) presence. While bleeding, blood-borne pathogens, viruses, and diseases are communicable through contact. Each participant sensed blood’s messages—from humanizing to hormonal fluctuations to anxieties about blood-clotting abnormalities—blood spoke as it bled.

By including the role of blood, self-cutting is no longer just a form of embodied interpersonal communication, but it is also an intercorporeal communicative gesture that invites each participant to engage with how their body is interacting within the world. By letting go of the dichotomies of separation that frame most of our experience with language, we can attune to the ways that the communicative gestures of blood and bleeding connect a person to their body's enmeshment with the world.

When we speak, our embodied subjectivity is always already at the root of communication. As McLane (1996) suggests, there are communicative dynamics that are explored in self-cutting. However, by also attending to blood and bleeding, the directionality shifts from a communication out of the body to communication between body, world, and blood. The participants were not simply attempting to share something they know but have not spoken, the participants were in an embodied *dialogue* while self-cutting. This dialogue contributed to the ways that self-injury functioned as a coping method or contributed to the difficulty and pain of their struggles to self-soothe.

Chapter Eight: Relationality

The stigma that surrounds self-harm is prevalent in the literature (Burke et al., 2018) and secrecy and non-disclosure of self-injurious behaviors is a particularly noteworthy aspect of the phenomenon (Hasking et al., 2015; Mahtani et al., 2019). In this chapter, I discuss how blood and bleeding contributed to the participants' privacy and efforts to hide their self-cutting from others.

Theme Six: Bleeding is Private, and Blood is Taboo

Gertrude discussed the relational differences between a covered cut on their arm versus a cut as it bled,

I think that when people see you with a bandage on your arm, even if they know what is going on, they're not seeing it. But if you saw like a big thing of blood. Like blood makes people have reactions no matter where the source of that blood was. But I think that would freak people out more. And it was like minimizing reaction...if someone somebody actually walked in and saw my arm actively bleeding, they would definitely freak out, right. Versus, just like knowing why someone has a bandage on their arm. It's a very different, you're still not seeing it, it's hidden. And it's easier for people to emotionally avoid it, I think.

Gertrude's concern about other people seeing them bleed led them to navigate the process in various ways, "And I vividly [remember], I would always chain lock the door because if my roommate came back, I would need enough time to clean up. Like she could just walk in on me." As discussed in prior chapters, Gertrude would bleed onto cardboard, and hear the "rewarding" and "satisfying" sound of a splatter. They also noted that the cardboard, more than another material, enabled them to quickly clean up any evidence of blood:

‘Cause even if it was a towel what if it got through the towel onto the floor. It was almost like I was thinking about all of the ways somebody could possibly find out and it’s like, yeah, you’re walking around with a damn bandage on your arm for the last three months...it’s like the car—the car—all those other things are not the big—like people still know, but you think you’re still tricking people by like having this set-up that you can hide away and you can throw away.

People’s potential reactions to bleeding influenced Gertrude’s experience of self-cutting. Despite the ways that their self-injury was overtly visible (e.g., bandages on their arms), much of their secrecy and energy went into hiding and easily disposing the blood. Acutely aware of how someone would “freak out” if they saw them bleeding, Gertrude knew that a covered wound without visible blood would be less upsetting. Gertrude’s efforts to navigate the relational field impacted their experience of cutting and bleeding in particular ways. The experience of hearing blood splatter onto cardboard was not just born out of a desire for the sound, but was influenced by a need to keep their bleeding contained and the blood easily disposable. Though people were not physically present, the possible interruption of privacy was one of the many elements at play in Gertrude’s relational experience of cutting and bleeding.

Alex also described their awareness of how other people would react to bleeding, I think bleeding scares a lot of people, I think that bleeding like, might be, like—I mean, I dunno! I think, because it’s like, sometimes I grapple with this, where I’m like, what’s more taboo, like, to other people, like, the act of somebody, like, injuring themselves, or the act of somebody injuring themselves and then bleeding. ‘Cause it’s like, in my mind, you know, if you cut yourself with, like, a knife while you are chopping something you don’t bleed, you don’t really freak out, you know. But if, whenever you cut yourself with

a knife while you are chopping something and then there's like a bunch of blood, like, people freak out, you know what I mean, so it's like, so I think it's like, I dunno, that's something that...is coming to my mind, or something, where I think that, like, the blood is what's more taboo, or something, and, like being interested in that. Like, people get like really weirded out

Like Gertrude, Alex was quite aware of and sensitive to how others might respond to bleeding or blood. Alex raised an important and powerful question to the relational phenomena of shame and secrecy in self-cutting: what is more relationally “taboo,” the injury or the blood? Overall, blood and bleeding have a potent role in the relational experience of self-cutting.

Bee discussed her concern about hiding self-injury and her struggle to stop and clean up the blood, “afterwards it was like, crap, now what do I do, I have to take care of this thing, make sure no one else finds it, and I have to get rid of all of the stuff and somehow get it to stop.” Amid her concerns about stopping the bleeding, there was a sensitivity to ensure that other people did not discover “it,” a term that vaguely orients around a bleeding wound. Bee’s aforementioned anxiety that the blood was slow to clot can be connected to her efforts to prevent other people from “finding it.” If a wound continues to bleed and ooze, it is much more challenging to hide. During the interview, Bee reflected that she had not talked to other people about bleeding before, “like my body just doesn’t seem to scab. Um, and, I can’t say it’s a topic that I’ve—like, thinking about figuring out what is normal is not something I’ve really talked about with other people.” Without knowing if there was something physiological to her perceived experience of slow clotting and scabbing, the shameful and secretive status of blood likely limited Bee’s agency to access information and knowledge about her body, her blood, and how bleeding functioned for her.

Although she did not specifically mention blood, Meghan discussed her awareness of hiding her wounds from others. This awareness influenced where on her body she cut and, in turn, the way she bled,

I remember after a while, because someone at school had noticed, I started cutting my hips. I just remember that being the location of it. And the blood kind of dripping down my hip instead of as close to me...it would stay there more. Whereas I guess being vertical, it ran down my body more.

For all the participants, the relational experience of secrecy impacted how (or where) they cut and, ultimately, how they bled. Although there was variety across the narratives, blood and bleeding contributed to the relational experience of self-cutting.

Particularly in Western cultures, we are expected to embody a discrete subjectivity. As Kristeva (1982) theorizes, this cultural image of embodiment requires frequent and disciplined maintenance to cultivate the illusionary singular and stable status. We wipe our noses, flush our excrement, and discreetly dispose of our menstrual cycles. In less quotidian ways, biomedical ideals of “health” invoke the idea that a contained body is a healthy body and offer (or enforce) a range of invasive interventions that, as Shildrick (2002) reminds us,

hold off the ever-present threat of disruption: extra digits are excised at birth, tongues are shortened in Down’s Syndrome children, noses are reshaped, warts removed, prosthetic limbs fitted, ‘healthy diets’ recommended, HRT prescribed. And in such cases, it is the *unmodified* body which is seen as unnatural, in need of ‘corrective’ interventions. (p. 55, emphasis in original)

Collectively we participate in an effort to abject—time and time again—the ever-present threads of our embodiment that cannot be contained, controlled, and internalized. And when hegemonic

embodiment cannot be (temporarily) achieved, there are pathologizing and ostracizing consequences. Shildrick's (2002) text *Embodying the Monster: Encounters with a Vulnerable Self* analyzes the way that medical disabilities and diagnoses and cultural "monsters" are positioned as at odds with the Modernist vision of a (visibly) "clean and proper body." Mapped onto and baked into ideals of an appropriate body are dynamics of power and oppression—racism, sexism, classism, heterosexism, sizeism, just to name a few. There are serious repercussions of not conforming to this body ideal.

A singular body image has no tolerance for a bleeding body. Embedded into the stories of the participants, most notably, Alex and Gertrude, was an acute intuition that blood and bleeding did not fit into cultural norms and would bring severe consequences. As Gertrude shared,

I didn't want other people to find it. I think there is something inherently secretive about the whole thing. And I wouldn't want somebody else to find it. And then, like, I'd already been, like, admitted to the hospital over these things, so it was like, I knew that people shouldn't know about it. And the risk of somebody finding out was way more—that was a bigger concern.

Alex expressed a similar concern of institutionalization,

I hate the hospital, um, I don't like to go, um, especially because it's like, I mean if you saw my fucking record of what they see whenever I go in there, you know, they think I'm fucking out of my mind. And I've never been 302ed and I know that if you go to the ER at like, now, or something and you're like—you have a self-inflicted wound, they are going to 302 you, you know what I mean.

The risk of pathologization and the looming threat of institutionalization—or a "302," an involuntary hospitalization—fueled Gertrude and Alex's efforts to keep their cutting, bleeding,

and blood private. Their bleeding bodies and external blood became motivators for secrecy. It seems that Meghan, Bee, Alex, and Gertrude did not enforce the abject status of blood as they bled, but rather, the ever-present cultural expectations of containment, concealment, and singularity cultivated the relational experience of privacy and secrecy. Within our culture, blood should never bleed and should remain strictly beneath the skin and in a vein.

The lived experience of 'bleeding-in-the-world' cannot fit into Western culture's logic of suffering (uncontained) and health (contained). By slicing open skin and bleeding there is a hope to heal through injury, to take care through multiplicity, and to access a sense of grounding through uncontained embodiment. Blood and bleeding confuse and undermine the prominent discourses of health which contributes to this relational experience of secrecy and discretion.

Shildrick (2002) reminds us that monstrous embodiment does not remain relationally secluded to

where monsters blatantly blur the parameters of being, they invoke in us all...a nostalgia for identification and the horror of incorporation. They demonstrate that the relation between self and others, as with body and body, is chiasmatic, precisely insofar as corporeality and subjectivity—body and mind—are themselves folded back into each other, overflowing, enmeshed and mutually constitutive. (p. 67)

The investment in abjection extends intersubjectively to others. A bleeding body demonstrates the interpermeated, unstable, porous realities to *all* our human existence, which provokes a strong response from others. In order to appreciate the relational experience of a bleeding body, we must also understand the cultural resistance to an uncontained, fluid body.

For those who cut, the social threat of conjuring blood, an abject substance, is high. The secrecy and privacy surrounding blood and bleeding has prevented us from understanding all the

pieces at play in self-harm and, more importantly, has left those who navigate their suffering and healing through self-injury in isolation. Unlike the hegemonic expectation to manage and maintain a singular embodied subjectivity, self-cutting leans into the multitude and blood and bleeding are evidence of our multiplicitous embodiment.

Chapter Nine: Discussion

The Distinctive Qualities of Bleeding

This dissertation is the first study to explore the role of blood and *bleeding* as distinct experiences in self-cutting. As discussed through each existential dimension, for the participants in this study, blood occupied many roles and held many meanings as it bled. By attending to this, we can start to see how bleeding cultivates a particular experience of subjectivity. Within present-day Western culture, there are very few situations when blood is *bleeding*—accidents, medical procedures, menstruation, miscarriages, and self-cutting are the handful of experiences where bleeding may emerge. Of those situations, self-cutting is notably a phenomenon when bleeding is conjured by an intentional and conscious act. Returning to Alex’s discussion of their experience bleeding during menstruation, it is helpful to re-emphasize their point that bleeding in self-cutting is unique: “I can control when I bleed and that’s whenever I cut. Like I can’t control when I bleed, you know, like, I can’t control when I get my period.” Not all bleeding is the same, and, as I will continue to explore, there are distinctive ways that subjectivity is experienced during self-cutting.

Although it is not consistently the reason or motivation for why someone self-cut, (however, some research certainly emphasizes that the desire to cut is to bleed), Meghan, Bee, Alex, and Gertrude all articulated an explicit understanding that when they self-cut, they would subsequently bleed. In addition to an awareness that self-cutting would result in blood’s flow, while bleeding each participant engaged with the blood in a way that is different than other types of bleeding. In a medical context, bleeding is highly controlled, monitored, measured, and contained. In an accident, blood’s flow is often an unsettling and startling sign of harm that is urgently suppressed. In menses, bleeding re-occurs in a cyclical way that is predictable, however

not consciously controllable. And, notably, with many forms of birth control that suppress menstrual bleeding, the number of people who menstruate is increasingly shrinking (Hillard, 2014). In contrast to these different moments when people are bleeding, in self-cutting, bleeding is acutely and consciously expected and often the flow is not (immediately) stopped. Additionally, although there was a range of interactions across participants, as blood bled everyone engaged with the substance.

Given the importance of bleeding and the dearth of writing about the phenomenon, I would like to spend a moment discussing the difference between blood and bleeding. When blood is within our veins, it is a latent whisper that constitutes the “hidden base” (Leder, 1990) of the lived body—the barely perceptible but vital substratum to our life. There are few occasions when we perceive blood when it is not bleeding. For example, in certain body parts and with enough light, we may be able to catch a faint blueness of our veins, or, on occasion, the surface of our skin may have a slight rise from a protruding, full vein. If bruised, we may notice a bluish-purple mark as blood rises to our skin. Our pulse may be audibly and tactilely sensible, for example after physical exertion, which gestures toward the reality that our blood is in constant circulation throughout our body. Although it is sensible, when it is not bleeding, blood is latent, (mostly) obscured, and quietly circulating throughout our body.

Here, it would be helpful to return to Merleau-Ponty’s (1945/2009) discussion of the anonymous dimensions of the lived body. In the *Phenomenology of Perception* he writes, “thus there appears round about our personal existence a margin of *almost* impersonal existence, which, as it were, proceeds on its own and to which I commit the preservation of my life” (p. 68, emphasis in original). When bleeding, the impersonal dimension of the lived body is palpably present. Born out of an intentional cut, blood “proceeds on its own” (p. 68) in a new way.

Merleau-Ponty continues, “the organism, as a prepersonal adhesion to the general form of the world, i.e., as an anonymous and general existence, plays, beneath personal life, the role of an *innate complex*. Yet the organism is not any sort of inert thing; it too participates in the movement of existence” (p. 68, emphasis in original). Typically existing as a substratum, bleeding notably ushers the anonymous dimensions of our embodied subjectivity to the perceptible foreground. Although it is always a consistent force in our lived experience, the organism is no longer “beneath personal life” (p. 68) but rather it is a multisensorially present participant in the lived experience of self-cutting. Within the phenomenon of self-cutting, the location of the anonymous qualities of subjectivity are not embedded into an invisible foundation that lingers beneath the “surface” of the body. Rather, as illustrated through the experience of bleeding, these qualities are a perceptible and fluid and run throughout the surface. By attending to bleeding, the anonymous body is no longer assigned an internal, indiscernible, imperceptible role.

Continuing to describe the anonymous dimensions of embodiment, Merleau-Ponty (1945/2009) writes, “even while I am crushed under the weight of my sorrow and completely occupied by my affliction, my gaze already wanders through the scene before me, interests itself insidiously in some gleaming object, and resumes an autonomous existence” (p. 68). Following Merleau-Ponty, the anonymous and autonomous can co-exist: while an “affliction or sorrow” conjures forth anonymity, we can still re-engage with our “autonomous existence” (p. 68). Notably, however, Merleau-Ponty’s description presents a dynamic where autonomy can be “crushed” and later “resumed.” Taking up Merleau-Ponty’s ideas in a nondialectical way, self-cutting distinctly lingers at the borderland between autonomous and anonymous, where the two are not opposing possibilities but rather co-occurring qualities. In many ways, a cut can be

interpreted as an affliction, however it is afflicted in an agentic act—the affliction is self-afflicted. As each participant bled, the milieu of the anonymous and autonomous qualities were co-concurrently perceptible. Unlike an accident or an acute illness—an affliction that unexpectedly thrusts the anonymous dimension to the fore of conscious awareness—self-cutting is an intentional act that conjures forth anonymous qualities. Rather than a “crushing” force, blood’s flow is a conscious experience of anonymity. Although Meghan, Bee, Alex, and Gertrude all experienced bleeding differently, they similarly summoned blood to bleed as they cut. Bleeding in the context of self-cutting highlights an experience of the anonymous body that is neither *hidden* nor *afflicted* upon an autonomous body, rather in self-cutting the anonymous qualities of subjectivity are lived concurrently and non-dialectically with autonomy. Retuning again to Alex, while self-cutting, “it felt like a kind of bleeding that I could control.” The autonomous existence is not something that needs to be “resumed” in self-cutting; rather bleeding welcomes a subjectivity that is autonomously anonymous.

In the *Visible and the Invisible*, Merleau-Ponty (1968) asserts that “the flesh is not matter, is not mind, is not substance. To designate it, we should need the old term ‘element,’ in the sense it was used to speak of water, air, earth, and fire...the flesh is in this sense an ‘element’ of Being” (p. 139). Conceptualizing flesh as elemental attunes us to the mysterious, enigmatic qualities of the lived body; neither subject nor object, self nor other, intimate nor anonymous, “flesh” encapsulates both the sensible medium of our body as well as the vibrant network of our organism that is woven into lived experience. Building upon Merleau-Ponty’s ideas, Leder (1990) recommends that the concept of the flesh ought to be expanded to “flesh and blood”—a suggestion that directs Merleau-Ponty’s work to explicitly consider to the depth of many anonymous processes—like blood—that sustain and nourish life and constitute our subjectivity.

In the context of self-cutting, I propose that the idea of “flesh and blood” could be furthered to “flesh and bleeding.” Blood, in Merleau-Ponty’s (1945/2009) aforementioned words, “is not any sort of inert thing” (p. 68), but it rather engages and acts. Conceptualizing the elemental qualities of subjectivity as flesh and bleeding emphasizes the porous, fluid, chiasmatic becoming of our lived body. Shifting into this framework, our understanding of what is a “self,” particularly in the context of self-cutting, begins to fissure, expand, and deepen. Within a self-cut a milieu unfolds unto a rhizomatic landscape of possibilities. With this conceptualization, I will now turn to what bleeding can teach us about subjectivity in the phenomenon of self-harm, as well as in human experience more broadly.

‘Bleeding-in-the-World’: Critical Lessons on Subjectivity

Reconceptualizing the “Self” in Self-Cutting

By studying blood and bleeding, this dissertation emphasizes some ways that the phenomenon of self-cutting has been misconstrued. It seems that Western, biomedical, and hegemonic ideals of an integrous, autonomous, and singular subjectivity have been prioritized in the discourses surrounding self-harm. This prioritization has obscured some of the impactful, meaningful, and critical ways that subjectivity may be experienced in self-cutting. Through each existential chapter, I highlighted the multidimensional ways that the fluid, anonymous, and chiasmatic elements of lived experience activated in particular ways as each participant bled. These various components counter the neoliberal, Western sensibilities of autonomy, containment, and singularity. It seems, in many ways, that the culturally subversive qualities of this phenomenon have positioned NSSI as “poorly understood” (Cipriano et al., 2017, p. 3). However, by taking seriously the insights and experiences of each participant, we can also begin to see how the labeling of self-injury as, “one of the most concerning—and perplexing—of all

human behaviors” (Nock, 2009, p. 3) is perhaps misdirected. Rather than assigning the confusion solely to self-harm, through my research, my hope is to relocate our confusion from the individual behavior to the cultural assumptions we have been employing to try to understand the “self” in self-harm. By attending to participants’ experience of blood and bleeding, the multivalent qualities of subjectivity are more recognizable. Through the narratives of Meghan, Alex, Bee, and Gertrude, what is experienced as a *self* in self-cutting has depth and nuance that has not been previously recognized.

Furthermore, through each participant’s experience, the incompatibility between the Modernist vision of a “clean and proper” self (Shildrick, 2002) and the self as it is ‘bleeding-in-the-world’ becomes hard to ignore. By closely studying and researching the experience of bleeding in self-cutting, we can more comprehensively understand the stigma and confusion that plagues the phenomenon as well as the individuals that engage in the behavior. The role of blood is certainly not the *only* reason why disorientation enshrouds this phenomenon, however, given the many ways that bleeding radically alters someone’s lived subjectivity, it is unquestionably a contributing element. In the most obvious form, a visibly leaking and bleeding body is radically at odds with our cultural insistence to endlessly engage in the process of abjecting all tendrils of a self that do not reinforcing a singular, possessed, and discrete body image. Returning for a moment to the distinctiveness of bleeding in self-cutting versus bleeding in other embodied contexts, during self-cutting, there is not a consistent, ongoing move to halt the bleeding the moment it begins. Although participants attempted to control bleeding, control was not always an attempt to cease or contain the flow. In self-cutting, bleeding is not blood waiting to be disposed of, rather the bodily fluid is a consequential player in the experiential field of self-cutting. As explored through each theme, blood existentially guides the embodied, temporal,

spatial, communicative, and relational field of self-cutting. By emphasizing blood's consequentialness, my hope is not to obscure the range of reactions participants had to bleeding, but rather, to drive home the point that bleeding is highly relevant.

As previously discussed, NSSI literature has begun to explore blood's role, specifically the sight of blood (Glenn & Klonsky, 2010, Naoum et al, 2018, Sternudd, 2014). Although the literature has emphasized the relevance of blood in self-cutting, the focus on participants' sight of blood veils other relevant dynamics at work. Most notably, focusing on the sight of the bodily fluid positions the subjectivity of the person who self-cut as a separate observer of blood. As previously discussed, our sense of sight is predicated on a subjectivity that is singular and discrete. Within this logic, studying just the gaze of the person who self-cut renders blood always already abjected from a sense of self. This framework myopically overlooks the process of bleeding and obscures any possibility of acknowledging a bleeding subjectivity. Again, this reveals how many of the frameworks used to understand self-cutting, including those that are examining the role of blood in self-cutting, have rigidly imposed a particular standard of subjectivity that is couched in neo-liberal, Western ontologies where a body is never oozing, gaping, liminal, or most notably, *bleeding*. As we know from the narratives of the participants, blood in self-cutting is sometimes referred to as an abjected "it" or "the blood," however, when *bleeding*, the existential impacts and dynamics are ambiguous, multiplicitous, and complex.

Overall, the sensibilities employed to understand self-harm have relied on binaries of inside and outside, self and other. By attending to bleeding, those binaries undo and the fluid, liminal, and permeable qualities of human experience are emphasized. Blood's role sends out an urgent call for an intercorporeal understanding of self-cutting, and bleeding motions toward the core chiasmatic tenants of human subjectivity. Through this dissertation, my hope is to richly

describe the various (and often intense) experiences that are born out of the permeable and porous qualities of “self” and, in doing so, more richly and deeply touch into the dynamics at play in self-cutting. ‘Bleeding-in-the-world’ gestures toward the fluid, chiasmatic, non-dialectical qualities of subjectivity as lived in self-cutting. Overall, to understand self-cutting more fully, we need to acknowledge, welcome, and learn from the distinct ways subjectivity is lived while bleeding.

‘Bleeding-in-the-World’: A Mucous Subjectivity

Other researchers have spoken to the complex experience of self-cutting, and they often highlight the intersecting combination of seemingly opposing qualities, such as harm and coping, for example Rao’s (2000) “Wounding to Heal” or Plante’s (2010) *Bleeding to Ease the Pain* represent the tension just in the titles. Csordas and Jenkins (2018) also discuss self-cutting as existing at numerous intersections,

identifying the wounded flesh as a locus of agency at the intersection of body and world as we have done brings to the fore a *particular configuration of relations* between self as active and passive, strategy and symptom, subjectivity and subjectivation. The moment of cutting is a fulcrum or hinge between the self as agent or as patient, with an intended pun on the medical sense of patient.” (p. 225, emphasis added)

Following along the path Csordas and Jenkins lay out, during self-cutting there is a “particular configuration of relations” (p. 225) that are distinct, important, and in need of recognition.

However, by attending to bleeding, this relation configuration laid out, for example of active and passive, rearranges. Bleeding in self-cutting reminds us that the cut is not concentrated to a singular slice in skin. As a result of blood’s temporally and spatially fluid qualities, wounded flesh is not as concentrated or focal as “a locus.” A cut is not simply a puncture within the

(perceived) container of the skin. Wounded flesh expresses bleeding, just as bleeding expresses wounded flesh. Without a wound, you cannot bleed, and without bleeding, there is no wound; wound and bleeding are conjoined. If we are to theorize wounded flesh, we must also consider the “flesh and blood” (Leder, 1990) or, as I have argued, “flesh and bleeding” of subjectivity. When considering flesh and bleeding, dichotomies—such as, inside and outside, interior and exterior, invisible depth and visible surface—begin to disentangle. Flesh and bleeding guides us towards the chiasmatic, fluid, anonymous characteristics of lived experience. While Csordas and Jenkins are helpful guides toward a non-dialectical perspective where a cut is a “hinge between self and other,” I think, because of bleeding, there is a deeper non-dialectical negotiation of subjectivity at play in self-cutting.

Irigaray’s (1993) concept of mucousity can orient us to understand how ‘bleeding-in-the-world’ evokes a particular type of subjectivity. Responding to Merleau-Ponty’s (1968) explanation of non-dialectical reversibility, where he asserts that a hand that holds can also be held, Irigaray emphasizes the ways that mucous, both as a literal and theoretical concept, conjures forth a relationality beyond of these dynamics. She writes, “the joined hands, not those that take hold of the other, grasp each other, but the hands that touch without taking hold—like the lips. The joined hands perhaps represent this memory of the intimacy of the mucous” (1993, p. 170). Shifting away from a dynamic of holder or held, Irigaray highlights a type of relationality that is passively agentic and grounded in touching not grasping. Applying her ideas to the relationality in bleeding, we can shift from a dynamic of mutual holding to a connection based in touching.

Revisiting Csordas and Jenkins’ (2018) conceptualization of the wound as a hinge linking seemingly disparate experiences, we can perhaps move from an image of a hinge—something

that holds two sides together—to a salve, a lubricant that facilitates connection. Irigaray (1993) continues, “these mucous membranes evade my mastery” (p. 170). Outside of a dynamic where mastery is even a relational option, mucosity embraces a subjectivity that is not in an abrasive struggle with—or even between—passivity or agency. Here, is where we can begin to touch into the extent of the radically fluid qualities of ‘bleeding-in-the-world.’ By following the logic of bleeding, we can discover a subjectivity that is an agglutinated interconnection of activity and passivity.

Neimanis (2017), who theorizes a posthuman feminist phenomenology of water, discusses the pitfalls of Western ideologies of a “discrete, zipped-up, and free” (p. 16) embodied subjectivity. Citing popular political campaigns—for example, ‘my body, my choice’—Neimanis emphasizes our cultural insistence that liberation and wellness are synonymous with embodied autonomy and self-possession. Bleeding, in addition to running counter to biomedical ideals of health, is also unintelligible in neoliberal sensibilities that insist on an embodiment that is distinctly “mine.” While bleeding, “my” body is fluid, leaky, liminal, and ever-evading mastery. Although the sense of “mineness” is not stable and singular, it does not imply that the body is singularly other. Speaking to these dynamics, Leder (1990) writes, “my body everywhere bears the imprint of Otherness” (p. 66). This marking of interconnection runs deep and is multilevel. However, rather than imprint—a gesture that evokes an image of an external force making noticeable contact on a surface—our interrelation with others and the world is an assemblage that saturates our entire being. Because of blood, a cut fluidity contains multiple dynamics of autonomous and anonymous, self and other, inside and outside. From this perspective, otherness is not merely an imprint onto a contained, singular self. A bleeding wound opens onto a rhizomatic landscape of possibilities.

Irigaray (1993) reminds us of the non-dialectical otherness inherent to our subjectivity noting our “memory of the intimacy of the mucous” (p. 170). A gesture towards the gestational dynamics that are originary to human existence, Irigaray emphasizes that otherness—within mucous dynamics—constitutes a subjectivity where what is mine is intimately enfolded among the other. In this way, bleeding cultivates a subjectivity where anonymity and otherness co-facilitate a sense of intimacy. When self-cutting, there is an agentic conjuring of the anonymous qualities of embodied subjectivity. And in this gesture, the experience of the anonymous is not something that generates a sense of foreign, alienation, but rather brings forth a sense of connection and inter-relation. Returning for a moment to Meghan’s reflections on her experience of bleeding, “it was kind of humanizing or feeling more—I wanted to say, ‘in control’ at first, but kind of the opposite as well because you can’t really control the bleeding that comes out.” Her experience of humanization was grounded in an ambiguous, enigmatic, and fluid terrain where bleeding cultivated dynamics that were controllable yet anonymous. Within the fluid space of “bleeding that comes out” a sense of humanizing interconnection unfolded. Rather than the anonymous qualities of the lived body generating a feeling of dispossessed and foreign passivity, it instead might be best understood as an actively-passive, mucous subjectivity. A subjectivity where a sense of control is always already evading one’s “mastery” (Irigaray, 1993).

Returning to Neimanis (2017) she writes, “water is paradoxically a ‘liquid ground,’ both essential to life *and also* always shifting. Water is at once the originary condition of all possibility, but also its force of differentiation and wellspring of unknowability” (p. 69, emphasis in original). As material properties that constitute the human body, blood and water are quite similar; roughly 90% of blood is water (Institute for Quality and Efficiency in Health Care, 2019). Applying Neimanis’ perspective of water to blood, when blood bleeds, it reminds us that

our subjectivity is always already upon this ‘liquid ground.’ The sanguine substance speaks to the ways that we are in an ongoing cycle that is always churning but never returning to the exact same place as before. Even as blood bleeds, our body has the capacity to regenerate and replace the lost substance. As we bleed, we simultaneously reproduce. The cut is an amorphous site where self-affliction embraces the visceral “almost impersonal” substratum that passively sustains life. This intersection engenders an intermingling of foreground and background as this “hidden vitality” generates a subjectivity that flows to, from, and beyond the surface (Leder, 1990). By following the sanguine dynamics for each participant, we are guided toward the ambiguous, enigmatic, and multivalent qualities of the ‘wild being’ of our flesh and bleeding.

Alex aptly spoke to impact of these chiasmatic dynamics,

I think I could probably say for certain that if I didn’t have my experience with cutting and blood in the past that I would not be open to exploring different ways in which blood can be used, um, to heal, instead of hurt me. And like find different avenues to celebrate my body, even if I’m not necessarily, always happy with it, and find ways to, like, accept myself, and- and- and- things. So I think that, like, even though that like, overall, cutting has definitely been, like, pretty, a pretty devastating choice that I’ve made for myself time and time again, I think that it’s definitely given me a perspective, um, that’s valuable to me.

Blood does not contradictorily hurt and heal, but rather, through a devastating avenue a valuable experience emerges. The ‘wild being’ of bleeding can simultaneously embrace devastation and value. Self-cutting unfurls the experience of ‘bleeding-in-the-world’ which cracks open the rigid, singular assumptions that surround a “self.” Following blood’s sanguine logic, a suffering and healing subjectivity are no longer two ends of a pole, but rather, non-dialectically whirl amidst

the propagating possibilities of human experience. ‘Bleeding-in-the-world’ touches into to the chiasmatic fecundity of our subjectivity and gestures towards the diverse potentialities at play in self-cutting.

Clinical Provocations

In the previous two sections, I laid out how hegemonic ideals of subjectivity have struggled to make sense of self-harm and discussed how bleeding can guide us toward a richer conceptualization of a “self” in self-harm. As a dissertation within a psychology department and written about a phenomenon that is often understood within a clinical framework, I now want to offer some thoughts on how we can apply these findings and perspectives within the context of the clinic. Through the subsequent sections, I will discuss the following clinical provocations for our consideration: Revisit the Functions of Self-Cutting, Widen our Conceptualization of a “Self,” and Blood is Important.

Revisit the Functions of Self-Cutting

To briefly remind us of the function of self-harm, Taylor and colleagues’ (2018) meta-analysis names two main categories: emotional and affect regulation and inter-personal communication. As discussed, ‘bleeding-in-the-world’ generates a subjectivity that brings together dynamics of self and other, inside and outside, and anonymous and autonomous. A ‘mucous’ subjectivity, bleeding is not predicated on dynamics of subversion, domination, or mastery, but rather is a passively-active evocation of a non-dialectical relationality. This subjectivity raises some critical curiosities about how to conceptualize ideas of emotional regulation and communication. More concretely, how does regulation and communication take shape non-dialectically? Additionally, considering the prevalence of interpersonal trauma for individuals who self-cut (Holden et al., 2022; Johnson & McKernan, 2021; Martin et al., 2016), a

‘mucous’ dynamic is radically divergent. Unlike trauma, an experience where a dialectic of domination and submission is forcibly imposed, while ‘bleeding-in-the-world,’ self and other, active and passive, inside and outside, intermingle beyond any possibility for “mastery.” Using an intercorporeal framework to think about subjectivity as lived in self-cutting, we can begin to imagine how ‘bleeding-in-the-world’ could introduce dynamics that exist beyond any dialectic, particularly a traumatic one. Bleeding calls for us to rethink how self-cutting is regulating and communicative, especially for those who have experienced trauma. This is certainly an area for further research, exploration, and study, however, just from the lived experiences of Bee, Gertrude, Meghan, and Alex, we can begin to grapple with the many elements at play.

Widen our Conceptualization of a “Self”

As I have argued throughout this dissertation, applying Western, individualistic ideals of a singular, contained, autonomous “self” to self-cutting overlooks many important aspects of the phenomenon. If we want to better grasp self-injury, we should begin by shifting our sense of the “self.” If a clinician employs a conceptualization of a self in the ways that I have criticized, they could likely miss many important aspects of an individual’s experience of self-cutting. Furthermore, given the various ways that a bleeding body runs counter to dominate biomedical and neoliberal discourses of health and wellbeing, clinicians ought to engage in a self-reflective practice of identifying what assumptions and expectations they hold about subjectivity. As discussed in “Theme Six: Bleeding is Private, and Blood is Taboo,” blood and bleeding contributed to the overall sense of secrecy surrounding participants’ self-cutting. Given the private and taboo nature of blood, a clinician’s openness to the oft-overlooked experience of bleeding is critical.

Overall, without widening our scope of how subjectivity is lived, we will continue to avoid and miss some important parts of the lived experience of self-cutting. This oversight will not only perpetuate the clinical confusion that surrounds the phenomenon (Cipriano et al., 2017), but quite possibly the negative feelings that healthcare workers can feel towards individuals who engage in NSSI (Cleaver, 2014; Rayner et al., 2005). It is worth considering how a bleeding ‘self’ is culturally marginalized, and how blood’s un-abjected presence may aggravate and agitate the intersubjective space of the clinical encounter. Based on the findings from my dissertation, when working with an individual who self-cuts, a clinician would benefit from reflecting upon their own assumptions and beliefs about embodied subjectivity and consider how that may detrimentally influence their conceptualization of self-harm as well as obscure aspects of an individual’s lived experience.

Blood is Important

Lastly, and most obviously, blood is an important part of self-cutting. When clinically working with someone who engages in self-injury, it is relevant to attend to role and meanings of blood and bleeding. Until the recent research on the role of seeing blood (Glenn & Klonsky, 2010; Naoum et al., 2016; Sternudd, 2014), the general focus was on the injury or bodily “damage” (American Psychiatric Association, 2022) as a result of NSSI. However, as I have gestured toward throughout this dissertation, to fully understand a wound, we must attend to bleeding. Thus, clinically, it is pertinent to not only consider the act of wounding, but the process of bleeding. For example, if working with someone who self-cuts, cultivating curiosity about the impact and role of blood seems highly relevant. As illustrated by Bee, Gertrude, Alex, and Meghan, there is a range of experiences in response to blood. For some, interacting with blood could feel soothing, like for Gertrude, and for others it may feel unsettling, like for Bee. Despite

the range of potential reactions, based on my findings, blood is relevant and shapes the lived experience of self-cutting. A clinician's awareness of the diverse range of reactions someone may have to blood and their bleeding is pertinent. Based on my dissertation, an individual's gravitation towards or desire for blood is not synonymous with its importance to the phenomenon of self-cutting. Lastly, as I have discussed, it is also important to attend to the multisensorial experience of bleeding and to consider, and potentially explore, the experiences of sight, touch, smell, taste, and sound.

Considerations for Future Research

I hope that my dissertation's focus on the existential implications of blood and bleeding in self-cutting will help guide future research on self-injury. In many ways, I conceptualize my dissertation as opening up previously foreclosed areas. Now that there is more space, there are many directions and paths future studies could take. Most notably, I hope to encourage research to consider not just the sight of blood in self-cutting, but bleeding as an embodied process. Based on the results from my dissertation, as studies consider an individual's multisensorial engagement with blood, we will deepen and enrich our conceptualization of NSSI. Furthermore, based on my findings, blood and bleeding are phenomenologically different. You need blood to bleed, however not all blood bleeds. As I have discussed, the experience of 'bleeding-in-the-world' is unique in the context of self-cutting, and thus, deserves further attention and study. Additionally, as elucidated through the themes, the roles and meaning of blood and bleeding are distinct. As such, future research should attend to them as separate, however intimately related, phenomena.

In general, there is a notable dearth of research on the role of blood in self-cutting, and this study is the first to specifically focus on the role of *bleeding* in cutting. There is much more

to study and learn, and I hope that the results from this study will add an additional voice to the small chorus of research that is focused on blood in self-cutting (Glenn & Klonsky, 2010; Naoum et al., 2016; Sternudd, 2014). Overall, we ought to take seriously the role of blood in self-cutting and can follow the bodily fluid as a road map. In doing so, we will continue to understand how blood and bleeding impact the lived experience of NSSI, and we will deepen our understanding of how the phenomenon of self-cutting can inform our understanding of subjectivity and embodiment.

Limitations

There are numerous limitations of my research that are important to review. Most notably, I interviewed four individuals, a relatively small number of participants. Although the experiences of Meghan, Gertrude, Bee, and Alex speak to general themes within self-cutting, as more people share their lived experiences of bleeding our understanding will only expand and deepen. Additionally, there was some distinctive homogeneity across participants. Everyone racially identified as white, everyone was in their mid to late 20s, and—although there was diversity in gender identity—no one identified as a man. The impacts of race, age, and gender on embodied subjectivity are certainly important to acknowledge. Additionally, all the participants self-cut regularly over the span of many years. The relationship to self-harm as well as bleeding is likely quite different for those who regularly engaged in the behavior as opposed to individuals who self-injure infrequently. Furthermore, at the time of my data collection, no one had cut in the months preceding the interview. Generally, all the participants related to self-cutting as something that they had previously engaged in. In future studies, it will be important to have a diverse sample of individuals to further our understanding of the role and meaning of ‘bleeding-in-the-world.’

Additionally, due to the COVID-19 pandemic, the interviews were inconsistently structured. Two were conducted over Zoom and two were in person. Although it cannot be measured, the virtual versus in-person format impacted the interviews. As more fully discussed in the Methodology chapter, conducting an interview about blood and bleeding in person and through videoconferencing were different and changed how I was able to gather data. Overall, the difference in interview format, left me curious about how the data would have been different if all the interviews were conducted in the same format. Additionally, considering the heavily embodied nature of NSSI, I would recommend that future research on this topic be conducted in person. Lastly, as discussed in the Methodology chapter, Gertrude was a pilot participant. Although the format of the pilot interview was the blueprint for my dissertation study interview, there were some differences in recruitment and the demographic data collected. Overall, the various limitations posed by the COVID-19 pandemic impacted consistency of my data collection.

Concluding Thoughts

Through the lived experiences of each participant, this dissertation has explored the impact, role(s), and meaning of blood in self-cutting. As discussed in each existentially-oriented theme—(a) blood as an animate object, (b) bleeding and control, (c) bleeding is a process and the wound is a timekeeper, (d) sensing blood is a release, (e) blood’s multifarious communication, and (f) bleeding is private and blood is taboo—blood and bleeding impact self-cutting in significant ways. Additionally, as explored in the Discussion subchapters—(a) The Distinctive Qualities of Bleeding, (b), ‘Bleeding-in-the-World’: Critical Lessons on Subjectivity, and (c) Clinical Provocations—the unique aspects of the experience of bleeding open up many new considerations for what constitutes a “self” both within the nosology of self-cutting, but also in

Western culture overall. Although many topics were discussed in depth, this dissertation is just a beginning. There is much left to study, but I am hopeful that by paying attention to this “special juice” we will continue to deepen our understanding of the phenomenon of self-cutting.

Furthermore, by attending to blood and bleeding, we can touch into the chiasmatic, non-dialectical, interdependent, enigmatic, and multisensorial qualities of human subjectivity that are often overlooked.

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Appendix A

Interview Opening Question and Sensory Table for Notetaking

I want you to remember an occasion when you cut and bled. It may help to slow down and take time to let the memory return. [Pause] Let yourself imagine all the details of this situation [Pause]: where were you?; what were you wearing?; what sounds did you hear? [Pause] I'd now like you to describe this situation and what it was like in as much detail as possible.

Sight	Sound	Touch
Taste	Smell	Other notes:

Appendix B

Participant Demographics

Date:

Pseudonym (of your choosing):

Age:

Gender Identity:

Sexual Orientation:

Racial Identity:

Age of first episode of self-cutting:

Frequency of self-cutting:

Age of last episode of self-cutting

Appendix C



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CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Phenomenology of Bleeding: A qualitative study of self-cutting

INVESTIGATOR:

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SOURCE OF SUPPORT:

This study is being performed as partial fulfillment of the requirements for the doctoral degree in McAnulty School of Liberal Arts at Duquesne University.

STUDY OVERVIEW:

This study is investigating the role and meaning of bleeding in self-cutting. The study consists of a one-time, open ended interview about your experience(s) with cutting and bleeding. There will be 4-8 total participants in the study.

PURPOSE:

You are being asked to participate in a research study that seeks to investigate the experience of bleeding in self-cutting, a form of non-suicidal self-injury (NSSI). The study will focus on the meaning of blood in cutting so this study will look at experiences with bleeding. In order to qualify for participation, you must: be over 18, have a history of cutting as NSSI, must currently be engaged in psychological treatment and cannot be actively suicidal. If you are being

interviewed over videoconferencing, you must also have access to a private location, the Internet and videoconferencing technology.

PARTICIPANT PROCEDURES:

If you provide your consent to participate, you will be asked to participate in one interview so I can learn about your personal experience with cutting. In addition to an interview, you will be asked to complete a basic demographic questionnaire and standard suicide screener. The entire interview process will take about 1.5 to 2 hours. If you give me permission to record the interview, the interview will be recorded and transcribed. The interview will be conducted in Duquesne University's Psychology Department.

RISKS AND BENEFITS:

The risks of participating in this study are fairly small. The greatest risk to you is the emotional discomfort of remembering a time in which you cut. It is possible that in remembering this event you may become upset. Prior to starting the interview we will discuss when your next therapy appointment is as well as what other supports are helpful to you. If you express distress about your experience of the interview, I will offer you the choice of continuing on the current topic, switching to a different topic, or terminating the interview.

The proposed project also poses the risk that your confidentiality will be breached by an unintended disclosure of information. I will minimize this risk through careful data security practices: keeping audio files in a password protected and encrypted folder; keeping all hard copy materials in a locked cabinet, deidentifying the transcript using a pseudonym; and only using a pseudonym in published or presented materials. If the interview is conducted over videoconferencing, I will password protect the meeting and lock the meeting once it has started. A potential benefit of participating in the study includes the opportunity to talk about your experiences to an interested party. Due to the stigma surrounding self-harm and cutting, many people who have a history of non-suicidal self-injury have been misunderstood and mislabeled, particularly by the psychology profession. The opportunity for you to share your story and experience may feel like powerful moment to be heard and have agency over the narrative of your experience. Another benefit of participation is contributing to the research literature on self-injury, and in this way helping to shape public and professional understanding.

COMPENSATION:

You will receive a \$20 Amazon gift card for your participation and, if you park in a Duquesne University lot, your parking will be validated.

CONFIDENTIALITY:

I hope to publish my findings about embodiment, blood and cutting to contribute to the greater literature and knowledge on NSSI. I hope to also write articles and give presentations based on my research. If you agree to be interviewed, the things you tell me might become part of those publications, as well as these articles and presentations. I will not use your real name, and I will change certain details that might identify you. However, it is possible that people who know you might be able to tell who you are if they read my published work.

Your name will never appear in any transcripts, notes, or published material. All written materials and consent forms will be stored in a locked file. All audio files and written materials will be destroyed after I complete my dissertation defense.

Your participation in this study and any personal information that you provide will be kept confidential at all times and to every extent possible.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time; you can withdraw consent by phone, in person, or via email at mohlers@duq.edu. If I get a notification from you that you want to withdraw consent, I'll confirm that I have received it. If you tell me that you no longer want to be part of the research, I will no longer write about you or include anything you have told me in my writing or presentations. The only exception would be if I had already published or presented about things that you have told me. Then those things would continue to be a part of the data set that I use in my writing and publications.

SUMMARY OF RESULTS:

A summary of the results of this research will be supplied to you, at no cost, upon request. Send me an email at mohlers@duq.edu and I will send you a current summary, and any of my published materials that you would like to read. The information provided to you will not be your individual responses, but rather a summary of what was discovered during the research project as a whole.

FUTURE USE OF DATA:

Any information collected that can identify you will have the identifiers removed and be kept for use in future related studies, and/or provided to other researchers. I may use the information from this study for future publications and presentations after the completion of my dissertation study.

VOLUNTARY CONSENT:

I have read this informed consent form and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw at any time, for any reason without any consequences. Based on this, I certify I am willing to participate in this research project.

I understand that if I have any questions about my participation in this study, I may contact Sadie Mohler at (412) 396-6520 or mohlers@duq.edu and/or contact Sadie Mohler's advisor, Dr. Eva-Maria Simms, at (412) 396-6515 or simms@duq.edu. If I have any questions regarding my rights and protections as a subject in this study, I can contact Dr. David Delmonico, Chair of the Duquesne University Institutional Review Board for the Protection of Human Subjects at (412) 396-1886 or at irb@duq.edu.

Participant's Signature

Date

Researcher's Signature

Date