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The Body as Enemy: Patriarchy and Women's Acts of Gender Violence

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Patriarchy and Women's Acts of Gender Violence

by

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ABSTRACT

When one thinks of violence, one tends to assume that the perpetrator and the victim of the violence are two separate individuals. But what happens when we discuss violence committed against the self? How can we work to contextualize such violence and understand its root causes? This research seeks to explain the phenomenon of women committing acts of self-harm in the form of non-suicidal self-injury (NSSI) and eating disorders (EDs) through the lens of gender violence. The research examines the correlation between certain patriarchal dynamics in Western society and the influence of women turning their aggression, shame and hurt inwards. The patriarchal dynamics that are scrutinized are the double-binds of female sexuality (the pressure for females to be simultaneously experienced sexually and pure); the dilemma of female expression (the lack of an acceptable outlet for female anger); and unrealistic beauty standards (the media creation of an idealized and impossible female figure). This triple bind of female sexuality, female expression and female beauty restricts the ways in which women feel they can express themselves and appear. Through qualitative research in the form of in-depth interviews with ten Dickinson College women, I explore the women's ideas and concepts of and experiences with self-harm. Findings reveal that although every experience with self-harm is unique, the social position of living as a woman influences the ways in which the participants negotiated their sexuality, expression and outward appearances. Prevalent themes that arose include the ways in which the media has created and perpetuated beauty ideals as well as the prominent role of social media in exposing women to self-harm; the mutually destructive relationship between sexual expression and self-harm which is exacerbated by victim-blaming and expectations set upon women; toxic environments- schools, families, friend groups and athletics - which foment equally toxic mentalities leading to self-harm and, finally, the interpersonal, institutional and structural stigmatization that women face when coming to terms with their self-harm. The purpose of my research is to understand female self-harm within a greater sociocultural context in which patriarchal dynamics affect women, so they learn to internalize and become their own biggest critic. Self-harm, borne out of internalized misogyny and subordination, is a form of gender violence manifesting itself in a self-inflicted way. This research also seeks to give simple and practical solutions for the ways in which we, as an audience, can engage in healthy dialogue surrounding the issues presented.

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I cut myself because you wouldn't let me cry.

I cried because you wouldn't let me speak.

I spoke because you wouldn't let me shine.

--Emilie Autumn, The Asylum for Wayward Victorian Girls

When Demi Lovato was just eight years old, she was told she was fat. The relentless bullying that accompanied that comment triggered an eating disorder. What began as restriction soon became binging and purging. At eleven years old, she began cutting, stating in an interview that "it was a way of expressing my own shame of myself on my own body. There were sometimes where my emotions were just so built up, I didn't know what to do, the only way I could get instant gratification was through an immediate release on myself" (Coxon). Her teenage years were riddled with food anxiety, depression and drugs and she continued her self-harm even when it threatened her career as an actress and singer (she often lost her voice due to the purging). Years later, as part of her recovery, Lovato was brave enough to don a bondage inspired bra top with cutoff jeans to promote a new single. The media responded with headlines such as "Former Disney Star Shocks Fans in Super Risqué Outfit," and "Demi Lovato's Ballsy Outfit Has the Potential for the Worst Tan Lines Ever." Some commenters were far more straightforward, calling Lovato a "fat bitch" and a "slut" (Melody 2015).

Lovato's "shame of [herself] and…[her] own body," manifested throughout her young adult years. The catalyst may have been being told she was "fat," but it worsened when she was denied a healthy means of expressing her emotions and, thus, turned them inwards. Interestingly, though Lovato's self-harm had been going on for years, it was only when

Lovato expressed her hurt *outwards* (something generally seen as more masculine) by striking a back-up dancer on her tour that someone thought her situation was dire enough to check her into rehab. Her experience with self-harm had been normalized and not seen as inappropriate until she started taking her hurt out on others (although the media was not aware of her self-harm at the time, she had an extensive history of self-harm which family and friends were aware of). Moreover, when she began her process of recovery, she was further criticized for how she chose to represent her sexuality, potentially triggering a new wave of self-loathing.

Lovato's struggles with self-harm came before she was thrust into the Disney limelight. Surely, being an actress at such a young age coupled with this rise in media attention could not have made her recovery easy- and the media certainly played an important role in her self-harm experience- but it is important to recognize that Lovato's case- though captured through TMZ and paparazzi- is not an isolated or extreme one. We see it every day, not just through media or through images and videos gone viral, but through the faces of loved ones: Women starving, cutting, purging, burning, over-exercising, binging, putting their bodies through intense physical and mental suffering. The question is why? Why do women commit such acts? In the United States, 90% of the cases of eating disorders occur in adolescent females (Tracy 2019). One in five females engage in self-harm (Gluck 2019).[1] Why have women's bodies become the site where insecurity, anxiety, and perceived failure are played out?

In *Women and Violence: The Agency of Victims and Perpetrators*, Hannah Pickard offers a standard definition of violence as a "behavior involving physical force intended to hurt, damage or kill" (Pickard 2015). Indeed, non-suicidal self-injury (or NSSI-often manifesting as

[1] In this paper, the word "female" is used to refer to all female-identifying persons.

cutting, burning, picking, embedding objects into one's skin, bruising and hitting) is defined by the Mayo Clinic as "the act of deliberately harming your own body" (Self-injury/ cutting, Mayo Clinic). Violence - which may be typically seen as valid or legitimate only in the most extreme cases or when done against someone else - also occurs when a person is doing it to themselves. Though the term NSSI does not refer to eating disorders, they fall under the same umbrella of violence. Considering that people with eating disorders are knowingly denying their body of food, over-exerting, over-exercising, or purging but without suicidal intent, it can safely be categorized as another form of self-harm. Thus, NSSI and eating disorders (EDs) are forms of behavior directed at one's own body. They are the use of "physical force to deliberately cause hurt and damage" (Pickard 2015).

Not only are NSSI and EDs violent, the two often co-occur. As Peggy Orenstein points out in *School Girls: Young Women, Self-Esteem and the Confidence Gap*, nearly two-thirds of the women in one study of self-mutilators were or had once been anorexic, bulimic or obese (Orenstein 1994:107). These findings have been replicated in other research. Svirko and Hawton found that among patients who exhibited "self-injurious behaviors," approximately 57% also met the criteria for an eating disorder (2007). This does not seem irrational when taking into account the ways in which both EDs and NSSI allow for seeming management of one's own body, as well as control over release and negotiations of emotions.

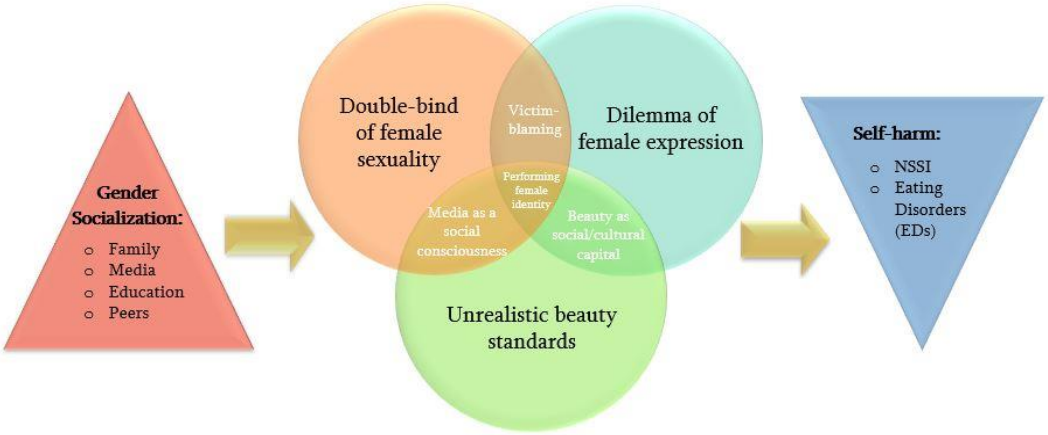
Self-harm occurs in all age groups, races, gender identities and sexualities. That being said, statistics show that traditional college-aged students (normally ages 18-22) are particularly vulnerable. According to the National Eating Disorder Association, full-blown eating disorders typically begin between the ages of 18-21 years old with 10-20% of college females suffering from an eating disorder and 4-10% of college males (Jacobson). The numbers are similar for

acts of NSSI. A 2006-2007 survey done amongst eight universities found that approximately 15% of all college students had engaged in an act of NSSI at least once. 65% of those who had done so were women (DeAngelis).[2] The reasons for the high rates of NSSI and eating disorders during college years are numerous. College is an environment that is often less structured, more peer oriented, and involves heavy workload. As Dr. Alison baker puts it, students- especially those with a history of mental illness or self-harm- may face a "perfect storm" when entering this new atmosphere, increasing anxiety and amplifying poor-self-esteem (Jacobson). My focus on college-aged females is then not accidental; they are one of the most at-risk groups for self-harm.[3]

In order to fully answer why females self-harm, an understanding and contextualization of these acts must be placed within a broader social context. Below is a diagram outlining the argument presented in the rest of this essay. I first examine how gender socialization (in a variety of its manifestations - family, media, school and peers) leads to the reinforcement of certain deeply, embedded patriarchal structures. Drawing upon the work of Elizabeth Waites in *Trauma and Survival: Post-Traumatic and Dissociative Disorders in Women,* I incorporate her double-bind of female sexuality and her dilemma of female expression, adding in unrealistic beauty standards, to create what I dub the "triple bind," a conglomeration of all of the above mentioned to create the triple bind of female sexuality, female expression and female beauty standards. This triple bind works, traps and limits women in the way they can express, behave and appear. These binds are explained at length and with examples in the literature review, but a brief definition of the three binds being scrutinized are as follows: the double-binds of female

[2] Regardless of race or socioeconomic status although sexual minority status does put certain people more at risk.
[3] In addition to adolescent and young-adult females experiencing some of the highest rates of self-harm, choosing this group as my sample pool is out of convenience since I have access to them because I attend Dickinson College.

sexuality (the pressure for females to be both pure and sexual simultaneously); the dilemma of female expression (the lack of an acceptable outlet for female anger); and unrealistic beauty standards (the media creation of an idealized and impossible female figure).These three categories, however, cannot be seen as separate, but rather, as continually interacting with one another in order to produce the way in which women act and perform their womanhood (e.g. through the way they dress, talk, act, eat and so forth). Through their interaction with one another, other subsets of patriarchal dynamics emerge, including beauty as social/cultural capital, victim-blaming, and media as an active tool in shaping the thoughts of women. Finally, the amalgamation of these binds may lead in some cases to women committing acts of violence against themselves. Thus, NSSI and EDs can be thought of as a response to the patriarchal limitations imposed upon women by the triple bind. I situate my research on self-harm in the context of research and on life experiences of college-aged women.



I position women harming themselves at the crux of several cultural dilemmas, borne out of a patriarchal society which greatly limits the way women are allowed to feel, look and act. Though it cannot be understated that self-harming has a psychological component, only in the last few decades has self-harm been analyzed through a social - and not just psychological-

microscope. I argue, alongside this recent field of research, that self-harm is a social injustice. If our paradigms and social institutions were dissected and deconstructed, the issue of women self-harming could be remedied, at least in part. Furthermore, I conclude this research by arguing that not only is self-harm an injustice and a form of violence, it is a form of *gender violenc*e. Gender violence can be understood, simply, as any act which maintains or deepens pre-existing gender inequalities. Thus, self-harm represents gender violence in an intrapersonal form, as women are trapped into a lower position of society by social, economic and cultural sedatives (i.e. beauty standards, means of expression and means of sexual expression) created by men. An important caveat to mention is that a majority of females do not self-harm and never will, despite the seemingly large amount of attention it is given in the media, in educational spaces, and in interpersonal interactions with friends and family. Thus, I do not try to generalize the experiences of all women but rather, theorize why women who self-harm may do so.

My interest with this topic began as a personal one. As someone who has an intimate relationship with NSSI and EDs, I discovered that doing this research allowed me to understand and contextualize my own experiences, thoughts and behaviors. Since being a teenager, my interest has always been with gender and my sociology major allowed me to delve deeper into that. When I was abroad in Mendoza, Argentina, I had the chance to explore gender violence when I interned, teaching English, at a shelter for women who had been abused. Yet, what always seemed missing was an understanding of the pain women put themselves through on a daily basis. What leads some women to get to a point of such grief or numbness that they take it out on themselves?

Despite the knowledge that self-harm on college campuses is prevalent, most people who self-harm do not seek help. In a study of 3,069 college students done by Janis Whitlock, John

Eckenrode and Daniel Silverman at Cornell and Princeton University in 2006, 17% of college students reported self-injuring but fewer than 7% ever sought medical help (2006). Whether it be because of lack of services and resources or the huge stigma of the "hysterical" woman that remains surrounding self-harm, it is clear that the problem of women self-harming is not one that will go away. So as to explore real and practical solutions to women harming themselves, a deeper understanding of how the social construction of gender and the triple bind manifests itself and relates to acts of violence is necessary. Therefore, I explore the following research questions: 1) Why are women committing acts of self-harm? And 2) Can we situate these acts within a greater societal context, creating a link between gender violence and self-harm? I argue that through the examination of a patriarchal system that imposes certain binds on women- specifically the triple bind of female sexuality, expression and beauty standards- a glimmer of understanding as to why women self-harm emerges. For some women, becoming perpetrators of violence against themselves is the only answer to a male dominated world that confines them in boxes and dictates that there are few ways of behaving, emoting, and appearing that are socially acceptable.

Literature Review:

Much of the literature presented here is useful because it explains occurrences and paradigms such as gender socialization and the triple bind of female sexuality, expression and beauty standards. It also is invaluable in understanding self-harm and gender violence in their own entities. What my research adds to pre-existing literature is a contention that certain forms of self-harm are gender violence. I begin by examining gender and gender socialization in childhood - including the impacts of family, media, school and peers. I then dissect each element of the triple bind- beginning with the double bind of female sexuality, then the dilemma

of female expression and finally unrealistic beauty standards in the media. Moving forward, I present some definitions for NSSI and EDs as well as common symptoms, risk factors and habits associated with each. This section includes an interlude on understanding self-harm through the lens of intersectionality and a subsection on self-harm in college students and the risk factors associated specifically with that population. Finally, I present self-harm as a form of gender violence by defining patriarchy and gender violence and then creating the connection between gender violence and self-harm.

Start 'em young: Gender Construction and Gender Socialization in Childhood

In order to fully understand why some women begin self-harming, it is necessary to critique gender itself and to understand the unique roles it plays in social organization. Gender and sex are generally considered to be synonymous. It is important, however, to create an analytic distinction between the two. While sex refers to anatomy, chromosomes, hormones and genitalia, gender is based on a set of belief systems, which ascribe certain characteristics to the terms masculinity and femininity as well as ones' personal identity, despite or in congruence with their sex characteristics. Gender is far from natural or inherent. Indeed, many social scientists agree that it is socially constructed. According to Carl Mitcham, social constructions are derived from social constructivism theory which is the "idea that human beings in some measure construct the reality they perceive" (Mitcham & Ryder 2020). Thus, through "interaction and conversation with others, knowledge is internalized, then externalized, becoming at once a subjective perception and an objective reality" (Mitcham & Ryder 2020). In other terms, the 21st century, Western construction of gender is often applied unconsciously to

people who then apply it to themselves, conforming to an identity before even realizing what its implications are.[4]

The way in which gender is applied and imposed upon others is known as gender socialization. As stated by the Encyclopedia of Early Childhood Development, gender socialization is the process in which children learn about the social expectations, behaviors and attitudes associated with one's gender assigned at birth. Gender is one of the first social categories children become aware of, and with good reason. With the existence of gender reveal parties, gendered gifts and gendered decorations, gender socialization often begins before the baby is even born. Once the baby is actually born, a plethora of sources including, but not limited to, family, media, education and peers will imbue information into the minds and bodies of young children about what gender is supposed to signify. By the time the child reaches five or six, gender will be concretely solidified and they will act accordingly (or resistantly), playing out the various forms of gender socialization they have learned in the way they talk, dress, play and interact.

Family

Campbell Leaper discusses family as the first, and most impactful, site of gender socialization. Gender socialization from the family can manifest itself in a variety of ways, from clothing, to toys to activities. Below are images of clothing for infants and young children which have blatantly gendered messages on them.

[4] For the sake of this research, when I reference gender, social construction of gender or gender socialization, I am referring specifically to the United States during the 21st century. As gender is a social construction, its manifestations vary greatly across time and space. There is anthropological research which illuminates how, even today, in certain tribes around the world, men are expected to be the nurturing, domestic ones. Even within the U.S., differences in the construction of gender can be seen between races, ethnicities, socioeconomic classes, sexualities and so forth. Therefore, gender in this sense is used as a general term, reflecting the heteronormative, patriarchal, cisgender and hegemonically white society that the U.S. has been built under, but it by no means is an all-encompassing definition.

Image 1 (left): https://sites.psu.edu/civicemnice/201601/28/heteronormativity-and-gender-norms-in-children-and-society/

Image 2 (center): https://www.pinterest.com/pin/214484000979570139/?lp=true

Image 3 (right): https://www.pinterest.com/pin/733243001528482 66/?lp=true

The clothing for the girls has messages that say, “Sorry boys, can’t date till I’m 30,” “Does this diaper make my butt look fat?” and “pretty like mommy.” These messages focus on beauty, emphasizing that a girl need not worry about brains but on physical attraction. Yet, it also cautions girls, stressing the importance of purity and being “good girls” by saving themselves until they are older. They do this at the expense of their male counterparts and, therefore, must apologize (hence the “sorry”) for any inconvenience they may have caused. The middle shirt even implies that girls as young as toddlers should be worrying about their body image. It is no wonder that with messages like these, girls grow up believing that beauty is the key to success and love. Conversely, the messages for the boys say “Dude, your girlfriend keeps checking me out,” “Lock up your daughters,” and “Smart like dad.” These shirts reveal a different attitude, one which highlights male intelligence and power while normalizing male aggression towards females due to a “player” persona.

Yet, clothing is only one way in which family socialize their children. Through a comprehensive review of several studies conducted in Western countries, Leaper found that parents often encourage gender-stereotyped activities by buying toy vehicles, action figures (which, it should be noted, are simply dolls with a more “masculine” name) and sports

equipment for their sons and dolls, kitchen sets and dress-up toys to daughters (2014). By the time children begin to request particular toys (usually around toddler age), it is unclear how much their requests are shaped by their own interests (independent of their socialization) and what part of it is a subconscious continuation and "choice" of what they have always played with. The same may be said for attitudes, behaviors and even abilities. Parents often condone certain behaviors in boys (e.g., anger and aggressiveness) and others in girls (e.g. docility), while, simultaneously, punishing these same behaviors in the opposite gender (e.g. chastising a girl for being too aggressive or berating a boy for not standing up for himself). In this same vein, parents may promote certain abilities in their children that correspond with the gendered stereotypes. For example, a parent may put their son into a science club or a sports team and their daughter into ballet or piano. What the child actually wants is often not considered in these early stages of childhood (Leaper 2014).

Media

Even if a parent or guardian actively fights against enduring and restricting gender stereotypes, gender socialization seeps in from many other angles. This is certainly the case for mass media- television, social media, newspapers, magazines and so on. In a 2019 report on the landscape of children's television in the U.S. and Canada, which analyzed 476 childrens' programs in the fall of 2017, only 38% of main characters were female (Lemish & Johnson 2019:9). Behind the scenes, gender inequality is even more notable with a mere 6% of the episodes in the study being directed solely by women and only 15% being created by women (Lemish & Johnson 2019:9).

In one article, Natalie Wilson deconstructs *Tangled*, the popular Disney remake of the classic tale of Rapunzel. Wilson describes how, at first glance, *Tangled* is a light-hearted but

moving movie about a young woman who finally lives out her destiny of seeing the world. However, when looked at sociologically, the movie becomes much more problematic. The movie opens up with a shot of Flynn Rider (the male lead) as he narrates- automatically centering the story around him and not Rapunzel. When Flynn meets Rapunzel, she has been trapped inside a tower for nearly eighteen years. Suddenly, the dynamic of an experienced man and naive woman emerges, and Rapunzel relies on Flynn for most of the movie both to teach her how to exist in the real world and how to find her parents. Even though Rapunzel turns out to be daring and brave, most of her action in the movie revolves around her using her long, flowing, blonde hair to get her and Flynn out of tight situations. In addition to the stereotypical representation of gender, there is also an extreme underrepresentation of women characters. Rapunzel's animal sidekick, Flynn, and nearly all of the characters they meet along the way are men. The only other main female character is Rapunzel's stepmom who (as everyone knows) is evil (Wilson 2010). Consequently, when children watch this, they learn that being a man means being aloof, emotionless, adventure-crazed and aggressive, while being a woman means you have two choices: you can be demonized as a miserable and heartless witch or you can be adored and loved by being docile and meek. *Tangled* is but one example of the limited gender representations in popular media. A 2014 study on representation of girls in the magazine, *Sports Illustrated for Kids,* found that over a three year period and a content analysis of 4,205 photographs, females were represented in only 12% of the photos and only appeared on the cover once (Armentrout, Kamphoff & Thomae 2014). The effects of this are tangible. The 2017 Common Sense Media Report, which analyzed 150 TV shows, articles, movies, interviews and books found that "gender stereotypes in movies and on TV shows are more than persistent; they are incredibly effective at teaching kids what the culture expects of boys and girls" (Knorr 2017).

The report also found that higher levels of TV watching are associated with four-year-old's thinking that men and boys are better than men and women and that longer exposure to appearance based TV content correlates with higher levels of body dissatisfaction among girls between the ages of five and eight (Ward & Aubrey 2017:7-8). Thus, it would be impossible to shield a child from the media for long (unless someone considers taking the common saying of living under a rock to heart) and, therefore, it is an inevitability that the media plays a large role in the socialization of children.

In her essay, *Visual Pleasure and the Narrative Cinema,* Laura Mulvey introduces the theory of the male gaze. She argues that the male gaze "projects its phantasy on to the female figure which is styled accordingly...their appearance [tends to be] coded for strong visual and erotic impact that can be said to connote to-be-looked-at-ness" (Mulvey 1999:837). In other words, the male gaze is the act of depicting women- from a masculine, heterosexual, perspective- as sexual objects there merely for the pleasure of the male viewer. The male gaze generates an image for women and of women of what beauty looks like and imposes strong, social consequences on those who do not achieve it. However, the male gaze is so strong and has become so culturally established that it informs the way that both men *and* women see women in the media and in real life. Therefore, when women see themselves and other women, they are seeing them from the perspective of a man, manifesting unequal social power and a patriarchal sexual order (Mulvey 1999). In this sense- and similar to Gerda Lerner's definition of "subordination" which is discussed later- women are internalizing the male gaze and are subconsciously collaborating in their own domination, for if they do not, they run the risk of being deemed unacceptable by the rest of society.

<u>Peers</u>

Laura Hanish and Richard Fabes claim that peers are an incredibly influential group for teaching and reinforcing these patriarchal gender norms and ideals because they have the tool of social- and, at times, physical- punishment. Even before entering school, if a child has a playgroup, they encounter other children, all of whom have experienced varying levels of socialization of their own (keeping in mind that there are parents/guardians who actively resist teaching their children about traditional gender roles while others more readily enforce conventional roles). Together, these children teach, learn and reinforce gender stereotypes. Once in these playgroups- whether at school or in other social settings, a phenomenon dubbed the "gender segregation cycle" occurs. The gender segregation cycle, which begins by age two and increases in strength and intensity through elementary school years, is the notion that children are more likely to play with same-gendered peers (Hanish and Fabes 2014). Coupled with the finding that the more time one spends with others, the more alike they become, means that opportunities to socialize one another by encouraging or discouraging certain gendered behaviors becomes salient (Hanish and Fabes 2014). This may happen in a number of ways: one child might tell another that certain activities are only appropriate for one gender (e.g. "dolls are for girls"), or it can happen more indirectly in which children who look or act outside the norm are ostracized. The results of this are palpable; One study of 61 boys and girls (with a mean age of 53 months) over a period of six months found that in the beginning of the school year, there were few differences observed in the play differences between boys and girls but by the end, boys and girls were noticeably more gendered in their playing style and playmates (Hanish and Fabes 2014). In other words, peers and friends are both victims and culprits in the gender socialization process, most being coerced into gendered boxes themselves, then forcing others into it with them.

School

The last socializing institution I examine are schools. Summarizing a variety of research that used interviews, naturalistic observations and experimental studies to document how schools impact gender socialization, Bigler, Roberson Hayes and Hamilton found that socialization in schools can come from several sources including, but not limited to, teachers, peers and the curriculum itself. Bigler et al. contend that teachers' prejudices and internalized stereotypes may manifest themselves in a variety of ways: First, one 2010 study found that teachers often model gender stereotypic behaviors, with female teachers exhibiting "math phobic" comportments that may be passed down to their female students. Secondly, teachers exhibit differential expectations for boys and girls. Additionally, teachers were found to be more lenient with transgressive actions or attitudes when acted out by boys than girls (Bigler, Hayes & Hamilton 2013). When schools provide different learning opportunities and feedback to boys and girls, they pass on the same gender stereotypes learned earlier in the home, in the church, and through the media.

When we look at all of the above- gender socialization in the family, media, peers and school, it is easy to see how children can be raised with such concrete ideas about what gender is. Whilst girls are being taught that their worth rests on their physical attraction, meekness and selflessness, boys are being taught that their power comes from their strength, intelligence and bellicosity. Being a girl equates to being less than while being a boy means constantly needing to prove their own force, specifically over their female counterparts. Hence, the patriarchy gets reinforced and continues to be disseminated and propagated, creating structures like the triple bind of female sexuality, expression, and beauty standards.

"Lady in the streets but a freak in the sheets": The Double-bind of Female Sexuality

In *Trauma and Survival: Post-Traumatic and Dissociative Disorders in Women*, Elizabeth Waites puts forth five female dilemmas- two of which are examined in this paper- created out of the complex and profound patriarchal society which bind women and force them to cope with trauma in more inwardly destructive ways. One of these dilemmas, the double-bind of female sexuality, is described by Waites as the "contradictory messages" given to little girls, from birth "about their sexuality" (Waites 1993:45). They are told to "be attractive but not seductive; be noticeably feminine but not provocative; be helpful but not controlling," "sexy but innocent, experienced but virginal." (Waites 1993:46; Killing us Softly: Advertising's Image of Women, 2010). Otherwise stated, the double bind of female sexuality can best be described as the pressure put on women to embody two seemingly opposing characteristics - erotic and pure, unadulterated but sensual - simultaneously.

Inglis and MacKeogh, in their piece, *The Double Bind: Women, Honour and Sexuality in Contemporary Ireland*, trace the root of this double bind back to the clashing roles of the church and media. During the time when the church had a monopoly over society, a woman's purity was seen as the compass of morality in which sex was repressed and desire governed (Inglis and MacKeogh 2012:74-75). Thus, virginity was highly appraised, and women were expected to act as such. However, with the rise of the media, self-indulgence began being promoted, which created a "rupture in the discourse of what constituted a good woman" (Inglis and MacKeogh 2012:75).

All of the sudden, traditional religious ideals of "being fecund without being sexual were being replaced with being sexual without being fecund, innocent and pure to knowledgeable and skilled" (Inglis and MacKeogh 2012:75). In other words, there was a paradigm shift regarding

women and their sexuality: instead of women being seen solely as vessels for children, they were suddenly allowed to be sexual human beings (mostly for the benefits of consumer capitalism – for women in the real world, it was implied that even if they do choose to be sexual, it is a fleeting phase which should give way to being fruitful). Yet, despite the increase of media displaying sexual females, they are never as "lustful and rapacious as men without inviting moral disdain" (Inglis and MacKeogh 2012:76). If a man instigates sexual activity for the pure pleasure of it, it is because it is in his nature and because he "has needs." If a woman, on the other hand, invites sexual activity for no other reason than to feel pleasure, it is considered predatory and beyond the standard discourses of the media (Inglis and MacKeogh 2012:76). Thus, women get caught in a double bind. Despite the modern, cosmopolitan, and liberal view reflected in certain elements of the media that women have the same sexual rights, urges and desires as men, it is still not seen as acceptable for women to act on them.

Inglis' and MacKeogh's research, while significant, may not be as applicable to countries where the churches- or any organized religions- exert major influence. Still, even without the classic dichotomy of conservative versus liberal ideals, the double bind of female sexuality is still problematic. The common trope "lady in the sheets but a freak in the sheets," is a contemporary and widely diffused example of the double bind of female sexuality. Girls are taught that they will only be desirable if they present themselves as innocent, put together and lady-like in the outside world but sexual, experienced and adventurous in the bedroom. If they cannot accomplish either of these two, they will not be loved. Thus, female sexuality becomes imprisoned in confusing and inconsistent messages, placing many females at the intersection of liberal-individual and cosmopolitan discourse in which they can be sexually free on the one

hand, and hide themselves or parts of their sexuality on the other(Inglis and MacKeogh 2012:75).

Waites asserts that not only are women supposed to exude sex appeal while remaining innocent and naïve, they are also expected to control not only their own sexuality but also that of their male counterparts. This idea that women are expected to be held responsible for "any undesirable outcomes of sexual behavior...the idea that females can and should control male responses to their sexuality is time honored rationalization for rape and assault" (Waites 1993:46). Namely, women are demanded to be sexually alluring and erotic but, when boundaries are transgressed and abuse, violence or even pregnancy occurs, they are often blamed (Inglis and MacKeogh 2012:70).

The phenomenon described above is known as victim-blaming. Judith Herman describes victim blaming as when the victim of a crime (generally speaking, sexual harassment, assault or rape) is held partially or entirely at fault for the harm that befell them instead of the perpetrator of said crime (1993:67). The notion of placing the blame on the woman for her own assault is not a new one. Gerda Lerner, in her book, *Creation of the Patriarchy*, comments that in Hammurabic law (around 1745 BC in Mesopotamia), in the case of a rape, the injured party was always "the husband or the father of the raped woman [and] the victim was under obligation to prove that she had resisted the rape by struggling or shouting" (1986:116). The crime was against the patriarchs of the family because women were seen as their property.

Inglis and MacKeogh examined media coverage of one particular rape case and found that news stories use certain lexical styles to create dichotomies in order to "other" and discredit victims of sexual assault and rape (2012:71). Despite examining only one case, their findings are certainly valid and applicable to other cases. As Inglis and MacKeogh point out, when on the

stand in court, it is common to hear victims of rape being accused. Questions of what she was wearing ("she was asking for it"), was she drinking ("she was being irresponsible") and even her own sexuality ("if she has slept with people in the past, it must have been consensual") are thrown at the woman. Therefore, women who face this victim-blaming are often caught between trying to express their own experience and remaining socially accepted by society. Herman describes the experience of women in this position as existing "outside the realm of socially validated reality" (Herman 1997:8). How can women and girls, thus, express their own trauma especially since "society gives women little permission either to withdraw or to express their feelings (Herman 1997:65)?

Body as the Outlet for Rage: Dilemma of Female Expression

Waites answers the question above with another one of her five dilemmas: the dilemma of female expression. Waites argues that the socialization of the genders in childhood encourages males to externalize their aggression while females are taught to "turn their scapegoating tendencies against themselves," creating an environment in which women may be prone to self-harm since they cannot , like men, release their anger and frustration unto others in an acceptable fashion (Waites 1993:51; Tavris 1992:157; Orenstein 1994). In fact, Waites continues that turning aggression against the self is a behavior that is "stereotypically feminine" (1993:52). Statistics support this claim: Pickard states that it is estimated that adolescent women are five to six times more likely to self-harm as compared to adolescent men (2015). Since women cannot easily communicate or express their anger, rage or negative attitudes without violating gender expectations (often women who act outside of their traditional role of non-aggressive and non-violent are pathologized and viewed as deviant or sick) they turn their impulses inward, enacting their self-hatred and loathing in a private realm (Pickard 2015). In

School Girls, Orenstein adds that "girls slice and burn themselves for much the same reason that they deny themselves food...they are disallowed the luxury of turning their anger outward; the only outlet they have for their rage is their own bodies" (Orenstein 1994:107).

Likewise, in *Fasting Girls*, Brumberg found many women use appetite as a form of expression and symbolic language (Brumberg 1988:2). In many families and, indeed, many relationships, food can be seen as a representation of love. Thus, the refusal to eat that is an affront to aperson's expression of love also becomes a highly effective way of communicating unhappiness and rebellion. Not only was this refusal of food attention-receiving but it had another perk: "while an emotionally charged behavior, [refusing food] was also discreet, quiet and *lady-like*" (Brumberg 1988:140, emphasis added). Moreover, women refusing food is indicative of the crucial role that control played- and continues to play- in self-harm. Initially, NSSI and EDs were most common among these middle- and upper-class adolescent girls (who had more of the privilege to refuse food) as a form of resistance and control to the pressure bestowed upon them both from their families and from the wider society. Self-harm was one of the only forms of control available to these girls, both as a way to signify to their families they were unhappy and to rebel against larger patriarchal confines such as arranged marriages. This continues to be the case today as girls and women continue to self-harm most often as a means to find a semblance of control in their lives.

Ironically, females who do self-harm as a means of expression are often met with the same backlash as those who choose to express emotions in more outward, "male" ways. As Rachel Cote reasons, it was not that long ago that medical establishments diagnosed self-harming women as "hysterics" and deemed their acts of self-harm as a "symptom of their femininity" spurred on by "emotional excess" (Cote 2017). In fact, hysteria, which has been around since

the ancient Greeks and Egyptians, can essentially be boiled down to "everything that men found mysterious or unmanageable in women" (McVean B.S.c 2017). Though its official diagnoses has changed from a physical ailment to a psychological disorder (recognized by the American Psychiatric Association until 1980), hysteria has always been a "sex-selective disorder," affecting only those with a uterus (McVean B.S.c 2017). Essentially, medical professionals- who historically and continue to have dominance in the field of medicine- blamed symptoms of mental illness as well as normal, but unacceptable, female behaviors on the uterus. Their solution was to prescribe marriage, marital sex, pregnancy and childbirth, all of which are stereotypically "proper" activities for a "proper" woman to engage in (McVean B.S.c 2017). The "hysterical woman" reinforced ideas that a woman experiencing mental health problems or who was self-harming fell outside the realm of what was societally acceptable and strengthened the subordination of women in a patriarchal society.

Today, many females - especially girls and teenagers - are not be taken seriously if they self-harm. They may be told they are just vying for attention (an attribute which, for women, comes with a negative connotation of being self-centered and narcissistic), or they are just doing so because they saw someone on TV do something similar. Therefore, just as with the double binds of sexuality, the female cannot win: either she chooses to express her emotions outwardly in ways boys and men have been taught is acceptable for them (e.g. fighting or using fighting words) and is told she is overly aggressive or she may resort to more extreme measures, such as self-harm, and she is told she is attention seeking. In any case, it is clear that females are hurting but have not been given the adequate tools to express that in a non-stigmatized and non-destructive way. To be clear, I am not calling for women to be able to act in the ways more stereotypical for boys and men. I am not calling for aggression towards others and disruption of

social order. Rather, I am searching for alternatives (which are discussed in the positive ways of healing section) that can be as beneficial for men as they are for women.

"Nobody Loves a Fat Girl:" Unrealistic Beauty Standards in the Media

As previously stated, the role of mass media has profound impacts on the gender socialization of children. Yet, its effects go far beyond that, extending its influences well into teenage and adult years and creating long-lasting impressions on females, specifically in terms of body image. As females get older, media ads become more targeted and specific, creating a damaging discourse surrounding beauty standards and body image. Inglis and MacKeogh describe the ever-encroaching role of media as a sort of "social consciousness" created and dominated by the media and imposed on its viewers (2012:70). In essence, what this means is that what the media puts in front of its viewers is idealized and deemed the only acceptable truth. Thus, when the media, in all of its forms (newspapers, magazines, TV shows, movies and advertisements) showcase an image of a skinny, white, female with long hair and big eyes, that becomes the new normal and the baseline of beauty.

The ways in which media have created and continues to perpetuate unrealistic beauty standards for females has a turbulent and fraught history that Brumberg details in *Fasting Girls.* In the 1920's, the fashion industry turned to standard sizing which increased personal emphasis on body size and legitimized the idea of a normative body size (Brumberg 1988:240).[5] In this vein, larger women were systematically kept out of mainstream fashion. In the very beginning,

[5]This thin ideal beauty type did not remain consistent throughout the 20th century. Rather, it changed in fluctuation with the political economy. During the 1950s, when domesticity re-emerged post WW2, a Marilyn Monroe, curvier figure was favored- reflecting back to a time when this type of body signified wealth by means of having choice of what food to eat. In the 1960s, when women began to enter the workforce, the body ideal shifted again to idealize a much thinner woman (the model Twiggy is a prime example of this). Thus, quite literally women were being asked to take up less space as they entered traditionally male jobs and gained economic power. It is important to note also that although body type ideals have fluctuated (think now about Kim Kardashian and her favored curvy figure) there always remains a preferred way to look, the pressure of which can encourage eating disorders.

therefore, fat shaming was more discreet (although no less damning for women perceived as fat in the "real world"). Instead of outwardly claiming fat as a sin, there was simply no representation of curvier women. Nonetheless, the message was clear: if you were above a certain size, you had no right or space (literally and figuratively) to exist in a modern, cosmopolitan society.

While fashion industries took this passive route, magazines were going full scale offensive on the "problem" of being fat. In 1918, Vogue magazine wrote: "There is one crime against the modern ethics of beauty which is unpardonable; far better it is to commit any number of petty crimes than to be guilty of the sin of growing fat" (Brumberg 1988:243). Essentially, society finds it more acceptable for a woman to commit theft, trespass, and vandalization than to be fat. Similarly, in 1948, Seventeen magazine declared being overweight a "medical problem," and began educating its readers on how to naturally curb their appetites (Brumberg 1988:252).

Another source of media which readily spurts out "lessons" on beauty is advertisements. As Brumberg explains, this trend started in the 1950s, when ads for diet foods began bombarding households, using slogans such as "Nobody Loves a Fat Girl" to entice girls and women (Brumberg 1988:252). In her series, *Killing Us Softly: Advertising's Image of Women*, Jean Kilbourne affirms that, even today, advertisements create, and continue to reinforce, a toxic-cultural environment that surrounds people with unhealthy images that may lead one to sacrifice their health and sense of well-being. More specifically, it creates a tyranny of ideal beauty wherein ads tell women that "being hot becomes the most important measure of success," since, within patriarchal culture, attractiveness has been placed at the crux of female self-worth (Killing us Softly: Advertising's Image of Women, 2010; Kilbourne 1999). Unfortunately, the definition of "hot" that is being propagated is so limited that fewer

than 5% of female body types are able to genetically look like the ideal beauty standard of the time - ribs showing, small breasts, small hips- without surgery or photo touch ups (Killing us Softly: Advertising's Image of Women, 2010). Thus, it becomes increasingly likely that women who strive for this beauty will fail, increasing body dysmorphia, low self-esteem and the development of an eating disorder.

In the hands of the media, "good looks" and external qualities are emphasized above all else, creating a world in which beauty has become social and cultural capital (Brumberg 1988:27-33). Conceptualized by Bourdieu, social and cultural capital underscore both the economic and non-economic (knowledge, education, skills) gains resulting from being part of certain social relationships and networks which may enable social mobility. Beginning in the early 1900s, a thin body came to symbolize higher social status. If you were skinny, it meant you had more choice in what you were eating as opposed to lower class people who, presumably, ate what they could find (Brumberg 1988:185). Not only was skinny an economic symbol of success, it was also a moral symbol of success. Being overweight became a "character flaw and social impediment," indicative of a lack of control and a "failure of personal morality" (Brumberg 1988:238-243). It is no wonder then why some women who view themselves as falling outside the perceived view of beauty resort to self-harm.

When Victim and Perpetrator Are One: Understanding Self-Harm

I have defined self-harm in the introduction and deemed it an act of violence, but it is important to nuance that understanding before continuing. Merriam Webster defines self-harm as the "act of purposely hurting oneself...as an emotional coping mechanism." Other definitions follow a similar pattern. The Mayo Clinic defines self-harm, specifically NSSI (Non-suicidal self-injury), as "the act of deliberately harming your own body" ("Self-injury/ Cutting," Mayo

Clinic). Likewise, the National Alliance on Mental Illness (NAMI) specifies self-harm as simply "hurting yourself on purpose" ("Self-Harm," NAMI). The most common forms of NSSI, according to the Mayo Clinic, are cutting, severe scratching, burning, carving words or symbols on the skin, self-hitting, punching or head banging, piercing the skin with sharp objects and inserting objects under the skin. NSSI often occurs in a private setting and is done in a controlled manner. Symptoms include scars, fresh cuts, bruises or other wounds, keeping sharp objects in hand, wearing long sleeves or pants, even in hot weather, behavioral and emotional instability and statements of helplessness, hopelessness or worthlessness ("Self-injury/ Cutting," Mayo Clinic).

Though definitions of self-harm are rarely broad enough to encompass eating disorders, if self-harm is "purposely hurting yourself," and "harming your own body," eating disorders certainly fall under the umbrella of self-harm. According to the American Psychiatric Association (APA), eating disorders are "illnesses in which people experience severe disturbances in their eating behaviors." ("What are Eating Disorders?" APA). There exists controversy among what is considered an eating disorder but for the sake of this research, three main eating disorders are discussed: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. People with Anorexia Nervosa (commonly referred to as simply "anorexia") are diagnosed when patients weigh at least 15 percent less than the normal healthy weight expected for their height. Characteristics common among those suffering from anorexia include refusal to eat or eat enough, obsessively over-exercising and, at times, using laxatives or forcing themselves to vomit in order to lose weight. Bulimia Nervosa (referred to as "bulimia") is identified by patients who binge (binge eating signals consuming thousands of calories in a very short period of time) then purge by throwing up or using a laxative. Those with bulimia can be

underweight, normal weight or even overweight and drastic weight loss is not common though weight fluctuations do occur over long periods of time. Finally, Binge Eating Disorder differs from bulimia in one key way which is that those who suffer from binge eating do not purge after they binge and is characterized by eating rapidly, eating when not feeling physically hungry, eating until uncomfortably full and feeling disgusted, depressed or guilty after binging ("What are Eating Disorders?" APA).

As stated, there exist certain controversies about what is considered an eating disorder and which behaviors lead to diagnoses. Because of this discordance, I include Disordered Eating in my analysis of self-harm. Disordered Eating is typically described as "a range of irregular eating behaviors that may or may not warrant a diagnosis of a specific eating disorder" (Anderson 2018). While symptoms of disordered eating are much the same as symptoms of Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder (such as chronic weight fluctuations, frequent dieting, rigid exercise routine), if a person's symptoms do not align with the criteria set by the American Psychiatric Association for an eating disorder, they will not be diagnosed.[6] This narrow definition excludes many people who are suffering. Thus, I have chosen to include disordered eating in an effort to include women who may be undergoing real suffering but without a formal diagnosis (Anderson 2018).

The National Alliance of Mental Illness (NAMI) explains that self-harm should not be seen as an illness but, rather, as a coping mechanism. The roots of self-harming behavior can vary greatly. In some cases, it is indicative of a larger mental health illness, such as depression, anxiety, PTSD or Borderline Personality Disorders. In other cases, self-harm can stem from

[6] Orthorexia- an obsession with "healthful" eating- was mentioned by several participants during the interviews. It has not been formally recognized in the Diagnostic and Statistical Manual, which is written by the American Psychiatric Association, but the National Eating Disorder Association has acknowledged it as highly problematic and damaging.

trauma, specifically childhood neglect, sexual violence or abuse. However, above all, NAMI contends that people self-harm if they are unsure of how to deal with intense emotions such as anger, frustration or shame ("Self-Harm," NAMI). If a person learned to quell emotions as a child or never learned how to appropriately deal with them, self-harm may feel like a release. Similarly, if one is faced with overwhelming numbness, the pain that comes from self-harm allows them to "feel something" ("Self-Harm," NAMI). In some cases, after someone self-harms once, the shame or guilt may further one's negative feelings, causing them to self-harm again, creating a vicious cycle and long-time habit.

In a similar vein, The National Centre for Eating Disorders (NCFED) emphasizes that EDs are not an illness or "just a phase" (Jade 2019). Instead, they claim eating disorders are a response to stress. Though there is no single cause for EDs, there are several risk factors which may make it likely for a person to develop an ED. For example, they cite genetics, "ideal" images of beauty portrayed the media, early puberty, childhood abuse, sexual identity problems, bullying or knowing someone who has food issues or who struggles with an ED as just some of the few risk factors (Jade 2019). NCFED clarifies that, similar to those who commit NSSI, people without good strategies for managing emotions and stress are the most vulnerable for EDs and EDs are often an expression of deep emotional distress (Jade 2019).

It is important to recognize that female violence against the self is broad and can embody many more forms than the two I focus on. The reason I have chosen to focus on NSSI and EDs is based both on the demographics of my participants and the research available. I chose NSSI and EDs, primarily because much of the pre-existing literature focuses on these two forms of self-harm, ensuring I could compile a thorough theoretical framework and making it possible to tie my research into what is already published. Further, only one of my participants discussed

any other forms of self-harm besides NSSI and EDs, meaning that the forms of self-harm I had chosen were the most relevant and applicable to the lives of those I was interviewing. That said, self-harm can include less obvious ways of hurting ones' self or putting ones' self in danger such as driving recklessly or having unsafe sex. Self-harm can also be more prominent. Alcoholism, drug use and cosmetic surgery (distinguished from plastic surgery which may be for medical reasons and, thus, covered by insurance) are just three other examples of addictive and self-destructive behaviors that women impose upon themselves in order to cope with societal pressures and find a semblance of control.

Furthermore, it is important to note that what is self-harm to some is a satisfying form of resistance for others. In *Bob Flanagan: Supermasochist,* editors and publishers Andrea Juno and V. Vale delve deep into the life of Bob Flanagan, a poet and artist who was diagnosed with Cystic Fibrosis (CF) when born. Flanagan's CF caused him agonizing pain, yet he found relief in masturbation and sexual experimentation, becoming a part of the Sado-Masochistic community with his long-time partner. In one interview he recalls that "because of [his] early, really horrible stomach-aches I would rub against the sheets and the pillows to soothe my stomach and this became more and more erotic...One way of taking control of the stomach-ache was to turn it into an orgasm" (Juno & Vale 1993: 12). Thus, pain and pleasure became inextricably linked in his mind. Flanagan branded, whipped, pierced and bondaged himself during his time as a Sado-masochist. While some might consider this self-harm, for Flanagan it was a way to deal with the physical pain from his CF. This example of Bob Flanagan is representative of the ways in which acts of self-harm for some are a form of empowerment, resistance and agency. As is discussed in the dilemma of female expression section, eating disorders originated with upper- and middle-class white adolescents as a way for them to rebel against the feeling of restraint imposed upon

them by patriarchal limitations. Engaging in eating disorders was a form of agency, of taking the reigns in their life. Similarly, there are instances where NSSI can be seen as resistance and agency. A woman can mark her body through cutting and piercing however she pleases as an act of open resistance to beauty standards. She may self-harm in more obvious locations to make sure people notice as a way to be in charge of people's perceptions of her. For some women, self-harm *is* an act of agency, it allows them to control their own negative feelings and deal with them in their own way. However, self-harm is not a form of agency society should be encouraging. Women should be given the tools to be able to express themselves in other, non-self-harming ways. If women were given agency in other aspects of their life- such as with their sexuality, appearance and expression- self-harm would not be as prevalent.

Intersectionalities of Self-Harm

Self-harm has often been thought of as an array of disorders that affect white, middle/upper class adolescent females. Indeed, much of the research mirrors this assumption, as there is significantly less research focusing on self-harm among ethnic and racial minorities.[7] Although the principle aim of my research is not to explore how the intersections of race, gender and sexuality create circumstances of self-harm (it is more so to posit self-harm as a response to patriarchal abuse), it would be ignorant of me to ignore the fact that women of various racial, ethnic and sexuality identities experience self-harm in different and unique ways.

As previously stated, research in the field of examining self-harm across identities is limited and inconsistent. As Sala, Reyes-Rodriguez, Bulik and Bardone-Cone point out in their

[7] There is much more research done on how sexuality affects likelihood of self-harm than on racial/ ethnic identities. Several studies have demonstrated that belonging to a sexual minority status group greatly increases likelihood of self-harming, especially when one is a sexual minority and a racial/ethnic minority (Muehlenkamp et al. 2015; Bostwick et al. 2014; Calzo et. al 2017; Matthews Ewald et al. 2014). Thus, for the sake of availability and space, this section addresses the research- or lack thereof- in the relationship between race and self-harm. Furthermore, this section should be seen as an interlude- although my research does not address these issues specifically, it is important to discuss.

article, *Race, Ethnicity and Eating Disorder Recognition by Peers,* in the few articles that have been published between the years of 1996 and 2007, some studies show EDs as less prevalent amongst the Latinx, black and Asian population, others show they have the same prevalence and still others show they are more prevalent (Sala et al. 2014). The National Eating Disorder Association (NEDA) contends that, despite what some statistics show, EDs amongst racial minorities *are* just as common, if not more so, than their white counterparts. They conclude that since women of color in the United States "face substantially more stress resulting from their membership in multiple subordinate groups...eating disorder in women of color may be, in part, a response to environmental stress (i.e. abuse, racism, poverty)" ("People of Color and Eating Disorders," NEDA).

One thing that remains consistent in all studies, however, is a lower treatment rate among some specific populations ("People of Color and Eating Disorders," NEDA; Sala et al. 2014). In one 2006 study, clinicians were presented with identical case studies demonstrating disordered eating symptoms in white, Hispanic and Black women and asked to identify if the woman's eating was problematic. 44% identified the white woman's behavior as problematic; 41% identified the Hispanic woman's behavior as problematic, and only 17% identified the Black woman's behavior as problematic ("People of Color and Eating Disorders," NEDA). Sala et al. attribute this lower recognition to several factors, namely that the traditional clinical presentation and instruments to identify EDs were developed by and for white populations (2014). The authors claim that "the individual and clinician may believe that ethnic minorities do not suffer from eating disorders... thus leading to suboptimal detection of eating disorders in diverse populations" (Sala et al. 2014).

Studies regarding rates of NSSI in ethnic and racial minorities are equally as inconsistent. In one study of college students, researchers Wester and Trepal found that fewer ethnic and racial minorities committed acts of NSSI. However, what was missing from both this study and the studies about EDs is understanding how women of color view their own self-harm. In the NPR podcast, *Code Switch*, hosts Shereen Marisol Meraji and Gene Demby spoke of the issue of Latina women and eating disorders. They found that Latina women being systematically devalued places more stressors on them, making it more likely they will have an eating disorder. Yet, at the same time, the lack of awareness makes it harder for Latina women to admit to their families and to themselves that they are struggling. As one guest on the podcast explained it: "I don't want to make it worse for our community, we're already seen as not important." For low-income families, especially, women felt that what they were going through simply was not important enough to bring up (Meraji & Dembi 2019). Thus, a culture of silence exists around racial and ethnic minority women and their self-harm, both due to and lending itself to a systematic masking of systems of oppression within research on self-harm. As the respondents in my study were largely white (there were only two women who identified as mixed race), understanding the sociocultural context of silence surrounding these issues are useful to identifying why fewer women of color participated in my study, especially as I am a white woman (this issue of reflexivity is discussed more in the methods section).

Moving forward, I want to underscore that we must scrutinize and understand people of color- especially women of color- who self-harm in a different light than their white counterparts. Utilizing Kimberlé Crenshaw's theory of intersectionality, which states that discrimination is not experienced on a "single categorical axis," but rather, felt as various marginalized identities converge in an infinite matrix of avenues for discrimination, women of

color live and suffer consequent self-harm in a more complex way than white women (Crenshaw 1989). It would be unfair to overlook the institutionalized, systematic and pervasive racism in our country as a major contributor to self-harm amongst racial and ethnic minorities. Thus, their self-harm may not just be a response to patriarchal restraints *but also* to racial ones.

Self-Harm in College Students

As mentioned in the introduction, typical college-aged individuals (18-22) are at-risk for self-harm. However, self-harm or self-harming tendencies can also have their roots in an individual's teenage years.[8] A two-and-a-half-year longitudinal study found that in a sample of 103 youths between the ages of 11-14, after two and a half years, 18% had engaged in NSSI, 14% for the first time (Hankin and Abela 2011). Although most people who commit acts of NSSI will do so on average for two to four years, there are many who continue to do so far beyond that point and it is often the stressors of college that can worsen these tendencies (Hendrikson 2016). In 2014, two researchers asked 84 college students- both who had no history with NSSI and who had a recent history with NSSI- to keep a diary of their emotions for two weeks. The results found that those with a history of NSSI reported a much higher rate of dissatisfaction with themselves, manifesting as harsh self-criticism. The results were similar even when controlling for patterns of psychopathology and borderline personality disorders (Victor and Klonsky 2014). The intensity present in colleges including the feeling of needing to prove yourself to a new set of peers and professors can be triggering and spur on feelings of ineptitude in many with a history of NSSI.

[8] Most of the participants that I interviewed for this research began self-harming before college. Some stopped before college, some stopped after they got to college and some continue to self-harm. Because of the variety however, I thought it important to recognize that self-harm is just as persistent and serious in adolescents pre university.

Other factors that are more present in colleges have been shown to be positively correlated to higher instances in NSSI for college females. A study of 224 college females from a university in the Southeast U.S. found that those who had experience sexual assault (e.g. sexual touching, verbal threats or penetration against ones will) were more likely to commit NSSI than those who had not (Chang et al. 2016:4448). Considering that 23.1% of college females will experience rape or sexual assault, it is not unlikely that a female who has experienced sexual violence may have adverse reactions including self-objectification (people seeing themselves as objects), disassociation, negative body regard and depression, all of which are leading factors for NSSI (Hendrikson 2016; "Campus Sexual Violence," RAINN; Muehlenkamp, Swanson and Brausch 2005).

Similar findings have been accounted for when examining the relationship between college students and rates of eating disorders. One 2002 study found that though most women who had EDs on college campuses experience eating-related problems in their high school years, the overconcern about body image and self-esteem coupled with day to day stresses made EDs persistent on college campuses (Schwitzer and Rodriguez 2002). Additionally, women with a specific set of adjustment concerns when entering college including stress around eating, social support needs, and perfectionism associated with academics and personal growth were far more likely to develop EDs (Schwitzer and Rodriguez 2002). College is an extreme shift for many young people. It is a time when most leave the safety bubble of their parents' home to strive to be independent. [9] Yet this independence comes with an added burden of personal stress, both

[9] Of the 3.1 million people ages 16 to 24 who graduated from high school between January and October 2016, about 2.2 million, or 69.7 percent, were enrolled in college in October 2016 (U.S. Bureau of Labor Statistics, 2017). Of these students, 20% of those attending public universities and 17% attending private universities will live at home (Tellefson). Regardless of where one resides, the academic and social stressors of college are enough to lead one to self-harm.

academic and personal. Meeting new people, adjusting to a new environment and being confronted with more rigorous academics can trigger a fresh wave of self-loathing for many young women with a history of self-harm. Additionally, the possibility of trauma- like sexual assault- can increase ones' likelihood to develop self-harming tendencies even if they have not experienced them in the past.

Self-Harm as a form of Gender Violence

Linking self-harm to patriarchal binds requires a definition of the patriarchy. In *The Creation of the Patriarchy,* Gerda Lerner defines patriarchy as "the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance over women in society in general" (1986:239). Lerner is careful to point out that although the patriarchy "implies that men hold power in all the important institutions of society...it does *not* imply that women are either totally powerless or totally deprived of rights, influence and resources" (1986:239). Rather, patriarchy is a form of social organization in which all things masculine are valued while all things feminine are devalued. Within patriarchy, there exists subsets of patriarchal relations and ideologies which reinforces and sustains the patriarchy. One of these is sexism which is the "ideology of male supremacy, of male superiority and of beliefs that support and sustain it" (Lerner 1986:240). Sexism and the patriarchy mutually reinforce one another, and sexism can persist even when institutionalized patriarchy has been abolished (e.g. a country which guarantees women complete economic and political freedom but where patriarchal social and family ties still exist) (Lerner 1986:240).

The other subset of the patriarchy that Lerner discusses is Paternalistic Dominance. Paternalistic Dominance describes the relationship between the "dominant" and "subordinate" group in which "dominance is mitigated by mutual obligations and reciprocal

rights" (Lerner 1986:239). Lerner traces this system back to family relations in which the father held absolute power over the family- the wife provided unpaid domestic and sexual services in exchange for economic support and protection (Lerner 1986:239-240). The use of the term "subordinate" to describe this group is purposeful. As Lerner explains, the use of subordination allows for "the possibility of collusion between him and the subordinate. It includes the possibility of voluntary acceptance of subordinate status in exchange for protection and privilege," a condition, that Lerner claims "characterizes so much of the historical experience of women" (1986:234). Indeed, Lerner argues that "women, more than any other group, have collaborated in their own subordination...they have internalized the values that subordinate them to such an extent that they voluntarily pass them on to their children" (1986:234). All of these definitions and subsets of the patriarchy can be, moving forward, applied to society and the patriarchal triple bind in order to bridge the gap between gender violence, patriarchy and self-harm. I argue that self-harm is a response to patriarchal dynamics.[10] Hence, self-harm is not just violence but, specifically in the case of women (and men who are not deemed "masculine" enough by society) self-harm is a form of gender violence.

The authors of *Gender Violence: Interdisciplinary Perspective* define gender violence as "any interpersonal, organizational, or politically oriented violation perpetrated against people due to their gender identities, sexual orientation or location in the hierarchy of male-dominated social systems" (O'Toole, Schiffman & Edwards. 2007:xii). Therefore, gender violence may reveal itself in different forms. Often, physical forms of gender violence are considered the most common (i.e. battering) but psychological (coercion), sexual (rape), economic (denying access to

[10] I later explain what I mean when I say "response" to patriarchal limitations. However, as a foreshadow, it becomes clear through examination of sources and interviews that most women self-harm to gain a semblance of *control* that they feel they have lost or never had.

one's own money) and even structural (abortion access) are highly prevalent. The result of gender violence is often the continued subordination of gender identities other than male and the reinforcement of the patriarchy.

The reader, which is composed of essays by a wide range of authors from various fields, covers topics ranging from sexual battering in intimate relationships to family violence to the commodification of female bodies. Nowhere, however, does it mention how gender violence can display itself in the form of self-harm. This is where I hope to fill in gaps in pre-existing literature.

If violence is the "extreme application of social control" then self-harm is the consequence and manifestation of the ways in which the triple bind of female sexuality, female expression and female beauty standards restrict the acceptable ways in which women can behave, appear and express themselves (O'Toole et al. 2007:xii). Self-harm has only in the past decades been acknowledged as a potential reaction to deeply ingrained structures, practices and institutions in our society but it has yet to be considered gender violence for the simple reason that the woman is doing the harming to herself. Yet, as we have seen with Lerner's definition of subordination, patriarchal dynamics embed themselves within men *and* women, so women learn to internalize and become their own biggest critic. Thus, if women are committing self-harm because of these internalized values, sexism and subordination are simply manifesting themselves in a self-inflicted rather than interpersonal way. So, not only is self-harm gender violence, it is a form of gender violence so manipulative and undetectable that women have been unconsciously trained to do it to themselves, becoming both the victims *and* the perpetrators of said violence. If gender violence is any act, behavior or spoken word that serves to maintain

gender inequalities, then self-harm is certainly a form of gender violence, for women are being placed (read: coerced and trapped) into a lower position of society.

Methods

The primary research method used in this thesis is qualitative, semi-structured, in-depth interviews.[11] I chose qualitative research as my main method because of the deeply personal and individualistic nature of the research and to get to the *why* of my research question of why females self-harm. Encapsulating the thoughts and real- life experiences of these women was incredibly moving and invaluable for delving deeper into understanding why some women may perform self-harm.

If the point of qualitative research is to seek, describe, and understand certain aspects of society and/or human behaviors as well as the meanings of events for participants, interviews allows drawing from the voice of the individual. The type of interviews I conducted were semi-structured, combining structured questions (to obtain factual information) and unstructured questions (to probe deeper into people's experiences) (Halperin and Heath 2012:258). Overall, I conducted ten semi-structured interviews.

Due to the sensitive nature of my topic and because I would be working with human subjects, I submitted an expedited application to Dickinson's College Institutional Review Board (IRB) before beginning interviews. I submitted my initial application, which included the research proposal (interview questions, data collection, data storage methods and strategies for confidentiality) and an informed consent form on December 9th, 2019. It was approved with

[11] See Appendix B for more information on what qualitative research consists of, its benefits and drawbacks as well as more detail on the qualitative methods used in this research.

revisions, specifically to the consent form, on February 7th, 2020 and, after those revisions were made, it was officially approved on February 23, 2020.

In order to collect qualitative data, I created a script for the email I would send out to participants which included a trigger warning (shown in Appendix C). The script introduced myself, stated my research topic, the purpose of the research and my phone number and email address if anyone wanted to contact me. It asked for the participation of any respondent who identified as female and was a full or part-time student at Dickinson College. I sent this email to approximately twenty clubs, organizations, sports teams, groups and specialty interest housing on campus. The groups I chose to contact represented a wide array of student interests, majors, races, ethnicities and sexualities. Many of them were also female-oriented, such as Delta Nu (a female sorority), the women's soccer team, the Latina Discussion Group and Womanist Collective.

Once a student reached out- via email or text- I would set up a time to meet and a location. I gave each participant the option to choose the location of the interview but if they did not have a specific request, I would suggest a library study room and book one ahead of time to ensure there would be availability. The library study rooms are quiet and private yet in a public setting and familiar to most students. On only two occasions did the location stray from the library: in one circumstance a participant asked to meet at a local coffee shop and in another, it was held in my apartment (that participant is a friend of mine and suggested my apartment since she knows it well). Though the interviews varied in length, with the shortest being just under half an hour and the longest slightly exceeding an hour, many of them lasted around forty-five minutes.

Before each interview started, the participants were required to sign a consent form which detailed the purpose of the study, potential benefits and risks and the steps that I would take to ensure confidentiality (shown in Appendix D). They were also informed that, directly following the interview, they would be given the chance to choose a pseudonym (a bulk of my participants chose full names but two of my participants chose simply a letter for their pseudonyms). Before talking, I asked each participant if they felt comfortable with me audio recording and taking notes during the interview. Note taking allowed me to jot down main themes- especially ones that I had seen across interviews- as well as follow-up questions. It also permitted the recording of non-verbal behaviors and cues (King & Horrocks 2010:47). Audio recordings were similarly beneficial, allowing me to capture verbatim what the participants said and focus on them rather than having to take notes the whole time they were speaking. According to King and Horrocks, the presence of audio recording equipment can construct an environment that may seem more formal to the participant (2010:44). In order to combat this and try to minimize power imbalances, I made small talk to the participant before and after the interview, explained my research once more in layman's terms, made sure to dress casually and, throughout the interview, I nodded and interjected with phrases of affirmation such as “yeah,” “ok,” and “sure.”

After the interview, I checked for consent to include any identifiable information (i.e. being a Dickinson athlete, working on campus, club membership) in my transcripts. Notes, audio recordings, and transcripts were labeled only with the pseudonym, and were stored on my password protected computer. Following the completion of the transcripts, audio recordings were deleted.

Since the researcher plays such an active role in the research process, acknowledging ones’ own position in society is crucial. This process is known as reflexivity and it is the

"realization that the researchers and the methods they use are entangled in the politics and practices of the social world" (King & Horrocks 2010:126). As a white woman, it is important for me to understand how my position of privilege in a society that structurally, institutionally and interpersonally marginalizes black and brown communities may have deterred women of color from wanting to talk to me about such a sensitive topic. I recognize that women of color may not want to be as candid with me since I have never lived with their intersectional identities. Furthermore, there tends to be a greater culture of silence surrounding women of color who self-harm that would possibly make it more difficult for them to open up about their trauma (as discussed in the intersectionality section of the literature review). I did interview two women who were not white (both were mixed race) yet neither attributed their racial identity as a key component of their self-harm nor talked about their racial identity for very long when asked about it.

Since most of the women I interviewed were white, my positionality paralleled theirs and in a few cases I shared social networks with my participants. On the one hand, this meant that many did not feel they had to censor themselves. Being of the same age and race meant they could talk openly. On the other hand, since some of these women I see around campus- there was one woman I interact with professionally throughout the semester- I was careful to remind the participants that they did not have to answer any questions they felt uncomfortable with. Overall, participants stated that they felt at relative ease (considering the nature of the topic at hand) talking to me and that I succeeded in creating a safe environment. Some of the women even expressed gratitude for giving them a voice and allowing them to share their stories.

As a woman who has self-harmed in the past, I tried my best to remain as objective as possible while the participants described their own experiences. During a few instances, women

would hesitate to tell me explicit details about their self-harming tendencies as they did not want to be too morbid or triggering without knowing my personal background with the topic. In those instances, I assured them that nothing that was said would hurt or hinder me. Many of the participants asked specifically why I had chosen this area of research and, in those circumstances, I was open and honest about the intimacy that I felt with this topic, but if they did not ask me, I did not share. I recognize that my status as an "insider" -a woman who has a past of self-harming- may have influenced the questions I asked during the interviews but it also created a safe and comfortable space wherein the women I interviewed felt they could be vulnerable and authentic with me.

The topic of women self-harming is one that is stigmatized and pathologized. While it is true that each woman has their own story, it is also true that patterns of silence, shame, guilt, and self-hatred persist across all of their experiences. My interest in this topic, coupled with my efforts in conducting qualitative research, captured narratives of women that may never have been heard before and positions them at the center of sociological discourse about gender, self-harm and gender violence.

Data Analysis

While experiences of self-harm are far from homogenous, all ten of my participants said that living as a woman was important in the ways in which they negotiated their sexuality, expression and outward appearances. The prevalent themes that arose throughout the interviews can be divided into four main topics:

- Media as a formative site for creating and perpetuating beauty ideals and exposing young people to self-harm tendencies
- The interactive relationship between sex, sexual Expression and self-harm
- Toxic environments that contribute to gender socialization and self-harm

- The stigmatization of asking for help on an interpersonal, institutional, and structural basis

Of the ten participants I interviewed, nine self-harmed and the one who hadn't admitted that she had considered it frequently (for further breakdown of which women self-harmed and what acts of self-harm they engaged in see Appendix A). Their narratives provide the chance to further understand the complexities surrounding self-harm in women.

The Formative Role of Media

Jordan, a swimmer with a kind smile, has never suffered from an eating disorder- one of three women that I interviewed who had not. Nevertheless, she sits across from me telling me about her struggle to accept her muscular body, specifically her thighs:

> I used to have a ton of issues with my legs because...I have pretty muscular legs but I always saw them as something that like that were really big…and that was something that I dealt with for a while…I did used to get upset like I didn't like looking at my legs in mirrors.

When questioned about where she felt like that insecurity came from, she cited magazines, saying that although she was never an avid reader herself, "when you're at like the dentist or the doctor and you look at [the women on the cover]…and they're all so skinny, they have these little tiny legs and they're all how you should be looking like super slim and perfect and you never really see like super muscular girls like on the cover of magazines."

Jordan's experience is reflective of a larger issue regarding representation in the media. Below are two images from contemporary and popular magazines, Seventeen (which targets mainly adolescent females) and Women's Health (which is geared towards a slightly older audience):

Image 1 (Left): https://www.pinterest.com/pin/563653709589811441/

Image 2 (Right): https://en.wikipedia.org/wiki/Women%27s_Health_(magazine)

The purpose of both of these articles is to direct females on how to get abs. *Seventeen* does so by instructing teenagers on what foods will give them a "flat tummy," which is (naturally) considered to be what all teenage girls want. *Women's Health* goes into slightly more detail. It states how to get abs through specific workouts and diets. It also includes phrases such as "cellulite blasters," indicating that cellulite - a naturally occurring process that usually happens with age and does not discriminate against body type - is unwanted. Lastly, the large and bold message "Look great naked!" implies that there is only one way to look and feel happy when naked, and it is with no cellulite, abs and a flat tummy. With magazines like these circling with such frequency, females are learning from adolescence about the "right" and wrong" ways to look.

Many of my other participants discussed the harmful ways in which media representation- or lack thereof- negatively impacted the way they viewed their own bodies.

Maisie, a stylish mixed-race woman- speaks of her experience with TV and movies, saying that it played a big role in a mentality shared by her and her friend group in high school that "the only way to be happy is to lose 20 pounds:"

> I think it's definitely about what like what I see in the media and like TV and stuff like that and when you look in the mirror it's always about what you can change… I place[d] myself in these TV shows a lot when I was younger and it's very obvious that TV shows are not the best at including different body types and stuff like that, that definitely could've fed into that "well, they have a perfect life and they have a perfect everything and therefore their bodies are perfect" and one step closer to me fitting that [perfect life] is also having their body type.

In a similar vein, Barb, who identifies as an androgynous woman, says that her relationship with TV and movies was "massive" in fomenting an unhealthy relationship with her body:

> Jessica Simpson recently had an article about how…when she got signed, they told her "lose 15 pounds," so she was totally underweight, starving herself, addicted to dieting pills and she was, I don't know 18 or something like that and you see the music video and it's like "oh, that's the ideal body though," it's like you know what I mean, you see that and it's like "I thought that was kind of the goal… it's not really relatable a lot of stuff in the media but it is, in some ways, desirable.

The experiences of Jordan, Maisie and Barb are representative of a much larger phenomenon regarding the correlation between media consumption rates, body dissatisfaction and eating disorders. Katzman and Morris compiled a variety of cross-sectional studies for a more holistic understanding of the ways that media impacts young adolescents. They found that the importance of thinness and trying to look like the women in TV, movies and magazines, was "predicative of young girls beginning to purge at least monthly" (Katzman & Morris 2003). Moreover, in another study of 548 girls, researchers discovered that those who frequently read fashion magazines were twice as likely to have dieted and three times as likely to have initiated an exercise program to lose weight than infrequent magazine readers (Katzman & Morris 2003). Through these studies and the testimonials of my participants, it is clear that media exposes its

viewers to unrealistic and, often, unhealthy beauty standards. These images can create negative perceptions of people's bodies, leading to body dissatisfaction, body dysmorphia and eating disorders.

Some of my participants noted that, in recent years, they have felt as though the media has grown to be more inclusive. One participant, Michaela, a tall woman with a quick sense of humor, says that she has noticed "a larger movement for body acceptance" on social media. Michaela has a good point. Within the last few years, there has been a wave of body positivity, and fat activism which contends that all women deserve to have a positive self-image, regardless of how popular culture view ideal shape and size. Influencers of all shapes, sizes, colors, and abilities have taken to media to deconstruct mainstream thoughts of health and beauty. The greatest challenge comes in making them visible. On some social media sites, like Instagram, one chooses who they want to follow. Fat activists need to be purposefully sought out to be heard. This can make disseminating body acceptance and positivity harder if people are unwilling to go out of their way to make a more inclusive world for all. What is more, there has been evidence of certain social media sites suppressing posts by creators who may not fall directly into the category of what is considered attractive. In late 2019, TikTok, a video sharing social network that has recently found immense popularity globally, admitted to a set of policies which suppressed the content of users they assumed would be vulnerable to cyber bullying, including those with facial disfiguration, disabled people or those with autism (Botella 2019). A list of these flagged users included many whose bios included hashtags like #fatwoman, #disabled, or any LGBTQ+ identifiers (Botellar 2019). Even if the intention of the policies was to try to prevent cyberbullying, they still placed the blame on the victims by excluding people who might be cyberbullied rather than going to the root of the issue and addressing the

cyberbullying itself. Further, diversity in the bodies being shown on TikTok was limited, only maintaining standards in the media of stereotypically pretty women as lacking blemishes, skinny and able bodied. In other areas, such as runway shows, magazines and advertisements, this new acceptance of a diversity of bodies is well intentioned, but often misses the mark. The plus size models used in ads, runway shows, and campaigns are told to wear padding it order to fulfill a type of fat image that is acceptable and aesthetically pleasing (i.e. curvy, tiny waist, no cellulite) (Jones and Weiss). Similarly, often the plus sized models used are still smaller than the average woman and there is a severe underrepresentation of women of many races, ethnicities, ages, abilities and gender identities in mainstream fashion and advertisements.

Thus, even with the rise in the use of plus size models and body acceptance, beauty standards are still being widely disseminated, exposing young women to a form of beauty that is limited and hard to achieve. If women feel as though they need to look a certain way, they may turn to eating disorders. If they feel as though they have failed to attain a certain level of accepted beauty, shame and more self-harm may ensue. As Laura, a self-described "curvy and blonde" woman with a bubbly laugh so aptly explains:

> I think people want to feel attractive to other people and as long as we have a certain demographic of people telling everyone what is attractive we're going to have problems and, like, there has been a very specific demographic of people-straight, white men-telling everybody what's attractive for a really long time.

Media have, for decades, shown an idealized female figure- although what she looks like may shift over time, it is no less restricting for women. For those who feel as though they fall outside of the box of what is considered beautiful, eating disorders are, seemingly, a fix, a way to get them to a place where they feel they can be loved and accepted. More recently, however, with the rise of social media, a new trend has settled in- that of social media pages being dedicated to self-harm. Some of these relate to eating and eating disorders, touting hashtags such

as “thinspo” (thin inspiration), “proana” (pro anorexia) and “promia” (pro bulimia). They contain mantras, quotes, pictures (like the ones displayed below) and weight loss tips and tricks designed to encourage its viewers to lose weight, even in unhealthy ways.

Image compilation: https://www.theatlantic.com/sexes/archive/2013/05/an-epidemic-basically-a-conflicted-weight-loss-blogger-on-thinspo/275671/

Other pages are devoted to NSSI, containing posts with graphic images showing cuts on skin or distressing material related to suicide and depression with quotes such as “Maybe I deserve all of this.” Four of the participants I interviewed explained to me that they were either introduced to self-harm or had their self-harming tendencies exacerbated by social media sites such as these.

Two of the participants, Sophie- a runner with a candid nature- and Michaela say that Tumblr exposed them to the world of self-harm and unhealthy coping mechanisms. As Sophie puts it:

> I remember in high school I got really into Tumblr and like the “Fitblr” [a health conscious Tumblr blog that is completely themed and centered around being healthy] community, there’s like a whole running community in Tumblr that a bunch of us were really into but it’s also like a dark and steep whole because like people use that as an outlet for mental health and stuff like that so I feel like I kind of first got exposed to the concept of an eating disorder through Tumblr…I know social media is an easy thing to point at but I do think it is the root- It’s the root of why I developed my [eating disorder].

Michaela expressed similar sentiments. Although she was not exclusively a part of the Fitblr community, she shares that Tumblr was also formative in her own eating disorder and cutting tendencies:

> I think like it's very easy like to fall down a rabbit hole of like unhealthy coping mechanisms because people share that on the internet and like, I don't know, I probably used like Tumblr the most…there's the idealized beauty like messages that everyone sees and then deeper than that there's like people trying to achieve that in really unhealthy ways and advertising that unto the internet and I feel like my young, impressionable mind latched on to that really hard.

For both Michaela and Sophie, the use of social media enforced what beauty and health were meant to look like. However, unlike in TV, movies and magazines where the image is shown but reactions to it are not, these social media sites served as an outlet for many young people to express their wishes to be skinnier as well as the actions they are taking to achieve this ideal. Sites like these can be toxic for young women who may already be vulnerable or feel insecure about their bodies and are seeking validation for that, or who are looking for ways to alter their appearance.

In two other cases, these social media sites were not introductions to self-harm so much as they served to aid in pre-existing self-harming tendencies. D, a lively former figure skater who was very open about her ongoing struggles with bulimia, talks about using Pinterest as a teenager:

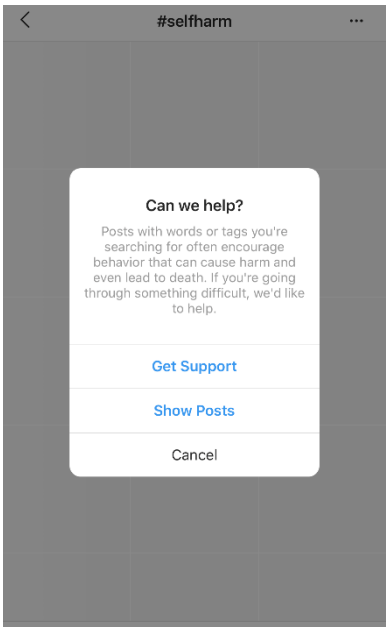
> Pinterest played a big role in my like eating disorder…I had like three hundred recipes that I hand wrote down and that I found on Pinterest that I was never gonna make and if I made them, I wasn't gonna eat them…and they also had a bunch of exercise routines that you can do and with those things they have these women with like abs and I always wanted abs and I was like "I could really do this and I could make myself look like this," when in reality these women are photoshopped or they're a lot taller than me and they just have really good genetics… seeing these social media accounts like on Instagram or on Twitter and the hashtags you can find, really can damage a girls self-esteem because they see these women that are like "you can look like this too through really hard work but also you have to eat like four leaves of spinach and a chicken breast," and like- that's

> very damaging to people's self-esteem, like seeing these women that look so good and like not being able to get there because they don't understand that they're either photoshopped or like they work their asses off to get there.

In the case of D, her Pinterest gave her a means to continue to restrict her eating and over-exercise. When she would write down recipes but not make them, it was a way for her to control what she was putting into her body, proving to herself that she could deny the temptation of food. Furthermore, Pinterest pushed her to work out to an unhealthy extreme because of her desire to have abs that looked like those she was viewing online. Whether the women who had these Pinterest accounts were living the healthiest of lifestyles (read: society's view of health) or were also engaging in their own acts of self-harm did not matter for D, and it probably does not matter for the other people viewing their content. When all one sees are meals that are low calorie and restrictive and intense exercise routines attached to an image of a skinny woman, they equate the two, feeling that to reach the point of desirable fitness, they must push their bodies to an unhealthy extreme.

J, another participant who had a quieter demeanor but was very introspective, speaks about the secret Instagram account that she used to vent about her own depression and NSSI, saying that "when I was 13 or 14 I had like a secret Instagram account where I like posted pictures of things related to self-harm and depression and stuff like that so I like kind of used that as an outlet but it wasn't healthy, it wasn't like [a] recovery account." For J, who never had an eating disorder, social media still revealed to her a community of people who were also self-harming and encouraging NSSI as an effective tool in the release of emotions. What may start as one person's desire to not feel so alone can distort itself into a downward spiral of encountering posts proposing new ways to self-harm and positive reflections on NSSI and suicide.

Certain social media sites have claimed to have altered their laws so that potentially triggering content is removed. Instagram, for example, announced in 2019 that it would introduce "sensitivity screens," which blur out images and text and ban all graphic self-harm imagery (Gil 2019). Yet, it is not all encompassing. Logging unto my Instagram, I typed out "#selfharm" into the search button. To the left is a screenshot of what came up. If I clicked on "get support," it provided me with a list of options including messaging a friend or someone you trust, to call a trained volunteer or suggestions on ways to support yourself. Then again, one can always simply click on the button "show posts," and be exposed to the public posts under the hashtag. Some of the posts are about recovery and some are more graphic, yet the end result is the same. Someone looking on social media can easily find an outlet for their self-harm. Unfortunately, even if social media sites were perfect about screening for triggering posts, the internet itself is a powerful place where information and images can be stored without being checked. Whether or not social media sites have these rules and regulations, if someone is looking for information about self-harm on the world wide web, they will be able to find it. Thus, though censorship of particularly triggering material is encouraged, increasing representation of body types on the media might counteract the effects of some of the more potentially damaging posts by showing people that beauty cannot be defined.



Eight out of ten of my participants reported that the media played a crucial role in body dissatisfaction and, in more extreme cases, their self-harm. Through TV, movies and magazines, women are finding themselves confronted with a version of beauty that is extremely narrow,

making them feel unattractive and driving them to commit violent acts of self-harm. In a society that places such high value on physical appearances of women in determining their self-worth, it is no wonder why these feelings of inferiority are resulting in self-harm- especially eating disorders. Beauty standards are created by men as a potent social and cultural sedative to relegate women into inferiority. By drilling messages into a woman's head that her thighs are too big, her stretch lines ugly and her breasts too small, these beauty standards are far more than dangerous, they are active in inciting gender violence. Furthermore, with the influence and popularity of social media, women are finding unhealthy outlets and a means to share their self-harm with others. Although restrictions on certain social media sites are in place, access to triggering material is readily available through the internet, making it easy for someone who is considering self-harm or who already does self-harm to find information and posts encouraging it. The combination of the two factors mentioned in this section- beauty standards in the media and social media as an accessible way to promote self-harm- have made it so media has the power to be poisonous in the lives of young women and in their experience with self-harm.

The Relationship Between Sex, Sexual Expression and Self-Harm

When confronted with the question of what it means to be a woman, D the lively former figure skater replies with the following:

> Sexuality is tied up with a lot of what women are because that's how we're portrayed in the media- as sexualized people…there's the Madonna/ Whore complex that I learned about where if you sleep with too many people, you're a slut but if you don't sleep with enough people, you're a prude.

D's comment- that sexuality is deeply entangled with what women are- was troublesome for many of the women that I interviewed who did not feel comfortable in their own body. As Laura- bubbly and blonde- conveys to me, she feels as though there is an imposed line "between

normal life and sexuality" and that "women should present themselves differently in each context." Laura's comment alludes to Waites' double-bind of female sexuality which states that women should be both sexual and withholding, understanding when it is appropriate to be which and accepting the consequences if they are not.

More than that, though, Laura communicates that, to her, women were generally expected to only be sexy in one way which is "very little clothing…like the stereotypical little black dress…[and] if you wear a certain outfit, you'll get the attention that you wouldn't have gotten otherwise." Laura, who tells me that she "fight[s] pretty much every day to love [her]self," feels confused about how this stereotypical view of "sexy" applies to her. Even though she admits that her "type of body [small, blonde, curvy] is often used as an example for something that's sexy in American culture," she is frustrated because not "every woman is going to feel attractive or feel loved in that way," and that "all the things [men have] been taught to say that are sexy or affirming are about [women's] bodies" instead of other aspects of their being such as intelligence or humor.

For other participants, the expectations regarding female sexuality were at the intersection of body image, sexual expression and self-harm. For some participants, the physical presence of scars from NSSI was an insecurity. As Michaela, tall and witty explains, "even though I talked about how I've accepted my body a lot more, still in sexual acts I'll feel uncomfortable with my body…especially since I still have some scars on my legs so seeing that doesn't make me feel great." For Michaela, who had a history of eating disorders and NSSI, even as her body acceptance improved, the reminders of her past of self-harm negatively impacted her sexual expression since she did not believe scars were included in the stereotypical view of sexy.

Sophie, the candid runner, who suffered from bulimia and orthorexia (an obsession with healthy eating and "good" and "bad" foods) explains that her eating habits were very much tied up with her desire to be with someone intimately:

> When I developed orthorexia I was really focused on good foods and bad foods so for example, if I had eaten something that maybe made me a little bit frustrated with myself that may have been considered a bad food, I probably would look in the mirror and, because of body dysmorphia look at myself a little differently that day, maybe not want to take my clothes off in front of someone…and just the act of eating food, whether it be like a potato chip or you know anything that might not have like followed my guidelines, that would have upset me…and that, therefore, affects my self-esteem and me wanting to be with someone.

As Sophie explains, whenever she ate a food that she considered "bad," her body image worsened, affecting both her desire to be with someone else and also her own self-esteem. The guilt and disappointment that resulted only perpetuated her eating disorder, making herself restrict and binge more.

Maisie- a stylish mixed-race woman- was completely turned off by sex because of her body image, saying "I can't even imagine being naked in front of someone… I think that kind of drives my [eating disorder] a lot, like I can't imagine that, and it literally makes me want to puke every time thinking about it, it's so gross." Maisie tells me that her body image was "a whirlwind," in high school when she began to develop her eating disorder- mostly caused by a toxic mentality around weight that existed in her friend group. At the same time, she notes that "I also started…being more conscious into what I was wearing but things got tighter as my body image went down which was weird." Maisie's story is revealing because it circles back to Laura's point above that some women feel they can only be sexy in one way- through less clothing- but it also is indicative of Laura's other comment, that men have long since been taught that a woman's body is one of the few things about her worthy of praise. The sexualization of

women that Maisie felt compelled to express was not out of her desire to wear specific clothes but more so out of her mindset that people would only value her for her sexual appeal.

Even for participants who were open about being sexual and enjoying sex, the relationship between their sexual expression and their self-harm is a prevalent. J- introspective and quiet- proudly proclaims herself "a sexual person," yet this same sexual expression is tied up with a long history of bullying, assault and victim blaming:

> I just have a lot of sexual trauma like sexual harassment, bullying in that aspect and then I was sexually assaulted, raped two times…there were a few times people were like "well did he really mean to do? Like all the rape-y-ness," and I'm like "easy, those are myths and it's not how it works,"….When I was 14…a lot of people slut shamed me especially men and some women too...people spread rumors about me, there were pictures, people would like pressure me to send pictures and there was a lot of that going on, there was also a friend I had- well not really a friend- but she basically got me into sending like naked pictures and nudes.

J, who did not tell me about any prior experience with an eating disorder- felt more comfortable than many other participants who had suffered from an ED to use her sexual expression and body as a form of empowerment. Nonetheless, for her, sex was still something that had been traumatic in the past and the rumors, slut-shaming and rape she experienced had recently caused her to disassociate, making her self-harm intensify since she felt like she "need[ed] to feel something." J's story is also very illustrative of the Madonna/whore example and double bind of female sexuality. J was pushed to send nudes and if she did not, she would have been bullied for being a prude. When she did send pictures and when she did choose to engage in sex, she was slut shamed. J's peers expected her to be angelic and pure while also erotic. It is important not to overlook the fact that her friend that pushed her to send naked pictures is female, and J admits that she was slut-shamed by females as well as males. Referencing Gerda Lerner who explains that in subordination there is the possibility of collusion from both sexes in domination in

exchange for protection, the girls who slut shamed and pressured J to send naked pictures are not necessarily anti-women. Rather, they have learned to internalize the male gaze and the sexist values rampant around them and discovered that, in order to remain accepted by their peers, they must perpetuate them as well. The cost of openly criticizing these binds is often too high for adolescents who crave fitting in.

J's story of experiencing slut shaming also references the second part of Waites' double-bind theory of female sexuality; that women are often held responsible for trauma and harassment that is imposed upon them. J, who told me that although her family and most friends were supportive after her assault, still received comments (as can be seen in the quote above) that suggested that the rape was her fault. This blame-the-victim mentality is persistent in today's U.S. culture: judges lamenting the lost potential of young, white, male attackers; lawyers using a woman's clothing or her blood-alcohol level as evidence against her; assailants getting minimal to no jail time and women being denied abortions even if the pregnancy is due to rape.[12] However, J, despite hearing these comments, was able to recognize that it was not her fault. Although J was the only participant that I interviewed who spoke of sexual assault and rape, other participants still blamed themselves for the degrading actions and words of their male counterparts.

[12] Perhaps one of the most cited and striking examples of this blame-the-victim mentality is the case of Brock Turner. In 2015, Brock Turner sexually assaulted an unconscious Chanel Miller behind a dumpster. He was convicted of three counts of felony sexual assault of which the maximum sentence is 14 years. He was sentenced to six months and only served three, being let out early for good behavior. The judge on the case ordered such a minimal sentence because of Turner's stellar athletic performance as a swimmer at Stanford, saying that a longer jail sentence could have a "severe impact" on Turner's future (Koren 2016). Meanwhile, during the trial, Chanel Miller (at the time of the trial, she was anonymous), was being questioned by prosecutors about her partying habits in college as well as the night of her assault, implying that the assault was her fault for choosing to get drunk that night (Levin 2016). This case is reflective of the larger mentality in the U.S of pardoning young, white men for their assault and placing blame on the female victim.

Maisie, who above mentioned how she altered her clothing as her eating disorder worsened, told me about a conversation she was having with a friend the night before the interview. The conversation revolved around "the precautions that women have to go through to pretty much overthink everything so it's not to lead men on…because that would be our fault at the end of the day." Even with this self-awareness, Maisie tells me a story about her own experience being catcalled when she would walk to school in high school:

> I started wearing like tighter jeans and skirts and things that…and my school was in Times Square in New York City and…so I got a lot of like comments on the way and that just made me feel like guilty and like uncomfortable… I know, like logically it makes zero sense but in my head, it was like I chose to put that on in the morning and I should have like considered that people would take it in a different way…I should have planned for that…so when that did happen, I can't feel uncomfortable because I should have known that was the result of that.

Maisie's story points to a problematic trend wherein women feel it is their own fault if men harass them. Although for Maisie such instances did not contribute to her self-harm, for other participants they did.

Adeline- an astute and intelligent woman- tells me the story of a boy she had been casually seeing in high school. This student, who Adeline refers to throughout the interview as "A" asked Adeline if she wanted to be more serious, but Adeline turned him down. Despite this, Adeline expressed to me that he had been important to her in a lot of ways since she had opened up to him about a lot of her self-harm and trauma resulting from her mom's death and thus, felt responsible when the following scenario occurred:

> When I said no to him, he asked [another] girl out and so he started a relationship with that girl which he did not tell me about and we continued to have our thing going on in the background and so I was essentially the other woman while he was in this relationship…but in that moment it was just kind of…like feeling used, feeling dirty, feeling like my body wasn't mine necessarily like a lot of guilt knowing that I had caused- I might have caused someone else pain. There was- it was just a really complicated mix of emotions that I was not prepared at all to deal…but throughout the

> years I ended up blaming myself for his actions after that. He ended up, getting kicked out of the school senior year for sexual assault…and I know just that with multiple other people he hooked up with throughout the years that he used the same pattern of behavior that worked… I know I was essentially patient zero in this situation…so when he did get kicked out for sexual assault senior year I blamed myself for- and I still do kind of blame myself which I know I shouldn't- but I blame myself for creating him and so that is part of self-harm that happened senior year and throughout high school.

In this situation, Adeline not only blamed herself when "A" continued his relationship with her even while seeing someone else, but also blamed herself for "creating him," after he assaulted someone during her senior year of high school. Adeline's history with self-harm, which began long before this incident, was rooted in feelings of shame and self-loathing due to bullying and repression of emotions. When she felt guilty cutting was a "physical manifestation of what [she] was feeling" and the only way to make her feel better.

The relationship between sex, sexual expression and self-harm is extremely complex and it differs for every woman I interviewed. Despite this, women felt uncomfortable by the typical ways in which women in society are told to be sexy, specifically through being sexually desirable and having physical acts of sex. Many of the women I interviewed were embarrassed by their bodies and by being intimate with others- something that stemmed from their self-harm but also propelled it. Other women felt trapped by a bind which punished them for being too sexual and still others felt guilty and shameful of sexist actions imposed against them. While some women exist in a space where they can be as sexually liberated as they want, other women do not have such privilege and their sexuality becomes the means through which others control them. When this happens, it is understandable that self-harm ensues as a way to regain a semblance of autonomy. Similar to the way that beauty ideals have manifested themselves into forcing women to conform in appearance, these pressures around sexual expression have long persisted as a way to pressure women to act in a specific (and male engineered) way. For some

women, the mutilation of the body through NSSI and ED-s is a response to feeling restrained not only in terms of their sexuality (re: prude versus slut dichotomy) but also by the incessant pressure to act a certain way and to take the blame for actions committed against them. This bind of female sexuality, once again, is an active agent in self-harm as a form of gender violence for if these patriarchal norms around sexual expression did not exist, women would not feel the extreme stress of having to follow them, and then blame themselves.

Toxic Environments

During the interviews, my participants discussed specific environments which for them were particularly harmful for their self-esteem, including their home, school, and environments without such clear-cut borders such as peers and athletics. All of these environments fostered- in different ways- feelings of inferiority which, in many cases, lent themselves directly to self-harm or to coping strategies that, down the road, led to self-harm. Some of these environments were also crucial locations for enforcement of specific kinds of gender socialization and gender identity, making certain participants feel more confined than ever as they worked to find the balance between their own identity as a woman and the one being imposed upon them.

Family

Jordan, the swimmer, talks a lot about her childhood during the interview. She tells me about growing up in a house with an abusive stepfather and a mother who turned to alcohol to cope, leaving her to be a "surrogate emotional mother" to her two younger sisters:

> [My stepdad] kind of sucked the joy out of everything. My mom definitely tried to help cause that's who she was, but she was also kind of stuck in this terrible marriage which she wasn't even happy either… I would say we were emotionally abused a bit…very controlling, very manipulative, he knew I hated cantaloupe and yet forced me to eat it for breakfast every morning even though I would go and throw it up in the bathroom like I'd have to come back and finish it. I didn't like juice and I had to drink an entire glass of juice in the morning, throw that up, have to finish it just kind of stuff like that, it was- he was, you had to do what he wanted and otherwise you were yelled at for a very long time.

More so than the psychological abuse, Jordan's stepdad was physically abusive. He slapped Jordan across the face when she was younger for being scared of a spider, giving her a nosebleed. When Jordan told her mom, she didn't believe her, only bringing it back up while Jordan's mom and stepdad were getting a divorce to try to use it as ammunition to get custody. Jordan also recalls a story where her stepdad fractured one of her younger sister's arms and one night where he punched her mom in the face several times.

While all of this was happening, her mom was traveling a lot for work. In high school, after Jordan's mom and stepdad divorced, she began turning more and more to alcohol to cope, going through "a handle of Vodka in two days, sometimes one." But she also became very attached to her sisters, especially her youngest one, who is seven years younger than her. Jordan acted as her sister's emotional support system while her mother was not, tucking her into bed and talking to her about her problems. Nowadays, Jordan tells me her mom is doing much better and not drinking. She admits that she and her mom "clash" because Jordan is more "loosey-goosey" while her mother likes things to be her way. Nonetheless, she tells her mother everything and knows that her mother would do anything for her. Even though Jordan never makes a direct connection between her self-harm and her childhood, the way that Jordan was punished for showing emotions and the way that she needed to step up at such a young age to care for her younger sister taught Jordan to put her feelings second and to internalize them. This is addressed more thoroughly in the next section about the stigmatization of asking for help, but it is important to note that childhood plays an important role in the formation of identity and for Jordan childhood was riddled with abuse. She was told that her feelings were invalid and she had to be strong for others.

Childhood environments were also pivotal in the process of gender socialization and helping the participants learn what it meant for them to be a woman. Barb, who self-identifies as androgynous, tells me about her childhood riddled with gender dysmorphia and where it may have originated. One source was the media, "I think a part of it is all the protagonists in all the movies we were watching, in all the TV shows we were watching, were all male so it's like you want to identify with that." Barb's quote alludes, once again, to Mulvey's male gaze and the ways in which people of all genders have learned to identify with the active male protagonist while objectifying and sexualizing the female (Mulvey 1999). However, she also discusses the role of her family in her coming to terms with own gender identity. She tells one story which was particularly compelling:

> When I was young, I played T-ball and it was mostly- it was a male dominated sport at the time…my brothers, we would be at this park together…I was the only girl there so they- to excuse my being there- my brothers would tell their friends, "oh, she's half boy," so this like concept of like "well, they're not lying, I must actually be half boy," when really they were just trying to make sure I was included and that they're friends wouldn't chase me away or treat me differently. So, what they were really doing is vouching for me whereas I really honestly thought that I was quote on quote half-boy and one day I brought this up to my mom in the car and mentioned it and she yelled at my brothers and I remember that clearly.

Barb tells me after this story that she still identifies as female but believes that she would probably use they/them pronouns if she was more "invested in exploring that aspect of [her] identity." Yet, what if her mom had given Barb a different response when this happened? What if she had asked Barb if Barb felt "half-boy" before automatically dismissing her? Barb had, on a different occasion, expressed to her mother that she "wanted a penis…wanted to be a boy…wanted to be able to pee standing up," yet her parents, despite this knowledge, never created a space for Barb to openly share those sentiments. In fact, her father, much later in life, actually encouraged Barb to go off her anti-depressants when she joked about being asexual or

wanting to marry a woman, for he feared her meds were affecting her libido (although not traditionally gender expression, this still enforces heteronormative, patriarchal sentiments that led Barb to question the legitimacy of her feelings and to feel inept). Barb's self-harm, cutting in high school and eating disorders in college, came from her "social difficulties" and "social anxiety." Barb felt "socially inept which translated into this self-frustration," and then self-harm. Had Barb had a family which, when she was younger (she tells me that her mom and she are much closer now), was more willing to openly encourage Barb's experimentation with gender identity and sexuality, some of those negative feelings she had harbored and turned inward over the years may not have contributed to self-harm.

School

Adeline grew up in a troublesome home as well, with a mentally ill sister, a father who became disabled and a sick mother who passed away during Adeline's freshman year of high school. Yet, throughout the interview it is clear that Adeline's self-harm and negative body image stemmed not from her home life, but from her experiences at school. The summer before Adeline's 6th grade school year, she hit puberty, or as she explains it to me, "puberty hit me like a truck." When she returned to school, there was one student who would "point out [her] stomach" and ask her "multiple times if [she] was pregnant." Adeline said it was then, for the first time, that she felt like there was something wrong with the way that she looked and began to hate everything "from [her] stomach to [her] breasts, to [her] thighs to [her] feet." However, this self-hatred only intensified when Adeline began attending a private boarding school near her home. Being a low-income student on a full scholarship at such a wealthy school made her feel very out of place. As she put it:

> I went to such a preppy kind of sports oriented school, pretty much everyone was very thin, like skinny, worked out a lot, there was definitely a certain body type that was expected and so of course, I don't necessarily fit that body type.

More than a specific body type, Adeline said the school brought her "immense academic pressures…because it was such a competitive environment," as well as social anxiety. She spent a few minutes explaining the breakdown of the dining hall, saying there was an imposed social structure about who could sit where. Even though thoughts of self-harm began as early as 6th grade, by her sophomore year of high school, the vast pressures placed upon her became too much and she began to self-harm:

> I started to of course hate my body because of the things that had been said about it and the expectations I had set on myself but then also, I would always, whenever I was mad about something or like any little thing would happen and I'd be like "oh my god, I'm a failure, I'm worthless, nothing good is ever gonna happen" …I felt like I was so inferior to my peers…my image of my physical body still sucks, I'm trying to be kinder to my body but sometimes it's hard.

Adeline's experience in middle school, and especially the environment of her high school, made her feel inferior socially, economically, and in her looks. Additionally, being at a boarding school meant it was a difficult environment to escape. Even though she mentioned many great friends and memories made at her boarding school, the general culture impacted her and was an important factor in her self-harm.

Peers

For Maisie, it was not the walls of the school that confined her toxic environment but rather the friends that she made at school. During her interview, she says that her friend group in high school, particularly her best friend, enforced a lot of negative self-harming tendencies related to eating and restricting:

> [My best friend] had a lot of body issues and that came from her mom…to this day she will not be happy unless she is skinny and so that mindset got to me…we went on like a lot diets and like just skipping meals and I don't know making excuses to my grandma

> why I couldn't eat the food she was giving me and stuff…both of us will send each other workout routines or images of these girls online who are like just so small…we joke about it but we've talked very seriously about that it's a huge thing in our lives and I've tried to stop focusing on it but it's something that I think will always be in my head.

Maisie acknowledges that before she was introduced to this friend group, she had "never thought about food in that way." Yet, suddenly, she was surrounded by people who believed "literally the only way to be happy is to lose 20 pounds." Within this friend group, Maisie began to view feeling hunger as a success and was encouraged by her friends to do 24 hour fasts where all you consume is water. The influences one's peers can have is undeniable. Maisie attributes some of her self-harm to the people she surrounded herself with. Maisie's toxic environment was not an enclosed location but rather people who were impacted themselves by the patriarchal bind of female beauty ideals.

For other participants, school and peers together formed a prominent place of gender socialization. Michaela says that:

> Especially going into middle school where my body started changing and feeling like I didn't have control, I started using make up because that's what the other girls in school were doing and people thought they were pretty so I thought that's what I had to do to and I didn't necessarily want to do it but it- I felt like I had to…I remember feeling such a pressure in school like middle school and high school because my family was like financially burdened and not having new clothes for back to school and like, it's just like small things like that I think women were expected and projected on to do.

Another participant, Sophie, expresses a very similar sentiment saying that she grew up "king of grubby" but in high school "became envious of girls who wore make up and straightened their hair and I wanted to emulate that so I slowly became- changed my gender expression to a little bit more feminine." For both Sophie and Michaela, the combination of peers and school were important agents of gender socialization, making them question their own gender identities, and causing them to change them, even if they did not want to. The change between not wearing makeup and wearing makeup may seem small, but it is symbolic of a greater shift that occurs

when girls grow into women and they begin to feel they must conform in order to be beautiful and liked. Feeling inadequate or feeling unable to meet the "requirements" of being cool may translate into self-frustration and self-harm.

Athletics

Perhaps the most striking pattern found throughout several interviews was the role that athletics played in the development of self-harm, particularly eating disorders. Of the ten participants, five discussed athletics and described themselves as current or former athletes. Fur of the participants who deemed athletics as a formative part of their identities discussed both the positive and the negative ways participation had impacted them. Jordan, a swimmer, was the outlier, speaking only fondly of her time swimming: "I've always loved my coaches…I love my teams, always been [a] really good support system, I love the people I swim with." For Jordan, swimming was a wholly positive experience that gave her self-confidence and translated into a healthy coping mechanism. She explained that when she gets anxious, she often goes to work out. Other participants did not have the same experience.

Dior, a competitive dancer since she was very young, expresses conflicting sentiment about her time as a dancer and how it's influenced her body image. She tells me that during high school, the dance studio where she went was "really, really amazing," celebrating all different body types and their strengths. However, she acknowledges that not all of her friends had similar experiences. At other dance studios she attended, that mindset was nonexistent:

> I think there's definitely an ideal image that you want to look like as a dancer. Um, which wasn't always me, you usually want to be petite and I'm pretty tall and that's not very typical….Like I remember being like 8 years old and hitting my first growth spurt and my teacher being like "yeah, you're never going to be a professional," and I was like "oh."

There were times when dancing negatively impacted her body image. Especially when she would be practicing styles like bailey where you need to be in form fitting clothing "surrounded by people and mirrors…it's really easy to fall into that trap…to start comparing yourself to people…getting in the mindset of 'I wish I looked like that instead.'" On the other hand, Dior credits dancing with a lot of confidence that she does not think she would have otherwise. Furthermore, Dior does not attribute her anorexia to dancing, saying that she's never seen her waves of anorexia line up with competition seasons but her struggles with anorexia have made her dancing career much harder, since she would get burnt out and light headed easily due to her food restriction. Nevertheless, dancing as a sport tends to cultivate perfectionist culture, and, as Dior said, it is often easy to fall into the trap of wishing you looked like your peer, a mindset which can lead to eating disorders.

D, a former runner and figure skater, compares figure skating to Bailey in her interview, saying that the general culture around figure skating revolves around thinness, with coaches pushing weight loss as a means to achieving greater success. Even though D did not have any personal negative experiences with coaches talking about weight around her, she had friends who did. She heard one story of a coach "who put a toy pig on…a side board and it would squeal at [the girls]" as they skated by, signaling that the coach thought they needed to lose weight. D did not share Dior's sentiments of gaining confidence from her sport and she often used athletics as a way to control her weight:

> I was figure skating a lot and doing a lot of off-ice activities like exercises that would help me with figure skating and I was doing them to like a crazy extent…in high school I started running and I was also a figure skater… I'd go skating in the morning and running in the afternoon and then like alternate on the weekend what I'd be doing and I was really tired…junior year [of high school] it got really bad and that's when I got into bulimia and exercise bulimia and anorexia like all at once…I started exercising crazy amounts like I would wake up at 4:30 in the morning, go to the gym at 5:00, stay there until 6:45, workout, do bootcamps plus my own exercises on top of that.

D says that she as doing all of this exercise to "burn calories," and that she would often "pinch herself," to see if she was achieving her goal. Although D's eating disorder itself did not stem from her time as an athlete, the culture within athletics- of pushing oneself to always be better even if it meant putting your body through hell- allowed D to use exercise as a way to control her without anyone noticing until she became anemic and was physically unable to finish races. Only then, when she began to do poorly in sports, did someone notice that damage she was doing to her body.

Sophie was the most outspoken about her time as a runner, calling out the culture of running itself and how detrimental it was to her and to so many other young women when they enter the sport. Of her own experience with running she says that:

> I think when you're young and you're first getting involved in the sport and you see some of the girls who are running the races look a little bit different from you or there are trends that you see in who finishes at the top of the races…I decided in high school I was like I really really really want to be fast and I want to be the best I can be, um I definitely believed that I needed to look a certain way if I wanted to be as fast as I wanted to be and ended up controlling my food a lot, developed bulimia and orthorexia… I feel like a lot of people anticipate distance runners to be you know small, petite, it's pretty common in the runner world, eating disorders [are] intertwined in there.

Sophie says that needing to be thin to be a successful runner is so deeply ingrained in running culture because of the women "at the forefront of elite running." She uses Shalane Flanagan (an Olympian and marathoner) as an example:

> [Shalane Flanagan is] such a strong athlete…but she's sickly looking, she's so thin. That's not something that an 18 year old can maintain, you know, she has like professional doctors who are looking after her who are probably still not taking care of her the way she should be taken care of and yeah I guess like for running like the professional athletes are like leading problematic examples… Those are the people we see in the Olympics; those are the people we see as our like top dogs, people we want to be.

Sophie credits her eating disorder to a Tumblr account she had dedicated to fitness, but she also said that those accounts were very common in the running world. For Sophie, being a successful runner meant losing weight and she felt as though as had to take any steps to achieving that. Although Sophie has now "found exercise in a healthy sense," she admits that she has permanent bone damage as a result of the extreme measures she put her body through while she was running.

Female athletes developing eating disorders is prevalent. A meta-analysis combining data from 34 studies found that elite athletes (athletes who played at a Varsity or professional level) who participated in sports that emphasized thinness- such as dancing and running- were far more likely to develop eating disorders (Smolak, Murnen & Ruble 2000). Sophie describes a female athlete triad (shown on the left) that depicts the health consequences that result from strenuous exercise combined with inadequate calorie intake.

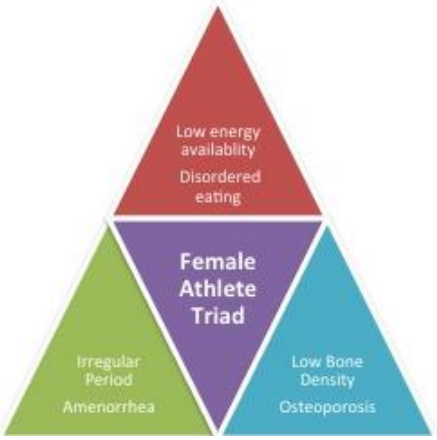


Image: http://www.kcchampionperformance.com/news/2016/2/19/the-female-athlete-triad

The triad is an interrelationship among menstrual cycle changes, insufficient calorie intake (often due to disordered eating) and decreased bone density. Female athletes may be affected by any combination of the triad. This triad is indicative of the toxic culture present in many athletic environments that instill in women the false notion that to be a good athlete, one must look a certain way and that they must push themselves to extreme limits to achieve this goal, even at the cost of their own health. While there is research that shows some males exhibiting signs of the female athlete triad (minus the irregular menstrual cycles), it is much more prevalent in females.

The female athlete triad and self-harm in athletes in general has far more reaching implications that can be discussed in this section- it warrants a thesis of its own- but it can be said that in a patriarchal society, athletics plays a far different role for women than it does for men. In the 2014 study on *Sports Illustrated for Kids* (first introduced on page 16 of this thesis), researchers found that there was not only a lack of women featured in the magazine, they were also featured in *different* ways. The top three sports represented for men in the magazine was baseball, basketball and football whereas for women, the top three sports were basketball, soccer and "not in a sport" (i.e. being a fan of a sport). Furthermore, women were more likely than males to be represented in images off the court, in posed positions, in feminine sports and in tighter clothing that exposed their arms, legs and midriffs (Armentrout, Kamphoff & Thomae 2014). The emphasis on physical appearance of female athletes is especially salient. In a study with 157 undergraduate, students were asked to watch collegiate-level athletes and then answer questions as well as comment freely on what they saw. The researcher found that people were not as diligent in being able to recall content from the female student-athlete interviews in comparison to the male student-athletes, but commented much more descriptively on female student athletes dress and appearance (Dickson 2015:37). Female athletes are often discussed in terms of their appearances rather than their abilities- they need to be "sexy" as well as talented to be adequately recognized. In a world dominated by the male gaze, male athletes tend to be valued more for what they do while female athletes are valued for how the participation in athletics impacts their bodies and appearances. This outlook can also impact the reason why women exercise or use sports in the first place- as a way to "enhance" their bodies and become more stereotypically pretty rather than to gain skills, be a part of a team and challenge oneself.

These findings reflect, on a greater scale, how in a patriarchal society, women will always be valued first for their appearance and then for their skill.

The Stigmatization of Asking for Help

For nearly all of my participants, self-harm stemmed from a desire for control. A feeling of shame and a sense of unworthiness manifested itself in physical punishment. Where these negative feelings emerged from varied greatly; for some it was getting bullied at school, an unstable childhood home, being part of a friend group that equated thinness to beauty, or to a sports community which emphasized being thin as being talented. Others had more unique circumstances, including D, who attributed her eating disorder to a medical condition where, due to nerve damage on her spinal cord, she needs a stoma to flush out her colon, making her seek control over her body where she had lost it. Many of the participants had underlying mental illnesses including bipolar disorder, anxiety and dysthymia.[13] Despite this, and despite the multitude of reasons why these women engaged in self-harm, it is also true that for many of these women, asking for help did not seem like a viable option: they grew up in households where being strong meant being silent, or they faced stigmatization on an interpersonal, institutional and structural level which deterred them from asking for help.[14]

[13] Much of the research regarding self-harm and mental health states that those with a mental illness are at greater risk for self-harming, both NSSI and eating disorders. Of my ten participants, six had been professionally diagnosed with a mental illness and two expressed intense feelings of anxiety to me but had never been diagnosed because of family stigma (discussed more in section). My focus is on the sociocultural factors that impact self-harm, rather than the role mental illnesses can play in self-harm or the importance that doctors, psychiatrists and medications can play in easing risk factors.

[14] For the purposes of this paper, when I refer to interpersonal, institutional and structural violence, I use the definitions provided by Iadicola and Shupe. Interpersonal violence is "violence that occurs between two people acting outside the role of agent or representative of an organization." Institutional violence is "violence by individuals whose actions are governed by the roles they are playing in an organizational institutional context" (such as government committing acts of assassinations). Finally, structural violence "establishes, maintains, extends or

There were also the participants who did seek help and were met with people in their lives who should have acted as support systems but failed. And there are more macro institutional and structural forces- such as insurance companies- which did not provide the resources to aid the women in getting proper treatment. As it relates to Elizabeth Waites' dilemma of female expression, in both cases the women ended up learning that the only viable outlets for their emotions were their own minds and bodies, cutting themselves down mentally or cutting themselves physically. Purging and restricting were seen as viable options because they were not given the tools to externalize their frustration and self-hatred.

During the interview, Michaela talks about her relationship to her family, specifically her mother. She tells me about growing up with a (mostly) single mother as her parents divorced when she was four. She then had a stepdad during her middle school years. This impacted her when she began to experience symptoms of depression:

> During these periods of divorce and financial hardship…it was always kind of obvious that everyone in the house was kind of struggling with their own stuff and we just didn't really talk about it… I think that kind of set a precedent for how to act in high school: keep your problems to yourself, fight it by yourself like deal with it by yourself and even though that's not the message [my mom] wanted to put out there…she wouldn't come to her children for support so seeing that message from her, like "I'm going to deal with this myself," kind of affected us in that way.

She continues by saying that even when she did try to reach out, she felt as though others in the house were unwilling to "break the cycle [of] repression," making her feel bad and then "guilty for feeling bad." This vicious cycle of pity and guilt translated into self-punishment through cutting. Michaela admitted that from her "family, there wasn't a lot of support." Even though

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reduces the hierarchical ordering of categories of people in a society" (such as the active subjugation and enslavement of indigenous people by Christopher Columbus) (Iadicola and Shupe 2013: 33-35).

she spoke of friends who also had experiences with self-harm that she felt she could turn to, Michaela felt that she could not turn to her own mother because she herself was going through a hard time and was not getting help.

Michaela was not the only participant to tell a story about female-led households that emphasized stoic, silent strength rather than open communication. Five of my participants said they grew up in households which valued helping yourself before asking others to help you. Of these five women who mentioned this as a recurring theme, four were raised in matriarchal families, meaning their parents had divorced when young and they had been primarily raised by their mothers (the other participant who mentioned this was Adeline, whose mother and father were both sick when she was a child and whose mother eventually passed away from cancer). Laura speaks about her parents getting divorced when she was younger and her mother working five jobs to make sure Laura and her sister could stay in their childhood home:

> [My mother] showed us how to be strong in a really empowering way, but also, we don't ask for help as much as we should because she never really asked for help a lot…like she was depressed after my dad left and didn't do anything about it and is getting through it- and so…I think that plays into a lot of my body image issues and unhealthy mentalities about my body and the way I should act in response to that where I'm like, I know I can get through it on my own…so it's hard, I think, to like, recognize in what ways we are hampering ourselves by not asking for help because we didn't necessarily have the best role model in terms of that.

Similar to Michaela, seeing her mother have to be strong for her children impacted Laura when she felt as though her anxiety was getting bad and she felt as though her "family didn't understand" how best to help her. Laura describes a good relationship with her mother, who she feels she can turn to for anything. Nonetheless, she was impacted by growing up in a house with a mindset of internalizing emotions.

Maisie's story is another striking example of the negative impact of living in a house where not talking about one's problem is the norm. Maisie grew up with her mom- her dad was

not around a lot when she was little. In high school, her mom went to rehab, leaving Maisie living with her grandmother. Maisie tells me that both her mom and her grandmother emphasize not talking about one's problems. She spent most of her childhood supporting her mom. Though she now has a much healthier relationship with her mom, when Maisie had no idea who to turn to or how to express her emotions when her father tried to develop closer relations with her. She turned to cutting:

> I started to kind of control emotions that I didn't feel comfortable talking about to anyone, I cut myself a little, not anything like serious but it kind of just helped controlling emotions… I think it started actually when my dad came back in junior year and he started texting me and I think it was just like a very confusing time and I didn't really know how to address it or who to talk to about it because I feel guilty talking to my mom because like they have *that* kind of relationship and I don't feel comfortable talking to my grandma about anything and I was in this stage where I couldn't really talk to my friends about it and so I just had a bunch of emotions that I didn't know how to deal with and….and in the moment I didn't think it was because of him so I just again thought it was something that's my fault…so just kind of because I didn't know how to express what I was feeling and that because I didn't know why I was feeling the way I was feeling, when I cut myself and I felt pain, that was like, well at least I know why I feel that way and it was like a control mechanism.

Cutting was Maisie's means of expression when speaking her emotions did not seem like an option. More than that, however, Maisie blamed herself and not her father's sudden reappearance in her life, speaking to the ways in which women have been taught to internalize their own negative feelings, which can sometimes lead to self-harm. For Michaela, Laura and Maisie, the intention of their mothers was not to produce an environment where asking for help was seen as a weakness, however seeing their mothers not vocalize their own struggles made them feel as though they should not be asking for help either.

Finally, it is interesting to examine Jordan's case. As we saw in the previous section on toxic environments that contribute to self-harm, Jordan grew up with an abusive stepdad and a mother who turned to alcohol as a coping mechanism. Even though Jordan had a man living in

her house while she was growing up, she explains that she "only ever felt connected to my mom, never [my stepdad] so in my brain…I was raised by a single mother." Unlike Michaela and Laura, Jordan felt that this mentality of bottling up one's problems was imposed upon her much more forcefully. Displaying emotions was met at times with physical punishment (as is illustrated with the story of Jordan being scared of the spider in the car and then being hit) but this mentality was also very much imposed upon her by her mother as well. Her mother, who Jordan describes as "very practical and work driven," always believed in tough love, even with little things like Band-Aids, which Jordan's mom describes as "bitch stickers." Thus, when Jordan started feeling anxious during her senior year of high school and began self-harming in college, she never considered asking for help:

> I don't think I ever really considered my emotions something that needed to be discussed…I don't like thinking that I need help…honestly, going to people, especially [my mom and stepdad] for help was super hard because neither of them either were willing to give it… my mom and stepdad [would just say] "suck it up, get over it, you'll be fine."

For Jordan, asking for help was generally met with backlash. However, this meant that when her negative emotions became too much or when she felt nothing at all, her only tactic was to turn them inward:

> Somedays I [cut] because I'm frustrated with myself and the decisions I've made and it's hard to deal with that and…sometimes [a] distraction almost from the other stuff that's going on inside my head like anxiety about school or just being super emotional… Some days, it's because I just feel nothing and [cutting is] something that…I know I can do.

Had Laura, Michaela and Jordan been raised in environments where emotions were more openly dealt with by mothers and daughters alike, they may not have felt like they had to turn their negative emotions inward.

When examining female expression, it is important to note that expression of the individual is not the only thing limited in a society structured and controlled by patriarchy. Inter-

female expression suffers as well. In the past, single mothers have been stigmatized. Consider the welfare queen that emerged as a popular derogatory stereotype against black women who were portrayed as abusing welfare (Collins 2002:79). Other common tropes of single mothers are that they are vulnerable, and man centered. Single mothers or mothers living with abusive partners face judgement and the pressure to work against these molds. While in reality, single mothers tend to be independent, strong and resourceful, this often means they inadvertently feel the need to be strong, to show her daughters what stoicism in our society has come to mean- denying emotions. They also may subconsciously be harder on their daughters, preparing them for the world they experienced where they did not have the option to be vulnerable and open with emotions without facing backlash. Thus, a mother's protection can itself become dangerous; a mindset adopted by daughters against their own conceptions of healthy expression of emotions.

Of course, it is important to reiterate that these mothers are not meaning to cause mental hardships on their daughters. This process of exemplifying silence as strength can be seen as the result of patriarchal domination in which mothers in precarious situations are stereotyped as inept, forcing them to display a poker face of stoicism that does not allow for emotions to crack through. More than that, it is crucial to note that single mothers or mothers with abusive partners are not the only individuals passing down these messages. In fact, my participants mentioned many other sources in which stigma about mental health and self-harm was reinforced, making them feel as though they could not outwardly express negative emotions. In some cases, the stigma around asking for help was perpetuated within the family. Laura describes the toxic mentality around mental health that existed in her extended family:

> My [extended] family has this whole thing, like "oh, medicines are over prescribed and people who have ADHD, do they really need medication or people who have anxiety, do they really need medication?" and my cousin will always be like "oh, people who are depressed should just like figure it out."

Laura says that being surrounded by this attitude made her extremely hesitant to get help. J, who has been diagnosed with bipolar disorder, mentions to me that she felt like her self-stigmatizing came from hearing peers and their views on mental illness and self-harm saying that, "People are very judgmental like go 'oh, they're crazy'…. I remember when I was like really young and I was hearing about Demi Lovato and how she was self-harming like 'oh my god, that's so weird' …but like people think, that's the stigma." These comments made J feel as though the symptoms from her bipolar disorder were her fault and that there was something wrong with her. As she explained to me, her self-harm stemmed from "a lot of feeling guilt and shame for internal baggage…sometimes I would be like disgusted with myself but not because of how I looked, it was more internal." J's self-harm was borne out of internalizing the stigma around her. Even though J had a good relationship with her parents, the bullying at school (discussed in the sex, sexual expression and self-harm section) and the toxic perceptions about self-harm and mental illness that enclosed her were more than enough to make J feel as though she deserved to suffer for the negative emotions she was feeling.

Adeline mentioned several sources- both interpersonal and institutional- that made her refuse to seek help during her sophomore year of high school when her grief over her mother's death became overwhelming. This fear and distrust of being open and vulnerable commenced when she was very young:

> Part of the reason seeking mental health help and general health help was [hard was] because when my mom and both my parents were sick, I would go to the doctor, I was always told I was faking it for attention because my parents were sick so I had severe neck muscle issues when I was in the 6th grade or something and I went to the emergency room a couple of times because I could not move my head and I was in so much pain, it's true it might have been stress or something like that but I was told I was faking it because my mom was sick or my dad was sick and so I always had this kind of like internalization of like if I tell someone that I'm struggling with anything, their immediate thing is gonna

> be "oh, it's because your mom is sick, oh it's because your dad is sick, oh, you're seeking attention, oh this, oh that."

These comments from doctors mirror traditional stereotypes surrounding people with mental illnesses or those who self-harm- that they are exaggerating their emotions or are only harming themselves so someone will notice and take pity. Experiencing this set in Adeline's mind the expectation that she should simply bottle her emotions up, even when it was causing her to harm herself.

However, Adeline's mindset was only strengthened by the wrongful perceptions of mentally ill people that her father held. In Adeline's words, ger dad has a "misconception…about mental health and people with mental health problems being violent." She explains that these misconceptions come from her own sister presenting with several mental health illnesses at an early age, manifesting themselves as violent behavior towards Adeline and Adeline's mother including "hitting [Adeline] over the head with a brush," and slamming "fingers in the door." Nonetheless, Adeline's father and his perceptions of mental health greatly impacted Adeline's own desires to get help. Even when she went to a therapist and was told she most likely had dysthymia (a persistent depressive disorder), she was hesitant to get on medication or get a formal diagnosis "because I didn't want my dad to know and if I got a formal diagnosis, he would have to know." Around this same time, as Adeline's grief over her mother's death was intensifying, she repressed emotions, leading her to have issues with focusing. She told me that "anytime something would happen like any little trigger at all and I would run back to my dorm room and [cutting] was an out for that moment."

Finally, Adeline also experienced this stigma on an institutional basis- from her school. As Adeline explained:

> People tended to hide their mental health problems because they knew if they really asked for help and told the school, especially with self-harm involved, any type of self-harm, you would kind of be kicked off campus. And they would call it med leave but most people who went on med leave did not come back so it was just kind of well-known that like if you opened up about it, you were leaving like if they found out, you were out…I don't want any of that and so I never told my therapist about the self-harm or anything in the slightest…I had a friend who got caught, um, she was bulimic…and she was got put on med leave and I was terrified of getting put on med leave.

Adeline attended a prestigious boarding school 45 minutes from where she grew up. Whether her boarding school's actions in response to self-harm were for an image reason or for liability issues does not matter. Adeline felt she simply had no other option than to keep quiet. She was a low-income student on a full scholarship. She did not have the same safety net as other students if she was put on medical leave and, essentially, kicked out. For Adeline, it was her future she would be playing with if she decided to come forward about her self-harm. Her doctor's comments and her father's view of mental illness alongside her school's mistreatment of students with mental illness made Adeline feel trapped in a cone of silence and shame, only making her self-harm worse.

As was shown with the case of Adeline's doctors telling her she was faking her neck injury, even when participants did ask for help or express their unhappiness, they were sometimes met with backlash, even from their own families. This contributed to their self-harm. Dior, a dancer with deep set brown eyes, described her parents' reaction when she first told them she had been seeing a doctor for her anorexia:

> [My mom], I think at first didn't really believe me like, I know my dad didn't, he was like "that's ridiculous, I've seen you eat" …trying to explain to them when they were just very not receptive to being explained to was really hard because it was something I didn't really want to talk about in the first place and then like trying to talk about it with people who are just not receptive in the first place was just rough.

Dior's shame over her eating disorder was exacerbated by her parents' reaction. She continued by saying that even when her doctor wanted her to go to an in-patient treatment facility, her mom

rejected the idea, saying that seeing a doctor every other week "should be enough." Her mom's refusal to send her to an in-patient facility coupled with her insurance company's refusal to pay for the facility left Dior with few other options. When she returned to school (this occurrence happened over winter break), she found herself continuing to control her eating and creating rules for herself such as to "only eat during certain times of the day or certain kinds of food or certain amounts." Dior experienced stigmatization on an interpersonal and structural level. Her mother's disbelief in Dior's anorexia as well as her insurance company's not agreeing to pay for an in-patient facility left Dior feeling more alone than ever.

The role of insurance companies in getting women the help they need is crucial and may too often be overlooked. Many participants mentioned that seeing a private therapist or nutritionist was too costly for them and their parents. Some of them went to the wellness center (Dickinson's College health center) for help. However, although it is well staffed, most people only get appointments biweekly, which may not be enough for someone in the throes of a mental illness or self-harm. J explains that while in a residential treatment facility in Chicago, her insurance dropped her, forcing her parents to pay out of pocket. This, as she noted, was not unusual:

> Everyone's insurance drops them so it's like "let's make the program so it's short," so that was basically what it was designed around, there's a lot of issues with insurance companies…cause like [insurance companies] don't really wanna support- like if I had cancer [they]…wouldn't just drop me out of my cancer treatment, they wouldn't but if I'm in the hospital struggling with self-harm and like suicidal thoughts, they're gonna be like "oh, she's fine after a week."

The action - or inaction on the part of insurance companies sends a strong message to women seeking help: what they are feeling is illegitimate and does not deserved to be covered. The lack of access to proper health care is a form of structural inequality which denies women the right to help and, thus, maintains pre-existing inequality. As a result, women may feel discouraged from

asking for help because they do not want to financially burden their families or experience the same forms of stigmatization, they faced the first time.

Even though I have described several participants who faced stigmatization for their self-harm and mental health, other participants had wonderful support systems and the difference was notable. D attributes her bulimia, Orthorexia and exercise bulimia to a tumor she had when she was a baby and explains that this led to a feeling of being out of control which necessitated (in her mind) certain actions, including extreme exercise, purging and restriction:

> I would say mostly people who have eating disorders try to have the aspect of control so…for me that was my bowel situation so like I couldn't control the fact that…when I was really young and have accidents in the middle of the day or like have to run to the bathroom and like not make it in time or something like that was, I was like "I have no control over my body," and so I'd look at myself when I was six and like "ok, what can I do to make myself feel better about this situation?"

Even as a baby, D's doctors warned her parents of the possibility of eating disorders, stating that "because she doesn't have control over this one aspect of her life…it's possible she'll want control over some other aspects of her life." Thus, D's parents were prepped and so, when D made her first comment of feeling fat when she was just five years old, her parents took it seriously by going to the doctor and asking for advice. When D was in sixth grade and she first started dieting and trying to lose weight, her doctor and parents agreed to send her to a nutritionist. Throughout her life, D has been to four nutritionists. She has a psychiatrist and is on medication. She's been in therapy since 7th grade and has a wonderful relationship with her therapist, with whom she speaks while at school and who she mentions several times throughout the interview. When I asked all of the participants about any coping mechanisms for negative emotions, many could not come up with an answer, but D tells me about the "bag of tricks," that her therapist helped her come up with. It includes techniques like square breathing and being in touch with your five senses. Finally, D speaks adoringly about her family who, as she describes

it, “has been really supportive of me like forever, throughout my whole history of eating disorders and all that stuff, they’re always been like ‘we’re gonna nip this in the bud, and we’re gonna take care of it,’ but like in a very nurturing way and…I just have a great support system at home.” It should be noted that the access to medical and professional help that D has is one that is afforded with economic privilege. J and Dior, for example, could not afford the same luxuries because their insurance companies would not pay. Moreover, D still struggles with her eating, especially during the time of the interview when she said she was experiencing some social stress from her friends and boyfriend. Nonetheless, D’s openness about her eating disorder was apparent from the very beginning and she told me she rarely hides it from people if they ask. When she was going through periods where her bulimia was acting up, she called her therapist or her mom and felt comfortable going to them for help. All in all, the de-stigmatization of D’s eating disorder from her parents and doctors made D feel a lot less alone during her healing process.

While it should be said that other participants mentioned healthy ways to express their emotions- such as through art, journaling and exercise- only a few said they talked about how they were feeling. Whether it be with a professional, a family member or a friend, externalizing negative feelings through words would be the most effective way for women to get over the hurdle of feeling as though they need to be battling their self-harm alone. The majority of my participants experienced stigma around asking for help from all levels. Some had been told or shown from a young age that asking for help was a sign of weakness. Some were deterred or shamed from admitting to their unhappiness because of stigma that was present around them. Still others asked for help and were met with judgement, both by individuals such as doctors and parents but also by larger institutions like insurance companies that do not pay for treatments for

mental illness and self-harm. All this produced the same end result: nine out of ten of my participants felt like the only viable outlet for their emotions and self-hatred was self-harm. The connection between this bind of female expression and gender violence in the form of self-harm is perhaps the most crucial one. The push for women to be outwardly strong while inwardly self-hating is the result of generations of women being discounted by their male counterparts if they show too many emotions. They self-harm instead. Self-harm originating from a denial of healthy forms of female expression is the strongest and most poisonous form of patriarchy. It effectively silences women and limits their ability to speak out for themselves and for one another. It thus ensures the continuation of subordination.

Positive Ways of Healing

I want to apologize to all the women
i have called pretty
before I've called them intelligent or brave.
i am sorry I made it sound as though
something as simple as what you're born with
is the most you have to be proud of
when your spirit has crushed mountains
from now on I will say things like, "you are resilient,"
or "you are extraordinary."
not because I don't think you're pretty.
but because you're so much more than that

-Rupi Kaur

As Rupi Kaur's comment suggests, a much larger conversation needs to be had, in homes, in classrooms, amongst friend groups and sports teams and even on a larger scale- with medical professionals and online social media platforms. The way women's worth is valued by a number on the scale; the way that women are stigmatized for having emotions and expressing them outwardly; the way women are meant to feel ashamed for having sex, or not having sex has boxed women into a steel cage for far too long. Participants described the many ways in

which they have felt confined throughout their lives to look and act, resulting in self-harm. the end of each section of this thesis, I have tied this self-harm to a form of gender violence in which the patriarchal binds that are imposed upon women manifest themselves in intrapersonal violence. Yet, something besides sad anecdotes emerged from my interviews: answers and hope. Answers on how to help empower women so that they never feel the need to self-harm in the first place. Hope that a woman who does or has self-harmed is capable of learning and growing. Ultimately, all women should have the chance to understand that they can love themselves regardless of what society is telling them.[15]

Sophie speaks a lot about the poisonous culture that surrounds female athletes. Yet, she had more than just complaints. When I asked Sophie if she felt changes could be made to make competitive athletics a healthier space for women, she was prepped and ready with an answer:

> I think we need more female coaches, and I think that was a big problem with my- that I had with my coach is that he didn't understand a lot of issues that were inherently female like menstrual cycles and birth control you know, hormones and stuff like that. And then education, I think coaches are at the forefront of changing this because it's their job to be watching out for their athletes and making sure they're taking care of their bodies and if you can educate young women especially, because they're so vulnerable when they're young because their bones are still growing and that's when like eating disorders can be most damaging. Like, I have bone damage for the rest of my life now because of what I did- because of what happened but young women especially and getting them involved in running and sports in general in a healthy way but not where it becomes high pressures, high stakes.

Sophie's solution essentially boils down to getting more women involved in the development of other women. Having support systems like coaches and teachers who are trained to handle a

[15] I do not pretend to be a professional in policy making regarding how to better help prevent self-harm and help women who are self-harming. These ideas emerged either directly from what a participant said or as a result of a personal experience they shared.

student who is showing signs of self-harming could be the difference between someone who does self-harm and someone who finds a healthier outlet for their emotions.

Another crucial change that may have positive impacts on women is the way that self-harm and mental health are addressed in medical settings. During her interview, J describes a discouraging experience she had during a stay in a mental psychiatric ward:

> The treatment there is horrible and there's no therapy in the hospitals, it's just kind of sitting around doing nothing…it's not really meant to like cure you…and it's kind of meant to be like so you don't want to come back so it's really kind of messed up and the staff are not amazing like I think I was doing their job better than they were [laughs] cause there was like one girl who was like banging her head on the door because…she was suicidal and she's like "I can't deal with this," and I'm thinking to myself like "you need to back away from the door," they're yelling at her and I'm like "what? That's not what you do when someone is feeling that way," like okay be gentle and say "I understand, can I get you something? Can I help you in some other way? But it's not okay to be banging your head against the wall, it's not effective," I don't know something like that but it's just like they were very incompetent.

In this scenario, J felt that the staff was not reacting properly to someone who clearly needed help. J, who volunteers at NAMI (National Alliance on Mental Illness), leads peer-led sessions with other people experiencing mental health problems. She says that using her own self-harm experience suited her well to deal with others going through the same situation. It is important, in all professional medical settings, that conversation around self-harm is destigmatized so as best to treat people who are experiencing it themselves. Training professionals on how to be empathetic and understanding is fundamental so experiences in mental psychiatric wards can be more than just bearable but effective.

Counseling services proved useful for several participants. Most of the ones I spoke to were taking advantage of the free counseling services offered at the college. Having counseling services available for all students, with professionals trained in sensitivity and with counselors of

color and/or are part of the LGBTQ+ community is a necessary component for inclusive and successful change. I understand that attending college is a privilege many cannot afford. If there is someone who does not have access to these types of services and does not have the economic resources to get private help, there is a plethora of free online services, hotline numbers and peer-led programs (such as the one NAMI offers). That being said, insurance companies could be leaders in a sweeping structural change on how mental health is viewed. If more insurance companies agreed to cover therapy and in-patient treatment facilities, people would have a better opportunity to get better before they got worse. This also applies to public health insurance. Medicaid varies on a state by state basis- some state policies cover psychological treatments and others do not, but that is a tool that could give lower income people greater access to mental health services. The best way to achieve this is through legislation that tackles the lack of parity between physical and mental health. As J mentions in her comment in the previous section regarding her own experience with insurance companies, they often treat mental health as lesser than physical health- something which impacts people of all gender identities. By enacting legislation that forces insurance companies to treat those with mental disabilities the same as if they had physical disabilities, access to treatment would increase and stigma surrounding the issue would likely decrease.

However, none of the above can happen if there is not a profound paradigm shift centered around the way that we engage in dialogue about beauty, sexual expression and self-harm, especially as they are related to women. During our conversation, Dior said that over breaks, her anorexia often gets worse. When she comes back to school skinnier, the reactions she receives are overwhelmingly positive:

> I'd come back and be a lot thinner than when I left and everyone would be like "oh my god, you look so good" …cause like no one knew [about my eating disorder]…but everyone would be like "you look so fit, like you look so in shape," and then it was kind of like that positive reinforcement of like, oh, it's a good thing even though logically I knew it wasn't, it was like the other half of my brain was like "but, you're getting all these compliments now."

Whether people knew about Dior's anorexia or not, the current mindset in the U.S. is one centered around the U.S. is to celebrate thinness. As Sophie puts it: "it's thought of as attractive to eat well and to be fit and to look a certain way obviously so if you see someone doing that, I think it's almost custom to praise them rather than asking what's wrong and no matter what you look like." Comments like the ones Dior heard perpetuate long standing beauty ideals that women have been forced to comply with. The growing fat acceptance movement (which seeks to end anti-fat bias in social attitudes and raise awareness of the obstacles that fat people face) works to disassemble these beauty ideals and include women of all sizes, disabled women, women of color, queer women and older women. Rejecting diet culture and even calling out comments that people make about other people's sizes and what they are eating are small but effective ways to take apart a world dominated by patriarchal beauty ideals.

Another important cultural shift should center around sex positivity (Golden 2017). Talk about sex and sexual expression abounds but it is rarely productive in helping women feel comfortable or empowered. They feel ashamed to express their sexuality for fear of backlash. Conversely, some women also feel a simultaneous pressure to put themselves out there, even before they are ready, in order to please others. This pull can be excruciating and can be a slippery slope to self-harm. When talking about sex, conversations should be candid and unapologetic- allowing every woman to express herself freely and openly. Finally, these conversations should be seen as a learning experience to educate yourself and others on consent

and pleasure. All people, regardless of gender, need to know it is alright to say no and not feel shamed about it.

Finally, and perhaps most importantly, is the need to destigmatize self-harm. Many of my participants found themselves trapped in an endless loop of feeling bad about themselves, self-harming, feeling guilty about the self-harming, leading to feeling bad about themselves again and so forth. A woman should not feel afraid to come forward about her self-harm. Talking openly about your experiences, being conscious of language, being honest about treatment, showing compassion for those suffering and not equating someone with their self-harm are key to changing the perceptions around mental health and self-harm. I want to note that all these suggestions- both on the larger level of legislative change and on the more grassroot level of shifting dialogue- can be beneficial to people of all genders. Socialized males, like socialized females, feel the pressure to hide their own negative feelings, the difference is they often externalize their frustration unto outside sources such as people or objects. Everyone can benefit from breaking free of a culture that silences and stigmatizes mental health and self-harm. The empowerment of one group does not need to mean domination- there is a society in which all genders can be on an equal playing field without negative consequences.

Before concluding, I hope to make one thing absolutely clear: self-harm does not define any of the women I interviewed. I interviewed ten women- some of them felt they had recovered from their self-harm tendencies, some of them were still in the thick of it, one of them struggled to not let herself down a path that might lead to self-harm- but every single woman was much more than someone who self-harmed; They were friends, daughters, partners, exceptional students, athletes, writers, researchers, artists and so much more. At the end of every interview, I asked what made each woman feel the most empowered. The answers varied greatly:

- **Barb:** "Farming has been massive for my self-confidence cause I'm physically stronger now, gives me purpose, makes me feel like I'm useful which is weird to say but it's a thing like I- I have some value….And I also make art sometimes, I'll look through that and feel proud of myself and I bake a lot and I started to take pictures and that type of thing so creating and feeling valuable and having skills."
- **Maisie:** "When I'm surrounded by kind of big groups of people and when I can be loud and kind of go crazy and have people look at me and be like 'what is she doing?' like that's probably my favorite look in the whole world…and doing the things that people socially have accepted not to do and then doing it, it makes me really happy."
- **Adeline:** "I'm wearing like a kind of leather coat or something, that's probably my favorite accessory"
- **Jordan:** "It used to be swimming was a big piece of it, that was something I was really good at, that was one thing…sometimes for me just getting a piece of homework done it's like 'fuck yes, you queen, look at you go,' I think it's when I accomplish things."
- **Michaela:** "I'm a big nerd so I love doing like original research and stuff like that and you know just learning things and it makes- feeling just like learning new things and sharing it with other people and like that whole process just makes me feel awesome."
- **Sophie:** "I feel the most badass when I'm in the gym lifting weights because I feel strong"
- **D:** "I love like fashion, I love dressing up, I love clothing…like, I said sex is one of those things that I like feel very empowered doing…talking to my friends too like my family - my friends and my family also help me feel very empowered just because of the way they support me."
- **J:** "When I help others it makes me feel really empowered because I use my experience and put it to good like in a good angle. I volunteer at NAMI which is like National Alliance for Mental Illness and lead support groups and everyone there is like "J, you're going to be an amazing therapist" …and I'm really close with the employees and the people who are in the groups and that makes me feel amazing like I love going there every time and like the groups are great and like the people…it puts my life in a different context and it makes me check my privilege because I really am thankful for what I have had like that I can do that because I take things for granted and I think a lot of people are guilty of that and I'm definitely guilty of it but I try to catch myself and that, like volunteering at NAMI like really helps me do that."
- **Dior:** "I guess it would be dance, I love dance…it sounds bad but I love being the center of attention which like I don't like in most of scenarios but in that scenario it's one of those things where it's like I'm good at this and I know I'm good at this and I love that everyone else gets to know that I'm good at this too which is really fun for me."
- **Laura:** "Having a debate with somebody… like were having an intellectual discussion and it doesn't matter what I look like or who I am, just my life experience is often important and their life experience is often important…I think I also feel empowered just, like, being with a group of women, being with my friends…but for me the truest empowerment is back packing and hiking. Reaching a place on my own power and my own physical state being important only that [it] got me there"

These women's comments illustrate there is a world in which self-harm need not be as prevalent and their braveness for sharing their stories is inspiring and shows that there is indeed a way to move past self-harm.

Conclusion

In the words of Elizabeth Waites, "to the extent that bodily messages are inconsistent with desired appraisal, they often form the core of a negative identity, a bad and ugly self. The body *becomes the enemy*, and disturbed women treat is as such, punishing or torturing it." (1993:48, emphasis added by author). Every day, the media tells women there is only one way to look and if you do not appear as such, it is because of a personal failure to meet impossibly set standards. Yet, it goes deep beyond physical appearances. Since women tend to be judged on looks over intelligence, merit, athleticism etc. their self-esteem, feelings and sense of worth is brought into question when they perceive themselves as ugly. Their unworthiness is transferred unto their bodies. This may lead some females to self-harm. Some may over-exercise, eat 200 calories a day (instead of the recommended 2,000), purge all their food, or binge in the middle of the night because of the shame they feel to eat. If they feel they aren't worthy, whether it be because of their physical appearance, because they cannot express their sadness and frustrations, because they have been shamed for their sexuality and ways of behaving, or any combination of the above, they feel they are not existing correctly, leading to a sense of loss of control. Thus, they may cut or burn themselves, in order to relieve the inner pain, which is taking over their body, or, simultaneously, try to feel something besides the numbness that has overwhelmed them.

Of the ten women that I interviewed, nine had self-harmed and all had felt, at some point in their lives, feelings of shame, anxiety or unworthiness because of their bodies and ways of

behaving. These women's experiences with self-harm were each unique yet common threads existed across the board; The representation- or lack thereof- of body types in the media made many women feel self-conscious in their own skin and feel as though the skinny body they saw was the only way to be beautiful. Participants also felt uncomfortable by a limited idea of what sexy meant and were shamed into blaming themselves for the actions of their male counterparts. Finally, being denied a healthy means of expression silences women and, for several of my participants, made them feel the only place to turn was inwards. This triple bind of female beauty, sexuality and expression, controls women, requiring them to fit inside a male-made mold and which limits them to the point of self-harming if they feel they have fallen outside of the societally accepted framework.

This research- besides the brief interlude on the intersectionalities of self-harm in the literature review, largely overlooked ways in which class, race, ethnicity and sexuality played a role in women self-harming. Brumberg, in her book, claimed that Anorexia Nervosa mainly affects white, affluent adolescent females (Brumberg 1988:12-13), however, she wrote this book in the 1980's and it is safe to say that this may no longer be the case. Women with varying intersectional identities - such as sexual orientation, gender identity, race, religion etc.- face a varying degrees and forms of discrimination and marginalization, making chances for self-harm more likely, even if their specific manifestations do not look exactly like the ones performed by white, middle class females. The culture of silence surrounding self-harm in marginalized communities may mask systems of oppression being researched but they are nonetheless present and worth examination. Another related topic of interest to examine would be the impact of Western ideals on non-Western societies. Increasingly, the westernization of non-Western cultures creates spaces in which females who were once protected by a culture that did not value

thinness are being exposed to Western media, infiltrating and rearranging paradigms to make them more similar to the ones here. Moreover, the females in other countries may lack certain legal rights granted to many females in the U.S. may be especially vulnerable to Western ideals, especially if their male counterparts begin adopting them as the norm.

I began my literature review discussing how social construction of gender and gender socialization imparts expectations to boys and girls on how they should dress, speak, act and exist in the world. This is where I end my thesis as well, for the social construction of masculinity and femininity can be traced to the root of women self-harming. Although I have a section with practical solutions to changing the environment around self-harm, beauty and sexuality, self-harming itself will never be eradicated unless there is a radical cultural shift in the way girls and boys are being raised. Boys need to stop being taught to externalize their aggression through physical means and instead use words. They need to be taught that girls are equals and are worth every bit as much as they are. Girls need to be praised for qualities other than their physical appearance and told they are allowed to be as confident as they want. Parents of all gender identities need to be teaching their children that being born with female or male genitalia does not necessitate any particular gender expression and there should be total freedom to do and be however they please.

Thus, the change must come from women *and* men. Throughout the interviews, when discussing their own pasts of self-harm and even possible ways to prevent self-harm, almost all of my participants left men out of the conversation. Patriarchy has made women the problem in the issue of self-harm and, thus, women must become the solution as well. Female coaches, female empowerment, changing dialogue around female beauty and sexuality are all crucial to shifting our current culture, but critiquing the patriarchy and actively working to deconstruct it is

often left out of the conversation. Patriarchy becomes hard to articulate and difficult to name. Especially when it is usually accompanied by being deemed a "bitch," or a "man hater." Many women avoid bluntly blaming patriarchy (just another facet pointing the ways that women live in a subordinated position in society- they exchange speaking their truth to be accepted). Living in a patriarchal society permeated by misogynistic values means that when woman self-harm, they are often not cognizant of how their self-harm is connected to larger and structural inequalities. To understand this concept more, we can turn to C. Wright Mills, who coined the term "sociological imagination." Mills argued that there are two types of problems in society: personal troubles and public issues. Personal troubles refer to a problem affecting individuals that is blamed on their own personal and moral failings. Public issues, on the other hand, are problems whose source lies in the social structures of a society and which affect many people. However, Mills felt that many problems which may be considered personal troubles should be thought of as public issues. Thus, the term sociological imagination was borne, and can be understood as the ability to understand the larger sociocultural and historical context in terms of its meaning for the inner life of an individual (Mills 1959). In terms of self-harm, this means not just looking at it as a personal trouble and a failure on behalf of the individual, but as a *public issue*. It can be traced to the patriarchal systems that created the triple bind of female sexuality, expression and beauty standards in the first place. This bind, and these patriarchal structures and institutions are fundamental when understanding self-harm and are vital in viewing self-harm for what it really is: gender violence.

While she interviewed and engaged with adolescent females, Peggy Orenstein asked school-aged girls why they choose to harm themselves. One of the girls replied, simply but assuredly, that the only way to be accepted by others it to be "skinny and pretty" and you do

whatever you can to get there (Orenstein 1994:109). The question of why females self-harm is not an easy one to answer. There is a myriad of perspectives to be examined and lenses- psychological, medical, cultural and social - to be considered and understood. Several theories claim that the self-harming woman is an "inevitability: the psychological outcome of navigating a world so often inhospitable to [females]" (Cote 2017). Gender socialization is certainly another factor which leads to idealized versions of masculinity and femininity, spurring on the subordination of women and self-harm. The patriarchal triple bind plays a role- seeing as my participants often voiced feeling constrained in the ways they could appear, act and express themselves. But self-harm is not a universal experience, and there may be no one explanation that works for every woman. What is clear, it seems, from evidence and research, is that women in a late patriarchal society, despite strides that have been made over time, still are (and have always been) relegated to an inferior status. It does not matter that women are no longer the legal property of their fathers or husbands. It does not matter that they are confined to the shackles of domesticity. They are still expected to take up less space, less air, to repress emotions of anger and frustration, to blame themselves for the crimes of others. They often feel out of control, an inability to regain a semblance of autonomy and this, unchecked, can lead to self-harm. Giving women autonomy in social, political and economic areas of society will help ensure they do not have to resort to self-harm to find agency and control.

The way in which females have learned to cope with the horrific dialectic between simultaneous searing pain and numbness is through internalized destruction. Far too many girls and women are resorting to self-harm to the degree that self-harming is a public issue. The mistreatment of women, the underrepresentation of a variety of body types, the othering of bodies, the punishment of both sexual liberty and virginity are all systematically ingrained into

our culture and perpetuated through the media, institutions and interpersonal interactions, creating an environment in which women may feel self-harm is an acceptable answer to their unheard pain. This triple bind of female sexuality, expression and beauty standards has locked women into boxes of being so small, self-harming gives them a semblance of control in a society where they feel dictated to be a certain way so often. Thus, self-harm, which may result from this triple bind and which keeps women trapped into subordination, is a form of gender violence so incredibly sneaky, the woman herself often becomes pathologized rather than the underlying interpersonal and institutional patriarchal systems. This research is a step forward in understanding self-harm and its root, societal causes through the voices of those who experience it most intimately. It is a platform for women to speak out against stigma and against the confines that restrain them. It is a chance to learn and grow and heal.

Appendix A: Table of Participants

Name of Participant:	**Self-Harm:**	**Description used in thesis:**
Dior	Anorexia	"dancer with deep set brown eyes"
Adeline	Disordered Eating (restriction and binging); NSSI (cutting); suicidal ideations	"astute and intelligent"
D	Exercise Bulimia, Anorexia, Orthorexia, Bulimia	"quiet demeanor and introspective"
J	Cutting; Self-Interrupted suicide	"lively former figure skater"
Barb	NSSI (cutting); suicide attempt; Disordered Eating (extreme restriction)	**"**androgynous woman"
Sophie	Bulimia, Orthorexia; *light* NSSI (cutting)	"runner with a candid nature"
Jordan	NSSI (cutting)	"swimmer and a kind smile"
Michaela	NSSI (cutting); Disordered Eating (restriction and binging)	"tall woman with a quick sense of humor"
Laura	No self-harm reported; thoughts of self-harm and suicidal ideations	"self-described 'curvy and blonde' with a bubbly laugh"
Maisie	Disordered Eating (extreme restriction); NSSI (cutting)	"a stylish mixed-race woman"

This table was created as an organizational tool jot down all the participants, the self-harm acts they had engaged in (that they self-identified in interviews) and remember the descriptions I gave each one so they could remain consistent throughout the analysis section. The original table that I created for my own personal use included other data such as class year and majors if they mentioned them, but that information has been removed so as to protect the confidentiality of each participant.

Appendix B: Understanding Qualitative Research and Conducting my Own Research

Qualitative research is an "umbrella term for a wide variety of approaches to and methods for the study of natural social life" (Saldaña 2011:3). Generally, the data collected and analyzed consists of textual materials such as interview transcripts, field notes, documents and/or visual materials (Saldaña 2011:3). Whereas quantitative research methods analyze data through numbers, statistical inferences or numerical comparisons, qualitative research is concerned with understanding human behavior from the informant's perspective (Halperin and Heath 2012:7, 15). Data, statistics, graphs and more cannot illustrate what it means to want or feel the need to commit self-harm.

My participants are female-identifying Dickinson College students. This sample was chosen primarily because of convenience. I attend Dickinson College and have already cemented myself in this community. This allowed me access to resources and people much easier than if I went elsewhere. However, this group of participants was also strategically chosen because many of the students and participants represent "the most typical of its kind," in that high rates of self-harm occurs amongst females on college campuses (Saldaña 2011:9). Although having a strategically chosen pool is efficient, findings are less generalizable than those from a randomized sample.

Overall, I conducted ten, semi-structured interviews for this research. Though the number of respondents is few, my interviews were intensive, and I was able to dedicate more time and energy to analyzing each unique story. If I had done a survey or a larger number of brief, structured interviews, it would not have the same holistic nature. By listening and analyzing the meanings of what the interviewees said, I gained insight into their real-life experiences and was able to pursue in-depth information around a specific topic (Valenzuela & Shrivastava). These interviews provide the chance to learn, understand and contextualize why

women self-harm. The benefits of interviews are numerous. Specifically, with face-to-face interviews, there tends to be a better response rate than mailed questions. The interviewer has flexibility deciding time and place, ensuring a level of comfortability and the interviewer can control the order of questions if needed (Sociology Group). Further, ambiguities can be clarified and detailed information about personal feelings, perceptions and opinions can be recorded verbatim. Concurrently, interviews have their drawbacks. Generally, interviews limit the sample size as they are time consuming. The interviewee may deliberately lie because they do not want to give socially undesirable answers or may make unconscious mistakes if they misunderstood a question or misremember certain details (Sociology Group). However, the greatest risk with the interview process comes with the active role of the interviewer themselves. Interviewers can influence their participants if they accidentally give judgmental responses or fail to listen (King & Horrocks 2010:52). Further, interviewers can bias the study by asking leading questions or by prompting (Valenzuela & Shrivastava). When designing my own research questions, I was careful in the word choice I used with every question. One example is with the question regarding role of social media in my participants lives. Instead of writing, "How has the media had an impact on your life?" or "When has the media impacted you?" implying media should have an active role in their lives and pushing them to come up with a response, my question was "Tell me about the role of media in your life, if any," meaning there was no right or wrong way to answer the question.

The reason for the semi-structured nature of the interview was principally to allow each participant the chance to tell her own story with a secondary advantage of ensuring that certain topics and questions got covered. However, giving women a platform to share, especially on such an important topic, is valuable in ways that extend far beyond the research process. It

facilitates open communication on an issue generally seen as taboo and helps to create an environment where women do not have to feel alone or ashamed about their experiences. Having the opportunity to ask participants to expand on specific topics or to allow them to go off on a tangent into a new topic provided a space where they could be honest and unrestricted. At the same time, there were specific pieces of information that created the foundation of my research; Questions about the role of social media in their lives, how they view their own sexuality and even what makes them feel empowered provided me vital insight into their lives and pushed my research forward. For that, the semi-structured nature of my interviews was the perfect balance between narration and prompting. In a similar vein, the interviews were conducted face-to-face mainly because of the topic at hand. It seemed unrealistic to expect genuine answers from women when they were sharing stories of self-harm if I was corresponding with them over the phone or by email. Being in person gave me the chance to make them feel more comfortable- through verbal affirmations and facial expressions while getting more in-depth authentic answers. Additionally, face-to-face interviews can also allow for collecting information about the participant from body language and vocal cues (Halperin and Heath 2012:254). Thus, during interviews- after receiving permission from the participant- I took notes not just on key topics but also on things the recorder could not pick up such as glancing downward during certain topics, scratching, wringing of hands and more.

Originally, I had twelve interviews lined up and was going to complete only selective transcriptions wherein I transcribe only the parts of the interview that I deem important but- at the suggestion of my professor and fellow classmates- I decided to complete ten interviews accompanied with full transcripts. Although certainly more tedious, I found that there were

certain sections I did not originally code but went back to while writing the data analysis section. Not having the full transcripts would have meant I would not have been able to do this as easily.

When I began the process of applying to IRB, I planned to conduct not only interviews but focus groups. My plan was to conduct ten to twelve interviews alongside three focus groups. I believed this would give women a chance to hear from other women who had similar experiences, to initiate dialogue and conversation and to open up avenues for more profound thoughts and conclusions. Though I was approved for this, I found that many people were hesitant to participate in a focus group due to the potentially triggering nature of the topic. Sharing with one person, who had promised confidentiality was a lot less intimidating than sharing a personal story with a group. While focus groups may have provided an interesting conversation between women and provided a space for some women to better understand their own self-harming experiences, my priority was ensuring the comfort of each participant and so I did not have any qualms about focusing on interviews.

Additionally, in my initial application to IRB, I wrote that I would gather interview participants by sending out a script to academic chairs and department chairs in certain majors (namely Women, Gender and Sexuality Studies, Sociology, Anthropology and Political Science) and ask them to distribute it. I ultimately decided against this- and added an amendment to my IRB application- because I was worried about not reaching enough people, especially in different majors. Instead I chose to email a variety of groups on campus, including clubs, specialty interest housing, sororities and sports teams. Although, it would have been impossible for me to reach all students, even with the method I ended up choosing, I believe I reached more people than I would have otherwise. Furthermore, I worried that students were more prone to ignore emails from department heads or chairs due to the large number of emails received daily. On the other

hand, if they got a personal message from a captain, president or even were told about the interviews during a house or club meeting, they might be more at ease, personally invested, and willing to reach out.

Appendix C: Interview Recruitment Email

trigger warning: mention of self-harm below

Hello all! My name is Alana Richards (she/her/hers) and I am a senior here at Dickinson studying sociology and Spanish. I am currently working on my senior thesis for my sociology major which is investigating why women may self-harm (in the form of Eating Disorders/ Disordered Eating and Non-Suicidal Self-Injury- cutting, burning etc.). For my research I am hoping to interview any female-identifying individual who attends Dickinson part or full-time. Although you do NOT have to have personal experience with self-harm to be interviewed, if you do and would like to share your story with me, it would certainly add to the depth of the thesis.

Interviews will last approximately 45-60 minutes and all identifying information will remain anonymous in the published thesis. If you agree to be interviewed, we will agree on a time and location for the interview where you will fill out a consent form approved by Dickinson's College IRB (institutional review board).

I understand this is a sensitive topic and potentially triggering to many individuals. The issue of self-harm is traumatic and disheartening, but it is my hope that, with my research, we can come closer to understanding why women self-harm, in order to find effective solutions for the epidemic.

If you have any questions, would like additional information (such as a project proposal etc.) or are interested in being interviewed, please do not hesitate to reach out at richaala@dickinson.edu or text/call me at 202-423-4098.

Appendix D: Written Consent Form

INTERVIEWEE AGREEMENT

PROJECT: The Body as Enemy: Patriarchy and Women's Acts of Violence

Interviewee:

Principal Investigator: Alana Richards

You have been asked to participate in The Body as Enemy: Patriarchy and Women's Acts of Violence, a thesis research project being conducted by Alana Richards, a student at Dickinson college in conjunction with the Dickinson College department of Sociology. The purpose of this project is to gather information on the real-life experiences of college-aged women who have harmed themselves in specific ways including NSSI (non-suicidal self-injury) or eating disorders/disordered eating. Recently, there has been a greater push to understand and contextualize why women commit acts of violence against themselves. This research seeks to include college-aged women- a particularly vulnerable group- into that narrative.

Your participation in this study will involve one session that lasts approximately one house. The study will take place in the location of each interviewee's choice. An audio recording of the interview will be made, and transcripts will be written at the discretion of the researcher. All audio recordings will be stored in a password protected location using only the pseudonym the interviewee has chosen and recordings will be destroyed once appropriate transcripts have been made. No one besides the researcher will have access to audio recordings or notes taken during the interview.

You are free to end this interview at any time, or to refuse to answer any questions. Upon request, you may receive a copy of the final thesis. Unless you specify otherwise, all efforts will be made to assure your anonymity in any and all publications and promotions that might result from this research.

The research procedures described above may involve the following risks and/or discomforts: Psychological risks in addressing self-harm as a topic, specifically personal stories of self-harm and discomfort when talking about sensitive topics such as self-harm in the form of NSSI and eating disorders. If this topic is particularly triggering, it is possible that you will feel overwhelmed discussing these issues and it is important to not put your own mental health at risk. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty. You will receive no direct benefit from your participation in this study; however, the possible benefits to others include gaining a better understanding about why women self-harm in order to create better preventative solutions for the future.

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Alana Richards at 202-423-4098 or richaala@dickinson.edu. If you have

questions or concerns about your rights as a participant in this study, you may contact the Dickinson College Institutional Review Board at (717) 245-1902.

I, _____ hereby give the copyright of my interview to Alana Richards. I acknowledge that I have willfully elected to participate in this project and that by participating I am willfully disclosing certain personal information including a possible history with self-harm. I have specified below any restrictions that I am placing on the use of the audio, video and transcripts of this interview.

Restrictions on Use:

Partipant (Interviewee) Name: _____

Signature: _____ Date: _____

Interviewer Name: _____

Signature: _____ Date: _____

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