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Adolescent Self-cutting: An Embodiment of the Unsaid

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This paper describes adolescent self-cutting from a systemic–relational standpoint utilising two key concepts: *embodied mind* and *the unsaid*. Varella's notion of *embodiment* is introduced to understand the body as a field of meaning and *the unsaid* is conceptualised as what holds 'said meaning' and gives a sense of identity. These ideas are illustrated by reflections on a clinical vignette.

Keywords: Embodied mind, the unsaid, adolescent, self-cutting, therapy, relationship

Key Points

1. Although self-cutting is highly challenging for therapy practitioners both in terms of its understanding and intervention, systemic therapy can help situate it in a relational context.
2. While psychotherapy has had difficulties exploring the body as a thematic field, Varela's concept of *embodied mind* can help to understand the body as a field of meaning.
3. The body can be thought of as a space in which the tension of the struggle to maintain the limits of identity is expressed.
4. As the said and the unsaid fight their battle on the body, the body knots itself: postures, tics, movements . . . knots and bodily inscriptions are encrypted messages, witnessing marks.
5. What becomes silenced by self-cutting is connected to the unthought and the unsaid that besieges the continuity of meaning and threatens valuable aspects of family life.
6. The unsaid does not only belong to the adolescent engaging in self-cutting, but to family history and therapeutic intervention must consider the family.

This paper presents a systemic–relational approach to adolescent self-cutting that utilises two key concepts: *embodiment* and *the unsaid*. It explores self-cutting from a systemic perspective and conceptualises the body as a place of meaning investigating how threats to meaning can lead to struggles in which self-cutting emerges as a possibility.

Literature on Adolescent Self-cutting

Research on self-cutting is diverse with different lines of investigation giving rise to a variety of intervention proposals. Since the 1960s a major focus for research has been epidemiology, protective and risk factors, co-morbidity, and psychopathology. Nader and Morales (2008) note that self-harm practices are generally regarded as symptoms indicative of a disorder and as a primary risk factor for suicide. However, following Favazza (1996), it is important to differentiate between self-harm and suicidal attempts: 'suicide is an exit into death, but self-mutilation is a reentrance into a state of normality' (p. 271). For Mikolajczak, Petrides, and Hurry (2009) self-harm

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primarily constitutes an emotion regulation strategy to express distressing emotions, reduce dissociative symptoms, test interpersonal boundaries, and prevent aggression toward others. Other authors identify a lack of investigation into the motivations and functionality of self-harm (the 'whys') resulting in a failure to understand treatment needs (Brown & Kimball, 2013; Laye-Gindhu & Schonert-Reichl, 2005; McAllister, 2003; Ougrin, 2014).

Taking a systemic viewpoint, Kissil (2011) proposes family attachment issues be addressed in adolescent self-harm in order to promote the development of self-regulatory skills. This could decrease the urge for self-cutting and help adolescents to manage emotions and self-soothe. Rogers and Schmidt (2016) point out that the adolescent's emotional regulation through self-harm must be assumed to have a relational connection to family members. Hannen and Woods (2012) use a narrative therapy intervention to improve resilience, emotional well-being, and behaviour in adolescents who self-cut. Amoss, Lynch, and Bratley's (2016) study of self-harm interventions in family therapy explores the connections between shame, blame, and emotional regulation.

Morales (2008) proposes understanding self-cutting through three key elements: socio-cultural context, family structure or dynamics, and individual psychological traits. Marking oneself as a form of bodily inscription is related to the postmodern search for identity and the mandate for distinctiveness. For Le Breton (1995, 2012) individuals can no longer rely on socially instituted meanings and it is understandable that adolescents searching for meaning as they enter adult life engage in risk behaviours like self-cutting: 'It's a commitment, an attempted restoration of meaning' (Le Breton, 2012, p. 100). Resorting to acts upon the body to fulfil a sense of purpose is indicative of incomplete identity processes and an inability to mobilise other resources of meaning. Zamorano, Navarro, and Sotta (2008) explore the meaning of self-cutting in the adolescent systemic experiential anchorage. They hypothesise that cutting emerges as a silent word, a component in a web of interactions and linguistic threads. Self-cutting 'allows the pain to change levels: that is, to move from a psychical to a physical dimension, thus opening the opportunity to deal with a visible kind of pain. This change has a relaxing effect and grants a truce in the inner conflict, given the impossibility of expressing anguish within the family setting' (p. 9).

Embodiment and Systemic Therapy

Bertrando and Gilli (2008) have outlined how systemic thinking about family relationships can exclude a focus on the individual body: 'Systemic therapy, on the whole, relied from its very beginning on bodily based metaphors (. . .) if we see the family as a "body" (but of course a family is not "one" body, at the descriptive, factual level), we will pay less attention to individual bodies' (p. 365). While early systemic models attempted to avoid being distracted by the embodied singularity of each member in the family system, this was only possible on an abstract level as the physical bodies remained present. The undeniable existence of the body led to its inclusion through the observation of *analogical messages*, a concept introduced by Watzlawick, Beavin, and Jackson (1967) and subsequently reviewed by Boscolo and Bertrando (1996). Working with analogical messages implies that every nonverbal communication act be described as a meta-message providing a context for the relationship, which opened a place for corporal expression in therapy, in relation to what was

happening within the family dynamics. Analogical communication was not examined to explore an individual's intimate experience with the body only holding importance in relationship to others.

The therapist who paid most attention to the body connected to early systemic therapy was probably Milton Erickson, 'who was also the first to practice maximum control over his own body movements, including breathing and tone of voice, with the typical attitude of a hypnotist' (Bertrando & Gilli, 2008, p. 366). While Erikson influenced Jay Haley's Strategic Therapy Model (Haley, 1985) the latter moved the focus away from the body in favour of examining power transactions in family relationships. The emergence of language-centered systemic–relational models in the 1990s brought a new variation of this dissociation: body/narrative, where the body is regarded as a territory where meanings, premises, and stories are expressed. According to Bertrando (2000), the excessive importance granted to words and stories by conversational and narrative models to the detriment of bodily presence has resulted in *disembodied dialogues.* White and Epston's (1991) narrative model resorts to *text analogy* to understand *me* as a written product, which, according to Derrida (1989) is subject to an *editing* process. But where is this writing being registered? Unlike a text printed on paper, bodily inscription of a human story is made on a living, breathing, moving materiality.

The subordination of the body to language has given rise to therapeutic practices that dissociate narratives from corporeality. Chilean biologist Francisco Varela (2000) acknowledged the problem: 'The ontical dimension of the body has been largely underestimated in favor of socio-historical and linguistic dimensions of experience . . . [our] corporeal condition is certainly not ahistorical nor atemporal, nor is it determined by a fixed genetic program (. . .) It can only manifest itself within language and history, but it is not determined by history per se' (pp. 117–118). Since existing frameworks have failed to place corporeality in a prominent position, Varela's work might be useful to incorporate the presence of the body in systemic clinical practices. He develops the concept of *embodiment,* referring to this as our physical coupling, our way of being in the world; a way to understand the body as an individual's *lived form* (Varela, Thompson, & Rosch, 1991).

Embodied Mind

Pursuing Varela's work, German semiologist Andreas Weber (2001) claims that mutual interaction between the living agent and the world is the key to understanding why organisms fit so well in their environment and how this enables their communication. According to Weber, the nervous system, the body, and the environment are dynamic systems joined on multiple levels. Along the same lines, Rudrauf et al. (2003) propose that, since the identity of the system depends on the dynamics of its mutually embedded sub-systems, it is constantly on the verge of rupturing. The siege it suffers is temporarily broken by evoking a domain of concern from within the system itself, and subsequently displaying this in the environment. Identity, thus, is intrinsically fragile. These dynamics of reciprocal codependency led Varela et al. (1991) to question the idea of a localised mind, conceiving of an *embodied mind* instead. As Rudrauf et al. (2003) assert, the mind cannot be separated from the organism; the organism itself should be understood as a network of co-determined elements. This means that the mind is (literally) inseparable not only from its external

environment, but also from the body; it is not only the brain that functions as a whole, but the whole body. The concept of embodiment refers to how this codependence shapes our way of being in the world.

When we speak of an embodied mind, we are advocating a non-centralised 'me' that is not located in a specific place but is considered to emerge from a situated intelligence; that is, the concrete experience of being a possibility within the world. According to Varela (2000) our non-centralised 'me' updates itself linguistically and self-referentially, acting as the gravitational centre of the individual himself for real-life experiences. Therefore, the embodied mind is a continuation of the self-referential dynamic process dwelling within living beings. It incarnates itself specifically through an internal biological process, giving rise to a history of reciprocal coupling with the environment, creating folds and irregularities and thus developing a unique way of being in the world. Essentially, the mind arises from affective tonality, and as such it is embedded in the body.

Varela and Cohen (1989) further develop this idea considering the body to be a temporary and moving interlacement of three different dimensions: 'the primordial body refers to those biological processes the body needs to constitute itself as a unity' (p. 139). It is pre-linguistic and sets the fundamental biological conditions in which the 'relational me' rests. The formative body relates to the building of a body image, which takes place in the early years of life. The constituted body refers to the relationship between the body and our social and linguistic identity. These intertwined dimensions form an active, retroactive recognition process that emerges and mobilises itself in order to realise the integrity of the system through interaction with the world.

Positioning the body in the centre of systemic therapy entails going beyond the study of analogical gestures and their communicative values; it means considering the body itself as a hermeneutic field. This implies paying attention to the bodily ways in which stories and meaning are registered, finding sensuality, sensitivity, and concern in the body itself. Different bodily inscriptions should be considered in relation to the weavings of the lived body: the ways we express and process pain and trauma through the body, the ways we take care of it or leave it unprotected, the ways we express silence through it, the ways we attempt to interact with others or avoid said interaction in order to recognise the body and its image in everyday bodily practices. There is an inherent need to consider the ways the body registers and inscribes the processing of people's spheres of concern and sensitivity.

The Unsaid

Systemic practice has historically focused on what is visible rather than what is not apparent to the eye. First-order systemic models – structural and strategic – addressed observable relationships within families, hoping to objectively describe problem-maintaining interaction patterns. Later on, for second-order systemic models – constructivist and Milanese – contact with the family system was through the therapist's and the family's vision of the world. The meaning of visibility shifted from being *evidence of something* to being *someone's vision*. This epistemological turn led to the development of therapeutic models that fostered working with the client's premises and beliefs with the goal of promoting new, more flexible ways of seeing the world.

The relationship between systemic practice and *what remains unseen*, however, has been more difficult to explain, leading some systemic therapists to introduce the concept of the unsaid. Boscolo and Bertrando (1996) dealt with the unsaid through analogical communication. Anderson (1997) defines the not-yet-said as internal and private thoughts and conversations: that is, the stories that haven't been told yet, either because they have never been available or because the relational conditions necessary for them to be expressed are not present. Along the same lines, Narrative Therapy (White & Epston, 1991) emphasises the importance of rescuing narrations that have been subdued by dominant political narrative practices, in order to generate agency and emancipation through the weaving of one's identity. Later White incorporated the concept of the unsaid in the notion of the absent but implicit (Carey, Walther, & Russell, 2009; White, 2000). According to this concept, every facet of life is in a relationship of contrast with its opposite; for example, those who suffer must have the possibility of experiencing courage and hope – otherwise, they would not resent their absence.

For the purposes of the current study, we consider the concept of the unsaid as defined by the philosopher of deconstruction, Jacques Derrida (1989). This author proposed that *pure* speech is an impossibility given the co-existence of multiple ways of speaking. The narrating voice is constitutively impure, since it has been subjected to an editing process including erasing, censorship, and selection. The material left in the margins constitutes the dimension of the unutterable. However, the alternative ways of speaking not expressed are not excluded, forgotten, or left lifeless; on the contrary, these contents constantly besiege the consistency of *chosen* speech, thus defying its continuity. The dimension of the unsaid is in a relationship of constant defiance and threat to what is said. In terms of deconstruction, identity achieves a continuity by differentiating itself from alternative ways of expression, which in turn continuously question its coherence. Identity and meaning strengthen their consistency in order to endure the siege of the unsaid.

If the body is deemed to be a place containing the records of history, it can also be thought of as a space in which the tension of the struggle to maintain the limits of identity is expressed: the body exhibits the conquest of being in control, while at the same time expressing the permanent tension involved in maintaining balance under the siege of the differences. The said and the unsaid fight their battle on the body, and therefore the body knots itself: postures, tics, movements ... knots and bodily inscriptions are encrypted messages, witnessing marks.

Self-cutting as the embodied unsaid

Some authors (Coleman & Hendry, 2003; Marchesi, Palacios, & Coll, 1994) consider adolescence as a period of change and emotional instability during which teenagers develop experimental behaviours –with successes and errors – in search of their own identity. Here adolescents must learn new strategies to face problems and conflicts, as well as understand their world in more complex ways. Adolescence entails the loss of innocence and entrance into a stage of confrontation and conflict, in which a duel is fought both socially and existentially. Parents experience a sense of loss too, since 'childhood' as a space for the relationship must be abandoned. Not only is the adolescent fighting for his or her identity, but every family member is as well. The adolescent questions the family context; and the transformations emerging from his or her growth confront the established order, which formerly contained the child within

certain parameters of meaning. Every implicit aspect of family history is brought to light by adolescents, who place their focus on the unquestioned and defy parents to answer difficult questions. In this process, parents are implicitly or explicitly required to explain sensitive or sacred chapters of their lives and challenged to relate with uncomfortable parts of themselves. Old ghosts and hard to tell stories once again besiege the stability of relationships within the family, and both parents and adolescents are pushed into the *unsaid* dimension of family history.

In this context, every member of the relationship must respond. The parents must respond to the subtle or non-deliberate provocation of their children, and face uncomfortable aspects of themselves. The adolescents must respond to the ambivalent feelings that arise when entering the dimension of the unquestioned, whether that means defying their parents or transgressing some sacred family value. Feelings of anger and anguish often cause reactions that interfere with the possibility of opening the story and introducing variations. Sometimes the parents resolve the situation by taking on an authoritarian stance, which leaves the adolescents feeling severely frustrated; sometimes the adolescents cannot tolerate not complying with values that have been highly esteemed in family history. In this intense emotional process, self-cutting allows silence to counter the siege of meaning. In the words of Le Breton (2012): 'the body takes over when words are unutterable' (p. 22).

Self-cutting causes the pain to change levels: in shifting it from a psychical to a physical space. This grants the possibility of dealing with a visible, time-limited kind of pain. Physical pain ends up becoming relaxing and allows a truce amid the inner battle, as the anguish cannot be put in the relationship or its expression would put the continuity of historic meaning under siege. Self-cutting can be understood as a print registered on the body, an expression of a battle to maintain the limits of an identity subjected to a piercing siege by otherness. It is an embodied expression of the tension between the said and the unsaid, because in the adolescent's experience there is no other place to process and blur the limits of both their identity and the relational conditions of their life with their parents. In other words, what becomes silenced by self-cutting is connected to the unthought and the unsaid that besieges the continuity of meaning and threatens valuable aspects of family life. Breaking that silence is seen as a challenge to family history.

Practice illustration

The identified client is 16-year-old Josefina, who is 1.67 m tall and thin. She has fair skin, dark hair, big eyes, and piercings. Affectively, she avoids eye contact and does not smile. She presents with her parents on her mother's initiative after her mother has learned that Josefina has been cutting herself. Josefina's opinion was not considered when her parent's decision was made to consult with a psychotherapist. Emphasising with her gestures, Josefina claims that she does not know what to say. She then cries in silence with a frightened look in her eyes and trembling knees. Her mother says that she recently noticed that her daughter was making cuts on her wrists. She reports that the cutting began at least a year ago, and that she feels guilty for not having noticed earlier.

> **Father:**I don't understand why we ended up with such weird kids.
>
> **Mother:**It's not only typical adolescence stuff; I think there is something else bothering her

Therapist Reflection. Josefina's behaviour emerges as a provocation – whether intentional or not, since it pushes her mother to review certain aspects of herself. Her sense of guilt bursts in, and she begins to doubt whether she is a good mother. To what degree will this siege undermine her adherence to treatment? Being 'weird' is presented by the parents as a characteristic of their children, but also as an unwanted trait. In other words, it seems that this family values precisely not being weird, and therefore the children have become transgressors of sacred values that are part of the weavings of their family history.

The therapeutic space in itself is threatening for Josefina, because being in it involves talk about her. Her parents take it upon themselves to narrate her and then expect her to use her voice to fill the space, but she cannot do this: she doesn't say a word. The only thing that shows the suffering and struggle she is experiencing is the evidence of strain seen in her body: as it shudders, knots itself, and cringes.

During an individual therapy session without her parents, Josefina says:

> **Josefina:** I like to change my hair. I also like piercings and tattoos . . . I don't have any tattoos yet, though. My friends from school are like me . . . kind of Emo. I don't do anything. Sometimes I listen to music and draw, I don't like going out. I used to go to gay parties with my friends . . . I'm not gay, but I like their world because of the music and the style.

Therapist Reflection. This avoidance of others and these esthetic modifications raise the question of perception of the body; specifically, the recognition of the body as an image. What is being registered in these changes, in the avoidance? What is being materialised? It also makes us wonder how this recognition refers to family bonding and the impossibility of expressing within the relationship what ends up being registered on the body.

Being 'Emo' is connected to being 'weird.' Her friends' world presents itself as a possibility to be different, and is therefore a challenge to those relationships that have allowed identity continuity within the comfort of circumscribed limits of meaning. Going out or engaging in relationships is linked to Josefina's own desire, which seems to be blocked. To what extent could these choices push Josefina into the path of the unthought?

To Josefina, her home is just like anybody else's. She describes the relationship between her parents as normal, not good, but not bad either:

> **Josefina:** My dad doesn't talk much, we are alike in that way (. . .) My mum is fun and cool, she used to be a housewife but three years ago she started working again. My brother lives in his own world and we really don't talk . . . sometimes we play video games together on PlayStation. We're all together on Sundays, but we don't really talk much because my dad gets angry really easy.

Therapist's Reflection. Communication, dialogue, and displays of affection are not common practices in this family. By contrast, the family members tend to interact in a trivial, purely functional way. Their interactions have somehow guaranteed the stability of their system. What difficult stories have promoted the absence of dialogue and affection? As described by Josefina, her father appears as the figure who regulates transgressions, defends the established order, and segregates differences.

In a session alone with the parents, a study of their bodies is particularly interesting. They don't look at or touch each other and the mother sits at the edge of her chair, in the farther corner of the room.

> **Mother:** We've been separated for a month now, but we are still living together. The kids do not know; we do not want to tell them, because it may be upsetting for them and we have to be united now that Josefina is going through all this.
>
> **Father:** We were never in love. We met, and after two weeks it occurred to us to go and get married. I was a grown man already, she was cute, and I needed someone to keep me company and tend to the house chores.
>
> **Mother:**I loved him, and I wanted a family.

The father says that there have been problems between them:

> **Father:** For a long time, whenever I went to bed, she was already sleeping . . . I think she was pretending to be asleep . . . Also, there was a time when she never dolled up, she walked around the house all day with her hair up, in her pajamas . . . just imagine!

The mother cries and adds:

> **Mother:** I have felt humiliated many times. I could not take it anymore . . . He would always say things like that in front of the kids. He was never affectionate with me, he never told me I looked pretty. When I started working I began to feel better, now I fix myself up and I look good. I'm sure that he cheated on me with my sister around that time, and nothing has been the same for me since then.

Therapist Reflection. For the parents, coming to therapy to address Josefina's issues brings to the forefront their parental roles, and with them, the challenge of reviewing their history. They are forced into re-opening difficult moments of their marital history, which are difficult to relate. This makes them interact with facets of themselves that are connected to the unsaid in their own stories.

The work on their marital history allows us to appreciate values related to the importance of image and how this is related to the possibility of being desired and/or loved. Said values shed light on how the channels for image constitution (formative body) have been built, and also on the inhabitable discursive weave (constituted body). When reviewing the story, it seems that image is important in a more ample sense: for example, it is very relevant to appear to be a traditionally structured family, or to look like a family that faces adversity together. In this regard, family history dignifies its members, since it is based on recognition-worthy characteristics.

At the beginning of a session, the mother asks to speak alone with the therapist. She says she might know what is going on with her daughter:

> **Mother:**I've been thinking about it, and I remembered something about a boy . . .I think she liked him, but she was very embarrassed. From then on she has been saying that she is ugly, she has acted more reserved and has stayed inside.

When asked about her romantic life, Josefina says:

> **Josephina:**I'm not in a relationship; I liked someone before but not anymore. One time I met a boy at one of those gay parties I used to go with my friends. We got along really well, and we talked every day. We listened to the same music and had a

> similar style . . . I thought he was gay, but one day I realised he was hitting on me and then he told me he liked me. That's when I stopped talking to him.

Therapist Reflection. The mother's theory reveals aspects that lead us to the relational field; specifically, to the role played by image. With this hypothesis, the mother not only raises possibilities about Josefina's private life, but also shows important dimensions of her own story. The question of image evokes the parent's couple story, which suggests that this matter has become a matrix sheltering certain parameters that limit the possible ways of being in this family. Perhaps some painful passages in the family's relational story started to open, insinuate, and update themselves through Josefina's awakening into adolescence. When the mother looks at her daughter, she sees herself.

This kind of relationship with image might be useful to allow understanding of Josefina's difficulties in relating with others, especially romantically speaking. In this kind of relationship, image is par excellence brought into play as an important part of seduction. In addition, Josefina's difficulties bring to mind the sexuality censorship in the parent's story.

When the therapist asks about the self-cutting, Josefina says:

> **Josefina:**I had searched on the internet about the cutting, and how to do it with the edge of a pencil sharpener. One day I was home alone and I went to the bathroom. I looked at myself in the mirror, and just looking at myself, just the thought of being the way I am, made me so angry and sad. I don't like anything about myself; I don't know how anyone could like me. I started crying, I felt so bad I didn't know what to do. I was shaking . . . I went to get the pencil sharpener, and when I cut myself it felt weird. I'm not sure what I felt, but I wasn't that angry or sad anymore . . . It would be easier if I was different.

Therapist Reflection. What does the reflection reflect when Josefina looks at herself in the mirror? Perhaps it not only shows a snapshot of the moment, but of Josefina in relationship with herself, with others, with her context and history. When Josefina looks in the mirror, her image appears: an image that carries a particular weight in this family. Looking at herself necessarily means looking at her flaws, at everything she is not, something that has been outlined by the parent's relational history. What else does the reflection reflect when Josefina looks at herself in the mirror? It also reflects her mother in her pajamas; her father and his demands for more sensuality; her mother and the possibility of being humiliated; it reflects some of the most uncomfortable and painful unsaid moments of the family history.

The connection with the field of the unsaid floods in with anguish since its siege does not leave any possibility of expression. The self-cutting interrupts – embodies- this threat, silencing, and thus ensuring the continuity of meaning in relation to the story the family has been narrating.

Conclusion

Self-cutting represents a challenge to our professional expertise in the encounter with others. To face someone who hurts him or herself is an invitation to walk through painful and enigmatic roads together. While this is an exhausting challenge, it is also

an enticing subject for research and psychotherapeutic work. One of the special traits of self-cutting is its encrypted-code-like appearance; another is its unavoidable relationship with the body, which is the canvas for its inscription. Both characteristics wrap the phenomenon in an enigmatic haze that, far from dissipating it, promotes the emergence of new questions.

The unsaid does not only belong to the adolescent engaging in self-cutting, but to family history. And therapeutic intervention must consider the family. What the adolescent silences with the act of cutting him or herself is part of a body of meaning that parents cannot easily face, since it threatens the stability of family relationships. Family therapy can provide a space to work separately with the parents to thoroughly understand the meaning of what is left unsaid. At first it may be difficult for the adolescent to name his or her fears in front of the parents. The meaning of the unsaid is not always available in the family, and the therapist must be willing to propose hypotheses to connect the cutting with the family history.

According to Varela and Cohen (1989), it is important to consider the body as an interlacement of dimensions: its constitution, its rhythm, and biological timing, all in relation to self-image in the context of expression generated by a social, narrative identity. Contradictory meanings may be mixed up in this interlacement, and the resultant discomfort is registered in the body. Self-cutting is an example of such enactive dynamics, but other corporeal phenomena can be considered from this perspective as well.

Adolescents who engage in self-cutting usually show great difficulty in the expression of 'negative' emotions (fear, shame, pain), and it is helpful for the therapist to develop strategies to encourage this process, for example, drawing and the use of images might be helpful. It also appears advisable to adjust the timing of the conversation as the adolescent learns to gain confidence in his or her emotions and begins to feel ready to express them in therapy.

The aim of this paper was to contribute to an understanding of the phenomenon of self-cutting and explore possible paths for further investigation; specifically, the study of the relationship between systemic processes and the entity of the body as a field of meaning.

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