

Speaking Wounds

– Silence, Self-injury and Healing in Patricia McCormick's *Cut*

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Tiivistelmä

Pro gradu -tutkielmani käsittelee itsensä vahingoittamisen, hiljaisuuden ja toipumisen representaatioita Patricia McCormickin nuorille aikuisille suunnatussa teoksessa *Cut*. Tutkielman tarkoituksena on analysoida itsensä vahingoittamista kirjallisuudentutkimuksellisesta näkökulmasta.

Vaikka itsensä vahingoittamisesta on englanninkielisillä markkinoilla olemassa runsaasti psykologista kirjallisuutta, ei sen representaatioita kirjallisuudessa ole vielä juurikaan tutkittu. Näiden representaatioiden analysointi on tärkeää, sillä 1990-luvun alkupuolella syntyi nuortenkirjallisuudessa genre, joka keskittyy juuri itsensä vahingoittamisen käsittelyyn. Patricia McCormickin *Cut* on edustava esimerkki tämän genren romaanista.

Tutkimuksen teoreettinen viitekehys koostuu monitieteellisistä teksteistä. Ensisijaisina lähteinä ovat Patrick Fueryn teoreettiset käsitykset hiljaisuudesta ja poissa-olosta sekä Christine Wilkie-Stibbsin feministiset luennat yksittäisistä nuortenkirjoista. Armando R. Favazzan kliiniset määritelmät itsensä vahingoittamisesta luovat perustan käyttämilleni termeille. Pääpaino tutkielmassa on kuitenkin omalla luennallani romaanista.

Tutkimustuloksena on, että sekä päähenkilön hiljaisuus että itsensä viiltely ovat monimerkityksisiä ja dynaamisia tiloja. Ne toimivat kommunikaation ja itsehoidon välineinä. Viiltelyyn sisältyy voimakkaasti hoivan käsite, sillä viiltämällä itseään päähenkilö yrittää käsitellä ja helpottaa henkistä ahdistustaan. Sekä hiljaisuus että viiltely auttavat eri tavoin päähenkilöä käsittelemään ja sisäistämään oman tilansa ja näin ollen myös edistävät paranemisprosessia, joka jatkuu puheen kautta perinteisessä psykoterapeuttisessa diskurssissa. Teos painottaa puheen roolia, mutta myös hiljaisuus ja viiltely muodostavat yhtäläiset kommunikaatio- ja hoitoväylät.

Asiasanat

kirjallisuudentutkimus, nuortenkirjallisuus, tyttökirjat, itsensä vahingoittaminen, viiltely, hiljaisuus, toipuminen

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1. Introduction

What a thrill --
My thumb instead of an onion.
The top quite gone
Except for a sort of hinge
Of skin,
A flap like a hat,
Dead white.
Then that red plush.
Little pilgrim,
The Indian's axed your scalp.
Your turkey wattle
Carpet rolls
Straight from the heart.
I step on it,
Clutching my bottle
Of pink fizz.
A celebration, this is.

-Sylvia Plath in 'Cut' (1965:23)

Although it may not be the author's intention, this excerpt from Sylvia Plath's poem describes vividly many points characteristic to an act of deliberate self-injury. The act of cutting is situated in the poem in relation to household chores, i.e. the chopping of an onion. This gives the cut an accidental nature, which is frequently present in self-injury. Many self-injurers, in fact, come across with the effective and addictive power of self-injury by accident. They may cut their finger while performing ordinary household chores and discover the mental relief the wound provides. The exhilaration and the "thrill" described by the poem, can refer to the effect that cutting has on the cutter. Cutting oneself, indeed, produces a temporary feeling of pleasure that, compared to the mental distress one otherwise feels, can be characterized as a "celebration". Through its allusion to events in American colonial

history, the excerpt can be seen to situate self-injury in a social and cultural context. Although self-injury is private in nature, it reflects the underlying values of the culture and society to which the self-injurer belongs. Self-injury can be seen as a symptomatic coping mechanism with both personal and societal underpinnings.

In the poem, there also occurs the idea of care central to the concept of self-injury. The narrator clutches in the “bottle of pink fizz” in order to cleanse her wound. The cutter usually has become an expert in treating her wounds. Self-injury is ultimately an attempt to alleviate mental distress and thus treat oneself. Self-injury can provide a means of avoiding suicide, which is replaced by relatively minor, physical injury. This poem serves as a setting for my discussion of self-injury in this thesis, as the novel under my analysis, Patricia McCormick’s *Cut* (2000), shares the name and the theme of Plath’s poem.

The aim of my thesis is to explore the interrelation of silence and self-injury as communicative practices. I ask, what are the ways in which the communicative power of silence is manifested in the novel I analyse? What meanings become possible in a reading that regards cutting as constructive coping mechanism? How is self-injury represented in relation to other characters? What is the role of speech in relation to silence and self-injury?

Cut, published in 2000, is Patricia McCormick’s first novel. Subsequently, this American novelist has published two young adult novels *My Brother’s Keeper* (2005) that deals with drug addiction from a sibling’s perspective and *Sold* (2006) that treats human trafficking and sexual slavery. She has received numerous recognitions for her works.

Cut depicts the story of a teenage girl, Callie, who has been committed to a treatment facility because she has been cutting herself. The story takes place in

the U.S. In the beginning of the narrative, Callie does not speak at all, but the reader learns her thoughts through internal monologues. Gradually, the motivation for her cutting and silence is revealed. They stem from a traumatic event that took place at her home two years prior to her entry into the treatment facility. Her younger brother, Sam, had a severe asthma attack while Callie was in charge of him. Callie's grandmother also died little before Sam's asthma attack, which furthermore contributes to the indisposition of the family members. The traumatic events are not spoken about among the family members, which leads to the escalation of mental distress. In Callie's case this distress eventually manifests itself through cutting.

In the treatment facility, Callie is gradually able to regain her voice and start dealing with the traumatic events and her cutting. Nevertheless, Callie's silence and self-injury serve as essential stages in Callie's healing process. That is why I analyse them in detail in the following chapters. The last chapter is dedicated to the final stage in Callie's healing process, which is manifested through her speech.

In the following, I provide an outline of the fictional works dealing with self-injury, contextualise self-injury and discuss the theoretical framework applied in this thesis.

1.1. Self-injury in (YA) fiction

As yet, there is little research on the representations of self-injury in fiction, although there is a genre in young adult literature specifically dealing with this subject. The aim of this thesis is to contribute to the outlining of these studies by analysing an emblematic representation of self-injury in an individual novel.

In adult fiction, representations of self-injury are relatively scarce whereas in young adult literature there are an increasing number of novels treating

this phenomenon. Although self-injury is rarely a prominent theme in adult fiction, there are a few mainly contemporary works of fiction that treat self-injurious behaviour in passing. Among these novels in Anglophone fiction, there are such diverse works as Nathaniel Hawthorne's *The Scarlet Letter* (1850), Toni Morrison's *Paradise* (1997), Dan Brown's *The Da Vinci Code* (2003) and Alan Hollinghurst's *The Line of Beauty* (2004). In addition to the variation in genre and style of narration, the motivation for self-injury varies considerably among these novels. This variety and the marginal role of self-injury aggravate a coherent discussion on the subject within the scope of a pro gradu thesis. Nevertheless, a study on the representation of self-injury in adult fiction presents an intriguing research topic.

Young adult (YA) fiction provides several novels with self-injury as their main theme. So far, the body of YA fiction on self-injury includes approximately a dozen novels, but new works are published constantly. The tradition of novels explicitly dealing with self-injury began with Shelley Stoehr's *Crosses*, which was published in 1991. Majority of these novels, however, appeared in the late 1990s or after the millennium. A few of them are autobiographical, such as Caroline Kettlewell's *Skin Game* (1999) and Victoria Leatham's *Bloodletting* (2004), but the majority are fictional accounts, like Joanna Kenrick's *Red Tears* (2007), Steven Levenkron's *The Luckiest Girl in the World* (1997), Melody Carlson's *Blade Silver – Color me Scarred* (2005) and Patricia McCormick's *Cut* (2000) – the last one being the novel I analyse in this thesis. A few of the novels feature male protagonist, like J.C. Madsen's *Angels Fall from Gasoline Rainbows* (2004) and Tabitha Suzuma's *From Where I Stand* (2007), but the vast majority concentrates on depicting self-injury from a female perspective.

Among these novels, I decided to choose Patricia McCormick's *Cut* as

my primary source of analysis due to its constructive treatment of self-injury. In comparison to the other novels, *Cut* stands out with its emphasis on the healing process rather than on the gripping descriptions of acts of self-injury. Although works concentrating on these descriptions can be argued to discourage the reader from cutting oneself, they can, nevertheless, easily trigger self-injurious behaviour. By concentrating on the healing process and the verbalisation of cutting, *Cut* provides the young reader, who may also engage in cutting, with an encouragement for speaking about the subject and hope for recovery.

The title of the novel *Cut*, in addition to alluding to the act of cutting oneself, can also refer to the state of being cut. This highlights the simultaneously active and passive role of the cutter when she engages in cutting. The cutter is both the executer and the victim of cutting. 'Cut' can also be seen to relate to the identity that cutters develop as self-injurers. Callie, the protagonist of *Cut*, also eventually develops an acceptance of her self-inflicted scars as part of herself and her identity.

1.2. Contextualising self-injury

My name is Legion: for we are many.

-*Mark* 5:9. (2000:805)

The late 20th century has witnessed an epidemic rise in self-injurious behaviour, especially among young women. It is hardly a coincidence that the 1990s also saw the rise of a young adult literature dealing specifically with the theme of self-injury. The emergence of this genre, in addition to numerous self-help books and psychological texts, is a clear sign of the acute need to deal with this phenomenon. Although self-injury can be seen as a manifestation of mental distress specific to this

particular period of time, self-injury does not take place in a historical or social vacuum.

1.2.1. Historical glimpse

Although the reported cases of self-injury have increased dramatically in the last two decades, deliberate self-injury is not a particularly new phenomenon. The first published reference to cutting is in the New Testament Gospel of Mark in which a man called Legion, living in a graveyard, is believed to be possessed and is described cutting himself deliberately with stones (2000:805). Despite this description that dates back over two thousand years, it was not until the rise of the awareness of the human psyche in the mid and late 1800s when wider, clinical attention was paid to this behaviour (e.g. Strong [1999] 2000:29).

The late 19th century witnessed a wave of case reports of women, then diagnosed as hysterics, who punctured their skin with needles. One such “needle girl” had 217 needles extracted from her body over a period of 18 months (ibid.: 30). In a 1863 case report, a female prisoner “pounded pins and needles into her chest using a prayer book. Some of the needles penetrated her lungs and heart and some traveled through her system to the liver”(ibid.). One of the most well-known and prolific cutters recorded in the early scientific literature is Helen Miller, who “cut her arms repeatedly almost down to the bone and buried a total of 150 shards of glass, splinters, tacks, shoe nails, pins, and needles into the wounds” during her confinement in the New York State Asylum from 1875 to 1877 (ibid.). At the time, these women were labelled as attention seeking hysterics, and their self-injurious behaviour did not receive serious clinical recognition.

In 1938, Karl Menninger attempted to treat self-injury as an individual phenomenon and divide self-injurious behaviour into different categories (Favazza 1996:232). However, he was ahead of his time and did not receive wide academic acceptance or public acknowledgement during his lifetime.

It was not until the 1980s that the public awareness of this phenomenon began to increase. A ground-breaking work in this respect was Armando R. Favazza's *Bodies under Siege* that was first published in 1987. Favazza was the first to categorise self-injurious behaviour into major and minor subtypes and concentrate on its cultural and clinical manifestations. Nowadays there is substantial literature concerning self-injury available in English. In addition to fictional and psychiatric works, there are numerous self-help and guide books for people who engage in self-injury, for their loved ones and for the health authorities. One of these works is Gerrilyn Smith's *Women and Self-Harm: Understanding, Coping and Healing from Self-Mutilation* (1999), which caters for all the groups mentioned above. There are also online support groups for self-harming teenagers such as the one maintained by the British charity organisation LifeSIGNS (www.lifesigns.org.uk).

1.2.2. Demographics

According to Marilee Strong, there are two million or more Americans who injure themselves intentionally or compulsively (2000:xv). Nevertheless, it is difficult to come by accurate statistics on the prevalence of this phenomenon. However, many of the statistics suggest that more women than men engage in this behaviour, and that it is more common among young people.

According to Hicks (2005:296), approximately four percent of young adults have deliberately harmed themselves at some point during their lives. According to Hawton's study (2006:41), the corresponding percentage is considerably higher: 13,2 %. With regard to the gender distribution, Hawton's research also suggests that deliberate self-harm is far more common among females than males: 11,2 % vs. 3,2 % (2006:42).

There are also cutters among the celebrities who have 'come out' and discussed their behaviour publicly. This list of famous self-injurers features such names as Princess Diana, Johnny Depp, Christina Ricci and Angelina Jolie. They have all revealed in interviews that they have deliberately injured themselves at some stage during their lives (Self-Injury 2007).

From an anthropological perspective, there is a myriad of self-injurious behaviour involved in diverse religious and cultural practices. They present an intriguing subject for study that, however, is beyond the scope of this thesis. To situate the phenomenon of self-injury, Armando R. Favazza describes several interesting, and often harsh practices in his work *Bodies under Siege* (1996). However, self-inflicted pain has not only been involved in far-away tribal or religious rituals, but is part of the everyday life of many contemporary Western teenagers, as the above statistics demonstrate.

1.2.3. Explanation of terms

I now turn to the terms applied in this thesis. I refer to the act of deliberately causing oneself pain as self-injury (SI), self-injurious behaviour or self-harm. Self-harm is considered a more general term for self-damaging activities (e.g. alcohol abuse and

bulimia), whereas self-injury refers more specifically to the practice of cutting, bruising, poisoning, burning or otherwise directly injuring one's body. I prefer not to use the term self-mutilation, although some specialists (e.g. Favazza) use it, since some self-injurers find this term inaccurate and offensive.

Probably the most common form of self-injury involves making cuts on the skin of the arms or the legs. This is often referred to as "cutting" and the person who routinely engages in this kind of behaviour may be called a "cutter". By all the terms introduced above, I refer here to what Armando R. Favazza (1996:253) calls superficial/moderate self-injury, which most commonly includes cutting, burning and punching oneself, and not to *major* self-injury, such as eye-enucleation or amputation.

I have also consciously chosen to use the female personal pronoun *she* when referring to people who self-injure, because both of the self-injurers in *Cut* are female. Hence, I approach this phenomenon from a female subject's perspective. In addition, the majority of self-injurers are women as the above mentioned statistics suggest (c.f. Hawton 2006:42).

With regard to the actual definition of self-injury, Armando R. Favazza, describes what he calls self-mutilation as:

direct, deliberate destruction or alteration of one's own body tissue without conscious suicidal intent. This definition does *not* include bona fide suicide attempts, indirect methods of self-harm (such as starvation), or swallowing objects (glass, nails) or substances (drug overdoses). (1996:225)

Although I do not agree with his use of the term self-mutilation, I find Favazza's definition accurate and will rely on it in this thesis. As stated above by Favazza and, for example by James Hicks (2005:295), self-injury is not a suicide attempt, but provides the self-injurer with a coping mechanism and serves primarily as an attempt to alleviate mental distress.

In this thesis the form of self-injury that I concentrate on is cutting. Cutting is one of the most common forms of self-injury (e.g. Hawton 2006:62) and the protagonist of *Cut*, and the majority of the other novels' protagonists in the self-injury genre in young adult fiction, are cutters.

1.3. Theoretical framework

The theoretical framework of this study is multidisciplinary as I rely on medical, psychological, philosophical and feminist texts. I also rely heavily on my own close reading of the novel. The theorists' insights serve to reinforce and situate my own findings. In the following, I will briefly characterise the main theoretical approaches involved in this thesis.

Armando R. Favazza provides the basic medical definitions on self-injury used in this thesis. James Hicks, Gerrilyn Smith and Maggie Turp contribute from a more contemporary perspective to the medical and psychological situating of the phenomenon. Since there is no tradition provided by philosophical criticism on self-injury and it is still predominantly defined through medical discourse, medical and psychological perspective serves as a background for this thesis.

My major philosophical reference is Patrick Fuery and his theoretical notions on absence and silence. He explores absence and absence from a post-structuralist perspective and regards them as discursive practices. According to him, silence and absence convey presence and meaning. In order to understand other systems of discourse, one needs to take silence and absence into consideration. He also defines silence as an inability to be heard and suggests that it can represent

negation of the self to the self. These insights help to outline the multiple meanings that the protagonist's silence in *Cut* can receive.

Christine Wilkie-Stibbs's feminist readings on individual works within young adult literature contributed to my reading of *Cut*. Her readings helped to situate *Cut* in the wider framework of young adult literature. Her idea of elected silence as female rebellion and her argument that silent characters usually lack a proper name help to understand the function of Callie's silence in *Cut*. Robyn McCallum's discoveries on identity construction in young adult literature contribute to my reading of the double motif in *Cut*. According to her the opposite double usually provides the protagonist with possibilities of subjectivity. This helps me to scrutinise Amanda's role as a positive catalyst for Callie.

Elaine Scarry and Sara Ahmed's philosophical notions on pain prove helpful when I analyse the experience of self-injury in the novel. Elaine Scarry's idea that having pain is tantamount to having certainty relates to the self-injurer's experience of pain. Cutters can be seen to hurt themselves in order to feel and have certainty of their bodily borders and existence. Sara Ahmed elaborates this notion and argues that intensification of pain produces bodies and worlds to materialise. Ahmed's notions on the sociality of pain helps treat the protagonist's cutting in relation to the other characters, because the others reactions define to a great extent the message that is conveyed by self-injury. The expressive power of self-injury is manifested in relation to others. Someone will eventually discover Callie's self-inflicted wounds and thus be involved in her experience of pain. The others' reactions also contribute to the self-injurer's attitude towards her own cutting.

Towards the end of this thesis, I briefly refer to Jacques Derrida and Judith Butler's poststructuralist notions on language, which serve to situate the role

of speech in the Callie's healing process in *Cut*. The notions of Derrida and Butler on speech as the primary marker of existence and subjectivity are echoed in the discourse that the novel provides. In *Cut*, Callie regains full subjectivity and empowerment in relation to her surroundings through speech. In my reading of the novel, however, I consider speech as parallel to silence and self-injury as means of self-expression and self-care.

The thesis is divided into three main sections that follow the progress of the protagonist of *Cut*, Callie. The following chapter deals with Callie's silence, how it works in connection to people around her and what its functions are for Callie. Then in the third chapter, I take a closer look at the actual cutting that takes place in the novel and what its functions and motivations are. In the fourth chapter, I concentrate on the final stage of Callie's healing process and the factors that contribute to it. Finally, in chapter five, I provide a conclusion on the basis of my findings.

2. Silence

Silence can be a plan
rigorously executed

the blueprint of a life

It is a presence
it has a history a form

Do not confuse it
with any kind of absence

-Adrienne Rich in 'Cartographies of Silence' (1993:17)

2.1. Contextualising silence

Silence is closely related to self-injury both in the representations of everyday human communication and in the discourse of the novel, *Cut*, I analyse in this thesis. People who engage in self-injury frequently find it difficult to speak about their behaviour to both their loved ones and the health authorities and prefer to perform their self-harming activities in private (e.g. Smith 1999:26). This is also the case with Callie, the protagonist of *Cut*, who not only refuses to speak about her cutting but abstains from uttering a word during the first of the book's three chapters. Silence surrounds self-injury also because, although the scars inflicted by the cutter on her skin are a powerful act of self-expression, they are regularly carefully concealed from outsiders. In *Cut*, Callie covers her self-inflicted wounds by wearing long-sleeved clothing.

In this chapter, I argue that silence is a discursive practice and thus a communicative act (c.f. Kokkola 2003:17). In the narrative, silence communicates through Callie's actions, evasions and gestures. Through her active silence, Callie becomes a member of the community surrounding her. Simultaneously, silence plays a pivotal role in her healing process, since it gives her time and space to acknowledge and accept her own condition. This is done by means of her inner monologues. Despite the communicative power of silence, the discourse of the novel promotes speech as a means of rehabilitation. In the traditional therapeutic discourse, speech is required in order to enter the healing process. In order to remain in the treatment facility and continue seeing her therapist, Callie needs to speak.

In the novel, the silence is gradually broken and Callie is able to verbalise her emotions and discuss her self-injurious behaviour. By describing the overcoming of this silence, *Cut* encourages the young reader to engage in verbalising this phenomenon whether it be from the cutter's or from the onlooker's perspective. Hence, *Cut* contributes to the acknowledgement and normalisation of self-injury as a coping mechanism among adolescents.

Despite the prominent role of the redeeming of voice in the novel the presence of silence in the narrative is nevertheless substantial and requires a thorough analysis. Callie is not passive or disempowered as a silent character. On the contrary, her silence conveys a presence and furthermore can be seen as evoking reformation in her own and her family's state.

The foundation for Callie's silence can be located at home and in the tumultuous events her family has undergone. In addition, Callie's self-injurious behaviour in itself can be seen to provoke silence. These two motivations are intertwined as the silence provoked by self-injury is built upon the home's

atmosphere of silence. In addition to distinct motivations, Callie's silence can also be regarded in relation to different recipients: the family and the patients and the staff of the treatment facility. These recipients are not passive but react to Callie's silence in different ways. They contribute to the construction of this silence. Consequently, silence can also be considered as an inability to be heard (Fuery 1995:103).

Callie's silence is also a dynamic process. Prior to the first occasion of the articulation of her emotions, Callie frequently intends to speak up in situations she considers it adequate. I will treat these situations in detail in chapter four. Callie is also intensely aware of the inappropriateness of her silence in social situations that would require verbal interaction. In addition, Callie employs various forms of non-verbal communication, e.g. gestures, which furthermore transmit the dynamic nature of her silence.

In this chapter, I concentrate on Callie's inability to speak, the underlying reasons for it and the manner in which the other characters react to it in *Cut*. This chapter is closely linked to the following one, which deals with self-injury, since Callie's silence and self-injurious behaviour are directly related to each other because when she is able to speak she also ceases to cut herself. As a theoretical background for this chapter, I use Patrick Fuery's philosophical notions on absence and Christine Wilkie-Stibbs's analytical readings of subjectivity and silence in young adult works of fiction. Firstly, I concentrate on the reasons behind Callie's voicelessness and, secondly, on its actual manifestations and the others' reactions to it in the treatment facility and in the family.

2.2. Reasons for Callie's silence

Cut is divided into three chapters. The first one describes Callie's thoughts and actions in the treatment facility before she is able to speak. In the second chapter, Callie is able to redeem her voice and gradually she reveals the events that led to her silence and self-injury. In the third chapter, the novel deals with Callie and her father's encounter outside the treatment facility that renders Callie with a crystallization of her will to recover.

Callie is the homodiegetic narrator of the novel, who describes her own experiences as a character in the narrative. The narrative is addressed to her therapist, who is the 'you' of the narrative. The therapist is the internal (intradiegetic) narratee of the narrative, whose narrator Callie is. During the period of her aphasia, Callie addresses her thoughts and experiences to her therapist through internal monologues. Since these monologues are not spoken to the therapist, they do not reach her. Consequently, these monologues are directed to the reader, who is the "true" narratee of the novel. This assimilation of the reader into the therapist's role is discussed in more detail in chapter four.

The narrative begins with a session of Callie's individual therapy. During the course of it, she describes her first act of cutting that she, however, relates to her therapist, or to the reader, only in her thoughts. In the fiction's reality she is silent. Through this internal description, the reader is able to deduce why Callie is seeing this therapist. After the therapy session, the place and Callie's daily routines are briefly introduced. At this point, the reader discovers that Callie has been admitted to a residential treatment facility called Sea Pines.

Callie continues by introducing her fellow patients. In the treatment facility, the girls are primarily defined through their disorders, which can be detected in Callie's description: "Most girls are anorexic. They're called guests with food issues. Some are druggies. They're called guests with substance-abuse issues. The rest, like me, are assorted psychos. We're called guests with behavioural issues"(Cut: 10). Hence, Callie is an "assorted psycho" or a "guest with behavioural issues". In other words, her condition lacks a specific name and cannot be classified as the other disorders by the treatment facility's staff. This can partly be an outcome of Callie's own inability to verbalise her condition.

Callie's silence becomes evident in the name that her fellow patients use of her: S.T. for silent treatment. Callie's silence is thus so prevalent that she has been named after it. In fact, S.T. is introduced before her actual name, Callie, is mentioned. Her family is also included in this "silent treatment" as she does not even talk to her mother and brother, who visit her in the treatment facility.

Gradually the situation at home is revealed: Callie's younger brother, Sam, has severe asthma and requires much attention and care. The house needs to be frequently cleaned in order to prevent Sam from having an asthma attack. The mother of the family stays at home with Sam and takes care of him. However, the mother is unwell and requires repose. As a consequence, Callie has frequently carried out all the household chores. The father of the family seems to be constantly absent from home due to his work.

2.2.1. Family

One factor that contributes to Callie's ideology of silence is that it is indirectly required from her at home. This silence is connected to Sam and the mother's need for repose, since they require silence when resting. This indirect need for silence comes about later on in the narrative as Callie describes her completion of the household chores noiselessly (*Cut: 39*) and her watching of the television on mute (*Cut: 81*). Sam's illness, the attention he receives and the mother's exhaustion, do not leave room for the other family members' expression of emotions. Callie does not allow herself to be tired or to show her feelings because this right is, according to her, reserved only to her brother and mother. This manifests itself in Callie's thoughts during one of the therapy sessions: "all at once I *am* tired. Something inside me sags, like a seam giving way. But my brain fights back. My mom's the one who gets tired. My mom and Sam" (*Cut: 39*; original emphasis). The same reaction is also related to crying: "Tears, warm and sudden, sting the corners of my eyes, but I don't cry. Sam cries. My mom cries. I don't cry" (*Cut: 56*). She does not allow herself to be weak or to express her emotions, since she feels it is her duty to be strong and take care of the family when the parents are unable to do it. In this way, she acquires the role of an adult despite being an adolescent.

The other factor that contributes to Callie's aphasia is the untreated traumatic event which preceded Sam's asthma. Two years prior to the time of the narration, Sam suffered a severe asthma attack while the parents were out and the thirteen-year-old Callie had to deal with the situation on her own. At the time, Callie's mother was visiting her sick mother, Gram, at a nursing home, and Callie's father was meant to look after Sam, but instead he went to a bar. Callie was able to

give Sam first aid and find help. Sam was eventually admitted to the hospital, received treatment and recovered. Callie also feels falsely guilty for provoking this asthma attack since she made Sam cry prior to the beginning of the attack.

These events have not been “talked out” and dealt with among the family members. This can be seen in Callie’s difficulties to verbalise the events of the traumatic night to her therapist. The consequences of this untreated trauma can also be seen in the parents’ conduct. Callie’s mother collapses mentally and develops phobias concerning the children’s safety. She is, for example, unable to drive a car, because she is afraid of getting into a accident. Callie’s father deals with the guilt provoked by his neglect by being absent from home and avoiding his family. Callie, for her part, attempts to deal with her guilt by taking responsibility for the household. Eventually, she cannot continue suppressing her anxiety and resorts to cutting herself in order to express and relieve her mental distress.

However, Callie’s parents are not accused of the prevailing situation and on Callie’s silence and self-injury in the narrative. Rather, one is rather dealing here with the accumulation of vicissitudes that none of the family members is prepared to or have resources to face on their own. First, prior to Sam’s asthma attack, Callie’s maternal grandmother, Gram, passes away. This subject is only mentioned in passing on two occasions during the narrative. When Callie’s mother and Sam visit Callie in the treatment facility, Sam mentions the house “[w]here Gram died” (*Cut: 23*). On the night of Sam’s asthma attack, the mother is visiting her mother in the nursing home (*Cut: 101*). The grandmother’s death and the outbreak of Sam’s illness more or less coincide and as a consequence of these events the family’s mental stability is profoundly shaken.

2.2.2. Callie's silence as a rebellious act

In fiction, elected silence, or “verbal anorexia”, can constitute an act of personal rebellion (Wilkie-Stibbs 2002:65). In relation to anorexia, Susan Bordo states that women tend to rebel silently through their body: “Through embodied rather than discursive demonstration she exposes and indicts those [cultural] ideals, precisely by pursuing them to the point where their destructive potential is revealed for all to see”(1989:21). This can be seen to apply especially to Callie's cutting, but it also relates to her silence. Consequently, Callie's silence can be seen in connection to the larger framework of female rebellion. Callie's voicelessness may represent, conscious or unconscious, rebellion against the silence and the responsibility that is indirectly required from her at home. Her self-injurious behaviour and silence can be an attempt to subvert the prevailing situation and direct the attention not only to her own condition but to the whole family's fatigue and thus change the status quo.

Callie's silence can be seen as filled with the family's need to speechify the traumatic events. The family evidently needs outside help and Callie's silence and self-injury provide a way to arrest the attention on this need. By taking the silence surrounding the traumatic events to the extreme and refusing to speak altogether, Callie is simultaneously highlighting this silence. By overt mutism, she forces her parents to reconsider the prevailing situation. Admitting Callie to the treatment facility is a major step and manifests the parent's willingness to change the status quo. Callie's treatment acts as a stepping stone for the whole family's healing process. Evidently, Callie succeeds in this as in the end of the narrative her father indicates that the parents are changing their behaviour patterns:

“After you... left, you know, for... what do you call it? Sick Minds [the patients’ nickname for the treatment facility]?”
I grin; this sounds funny coming from my dad.
“We’re trying harder now,” he says. “Your mom and me. I, um, I’m trying to be around more.” (*Cut*: 170-71; punctuation as in the original)

Hence, Callie’s silence and self-injury has contributed to the parents’ healing process.

2.2.3. Cutting and psychotherapeutic discourse

In addition to the motivations dealt with above, the actual cutting in itself contributes to Callie’s silence. Hurting herself seems to be a taboo subject for Callie since she refuses to disclose to her fellow patients the reason why she is admitted to the treatment facility, i.e. her cutting. The other patients do not know this until another cutter, Amanda, enters the facility and Callie is forced to reveal her disorder. During the group therapy session that Amanda is introduced to the group, the group leader, Claire, directly asks Callie whether or not she can control her cutting (*Cut*: 49). Callie affirms this by nodding and thus actively participates in this revelation. Nevertheless, Callie’s primary reaction to this revelation is anger: “I spend the rest of the session counting the stitches on my sneaker and hating this Amanda/Manda person, hating Claire, hating this whole stupid place. Because now everybody knows why I’m here”(ibid.).

The other girls’ reactions to Amanda’s cutting do not encourage Callie to talk about her cutting or her emotions related to it. When Amanda reveals her arms that are covered with scars for the first time for the group to see, there is a baffled silence: “There’s a gasp from across the circle. Debbie’s hand is clapped over her mouth and the other girls are staring at the new girl”(Cut: 46). In addition, some of

the other girls express negative reactions when they discover that Amanda has been cutting herself also in the treatment facility: “‘Eeuw,’ says Becca. ‘That’s so gross’” (*Cut*: 87). Another patient with substance abuse problems states that “‘They say *we’re* nuts because we like to get wasted,’ Tiffany says, shaking her head. ‘What that new girl, Amanda, what she does, is crazy’”(ibid.; original emphasis). The shock value of cutting is revealed in these immediate and strong reactions. The girls consider self-injury as something extraordinary and terrifying, and more morbid than the other patients’ disorders. According to them, the other girls in the treatment facility suffer from more socially accepted and established forms of addiction, i.e. eating disorders and substance abuse.

Closely related to the difficulty of talking about self-injurious behaviour is Callie’s fear of psychotherapy. Callie is afraid that something she says can lead to a direct diagnosis of her insanity. Her dislike towards the therapist’s notebook embodies this fear: “I hate that notebook because I know some random thing – like your chair reminding me of a dead cow – could end up in there, proof that I’m crazy”(*Cut*: 30). Callie is afraid of the power of words and the way they can change things. Being silent is for her a safe alternative in comparison to speaking, which can lead to her condemnation. She is afraid of being defined and escapes it by being silent.

Callie’s silence is partly motivated by fears and evasions. In addition, her silence provides her with time and space to process her cutting and her new situation before she can verbalise it to her therapist. Silence, then, serves also as phase in her healing process.

I now take a closer look at Callie’s silence in relation to the therapist, the other patients and the family.

2.3. Silence in context

Callie's silence presents a dilemma particularly in relation to her surroundings. She needs to express herself through speech in order to function better in the treatment facility's community and especially in her therapy sessions. Patrick Fuery has highlighted this social dimension of silence in defining it as "not the absence of the voice or noise, but the inability to be heard"(1995:103). Callie's silence is seen here primarily in relation to the treatment facility's community of patients and staff and her family. How do they react to this silence and are they able to discern the communicative power of Callie's silence? And, on the other hand, how does Callie herself react to her own silence in relation to the others?

Patrick Fuery argues that silence can be read as belonging to the discursive practices. He suggests that "an archaeology of silence, like an archaeology of absence, is crucial to the existence, understanding, and operation of all other systems of discourse that are figured as present, presenting, and (re)presenting"(1995:107). I agree with this conception of silence as a significant presence. Nevertheless, in the discourse that *Cut* provides, speech is required in the path to complete recovery. Consequently, my and the novel's standpoints differ to some extent. I consider Callie's silence as an active presence and a communicative act and an initial stage in her recovery process, whereas the therapeutic discourse promoted by the narrative requires speech in order for the recovery process to begin.

2.3.1. Family

With regard to the reactions of Callie's family to her silence, they also intertwine with their reactions to her cutting. However, there can be detected some reactions specifically towards her mutism.

The mother shows bafflement and uncertainty as to how to act with Callie. The mother's response to Callie's silence is highlighted when she phones Callie in the treatment facility: "'Oh dear,' she says, the volume in her voice slipping down a notch, as if she were talking to herself. 'How do I know if you're even there?'" (*Cut*: 59). Callie does not respond to this verbally, but coughs as a sign of her presentness. The mother continues the conversation and Callie affirms her listening by nodding. In this interaction, one can note the essentiality of voice as an indicator of presence. The vulnerability of silence as a means of communication becomes evident when the visual connection lacks. However, despite her silence Callie actively participates in this interaction through gestures.

During the visiting hour, Callie demonstrates attentive behaviour: she hugs her little brother Sam and brings a tissue box to her mother when she sheds some tears. Callie is by no means a passive character despite her voicelessness. In Callie's case "silence does not signal absence; indeed, silence may signal a presentness that words lack" (Kokkola 2003:24). Hence, Callie's silence can communicate even more than her speech. The physical presence is underlined when words lack. Then presentness is not subjected to language which frequently fails to express the true intention of the utterer. There is only the physical presence as an indication of one's existence and interaction.

Callie's younger brother, Sam, does not lose his connection with Callie despite the lack of words: "It dawned on me then that Sam understood. Somehow, he knew – in his weird, wise, eight-year-old way – that I wasn't talking. So he talked for both of us" (*Cut*: 28). They are playing a board game and Sam is leading the conversation. He is able to predict Callie's thought patterns to a great extent. He, for example, tells Callie about his tutor at school when Callie ponders on it (*Cut*: 29). He is able to discern the communicative power of Callie's silence and participate in her discourse of silence.

The reactions of Callie's father to her silence are not revealed as he is absent from the narrative till the third chapter in which Callie encounters him. Until then, he reacts to Callie's silence and self-injury by being absent and concentrating on his work.

2.3.2. Treatment facility

Callie's fellow patients form a relatively closely knit group that, in addition to participating in group therapy sessions, also engages in free time activities. In this group belong Sydney, who is Callie's roommate, Tiffany, Tara, Becca and Debbie. Sydney and Tiffany suffer from substance abuse problems and Tara, Becca and Debbie have food disorders. Tara and Becca are anorectics and Debbie, for her part, is excessively overweight. Among the girls, Sydney and Tara demonstrate the most sympathetic approach to Callie and contribute to the onset of her healing process. Later on in the narrative, a new patient, Amanda, is introduced into the group. She also cuts herself but her attitude towards this behaviour differs drastically from Callie's approach to her own cutting. Amanda openly exposes her scars for everyone

to see whereas Callie strives for concealing them. In addition, Amanda idealizes her self-injurious behaviour and refuses to regard it as problematic and harmful. By providing an antipode to Callie, Amanda contributes even more to Callie's rehabilitation than Sydney and Tara do. I will discuss Amanda's role as a catalyst in more detail in chapter four.

Among the group members, the reactions to Callie's mutism vary from sympathetic to antagonistic ones. At the beginning, Sydney, Tara and Debbie have attempted to communicate with Callie to a greater extent. Debbie, however, has abandoned her attempt and befriended instead with Becca, to whom she acts as a carer (e.g. *Cut*: 85). Tara, and especially Sydney, make individual efforts to communicate with Callie, but do not receive much response from her. Nevertheless, they continue to try to invite her to participate in the group's activities, like playing table tennis (*Cut*: 79).

As a group, the girls mainly ignore Callie in the collective decision-making. The attitude of the group towards Callie's silence is manifested in Debbie's remark when the group discusses the foods each of the members prefers: "We don't know about her," I hear Debbie say. "She doesn't talk." (*Cut*: 50). Amanda has recently been introduced to the group and this remark provides an introduction of Callie to her. It is notable that here again Callie is primarily defined through her silence.

Among the group members, Amanda is the one who truly challenges Callie's silence and even tantalises her on account of it. When Callie receives her mother's phone call, Amanda remarks sarcastically: "Hey, how do you give someone the silent treatment over the phone? I mean, how do they know if you're even there?" (*Cut*: 58). And she continues: "Don't worry," she says. "I won't listen

to you not talking””(ibid.). Hence, Amanda is questioning Callie’s silence as an effective means of communication by overtly, although sarcastically, criticising her behaviour.

As mentioned above, Callie is named primarily after her silence. Sydney is the one who has named Callie S.T., which stands for silent treatment. Sydney’s naming is not malicious but rather affectionate in tone. The nickname, silent treatment, in itself also incorporates the idea that Callie’s silence is an act of will and controlled by Callie. Ordinarily, one actively *gives* silent treatment to others due to indignation. Being silent is thus a method of expressing one’s anger or disapproval. However, in Callie’s case this epithet is misleading as Callie is not conveying disapproval towards others but her motivations lie in internal obligations and fears. The labelling of Callie’s silence as an intentional act reoccurs when the treatment facility’s staff state that Callie is resisting treatment and thus demonstrating “Oppositional behaviour”(Cut: 59). Callie herself reacts to this and denies it: “Oppositional behaviour. It sounds so premeditated, so on purpose”(ibid.). Callie, then, fails to acknowledge the intentionality her silence.

By giving a nickname to Callie, Sydney regards her as a member of the group. This is also in line with Sydney’s tendency to provide epithets to locations: she has labelled the treatment facility, Sea Pines, as Sick Minds and a ward in the treatment facility called Hammacher as Humdinger. Callie is thus named in connection to her surroundings. She is connected to the location, the treatment facility and in this context her defining feature is silence. In fiction, this kind of naming is typical for the silent subject as, according to Wilkie-Stibbs, the “loss of language makes them into non-subjects who, symptomatically, lack a proper name” (2006:330). Callie also lacks a proper name. Her silence is the principal defining

feature also in the narrative as her nickname is introduced prior to her actual name, Callie. Despite the lack of a proper name Callie cannot be seen as a non-subject, since her silence provides her with at least partial subjectivity.

From Callie's perspective, the general atmosphere of the treatment facility promotes the role of speech. The demand for speech is almost constantly present for Callie: in addition to her individual therapy session and the interaction with her family, there are the daily group therapy sessions in which she is expected to speak. She, for example, enjoys being escorted by Ruth, a quiet and reserved fellow patient, who, in contrast to the other patients or members of staff, is not "going to try to make me talk" (*Cut*: 20). Here Callie regards Ruth's silence as devoid of demands.

In relation to her therapist, the role of Callie's mutism is furthermore highlighted. The ideology of traditional psychotherapy is based on the prerequisite of speech. According to the concept of the Freudian "talking cure" verbalisation of emotions and experiences is needed in order to recuperate (e.g. Goldenson (ed.) 1984:779). When Callie refuses to utter a word during the therapy sessions, she is challenging the whole function of psychotherapy. The roles are clear as the therapist has indicated from the beginning that Callie is responsible for the discussion during the sessions: "You say it's up to me to do the talking" (*Cut*: 7). As Callie does not follow this founding principle of therapy, this form of treatment is threatened with termination. Finally, however, Callie is able to participate in the psychotherapeutic discourse and verbalise her thoughts. She accepts the role of therapy and speech in her healing process.

During those therapy sessions that Callie is silent, she is by no means mentally passive or lethargic but frequently undergoes an internal hypothetical

dialogue with her therapist (e.g. *Cut: 22*). As mentioned above, the therapist is the intradiegetic narratee of the narrative. In these dialogues, Callie fulfils the principle of the talking cure, which later facilitates her full integration into the psychotherapeutic discourse.

Occasionally, instead of immersing into these internal dialogues, Callie attempts to concentrate her mental capacities on simple, cognitive actions. During individual therapy, she, for example, memorises the colours of the wallpaper (*Cut: 38*) or concentrates on observing a crack in the ceiling (*Cut: 77*). In group therapy, she concentrates on memorising physics formulae or the colours of the cars in the car park (e.g. *Cut: 11 & 14*). These are a form of escapism: this way Callie is able to avoid facing her mental distress and the thoughts related to it. They can also be seen kin to Callie's cutting as it also provides a means for avoiding the mental pain by transforming it into physical pain. Cutting also produces a tangible object on which to concentrate one's attention and thus temporarily precludes distressful thoughts and feelings.

There are hints of communication during the individual and group therapy sessions that Callie is silent. The therapist, the group leader and the patients' utterances provoke different feelings and bodily gestures in Callie. She, for example, folds and unfolds her hands and feels embarrassed for Sydney in group therapy when the families' visit is discussed (*Cut: 16*). Callie describes feeling like running, when the therapist asks her about her father (*Cut: 128*). These gestures and feelings and the cognitive processes Callie relies on convey both her ability to feel empathy for others and how difficult it is for her to deal with certain themes, like her father's behaviour. Callie's feelings of empathy demonstrate her readiness to intersubjective communication: her silence is not solipsistic in nature.

Callie's silence includes power. This is acknowledged by Callie's therapist: "Sometimes when we're in situations where we feel we're not in control, we do things, especially things that take a lot of energy, as a way of making ourselves feel we have some power" (*Cut*: 40). However, according to the therapist, Callie's empowerment would become more complete with regard to herself and her surroundings if she would communicate through language: "You'd have so much more power... if you would speak" (*ibid.*; punctuation as in the original). Here speech is seen as primary in relation to silence as a communicative and empowering act.

When the therapist is threatening to terminate Callie's treatment due to her uncommunicativeness, Callie realises the loneliness her silence is about to provoke: "it occurs to me that I'm alone – really alone – the first time since I got here" (*Cut*: 55). As a consequence, she attempts to speak: she goes to the toilet, flushes it and tries to speak so that the roar of the flush would cover her voice, but apparently she fails. After this she almost throws up, which shows how great an effort the attempt to change the situation and speak presents to her (*Cut*: 56). Callie attempts to integrate into the praxis of communication via speech.

When Callie is finally able to speak to her therapist, her fear of speech is dealt with. Callie is able to convey that she is afraid of talking, but as yet she does not know why (*Cut*: 67-8). She is also afraid of the power of words, what they may convey and the consequent actions of the therapist: "What will you do to me?" (*Cut*: 68). Callie continues: "I feel...' I clear my throat and will the words to come out. 'I feel like I'll be losing'" (*ibid.*; punctuation as in the original). Callie is afraid of losing her control over her own behaviour and verbalising her self-injurious behaviour.

Hence, the act of speech represents here to Callie at least a temporary decrease of power and subjectivity.

Callie's silence is not a fixed state but an on-going, dynamic process. She is constantly struggling between speaking and not-speaking. Although Callie's silence is partially an act of will, she is, however, unable to control it entirely: she would frequently desire to verbalise her thoughts and observations. This is the case, for example, with Becca's behaviour. She is an anorectic girl who Callie witnesses hiding her food and throwing up in secret, although she should be eating properly. Becca suffers from palpitations due to dehydration (*Cut*: 108) and is consequently transferred to another ward. Callie feels guilty for not being able to talk about Becca's behaviour to any member of the staff. She considers it her responsibility to intervene. Eventually, this guilt increases to the extent that Callie is able to verbalise it to the others in a group therapy session (*Cut*: 117-18). This constitutes the first time Callie speaks to her fellow patients and paves the way for the verbalisation of the guilt related to Sam's asthma attack. I will treat this in more detail in chapter four in relation to the redeeming of her voice.

Repeatedly, Callie is not physically able to speak although she would mentally be willing to express herself in speech: "I willed myself to speak, but nothing happened. I sent commands from my brain to my mouth. Nothing" (*Cut*: 27-8). On the other hand, sometimes it is laborious for Callie to resist making a sound. She, for instance, almost laughs at out loud at Sydney's joke in the linen line and is forced to escape from the scene in order to avoid making a sound in front of the others (*Cut*: 43). She is not yet ready to disclose her emotions and thoughts to the other patients.

Callie is wavering between these two modes – silence and speech – and is strictly controlling her behaviour both consciously and unconsciously. As yet, however, Callie does not have enough strength to change the status quo. One can say that there is still a dynamic deficit in Callie’s subjectivity.

Among many other things, silence can represent a negation of the self to the self (Fuery 1995:101). This is also the case with Callie: her silence epitomises her denial of the fact that she is ill. Callie enjoys quiet places where she can withdraw from the company of her fellow patients. She considers the presence of the other patients as an indication of illness or insanity:

Sometimes, like when I’m in Study Hall or the games room, I can pretend that this place is a boarding school, but when all the guests from all the other groups are together in the cafeteria shouting and laughing and arguing and eating, you know you’re in a loony bin.
(*Cut*: 30)

It is not only the presence of others but their expression and interaction with each other that Callie finds disturbing. In silence, Callie can cling to the illusion that nothing is wrong with her. In addition, in places where silence is required, such as the Study Hall, her not speaking does not stand out: “at least in here, I’m actually displaying Appropriate Behaviour” (*Cut*: 19). In the Study Hall, Callie is able to behave as the staff expects her to behave. This allows her to feel at least temporarily “normal” and a legitimate member of the treatment facility’s community.

However, although Callie dislikes noise, on some occasions she needs it. Noise stands for the presence of others and also safety: she is not able to fall asleep without hearing a voice, be it the squeak of Ruby’s shoes (*Cut*: 34) or the sound of Sydney’s rhythmic snore (*Cut*: 34, 37 & 52). Later on in the story, she is woken up in the middle of the night by absolute silence, because it is unusual that

there is no sound indicating the presence of other people. This contradictorily makes her feel awkward as in other occasions she wilfully seeks silence. Consequently, Callie's approach towards the silence around her and her own mutism is highly contradictory and also heterogeneous in nature.

By being silent Callie does not lack presence nor power, but is able to achieve a sense of control over herself and her conduct. In addition, through silence she can avoid dealing with difficult themes. Silence provides her with space to process her cutting and her situation internally before verbalising it to others. The fact that Callie is an active observer capable of empathy indicates that part of her is willing to heal and the positive outcome of the narrative is thus foreshadowed.

Although in *Cut*, silence does not provide Callie with full subjectivity, it nevertheless provides a strong presence that underlines and draws attention to the unmanageable situation in which the family is located. In Callie's silence, one can detect communicative signs that facilitate the redeeming of her voice and her recovery.

In the following, I shall analyse the representation of self-injury in the narrative.

3. Self-injury

When hidden pain starts to speak, it will speak silently. Its voice may appear as a cut on the leg, a burn on the arm, skin ripped and scratched repeatedly. There will be no sound, not any, only unfelt and silent pain which makes its appearance in another pain, self-inflicted, and when that second, collateral pain emerges, it will articulate in blood or blisters the open definition you desire, although it may not be in a language you care to see. This, it says, is pain, and this is real in any language you care to speak.

-Janice McLane in *The Voice on the Skin* (1996:111)

The cutter performs her act in private and in secret. The wounds and the pain incorporated in the process are rarely available for others to see. Nevertheless, it is only when the wounds have been observed by others that they acquire their true expressive power. Witnessing the wounds and the scars frequently provokes extreme reactions on the observer that can vary from profound sadness to fury. While engaging in cutting, the cutter may not consciously acknowledge her wounds as interpretable signs. The cutter may, in effect, succeed in concealing her scars for a long period of time. When the amount of the cuts and scars increase and they become harder to conceal, it is likely that someone will be able to perceive them. As a consequence, self-injury is inevitably practised in relationship to others. Despite being performed in private, self-injury is not entirely private in nature but encompasses a social dimension. Cutting, then, may be solitary and personal, but it is not private or devoid of social dimension (c.f. Ahmed 2004:29). In *Cut*, in addition to Callie's family, there is a whole hospital community related to Callie's self-injurious behaviour.

In this chapter, I investigate the multiple meanings self-injury receives in this novel. I first situate cutting by studying the underlying ideology of self-injury and the purposes it fulfils in *Cut*. I discuss self-injury as a form of self-care and self-expression and outline the concept of pain in relation to it. In addition, I compare the ideology of running with that of self-injury. Finally, I do a case-by-case close reading of each act of cutting depicted in the novel. With regard to the theoretical framework of this chapter, I mainly refer to Armando R. Favazza's clinical definitions of self-injury and Sara Ahmed's philosophical notions on pain.

3.1. Situating cutting

In the context that *Cut* provides, silence and cutting serve slightly distinct functions as communicative acts. As mentioned in the previous chapter, silence renders Callie with a means through which to highlight the whole family's need for verbalisation of their collective distress and subsequent rehabilitation. Cutting, for its part, has provided the impetus for the whole treatment process, since cutting is the reason Callie has been admitted to the treatment facility.

The emotions mediated through cutting are rudimentary in nature. The wounds and the scars, although representing various details for the cutter herself, only manage to convey non-specific distress to others. The signs of self-injury do convey a clear and gripping message of psychological pain, but despite their shock value, they fail to provide a basis for elaborate communication. Nevertheless, the act of self-injury incorporates the will to manifest and eventually verbalise one's emotions that is, in the discourse of *Cut*, considered to enable the recovery from

distress. In the case of Callie, the will to express herself resides already in the very act of cutting herself. Only the medium of this self-expression needs to be elaborated.

In comparison to silence, self-injury can be regarded as provoking a more immediate effect than silence does. Although in Callie's case, silence is indeed impregnated with presence and highlights the need for speech, I argue that in self-injury this presence is even more tangible especially in relation to others. Witnessing self-inflicted wounds or scars tends to provoke an immediate reaction, whereas silence's impact may require more time and space. This can be seen in *Cut* in the other patients' immediate and strong reactions when they witness Amanda's scars and discover that she has also been cutting in the treatment facility (*Cut*: 46 & 87). Their reactions to Callie's silence are not as strong or immediate. Cutting as a means of communication is more economic in nature than silence as it can convey intense emotions in small space and period of time. This does not, however, mean that self-injury as a means of communication would be superior to silence but these two modes only function in different ways.

The concept of pain is also closely related to self-injury. In the case of cutting, the division between psychological and physical pain proves inadequate since in it these two forms of pain emerge into each another. The cutter converts the psychological pain into a physical one by producing wounds on her skin. These wounds can be seen as physical manifestations of mental pain. Although these two forms of pain emerge here, the role of physical pain is foregrounded. The underlying ideology of self-injury in the mind of the cutter is that physical pain provides a more legitimate and acceptable form of suffering than psychological pain does. This can be seen to reflect the prevailing, societal conceptions on pain, since physical pain still receives more attention, funding and treatment than psychological pain in our

society. Physical pain is more ‘real’ and mental pain has the stigma of being secondary, auto-controlled or easily feigned. The precedence of physical pain is echoed in Callie’s cutting since she prefers inflicting cuts on her skin to dealing with mental distress.

What *Cut* as a novel contributes to the studies on self-injury, is a description of cutting as a legitimate psychopathological condition. Although self-injurious behaviour may overtly appear as absurd and destructive, positive aspects and the possibility for self-expression are closely related to this behaviour. Primarily, self-injury provides the self-injurer with a vital coping mechanism. The traditional conception of pain as negative and invalidating is challenged in the context of self-injury, since pain is here seen as constructive rather than destructive.

In addition, by situating practically the whole of the narrative in a treatment facility, *Cut* contributes to the establishment of self-injury in the arena of mental conditions. Cutting is not merely regarded as a random manifestation of teenage angst but as a sign of grave mental anxiety and distress. In the novel, a cutter is situated in the same treatment facility together with patients who suffer from substance abuse problems and eating disorders. Hence, self-injury is portrayed alongside with these more established conditions, which indicates that self-injury serves to be treated as equal to them. The narrative raises self-injury to the position it deserves as a widespread phenomenon among adolescents together with eating disorders and alcohol or drug abuse. In addition, locating the narrative in a treatment facility might be seen as contributing to the image of self-injury as socially isolated phenomenon. However, the narrative succeeds in attaching self-injury in the social praxis by describing the protagonist and her fellow patients as essentially ordinary

teenage girls. Hence, *Cut* contributes to the normalisation of self-injury and the people who engage in it also from the perspective of characterisation.

3.2. The multiple functions and meanings of self-injury

Self-injury does not take place in social or cultural vacuum, but has a history and a setting. Self-harm also includes socially accepted forms that are, however, frequently overlooked. The wide scope of self-harm and its manifestations are extensively dealt with by Maggie Turp (2002). Turp includes among the culturally accepted manifestations of self-harm, for example, such seemingly mild forms of self-harm as smoking and overworking (2002:10). Among the more severe forms of self-harm she includes eating disorders and alcohol and substance abuse (ibid.: 37). These are precisely the disorders that Callie's fellow patients suffer from in *Cut*. Although these disorders are incorporated in the same field of self-harming activities as self-injury proper, the girls treat Callie's (and Amanda's) cutting as deviant.

Self-injury, or cutting, can fulfil various functions depending on the person who engages in it. It can serve, for example, as a means of tension release and return to reality or as an establishment of control and security. Cutting can be used for replacing unbearable and vague psychological pain with more bearable and localisable physical pain. Cutting oneself can also be seen as a form of self-punishment (Favazza 1996:243-5). In Callie's case, I consider that the functions of dealing with unbearable emotions and fears, establishing bodily borders and self-expression are the main purposes of her cutting.

3.2.1. Self-injury as self-care and the concept of pain

Self-injury provides the self-injurer with a coping mechanism that strongly embodies the idea of treating oneself. Cutting can even be seen as a way of avoiding suicide. In effect, superficial laceration of skin tissue does indeed provide a more secure alternative in comparison to ending one's life: the outcome is far less destructive. Nevertheless, a common misconception of self-injury involves the idea of self-injury as a (failed) suicide attempt. This is not the case, and also Favazza argues that "[s]uicide is an exit into death, but self-mutilation [sic] is a re-entrance into a state of normality"(1996:271). This misconception of self-injury as a suicide attempt occurs also in the narrative in relation to Amanda. According to her, she has been admitted to the treatment facility, because her teacher believed she had attempted to commit suicide (*Cut*: 47). Amanda herself denies this adamantly, when the other patients question her. The life evoking aspect of self-injury occurs in the passage where Claire, the leader of the group therapy sessions, questions Amanda on the subject:

"Does it make you feel better?" Claire says.

"Absolutely." Amanda/Manda shifts in her chair. "It's a high. I mean, you feel amazing. No matter how bad you felt before. It's a rush. Like suddenly you are alive."(*Cut*: 48)

Amanda portrays self-injury through its drug-like capacity to evoke enjoyment. At the same time, it is a form of self-treatment and thus embodies the idea of care. Firstly, for the self-injurer, physical pain provides a more pleasant option to the psychological anxiety and distress. Secondly, the physical wounds produced by cutting usually require treatment and care. As a consequence, the cutter frequently becomes an expert in bandaging her wounds.

In addition, tattoos, body piercings and other forms of painful body decoration can also be considered as socially acceptable forms of self-harm. In *Cut*, these culturally accepted forms of self-harm are explicitly invoked by Amanda when she defends her self-injurious behaviour: “Listen, I don’t see how what I do is so different from people who get their tongues pierced. Or their lips. Or their ears, for Chrissakes”(Cut: 47). She also directly relates her cutting to tattooing: “It’s body decoration. Like tattoos”(ibid.). Through Amanda, cutting is also situated in a historical continuum in *Cut*. She comments on the historical dimension of cutting by referring to bloodletting as a means of treating illnesses as follows: “‘You know, they used to bleed people all the time back in the old days,’ she says. ‘When they were sick.’”(Cut: 48) Although Amanda here fallaciously parallels psychopathological self-injury with socially acceptable forms of self-harm, she, nevertheless, provides a background for this condition. Subsequently, in addition to establishing self-injury as a legitimate mental condition, the narrative manages to situate cutting in a social and historical continuum.

Self-injury as a method for existential certainty and providing the self-injurer with bodily borders is recognised, for example, by Armando R. Favazza:

[C]utting causes blood to appear and stimulates nerve endings in the skin. When this occurs cutters first are able to verify that they are alive, and then are able to focus attention on their skin border and to perceive the limits of their bodies. The efficacy of this process is startling; skin cutting almost always terminates episodes of depersonalisation. (1996:148)

Depersonalisation is used by psychiatrists to describe dissociation, i.e. “an altered state of consciousness in which parts of mental functioning split apart and awareness is restricted” (Hicks 2005:107). This is relevant in relation to Callie since she experiences dissociative symptoms during her cutting episodes. Consequently, one of the functions of her cutting may be the intention to rid herself of the feelings of

dissociation or depersonalisation. I will treat the manifestations of these symptoms in more detail in the following section.

In relation to Sartre's *Nausea* ([1938] 1999), Kenneth Douglas treats the protagonist's self-injurious behaviour as a similar intention towards regaining a sense of bodily unity. He suggests that "by thrusting a penknife into his hand the main character 'nihilizes' the contingency of his body and redeems his body, finds it, gives it to himself"(1952:125). However, as Douglas continues, the feeling of unity provided by this act is only temporary in nature: it is merely "a fleeting illusion, dissipated in the moment of actualization"(ibid.). This illusory nature of self-injury also becomes evident in *Cut*. The relief that cutting provides for Callie is only momentary: the act needs to be repeated in order to regain the feeling of unity.

The idea of pain as a source of self-realization is echoed, for example, in Elaine Scarry's conceptions of pain. She maintains that feeling pain implies having certainty (1985:13). Similarly, self-inflicted pain provides the cutter with an affirmation of her own existence, which she cannot otherwise obtain. Sara Ahmed elaborates this line of argument and suggests that "[i]t is through the intensification of pain sensations that bodies and worlds materialise and take shape, or that the effect of boundary, surface and fixity is produced"(2004:24). However, in contrast to the usual reactions to pain as negative, in self-injury, the self-injurer regards this pain as something positive and empowering.

In Callie's case, cutting represents a means of coping with unbearable emotions. This is explicitly commented on by the therapist: "I think you've come up with a way to deal with feelings that you find overwhelming. Overwhelmingly bad, overwhelmingly frightening." (*Cut*: 91). In addition to providing a method for dealing with unbearable emotions self-injury can be seen as *conveying* those

emotions. In Amanda's arms, one can tangibly detect the self-expressive nature of self-injury since Amanda has literally written her thoughts onto her skin: "Scatched into the skin above her wrist are words. In pink scar tissue on one arm it says 'Life.' On the other it says 'Sucks'" (*Cut*: 48). As yet another way to justify her cutting, Amanda evokes the individual rights of freedom: "It's freedom of expression, right?" (ibid.). Amanda applies here the principle of freedom of speech to self-injury and thus equates it with other means of communication. In her line of thinking, the skin is a valid expressive space, which can be modified according to her will.

When Callie attempts to convey her emotions through self-injury, it provides an inadequate tool for elaborate communication. Callie intends to communicate but her message fails to reach out to the people around her. They cannot understand Callie's "language" and its subtleties, because self-injury as a means of communication lacks complexity and because it is so different from the standard means of communication. The others cannot decipher Callie's system of signifiers: by injuring herself, Callie communicates "through a set of signifiers articulated in a system which is not heard within a certain paradigmatic and syntagmatic register" (Fuery 1995:106). Callie is only partially heard via self-injury. Help has been provided for her, as she has been sent to the treatment facility, but without speaking she is not able to communicate her needs any further than that. In order to be heard by her therapist and her parents, she needs to change her means of communication. And she succeeds in it by eventually beginning to speak, which shall be discussed in the following chapter.

The concept of pain requires definition in this context as it differs from the traditional notions of pain which regard it as something negative and invalidating. The division between mental and physical pain both applies and does not apply in

relation to self-injury. On the one hand, the cutter relies heavily on physical forms of pain since it is precisely this form of pain that provides her with the self-perceived amelioration of her current state. Consequently, the cutter foregrounds physical pain since she regards it more preferable than psychological pain. However, it is not the physical pain as such that the cutter strives for but the positive effect it creates, i.e. relief from mental distress.

On the other hand, physical and psychological pain can be seen as momentarily merging into each other in self-injury. From this perspective, the division between psychological and physical pain does not apply here. The intention of the cutter is to replace the vague mental pain with a precise physical pain that is tangible and easily treatable. In the act of cutting oneself, one actually for a moment ignores the existence of this psychological pain. The wound that is thus produced replaces the emotional distress and provides a localisable and visual physical stimulus. This stimulus, however, displaces the mental distress only temporarily. The appearance of physical pain does not signify that the mental distress would disappear, but it is only temporarily placed into the background.

From the cutter's perspective, physical pain is seen as the "easier" form of pain in comparison to mental anxiety. A physical wound is localisable, visible and easily treatable. By temporarily converting her mental pain into physical form and treating this physical outcome, the cutter simultaneously attempts to treat her psychological distress. Here one can detect the symptomatic preference for physical pain as a socially more acceptable form of pain. The cutter, too, prefers physical to psychological pain.

3.2.2. Running and cutting compared

In Callie's case, the ideology of self-injury can be seen as a reflection of the ideology incorporated into athletics. Callie is a runner and the first scene of the narrative takes place in a running competition (*Cut*: 7). Callie fails in the competition and eventually strays away from the racetrack, runs home and engages in her first act of cutting. This and the other occasions of Callie's cutting will be studied in more detail in the following section.

The basic principle in running, and in sports in general, is the improvement of one's performance by encumbering one's physical abilities. This is done by regular repetition and strenuous practice. In fact, the idea of suffering physically in order to develop oneself is included here. One is required to exert oneself physically in order to become a better athlete. The outcome of this striving is ordinarily positive since, as a consequence of rigorous practice, the athlete is able to improve her performance.

This positive outcome can also be seen in relation to individual athletic performance. For example, an individual successful run usually bears with it a sense of well-being, which is enabled by neurochemical processes in the brain. This feeling is commonly known as the "runner's high", which can explain the addictive impact of physical exercise. There is also evidence that similar kind of neurochemical processes take place when a person engages in self-injury (e.g. Smith 1999:42). In *Cut*, Callie is also described to feel satisfaction and relief after cutting herself (*Cut*: 9 & 26). In addition, in the narrative, the neurochemical dimension of cutting is explicitly commented on by Amanda, who describes the feeling followed by cutting as an "endorphin rush" (*Cut*: 48).

In the novel we can detect a parallel between athletic performance and self-injury. The idea of suffering as a prerequisite to success and satisfaction has already been incorporated in Callie via running and competing. She has already internalised the idea of suffering in order to improve oneself. I would thus argue that although not precisely provoking self-injury, Callie's running can be seen as promoting the line of thinking that is required in order to engage in self-injurious behaviour. By cutting herself, Callie only resorts to a more harmful form of suffering than by running.

Running also relates to Callie's cutting since it provides an escape from mental distress. By running, Callie is able to escape from her distressful thoughts and emotions. She herself comments upon her running and justifies her affinity with it by her lack of emotions while engaging in it: "I don't feel much.' ... 'That's sort of why I like it [running].'" (*Cut*: 82). Running provides a temporary oblivion of mental distress in a similar manner as cutting does. Athletics represents only a more beneficial and socially acceptable coping mechanism than self-injury.

Having provided a background for Callie's cutting, let us now take a look at each individual act of cutting in the narrative.

3.3. Cutting – a close reading

As mentioned, Callie follows the typical behavioural pattern of cutters by cutting herself in solitude. Despite the solitary nature of cutting, its motivations and impact lie in the social praxis. Each time Callie cuts herself it is done in relation to her surroundings. Sara Ahmed has underlined the social dimension of pain since pain

always implies a relationship to others and “while the experience of pain may be solitary, it is never private”(2004:29). This also applies to Callie’s cutting and experience of pain. The existence of her self-inflicted wounds and scars, the markers of her pain, are eventually discovered by others, which involves them in her experience of pain.

There are altogether three occasions in which Callie is described as injuring herself in *Cut*. The first act of cutting takes place at her home and is described in retrospect, whereas the latter ones occur in the treatment facility. All of them occur in the first of the narrative’s three chapters, which underlines the direct connection between Callie’s silence and self-injury, since it is precisely at the end of the first chapter that Callie regains her voice. In the following chapters, Callie has ceased cutting herself and has simultaneously acquired the ability to verbalise her distressful emotions and thoughts.

3.3.1. The first act of cutting

The first of the cutting scenes takes place at the very beginning of the narrative. The cutting has occurred prior to Callie’s admittance to the treatment facility and is thus depicted in retrospect. It is Callie’s individual therapy session and the therapist asks her: “Can you remember how it started?”(*Cut*: 7). As a consequence, the scene that Callie depicts in the following can be regarded as her very first act of cutting. As discussed in the previous chapter, Callie relates the events inside her mind and does not speak anything to the therapist.

This initial cutting experience took place after a running competition. Callie has been placed last in the race. This is not the first time that Callie is doing

poorly in a running competition, since she herself states that “[e]verybody had passed me, just like the week before and the week before that”(ibid.). Consequently, Callie’s self-perceived continuum of athletic failures serves as a background for the cutting scene.

In the scene depicting the race, one girl has not yet passed Callie. Soon the girl reaches her and eventually Callie is left behind (*Cut: 8*). Presently, Callie experiences a memory gap: “But what scared me, really scared me, was that I couldn’t remember the moment when I’d stopped seeing her”(ibid.). This is an indication of Callie’s dissociative symptoms that are to reoccur in each of the cutting scenes. According to James Hicks, memory gaps are a common manifestation of dissociation that is produced by traumatic events (2005:107-8). Callie’s dissociative symptoms may be the consequence of prolonged mental stress provoked by the situation at her home or they can be a direct result of a traumatic event. This traumatic event would be the witnessing of her brother’s severe asthma attack. Although this has happened two years before, as is revealed later on in the narrative, Callie still suffers from its impact since the event has not yet been dealt with in her family.

When Callie loses the sight of her fellow competitors, her loneliness and isolation deepen: “And I knew then that if I couldn’t see her, no one could see me”(Cut: 8). Since no one is able to see her, she strays away from the racetrack and runs away. Eventually, she arrives home. The sounds of the competition, i.e. applauses and whistles, serve to reinforce Callie’s sense of loneliness. The contrast between the outer world and her solitary existence can also be detected in the contrast provided by the neighbour families and the emptiness of her own home:

I slowed down, walking past houses with windows of square yellow light where mothers were inside making dinner, past houses with windows of square blue light where kids were inside watching TV, to our house, where the driveway was empty and the lights were off.. (ibid.)

Through this solitude and emptiness, both a mental space for Callie's solipsism and a practical space for her cutting are provided.

The psychosomatic symptoms reoccur at home. When Callie turns the light on, she experiences a temporary distortion of perspective: "The kitchen slid sideways, then righted itself"(ibid.). The feeling continues: "The room tilted left, then right, then straightened out"(Cut: 9). These descriptions convey Callie's experience of vertigo that can be an indication of depersonalisation. Consequently, one of Callie's motivations for cutting herself would be to readjust the distorted worldview caused by this episode of depersonalisation.

Next, Callie leans on the dinner table and observes the items on the table. Among them, there "was a special craft knife with the word EXACTO on the handle. It was sleek, like a fountain pen, with a thin triangular blade at the tip"(ibid.). Afterwards in the narrative, one is able to discern the mother's implicit presence in the scene as it is the mother who does crafts in the family and the knife in question is apparently hers. The clarifying effect of self-injury is crudely highlighted by this knife that is labelled "exacto". The knife embodies the exactness of articulation that cutting provides for Callie. Self-injury as a method of self-expression comes also about in the same passage as the knife is directly compared to a tool of more conventional mode of expression, i.e. a fountain pen. This likeness emphasises Callie's inability to express herself through writing or speech. Callie cannot talk, or write, out her emotional distress and hence conveys it instead through self-injury. With the knife that Callie uses to cut herself, she 'writes' her pain in her flesh, because she is not able to express it in any other way.

First, Callie tests the knife on a doily and on a ribbon that come undone easily due to the knife's sharpness. Then, she places the blade "next to the skin on [her] palm"(ibid.). A physical response follows immediately: "A tingle arced across my scalp"(ibid.). Then, the dissociative symptoms surface again and Callie's character splits temporarily: "The floor tipped up at me and my body spiralled away. Then I was in the ceiling looking down, waiting to see what would happen next"(ibid.). According to Hicks (2005:108), similar "out-of-the-body" experience is a common form of dissociation or depersonalisation. Through cutting herself, Callie is able to contact with her body and thus control it. Cutting apparently terminates this split experience and hence Callie is able to reclaim her body and experience unity. By cutting herself, Callie defines the outlines of her body.

Once Callie has cut herself and blood is coming from the wound, she waits for the bubble of blood to burst. Once it has done so, she "felt awesome. Satisfied, finally. Then exhausted"(Cut: 9). The cutting and especially the sight of blood provides her with positive feelings and satisfaction. In the end, however, she feels exhausted because of the energy consumed in and by the act of cutting.

On this occasion, Callie's cutting can be seen as a punishment for her failure in the running contest and as a form of ending the psychosomatic symptoms she experiences. However, the outcome of the cutting seems primarily to provide her with positive feelings and relief instead of serving as a punishment. The tiredness that Callie feels after the cutting can also be related to the relief that cutting has provided for her. By hurting herself, she is able to temporarily escape her distressing emotions and thoughts.

3.3.2. The second act of cutting

The second occasion that Callie is described cutting herself occurs in the treatment facility and is also related in retrospect in Callie's thoughts. It is significant that this incident of cutting takes place during her mother and brother's visit to the treatment facility.

At first, the visit seems to proceed agreeable, since Callie embraces her brother and he hands him a self-made card. Nevertheless, according to Callie, her mother appears tired and begins massaging her forehead once she has entered the treatment facility's reception room (*Cut: 22*). Presently, the mother sheds some tears, and Callie hands her a tissue. They all sit down on a sofa and the mother attempts to lead a conversation. Callie examines the car park through the window in search of her father but he has not accompanied her mother and brother to the treatment facility. Gradually, Callie's psychosomatic symptoms begin to surface and she remarks feeling dizzy while observing her mother folding her tissue (*Cut: 25*). This sense of vertigo reinforces itself immediately subsequent to the mother's statement that the insurance company refuses to finance Callie's treatment due to the self-inflicted nature of Callie's condition. Callie describes her dissociative feelings again through visual perceptions: "The reception room lifted off the foundation, floated for a second, then became solid again"(ibid.). The splitting of the character reoccurs subsequently: "The room hovered in the air again, then the floor slid away and I was in the ceiling looking down at a play. The character who was the mom was still talking; the one who was me was fiddling with a piece of thread from the couch"(*Cut: 25-6*). Callie has again turned into an outside observer of her own actions. During this phase of depersonalisation, Callie's 'self' shifts from the position

of a subject to an observable object. Hence, even inanimate objects (like the reception room) seem to be the ones which act and have subjectivity and not her.

From the ceiling, she observes herself moving towards the toilet. In the toilet, she chafes her wrist onto the edge of a paper towel dispenser in order to create a cut on her skin. She describes this incident of cutting as follows:

It was like my whole body was just this one spot on my arm that was begging to be scratched, carved, cut – anything, anything – for relief. There was a jab, bright beads of blood, and finally I was OK. I pulled my shirtsleeve down, pressed my cheek against the cool tile wall for a minute, then walked back into the reception room like everything was fine. (*Cut*: 26)

The idea of her wrist and consequently the wound as representative of the entire body arises in a concrete manner here. The wound serves as a metonym for Callie's body. By cutting herself, she situates herself inside her body and terminates the sensation of splitting. In addition, through this single wound she is able to release tension and ameliorate her comprehensive mental condition. One can also note that again the appearance of blood is the aspect that provides Callie with relief. By pressing her cheek on the tile wall, Callie repeats the ideological pattern of cutting, since she seeks a sensory means of calming herself down.

When Callie re-enters the reception room, she finds it empty and consequently experiences bewilderment. Here she feels the need to begin running (*ibid.*), which resembles self-injurious behaviour since it also provides a bodily means for avoiding and venting one's emotional distress. The ideological pattern of self-injury as escape is thus furthermore repeated in relation to this second act of cutting.

On this second occasion of cutting, Callie's behaviour can be seen as a coping mechanism in a distressing situation. Her mother and brother transmit the problematic situation at home and deliver it to the treatment facility. Her father's

absence clearly disappoints Callie. These negatives contribute to Callie's dissociative symptoms that gradually gain ground in her during the meeting with her family. Cutting serves again as a means to terminate this period of depersonalisation. The information about the insurance company's refusal to fund her treatment due to its self-inflicted nature provokes anxiety in Callie. As a consequence, her father needs to work harder in order to earn the funding for Callie's treatment. Callie is likely to feel guilty for her father's increasing work load and also for her self-injurious behaviour. The undetermined status of self-injury in the eyes of the insurance company can thus be seen as a catalyst to Callie's cutting. The insurance company fails to see self-injury as a legitimate mental condition worthy of compensation. This falsely implies self-injury to be a controllable and voluntary form of behaviour and not a sign of grave mental distress. Callie herself is bound to feel unlegitimized by this, and resorting to cutting as a consequence could be her way of seeking self-assurance.

3.3.3. The final act of cutting

The third and final occasion of Callie's cutting takes place at the end of the first chapter immediately before Callie first speaks in the story. Callie receives a phone call from her mother who has learnt from the staff about Callie's reticence to speak and her resistance to treatment. Callie's mother also relates that, as a consequence to her reticence, the treatment facility's staff is considering sending Callie home. In addition, the school authorities refuse to allow Callie return to school until she has finished her treatment. As a result of this dilemma, Callie's psychosomatic symptoms begin to resurface. She notes that "[t]he floor of the phone booth pitches up, then swims away" (*Cut*: 60). When the phone call has ended and Callie heads back to her

room, the dissociative symptoms increase: “[T]he hall shimmers like a paved road on a hot summer day. Slick green squares of linoleum heave up in my path, then sink away underfoot”(ibid.). The short walk back to her room fatigues her and causes her to perspire heavily (*Cut*: 61).

At bed time, Callie’s dissociative symptoms persist. She implicitly comments on her intention to terminate these symptoms, when she decides to search for her “sharp” concealed under her mattress: “Before the floor can start pitching again, I throw off the covers and crouch down next to the bed”(ibid.). Once she has retrieved the instrument, a metallic pie plate she has secretly taken from the cafeteria, from under the mattress, her mind has already clarified to some extent: “I get back to bed, moving calmly and efficiently now, lie on my stomach, and pull the covers over my head”(Cut: 62). Already the prospect of cutting herself provides her with the calming effect. Callie’s firm and almost automatic actions give the cutting procedure a ritualistic element.

Callie breaks the pie plate into two and thus provides the pieces of the plate with sharp edges suited for cutting. She places the sharp edge onto her wrist and an identical physical symptom occurs here than during her very first act of cutting: “A tingle crawls across my scalp”(ibid.). At first, she fails to break the skin and thus feels no relief. The second time, she drives the blade to her wrist and succeeds in producing a wound. However, although the sensation of pain immediately follows, there is still no relief: “The pain is so sharp, so sudden, I catch my breath. There’s no rush, no relief. Just pain, a keen pulsing pain”(ibid.). Here the concept of pain is moving towards its traditional position as an exclusively negative feeling.

The cut bleeds heavily and Callie attempts to prevent the bleeding by pressing the wound. Already while doing this, she is aware of the dissimilarity between this and the other occasions of her cutting: “this is something I’ve never done before. Never tried to stop the blood. Never interfered. It’s never hurt like this before. And it’s never not worked”(Cut: 62-3). Since the wound continues to bleed heavily, she is forced to resort to outside help and shows her wound to the night nurse called Ruby. Ruby acts sympathetically towards Callie and treats her wound. Eventually, the pain abates and, despite the considerable amount of blood, the wound proves to be relatively superficial. Back in her room, Callie manages to hand her cutting instruments to Ruby and goes to bed. She falls asleep, wakes up early in the morning and heads to her therapist’s office. When the therapist arrives and encounters her, she is able to speak for the first time during the narrative. This last occasion of Callie’s cutting forms a landmark in the narrative; self-injury no longer works as a coping mechanism.

The impetus for this final cutting act is directly produced by the threat of termination of the treatment. Callie evidently feels anxiety due to the insecurity of her prospective circumstances. In addition to terminating the dissociative symptoms, cutting represents here an intention to relieve this anxiety related to her future. The fact that this time cutting fails to provide any relief but rather increases her anxiety stands for her, conscious or unconscious, will to continue the treatment. By seeking help from Ruby for her wound, she also demonstrates her willingness and readiness to accept help.

As a conclusion, one can argue that Callie’s acts of cutting serve as a means for establishing her bodily and mental borders of her being. This is done by terminating a period of depersonalisation and displacing the overpowering emotions

and thoughts that otherwise seem to prevail in her mind. Hence, Callie is able to gain a sense of control over her body and mind. Cutting can thus be regarded as an empowering act. The ideology of pain for gain embedded in athletics that is similar to the one in self-injury provides a basis for Callie's cutting. The symptomatic preference for physical pain can also be detected in her cutting.

The description of cutting in *Cut* probably serves a pedagogic purpose. Describing the acts of cutting in relative detail provides the young reader with a glimpse of the actual everyday life of a cutter, which may discourage him/her from engaging in self-injurious behaviour. *Cut* does not, however, dedicate as much space for the description of these acts as many of the other novels in this genre. *Cut* may not provoke such aversion as the graphic descriptions in such novels as *Skin Game* (1999) and *Bloodletting* ([2004] 2006). It is difficult to say whether this adds to or decreases the triggering effect of *Cut*. The line between a triggering and a discouraging description is difficult to draw, because it depends on the individual reader's reactions. At least *Cut* outlines carefully the motivations for these acts and promotes the healing process by dedicating a relatively minor role to these acts. The gradual and complex nature of this healing process may act as discouragement for engaging in cutting more than the actual cutting descriptions.

Ultimately, cutting ceases to provide Callie with a notable means of self-expression. In order to function in her surroundings and recuperate, she needs to express herself via a method that is more accessible to others. Cutting does not serve as a useful means of communication anymore, since it would lead to termination of treatment. The final act of cutting shows how Callie has lost the empowerment incorporated in her self-injurious behaviour.

In the end, Callie is able to modify her means of expression and break the circle of self-injury. In *Cut*, this is manifested in the simultaneity of Callie's regained ability to speak and the ceasing of her self-injurious behaviour. Hence, self-injury in itself does not provide a solution to the dilemma of self-expression. However, I consider it a valid phase on the way to painless and more productive self-expression.

In the following, I will turn to the manifestations and consequences of the redeeming of voice in the narrative, as I examine the ways in which Callie's healing process proceeds to advance.

4. Healing

Give sorrow words: the grief that does not speak
Whispers the o'er-fraught heart and bids it break.

- Malcolm to Macduff in *Macbeth* (IV. iii. 209-10)

Silence and self-injury provide Callie, the protagonist of *Cut*, with means of communication. Nevertheless, in the discourse provided by the novel, speech is explicitly required in order for the healing process to progress. The narrative's discourse is based on the concept of the Freudian "talking cure" and according to it verbalisation of emotions and experiences is required in order to alleviate the mental distress. From this perspective, it is crucial for Callie's healing to start speaking instead of solely relying on the communicative power of silence and self-injury. The narrative's preference for speech as a discursive practice does not, however, undermine the expressive power of silence and self-injury. This preference is only a manifestation of the traditional psychotherapeutic discourse. Silence and self-injury have helped Callie to continue her recovery process to speech.

Through speech Callie is able to convey her emotions and thoughts in a more elaborate manner than by engaging in cutting or by being silent. Through speech Callie is also able to relate her presence to others and take them into consideration more effectively and immediately than, for example, by cutting herself. When Callie regains her voice, she enters the intertwined web of human communication that involves more than just rudimentary expression of basic emotions that self-injury conveys. Callie goes through a transition from relatively alienated solipsism to a more active intersubjectivity.

In this chapter, I argue that the novel portrays speech as the pivotal stage in Callie's healing process. The foundation for this stage has been provided by other means of communication and/or self-expression, i.e. cutting and silence. Speech commits Callie to a more thorough integration into the community. The healing process is facilitated by catalysts in the narrative, but Callie's own role in this process is also crucial.

The narrative of *Cut* is constructive in its structure as it concentrates on the healing process of the protagonist rather than describing the actual cutting scenes. A manifestation of this constructivism is the fact that practically the whole narrative is situated in a treatment facility, a setting designated for the purpose of recovery. By foregrounding the healing process, *Cut* provides a more optimistic approach to self-injury and provides hope for the young reader who herself might engage in self-injurious behaviour. Without providing an oversimplified view of healing, *Cut* can be seen as a "realistic" description of cutters. Callie's successful cooperation with her therapist may help the reader to trust healthcare authorities and reveal her problems to them. By situating the novel in a treatment facility, the narrative also treats self-injury as a serious and clinical problem.

Callie's readiness to change and the regaining of speech are embedded in the narrative from the very beginning: the first-person narration lays the foundations for the re-emerging of her voice. However, this readiness is not in itself enough to drive Callie onwards in her healing process: she also needs outside help, i.e. characters that encourage her to open up and convey her emotions in a socially appropriate way.

In this chapter, I first take a look at the characters that assist Callie and their contribution to her recovery and, then, I analyse Callie's own readiness to heal

that is incorporated in her behaviour. With regard to the theoretical framework, I refer to Jacques Derrida and Judith Butler's notions on speech and language and to Robyn McCallum's idea of the double motif in young adult literature.

4.1. The major catalysts of the narrative

The major catalysts of the narrative that I concentrate on are Callie's therapist, her father and a fellow cutter at Sea Pines, Amanda. The therapist's role is clear-cut since her purpose in the narrative is to help Callie regain her voice and heal. She directly encourages Callie to communicate her emotions in a socially acceptable way and according to the principles of the psychotherapeutic discourse. Callie's father and Amanda's behaviour may initially seem to support Callie's silence and cutting instead of inciting her to change her modes of expression. However, in the end they result in contributing to Callie's speechifying process perhaps even to a greater extent than the therapist. The final of the novel's three chapters, although brief, is dedicated to the encounter between Callie and her father. This and his absence during the first two chapters highlight his part as the final initiator of the speechifying stage of Callie's healing.

In addition to these three characters, there are other important catalysts in the novel. Callie's brother, Sam, collaborates with Callie when silence is her primary means of communication. He acknowledges her presence and establishes a firm connection with her through speech and gestures. Sam also represents an alternative way of thinking and the change of the status quo. This is best manifested through a board game (Connect Four) that he and Callie play together. He frequently

wins Callie due to his ability to think laterally and directly encourages Callie to think this way as well (*Cut*: 28). In Callie's case, thinking laterally would mean accepting her cutting as a coping mechanism, allowing herself to be weak and having the courage to deal with her unnecessary guilt.

Callie's mother, for her part, contributes to Callie's healing through the gradual overcoming of her own fears of, for instance, driving the car. Callie, however, does not discover this until the end of the novel. Rather, the impact of Callie's mother to her healing is most explicit in her direct demonstrations of confusion and frustration in relation to Callie's silence and cutting. It is through her phone call that Callie discovers the treatment facility's intention to terminate Callie's treatment (*Cut*: 60). Subsequent to this phone call Callie cuts herself for the final time and is eventually able to verbalise her emotions to the therapist.

Callie's fellow patients, especially Sydney and Tara, play an active role in integrating Callie into the community. These two characters treat Callie as a legitimate member of the patient community and show this by individual gestures. Sydney names Callie and shows worry when she discovers that Callie cuts herself (*Cut*: 53). Tara, for example, talks with Callie in the toilet and in the cafeteria (*Cut*: 41 & 71) and on one occasion hands her a flower (*Cut*: 58).

In addition, a nurse called Ruby contributes to Callie's healing by providing her with pragmatic and physical care by handing her sweets, hugging her and, in the end, treating her cutting wound. Ruby is the physical double of the therapist. The therapist relies on the verbal, non-tactile methods of treatment, whereas Ruby takes care of the physical dimension. All of these characters facilitate Callie's speechifying and healing process. I now take a look at the three characters whose contribution I consider pivotal.

4.1.1. Therapist

The whole narrative of *Cut* is Callie's monologue addressed to her therapist. The therapist forms an omnipresent authority of the narration. The reader is reminded of the therapist's role as the addressee by the recurring employment of 'you'. The narrative structure resembles that of *The Catcher in the Rye* ([1945 & 1946] 1994). Like Holden in *The Catcher in the Rye*, Callie is the narrator-character speaking throughout the narrative to her therapist, who is the character-narratee of the story. In practice, however, these monologues do not reach the therapist but the reader. This annihilates the potential dialogue between the therapist and Callie and creates one between the reader and Callie. The attention is directed to the reader who becomes the covert narratee of the novel.

The fact that the therapist is not named bears with it omnipresence and makes her easily replaceable with the reader. By gaining access to Callie's internal monologues that do not reach any characters of the novel, the reader is placed into the role of Callie's potential trustee and helper. This adds to the affective power of *Cut*. The reader is directly beckoned to react to Callie's problems and cutting. The situation can be similar to the one encountered by a teenage cutter's trusted friend to whom the cutting is revealed instead of an adult authority. The young reader is thus enticed to simulate this kind of situation and come up with ways of helping Callie. Although the affects the novel incite in the reader offer an intriguing subject, I now turn to analysing the character-narratee's, i.e. the therapist's role in Callie's healing process.

The novel begins with the encounter between Callie and the therapist. Callie narrates: "You say it's up to me to do the talking. You lean forward, place a

box of tissue in front of me, and your black leather chair groans like a living thing” (*Cut: 7*). The setting is a (stereo)typical example of a psychologist’s office. There are the black leather chair and the tissue box. The roles are defined from the very beginning: the patient is supposed to talk while the therapist listens. The presence of the tissue box emphasises the cathartic function of therapy: the verbalisation of distress often provokes emotional release whose physical outcome are tears.

During this session, the therapist presents a question: “Can you remember how it started?”(ibid.), which provokes a description of Callie’s first act of cutting through internal monologue. Callie does not utter a word to her therapist and eventually the session draws to an end. This is the pattern that the sessions are to follow till Callie is able to speak. The therapist encourages Callie to speak through questions (e.g. *Cut: 21*) and expresses some hypotheses on Callie’s behaviour (e.g. *Cut: 38*), but mostly both of them are silent. Although the therapist’s questions and speculations do not initially result in Callie’s speech, they, nevertheless, initiate Callie’s self-analysis. Callie attempts to avoid confronting her thoughts related to the therapist’s utterances by engaging in cognitive tasks, such as memorising the colours of the wallpaper (e.g. *Cut: 38*). Eventually, she faces the thoughts evoked by the therapist’s utterances. These subsequent internal monologues provide her with practice for the actual speaking. Through these monologues, she is able to clarify her thoughts and emotions to herself, which serves as the initial stage of her recuperation.

When Callie immerses in her internal monologues, there are direct allusions to the therapist. Callie goes through a hypothetical conversation with her and imagines the therapist’s responses to it. Callie, for example, describes her cat and anticipates the therapist’s reaction: “*Linus is our cat, I’d explain to you. You’d nod*

thoughtfully” (*Cut*: 22; original emphasis). These imaginary dialogues manifest Callie’s ability to and wish for dialogue and pave the way for the speech to appear in the therapy sessions.

The therapist directly attributes empowerment to Callie’s silence as she states that not talking takes “a lot of energy”(*Cut*: 39). However, she regards speaking as a more empowering act and thus superordinate to silence: “You’d have so much more power... if you would speak”(*Cut*: 40; punctuation as in the original). This way, she follows the principles of traditional therapeutic discourse.

During the therapy sessions, Callie shows signs of hating her own silence: “But what I really hate is how every day when I come in, you turn to a fresh page and write in the date, and how every day when I leave and you walk me to the door, I can see that the whole page is empty”(*Cut*: 30). She has internalised the need to speak and reproaches herself for not being able to act accordingly.

Once Callie has regained her voice, the individual therapy sessions occupy more space in the narrative. Callie’s fear for therapeutic interaction emerges and her motivations for silence are to some extent revealed. When Callie is able to speak she reveals her fear for the therapeutic discourse: “What will you do to me?”(*Cut*: 68). The therapist subverts these predilections by answering: “*To* you? I won’t do anything *to* you. We’ll just talk”(*ibid.*; original emphasis). The power of words becomes less frightening to Callie once her fears are neutralized.

Also the motivations for and views of her cutting occur, when Callie is speaks. The idea of Callie’s cutting as a punishment comes up when the therapist asks her why she is cutting herself. Eventually, she states that “I guess I do it because I’m... bad”(*Cut*: 123; punctuation as in the original). Callie confronts her therapist about cutting by asking: “You don’t think I’m insane for doing this?”(*Cut*: 91). Here

she refers to the reactions demonstrated by some of her fellow patients, who stated that Amanda's cutting was a sign of grave insanity. The therapist neutralizes this assumption by answering: "'No, Callie,' you say matter-of-factly. 'I don't think you're crazy at all'"(ibid.). Eventually, Callie is able to accept her cutting as part of herself: "'I may not want to get rid of my scars,' I say finally. You nod. 'They tell a story,' I say. 'Yes,' you say, 'they do'"(Cut: 144). Her scars are a testimony of her mental suffering and thus form a part of her identity.

Although Callie regains her voice and is able to talk to her therapist, she still avoids facing difficult themes. When Callie notices that the therapist is about ask something related to Sam's asthma attack, she interrupts her by explaining something trivial. She, for example, tells the therapist that watching television on mute is a hobby of hers (Cut: 81). She also often feels like running when faced with questions related to her father and the traumatic event (e.g. Cut: 128 & 129). Sometimes she is not able to concentrate on what the therapist says, but misses it. The need for cutting has not ceased altogether after Callie has begun to talk. When faced with difficult feelings in relation to Becca's secret vomiting and her consequent palpitations, Callie can only identify that "I feel like cutting. I don't know why"(Cut: 113). She also carries with her a metal strip that broke off from the cafeteria table in case she needs to cut herself.

The therapist intends to help Callie see her situation from a wider perspective and move away from her solipsism:

Please try to see that day from a slightly different perspective. Try to imagine it as if you were on the outside looking in. Try to think of yourself in that situation as someone else, just a girl, a thirteen-year-old girl on her own, alone, with a sick boy. (Cut: 152)

Here the therapist attempts to distance Callie from her own situation and provoke some understanding in her for her younger self, which is a typical method in psychotherapeutic discourse. A further example of the therapist's role as presenting an alternative way of thinking occurs in a key encounter. Callie is in the treatment facility's game's room playing a board game (Connect Four, the same game she played with Sam) against herself. She cannot figure out which slot to place the next counter in: "the Connect Four grid is a hopeless mess of red and black counters; there are blocked rows everywhere and no way to make a straight line" (*Cut*: 44). This evidently emblemises the state of her mind and the fact that she cannot seem to find a way out of the status quo. The therapist, on her way home, stops by and takes a look at Callie's game board. After a while, she places a counter in a slot, thus making a row of four. She says: "There you go, ... I think that's the move you were looking for" (*Cut*: 45). Here, the therapist's role as a catalyst for Callie's healing process is highlighted to Callie herself and to the reader: she helps Callie find solutions when she cannot find them on her own.

Although the therapist intends to assist Callie and provide her with alternative solutions, she nevertheless lets Callie remain in charge of the situation. In the end, Callie herself is responsible for her own wellbeing. This is manifested when Callie makes an important gesture with regard to her recovery and hands the metal strip she has saved for cutting herself to her therapist. However, since Callie seems hesitant to give it up, the therapist advises her to leave it on the table till Callie knows what she wishes (*Cut*: 145). And the therapist goes on reinforcing Callie's own role and continues by stating that "I can't keep you safe, ... Only you can" (*Cut*: 146). Thus Callie is given the responsibility to control her own behaviour.

The redeeming of her voice does not automatically mean that Callie is able to face the difficult feelings and emotions. Rather, the narrative emphasises the gradual nature of the healing process. This is also indicated by the ending of the narrative. In the end, Callie is not miraculously recovered but has recognised her *want* to heal and is able to verbalise it. The therapist's role in the healing process is clear and essential.

4.1.2. Amanda

As seen in the previous chapter, the other patients' reactions to cutting are conveyed in relation to Amanda. Also the general information about the phenomenon and the prejudices towards it become evident through her. As Callie is initially reticent to discuss her cutting, it is through the overt Amanda that the reader is able to discern most knowledge of the phenomenon. Through Amanda cutting is situated in a historical and cultural continuum and the stereotypical misconception of cutting as a failed suicide attempt is subverted.

In addition to providing general information on cutting, Amanda's character acts as an essential catalyst for Callie's rehabilitation. Although Amanda is introduced at the end of the first chapter (p. 46) and appears relatively rarely in the narrative, her impact on Callie's healing process is nevertheless significant.

When Amanda is introduced to the group for the first time, Callie is not sure whether her name is Amanda or Manda. These two names appear in relation to the character till Callie finds out that her real name is Amanda. Here one can note the undefined nature of cutters in the vagueness of their naming, like with Callie and S.T.

Amanda is Callie's double and they share many aspects with each other. Amanda is also caught cutting in the treatment facility, just like Callie. On one occasion, Amanda comes to inform Callie that her mother is on the phone. She says: "It's for you," she says, and cooking her chin in my direction. I don't understand. Is her outfit for me? To make me look at her? To make me feel cold?" (*Cut*: 58). Amanda is here like the mirror Callie is forced to look at. She has to face the scars visible on Amanda's body due to her scarce clothing. Through Amanda, Callie acknowledges and faces her own cutting.

Callie and Amanda are bound to each other also, because Amanda sees the metal strip Callie carries with her. In addition to her, only the therapist and Ruby gain direct access to Callie's cutting through her metal strip and her wounds. Amanda helps Callie hide the metal strip which she accidentally drops in the shower. Amanda diverts the bathroom attendant's attention elsewhere in order for Callie to hide the strip (*Cut*: 124-6). This strip acts as link between these two characters and connects them to each other, although Callie is reticent to befriend with Amanda.

Although Callie and Amanda share some general aspects, their behaviour is quite the opposite with regard to exposing one's scars. Although it has to be noted that despite being overt about her scars Amanda does not really reveal her problems to anyone but resorts to hiding her true situation behind ironic usage of psychological language. She, for example, relies on terms like low self-esteem, poor impulse control and repressed hostility, when questioned about her motivations for cutting (*Cut*: 47).

Amanda does not conceal her scars with long-sleeved clothing like Callie does but wears revealing tank tops and shorts. Once Callie is able to talk, her attitude towards Amanda's scars becomes evident. She disapproves of Amanda's

scarce clothing to her therapist. Interestingly, she comments on the scars with the exact words that Becca used when reacting to Amanda's cutting in the treatment facility: "They're gross" (*Cut*: 98). Callie's general disgust towards cutting can to some extent explain her reticence to speak about her own self-injurious behaviour. I read Callie's statement to show her internalisation of the group's general reaction to Amanda's scars and thus reinforcement of belonging to that group. In the same context, Callie indicates that revealing one's self-inflicted scars is not good for others: "It might upset them" (*ibid.*). The fear of upsetting others has also contributed to her silence about cutting. This fear, however, may be added in retrospect, since through Amanda Callie experiences the witnessing of another cutter's behaviour and can thus observe what this witnessing feels like. It provokes anxiety in her, which makes her generalise this reaction to others as well.

On one occasion, Amanda is described harming herself publicly. Callie witnesses this act in the Study Hall, although she does not realise it at the moment: "I can see her bumping the inside of her wrist against the edge of the chair in a rhythmic motion" (*Cut*: 84). Later in the narrative, it turns out that Amanda was injuring herself with a staple. Although Amanda's self-injury is not explicitly public in nature since she performs it in secret, it is however, more public than Callie's cutting. Two of Callie's cutting acts are performed in the absence of others and the third in the presence of her sleeping roommate Sydney.

Although sometimes the opposite happens, in this case, Amanda is able to push Callie in a healthier direction. This process has a positive outcome on Callie: her double character provides her with the possibility of regaining her voice. Callie's situation can be paralleled with what Robyn McCallum maintains about the double motif in young adult literature. The double motif refers to the construction of the

character's identity through another character that usually has opposite personality. McCallum suggests that: "States of fragmentation and/or multiplicity experienced by characters as a consequence of the double motif are conceptualized as conditions of the possibility of subjectivity, rather than as aberrations" (1999:77). Similarly, Callie does not want to be like Amanda, who by clinging to her addiction provides a bad example and a warning for Callie. In order to avoid becoming like her Callie wants to continue the recuperation process and quit cutting herself.

An explicit sign of Amanda's positive influence is the change that takes place in Callie's behaviour after Amanda has talked to her in private. Amanda attempts to discuss with Callie the methods of cutting in the dayroom (*Cut*: 141). Callie intends to ignore her and does not respond to her questions. She nevertheless listens to Amanda. Subsequently, Callie shows her scars to her therapist. In the end of that session, Callie also offers the metal strip to her therapist. Amanda, then, acts as a catalyst for this opening up. In her monologue, Amanda describes the "other" side of cutting: she tells Callie about her secret cutting in the Study Hall, and reveals what is to her the most effective way to injure herself, i.e. using a safety pin and hairspray. After the discussion, Callie wants to tell her therapist what she has used for cutting and show her the scars. This act designates a major step in her healing process. Hence, Amanda, the double, epitomises an aspect of a developmental process and "represents another possible position that the character might occupy, an internalized aspect of otherness, and/or is indicative of the internal division of the subject" (McCallum 1999:77).

With regard to the transparency of cutting, Amanda is Callie's antithetical double. From this perspective, these two characters inhabit the two extremes of the self-injury spectrum. Amanda's opposite position helps Callie to

acknowledge her own cutting, situate it in a wider perspective and realise her willingness to heal. However, Amanda's "bad" example would not work if there were no similarities between these two characters. In the end, both Callie and Amanda avoid verbalising their mental distress and resort to the same coping mechanism, only their attitude towards this behaviour differ.

4.1.3. Dad

Callie's father is absent from the narrative during the first two chapters. The third and final chapter is dedicated to the encounter between Callie and her father outside the treatment facility. Callie's father is however present in the narrative throughout the narrative in Callie's evasions of treating the subject. Although Callie is able to speak to her therapist, she still avoids talking about her father. This conveys the importance of this character.

Despite her father's absence there is a close link between Callie and him, which is demonstrated in a scene that reoccurs throughout the narrative. During her mother and brother's visit to the treatment facility, Callie mistakes a man walking in the parking lot for her own father (*Cut*: 16). Callie recalls this scene on two occasions during the narrative (pp. 24 & 128). This way the father is present throughout the narrative despite not being actively involved. Callie's father is evasive and avoids dealing with the trauma his family is going through. He evidently feels culpable for neglecting the supervision of Sam on the night of his asthma attack but does not know how to deal with it. Callie acknowledges at some level the neglect of his father. She misses both his father's presence and his acknowledgement of this neglect, which would relieve Callie's false feelings of guilt.

Although Callie is able to speak in therapy, silence still surrounds the subject of her father. When the therapist asks about him, Callie becomes evasive, which is manifested by her feeling like running (*Cut*: 128 & 129). Callie is not willing to speculate why her father has not visited her, but bites her lip, which is interpreted by the therapist as signifying that there is something Callie is not saying (*Cut*: 129-30).

In the third chapter, Callie runs away from the treatment facility. At first, she does not acknowledge where she is heading and why, but runs aimlessly. She comes across a motorway and a phone booth. She decides to run till the phone booth. At this point, she realises that she wants to call her father. She phones a reverse-charge call to him. He seems baffled about her call and worried about the fact that Callie has run away from the treatment facility. He quickly deduces Callie's location and drives to meet her in a nearby cafeteria. This phone call differs from the one Callie had with her mother in that she is now able to communicate by speaking with her father. In fact, her father is the first family member that Callie talks to after the redeeming of her voice. In comparison with her mother and brother, the impetus to speak is greater with her father due to the unresolved feelings of guilt.

Although she is not aware of it at the beginning, by running away Callie is being active in her search for her father and shows courage and willingness to discuss with him and clarify their relationship. Initially, however, running away from the treatment facility seems to resemble self-injurious behaviour since it, too, represents avoidance of facing problems. This is why running away seems at first like a setback for Callie's healing process. However, in the end, it turns out to be an effort to make contact and resolve a conflict, which can be seen as a sign of healing.

Running has thus acquired a new meaning and represents here lateral, alternative way of thinking and emblemises Callie's readiness to change.

Callie's father is not described as a fundamentally bad character, but he mainly evokes empathy in Callie: "He looks so tired and dishevelled, his hair all mussed up like he's just woken up, I feel shy now, embarrassed for bothering him"(Cut: 164). This empathy for him to some extent hinders her communication with him.

The similarity between Callie and her father comes across in their encounter in the cafeteria:

The wall across from us is covered with a mirror with pink writing ... between the letters I can see the two of us as we sip from our mugs, then set them on the counter at the same time. I watch my dad bite his lip, then I see myself in the mirror doing the same thing. (Cut: 165)

This likeness may be the reason why Callie contacts her father instead of her mother, because she feels more close to him. The difficulty of speaking that the characters share can be detected in their biting their lip – a gesture that has been designated earlier as an abstinence to speak about difficult themes. Callie's silence can, then, also be justified by inherited or acquired personality traits.

During their encounter, silence still prevails between Callie and her father. Nevertheless, they are able to resolve the issue of Callie's false feeling of guilt:

"I thought it was my fault, Sam getting sick." He looks at me again, this time like he's seeing me for the first time. "I was supposed to be watching him that day," he says to his coffee cup. "I know," I say. Something inside me loosens, because I really do know. (Cut: 166; original emphasis)

Her father's reassuring statement strengthens Callie's own view of the events. During their trip back to the treatment facility, Callie's father is also able to apologise for not visiting Callie in the treatment facility (*Cut*: 169).

Again, with her father, Callie is given the power to choose what to do: "This hadn't occurred to me – the idea that there's a next step. And that it is up to me to decide what that next step is" (*Cut*: 168). She decides to go back to the treatment facility. Her willingness to heal is furthermore demonstrated when she arrives at the treatment facility and is able to verbalise her desire to get better (*Cut*: 172).

Callie's father's role as a catalyst is essential since through his statements Callie is able to acknowledge and verify her hidden conceptions about the traumatic events and relieve the guilt related to them. Her father's shyness and evasiveness, although at first delay Callie's readiness to deal with these events, in the end, serve as a stepping stone towards her verbalisation. Through his initial evasiveness and silence, he incites in Callie the need to clarify and change the status quo by active involvement. In this respect, he resembles Amanda, who also through her accentuated behaviour contributes to Callie's healing process. By highlighting silence and evasiveness in his behaviour, Callie's father contributes to Callie's ability to verbalise distress. Amanda, for her part, through her overt preference for cutting, contributes to Callie's rejection of it as a coping mechanism.

4.2. The voice within – Callie's own role in her healing process

Although the catalysts play an important role in Callie's healing process, it is she herself who contributes to this process the most. In addition to the healing taken

place during Callie's silence and cutting, there are other signs in her behaviour that predict the progress in her healing process. In the following, I take a look at these factors.

The essential role of speech has been commented by for example Jacques Derrida states that "speech is *par excellence* that which confers existence ... making the concept (the signified) exist" ([1972] 1982:90). Judith Butler goes even further and maintains that the subject, in fact, *is* language: "the subject, rather than be identified strictly with the individual, ought to be designated as a linguistic category, a place-holder, a structure in formation" (1997:10). Although I do not consider speech to be a superior means of communication, but one among many others, such as silence and self-injury, in the context of *Cut*, it is the one that provides Callie with most empowerment in relation to her surroundings.

The confessional mode of the narrative highlights the mental processes that take place inside Callie's mind. The internal processing of thoughts and emotions represent a means for Callie to outline the situation and acknowledge her cutting to herself before verbalising it to others. The confessional mode persists from the very beginning till the end. This confessional mode of the story in itself provides an instrument for Callie's healing process. Firstly, it manifests that Callie is capable of expressing her emotions from the beginning onwards, which foreshadows Callie's healing and the redeeming of her voice. Secondly, the confessional mode provides a means for Callie to acknowledge and clarify her emotions and thoughts to herself. This process prepares the way to the eventual verbalisation of the mental distress.

There are scenes in the narrative where Callie manifests her readiness to reintegrate in the sphere of speech. During her mother and brother's visit she attempts to talk to her brother without succeeding in it: "*Sure*, I wanted to say. *Sure*. I

willed myself to speak, but nothing happened. I sent commands from my brain to my mouth. Nothing”(Cut:27; original emphasis). After she has been able to verbalise her emotions to the therapist, she attempts to speak to Tara, but fails: “I decide to take a sip of water and then just say hi. Hi. It’s just two letters. I ought to be able to get that much out” (Cut: 72). These excerpts demonstrate that the recovery and the regaining of speech are not immediate and painless.

One of the features that predict the positive outcome of the novel is the role of Callie’s favourite programme called *Rescue 911*. She has watched it at home with Sam and watches it with the other patients in the treatment facility. The programme simulates states of emergency that are resolved. Callie justifies her attraction towards this programme because it provides an easy resolution to problems: “There’s always a happy ending; after the person gets rescued, everything turns out OK”(Cut: 77). One might detect in this preference towards a programme on emergency cases a desire to reside in the state of illness. Callie’s statement proves, however, that instead of concentrating on accidents she prefers healing. The programme can, then, be seen as promoting the role of the healing process. In addition, the programme may provide Callie with the comforting idea of dramatic and immediate rescue.

Gradually, Callie recognises that maintaining her state of voiceless solipsism actually requires more strength than integrating into the social praxis and communicating with others. In a scene, where the other girls invite her to sit and watch them play table tennis and she declines, this becomes evident to Callie: “Walking across the room to the empty chair seems like it would take a lot of steps. The door is much closer. I shake my head and turn to go, knowing, even as I walk away, that I was wrong. Getting to the door takes for ever” (Cut: 79). Here, the door,

which leads to Callie's solitude stands for her solipsism whereas the chair in the presence of the others embodies the possibility for intersubjectivity. The state of intersubjectivity, then, actually requires less effort than the maintaining of the solitary solipsism. She is able to recognise this, although she at first thinks otherwise. Her change of mind demonstrates progress towards healing.

The redeeming of her voice also bears with it the fact that Callie is able to recognise and name what she has been missing, i.e. wellbeing. However, this feeling is unrecognisable to her at first: "An ache fills my chest. I want something, but I can't put a name to it" (*Cut*: 138). But at the end of the narrative, she is able to define it more closely: "I want to get better" (*Cut*: 172). Consequently, it is Callie's will for healing that is regained in the narrative not actually her healing. This way the gradual nature of the healing process is emphasised.

As a conclusion, one can state that although there are several characters that contribute to Callie's progress in her healing process, her own contribution is the one that counts the most. Without her own willingness and readiness to heal that is embodied in her silence and cutting as well as demonstrated otherwise, these catalyst characters' contributions would not work.

5. Conclusion

In the novel, Callie's silence is not a static state but an on-going, dynamic process. Silence's communicative power can be seen in her bodily reactions, actions, gestures and evasions. Through all these acts, silence conveys a presence that can sometimes be more effective than speech. In *Cut*, silence acts as a way to underline the traumatic events that are not dealt with and thus directs the attention to the need to treat them. Simultaneously, Callie's silence spotlights her own state of mental distress. Silence provides Callie with the space to clarify her own situation and her cutting to herself before verbalising them to others. This way silence serves as a stage in the overall healing process.

The factors that lead to Callie's silence stem from the untreated experience of trauma and the family dynamics. Silence can present an attempt to change the prevailing distressing situation. Cutting in itself can produce silence, since it is difficult for Callie to talk about it. Callie's fear related to the psychotherapeutic discourse contributes to her silence. She thinks that the therapist could denounce her as insane according to her words and actions, which inhibits her from speaking to the therapist.

Silence can only be classified as silence in relation to others. The people around Callie are not always able to discern the discursive power of her silence and the actions and evasions related to it, which may lead to the interpreting of silence as negative absence. Although Callie's full integration into the community takes place after she begins to talk, she is considered a member of the community by the fellow patients also during her period of aphasia. While being silent, Callie

narrates in the story her will to verbalise her thoughts and observations to others. The willingness and readiness to speak reside in these situations.

Silence can also serve as a means of avoiding distressing thoughts and emotions. In addition to supplying space for internal processing of these thoughts, it can provide space for evasive cognitive procedures, which are a form of escapism similar to cutting. Silence can be the marker of the absence of others, and thus give rise to the need for their presence. Absence of others can offer Callie a possibility to cling to the fallacious idea of her own wellbeing. Silence can thus serve both as a stage of healing process and as a form of escapism.

Cutting presents a more immediate means of demonstrating one's distress than silence does. By cutting herself, Callie gives her mental pain a tangible physical form. The underlying idea of care embedded in self-injurious behaviour is manifested in Callie's intention to relieve mental distress by cutting herself. Cutting produces a feeling of satisfaction and relief in her. Consequently, pain is seen in cutting as provoking a pleasant outcome instead of being fundamentally negative in nature.

Cutting provides Callie with the sense of her bodily borders and thus existence. To her, cut on the skin acquires a metonymic relationship to the whole body. Cutting can also end periods of dissociation or depersonalisation that involve the distortion of Callie's perception of the world. Cutting can also be a punishment for self-perceived failure or disappointment of others. Hence, cutting provides Callie with a sense of control over her mind and body. In this respect, cutting is an empowering act.

Cutting can also serve as a concrete means of expressing oneself. However, by cutting oneself one does not usually succeed in conveying more than

rudimentary need for help to others. Nevertheless, the social dimension of cutting is essential. Callie cuts herself in private, but it is not until others witness the scars that the communicative power of cutting becomes evident.

The principle of pain for gain that is present in running as a hobby and as a recurring obsessive need can be compared to the underlying principles of self-injury, since cutting and running can both be seen as self-inflicted pain in order to feel better. The symptomatic preference for physical over psychological pain is also embedded in Callie's self-injurious behaviour.

Cut provides a glimpse of the social and historical continuum in which self-injury can be situated. By paralleling eating disorders and substance abuse issues with cutting, the narrative situates cutting among other forms of self-harm. Through Amanda, the socially accepted forms of self-injury, such as tattoos and piercings, are evoked. The historical continuum of self-injury is also induced by Amanda's allusion to the archaic medical treatment of bloodletting.

The description of Callie's cutting acts serves a pedagogic purpose. The graphic and detailed description of the acts of cutting provides the young reader with an insight into the difficulties they provoke in the cutter's life. This may discourage the reader from engaging in self-injurious behaviour. *Cut* outlines carefully the motivations for self-injury and promotes the healing process by not simply dwelling on these acts of cutting. At the same time it has to be noted that a triggering effect is also possible depending on an individual reader's reactions.

Callie's healing stems from herself, but the other characters assist in the initiation of that process. Callie's therapist directly highlights the fact that the change needs to begin within Callie herself. A fellow cutter, Amanda, acts as a bad example and thus aids Callie in ending cutting. The similarities and differences between

Amanda and Callie help Callie to acknowledge and understand her own motivations for cutting. By highlighting silence and evasiveness in his own behaviour, Callie's father provides a context for Callie's behaviour and contributes to her impetus to speak and heal.

In order to function in a traditional psychotherapeutic context which relies on speech as a means of alleviating the mental distress, Callie needs to speak. In comparison to cutting, speech can be seen as more intersubjective, whereas cutting leads easily to a state of solipsism. Speech helps the protagonist of *Cut* integrate fully into the community surrounding her.

The possibility to verbalise emotions is already embedded in the dynamic presence of silence and cutting. In other words, silence and cutting are verbalisations of Callie's mental distress. From this perspective, speech is not only the outcome of these processes but also a different means of expressing oneself. Speech is probably the most socially accepted form of self-expression, which does not pertain that it should be primary in relation to these other modes. Cutting does provide a physically harmful means for self-expression that can lead to a destructive cycle, but in the context of *Cut* it serves as an alternative means of treatment and expression. Cutting is a stage in the healing process, but its repercussions, as with any trauma, may stay with the cutter and thus serve an identity-forming function.

By describing the acknowledgment of the will to recover, *Cut* highlights the gradual nature of the healing process, and does not provide the representation of immediate recovery. The gradual and complex nature of this healing process may also act as a discouragement for engaging in cutting even more than the actual cutting descriptions.

In this thesis, I have demonstrated the versatile nature of both silence and self-injury through a close reading of an exemplary work of young adult literature. Patricia McCormick's *Cut* highlights the complexity of these conditions, their multiple motivations and meanings. The narrative demonstrates that silence related to self-injury can be overcome. Speech, however, is not the sole means of dealing with mental distress, although its role is highlighted in the novel. By concentrating on the healing process, *Cut* provides the young reader with hope for recovery. One can end cutting, but it needs to stem from the individual will of the cutter and requires a thorough mental processing and problem solving, usually with the help of professionals. The novel adds to the normalisation and awareness of self-injury as a sign of serious mental distress among young adults.

Further study is needed on the representations of self-injury in fiction. The increasing number of young adult works of fiction conveys the need of adolescents to deal with this phenomenon with the help of fiction's creative power. Fictional accounts may be more approachable for young self-injurers than psychological or psychiatric texts. This is why the image that these works relate of self-injury needs to be outlined and analysed in detail.

In a study larger in scope, a comparative and contrastive view on a wider selection of young adult novels on self-injury would help shed more light on the phenomenon as a literary theme. The progress of the cutter described in *Cut*, is relatively straightforward with respect to the healing process. By analysing several representations, one could perhaps detect the complexity of the healing process in more detail and thus outline a broader view on self-injury. In these other novels, one could also detect the reactions of others to self-injury in another setting than that of a

closed treatment facility. The social dimension of self-injury would thus be diversified.

Representations of self-injury in adult fiction also deserve to be discussed. An analysis of the marginal role of self-injury in adult fiction would perhaps highlight the motivations for this marginalisation.

An approach in which self-injury is treated as a means of communication and a form of self-care is crucial to these studies. By concentrating on the self-injurer's constructive attempt at self-care and communication instead of underlining the destructive aspects of self-injury, the analysis can succeed better in outlining the complex and versatile nature of self-injury.

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Finnish summary

Analysoin pro gradu -tutkielmassani hiljaisuuden, itsensä vahingoittamisen ja toipumisen representaatioita Patricia McCormickin nuorille aikuisille suunnatussa romaanissa *Cut*.

Itsensä vahingoittaminen on viime vuosina lisääntynyt erityisesti nuorten tyttöjen keskuudessa ja muodostunut monille selviytymiskeinoksi, jonka avulla he lievittävät hetkellisesti henkistä ahdistustaan. Englanninkielisessä maailmassa on ilmiön myötä saatavilla runsaasti psykologisia tekstejä ja oppaita itsensä vahingoittajille, heidän omaisilleen ja terveydenhuollon ammattilaisille. Myös nuorten kirjallisuuden sisällä syntyi 1990-luvun alkupuolella oma kirjallinen genre, joka keskittyy nuorten itsensä vahingoittamisen käsittelyyn. Osa näistä kirjoista on omaelämäkerrallisia ja osa fiktiivisiä. Suurin osa käsittelee itsensä vahingoittamista, joka yleisimmin on viiltelyä, naispuolisen päähenkilön näkökulmasta. Kyseinen kirjallinen genre laajenee koko ajan, sillä uusia aihetta käsitteleviä kirjoja julkaistaan yhä enemmän ja enemmän. Tämä kertoo nuorten tarpeesta käsitellä itsensä vahingoittamista juuri fiktiivisten representaatioiden kautta.

Vaikka kyseinen kirjallinen genre valtaa koko ajan lisää alaa, ei itsensä vahingoittamisen representaatioita ole vielä juurikaan tutkittu kirjalliskriittisestä näkökulmasta. Tutkimukseni tarkoituksena on nimenomaan hahmottaa kyseistä kenttää ja alleviivata itsensä vahingoittamisen representaatioiden tutkimuksen merkitystä.

Tutkimuksen teoreettinen viitekehys koostuu monitieteellisistä teoksista. Viitataan teksteihin, jotka kuuluvat filosofian, psykologian ja feminististen teorioiden kenttään. Pääasiallisina teoreettisina lähteinä ovat Patrick Fueryn ja

Christine Wilkie-Stibbsin teoreettiset ja kirjalliskriittiset tekstit. Itsensä vahingoittamisen määritelmissä nojaan pääasiassa Armando R. Favazzan käyttämiin määritelmiin.

Patricia McCormickin *Cut* kertoo teini-ikäisestä Calliesta, joka on hoitolaitoksessa, koska hän viiltelee itseään. Romaanin alussa hän ei puhu sanaakaan, vaan lukija saa selville hänen ajatuksensa ja ympäristön tapahtumat hänen sisäisen monologinsa kautta. Koko romaani sijoittuu käytännössä amerikkalaiseen hoitola-ympäristöön. Taustan Callien hiljaisuudelle ja viiltelylle tarjoaa Callien pikkuveljen sairauskohtaus. Tätä traumaattista tapahtumaa ei ole käsitelty perheessä, mikä saa aikaan pahoinvointia kaikissa perheenjäsenissä. Callien pahoinvointi ilmenee lopulta viiltelynä. Hänen puhumattomuutensa juontaa osaksi juurensa perhedynamiikasta. Hänen viiltelynsä, henkinen pahoinvointinsa ja hoitolaympäristön sisäistäminen vaikuttavat myös hänen puhumattomuuteensa. Hänen hiljaisuutensa ei ole staattinen vaan dynaaminen, alati muuntuva tila. Hiljaisuus antaa Callielle mahdollisuuden käsitellä ja sisäistää oma tilanteensa ja viiltelynsä ennen kuin hän verbalisoi ne muille. Näin ollen hiljaisuus on osa Callien paranemisprosessia. Hiljaisuus tarjoaa myös Callielle tilaisuuden välttää vaikeiden asioiden käsittelyä. Callien hiljaisuuteen liittyvät toimet, eleet ja tilanteiden välttely ovat osa hiljaisuuden kommunikatiivista tehtävää.

Callien viiltely toimii myös sekä paranemisprosessin vaiheena että kommunikaation välineenä. Callielle se tuottaa hetkellisen hyvänolontunteen ja helpotuksen henkisestä ahdistuksesta. Calliellä esiintyy myös dissosiativisia oireita, joiden aikana hän tuntee minuutensa jakaantuvan, ja viiltely auttaa keskeyttämään nämä oireet. Viiltely tuottaa tällöin Callielle tunteen omista ruumiillisista rajoistaan ja näin ollen myös tunteen ruumiillisesta ja henkisestä hallinnasta. Hoitamisen käsite

on myös läsnä Callien viiltelyssä, sillä hän yrittää lievittää henkistä ahdistustaan tuottamalla itselleen fyysistä kipua. Viiltelyn yhteydessä perinteinen käsitys kivusta negatiivisena ja välteltävänä asiana ei päde, vaan se pikemminkin edustaa positiivista helpotuksen tunnetta. Callien viiltelyn ideologian voi rinnastaa hänen juoksuharrastuksessaan vallitsevaan ideologiaan, jonka mukaan ruumiillisella kärsimyksellä on positiivisia seurauksia, kuten kunnan ja suoritusten paraneminen. Samoin viiltelyssä kivun aiheuttamisesta syntyy hetkellinen hyvinolontunne. Myös fyysisen kivun arvostus suhteessa psyykkiseen kipuun on havaittavissa Callien viiltelyssä, sillä hän pitää fyysistä kipua psykologista kipua toivottavampana. Sekä viiltelyllä että hiljaisuudella on siis moninaisia merkityksiä ja syitä Callien kohdalla.

Viiltelyn kohdalla myös sen sosiaalinen ja historiallinen konteksti tulevat lyhyesti esiin romaanissa. Sijoittamalla viiltelijä hoitolaympäristöön yhdessä syömishäiriöistä ja päihdeongelmista kärsivien potilaiden kanssa, viiltely rinnastetaan romaanissa muihin itsensä vahingoittamisen muotoihin. Samalla viiltelyä käsitellään myös vakavana psykopatologisena tilana, joka tulee ottaa vakavasti ja joka vaatii monipuolista hoitoa. Toisen viiltelijän, Amandan, kautta viiltely kontekstualisoituu. Sosiaalisesti hyväksyttävät itsensä vahingoittamisen muodot, kuten tatuoinnit ja lävitykset, nimetään hänen kauttaan. Myös itsensä vahingoittamisen historialliseen jatkumoon viitataan rinnastamalla se suoneniskentään, jota käytettiin ennen lääketieteellisenä hoitokeinona.

Viiltely ja hiljaisuus merkityksellistyvät täysin vasta suhteessa muihin. Romanin muut henkilöhahmot joko pystyvät tai eivät pysty ymmärtämään Callien viiltelyyn ja hiljaisuuteen liittyviä kommunikatiivisia viestejä. Callien hiljaisuus ja viiltely kuitenkin viestivät siinä määrin, että Callieä pidetään potilasyhteisön jäsenenä. Osa muista henkilöhahmoista toimii myös katalysaattoreina Callien

paranemisprosessin käynnistämässä ja jatkumisessa. Romaanin tärkeimmät katalysaattorit ovat Callien terapeutti, hänen isänsä ja hoitolan toinen viiltelijäpotilas, Amanda. Terapeutti edistää Callien toipumista rohkaisemalla häntä käsittelemään ahdistustaan ja sen syitä ja alleviivaamalla Callien omaa roolia paranemisprosessissa. Hänen kauttaan Callie myös pystyy verbalisoimaan tilaansa. Samankaltaisuudet ja vastakohtaisuudet Callien ja toisen viiltelijän, Amandan, välillä auttavat Callieä tunnistamaan ja kontekstualisoimaan oman viiltelynsä motiiveja. Amandan vastakohtaisuus tarjoaa Callielle ns. huonon esimerkin, johon hän ei halua samastua viiltelyn kautta. Callien isä vaikuttaa Callien toipumiseen omalla käyttäytymisellään. Isän hiljaisuus auttaa Callieä tunnistamaan oman hiljaisuutensa ja voittamaan sen. Koska isä on hiljaa, Callien on itsensä otettava vaikeat asiat esiin ja puhuttava niistä hänelle. Isän esimerkki hiljaisuudesta auttaa myös Callieä ymmärtämään oman hiljaisuutensa motiiveja paremmin. Vaikka kyseiset katalysaattorit ovat tärkeitä Callien toipumisen kannalta, on hänen oma roolinsa tässä prosessissa kuitenkin kaikkein oleellisin.

Jotta Callie voisi jatkaa toipumisprosessiaan hoitolassa, hänen on alettava puhua. Perinteisessä psykoterapeuttisessa diskurssissa potilaan on puhumalla prosessoitava ahdistavia tunteitaan ja ajatuksiaan, jotta hän voi toipua. Callien on siis alettava prosessoida puheen avulla samoja asioita, joita hän on aiemmin käsitellyt viiltelyn ja hiljaisuuden kautta. Callie onnistuu viimein tässä ja integroituu näin psykoterapeuttiseen diskurssiin ja voi jatkaa toipumistaan hoitolassa. Puheen kautta Callie pystyy myös integroitumaan täydemmin hoitolan potilasyhteisöön. Puheen avulla hän pystyy huomioimaan muut selkeämmin ja suuntautumaan näin ulospäin.

Viiltely ja hiljaisuus eivät kuitenkaan ole kommunikaatio- ja itsehoitomuotoina vähempiarvoisempia kuin puhe. Viiltely, hiljaisuus ja puhe ovat yhtäläisiä erilaisten toipumisvaiheiden ja kommunikaatiotarkoitusten ilmentymiä.

Keskittymällä toipumisprosessin kuvaukseen *Cut* tarjoaa nuorelle lukijalle, joka mahdollisesti myös viiltelee itseään, toivoa paranemisesta. Viiltelyyn liittyvän hiljaisuuden konkreettista voittamista ja terapeutin ja nuoren potilaan luottamuksellista suhdetta kuvaamalla romaani rohkaisee nuorta lukijaa, joka voi myös olla viiltelevän nuoren läheinen tai ystävä, puhumaan aiheesta terveydenhoitoalan ammattilaisille. Romaani auttaa normalisoimaan ilmiötä ja kiinnittää huomion viiltelyn rooliin nuorten selviytymiskeinona. *Cut* myös tuo hyvin esiin toipumisprosessin vaihteellisuuden, eikä tarjoa mallia yhtäkkisestä ja helposta toipumisesta. Romaani loppuu paranemishalun tunnistamiseen ja sen verbalisoimiseen, mikä toisaalta alleviivaa tämän oman tahdon merkitystä ja toisaalta paranemisprosessin portaittaista luonnetta. Monivaiheisen paranemisprosessin kuvaaminen kenties myös estää nuorta lukijaa kokeilemasta viiltelyä. Myös melko yksityiskohtaiset kuvaukset itse viiltelystä voivat toimia pedagogisena karkotteena, vaikka tällaisissa kirjoissa on aina olemassa mahdollisuus, että ne saavat lukijan kokeilemaan viiltämistä ja jäämään siihen koukkuun.

Lisätutkimus itsensä vahingoittamisen representaatioista nuortenkirjallisuudessa on tarpeen, jotta psykologisten tekstien rinnalle saataisiin myös kirjalliskriittinen tutkimuskenttä. Nuortenkirjallisuuden viiltelygenren synty ja laajeneminen kertovat nuorten tarpeesta käsitellä itsensä vahingoittamista myös fiktiivisten representaatioiden kautta. Siksi on hyvin tärkeää analysoida yksityiskohtaisesti, millaisen kuvan nämä teokset välittävät itsensä

vahingoittamisesta, sillä ne saattavat muokata nuorten asenteita ilmiötä kohtaan ja määrätä heidän halukkuuttaan ja valmiuttaan puhua ja auttaa toisiaan ja itseään.

Laajemman tutkimuksen kautta voisi myös kartoittaa itsensä vahingoittamisen representaatioita aikuisten kirjallisuudessa, jossa niillä on hyvin marginaalinen rooli. Tähän marginaaliseen rooliin voisi löytyä selitys yksityiskohtaisen analyysin avulla. Myös nuortenkirjallisuuden itsensä vahingoittamiseen keskittyvän genren eri teoksia voisi vertailla keskenään, jotta saataisiin kokonaisvaltaisempi kuva itsensä vahingoittamisen representaatioista tässä genressä.