Self-Mutilation as Nonverbal Communication in Young Adult Literature

Morgan L. Hunter
Georgia State University

Follow this and additional works at: https://scholarworks.gsu.edu/english_theses

Recommended Citation
doi: https://doi.org/10.57709/28829297
Self-Mutilation as Nonverbal Communication in Young Adult Literature

by

Morgan Hunter

Under the Direction of Jay Rajiva, PhD

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2022
ABSTRACT

This thesis expands on young adult (YA) scholarship by applying feminist and trauma theory to characters who self-harm in contemporary YA literature. In doing so, I emphasize how self-harm allows these specific characters to transform their bodies into books, serving as a complex method of nonverbal communication. By focusing on the significance of how the characters use their bodies as conduits of communication through cutting, I show how Camille from *Sharp Objects* and Callie from *Cut* are able to write their own stories by claiming and embodying their trauma, and how the literary form presents complexities of self-harm that other forms of narrative do not. By offering this re-reading of Callie and reading of Camille, this essay aims to expand the field of YA scholarship by applying intersecting theories from feminist theory and psychology, ultimately arguing for a renewed perspective of women who self-harm and YA literature.

INDEX WORDS: Young Adult, Self-harm, Cutting, Communication, Nonverbal, Trauma
Self-Mutilation as Communication in Young Adult Literature

by

Morgan Hunter

Committee Chair: Jay Rajiva

Committee: LeeAnne Richardson

Juliana Kubala

Electronic Version Approved:

Office of Graduate Services

College of Arts and Sciences

Georgia State University

May 2022
ACKNOWLEDGEMENTS

I am indebted to my thesis director, Dr. Jay Rajiva, who has helped me hone my ideas and express my claims with clarity throughout my thesis. Without his guidance and feedback, this thesis would not be complete. Additionally, I express the utmost gratitude to both of my readers, Dr. LeeAnne Richardson and Dr. Juliana Kubala, who have ensured my work is the very best quality. Without all of you, this would not have been possible.

I am also eternally grateful to my partner who has supported me wholeheartedly since I started graduate school, my friends and family who have listened to me rant about my research for the past two years (you know who you are), and Oliver who has brought me joy in the most stressful of days. Thank you all for your love and support.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ....................................................................................................................... V

1 INTRODUCTION ................................................................................................................................. 1
  1.1 Shifting Psychological Ideologies Surrounding Self-Harm ........................................................... 2
  1.2 Feminist Theory and Body as Book ............................................................................................... 3
  1.3 Young Adult Literature: The Literary Form and Scholarship .................................................... 6
  1.4 Self-Harm in YA Literature ......................................................................................................... 8

2 SHARP OBJECTS ............................................................................................................................... 10
  2.1 Psychological Views of Self-Harm ............................................................................................... 11
  2.2 Self-Harm with a Purpose ........................................................................................................... 13
  2.3 Words, Trauma, and Truth .......................................................................................................... 16

3 CUT .................................................................................................................................................... 26
  3.1 Literary Form and Nonverbal Communication .......................................................................... 30
  3.2 Public/Private Narratives .......................................................................................................... 32
  3.3 When Cutting No Longer Works ............................................................................................... 36
  3.4 Body as Book: The Significance of Scars .................................................................................. 40

4 CONCLUSION .................................................................................................................................... 44

WORKS CITED ..................................................................................................................................... 46
1 INTRODUCTION

How does contemporary YA literature help us better understand the connections between self-mutilation and women’s experience? Depictions of the self-mutilation of women’s bodies vary across several ages and cultures and have, in turn, resulted in a cross-disciplinary effort to research the connections between self-mutilation and women’s bodies. Feminist theorists who emphasize materiality such as Susan Bordo, Hélène Cixous, and Ann Cvetkovich have analyzed the self-harming woman, arguing that the woman’s body reflects culture; therefore, the suffering woman’s body reflects cultural trauma. I am using feminist materiality theory in order to view self-harm as having a specific purpose and function: to act as a form of nonverbal communication which allows women to embody their trauma and re-claim their bodies and their voices as their own. Like Kesherie Gurung in “Bodywork: Self-harm, Trauma, and Embodied Expressions of Pain,” I want to challenge our current, negative perceptions about self-harm, particularly self-harm of women, because it “is not simply about destroying or harming the body” (35). There is more to it. By viewing self-harm as a form of communication, I will expand on young adult (YA) scholarship by applying feminist and trauma theory to characters who self-harm in contemporary YA literature to show how self-harm allows these specific characters to transform their bodies into books. By focusing on how the characters use their bodies as conduits of communication through cutting, I will show how Camille from Sharp Objects and Callie from Cut are able to write their own stories by claiming and embodying their trauma, and how the literary form presents complexities of self-harm that other forms of narrative, such as medical and clinical, cannot. By offering this re-reading of Callie and reading of Camille, this essay aims to expand the field of YA scholarship by applying intersecting theories from feminist theory and
psychology, ultimately arguing for a renewed perspective of women who self-harm and YA literature.

1.1 Shifting Psychological Ideologies Surrounding Self-Harm

The ideology surrounding self-mutilation has changed entirely in the last 35 years. This changed when psychiatrist Armando Favazza’s *Bodies Under Siege: Self-mutilation in Culture and Psychiatry* (1987) advocated for separating suicide from self-mutilation and helped to develop the field of cultural psychiatry. Through his research, Favazza determines that self-harm is not only a separate entity from suicide, but that it is also not a negative or demeaning act; in fact, he presents the benefits that self-harm provides for those who actively self-harm, arguing that self-harm allows people to purge overwhelming emotions, heal, and return to their previous state (198). Favazza’s ideas have helped cultivate the contemporary psychological belief that self-harm serves as a useful tactic for those struggling with acute negative emotions.

Since Favazza’s work has opened the doors for more expansive views of self-harm, psychologists have further developed his ideas, leading to the view that self-harm can also serve as a form of nonverbal communication. Philosopher Janice McLane applies Favazza’s ideas specifically to women who have experienced trauma, arguing that trauma victims are often forced or coerced into silence and their trauma “cannot be expressed, [thus] other forms of communication become necessary… self-inflicted violence continues life by organizing the abuse survivor’s embodied world and telling her story. It is for this reason I characterize self-mutilation as the creation of a voice on skin” (107, 115). Anna Motz that self-harm can help women, specifically those who have experienced unspeakable trauma, express their stories. In *The Psychology of Female Violence: Crimes Against the Body*, she uses case studies to support this claim that women’s self-cutting acts an alternative method of communication (Motz).
Psychotherapy professor Gillian Straker expands on McLane and Motz’s claims a few years later, arguing that “communication by means of the body may be felt to be more successful than communication through words,” as those who self-harm often do so when verbal communication has failed them or, as McLane points out, when they are forced into silence (Straker 95; emphasis added). Through self-harm, women who have experienced trauma are able to communicate their unspeakable emotions; in doing so, they are writing their stories through the embodiment of that trauma onto their bodies. Thus, they re-claim not only their narrative, but they gain ownership of their bodies as well.

Because trauma plays a significant role in the theory that self-harm can act as a form of communication, we must discuss the specific trauma faced by those who experience life in women’s bodies. There is no debate that women’s bodies are repeatedly mistreated and taken advantage of. According to The National Intimate Partner and Sexual Violence Survey released by the Centers for Disease Control and Prevention in 2018, in the United States, 43.6% of women, or 52.2 million, have experienced contact sexual violence compared to 24.8% or 27.6 million men (2-3). Another 21.3% of women have reported rape compared to 2.6% of men (CDC 2-3). While the mistreatment of male bodies exists, many women live in a constant state of fear due to the seemingly never-ending violence faced in our society. Young women especially feel a looming fear of sexual violence because those in women’s bodies are often treated as objects by those around them. Therefore, my research focuses solely on how women self-harm as a form of gaining ownership over their bodies.

1.2 Feminist Theory and Body as Book

Women’s bodies and trauma are not only studied in psychology, but in feminist theory as well. Feminist theorists who emphasize trauma, such as Hélène Cixous, Susan Bordo, and Ann
Cvetkovich, agree there is a significant difference in the material woman’s body because of the constant violence directed toward women’s bodies. These scholars collectively make possible the idea of the woman’s body being transformed into a book, or a place for them to express their trauma and write their stories. Cixous’ “Laugh the Medusa” highlights the importance of women being able to find a way to use their trauma to gain agency and claim their stories. She states that “woman must write herself” and “by writing herself, woman will return to the body which has been more than confiscated from her” (Cixous 875, 880). While Cixous focuses on how women claiming their own stories will benefit them through their self-expression, Susan Bordo, known for her work in body studies, claims that the suffering woman’s story should be written and read by others. She examines historically “feminine” disorders including self-harm, arguing that through their bodily disorder, women “offer themselves as an aggressively graphic text for the interpreter—a text that insists, actually demands, that it be read” (311). While both Bordo and Cixous emphasize the mistreatment of women’s bodies and how women can use their bodies to gain agency, Cvetkovich’s An Archive of Feelings makes a similar argument focusing specially on women facing sexual trauma. In her book, Cvetkovich rejects clinical discourses regarding trauma, as these discourses often overlook individual experiences, particularly of marginalized groups. Through this rejection, Cvetkovich’s focuses on how trauma is unique to each individual and how the suffering woman can “make her own painful experience the source of [her] agency and power” (104).

Sharmain van Blommestein’s article, “Body as Book: Mortification of the Flesh, Self-Harm, and Wounds as Rhetorical Sign and Agency” introduces the body as book theory. Like Cixous and Bordo, Blommestein focuses her research solely on women, “since woman and woman’s body have been scrutinized, misjudged, misrepresented and consequently, woman must
break free of male traditions by finding the authority to write her own body and the stories attached to that body, so that the world could read woman’s own version of her representations or misrepresentations” (164). Blommestein uses both feminist theory and contemporary psychology in her article, where her main argument is that “the act of cutting, scarring, and writing, now on living bodies, give[s] its ‘sufferers,’ agency and allow[s] them to control their bodies by making it into a book, that is a site to be read, publicly or privately, and to tell their stories” (161). Blommestein believes that those who practice self-harm are taking their pain and controlling it in a way which gives them ownership over their own bodies, allowing them to effectively release their pain. This release or embodiment of pain, for the self-harmer, “act[s] as a rhetorical sign for their agency, empowerment, and control. The material act of making the body a book re-shapes and re-habilitates their lives” and allows the woman to claim and write her own story (Blommestein 166-7).

Each of these scholars focuses on the woman’s body as material, accentuating the suffering and pain that those in women’s bodies are subjected to and studying how that pain, through self-harm, can be transformed into a means of agency. This agency can be claimed by the embodiment of that pain onto the skin, transforming the body into a book. As of now, there is little to no research specifically applying the body-as-book theory to women who self-harm in young adult literature, though the target demographic of young adult readers is where we see the most frequent self-harm. In attempt to fill this gap in scholarship, I examine two YA texts that include characters who self-harm, placing emphasis on the body and how self-harm allows these characters to transform their bodies into a site to be read.
1.3 **Young Adult Literature: The Literary Form and Scholarship**

Despite the growing popularity of the YA genre, there is still a noticeable deficit in scholarship regarding YA, as it is often not recognized in academia. The separation of YA literature from children’s literature was controversial in the 1900s, as many adults were opposed to introducing more mature themes to young adults (Blakemore). Despite this hesitancy, by the 1980s, YA literature was recognized as its own genre and today, YA is one of the most popular genres in America with over 35,000 print book sales in 2021 (Milliot). YA literature is now recognized as a diverse genre targeted toward young adults from age 12-18 with narrators who are typically within that age group themselves. Within YA literature, there are numerous sub-genres, including problem novels. According to the Young Adult Library Services Association, YA literature and problem novels attempt to introduce social problems that young adults face, in order to bring awareness to these problems to let readers know they are not alone and to evoke empathy and compassion toward individuals affected by these social issues (Cart). This genre includes social problems such as racial, gender, and class inequality as well as topics such as self-harm, suicide, and mental illness. Within the little existing scholarship that focuses on this specific sub-genre, there are two clear areas of study: whether the education system should teach YA problem novels and analysis of YA depictions of self-harm and mental illness for their accuracy in comparison to medical narratives of self-harm and mental illness.

In the first of these categories, YA scholars primarily support the inclusion of YA problem novels in the classroom, arguing that reading and discussing novels that cover controversial topics and social problems is imperative in order to bring awareness to these issues. In “Not as Crazy as It Seems: Discussing the New YA Literature of Mental Illness in Your Classroom or Library,” literary scholar Diane Scrofano brings awareness to and highlights the
necessity of using young adult literature to discuss mental illness, as students need to become aware of different perspectives and resources regarding mental illness (15). Comparably, Kristine E. Pytash, English professor, addresses how and why teachers should use young adult literature in her article, “Using YA Literature to Help Preservice Teachers Deal with Bullying and Suicide.” Pytash attests that by reading young adult novels, teachers and pre-service teachers “had the opportunity to reflect, gain insight, and develop introspective and empathetic points of view concerning their future students” while helping them “develop the awareness, understanding, and empathy regarding the seriousness of the problems that many adolescents encounter” (476). While these scholars have emphasized the importance of teaching and learning from self-harming characters, scholars such as Jennifer Miskec, Chris McGee, Ricki Ginsberg, and Sarah Thaller have critiqued representations of self-harm in YA novels for their accuracy.

The research in the second category consists of very few articles, some of which, including Sarah Thaller’s “Troubled Teens and Monstrous Others: Problematic Depictions of Characters with Mental Illness in Young Adult Literature,” analyzes characters in comparison to depictions of mental illness in the medical field, arguing that representations of mental illness in YA literature do not accurately represent mental illness. Additionally, children’s literature scholars Miskec and McGee analyze characters from different YA novels who self-harm to determine whether individual characters gain or lose agency because of their experience with self-harm. To do so, the authors analyze characters based on their accuracy in relation to current medical knowledge about self-harm and mental illness. Early on in Miskec and McGee’s article, “My Scars Tell a Story: Self-Mutilation in Young Adult Literature,” they divide self-harming literature into three chronological stages, dating from 1991-1998, 1999-roughly 2005, and select novels from 2002, 2004-2006. They argue that as the stages progress, the literature “deal[s] with
cutting in increasingly productive ways” (164). They conclude that while some YA characters act as positive representations of how an individual can use self-harm to gain agency, many characters, especially those depicted in novels written before 2005, represent negative and stereotypical depictions of mental illness and self-harm (163).

While each of these routes within the field of YA literature emphasizes the significance of the suffering woman’s body, there is a need for research that dives deeper into the complexities of the characters within YA literature. Although current analyses and scholarship have established necessary foundational research, self-harm scholarship can be broadened by applying theoretical lenses which prioritize the material body of the character performing self-harm, facilitating a renewed perspective within scholarship of YA characters who self-harm. Instead of focusing on the limitations of YA characters and YA literature through comparison to medical narratives, we can disrupt this idea by considering that the YA literary form has the imaginative capacity to express dimensions and complexities of self-harm that other narratives cannot.

1.4 Self-Harm in YA Literature

The comparison of YA literary depictions of self-harm to the advancements within the medical field in regard to self-harm limits our understanding and creates generalizations of how self-harm manifests. I offer a different perspective. In this thesis, I argue that YA’s distinct literary form allows for the understanding of certain complexities of self-harm that are not yet fully understood within other forms of narrative, such as within medical definitions.¹ In the

¹ This perspective does not provide an account for all characters in YA literature. This research is limited both by race and gender, as I am analyzing two white, young women. Unfortunately, YA literature primarily focuses on white characters, often leaving out people of color. In YA problem novels in particular, there are few novels which focus on male or POC self-harming characters.
following chapters, I examine characters based on their individual experiences with self-harm by using the body-as-book theory and psychological claims that self-harm can act as a form of communication, showing how both Camille from Gillian Flynn’s *Sharp Objects* and Callie from Patricia McCormick’s *Cut* use cutting to gain agency and ownership over their voice and body.

Nevertheless, by focusing on the self-harming young woman’s body as a material and identifying how both Camille and Callie use their bodies to act as a conduit for their suffering, I examine how each of these characters communicates through their embodied trauma in ways they were previously unable to communicate verbally. Thus, cutting allows these young women to tell their stories of pain and trauma, ultimately reclaiming their bodies and voices through the conversion of their body into book. However, within using self-harm as communication, there is a clear paradox that both characters must face: the very act that helps them heal, communicate, and gain agency, has a lasting, damaging effect. By using a framework that emphasizes the significance of the woman’s body, as the aforementioned feminist and literary scholars have set up in their research, I will expand on the existing scholarship regarding characters in YA novels who self-harm and provide insight into how self-harm in YA literature—whether the representation is perfectly accurate in regard to psychological and medical developments—can, despite the negative effects, be interpreted as a means to gain agency.
2 SHARP OBJECTS

What if instead of viewing self-harm as an act of damage and objectification, we viewed self-harm as a complex method of communication? Gillian Flynn’s *Sharp Objects* advances the idea that self-harm can serve as a form of communication of trauma through an embodiment of pain, empowering trauma victims to claim their bodies as their own and write their own narrative of their trauma. The novel follows 30-year-old reporter and journalist Camille Preaker as she returns to her small hometown Windgap, Missouri for the first time in years to investigate the murders of two young girls. As the narrative unfolds, Camille’s past is slowly uncovered, linking Camille’s scars to the trauma she experienced as a young girl when she was gang-raped by a group of teenage boys, witnessed the death of her younger sister Marian, and was mistreated by her unloving mother. During her investigation, Camille is reminded of this trauma she tried to leave in her past when she draws parallels between herself and the two young girls who were murdered. In addition to making discoveries about the two young girls, Camille uncovers evidence about Marian’s mysterious health issues and death years prior when Camille was 13. Camille notices similarities between her teenage stepsister Amma’s health issues and Marian’s health right before her death, leading to the discovery that her mother has undiagnosed Munchausen Syndrome by Proxy and is responsible for the death and illness of all of these young girls. Uncovering the truth about her younger sisters and the other girls who were murdered leads Camille to slowly unlock and recover the trauma she has tried to repress. In doing so, she begins to make connections between her scars and the trauma she has faced, eventually gaining agency over her trauma as well as her scars.
2.1 Psychological Views of Self-Harm

Prior to the 1960s, psychologists did not believe that self-harm may be separate from suicide. Instead, the common view was that self-harm was an act of damage and a precursor to suicide, referred to typically as a suicidal or life-threatening behavior (Heshusius). In 1967, psychologists Graff, Mallin, and Pao began to distinguish self-injury from suicide attempts, viewing suicidal behavior and non-suicidal self-harm as separate entities (Favazza 198). In the 1980s, these ideas were developed further in Armando Favazza’s *Bodies Under Siege*, the first book that solidified this distinction (Favazza 198). Favazza’s work argues that suicide is an “exit to death” while self-injury is a “return to a state of normalcy, and a seeking to feel better” (198). Favazza not only argues that self-harm is not a precursor to suicide, but that self-mutilation is a method of releasing pain in order to feel better, heal, and return to a previous state. This idea opened the door for contemporary psychologists and psychiatrists to expand on Favazza’s ideology.

The definition of self-injury has now shifted, emphasizing the phrase “without the intent to commit suicide” (Simpson 6). Modern psychologists and psychiatrists view self-harm as a useful tactic for those struggling with acute negative emotions because “self-injury fundamentally, represent[s] a sacrifice of one part of the body for the sake of the whole” (Strong 32). In addition, self-harm can work as a form of non-verbal communication, specifically for those who experience embodiment as women. Clinical psychologist and psychotherapist Anna Motz believes “self-harm can create a narrative and embody unbearable feelings and unspoken thoughts… as a form of self-expression and communication” (84). For those who self-harm, performing the act of cutting not only creates an outlet for their pain and trauma, but assists them in self-expression by allowing them to write a narrative of their pain onto their bodies.
Literary scholar Sharmain van Blommestein applies the contemporary psychological theory of self-harm as communication to book making, arguing that the process of cutting one’s skin to express feeling is comparable to the carving of words onto vellum to produce books in the Middle Ages (161). This comparison leads Blommestein to her body-as-book theory, the idea that women’s self-harm acts as a form of writing onto the skin. By emphasizing the materiality of “‘writing’ on women’s bodies,” we may “demonstrate how the body becomes a book for women to tell their stories” (162). The transformation of skin to book occurs through the embodiment of pain via cutting. Blommestein argues that this “act of cutting, scarring, and writing, now on living bodies, give[s] its ‘sufferers,’ agency and allow[s] them to control their bodies by making it into a book, that is a site to be read, publicly or privately, and to tell their stories” (161). Whether the scars are read publicly or privately does not make a difference; rather, what matters is that the sufferer (or trauma victim/person who self-harms) is able to gain control over their bodies and find a way to express their trauma and tell their stories. Agency, according to Blommestein, is gained through the act of cutting onto bodies, not through the sharing of stories. In Camille’s case, she gains agency both through cutting onto her skin and through choosing to share her scars with others.

By using psychologists’ theory of self-harm as communication and Sharmain van Blommestein’s body-as-book theory, I analyze Sharp Objects to show how Camille not only cuts, but cuts words with significant meanings. Throughout this chapter, I first depict how Camille’s self-harm functions with the specific purposes of communication and gaining control over her body. I then emphasize the significance of the individual words Camille cuts into her skin to explore how she is able to embody her trauma through self-mutilation. In the following section, I discuss how and why Camille hides her scars, concluding that whether others can view
her scars does not dismiss her using the body as a mode of communication and storytelling; however, when she does choose to show her scars and allow other to read her story, she gains agency over her scars.

2.2 Self-Harm with a Purpose

Growing up, Camille begins using self-harm tactics, cutting in particular, to help her cope with traumatic experiences. Camille starts cutting on her thirteenth birthday, when her sister Marian dies. Camille and the readers discover at the end of the novel that Adora is responsible for Marian’s death. Adora has undiagnosed Munchausen’s Syndrome by Proxy, a mental illness that causes individuals to induce or fabricate the illness of others in order to become their caretaker (Zylstra et al). As children, Camille and Marian were both subjected to their mother’s illness as Adora slowly poisoned them just enough so they would become very ill and Adora could take care of them. For these first thirteen years of Camille’s life, Adora claimed complete ownership over Camille and Marian’s bodies, as she decided when they were healthy and when they were ill, leaving Camille incapable of controlling her body. Because of this lack of control, Camille turns to self-harm and uses it not only to cope with her sister’s death but to gain ownership and control over her body. As Motz argues, self-harm “reflects the way that women communicate their experiences and assert control over their private spheres of influence, their own bodies” (85). Camille’s self-harm functions as a method for her to communicate her pain and take back the ownership and control of her body that her mother had for so long. The private sphere she creates, both through her self-harm and through her narration of her story via her internal monologue, allow Camille to use her skin as a place to scream and find her voice when she feels she cannot actually scream or communicate verbally because her mother constantly silences her. Her mother gets away with the murder of Marian for years, because she silences
Camille and lies to those around her. In response to being silenced and unable to communicate what has happened to her and her sister, Camille cuts words to document the truth. By the time the narrative begins, Camille is 30 years old and covered from the neck down with scars shaped like words, each word tied to a distinct memory; together, the scars depict the narrative of Camille’s life.

At the beginning of *Sharp Objects*, cutting is more to Camille than a coping mechanism; rather, self-mutilation defines her perception of herself. Camille’s perception of herself is highlighted through the first-person narration which provides the audience insight into her own internal monologue. By focusing on Camille’s narration and inner thoughts, readers can identify the evolving relationship she has with her self-harm. The first time Camille’s cutting is mentioned, she is back at her mother’s house, the place where much of her trauma occurred, for the first time in years. She is watching her mother interact with her sister and leaves the room when she starts thinking of her deceased sister. She begins pacing, trying to calm her skin, but she finds this difficult as her scars are “blaring” at her (Flynn 94). In her multiple-page attempt to describe her scars to “you,” assumed to be the readers, she dives into her inner thoughts about her relationship with her scars. The reader is removed from the action of the scene and exposed only to Camille’s internal monologue. She begins “I am a cutter, you see. Also a snipper, a slicer, a carver, a jabber” (94). The cutting, snipping, slicing, carving, and jabbing are each actions that Camille performs on her body. By internally referring to herself as the actions she performs and directing these thoughts to “you,” Camille implies that the act of self-harm is a part of who she is, and this is how she defines herself to the readers. Similar to Camille’s dependence on her self-harm to define herself, self-harm often functions as a significant part of women’s self-perceptions and ideas of themselves. Anna Motz touches on this idea in her article “Self-Harm as
a Sign of Hope,” where she claims that through self-harm, women are able to “create an autobiographical narrative and a sense of self” (84). By defining herself as the action of her self-harm, Camille is actively using self-harm to create her own narrative. Thus, her entire identity is intertwined with self-mutilation. Camille’s self-harm not only defines who she is, but her self-harm has a specific purpose.

Camille believes her particular method of self-harm, cutting words into her skin, separates her self-harm from that of others by giving her a more significant purpose; however, while her method of cutting words gives her a purpose, she is also aware of its shortcomings. In the aforementioned scene, Camille continues to address the readers within her inner monologue. She points at the distinction between herself and other self-harmers when she describes herself as a “very special case. I have a purpose. My skin, you see, screams. It’s covered with words –cook, cupcake, kitty, curls – as if a knife-wielding first-grader learned to write on my flesh” (Flynn 94). Similar to the previous passage, Camille references her body with communicative language, proving not only that her purpose is tied to communication, but that her cutting is equated with loud, blunt methods of communicating strong feelings (“screams” here and “blaring” earlier). Screaming and blaring are rudimentary forms of communication, often used by children who have not yet learned how to communicate strong feelings. These specific word choices in addition to Camille’s comparison of her cutting to a first-grader learning to write, leads readers to think of her cutting as child-like or as if her cutting as communication could be improved. Camille may be insinuating that her skin in stuck in this child-like state because she has not discovered how to effectively communicate the strong feelings she has in response to the trauma she has experienced. Thus, she reverts to a child-like method of communicating: screaming.
blaring. Each of these references gives power to the scars on her skin, as if she cannot control them or ignore them, pointing at the complexity in her relationship with her scars.

While the scars provide her with a place to communicate, materialize, and capture her feelings, Camille’s language of “screaming” and “blaring” also hints that she cannot ignore her scars. Camille continues to describe her scars to the readers, claiming that “I’ve made my own private jokes. You can really read me. Do you want me to spell it out for you? I’ve certainly given myself a life sentence. Funny, right?” (98). With the use of words such as “screams,” “words,” “write,” “read,” “spell,” and “sentence,” Camille uses communicative language to describe who she is and how self-harm functions as part of her identity and as a method of expressing herself. However, Camille’s private jokes depict the complicated relationship she has with her scars, as the playful irony present in the pun on “sentence” implies both that Camille is using her self-harm to communicate and express herself, but that the very endeavor that provides her with an outlet to communicate, might imprison her. This language makes it clear that while cutting fulfills Camille’s purpose to communicate her pain and the truth, her self-harm has consequences. She must navigate through her lack of control over silencing and ignoring the words, and face isolation and confinement created by her scars. She is stuck in a push and pull relationship with her scars; on one hand, cutting is the only method of communicating her pain that she has found effective while on the other hand, there are explicit damaging effects.

2.3 Words, Trauma, and Truth

She cuts specific words in her skin which distinguishes her from others who self-harm to communicate their pain and trauma; therefore, each word must carry its own significance, leading us to the question: what exactly is Camille trying to communicate through the scars on her skin? Continuing with the internal monologue presented previously, she states “I had a dirty
streak my senior year, which I later rectified. A few quick cuts and cunt becomes can’t, cock turns into back, clit transforms into a very unlikely cat” (Flynn 97). Because she is informing readers about her ‘dirty streak’ and then telling readers that the inappropriate words she carved during this ‘dirty streak’ in her life, it is clear that these words were carved because of the experience she was going through at the time. She elaborates more on the cause of each word when she says “tell me you’re going to the doctor, and I’ll want worrisome on my arm. Say you’ve fallen in love and I buzz the outlines of tragic over my breast” (98). Her reactions to these two particular words show the deep-rooted effects of her trauma. The word doctor is associated with worrisome because whenever Camille felt sick as a child, her mother would be her doctor, and give her medicine laced with rat poison, making her feel more ill than she ever was. Additionally, Camille associates love with tragic because her experiences with boys have been violent and painful. Therefore, each word she carves connects or responds to a distinct memory and her feeling in that moment, many of which are deeply influenced by her feelings of protest or anger about her traumatic experiences.

The want/need to cut in response to specific moments is a prevalent response felt by those who self-harm. For trauma victims in particular, often self-harm is a response to trauma or difficult experiences. According to Motz’s research, in trauma victims, “traumatic breakdowns… are unconsciously re-created in later assaults on the body, which serve to communicate distress, anger, protest” (81). Camille’s carving of words that represent specific moments can be interpreted as the re-creation of those traumatic events in order to protest against those events and communicate her anger. For example, the word-shaped scars covering Camille’s skin from neck-down cannot be removed, so her skin becomes a constant reminder of memories tied to these words, some of which she wants to escape from. In her inner dialogue where she describes
her self-harm, she mentions the insistent reminder these words carry when she thinks, “getting out of the bath and seeing… down the side of a leg: baby doll. Pulling on my sweater and, in a flash of my wrist: harmful. Why these words?... The one thing I know for sure is that it is crucial to see these letters on me, and not just see them, but feel them” (94). Camille needs to feel the words she cuts, as these words often encompass her feelings about an event or experience. In order to process her feelings in a moment and capture those feelings, she needs to feel her cut and see her cut.

In her inner thoughts early in the novel, she claims to be unaware of why she cuts particular words; however, her relationship with her scars evolves throughout the novel and later on, she begins to make connections between the words and her trauma, possibly leading to the conclusion that once she learns how to read her own body, she can begin to heal. Later in the novel, when Camille has been back in her hometown for a month or so investigating the murder of two young girls, she sits in a park with detective Richard, discussing her relationship with her mother. She internally describes the park, remembering each of her sexual encounters that took place there. She remembers being thirteen and giving her first blowjob to a senior who refused to kiss her. Then she remembers being gang-raped by four high schoolers when she was in the eighth grade. While thinking about what happened to her in the park, she feels “the word wicked blaze up by my pelvis” (177). Earlier in the novel, Camille admitted wicked was the first word she cut, the same summer Marian died, the same summer Camille was raped (94-95). Camille’s ability to make connections between her scars and the memory/feeling each scar is connected to is evident in this scene, as she feels the word wicked while standing in the same place where she was raped. She becomes more aware in this moment that wicked is tied to this specific memory and represents how she felt in that moment years ago, which both relates to her feelings of guilt
about Marian’s death, as well as how she felt after being raped in the park. Camille’s cutting as a re-creation of her trauma in order to protest against the trauma she suffered is clear again in this same scene. As Richard and Camille are talking in the park, he can sense her reluctance to talk about Adora and asks if Adora ever hurt her. Camille responds “That’s a bizarre question, Richard,” though her thoughts argue otherwise (177). Before she responds aloud, she thinks “hadn’t she hurt me?… I pictured myself pulling off my sweater to show him my scars and screaming, yes, look!” (177). While wicked is tied to one specific traumatic memory, this memory does not compare to the lifelong trauma that Camille faces at the hands of her mother. Camille’s response shows that on some level, internally, she knows her mother is partially responsible for her scars and the pain associated with them.

For Camille, many of the traumatic events she experienced occurred because no one could see the truth in what was happening behind closed doors, leaving Camille feeling silenced and forced to withhold the truth from others. Camille herself, though she is also being poisoned by Adora is unable to fully uncover the truth until she is much older. So, Camille cuts the pieces of truth that she does know into her skin, where no one can erase it. She puts all of the truth in one place where she can document what has happened to her and find it if she wants to. She states “cutting made me feel safe. It was proof. Thoughts and words, captured where I could see them and track them. The truth, stinging, on my skin, in a freakish shorthand” (98). The truth as well as proof are what Camille longs for, so these words provide her with a sense of safety and comfort, as she knows the truth cannot be separated from her body. Her skin is transformed into a disjointed narrative that contains the truth from specific memories in her life, which she is able to use as an adult to make the connections between the girls who are being murdered and discover that her mother is responsible. Sociologist Kesherie Gurung discusses this
transformation for people who self-harm, claiming those who practice self-harm are “performing embodied, socially situated acts of healing, survival, and self-creation in a physical attempt to retell complex, fragmented stories” (35). Camille’s cutting, even if the scars are only seen by herself, are an attempt for her to encompass the truth and tell her story through the scars on her skin and at the same time, protest against the trauma she experienced by cutting her feelings that are tied to her memories. Because Camille places all of her feelings and truth in one place, her skin has become a storybook of her life experiences, many of which she does not always want to be reminded of.

In an attempt to ignore the endless bombardment of memories contained by her skin, Camille covers her body as often as possible and even considers removing the words, further emphasizing the intricate relationship she has with her scars. When describing her scars early in the novel, she thinks, “I can’t stand to look at myself without being completely covered. Someday I may visit a surgeon, see what can be done to smooth me, but now I couldn’t bear the reaction” (98). This statement makes it clear that Camille wants to shield her body from both herself and others, as she does not want to see their reactions. To hide her body, she dresses in long-sleeve turtlenecks and pants, though this only helps in public. In private, she has another method. Camille cut the word vanish on her neck so she could escape the bombardment of “the words squabbling at each other across my body” (97). Thinking of vanish, “always hushed and regal, lording over the other words from the safety of the nape of my neck” (97-98), gives her the power over her body that she has been seeking by cutting those other words. Despite her dissatisfaction with her appearance because of her scars, Camille admits “most of the time I’m awake, I want to cut. Not small words either” (98). In this moment, Camille finds the feeling provided by cutting the words is more important than the appearance left after and the other
negatives of her self-harm that have been mentioned. Though her cutting takes precedence over the reactions of others, Camille is constantly afraid of someone seeing her body. In one scene, Camille is having sex with someone, and she thinks “my shirt was thin, I didn’t want him to feel my scars” (229). In another, she describes the hiding as “more than a decade of concealment, never an interaction – a friend, a source, the check-out girl at the supermarket – in which I wasn’t distracted anticipating which scar was going to reveal itself” (327). Camille is not afraid that she may show someone her scars, but that the scars may reveal themselves. This intentional language points at the idea that her scars choose when to be revealed; thus, her scars have agency.

Despite Camille’s constant efforts to hide her scars, there are three instances in the novel where her body is seen by others. In one of these scenes, Camille is with Adora at a clothing store where she is forcing Camille to try on a dress. Camille does not want to, but eventually she walks out of the dressing room in a dress that exposes her arms and legs, and her mother responds “‘Oh, dear God’…‘Look what you’ve done to yourself’… ‘Look at it’…‘I hope you just love it. I hope you can stand yourself’” (190-191). While this is the reaction Camille expects and the reason she has chosen to constantly hide her body from others, her mother’s reaction hurts her. Later in the novel, Camille’s love interest Richard sees her after Adora has poisoned her and she is sitting in a bath screaming because of the pain. When Richard sees her, the first thing that happens is “his mouth fell open. He tilted my head to one side, looked at the cuts on my neck. Pulled open my robe and flinched. ‘Jesus Christ.’ A psychic wobbling: He teetered between laughter and fear” he then “tied my robe shut, and refused to look at my face anymore” (375). The reason Camille never showed her body is because she did not think anyone could understand the pain that led her to carve these words, no one could understand the meaning held by the words. No one could understand the trauma she faced as a child, at the hand of her own
mother. The reactions given by Adora and Richard both proved she was right, that neither of them could understand her.

In spite of these negative reactions, for the first time in her life toward the end of the novel, Camille decides to show someone her scars. The person she shows, John, has also experienced familial trauma and the specific pain one feels when a sibling is murdered (unbeknownst to them in this scene, John’s little sister was also murdered by Adora). Furthermore, John has been accused by most of Windgap of his sister’s death and no one has believed his pleas of innocence. She shows John because she thinks may actually understand her scars and her story, because he too has been unable to effectively communicate his truth. Camille sees her own story in his, as her sister was taken from her much too early, and no one would believe that Adora was responsible. When she chooses to show him, she gains agency over the scars that have controlled her for so long because instead of the scars revealing themselves as Camille has always been afraid of, she chooses to reveal her scars. In doing so, she is showing him her narrative of trauma, which is located in her scars, as according to Cvetkovich, her scars serve “as a reminder that the memories retrieved in order to heal from trauma are not just memories of what happened in any simple sense. For ‘what happened’ includes the mental, physical, and emotional responses of the person who experiences trauma, which is located insides, as well as outside, the self” (98). After sharing her trauma, John’s reaction is much different than the others she had experienced. Instead of acting repulsed, he kisses her scars and “he read me. Said the words out loud” (327-328). During their interaction, for the first time in years, “the words stayed quiet” (328).

Does Camille’s choice to hide her scars from both herself and others diminish her agency? If the scars are not being used to tell her story and show others her truth, do they lose
their meaning? According to Blommestein, sufferers choosing to hide or uncover their scars makes no difference in the process of using self-harm to gain control over one’s body. Having the option to share the trauma they have worked to express onto their skin only adds to the agency the sufferer has gained through self-harm. However, Camille complicates this. Camille’s language that one of her scars may “reveal itself,” proves that the scars have some sort of control or agency (327). When she shows John, she chooses to show him, gaining power over her scars’ ability to reveal themselves. While cutting does allow Camille to gain agency over the trauma she has faced, until she learns to understand the words and chooses to share her words, she does not have full control over her scars. Previous to this interaction, Camille has only been able to silence the words by thinking of *vanish*. She gave power to that word in order to silence the other words. It is in this moment when she chooses to show her scars and read her scars, that she gains complete control of both her scars and her trauma. It is not because of John’s positive reaction that she gains complete agency, but because she chose to show someone. In doing so, she takes control of when she can hear/read the words and when she ignores them, as well as when others see/read them.

Camille stops cutting at the age of twenty-nine, but the yearning to find the release which cutting words once gave her, does not leave her. In one scene after she stops cutting, Camille is nervous while interviewing someone about a murder. She says, “I took notes first on a legal pad, then in my head, as I began outlining the scars on my right arm with my felt-tip pen” (126). Even when she is in her thirties, she is still being comforted by the feeling of the words on her skin when she is nervous, pointing at the complicated relationship she has with her scars. Though she feels she must constantly hide her body and is often bombarded with the truth hidden in the words, she simultaneously finds comfort in her scars. Later in the story, after an argument with
her mother, she opens the knife drawer, because “I just wanted to look at the knives I once used to cut myself. I wasn’t going to cut, just allow myself to feel that sharp pressure… my skin was hot” (191). In Camille’s case, the feeling of release is not satisfied by simply cutting into her skin, but more so by the words she cuts. Camille specifically believes this version of cutting is a more helpful and acceptable version of self-harm. While she often does not show her body to others, when Richard sees her, he asks “What’s wrong with you? You’re a cutter?” and she responds “‘I cut words,’... as if it made a difference” (375). While it does not make a difference to those who see her scars accidentally, it does make a difference to her.

In reference to psychological understandings of self-harm as a form of communication, Camille believes her version of cutting is more acceptable than others because she has a specific purpose. According to Blommestein, women who self-harm are able to transform their bodies into a book, a site to be read. Camille takes this idea even further, as each word cut onto her skin is tied to a memory that tells a fragmented story of trauma that can be read. Camille believes that cutting words is part of who she is, a part that has allowed her to claim her own body and tell her story. These scars provide her with a roadmap to recovering some of the specifics of her trauma, which allows her to begin to cope with her trauma and discover the truth about her mother. However, Camille’s relationship with her scars complicates the idea of using cutting as communication. There is a paradox she becomes trapped in, as cutting is temporarily successful at assuaging overwhelming emotions but also problematic, as she cannot ignore the words. She is able to keep a permanent record of her experiences to capture the truth, but she is bombarded by the truth as she cannot always keep her scars quiet. While cutting allows her to take control over her body from her mother as she decides when she feels pain, her scars hold power over her, as she cannot always quiet them down. Her scars bombard her with her life story each time she is
undressed, leading her to hide her body and feel a sense of confinement and isolation.

Nevertheless, Camille finds ways to overcome the power her scars hold over her. By cutting the word *vanish*, she is able to ignore the other words and gain control of her body and by choosing to show her body to John, she takes control over her scars.

Camille’s story had been predetermined by her mother, yet she broke away from her mother’s control, unlike her sister. Like so many women, her body had been manipulated and taken advantage of by others but cutting allowed her to reclaim her body. Cvetkovich argues that “in order to possess this power [or agency], she must be unafraid to make her own painful experience the source of agency” (104). Camille does exactly this through the embodiment of her pain and trauma into her scars, which she then uses as her source of gaining agency over what happens to her body. Furthermore, Blommestein’s body-as-book theory argues that through self-harm, women self-harmers gain “agency, empowerment, and control” and that “the material act of making the body a book re-shapes and re-habilitates their lives” (166-167). By transforming her body into a book, Camille gains agency and control over her body which results in her mother losing her claim to Camille’s health and body and Camille finding a method to release her pain and capture the truth in her life, eventually re-shaping who she is.
3  **CUT**

Patricia McCormick’s YA novel *Cut* (2000), like Flynn’s *Sharp Objects*, provides insight into a self-harming, young woman’s psyche and shows that trauma can be displaced onto the skin. Both Camille, from *Sharp Objects* and Callie, the protagonist of *Cut*, take self-harm as a form of nonverbal communication a step further than the traditional cutter. Camille cuts words instead of lines into her skin and Callie has selective mutism, making her skin and not her speech her primary way of communicating. Both protagonists develop these coping mechanisms in response to family trauma: both have been repeatedly silenced by their mothers, and both feel responsible for their siblings. Callie responds to her brother’s severe illness by staying quiet and out of the way in an attempt to help him. The constant pressure to be silent leads Callie to develop selective mutism, a “rare disorder… characterized by a persistent failure to speak in certain social situations despite the ability to speak and to understand spoken language” (American Psychological Association). Despite their differences, both Camille and Callie are examples of how suffering young women can use self-harm and their bodies to communicate nonverbally when they are silenced verbally. What distinguishes *Cut* from *Sharp Objects* is that Callie experiences self-harm not only as a form of communication but also as her sole method of communicating. This distinction is significant, in that YA scholars have faulted *Cut* for Callie’s restricted agency. I argue, however, that like Camille, Callie gains agency through self-harm and that it is cutting that enables her to find a voice of her own.

In doing so, I will use psychological claims that self-harm can act as a form of communication and the work of feminist scholars such as Janice McLane, Ann Cvetkovich, and Sharmain van Blommestein in order to provide a contextualized reading of Callie who, thus far, has been criticized by YA scholars primarily based on what limits her agency rather than
focusing on how she gains agency. I will discuss the critical reception of the novel in tandem with the awards and general reviews *Cut* received, as these are in direct opposition with one another. The contrasting responses to *Cut* has influenced my reading of the novel as the scholarship regarding Callie does not align with my claim that through her authentic depiction of self-harm, Callie gains agency and reclaims her voice as her own.

My reading of Callie’s agency through her experience with cutting in the novel is mirrored in the overwhelmingly positive response *Cut* received when it was released in the early 2000s. In 2002, *Cut* was named the Best Book for Young Adults by the American Library Association. Renowned reviewers, such as those for the *New York Times*, the *Boston Globe*, and *Publishers Weekly* praise McCormick’s ability to realistically display the intricacies of Callie’s mental health, self-harm, and selective mutism. *Publishers Weekly* specifically highlights McCormick’s ability to give a “voice to a very real sense of harm and powerlessness” as well as how the novel “sympathetically and authentically renders the difficulties” of doing so (McCormick I-II). In addition, *Cut* has received many reviews since its publication written by young adult readers who appreciate the authenticity of the novel and find similarities between their own struggles and Callie’s. On Goodreads, *Cut* has over 55,000 ratings, including reviews from young adults who relate to Callie such as “It was just real… it was like reading my own story” (Jude 2014), the novel “took my breath away with its realistic and raw portrayal of a teen dealing with a cutting problem” (Lauren 2011), and “as someone who is currently dealing with this addiction, McCormick perfectly encapsulated why people like me self-harm” (Nic 2020). Despite reviews such as these written from young adults who relate to Callie and complement the complexity and realism of Callie’s struggles, YA scholarship does not take the reader’s response into their analysis.
YA scholarship often focuses on whether or not the depictions within YA are accurate; therefore, it is important to consider that a great deal of readers who share the same struggles as Callie think *Cut* is authentic and realistic. Using the lens of psychological diagnostics, YA scholars tend to compare characters’ experiences with self-harm to generalized ideas of what self-harm should look like, leading to the oversimplification that self-harm manifests the same for everyone. For example, Sarah Thaller’s “Troubled Teens and Monstrous Others: Problematic Depictions of Characters with Mental Illness in Young Adult Literature,” analyzes characters with mental illnesses by comparing them to what the medical field says mental illness should look like, arguing that many YA characters do not accurately depict these illnesses because they are not represented in the same way medical understandings of mental illness and self-harm are.

In contrast, according to feminist theorist Cvetkovich, trauma and responses to trauma are part of a “discourse that has been dominated by medical and patronizing approaches” (2). Additionally, sociologist Kesherie Gurung points out that self-harm is “an act that does specific, meaningful things for those who practice it,” and this act may look completely different for each person who practices self-harm (35). Therefore, reading these characters solely to uncover their problems and determine if they are accurate based on clinical definitions of mental illnesses leaves out the complexities and distinct ways in which mental illness and self-harm can manifest in each individual person, leading to generalizations that self-harm and mental illness look the same for everyone. In response to *Cut*, YA scholars argue that Callie is a victim of her self-harm and loses agency through her cutting. YA scholars Miskec and McGee argue that many characters, especially those depicted in novels written before 2005, represent negative and stereotypical depictions of mental illness and self-harm in their article, “My Scars Tell a Story: Self-Mutilation in Young Adult Literature” (163). As evidence, they examine *Cut*, ultimately arguing
that the novel “limits Callie’s agency, depicting her as a victim of a disease she cannot control” (Miskec and McGee 168). While much of their argument accurately describes Callie’s complex relationship with self-harm, their research primarily focuses on what limits and takes away from her agency/control over her actions and decision, rather than addressing how she finds a nonverbal voice and gains agency in an environment that has consistently silenced her.

Current YA scholarship focuses so heavily on the accuracy of representations of young adults with mental illnesses because, as Scrofano and Pytash claim in their respective works, these representations of real, complex problems that children and young adults face have the ability to ignite conversations and bring awareness to these struggles. It is because these representations are so significant that YA characters should be analyzed and critiqued not for their accuracy and authenticity alone, but for the complexities present in the characters. Further, if we did want to measure a character’s authenticity, would it not be sufficient evidence to see that the target audience of the novel relates to the character and finds the character believable instead of focusing on whether the character is medically and clinically accurate? Cut invites readers to read YA self-harm with an emphasis on the embodiment of pain, rather than on ensuring that its representation of self-harm is medically and clinically accurate. The literary form has the imaginative capacity to express dimensions of an individual’s experience with self-harm that other types of narratives do not. Thus, to depict the nuances of Callie’s experience with self-harm as her only form of communication, her narrative relies on literature as a form to express such complexities through the use of literary language and devices such as metaphors that are not captured in medical narratives.
3.1 Literary Form and Nonverbal Communication

For the majority of the novel, Callie relies solely on nonverbal communication methods to express herself. The novel, unlike Callie, can verbalize her thoughts and emotions, demonstrating literature’s ability to represent the experiences of self-harm and selective mutism. *Cut* is written in first-person with Callie as the narrator so while Callie’s thoughts and responses are unknown to the characters she interacts with in the novel, her unspoken responses are available to the reader. The first instance in which Callie responds only in her thoughts occurs in the first scene of the novel. Callie is sitting in her therapist’s office at Sea Pines Institution when the therapist, who Callie refers to as “you” in her thoughts, asks Callie if she remembers how she started cutting (McCormick 1). The narrative jumps into a flashback from years prior when Callie was at a track meet after school and fell so far behind the group that no one could see her, and no one noticed she was missing (2). So, she ran home and when she walked in the front door of the house after dark, her family did not notice her come in nor notice that she had not been home. Instead of verbally expressing the feelings she may have had in this moment of being ignored or overlooked to her family, she picks up her mother’s *Exacto* crafting knife sitting on the table and places it on a piece of ribbon which cuts in half with hardly any effort (3). After seeing how easily the ribbon cuts in half, she puts the knife against her wrist and “the floor tipped up at me and my body spiraled away. Then I was on the ceiling looking down, waiting to see what would happen next” (3). The vivid visual of the floor tipping and Callie’s body spiraling onto the ceiling places emphasis on her body. Also, by recalling this experience of her cutting as an out-of-body experience, this scene prompts the reader to relate to Callie, as the reader is also observing Callie’s actions from afar and waiting to see what will happen. While Callie is in control of her actions here, she is intentionally distancing her mind from her body.
Callie continues describing this experience through the use of literary language, in order to convey both the events that led up to her cutting, the act of cutting, and how Callie felt in the moment. After placing the blade to her wrist, “what happened next was that a perfect, straight line of blood bloomed from under the edge of the blade. The line grew into a long, fat bubble, a lush crimson bubble” (3). Callie uses terms typically associated with growth and abundance such as bloomed and lush to describe the blood coming from Callie’s wrist and through the fecund use of these terms, creates the comparison of Callie’s blood forming from her cut to that of new life sprouting from the ground. The comparison of the act of self-harm to that of something substantial blooming from the ground directly opposes the view of self-harm as damaging. This language begins to convince the reader to not view her cutting as destructive, but to view it as beneficial and exuberant, as cutting allows Callie to grow in ways she is otherwise unable to.

Callie’s recollection of her first experience cutting illustrates not only how McCormick uses literary devices and language to express Callie’s relationship with cutting, but also why Callie relies on nonverbal communication instead of communicating verbally. In this particular instance, the reader is unaware of the trauma that has built up to cause Callie to turn to self-harm, but the text provides a glimpse into the source of Callie’s pain, as she cuts for the first time after being unnoticed by her family and everyone else around her, significantly choosing to use her mother’s knife (3). Whether or not the cause is clear, it is apparent that the cutting benefits Callie in some way, as after she cuts, she “felt awesome. Satisfied, finally” (3). The use of finally here suggests that Callie has gone unnoticed for what readers can assume has been a long time (a point that is verified as the narrative progresses and Callie dives deeper into her home life) during which she has been unable to express her emotions verbally. Psychotherapist Gwen Adshead describes why many people who cannot verbally discuss the trauma they have faced
and the pain they are feeling turn to self-harm, stating that self-harm acts as an articulation of something “that cannot be spoken” and “those who cannot describe their feelings… may have been through a traumatic event that has temporarily overwhelmed their capacity to use emotional language” (76). The idea that Callie has experienced something traumatic that she cannot speak of is reiterated through Callie’s out-of-body experience when she first cuts. According to the National Institute of Medicine, dissociation and out-of-body experiences often occur “when a person is unable to successfully repress a traumatic experience” (Mugdal, et. al). The trauma Callie has experienced cannot be expressed verbally; therefore, she turns to cutting as a release of pain/coping mechanism and to create a voice for herself.

3.2 Public/Private Narratives

Callie’s feelings about her cutting are available to the reader through her narration, but unavailable to the other characters. Through the narration of her imagined responses, Callie constructs a parallel, “private” narrative that sits alongside the “public” narrative in which Callie is marginalized. Within the public narrative, these characters must rely on Callie’s nonverbal communication, especially her body language, in order to understand her. Callie’s parents do not pay attention to Callie enough to understand the pain they have caused her, as her mother is “scared all the time” and needs to rest and her dad is “gone all the time” (104). In response to being unable to express herself to her parents, Callie turns to self-harm “to express her hope that she can find real understanding and an environment that can respond to her” (Motz 81). The idea that Callie uses self-harm to express her need for an environment where she feels understood and heard is supported when Callie explains how she ended up at Sea Pines. She was at school one day and did not feel well so she went to the school nurse, who takes her temperature and her pulse (74-75). When the nurse begins to check her pulse on her wrist, Callie does not pull away
or try to stop her, reinforcing Motz’s claim that many who self-harm are hoping for an environment that understands and responds to them. By allowing the nurse to look at her scars, Callie takes a chance in finding an environment where she will be heard, something she could not do via verbal communication in an environment where she was effectively ignored (McCormick 76). Callie does not find a place where she feels heard and/or understood right away, but when Callie is at Sea Pines, she quickly becomes aware that people around her are paying attention to her and want to understand her.

For Callie’s family and therapists, the only way to understand her is to pay close attention to her nonverbal communication such as her body language. After Callie recalls her first experience cutting in her thoughts, she thinks, “I don’t tell you any of this, though. I don’t say anything. I just hug my elbows to my sides” (McCormick 4). By hugging her elbows to her sides, Callie is projecting her feelings through her body language. She does not want to speak to the therapist, and her body language makes that clear. The therapist, realizing Callie will not speak, understands what Callie is feeling via her body language, and responds by allowing her to leave before the time is up. After therapy, Callie goes to group where a woman named Claire leads daily discussions with a group of the girls who struggle with different disorders (bulimia, anorexia, self-harm). During group, Claire often asks the girls questions about their day and how they are feeling. In this session, she asks who wants to share how they are feeling. In an attempt to avoid questioning, Callie “hold[s] very still. Claire’s a hawk for body language. Biting your nails means you want to talk. Leaning forward means you want to talk. Leaning back means you want to talk. I don’t move” (7). Afraid of being asked to speak publicly, she does not move at all during these sessions. Callie’s awareness that the people at Sea Pines are noticing her body
language is repeated here, as she knows the wrong move will bring unwanted attention to her by the people around her in this environment.

While her body language and mutism sends messages to those around her that she does not want to communicate verbally, self-harm is her primary method of releasing her emotions. The first time Callie actively self-harms in the narrative and is not recounting a past story, occurs early on when her mom and brother come to visit her at Sea Pines. Her mother keeps the conversation going, asking questions Callie does not respond to (McCormick 18). While her mother does not get any reaction from Callie and does not try to understand Callie, her brother Sam seems to understand her nonverbal cues and finds a way to communicate with her. Sam notices Callie looking at another man who walks in the visitor’s room and tells Callie that their dad is not coming (16). Meanwhile, her mother continues talking without focusing on Callie, telling her that their dad is putting in more hours at work to afford her treatment because the insurance will not pay (17). While her mother is talking, Callie starts zoning out, unable to focus on what she is saying. Her mother mentions that her cutting is self-inflicted, and “the floor slid away and I was on the ceiling looking down at a play” (17). Again, Callie seems to experience her cutting as an observer looking in, waiting to see what will happen. In the first scene of Callie cutting, the floor “tipped up” at her and her “body spiraled” onto the ceiling (3), while in this scene, the floor “slid away” (17). There is no mention of how her body moves from floor to ceiling in this scene, instead, she just appears there. She then watches herself get up and walk away, until “finally I was in the visitor’s restroom, rubbing my wrist along the teeth of the paper towel dispenser. 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” (18). This experience cutting is vastly different from her first time cutting.
Her first time cutting, she chooses an Exacto crafting knife and when she cuts, the blood forms a singular “fat...lush, crimson bubble,” leading the reader to imagine Callie cutting slowly and carefully so that only one large bubble of blood appears and sits for so long that it becomes more saturated, creating a deep crimson color (3). Alternatively, in this scene, she uses whatever she can to find relief as quickly as possible. She does not care if she is “scratched, carved, cut” or “anything,” so long as she opens the skin as soon as she can (18). Instead of a singular incision like the first time, she rubs her wrist along the “teeth” of the paper towel dispenser, until the blood forms in “bright beads” across her wrist (18). The language used in this scene does not compare her cutting to growth and life; rather, the language insinuates that her cutting is rushed, and it is clear she is completely dependent on her cutting to relieve her pain. This scene occurs after Callie has found an environment that does respond to her. This interaction with her mother causes her to relive the trauma she experienced caused by her mother ignoring her, and to an environment with people who do understand nor respond to her. Feminist philosopher Janice McLane argues that “when trauma cannot be expressed, other forms of communication become necessary...[because] self-mutilation can reorganize and stabilize the trauma victim’s world” (107; emphasis added). Like McLane argues, Callie’s cutting has, at this point, become necessary to allow her to express her pain and find some sense of stability.

After expressing herself and restabilizing through her cutting, Callie returns to the visitor’s room but no one is there so she walks around and finds Sam sitting in the dayroom in front of Connect Four. She sits beside Sam, and he asks her if she wants to play. “Sure, I wanted to say. Sure. I willed myself to speak, but nothing happened. I sent commands from my brain to my mouth. Nothing” (19). This is the first time Callie wants to speak in the novel, the first time she wants to make her private narrative public. The private narrative parallels the public in this
scene, as the reader sees what Callie wants to respond. She wants to speak to Sam, the only person who, thus far, has been able to communicate with her nonverbally. She trusts that he will listen and that he will care about what she has to say, because he has put in effort to understand what she is communicating nonverbally. Nevertheless, she tries to speak but nothing happens. At this point in the novel, she has not spoken in at least a year. Instead, during that year she has relied completely on self-harm and body language as her primary method of communicating her feelings. Relearning how to communicate verbally is a long path, but according to McLane, self-harm can help, as “through her body, [she can] learn to speak again” (110). McLane argues that the self-harming trauma victim relies so heavily on her self-harm to communicate, that it is extremely difficult for her to learn how to communicate that pain and trauma verbally, especially if she has been ignored and overlooked as Callie has. This is because the self-harming woman “must communicate both the fact of being abused and the fact of being silenced” (McLane 110). In order to communicate abuse in a place where one is silenced is nearly impossible. For Callie, communicating her pain verbally is not possible, as no one around her has ever listened to what she has to say. Even if she did find a way to verbally communicate her feelings, no one would hear it. Instead, self-harm, a silent form of communication, allows her to simultaneously express her guilt toward Sam and other feelings, as well as the fact that she has been silenced by her family.

3.3 When Cutting No Longer Works

While self-harm remains Callie’s primary method of dealing with her emotions and communicating her pain for the first half of the novel, after she has been at Sea Pines for a while, cutting stops working. We see this for the first time when Callie gets access to a phone and calls her mother. Callie does not speak, but her mother tells her that the facility might send her home
and stop her treatment because she is not participating, and she cannot go back to school until her treatment is complete. The idea of being sent back home into a place where she feels unheard overwhelms Callie so, while her mother is talking, she finds a broken piece of metal she hid in her bed. Again, this time her cutting is different. This time, the floor stays still, and Callie becomes an active participant in the act of cutting (50). When she can no longer distance herself from her actions, she must feel her acts. Additionally, she does not seem rushed like the last time, instead she places the metal piece against her wrist and “it sinks in neatly” but “nothing happens. There’s no release” (50). In both the previous scenes Callie has not felt pain when she cuts, but this time “the pain is so sharp, so sudden, I catch my breath. There’s no rush, no relief. Just a pain, a keen, pulsing pain” (51). The shock of feeling pain leads Callie to drop the metal piece. She grabs her wrist, then she realizes she has “never done [this] before. Never tried to stop the blood. Never interfered. It’s never hurt like this before. And it’s never not worked” (51). This is a turning point for Callie. She has relied on self-harm as her primary method of communicating/releasing her inner pain for quite some time. Yet, this time, cutting does not work. Instead of releasing and purging the pain she feels inside onto her skin, she feels more pain from the cut. She does not watch the blood flow as she has in the previous scenes, she tries to stop it. After she tries to stop the blood, she walks down the hall and shows her arm to the night nurse Ruby. This is the first time she has willingly shown anyone her scars or tried to get help after she cuts. Ruby is one of the people who has spoken to Callie without expecting her to respond. Since Callie’s arrival at Sea Pines, Ruby has talked and responded to Callie based on her body language thus far, proving to Callie that she cares and wants to listen to her and helping to create an environment Callie was searching for where she will be heard. Callie mentions her appreciation for Ruby earlier in the book, stating that “like Sam, Ruby doesn’t expect me to say
anything. She’s happy to do the talking for both of us” (26). This experience leads Callie to realize self-harm as her sole form of communication may not be substantial, as cutting is no longer a reliable method of releasing her pain. Because she is now in an environment where she is heard, therefore she no longer has to dependent on self-harm to communicate, which may be why the cutting does not work this time. The next day, when Callie is asked by the therapist what’s on her mind, a question she normally answers in her thoughts, she responds aloud for the first time in the novel, “I can’t” (54). This choice to respond aloud shows, according to Motz’s theory about self-harming trauma victims, that Callie has located a safe environment where there are people who want to listen to, understand, and effectively respond to her. Like Ruby, the therapist has made an attempt to understand her, so Callie feels she can trust them both with other forms of communication.

Callie’s therapist helps her begin to communicate verbally, a point that is used in YA scholarship as evidence to take away from Callie’s agency; however, I argue that Callie’s therapist helping her does not detract from her agency because the therapist is not prescriptive and does not attempt to control Callie. One example is when Callie speaks for the first time in the novel and the therapist tells Callie that she will “find something much better to take the place of whatever you give up” (56). In this scene, the therapist leaves it to Callie to figure out what will take the place of her self-harm; thus, Callie is still in complete control of her decisions. Agency here does not refer to whether Callie can overcome her self-harm all by herself; rather, agency refers to her having ultimate control over her actions. IF she chooses to communicate verbally and stop self-harming, it is her decision and her taking the action to make that happen. However, YA scholars such as Roberta Trites would disagree. Trites argues that the authority figure in any YA novel who helps a young adult figure out their problems is a detrimental
character who takes away agency from young adults (54-83). Similarly, Miskec and McGee believe the therapist robs Callie of her agency, as they argue “cutting is a problem that is eventually solved with adult (or divine) intervention from an outside authority, with the root cause of the act uncovered, thereby allowing healing to begin” and that Cut only demonstrates the “destructive effects” of self-harm (170). This is a specific example of Miskec and McGee placing their focus on what “limits Callie’s agency” (168).

While these scholars have and would argue that Callie’s therapist limits her agency and that her self-harm has control over her, I argue that if we view Callie with a lens of both feminist theory as well as the psychological perspective that self-harm can act as communication and therefore leads to agency through the reclamation of one’s voice and story, we will see that Callie’s agency is not limited by the role of her therapist. Rather, in viewing Callie through this lens, it is clear she has taken numerous steps thus far in the novel to gain control over her life and agency. Prior to Sea Pines, Callie lived in a home where no one listened to her and where she felt silenced. She finds verbal communication ineffective and turns to self-harm, an occurrence that psychologist Lori Plante describes as “rather than feeling helpless and out of control,” as Callie did prior to cutting, “taking direct action against the oppressive feelings can help the [cutter] feel some sense of agency” (55). Cutting is not a problem, rather, a method of nonverbal communication Callie turns to when verbal communication has failed her. Her cutting is the beginning of Callie finding a voice and gaining agency, as McLane argues the self-harmer “cuts or burns, and therefore exists… she confirms her agency through violence” (McLane 112).

Schürholz makes a similar argument in her literary analysis “Bodies that Speak,” that the “marks of a self-harmer symbolize a powerful assertion of autonomy and control over one’s body” (36). The self-harming woman, such as Callie, creates her own agency and autonomy by using self-
harm to transform the body into a book and write her story on her skin. The scars on her wrists alone allow her to write her story and communicate the pain and guilt she feels, something she was unable to do prior to cutting.

3.4 Body as Book: The Significance of Scars

The process of Callie’s cutting ritual allows her to find relief and communicate, but the scars left on her wrists also play a role in her nonverbal communication. In the beginning of Callie’s journey at Sea Pines, she hides her scars constantly. She always wears long sleeve shirts and when another self-harming young woman Amanda joins their group and shows her scars to the group, Callie instinctively “pull[s] my sleeves down around my thumbs and pinch[es] the fabric tight” (37). At that point, none of the other young women at Sea Pines knew why Callie was there, and she did not want them to. When Callie does begin verbally communicating to the therapist, she discusses Amanda’s cutting and tells the therapist that Amanda showed everyone her scars. While talking, Callie again pulls her sleeves down over her hands and pinches the fabric (83). The therapist then asks if Callie thinks Amanda should have kept her scars to herself and Callie responds “‘I don’t care,’ Then, right away, ‘They’re gross’” (83). Callie goes on saying that she thinks it is unfair to show your scars to people who may get upset. Whether self-harmers choose to show their scars to others, Blommestein argues they still function as a way of giving the cutter “agency and allow[ing] them to control their bodies by making into a book, that is a site to be read, publicly or privately, and to tell their stories” (161; emphasis added). Thus, it is Callie’s decision whether to show her scars or not, and her decision to not show her scars in order to not upset the people around her does not take away from her agency. Her story exists within her scars, not within the act of showing them to others.
While Callie hides her scars throughout the first half of the book, after she stops actively cutting and begins communicating verbally, her opinion of her scars changes. She walks to the therapist’s office, and she does not “wait for you to ask me where I want to start. While you’re still closing the door, I ask if you want to see my scars” (122). She then admits she wants to show the therapist and rolls up her sleeves. When she shows the therapist, she fights the urge to smile (122). This urge to smile connects to Callie deciding to share her scars, and thus share her story. Because “women’s use of scarring and violence against the body becomes a linguistic tool,” by showing her scars to her therapist, Callie is speaking to her therapist. Callie is sharing the story of her suffering that is embodied onto her skin, represented by her scars (Blommestein 162). All of the trauma, pain, guilt, and silencing is laid out in her scars when she chooses to share with the therapist. Callie then pulls her sleeves back down and makes a joke about never wearing a strapless gown, insinuating that she may not want other people to see her scars. Her therapist tells her that she can get cosmetic surgery to remove her scars if she wants to, and that if she did, no one would ever know about them. Once she realizes her scars could be removed, she changes her mind and responds “‘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’” (125). In this scene, Callie makes it clear she understands that the scars written on her skin tell her story.

Before the narrative begins in Cut, Callie uses verbal communication; however, her brother Sam becomes severely ill, and she thought she was to blame. After Sam’s diagnosis, Callie was ignored and silenced by her mother and her father, so she found this method of communication unreliable. In order to express herself in a way that will not further disrupt her family, she silences herself and develops selective mutism. She then discovers that using self-harm as nonverbal communication is a more reliable method of communication as she feels
immediate relief after. Additionally, through her self-harm, she expresses a sense of hope that there is an environment where she will be both heard and understood (Motz 81). At Sea Pines, she finds an environment where people want to listen to her, pick up on her nonverbal body language, and respond to her. Once she finds this environment at Sea Pines and develops trust that the people around her will listen when she communicates, self-harm begins to fail her. She feels pain instead of relief when she cuts. This is not because her self-harm has control over her, but because she found what she was looking for in the environment at Sea Pines and knows she can effectively communicate verbally here. She reclaims her ability to communicate verbally with the help of the therapist. The therapist helps Callie recognize that verbal communication can replace self-harm and that she is not to blame for Sam’s illness; however, that does not, as Miskec and McGee argue, take away from the agency she created for herself when she turned to self-harm. She recognizes that she can eventually begin to depend on verbal communication again, which takes place of what she gives up. Therefore, through Callie’s experience, we see a transformation of how disorders such as self-harm can be “constraining, enslaving, and even murderous [but] come to be liberating, transforming, and life-giving” (Bordo 311).

Further, Cut uses literary language and the YA literary form in order to emphasize Callie’s embodiment of her pain through self-harm, which gives her the ability to communicate when she is silenced verbally. By using literary language throughout to describe Callie’s experience cutting, McCormick provides the reader with insight into Callie’s complex relationship with cutting and trauma that is not captured in medical narratives of self-harm. Unlike medical and prescriptive definitions of trauma and responses to trauma, literature has the ability to tell “stories about ‘full, nasty, complicated lives’ because they are true,” which leads to more individualized and complex understandings of trauma (Cvetkovich 100). The literary form
gives McCormick the imaginative capacity to create a private narrative alongside Callie’s public narrative, so readers have the ability to understand and relate to Callie and better understand the complexities that exist within each individual’s relationship with trauma.
4 CONCLUSION

Flynn and McCormick’s YA novels *Sharp Objects* and *Cut* both depict the complex relationships two young women develop with their bodies that evolves from using self-harm as a method of nonverbal communication. Camille and Callie are both silenced by those around them and because they cannot verbally express their pain, turn to self-harm in order to effectively convey their emotions and displace their trauma onto their skin via cutting. In doing so, they embody their pain and gain autonomy over their bodies and stories, transforming their bodies into books. In reading and analyzing their unique stories, it is clear that cutting is more than self-harm, as it functions as a distinct method of coping and communication for each of them.

While self-harm functions as both a method of release and as nonverbal communication for both of these young women in times of need, Camille and Callie each experience the detrimental effects of using self-harm to displace their internalized trauma onto their skin. For Camille, in writing her story in a place it cannot be removed, she becomes constantly reminded of the pain she attempted to release. Whereas for Callie, self-harm as her sole method of communication begins to fail her when she starts feeling the pain of the cuts. Despite these counterproductive effects, both characters are ultimately able to overcome these negative effects and use their scars in order to gain agency through regaining control of their bodies and voices.

Each of their stories show the complexities of both internalized trauma and trauma expression via self-harm, which helps to de-generalize ideas of trauma and self-harm that are present within medical and prescriptive language and definitions. Instead of attempting to define these abstract yet distinct concepts, the YA literary form creates space for these young women’s individual experiences with both trauma and self-harm to be shared. By embracing the YA genre through specifically examining the nuances present in these YA characters’ relationships with
their bodies and placing emphasis on how the YA literary form allows for more dynamic representations of both trauma and self-harm, my thesis has demonstrated that we can bring YA fiction into the academic conversation. Subsequently, I hope that this project and others that show appreciation to this specific genre might open the door to additional forms of inquiry regarding the intersections of YA fiction and trauma studies in the near future.
WORKS CITED

Primary Sources:


Secondary Sources:


[search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=edb&AN=51312544&site=eds-live&scope=site.]


Trites, Roberta S. “‘Maybe that is writing, changing things around and disguising the for-real': The Paradox of Authority in Adolescent Literature.” *Disturbing the Universe: Power and Repression in Adolescent Literature*, University of Iowa Press, 1998, pp. 54-83.

Zylstra, Robert G. et al. “Munchausen Syndrome by Proxy: A Clinical Vignette.” *Primary Care*