

ROBERT F. MULLEN

HOLY STIGMATA, ANOREXIA AND SELF-MUTILATION:
PARALLELS IN PAIN AND IMAGINING

Robert F. Mullen

Philosophy and Religion Program, California Institute of Integral Studies, San Francisco, CA., USA.

Email: robertmullenca@yahoo.com

Abstract: This paper explores the comparative dynamics of self-mutilation among young, contemporary, female self-cutters, and the holy stigmatics of the Middle Ages. It addresses the types of personalities that engage in self-mutilation and how some manipulate their self-inflicted pain into a method for healing and empowerment. The similarities between teenage cutters and female stigmatics are striking in their mutual psychoanalytical need for self-alteration as a means of escaping their own disassociative identities; and offers evidence of how their mutual bricolage of pain, imagining, languaging, and subsequent self-mutilation often provide a transformation from *bodies under siege* to a resemblance of health and transformation.

Key words: agency, anorexic, depersonalization, imagining, sacred, self-cutting, self-mutilation, stigmata, symbolism, wounding

“Tears have come from my veins
veins to make any difference.”¹

It is the purpose of this paper to explore the comparative dynamics of self-mutilation among young, contemporary, female self-cutters, and holy stigmatics of the Middle Ages. What types of personality engage in self-mutilation? How is this self-inflicted pain a method for healing? How is it integrated into empowerment? What are the benefits of being subjected to pain? And how does one understand and come to terms with the identity of the agent?

The disparities between the holy stigmatic and the self-cutter are far less evident than the similarities. According to the 2007 Oxford English Dictionary, stigmata (among other interpretations) is defined as: “Marks resembling the wounds on the crucified body of Christ, said to have been supernaturally impressed on the bodies of certain saints and other devout persons.” Use of the adjectival “holy” merely serves to separate our discussion of stigmata from the punitive branding meant to serve as a warning to others of the presence of a person of ignominy—a pilferer, heretic or adulterer—such as described in Nathaniel Hawthorne’s *The Scarlet Letter*. Both self-cutting (self-mutilation) and holy stigmata often exhibit either depersonalization or disassociation or both, or other common psycho/physiological elements that, according to certain sources, can be compensated through “empowerment and affirmation” achieved by wounding,² especially the self-cutter who is pathologized by modern psychological interpretation. This paper only addresses female stigmatics and self-cutters because this practice is more prevalent in young women and their close association to the intense emotional quest for transcendence—the modification of one self to another, “the diversion of pain to another ... worldly to otherworldly”³—through self-cutting as well as stigmatic intercession. What seems the cause of transcendence to one observer is pathological to another, much having to do with faith, historical context, and culture. Transcendence, herein described, merely denotes a change or transposition of interiority—an alteration in the practitioner’s behavior. The agent of the wounding in holy stigmata is and always has been suspect. Holy agency does not meet the criteria for scientific accuracy established by Durkheim’s⁴ hypotheses, and Hume’s logical positivism contradicts the earlier admonitions of Kant who warned of the ability of the mind to believe in those things “of no one of which can form any notion whatsoever.”⁵

The stigmata appeared either 1) via deific intervention, 2) as a result of the physical agency of the stigmatic, either consciously or unconsciously or, 3) stemming from a “neurological and systematic” etiology that corresponded to the “learnings and beliefs” of the sufferings of Christ and the location of his wounds that identified an extreme psychological

identification with Jesus, somehow leading to “psychosomatic bodily changes.”⁶ The theological explanation is simply that the individual’s identification with the suffering Christ is so great “that his wounds appeared on her physical body.”⁷ “The striking visibility of Christ’s bloody wounds that emerged in art and sculpture beginning in the 13th century was a powerful visual reality that encouraged “the experiences, actions, and accounts of devout female Catholics having a psychological predisposition to dietary constriction and attendant dissociation and self-mutilation.”⁸ It is important to note that the Catholic Church remains ambiguous about the validity of the various stigmatics and does not, then or now, consider possession of the stigmata an “incontestable” miracle that puts the recipient on the fast track to sainthood.⁹ The agent that effected the stigmata cannot be predetermined or underestimated “for the observer and the believer cannot possibly evaluate the believer’s religious commitment”¹⁰ “with the same requisite understanding or intensity.”¹¹

Rather than arguing deific agency versus self-disfigurement, this paper addresses only the comparative similarities that are within the purview of physical, sociological and psychological realms. Emic analysis is obviously difficult to impossible; personal perspectives become lame suppositions when dealing with the special interiority of a young woman prone to cutting, and an evaluation of the integral possession of a medieval stigmatist is both ludicrous and unsound. The writer “is bound, first, to elucidate the meaning and structure of the religious phenomenon as a phenomenon understood philosophically,” and when that impossibility exists, it is the writer’s task not to speculate.¹²

The Practitioners

The Christian Church environment between the 13th century and the Age of Enlightenment was a primary European arbiter of spiritual authority, and everyman was judged to be on a vertical axis between one of two divergent points: the sacred or the profane. Stigmatics were either “saints” enveloped by the loving arms of Jesus, or “witches” besought and beaten by demons or, as in the case of St. Maria Maddalena de’ Pazzi, an amalgam of both. Maria not only had the stigmata but, according to her biographer Vincentio Puccini (1619), the rapt attention of evil spirits who would bite her like so many vipers, and throw her down the stairs, beating her “with incredible rage.”¹³ Or the strange case of stigmatic, Blessed Colomba di Rieti, who was tempted by the chronic vision of a lustful naked youth in her bedroom. Columba lost a tooth when the devil yanked it from her mouth after throwing her to the floor and nearly suffocating her.¹⁴ These are well-publicized events in the lives of martyrs and mystics—many female saints were exemplaries of the endurance required to counter temptation. What did transpire, as a result of these asserted events with young women of the centuries prior to the Reformation was

an intolerant Church just as dogmatically satisfied declaring sanctity, as torching witches at the stake. It was the Church's patriarchs who made the determination as to good or evil; the stigmatic was at the mercy of their whims, their politics, and the culture of the day. And there is an understandability regarding the confusion between the sacred and the profane because they both sleep in the same bed. There is no differentiation of common-sense, and one is as easily a cultural anomaly as the other and, therefore, the differentiation is made by those who are anointed, self- or otherwise, to make such moral judgments, such as the Church's 1326 Inquisition investigation of witchcraft and development of a theory of its diabolic origin or the more devious good walkers of the 16th century benandanti, somnambulistic travelers who claimed to unconsciously fight off witches, and who were eventually declared heretics.

“But when I cut myself I can see who I am. I see a face and I see legs and it comes. It's like a beautiful me, what I can see and what I do... It's like all the cuts are little pieces, and, if you take away my cuts and put them together then it would be as one—it would be a whole new mirror. I look at that self.”

Gillian Straker¹⁵ describes one of her modern, teenage self-cutting patients as experiencing a transcendence from the ugly and fragmented into what one might describe as an aperspectival wholeness. Pain transforms the cutter's self-fulfilling perspective of her image of inadequate body-self as she becomes her own agent of change. “Pain, despair, and competence”¹⁶ are all part of the factitious culture, and pain must remain an enigmatic and relational subject. One feels pain in different ways for different reasons and the degree or depth of suffering is uncategorical and incomparable. How does one establish one's individual threshold of physical or emotional pain against another's? For some, the merest indignity can cause unbearable misery, while for others, i.e., stoics and martyrs, spiritual or otherwise, who are able to place their immediate frame of reference out-of-body, the pain is questionably negligible. For many, including self-cutters, physical wounding can be relatively painless, especially with the release of opiate-like betaendorphins,¹⁷ but emotional pain is prerequisite to that yearning to create a threshold of hurting, whether imagined, transferred, or endured. For the self-cutter, as well as the saints discussed within, a competence is required to control the release. Through this competence of knowing their extremes, the individual can be urged into wholeness through the tearing. Wounding to heal is a legitimate remedy.

The belief in the subject of agency, while always of controversial debate, has changed dramatically since the 13th century when St. Lugarte (1182-1426), born a year after Francis of Assisi, was chronicled as the first

female stigmatic. Of those afflicted with bodily wounding referent to Christ, approximately 88% have been women.¹⁸ The prevailing Christian acceptance was that the stigmatic blood “not only purged the woman of her sin but also saved her fellow Christians” by compensating for sins through substituted atonement, alleviating the length of the souls’ purgatorial stay.¹⁹ Reported cases of the stigmata were “overwhelmingly concentrated” in Western Europe, especially Italy, the center of the Church’s influence,²⁰ although latter cases are now found in new areas where Catholicism holds dominance. Of self-mutilators (SM), the largest numbers seem to be “young women in their teens and twenties.”²¹ There are penitentiary institutionalized males who engage in self-injurious behavior (SIB), but it appears to be out of rage or fear or assertion of masculinity, unlike the majority of female cutters who confront self-invalidation. Specialists Armando R. Favazza and Dr. Jose A. Yaryura-Tobias et al²² define “self-mutilation” as the volitional act of harming one’s body or destroying one’s tissue without intention to cause death. In the Middle Ages, the author of the nuns’ book of *Unterlinden*, diaries the cloister as they return to their convent after some auspicious church service, and begin to “hack at themselves cruelly, hostilely lacerating their bodies until the blood flows, with all kinds of whips, so that the sound reverberates all over the monastery and rises to the ears of the Lord of hosts sweeter than all melody.”²³

The idea of “mortification of the flesh” (literally putting the flesh to death) has been a soteriological aspect of Christianity since the crucifixion—the letters of St Paul an initial source for its tradition: “...if by the spirit you put to death the habits originating in the body, you will have life” (Romans 8, 13). Colossians III, 5 is even clearer. “That is why you must kill everything in you that is earthly: ‘sexual vice, impurity, uncontrolled passion, evil desires and especially greed...’” Mortification of the body for spiritual gain, it must be noted, extends well beyond Christianity. Even in contemporary times, rituals that involve either self-flagellation and intentional bloodletting or beatings by others is common in Muslim ceremonies; Hindus and Buddhists pierce the face and body during certain rites, and often burn the top of the head; and in Africa and Australia, indigenous people sometimes use genital mutilation on boys and girls that is intentionally painful, including circumcision, subincision, clitoridectomy, or infibulation. In other indigenous cultures, (a) painful rites are used to mark sexual maturity, marriage, procreation, or other major rites of passage, (b) the incorporation of voluntary pain, suffering, and self-denial are part of spiritual traditions offering immediate and future access to the divine, and, (c) in rites of healing. To a ritual participant, the primary objective is to achieve analgesia or absence of pain, not simply to control or even conquer pain, but to feel its absence as a transcendent spiritual experience.

The Scientific Version

The following section highlights scientific explanation, which goal it is to find “rational” justification for the stigmata, an attempt to indicate that the agency of a spiritual force may or may not be necessary for the appearance of wounding, depending upon one’s belief and the interpretation of “spiritual.” It is an essential argument that can’t be resolved because the analogous wounds described below are often psychogenic, and thus easily to be sensorially believed.

Three terms that refer to the bleeding that occurs in the skin are petechiae, purpura, and ecchymoses. Generally, the term "petechiae" refers to smaller lesions. "Purpura" and "ecchymoses" are terms that refer to larger lesions. In certain situations purpura may be palpable. In all situations, petechiae, ecchymoses, and purpura do not blanch or turn white when pressed, but remain a purple and angry-looking wound.



petechiae



pupura



ecchymoses

Autoerythrocyte sensitization syndrome is a condition, usually occurring in women, in which bruising occurs easily, with the resulting ecchymoses tending to enlarge and involve adjacent tissues, causing pain in the affected parts; it may be a form of autosensitization or may be due to psychogenic causes. Because of its possible psychogenic origins, coupled with the Christian’s intense and deep reverence, love, and knowledge of the position of Christ’s wounds, it is easy to imagine how, if causally psychogenic, these wounds would appear in the same places as the individual imagines them to be on Christ.

The term “psychogenic” was coined at the beginning of the 20th century to mean “originating in the mind or in mental or emotional conflict” (Merriam-Webster Online) or, according the Oxford English Dictionary, “Having a psychological cause, esp. as opposed to a physical one.” Consistent with the prominence of bleeding in popular depictions of Christ’s wounds, stigmatics have often exhibited not only bruising, but also open wounds that bled profusely.

The primary clinical feature of psychogenic purpura reported in the literature is recurring ecchymoses. Apart from skin lesions, different

systemic symptoms have been mentioned, including episodic abdominal pain, nausea, vomiting, arthralgia, headache, and other hemorrhages such as epistaxis, and gastrointestinal bleeding. Occasionally bleeding from the ear canals and the eyes has been reported. Some of the patients with psychogenic purpura also have dissociative reactions, conversion symptoms, and hysterical traits along with their hemorrhagic symptoms.²⁴

It is a medical opinion that, while psychogenic purpura may contribute to the formation of stigmata, it is unluckily to be the sole cause. Active self-mutilation is probably involved as well. However, unlike secular self-mutilators who generally recognize themselves as the cause of their wounds, true stigmatics likely engage in self-mutilation during altered states of consciousness involving an experience of the divine, while retaining no overt awareness of their actions.²⁵ Moreover, proof has been provided by the microscope that the red liquid which oozes forth from these wounds is not blood; its color is due to a particular substance, and it does not proceed from a wound, but is due, like sweat, to a dilation of the pores of the skin.

Yaryura et al²⁶ also offer the premise that the onset of the menstrual cycle may involve two components of the limbic system: “the hypothalamus and the amygdala (amygdale).” The first contributes to the secretion of two corticotrophin hormones, “follicle stimulating hormone (FSH) and luteinizing hormone (LH),” both necessary for menstruation. The amygdala, one of two tiny, almond-shaped masses of gray matter that are part of the limbic system located in the temporal lobes of the cerebral hemispheres regulates rage, which may be manifested as self-harmful behavior. “Therefore, a disturbance of the limbic system resulting in both self-mutilation and menstrual disturbances were noted in a group of wrist cutters.” It should be emphasized that all of these scientific explanations may unduly minimize the power of the imagination, joined to an emotion.

The Anorexic

Anorexia comes from the Greek *an* (privation) and *orexis* (appetite), and is a general term used to describe any “diminution of appetite or aversion to food.”²⁷ Anorexia nervosa is diagnostically defined in the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders) to that individual who refuses “to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.” Rudolph Bell, whose book, *Holy Anorexia* (1985) is a well-documented source for biographic essays of female saints of the 13th century, retroactively applies the contemporary diagnoses in his analysis of the blessed and the sainted examples provided in his book. Being a young female commoner in the Middle Ages was not a positive asset. Her choices for dignified survival were sparse. Some of the few who somehow had the financial where-

withal to enter a monastery may have been inculcated into spiritual fervor, but any aversion to eating as an ascetic extension of their active religious mortification probably superseded concerns with maintaining a normal body weight or the shapeliness of their bodies. Bell lists several young women, all of Italian descent, all stigmatic, some of whom would purge and vomit, and exhibit propensities towards “self-mutilation, and severe “dietary constriction.” He glorifies “holy anorexia” as part of a “wider pattern of heroic, ascetic masochism amply justified” in the literature of radical Christian religiosity,²⁸ yet he contradicts any sublimation of the stigmata by documenting chronicled aberrances through “ambiguous hagiographical sources.” If there is an overreaching premise to Bell’s book, it is less a work of innovative ethnography than a well-researched overview of various stigmatic women, saintly and otherwise, who practiced fasting and meditation, long deemed a formidable prerequisite for achieving transcendence. Bell purports that the holy anorexic, by rejecting the advice of her confessors and of saintly intercession, ultimately dies of starvation and by doing so, “becomes a saint.” However, in his defense, Bell²⁹ makes a clear distinction between anorexia nervosa and its pathological inheritances, and what he calls *holy anorexia*, where the potential stigmatic “stops eating, taking her nourishment from the [Eucharistic] host.” This inability to ingest anything except the Eucharistic host as a comparative definition for anorexia nervosa is insufficient for this study. The reality is larger than that and there are numerous psycho/physiological similarities between fasting, the ascetic, holy stigmata, and anorexic self-mutilators which we attempt to clarify in this paper.

The subject of fasting as religious ritual lies well beyond the requirements of this paper. Fasting is often used as preliminary for trance (as is sleep disruption and deprivation). One reads about it in the works of Carlos Castaneda. Eliade writes of it prolifically, citing, for one, Marduk’s descent into hell where there “corresponded a period of mourning and fasting.”³⁰ Catholics are asked to fast for Lent. The young male Jivaro initiate of South America does not eat for days, only drinking “narcotic beverages.”³¹ North American Indians require fasting in solitude to provoke “the dreams and visions” that accompany trance initiations, often abstaining from food for up to four days. The Carob youth in Dutch Guinea cannot become a *pujai* (spiritual exorciser) without absolute fasting.³² Those for whom the subsequent hallucination or trance “connotes a mystical state” attribute the condition to either “the temporary absence of the subject’s soul” or possession by a “supernatural power.”³³ There is vast evidence that fasting is, and historically has been, widely used in many cultures as an element of “systematic measures intended to ‘induce trance states,’ and in many cases, is emically associated with ‘transcending space-time to access mystical knowledge’”³⁴

What Defines the Self-Cutter

Joyce Wagner's³⁵ quantitative study explored possible relationships between college-aged women's self-injurious behaviors, sexual self-concept, and spiritual development. On the topic of spirituality and religion, Wagner's sample of self-cutters overall had a much higher average level of spiritual development than anticipated. She hypothesizes that, in part due to their struggles with self-injurious behavior, her participants in the survey had a more critical commitment to their choice of beliefs, values, and commitments while "taking personal responsibility for these choices, making their faith more individualized and self-authentic."

The self-cutter and holy stigmatic have analogous influences and their experiences are "often reduced to the "symbolisms"³⁶ that [are] defined by "cultural constructions of meaning and morality,"³⁷ or, in essence, "learning, expectations, and beliefs."³⁸ The misogynistic treatment of women by men and the Church during the Middle Ages is no secret. "Not merely a defensive reaction on the part of men who were in fact socially, economically and politically dominant, it is fully articulated in theological, philosophical and scientific theory that is centuries old."³⁹ Howard R. Bloch believes the misogyny was so dominant, persistent, and slow to dissipate, that even today, such prevailing opinion and terms "still govern (consciously or not) the ways in which the question of woman is conceived by women as well as by men,"⁴⁰ which weaves an interesting relationship between young, impressionable, female stigmatics to their young, vulnerable, modern counterparts.

Anthropologist Daniel Fessler⁴¹ posits that stigmatism occurs from "preexisting schemas" that involve "fasting, visions" and wounding. The unwillingness or inability to eat is both a form of spiritual and/or penitential asceticism in religiosity, as well as a way of "asserting power over a body that may be lacking in other forms of control." Bynum adds that this asceticism, "particularly in the form of food deprivation" and "self-inflicted suffering," was prevalent in medieval women's religious behavior.⁴² The phenomena she describes are also part of the present day ritual of self-cutters.

"It's virtually another world. It's a world within this world. It's strange; it's like a spiritual world ... It's pure spiritual rather than the intellectualized spirit ... and the stage of being where you can meditate and think deep and wonderful thoughts about existence."⁴³

That depth of gracious interiority could just as easily been a declaration from a saint as the tortured, teenage self-cutter who authored it. Either runs the risk of falling "into nothingness and tortured identity

diffusion”⁴⁴ without a mutilation, a sacrifice so to speak. “Sacrifice,” in line with the subject matter, is defined as performing a calculated act of desperation in favor of gaining a higher telos. To wound is to heal. Healing is a process. The ripped skin becomes the physical manifestation of “confessing, atoning, or cleansing”⁴⁵ in preparation for that more embracing telos.

Similarities

Somewhere in the author’s family archives there is a photograph of a young and impressionable Catholic youth walking the aisle after his first Holy Communion. Around his neck hangs the requisite theca (pay-for-indulgence). Encased within the plastic is the bone splinter of a saint whose name now escapes. His hands are clasped so tightly and fervently under his chin they resemble a flesh-colored necktie. He had dreams of joining the seminary and eventually fulfilled his aspirations for a time. His parents were both Irish, Sunday-only Christians and he was greatly indoctrinated by nuns and priests at parochial schools. Frederick Streng explains his youthful spiritual energy as a determination in part created by associated biological and neurological forces accompanied by psychological, “social...and linguistic structures.”⁴⁶ It is not difficult to strengthen this childlike resolve into adult experience.

Another of Gillian Straker’s self-cutting patients expresses her experience thusly: “Finally, something to touch, feel that is outside in the world. It sort of forces your inside out in a manner of speaking. It makes the interior, the pain, legible to you and then to others.”⁴⁷

It is here that the phenomena of the stigmatic and the self-cutter merge to encompass the mutual bricolage of pain, imagining, languaging, self identity, and scientific supposition within *bodies under siege*. Are there warning signs, physical evidence, emotional catharses, and/or common personality traits that predetermine the viability of those prone to skin-mutilation? It has already been evidenced that there are multitudes of individuals who have a propensity towards fasting. Fessler posits that these individuals are “most likely” to find “meaning, justification, and additional motivational force by creating a systematic symbolism.”⁴⁸ Yaryura et al warn that those with compulsive-obsessive disorder may also be susceptible to self-mutilation for the simple fact that OCD demonstrates “many similarities” with ritualized behavior,⁴⁹ as researchers maintain a “substantial correlation” between OCD and religiosity.⁵⁰ Glucklich astutely sums it up by understanding that “[i]dentity, personality, and self” reside within “mental-cultural factors and neurodynamics.”⁵¹ Some blame the serotonin neurotransmission levels, or a maladjusted or over-stimulated hypothalamus, as well as a decrease “in the intensity of the serotonin transporter binding sites in the frontal cortex.”⁵²

Developing hypotheses, while working diligently to explain psycho/physiological causes, do not yet adequately address the following imperative inquiries: 1) what types of personality engage in the need for connecting or reconnecting with another self, whether it be an altering or higher one; 2) how do they integrate into this empowered self; 3) why is pain or even painless cutting necessary to achieve this telos; and 4) what are the net benefits of this transition or transcendence?

To recapitulate an earlier statement, while acknowledging the possibility of the deific as the agent for some stigmatics, it is beyond the scope of this paper (and the current ability of this writer) to ascertain specific knowledge of such events when and if they occur(red). To state such a dogmatic belief is foolhardy. What cannot be proven cannot be disproven when one is not the cutter, the saint, or especially the witness.

All beliefs are acceptable, and all agencies have their place in one's imaginations. William James was even more secure in his beliefs. He firmly believed that religious leaders are creatures of enhanced sensitivity, often subject to "abnormal psychical visitations" and other peculiarities which could be classified as "pathological." His pragmatic response to the scientific skeptics: "Medical materialism finishes up St. Paul by calling his visit on the Road to Damascus a discharging lesion of the occipital cortex, he being an epileptic. It snuffs out St. Theresa as a hysteric, St. Francis of Assisi as a hereditary degenerate."⁵³ Not consciously subject to psychical visitations, this author accepts what is caused by and causal to the imagination—a phenomenon called believing.

Pain as Healing

"And while I was cutting it's like there's nothing else. There's just me and this blade and the whole world. Nothing else is happening. There's no time, there is no place ... You take the blade and put it against your skin, and your skin just opens and the blood comes, it's so clean, so pure."⁵⁴

Elaine Scarry has produced vast research regarding the subjectivity of pain in *The Body in Pain: the Making and Unmaking of the World*. Her political observations, which formulate a bulk of her argument, are not as appropriate to this paper as is her creative genius in discussing how a person can use pain within a concept of imagining as a crucial element in retreating or shutting down a numbing, unspeakable, or strangling psychological void by self-inflicting, or manufacturing a physical alternate process as a means of transcending beyond—by consciously and willingly using pain as a healing process. Scarry argues that pain can never be articulated, not even imagined, without the instruments that inflict it,⁵⁵ while this author believes that the imagination and subsequent belief can supersede and even over-speculate imagined pain. The imagination is the

formidable power with no near equivalency. Though one may posit that it is then nothing but mental aberration, anticipation, or even imagination, the fact that a cutter has gotten us to analyze her interiority means that the wound is real, externalizable, and sharable: “she has made visible to those outside her own physical boundaries the therefore no longer wholly private and invisible content of her mind.”⁵⁶

While recent scientific research may seem “overly behavioristic or materialistic” it is essential to discuss “patterns in perceptions,” and behavior. Case studies are certainly appropriate for understanding voluntary pain, the toll that pain accomplishes, and the “basic levels of embodied experience”⁵⁷ that influence the urge to self-mutilate.

As indicated earlier, self-mutilation in contemporary young women does exhibit “co-morbidity with anorexia nervosa.” Anorexia nervosa is “often co-morbid with depression.”⁵⁸ According to the DSM-IV-TR, Personality Disorders (OCD, Borderline, Substance-Related Disorders) which accompany Anxiety Disorders “may also coexist with Depersonalization Disorder.” Depersonalization Disorder is an essential feature of Dissociative Disorder. Anorexia “may also aggravate dissociative experiences “since food deprivation induces depersonalization and dissociation,” according to an article described by Fessler by Drs. Shalom Robinson and Heinrich Winnick⁵⁹ on psychotic disturbances following severe weight loss in a 1973 article in the *Archives of General Psychiatry*.

To simplify the difference, “depersonalization occurs when an individual experiences her body or parts of her body as not her own, not belonging to her.” With acceptable gender bias in her article, Psychiatrist Rameswari Rao defines “disassociation” as a state in which the individual feels separate from her body, generating an out-of-body-experience as if she is “floating” or “observing herself” from a distance.⁶⁰ Self-cutting can begin when an individual is confronted with the recollection of an experience of a painful interpersonal threat, such as the invalidation from a loved one. It can occur from a state of low self-esteem, existent for a number of reasons including rejection, physical or sexual abuse, disappointment in oneself or another, or dishonesty from a close affiliate. The resultant self-mutilation can serve to help reinstate a boundary between the self as non-existent or non-viable, and an imagined self of authority and self-confidence. Self-cutting is “violent self-touch and an attempt at self-location,”⁶¹ replacing the voiceless and inferior self with one of “autonomy and even empowerment.”⁶² Janice McLane, Philosopher in Religious Studies at Morgan State University, explains: “...if I know that as a toucher I am touched, as a seer I am also seen, and sense that this reversibility is within me ... then I may understand that flesh, sensations and consciousness double upon themselves for other people as well as myself.”⁶³

In relationship to stigmatics, holy or otherwise, Fessler argues that these individuals exhibit the same states as the self-cutter including a

“propensity” for anorexia or, at the very least, “extreme dietary constriction,” dissociation and self mutilation because of “culturally-constituted understandings” of extreme religiosity, and the fasting, transcendence, and obsession with the suffering and wounding of Jesus.⁶⁴ It is important to remember that in the earlier centuries, women, especially young girls, were dehumanized by the patriarchy, and as a result, “one might argue that [stigmatic] women *had* to stress the experience of Christ and manifest it outwardly in their flesh, because they did not have clerical office or approval as an authorization for speaking.”⁶⁵

As previously overviewed, their individuality, if any, was determined by their fathers, brothers, and their confessors. The first son received all inheritance; marriage of a daughter or widow—unless it could bring dowry—was not much of an option; and the only way to obtain an education was at a convent where wealthier girls were taught by male ecclesiastics. Young women were considered property for barter. Individual survival was not a choice. One need not wonder about the demise of their self-esteem, and their desire to imagine a life other than their own, which they could find through self-mortification and fasting for the love of Jesus, their best redemptive opportunity. Bynum⁶⁶ cites examples of religious phenomena such as starvation, discipline, sexual abstinence, even torture of the flesh as medieval devotional practices. These are, however, not so much the rejection of physicality “as the elevation of it—a horrible yet delicious elevation—into a means of access to the divine.” Self-mutilation permits the hidden self to finally emerge and express feeling. Self-cutting is “a gesture of ‘involvement.’”⁶⁷

Jane, another contemporary teenage self-cutter, describes slicing in the fold of a finger: “It was so sharp and smooth and so well hidden, and yet there was some sense of empowerment. If someone else is hurting me or making me bleed then I take the instrument away and I make me bleed. It says, ‘You can’t hurt me anymore. I’m in charge of that.’”⁶⁸

How do cutters integrate into an empowered wholeness?

Skeletonization is the process of peeling off of a pattern of as many pixels as possible without affecting the general shape of the pattern. In other words, after pixels have been peeled off, the pattern should still be recognizable. The skeleton hence obtained must have the following properties. It must be as thin as possible, connected, and centered. Once these properties are functional, then the algorithm is complete. Scott Littleton⁶⁹ employs a similar algorithm to analogize how a damaged self, symbolically—or, in the case of the self-cutter and stigmatic, physically—strips away at the flesh, thins through fasting [or via anorexia], and through this skelotonization transcends to a new and “non-ordinary” body that brings with it a new and emboldened sense of self, as well as a

wholly different conception of the world and the forces and powers that rule it.

“Under extreme conditions’ the original, silent, inadequate sense of self that needs to be skeletonized, ‘can actually disappear or become transparent.” The act of mutilation or thinning away at this injured self does not “modify beliefs, memories, and cognitive functions.”⁷⁰ It revises them and there must be identity within to revise. The self is like a piece of marble, and the sculptor, the cutter, the agent slices away to get to the image she sees deep within. Out of this cutting the phenomenal sense of self evolves as envisioned, imagined, and believed—creating “the perception of basic orientation in space and in one’s body,”⁷¹ and especially the realization of the personal agency that has dominance over the creation of the new self-sculpture. With the imagined self, the cutter becomes centered in her new, perceivably better, imagined body. The only part of the algorithm that does not translate from mathematics to a revised interiority is the finality. The algebraic algorithm is complete but the individual algorithm is never fully whole. It continues to search for being. It is a process and not an end, quanta of interacting particles and waves that forever recreate towards a higher perfection. It continues to search for better and more communicative languaging to enforce its full meaning as an essential and knowing part of the whole.

Another self-cutter writes: “I did a meditation and it’s the same feeling you get from meditation. It’s the same like you’ve been taking drugs. Even if I talk about it, it just feels so nice—it’s like taking a deep breath and everything just goes shooogh.”⁷²

“Self-mutilation reinstates the boundary between the existence and nonexistence of self.”⁷³ Through the cultural symbols that reside within the individual cutter—the scars, the piercings, the artistic alignment of cuts, the stigmata, the blood, wounds, the drippings, the pain—symbols become “critical elements in the formation of identity of sense of self.”⁷⁴ For the religious ascetic, complex emotions like “praise, gratitude, sorrow, and joy” become spiritual designations because they are cultivated in response to symbols and practices that the subject identifies as sacred.⁷⁵ And the self-cutter, and/or the stigmatic, transcends her ordinary life into one of empowerment, one that transcends the mundane, the lonely, the emotionally feeble. Being in-and-of this new world conveys the known sense of belonging. As a human-belonging-being, the individual is in a constant state of creative becoming, united with others in a wonderful “process” of growth, rather than remaining in her former stagnant nothingness of nowhere, hidden, dark, and alone.⁷⁶ She has created a certain, motivating, dynamic, and embracing telos.

Voluntary pain—and this is emblematic for both the mutilator who cuts herself, and the stigmatic who welcomes a spiritual agent to inhabit her being—is an instrument of self-transcendence in a meaningful and communal context. The participant is visible, spoken of, and witnessed.

Pain is not only a foundation for language but “lies at the heart of the human ability to emphasize and share.”⁷⁷

“I think seeing the blood I...hmm...sometimes it’s like I knew that I was alive, I could bleed.”⁷⁸

The speaker’s blood is the signifier that she is no longer alone but has found another who validates her pain, as her dripping blood wrings some wholeness of this other self and, although this wholeness of a transcendent self may appear to some to be simply wishful thinking, it is actually more. Is not imagining, believing? Imagining comes from the Latin *imago* which means “image.” As an intransitive verb, the second definition of imagining is “believe” (Merriam-Webster Online Dictionary 2009). In the Oxford English Dictionary, the act of “imagining” is to create as a mental conception, to conceive, to assume. In the colloquial it means to believe or suppose and the word “colloquial” comes from the Latin “to speak together,” and the emotionally disenfranchised “speak together” in a languaging that is often silent but recognizable to others who seek a different self. Belief is the act of imagining. It is what the act of imagining becomes when the object thus created becomes more real (or more self-satisfied, more empowered). “It is when the object created is in fact described as though it instead created you. It ceases to be the ‘offspring of the human being and becomes the thing from which the human being himself sprang forth.”⁷⁹ And imagining one has transcended is *believing* one has transcended, and if it takes self-cutting to initiate that imagining then the effects are similar. The world has been altered by the imagining. As Scarry explains “If a person standing in a field imagines [her]self to be instead standing by the sea, [she] has (in imagining) brought about a large alteration in the world, displacing the whole physically “given” context with an invented one.”⁸⁰

How this imagining provides relevancy to the religious stigmatic is obvious. In similar fashion, Glucklich reminds us that “such activities (cutting) unmake the human self in order to connect with a higher level of being, a transcendental reality.”⁸¹ The Christian religious have had a written tradition of biblical text for approximately 2600 years if we begin around the Babylonian captivity of the Israelites. Proverbs 20:30 tells us that “The blueness of a wound cleanseth away evil: so do stripes the inward parts of the belly.” Through the textual symbolism of the patriarchs and the prophets, one is repeatedly acculturated to scenes of wounding that offer emphatic assurance about the “realness” of God, even though there is no sensorial absolute, no one that contains anything that makes his “realness” visible except the wounded human body.⁸² The wounding themselves are the only visible affirmations of God’s realness and herein described ambiguities can lead to disbelief. Such are the perils of faith. Jesus Christ’s sacrifice on the cross is the epitome of wounding, physically, emotionally, and metaphysically. For the stigmatic to be

nurtured by Jesus, for her impoverished self to be enriched by a newness of being, then she must possess the embodied nature of torn skin, akin to the painful wounds of Jesus, which is the ultimate sacrifice, the absolute break from the nothingness of the former numbness of the invisible self. Wounding to heal is both the cutter's and the stigmatic's way of coping.⁸³ "What we have to point out here is the unutterableness of what has been genuinely experienced, and how such an experience may pass into blissful excitement, rapture, and exaltation verging often on the bizarre and the abnormal."⁸⁴

"When the soul is naughted and transformed, then of herself she neither works nor speaks nor wills, nor feels nor hears nor understands; neither has she of herself the feeling of outward or inward, where she may move. And in all things it is God who rules and guides her, without the meditation of any creature.... And she is so full of peace that thought she pressed her flesh, her nerves, her bones, no other thing come forth from them than peace."⁸⁵

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Pupura. Courtesy of <http://www/clinicadam.com/salud/6/19834>

Ecchymoses. *Petecchia and ecchymoses.*"courtesy of www.medscape.com/.../art-m1711.08.fig2.jpg.

Notes:

¹A brief poem written by a female self-mutilator, transcribed by Amy Sharpe in an untitled article in "The Cutting Edge. A Newsletter for Women living with Self-Inflicted Violence," from "The Voice on the Skin: Self-Mutilation and Merlou-Ponty's Theory of Language" by Janice Miller, *Hypatia*. 11/4 (1966) 113.

² Ariel Glucklich, "Self and Sacrifice: A Phenomenological Psychology of Sacred Pain," *The Harvard Theological Review* 92 (1999): 482.

³ Ariel Glucklich. "Sacred Pain and the Phenomenal Self," *The Harvard Theological Review* 91 (1998): 162.

⁴ Emile Durkheim, *The Elementary Forms of the Religious Life* (New York: The Free Press 1915), 27.

⁵William James, *The Varieties of Religious Experience* (New York, Simon and Shuster, 1977), 56.

⁶ Glucklich, "Sacred Pain the Phenomenal Self," 47.

⁷ Roland Littlewood and Geofredo Bartocci, "Religious Stigmata. Magnetic Fluids and Conversion Hysteria: One Survival of 'Vital Force' Theories in Scientific Medicine?" *Transcultural Psychiatry* 42 (2005): 197

⁸ Daniel M.T. Fessler. "Starvation, Serotonin, and Symbolism. A Psychobiological Perspective on Stigmata." *Mind and Society*, 3/2 (2002): 15-16.

⁹Nihil Obstat, "Mystical Stigmata, treatment of the mythical phenomena of stigmata," *The Original Catholic Encyclopedia* (1907), http://oce.catholic.com/index.php?title=Mystical_Stigmata.

¹⁰ Frederick J. Streng, *Understanding Religious Life* (Encino, CA: Dickenson Publishing Company, Inc., 1984), 2.

¹¹ Paula M. Coe, "Experience, Body, and Authority," *The Harvard Theological Review* 83 (1989): 329.

¹² David Tracy. "On the Origins of the Philosophy of Religion: The Need for a New Narrative of Its Founding." In *Myths and Philosophy*, ed. Frank Reynolds and David Tracy (Albany, N.Y.: State University Press, 1990): 14.

¹³ Glucklich, "Self and Sacrifice," 483.

¹⁴ Rudolph M. Bell, *Holy Anorexia* (Chicago: University of Chicago Press, 1985), 157.

¹⁵ Gilian Straker, "Signing with a Scar: Understanding Self-Harm," *Psychoanalytic Dialogues* 16.1(2006): 106.

¹⁶ Rameshwari Rao, "Wounding to Heal: The Role of the Body in Self-Cutting," *Qualitative Research in Psychology* 3 (2006): 50.

¹⁷ Fessler, 12.

- ¹⁸ Obstat, 2.
- ¹⁹ Caroline Walker Bynum, "Fragmentation and Redemption, Essays on Gender and the Human Body in Medieval Religion," (New York: Zone Books, 1991), 102.
- ²⁰ Fessler, 15.
- ²¹ Glucklich, "Self and Sacrifice," 480.
- ²² Jose A Yaryura-Tobias et al. "Self-Mutilation, Anorexia, and Dysmenorrhea in Obsessive Compulsive Order," *International Journal of Eating Disorders* 17 (1995): 33.
- ²³ Bynum, 132.
- ²⁴ Basak Yucel et al, "Dissociative Identity Disorder Presenting with Psychogenic Purpura," *Psychomatics* 41, (2000): 279.
- ²⁵ Fessler, 13.
- ²⁶ Yaryura-Tobia et al, 36. The article also cites evidence in a quotation from "Wrist Cutting Syndrome: the Meaning of a Gesture," by from R. Rosenthal, C Rinzler, R Wallsh, and E Klausner, *American Journal of Psychiatry*, 128 (1972): 1363-68. Quoting their abstract: "The phenomenon of repeated wrist cutting young women, performed in a nonsuicidal manner, was observed through the use of a control group. Histories revealed a significant incidence of early physical illness and surgery and markedly abnormal patterns of menstruation. The subjects interviewed immediately after cutting described an inability to deal with specific feelings, leading to a state of depersonalization. They cut themselves in an effort to reintegrate, and seemed to know exactly what was necessary to accomplish this: seeing a certain amount of blood, feeling a degree of pain, or being able to look inside the gaping wound. The authors relate the wrist-cutting gestures to genital conflict, reactions to helplessness, and an inability to handle aggression."
- ²⁷ Bell, 1.
- ²⁸ Bell, 21.
- ²⁹ Bell, 19-20.
- ³⁰ Mercea Eliade, *The Myth of The Eternal Return* (New York: Penguin Books, 1954), 56.
- ³¹ Mercea Eliade, *Shamanism, Archaic Techniques of Ecstasy* (Princeton, Princeton University Press, 2005), 84.
- ³² Eliade, "Shamanism," 127.
- ³³ I. M. Lewis, *Ecstatic Religion: An Anthropological Study of Spirit Possession and Shamanism*, (Middlesex, England: Penguin Books, 1971), 30.
- ³⁴ Fessler, 6-7.
- ³⁵ J.A. Wagner, "Self-injury, sexual self-concept, and spiritual development: Insights, interactions and implications for college-aged females" (PhD diss., Regent University, 2008), 95.
- ³⁶ Glucklich, "Self and Sacrifice," 47.
- ³⁷ Fessler, 16.
- ³⁸ Glucklich, "Sacred Pain and the Phenomenal Self," 409.
- ³⁹ Bynum, 51.
- ⁴⁰ Howard R. Block. "Medieval Misogyny," *Representations*, (1987): 144.
- ⁴¹ Fessler, 15
- ⁴² Bynum, 140, 154.
- ⁴³ Straker, 99.
- ⁴⁴ Rao, 49.
- ⁴⁵ Rao, 52.
- ⁴⁶ Streng, 2.
- ⁴⁷ Straker, 104.
- ⁴⁸ Fessler, 5.
- ⁴⁹ Yaryura et al, 67.
- ⁵⁰ Fessler, 12, 13.
- ⁵¹ Glucklich, "Self and Sacrifice," 493.
- ⁵² Fessler, 8.

- ⁵³ William James, *The Varieties of Religious Experiences* (New York: Simon and Schuster, 1977), 15.
- ⁵⁴ Straker, 98.
- ⁵⁵ Elaine Scarry, *The Body in Pain: the Making and Unmaking of the World* (New York: Oxford University Press, 1985), 297.
- ⁵⁶ Scarry, 297.
- ⁵⁷ Glucklich, "Self and Sacrifice," 497.
- ⁵⁸ Fessler, 8, 9.
- ⁵⁹ On page 7, Fessler cites a 1973 article by Shalom Robinson, MD, and Heinrich Z. Winnik, MD, who conducted a study of ten patients in Jerusalem whose weight ranged between 50 to 106 kg and who showed severe mental disturbances after rapid self-induced weight reduction, so severe as to necessitate hospitalization of all but one. It is suggested by the article that this weight reduction may have been antecedent to the mental symptoms.
- ⁶⁰ Rao, 50.
- ⁶¹ Rao, 80.
- ⁶² Glucklich, "Self and Sacrifice," 501.
- ⁶³ Janice McLane, "The Voice on the Skin: Self-Mutilation and Merleau Ponty's Theory of Language," *Hypatia* 11/4 (1966): 116.
- ⁶⁴ Fessler, 13.
- ⁶⁵ Bynum, 195.
- ⁶⁶ Bynum, 85.
- ⁶⁷ McLane 113.
- ⁶⁸ Glucklich, "Self and Sacrifice," 482.
- ⁶⁹ Scott C. Littleton, "An Emic Account of Sorcery: Carlos Castaneda and the Rise of a New Anthropology," *Journal of American Lore* 2 (1976), 150.
- ⁷⁰ Glucklich, "Self and Sacrifice," 502.
- ⁷¹ Glucklich, "Self and Sacrifice," 502.
- ⁷² Straker, 98.
- ⁷³ McLane, 112.
- ⁷⁴ Glucklich, "Self and Sacrifice," 502.
- ⁷⁵ Cooley, 329.
- ⁷⁶ Rao, 50.
- ⁷⁷ Glucklich, "Sacred Pain and the Phenomenal Self," 397.
- ⁷⁸ Rao, 53.
- ⁷⁹ Scarry, 205.
- ⁸⁰ Scarry, 171.
- ⁸¹ Glucklich, "Self and Sacrifice," 502.
- ⁸² Scarry, 200.
- ⁸³ Rao, 45.
- ⁸⁴ Rudolf Otto, *The Idea of the Holy* (London: Oxford University Press, 1997), 37.
- ⁸⁵ Catherine of Genoa, "St. Catherine of Genoa quotes," *Quotations Book* <http://quotationsbook.com/author/1385/> (accessed 4/29/09).