
Prompted by a recent claim that “darkness” was taking over the entire spectrum of young adult literature, this study examines the level of realism in the representation of self-injury – one of the so-called “dark” themes and known more commonly as cutting – in young adult literature. Using a background of psychology literature, each title was analyzed using content analysis and deemed to be realistic or unrealistic, and then measured on an original and included rubric determining its ability to provide a positive path for real teenage self-injurers who may choose to read it. Upon finding that all eight of the novels were realistic but only half of them provided supportive depictions of the healing process, implications for library practices are discussed, and an argument is made for keeping these books on the shelves for those who want to incorporate them into their road to recovery.

Headings:

Young adult literature

Young adult literature -- History and criticism

Self-mutilation

Readers’ advisory services

Censorship
SELF-INJURY IN YOUNG ADULT LITERATURE: AN ANALYSIS OF REALISM

by
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Introduction

Both within and beyond the field of librarianship, a recent topic of much debate has been the so-called prevalence of “darkness” in young adult (YA) literature. The catalyst that sparked this discussion was an article by *Wall Street Journal* regular children’s book reviewer Meghan Cox Gurdon, published this past June (Gurdon, 2011). Gurdon’s piece, an editorial or opinion piece at heart, read as though it were a factual account of the landscape of current YA literature, and was thus met with a powerful response in the form of a flurry of articles, blog posts, listserv dialogues, and even a Twitter hash tag (Burns, 2011; Farley, 2011; Holmes, 2011; Johnson, 2011; Lyons, 2011; Springen, 2011). Authors, librarians, educators, parents, and adolescent readers debated the merits of depictions of violence, pathologies, profanity, and various other types of “ugliness” (Gurdon, 2011) in YA literature. On one side were those who were in agreement with Gurdon, arguing that today’s YA literature ensconces readers in extremely negative and rare views of what life is like, and – if they are not already under some form of unfortunate circumstances – that these books will drive them to their own unhappiness and poor choices. The opposing side, primarily made up of librarians, authors, and teen readers themselves, contended that these topics teach readers empathy, alternate perspectives, and how to cope with the struggles present in their own day-to-day lives.

Throughout the debate, individuals shared their own experiences – loss of a loved one, battles with substance abuse, eating disorders, etc. – as examples of why they would
or would not want to read a novel addressing their personal struggle. Some said they would not have been able to live without a book showing them that they were not alone, and that there was a way out of their grief or hardship; others said that reading about their own situations in such excruciating detail was unbearable for them, and would only lead to further despondency. The fact remains, however, that some readers will want to use books to push themselves through difficult circumstances or personal afflictions, and, as librarians, it is our professional duty to be able to provide these materials when a patron asks for them – and to be a trustworthy, helpful adult to the adolescents who come to us. The danger of a piece like the one discussed above lies in the chance that books about the more troubling parts of life will be removed from shelves – or, even worse, cease to be written – and consequently removed from a teen reader’s arsenal of tools to use in getting through a difficult situation.

Self-injury – known more commonly as cutting – emerged as one of the most frequently mentioned examples of “darkness” in YA literature. It is an increasingly widespread disorder among young adults from a wide variety of backgrounds and circumstances (Walsh, 2006, p. 38-39), and a significant number of novels written for them include it as a major theme. Despite these facts, no general overview of the behavior or professional evaluative tool or guide exists specifically for librarians to consult when these books are requested – or challenged – by their user populations. In a time when complex topics such as self-injury are being questioned and even attacked by adults in positions of authority and influence who can affect what teenagers can and cannot read, librarians must have the foundational knowledge necessary to argue in favor of these books, so that they may remain on the shelves for those who so desperately need
them. Representations of self-injury in YA literature are, for the most part, realistic in their depictions of the behavior; therefore, arming librarians with knowledge of this truthful storytelling, as well as a tool that will allow them to evaluate the level of realism in future publications, will not only increase their abilities to conduct reader’s advisory with parents and young adults, but will enable them to be trusted and knowledgeable figures in the lives of teenagers who may be sorely missing just such an individual during a time of crisis. Under circumstances that could ultimately elevate to matters of life and death, librarians need to be equipped with the knowledge and skill necessary to evaluate books about self-injury. This study will provide the librarian community with a detailed glimpse into the psychological aspects of self-injury, an in-depth discussion of how accurately and sensitively they are represented in recent YA novels, and a tool to use in evaluating future YA fiction that features self-injuring characters. Self-injury can be an intimidating topic, but if we begin to unfold the layers of what truly goes on in the minds of teenagers engaging in it, we will be more than qualified to advocate for the books that describe it.
Literature Review

Self-injury

Though a study of young adult fiction may seem significantly disparate from a psychological study, no discussion of self-injury can take place without first laying out the various definitions, terms, and concepts that make up the psychology literature about the behavior. It is also the case that, because it is an increasingly common phenomenon, each and every adult responsible for teenagers in any capacity should have a fundamental knowledge of self-injury. Without a strong foundation already beneath our feet, we may feel overwhelmed and ill-prepared when approached by a self-injuring patron, and could miss our opportunity to do our part in helping them – and that is an opportunity that we do not want to see slip through our fingers.

Non-suicidal self-injury is among the more complex behaviors within psychology, and that complexity begins with its very name. There are a number of labels for the notion of altering one’s own body intentionally, but these terms can vary based on geographical region, the intent or meaning motivating the act, and the subjective interpretations of each particular expert in the field (D’Onofrio, 2007, p. 21; Favazza, 1996, p. xviii; Nixon & Heath, 2008, p. 4; Tantum & Huband, 2009, p. x; Walsh, 2006, p. 4). The notion of self-injury that is relevant to this study is characterized by intentionally causing harm to oneself for the purpose of relief from heightened emotional states, which usually carries with it a sense of social unacceptability or stigma (Favazza, 1996, p. xix; Nixon & Heath, 2008, p. 4; Walsh, 2006, p. 4). The social aspect sets self-injury apart...
from other mutilative acts like tattooing or piercing, which alter the body, but are cultural practices that are viewed as commonplace (Favazza, 1996, p. xviii-xix). Self-injurers engage in practices that are viewed as irregular or odd by most, including burning, cutting, strangulation, scratching, hair-pulling, head-banging, penetration with sharp objects, or wound aggravation (Motz, 2009a, p. 2; Motz, 2009b, p. 15; Sim, Adrian, Zeman, Cassano, & Friedrich, 2009, p. 82). Repetitive self-mutilation syndrome has been introduced as a suggested diagnosis for individuals who frequently engage in non-suicidal self-harming behaviors to release building mental tension, but some have pointed out that the two central characteristics of this behavior – impetuosity and self-harm – are symptomatic of other, preexisting diagnoses, rendering RSM slightly redundant (Favazza, 1996, p. 253-257).

While that may be true, it is anything but unusual for self-injury to be associated with other disorders; in fact, that has quite often been the case, and these disorders are described as co-occurring with self-injury (Klonsky & Glenn, 2008, p. 50). Studies have linked self-injury to anxiety, dissociative disorders, antisocial personality disorders, depression, and eating and substance disorders (Favazza, 1996, p. 246-250; Fortune, Sinclair, & Hawton, 2008, p. 103; Klonsky & Glenn, 2008, p. 50-51). Self-injury has been listed as symptomatic of all of these types of disorders, but it is by far the most associated with borderline personality disorder, or BPD. While the temporal relationship between the two is not clear, the driving force behind their link is emotion dysregulation, or inability to cope with extreme emotions (Klonsky & Glenn, 2008, p. 50). Similar in the sense that they can come about as a symptom of another disorder or stand on their own, depending upon the individual’s frame of mind and circumstances, eating disorders are
often aligned with or compared to self-injury. It is also the case that some cutters develop eating disorders like bulimia or anorexia (Favazza, 1996, p. 254). These two behaviors are linked by their common issues of control over one’s body, self-preservation at any cost, and a ritualistic approach to emotional release (Motz, 2009a, p. 10).

The syndromes or disorders associated with self-injury are just one of the many factors that can be considered when examining what causes someone to engage in self-injury. Like so many other disorders, self-injury is referred to as a multidetermined behavior, meaning that it is caused by a variety of inextricably-linked aspects of a teen’s life (Favazza, 1996, p. 282). There is no one thing that can be pointed out as the “cause” of self-injury. However, a biopsychosocial model of self-injury exists that names the five dimensions to consider both independently and in relation to one another in order to make any progress toward a determination of the roots of self-injurious behaviors. These dimensions are environmental, biological, cognitive, affective, and behavioral (Heath & Nixon, 2008, p. 144; Walsh, 2006, p. 57).

Within these dimensions, risk factors – circumstances or traits that make a teen more likely to self-injure – and protective factors - circumstances or traits that make a teen less likely to self-injure – can be identified (Klonsky & Glenn, 2008, p. 45-46). While these factors can be useful indicators, they are not infallible guarantees as to how a teen will behave or think (Klonsky & Glenn, 2008, p. 55). The uniquely personal and interdependent nature of these dimensions and factors create a sense of indefinability that often increases self-injury’s already mysterious or confusing aura (Norris & Maher, 2009, p. 91-92).
One of the most dominant risk factors behind self-injury is a tenuous relationship within a teen’s family (Grocutt, 2009, p. 112-113). In a study of self-injuring adolescents, 136 of the respondents listed family problems as related to their behaviors (Fortune, Sinclair, & Hawton, 2008, p. 99). Stemming from as early as infancy, a child who does not have his or her needs met by a caregiver unknowingly cultivates an incomplete sense of self (Motz, 2009b, p. 22-23). If a child is not consistently comforted by another or shown how to self-soothe, he or she matures without the necessary framework for coping with emotions and without the sense that his or her emotions are important and worthy of expression and attention (D’Onofrio, 2007, p. 31-47). Additionally, a child will emulate what he or she sees: if a caregiver behaves self-destructively, the child will perceive this behavior as not just acceptable, but a healthy and viable choice (Walsh, 2006, p. 59). As they grow older, children are far more able to recognize and label the gaps in their relationships with family members. Self-injuring teens have characterized their families as hypercritical, alienating, absent, difficult to communicate with, excessively protective, uncaring, dominant, and untrustworthy (Bureau et al., 2010, p. 491; Favazza, 1996, p. 269). In combination with these impressions of the people who are supposed to love them most, teens are faced with a climbing divorce rate and, in some cases, the elimination of the presence of trusted adults in their day-to-day lives (D’Onofrio, 2007, p. 32). While some self-injuring teens do come from attentive, loving families, the majority come from circumstances like these. Feeling unloved in their own homes, many teens carry with them the sense that each day is a struggle, and they are ill-equipped to deal with that struggle.
Some teens carry the even heavier burden of past abuse. Both physical and sexual abuse have been proven as links to later self-injury, with physical abuse being the more prevalent of the two (Klonsky & Glenn, 2008, p. 48). These children are made to feel unsafe in their own bodies, and often inflict injuries upon themselves as a result of that lack of safety, in an effort to traverse the line between victim and aggressor and counteract their own feelings of helplessness (Motz & Jones, 2009, p. 47). This approach is most often taken by teenage girls who have been sexually abused, a group that has been known to turn to cutting or burning themselves (Motz, 2009a, p. 2). While these statements are true of some victims of abuse, it is important to remember that it is certainly not true of all of them – and self-injury does not always imply that abuse has taken place. In fact, clinicians who assume abuse has taken place can convince their patients – who are desperate for any sort of progress or explanation – that they must have repressed memories that need to be brought to light, resulting in the destruction of what were, in reality, supportive relationships (Favazza, 1996, p. 268).

Though indicators like these can shed some light onto the circumstances of some self-injuring teens, they are far from perfect or all-inclusive. In fact, describing the self-injurer in broad strokes is next to impossible (Favazza, 1996, p. 70). As stated above, there is no one event, trait, or diagnosis that can predict or explain self-injury (D’Onofrio, 2007, p. 43). In addition, many self-injurers never make their behavior known at all, or to anyone outside of their immediate circle of family and friends (Favazza, 1996, p. 56). Cutters, especially, can only be counted by volunteer studies, hospital visits wherein they disclose what they have done to themselves, or stays in facilities or institutions (Motz, 2009a, p. 1). For these reasons, self-injurers are a particularly difficult group to describe.
or represent statistically. However, studies have been able to make generalizations – always to be taken with a grain of salt – about the characteristics of most self-injurers. The gender breakdown is anything but even: females self-injure far more often than males (Motz, 2009a, p. 9). Within the group of males who do self-injure, confusion over their sexual identity has been noted repeatedly (Favazza, 1996, p. 269). Adolescents – especially those in foster care or orphanages – are among the most frequent to self-injure, as are institutionalized women (Motz, 2009a, p. 1). Self-injuring young adults often experience periods of hypersexuality, promiscuity, and depression, and earn poor grades in school (Favazza, 1996, p. 269; Kaminski et al., 2010, p. 465). In a study asking teens from various backgrounds and living situations if they had ever self-injured, African-American teens were the least likely to claim such behavior, while White and Hispanic teens reported nearly equivalent numbers (Kaminski et al., 2010, p. 465). Teens living with a remarried parent and his or her new spouse were far more likely to self-injure than teens living with both parents or a single parent (Kaminski et al., 2010, p. 465).

Economic status is somewhat unclear, as some studies point to middle- and upper-class females as the most likely group to self-injure (D’Onofrio, 2007, p. 40), while others indicate that most cutters come from the more disadvantaged population (Tantum & Huband, 2009, p. 7). An explanation for this may be that those with the means to get treatment for their self-injury are represented in the statistics, while those who cannot seek professional help are numerous but without an opportunity to be counted (D’Onofrio, 2007, p. 40). Within these groups, self-injurers are often depressed and isolated from their peers, either because their wounds and scars have been seen, or they
are purposefully avoiding certain situations to keep their bodies hidden (Favazza, 1996, p. 271).

Much about self-injury is unknown by the public, but its essential difference from suicide is among the top self-injury myths. Even historic studies failed to recognize self-injury as its own behavior, formerly labeling it as failed suicide attempts (Favazza, 1996, p. 56). It was not until the 1960s that cutting became a priority among psychiatric experts in the US and Great Britain (Favazza, 1996, p. 163), and only more recently has it come to be seen as its own distinct behavior, rather than solely as a symptom of another syndrome (D’Onofrio, 2007, p. 7). In most cases, self-injurers whose lives end prematurely are the result of an unintentionally deep wound (Norris & Maher, 2009, p. 85). Experts agree that the language of suicide is to be avoided, and it should not be a foregone conclusion that a self-injurer wishes to die (Motz, 2009a, p. 3; Walsh, 2006, p. 71). Suicide should only be discussed with a self-injurer if that individual is beginning to receive less and less relief from his or her usual cutting ritual – thus losing control over their pain – and is indicating feelings of futility (Walsh, 2006, p. 15-16).

The crucial difference between self-injury and suicide may seem contradictory on the surface, but upon further thought, makes quite a bit of sense: self-injury is an act of self-preservation, while suicide is an act of self-destruction (Motz, 2009a, p. 6). Self-injury provides those who engage in it with a sense of control and choice that suicidal individuals do not feel, which ultimately drives them to take their own lives, while self-injurers are able to gain periods of relief from their pain, and keep on living with the hope and the knowledge that they will feel better in the future (Favazza, 1996, p. 271; Walsh, 2006, p. 13-14). In addition to this sense of hope, self-injurers often employ cutting – or
any other chosen method of self-injury – as a way to reach out to those around them, while suicide is the ultimate act of isolation (Motz, 2009b, p. 15-16). While it may not seem that way from the outside, self-injuring teens use cutting as a way to hold onto life.

Cutting can be a gruesome and desperate activity – but it provides teens with an immense sense of control, relief, and hope. Teens are drawn to it for a number of reasons, and it serves a number of purposes for them, putting it into the category of an overdetermined behavior (Lloyd-Richardson, Nock, & Prinstein, 2008, p. 31). The purposes or goals of self-injury are referred to as functions, and they vary from teen to teen, overlap with one another, and change over time (D’Onofrio, 2007, p. 78; Heath & Nixon, 2008, p. 160; Lloyd-Richardson, Nock, & Prinstein, 2008, p. 35; Motz, 2009a, p. 6). The most common function among self-injurers is that of affect regulation (Heath & Nixon, 2008, p. 160), which is the clinical name for dealing with one’s emotions. As described above, many of the teens who self-injure are not equipped with the ability to handle their feelings in a positive manner, and they turn to self-injury to turn their emotional pain into physical pain, which translates it to a form they are capable of controlling (D’Onofrio, 2007, p. 80). Communication is another one of the most common functions of self-injury (Favazza, 1996, p. 62). When teens feel as if their voices are not being heard, or are unable to put their feelings into words, they turn to communicating through the marks they carve into their bodies (Motz, 2009b, p. 21-22). It has been referred to as a language in and of itself (Motz, 2009b, p. 15), and as a way of releasing unwanted emotions from the body (Favazza, 1996, p. 63).

Though effective for many teens, self-injury is undeniably an unhealthy coping mechanism, and those engaging in the behavior should ultimately seek help of some kind.
An initial assessment needs to be completed by a mental health professional, and is made up of the following components: containment, engagement, assessment, and planning next steps (D’Onofrio, 2007, p. 145). If the assessment indicates that it is necessary, treatment follows. For self-injurers, treatment primarily takes the form of one-on-one therapy sessions, due to the private nature of the behavior, and the difficulty self-injurers have with interpersonal relationships; these things are much easier to tackle on the small scale of one-on-one sessions (Favazza, 1996, p. 110). First and foremost in treatment is the building of a positive alliance between the self-injurer and his or her therapist. Teens need to feel safe, trusted, and understood before they can even begin to unravel the turmoil behind their self-injury, and they cannot pursue this venture without establishing a meaningful relationship with their therapist (D’Onofrio, 2007, p. 97; Grocutt, 2009, p. 108-109; Heath & Nixon, 2008, p. 144; Lieberman, Toste, & Heath, 2008, p. 208). While the impulse may be to ask question after question, in order to get to the root of the issue quickly and stop the self-injury as soon as possible, this is not a realistic expectation on any level, and patience must be maintained throughout what can be a rather lengthy healing process (D’Onofrio, 2007, p. 104-105). Due to the drawn out and intense nature of this endeavor, some are convinced that no singular mental health professional can or should take on the task alone, and there should be a circle of care or treatment team in place (D’Onofrio, 2007, p. 95; Favazza, 1996, p. 318; Nixon, Aulakh, Townsend, & Atherton, 2008, p. 219).

No matter who is involved, the ultimate goal of the treatment is to provide the self-injurer with alternative coping mechanisms; in other words, these teenagers need to be taught how to identify, process, and release their emotions in ways that are healthy,
honest, and dependable (D’Onofrio, 2007, p. 148). There are various opinions on the best way to go about achieving this goal, but there is one common thread among them: there is no medication that has been developed to target self-injury directly, so there is no chance that a prescription alone could stop self-injurious behavior (Plener, Libal, & Nixon, 2008, p. 276). Treatment of self-injury can only take place through the slow but steady process of untangling whatever circumstances or events caused the client to begin self-harming in the first place. In the meantime, some advocate for documents called No Harm Contracts, which are agreements the self-injurer signs at the beginning of treatment, promising to stop physically harming themselves. Some experts agree that these contracts do more harm than good, due to the fact that they are suggested prior to any alternative coping mechanisms are taught, they can seem forced onto the individual without any involvement or choice on their part, and they can add to the client’s feelings of guilt and lack of self-worth if they fail to live up to the contract’s terms (Favazza, 1996, p. 110-111; Nixon, Aulakh, Townsend, & Atherton, 2008, p. 219-220). Another alternative for addressing the physical aspects of self-injury is harm minimization, which provides self-injurers with alternative behaviors that still inflict pain, but to a lesser degree – such as hitting a pillow or snapping one’s wrist with a rubber band – or with supplies or techniques that make the behavior as safe as possible (Favazza, 1996, p. 111-112). The argument against harm minimization, however, is that it encourages the notion that there must be some sort of physical act of release to truly cope with emotions, which can dangerously reinforce a negative strategy (Favazza, 1996, p. 113).

While some of these methods may be useful in times of crisis or at the very beginning stages of treatment, they are not ideal. Instead, a therapist’s job is to suggest
new ways to successfully deal with extreme emotions, and to remind the self-injurer that others who used to cut or burn themselves to feel mental relief have left their self-injury behind in favor of healthier behaviors (Walsh, 2006, p. 126-127). Some of the suggested behavioral categories and skill types include:

- Negative replacement behaviors (which are the sorts of acts described above in conjunction with harm minimization, and should only be used in the initial stages of transitioning to alternative outlets)
- Mindful breathing skills
- Visualization techniques
- Physical exercise
- Writing
- Artistic expression
- Playing or listening to music
- Communicating with others
- Diversion techniques (Walsh, 2006, p. 127)

Choosing which skills work best is up to the therapist-client team, and will vary from individual to individual and change as treatment progresses (Walsh, 2006, p. 148-149).

Several studies have asked self-injuring teens directly what kind of help they would most like to receive, and from whom. In the vast majority of these types of studies, survey respondents stated that simply having an accepting, nonjudgmental listener to recognize their suffering was of the utmost importance to their recovery (Fortune, Sinclair, & Hawton, 2008, p. 98; Ryan, Heath, Fischer, & Young, 2008, p. 244). However, teens have also stated that outside help is very unlikely to persuade a self-injurer to stop engaging in the behavior before they are ready to do so (Fortune, Sinclair, & Hawton, 2008, p. 102), highlighting the fact that this is a largely internal struggle, and the will to move past it can only truly come from within. In one study, when asked to choose between friends, family members, mental health professionals, and a few other groups, 59% of participants chose their friends as the most supportive and parents as the
least helpful in the process of reducing self-injury (Ryan, Heath, Fischer, & Young, 2008, p. 245). When asked by which group they would like to be asked for ways to provide help, 41% chose their friends once again (Ryan, Heath, Fischer, & Young, 2008, p. 245). When asked who they would like to stay with them to provide constant support, they chose partners and ex-partners (Ryan, Heath, Fischer, & Young, 2008, p. 245), shedding light on the importance of significant others. Other teen self-injurers have shared their desire to be closer to their parents, and to live in more stable home environments (Fortune, Sinclair, & Hawton, 2008, p. 99-102). Participants claimed that their preexisting circle of family and friends would be more helpful to them than outside sources, such as mental health professionals or hotlines, which were seldom brought up organically, though the teens did say that they understood those sources’ capabilities and appeal (Fortune, Sinclair, & Hawton, 2008, p. 101-103; Ryan, Heath, Fischer, & Young, 2008, p. 248). The respondents also noted that they were aware of the necessity of coping mechanism development, as well as the importance of expressing one’s feelings verbally rather than physically (Ryan, Heath, Fischer, & Young, 2008, p. 248). From this we can conclude that while adolescent self-injurers understand how and why mental health professionals can help them, and are aware of the skills and approaches they should be taking, they do not immediately come to mind as their first source of support.

There is much to know about self-injury, but this overview provides us with enough background knowledge to begin to evaluate YA literature’s representation of the behavior. Information like this is readily available and should certainly be included in a YA novel about self-injury; but is it?
Self-injury in YA literature

Far too little attention has been paid to self-injury, broadly, and cutting, specifically, in YA literature. Only one study (Miskec & McGee, 2007) has been published on the latter subject. The topic of this article was not the level of realism present in the depiction of self-injury; cutting was discussed in terms of what it symbolized in the context of a selection of current YA books’ plots and settings. This is an alarming gap in library science literature. While we are certainly not qualified – or expected – to be psychologists, doctors, or counselors, we must be available for educated and informed discussions, on even a basic level, with patrons who may trust and come to us when they have no one else to turn to. So much of our role in readers’ lives is the ability to put the right book in the right hand at the right time; how can we do that – especially in terms of such a topic as important and weighty as self-injury – without having the basic knowledge necessary to judge a book’s content? It is this void that this paper aims to fill.

Much of the conversation that followed the publication of the Wall Street Journal article (Gurdon, 2011) revolved around what adults thought adolescents needed to be exposed to versus what they needed to be sheltered from; in other words, adults – whether they were librarians, parents, authors, or teachers – were placing themselves in the role of decision-maker when it came to teenagers’ reading material. However, as far as self-injury is concerned specifically, what the young adults engaged in this behavior have to say about their own condition is invaluable – and this can be extended to novels featuring cutting. By familiarizing ourselves with the articles, studies, and books that have given voice to teen cutters, we can evaluate whether the adult author of the YA
novel has heavily distorted the truthfulness of the feelings behind self-injury, or if the author has allowed the adolescent protagonist to stay aligned with what these studies tell us about self-harmers’ attitudes and desires. We want to be able to recommend the books that stay true to young adults’ perspectives on their own behaviors, and we cannot do that without knowing just what it is they have to say.

Related to this issue of whose voice is dominating the narrative is the idea of censorship. While many of the parents and other adults who have spoken against “dark” YA literature believe that they are simply protecting their own children, by suggesting that these books be removed from library and bookstore shelves, they are essentially calling for censorship (Scales, 2011, p. 18; Book banners, 2011, p. 90-91; Scales, 2009, p. 17; Anderson, 2002, p. 43; Shoemaker, 2011, p. 122-129). There is a fine line between parenting and censoring, and it is the librarian’s job to make sure that what is ultimately a family decision is not extended to an entire community. When a topic is already difficult to discuss for personal reasons, it is made all the more difficult when it is labeled as “dark” or “inappropriate” by adults in positions of authority (Adults’ attitudes, 2006, p. 5). The stigma that coexists with self-injury must be cast aside in order to help adolescents feel brave enough to discuss their feelings and actions with parents or other trusted adults (Freeman, 2010). Quite often, books that are seen as having controversial material need only be supplemented with a discussion in order to help teen readers see the complexity that exists within them. When adults are too busy or unwilling to facilitate these discussions, they lazily label them as dangerous, and call for them to be removed from teens’ hands entirely. This is why librarians must have the foresight to be intellectually prepared to have these discussions with teen readers.
Methodology

In order to begin to craft a tool for librarians to use in the evaluation of books addressing cutting, a list of terms and concepts have been culled from the psychological literature that apply to self-injury and cutting’s definitions, causes, mental effects, behaviors, and treatments. The representations of these terms and concepts were used to evaluate the level of realism in each of eight works of YA literature. This purposive sample of YA literature was comprised of novels published between the years of 2005 and 2011, with the intended audience of readers ages roughly 13 to 19, and having main characters who regularly engage in self-injury for the majority of the narrative. The titles were located by searching various library and bookseller catalogues for the following subjects:

- Self-mutilation -- (Young adult) Fiction
- Cutting (Self-mutilation) -- (Young adult) Fiction

Though self-injury’s meaning is somewhat complex, as discussed above, this study uses it to mean the habitual and intentional act of puncturing one’s own skin with an object in order to relieve emotional distress, commonly known as cutting. Self-injury and cutting are used interchangeably from this point forward, as cutting is the only form of self-injury to be discussed.

Representations of self-injury in the YA literature sample were concluded to be realistic or unrealistic, based on the inclusion or exclusion of actions, thoughts, and ideas relevant to self-injury in a manner that is truthful and authentic, as prescribed by the
psychology literature. Using content analysis (Krippendorff, 2004), certain words, phrases, and concepts were analyzed and discussed in terms of their functions within each narrative. Helping librarians to learn which works of YA literature realistically depict self-injury will be of invaluable use in and of itself. If a parent approached a YA librarian and requested a work of fiction to help a son or daughter cope with self-injury, very few of them would feel qualified or comfortable doing so – and the analysis, findings, and discussion included here will allow them to increase their knowledge in this particular area.

Enabling Text Rubric

More YA literature depicting self-injury will inevitably be published, so librarians will need to be able to perform their own evaluations in the future. One of the primary goals of this study was to meet this need – which led to the creation of a specialized Enabling Text Rubric.

The concept of an enabling text comes from Tatum’s (2009) work with African-American adolescent males, in which he calls for the engagement of these young men with books that promote a positive outlook and life choices in an environment that reflects their own. Tatum (2009) assigns the following characteristics to enabling texts:

- The texts promote a healthy psyche.
- They reflect an awareness of the real world.
- They focus on the collective struggle of African-Americans.
- They serve as a road map for being, doing, thinking, and acting.
In other words, Tatum’s (2009) enabling texts inspire readers to follow the positive example set by protagonists in order to both engage them with characters to whom they can relate and inspire them to change the courses of their lives (p. 55).

The concept of an Enabling Text Rubric was first developed by Dr. Sandra Hughes-Hassell, who, along with her research team, received a Diversity Research Grant from the American Library Association in 2010 (Hughes-Hassell & Rawson, 2011). Hughes-Hassell and her colleagues had the following goals for their work, which was conducted in Durham, North Carolina:

- Provide an opportunity for African-American adolescent males to provide their opinions of texts that we have identified as enabling.
- Inform school and public librarians, as well as teachers and parents, of the connection between the use of enabling texts and the literacy lives of African-American male teens.
- Develop strategies and tools that librarians, teachers, and parents can use to select enabling texts and to mediate them with teens (Hughes-Hassell & Rawson, 2011).

Tatum’s (2009) terms and criteria, along with Hughes-Hassell’s Rubric, have been adapted to serve readers engaging in or considering self-injury, and applied to the sample of YA literature dealing with self-injury. Within the context of this study, an enabling text is one that accurately reflects the psychology literature enough to qualify as a realistic portrayal and has the potential to inspire a self-harmer to stop engaging in the behavior, or at least provide them with an awareness of how to receive help and support. A disabling text is one that depicts self-injury unrealistically (in any number of ways),
glorifies the disorder (by couching it in terms that make it appear desirable, positive, or beneficial) or fails to provide readers with strategies for stopping their self-injury. In order to provide as much detail and evidence as possible, Tatum’s (2009) characteristics have been subdivided to allow for the inclusion of concepts and terms specific to cutting.

While it is true that reading and evaluating individual titles is a major time commitment and not a common practice for most librarians, self-injury is an important topic that has been left largely unexplored in the field of library science, and it is one of few subjects about which we must know as much as we can when asked to conduct readers’ advisory. To that end, a blank Enabling Text Rubric can be found in the Appendix, and can be used to evaluate future publications of YA literature about self-injury.

The rubric itself is made up of three characteristics, elements comprising those characteristics, and examples found within the texts. The characteristics are meant to function as broad indicators of the text’s ability to positively influence readers, while the elements within them serve as markers of the various aspects of self-injury, drawn from the psychology literature. Lastly, positive or negative examples from the text are pulled and noted in the appropriate spaces, in order to provide the fullest possible picture of the representation of self-injury within the narrative. The fact that they can be positive or negative is important to note; if only positive examples were given, the rubric would give the impression that the text only depicted self-injury and its various components in healthy, beneficial ways, and this sort of black-and-white, cut-and-dry representation is rare, to say the least. For example, one of the elements is “Trusted adults”. In Shadow Boxing (Posesorski, 2009), protagonist Alice has an immense amount of trust in her boss,
John; on the other hand, she feels very alienated and disconnected from her own father. It is crucial to note both of these things in the Enabling Text Rubric, so that, upon a single glance, we can note that while Alice has relationships with adults that enrich her life, she also has one – and a very important one at that – that causes her emotional distress. If one were to be noted without the other, the overall impression of the book would be skewed. Stated simply, if the majority of the examples of the elements are positive, then the characteristics are present, and the text is enabling. If most of the examples of the elements are negative, then the characteristics are not present, and the text is disabling. In most cases, there is a mix, and one must decide between enabling and disabling based on a much more complex set of examples. In these situations, it may be beneficial to ask a second reader for his or her opinion. This could also be an interesting discussion for a (carefully chosen) book group; members could read a text, fill out Enabling Text Rubrics on their own, and then come together to discuss and make the decision together. This could be applied to any number of themes within YA literature.

The first characteristic – “Promotes a healthy psyche” – has been borrowed directly from Tatum (2009). Its elements speak primarily to the quality and quantity of the interpersonal relationships in the protagonist’s life. Are they close with their parents? Do they have friends or a significant other? Are there adults outside of their immediate family upon whom they can depend? A teenager’s relationships are extremely important to their identity formation even if they are not self-injurers, but they become even more important when they are. This characteristic is also dependent upon the element “Trauma”. While it is not true of all adolescent cutters, many of them have suffered - or are currently enduring – some sort of trauma, whether it be physical or mental. The root
of a teenager’s impulse to self-injure can often be traced back to a trauma of some sort, so it is crucial to make note of this element. Upon considering all of the relationships and/or trauma in a character’s life, a determination can be made as to whether these elements combine to provide the best possible chance for the adolescent to be in a healthy mental state.

The second characteristic – “Reflects an awareness of the reality of self-harm” – has been adapted from Tatum’s original criterion, “Reflects an awareness of the real world” (2009). This characteristic essentially addresses whether the author has a clear grasp of the psychology behind self-injury. Elements like “Characteristics”, “Risk Factors”, and “Protective Factors” have all been discussed at length in the psychology literature, and it seems reasonable to expect that authors of YA literature featuring self-injury would have consulted this literature and stayed true to what studies have shown. Do the characters share characteristics described of real self-injurers? Are there aspects of their lives and environments that either increase or decrease the likelihood that they will self-injure? Additionally, it is important to consider the descriptions of the act of cutting, and others’ reactions to it. Is the cyclical pattern – trigger, cutting, temporary sense of relief, new trigger – represented accurately? Do the characters’ family and friends express calm but real concern, or do they react with potentially harmful shock and disgust? While the latter reaction is certainly realistic, reading about it would not encourage a current cutter to share his or her secret with a loved one. This is an example of a realistic element causing a text to be categorized as disabling. If the majority of the elements are reflective of not only the realities of self-harm, but also of experts’
suggestions of best practices in handling the situation, then the second characteristic has been met.

The third characteristic on the Enabling Text Rubric – “Focuses on the internal struggle of self-harming adolescents” – has been changed from Tatum’s (2009) original criterion, “They focus on the collective struggle of African-Americans.” Adolescent cutters are usually grappling with emotional turmoil that they are not verbalizing, but literature provides an opportunity for readers to gain access to a narrator’s innermost thoughts. The elements of the third characteristic directly address this notion. As described above, self-injury serves various functions or purposes for those who engage in it, and several of the elements – “Control”, “Communication”, and “Relief from emotional turmoil” – speak to these functions. What is the self-injurer gaining from his or her behavior? Since self-injury is, in reality, an act of hope rather than unending despair, it is important that these novels convey exactly how the adolescents are using cutting as a means of self-preservation. The element of “Dissociation / depersonalization” refers to the notion that self-injurers often experience a split identity during the act of cutting, and even in the rest of their lives. Seeing oneself as other is therefore often a common theme within literature about self-injury. Lastly, how well does the character take care of his or her wounds? Do they have medical supplies as part of their cutting paraphernalia? Have they ever had to go to a hospital or clinic to receive treatment for an infection? Has another character ever treated their wounds for them? All of these concepts play important roles in the depiction of self-injury, and, if present and accurate, contribute to the sense that the book’s author has done his or her research and reflected that accomplishment well.
The fourth and final characteristic is “Serves as a road map for being, doing, thinking, and acting”, and employs Tatum’s (2009) original phrasing. This last characteristic is possibly the most important, as it addresses the long road to recovery, and ideally indicates a number of positive elements that can potentially help readers begin their own journey toward healing. Does the self-injurer see a counselor or therapist, or express the desire and intent to do so? Is the relationship between therapist and client rich in trust and honesty? A positive portrait of the therapeutic experience is very important – as it is crucial to overcoming self-injury – and most of the texts that portrayed the process in a negative light were deemed disabling in this study. Finally, does the protagonist engage in self-injury less and less as the narrative progresses? Do they replace the behavior with alternative, healthier coping mechanisms? Is there emphasis placed on the fact that the recovery process is long, with occasional relapses, rather than an immediate and always forward-moving process? The inclusion of these elements indicates that the text is capable of inspiring a reader to move away from self-injury and towards healthier emotional expression.

Each novel from the sample has been labeled realistic or unrealistic, and enabling or disabling, allowing librarians to see clearly the reasons for applying each term. These labels allow for definitive decisions on the quality of YA literature’s depiction of self-injury, and if/how these novels can act as coping mechanisms for adolescent self-harmers. Completed Enabling Text Rubrics have been included for each title analyzed within this study, in order to provide the clearest picture of what elements of the novels were most important in choosing one label over the other.
Included titles

The most recently published of the eight titles, *Blood Wounds* (Pfeffer, 2011) tells the story of Willa, a junior in high school whose self-described “happy family” – composed of Willa’s mother, stepfather, and two stepsisters – is shaken by news of a murderous rampage. Willa’s long-estranged biological father, Dwayne Coffey, kills his wife and two of their young daughters, then flees with their third child to – according to the police force’s estimations – make the journey from Texas to Pennsylvania in order to reach – and kill – Willa and her mother as well. Dwayne reaches their home, but is killed by the police officers stationed outside, who find the third little girl dead in the backseat of Dwayne’s car. This trauma prompts Willa to return to her childhood home of Pryor, Texas, in order to pay her respects to the family members she never knew, and to learn about where such a large part of her comes from. Her father’s weapon of choice – a hunting knife – convinces Willa that her cutting is simply a part of her genetic make-up, and that her family is not as happy as it may have seemed. Uncovering secrets that her mother had hoped would stay buried forever, Willa replaces silence and repression with brutal honesty and discussions of difficult subjects, and, in the process, redefines her sense of family and her own ways of coping.

The only novel within the sample with fantasy elements, *Rage* (Kessler, 2011) takes the violence inherent in cutting and carries it to an entirely new level. Protagonist Melissa Miller has always had a lot of turbulent emotions, mostly stemming from her frustrating relationship with her polar opposite younger sister and her recent break-up with a boyfriend about whom she cared very much. Adam dumped her after he saw the scars and wounds that covered her body, sending Melissa into a downward spiral. Her
status as a social outcast, however, disappears when she is on the soccer field: she can take out her aggression and exercise a focus that she lacks elsewhere in her life. After Adam convinces her to go to a party and sets her up for the ultimate humiliation – enticing her to take off her clothes and then inviting the entire high school student body into the room to call her names and take her picture – Melissa loses control. She commits suicide that night, but is given a second chance at life when Death invites her to be War, one of the Four Horsemen of the Apocalypse, allowing the themes of pain and suffering so common to books about self-injury to be moved from the individual to the global.

An emotionally-charged story from the very beginning, *Scars* author Cheryl Rainfield shares an at least semi-autobiographical tale through protagonist Kendra, who is grappling with repressed memories of childhood sexual abuse. Convinced that her former abuser is following her, Kendra is constantly on edge, and suspicious of every male in her life. She deals with her emotions in three ways: talks with her therapist of five months, Carolyn; painting; and secretly cutting. As her abuser sends threatening messages and Kendra remembers what he promised to do to her if she ever remembered – and then revealed – his identity, she turns to cutting as her main coping method. Meghan, a new love interest, brings Kendra a great deal of happiness just as her fear reaches its peak, and she feels safe enough to retrieve the most hidden memory of all: her father had been her abuser, and her mother had done nothing to protect her. Kendra learns that her support system does not need to include self-harm or even her parents, as long as she has people in her life who love her and encourage her to tell the truth, no matter how painful the truth might be.
Willow (Hoban, 2009) tells the story of a high school girl grappling with the overwhelming feelings of guilt and loss that have plagued her since the deaths of her parents. After drinking a few too many glasses of wine at a restaurant, Willow’s parents requested that she drive them home – despite the strong storm going on outside – and the subsequent car accident left only Willow alive. The novel begins less than a year after the accident, with Willow living with her older brother, David, his wife, Cathy, and their infant daughter, Isabelle. David refuses to speak to Willow – or anyone else – about the tragedy that has struck their family, and Willow interprets his silence as the incredible blame he places squarely on her. With no outlet for her grief, Willow has turned to self-injury, and cuts herself with a razor blade when the turmoil inside her becomes too much to bear. Over time, however, she manages to forge connections with her classmates – from whom she initially felt completely isolated – and begin to repair her relationship with her older brother. The impetus for these changes is Guy, a classmate who, after expressing an interest in her, becomes aware of Willow’s cutting, and becomes invested in her both romantically and protectively. Willow has open and honest conversations with Guy, even broaching the subject of her parents’ deaths several times, with each time becoming easier than the last. Willow’s relinquishing of her self-injurious behavior is inextricably linked to her feelings for Guy, culminating in their having sex in her parents’ old house and taking place just before an emotional breakthrough with David. While Guy expects that their relationship and the happiness it brings Willow will enable her to stop cutting completely, Willow makes it clear that it will not be quite so simple, and the book ends with progress, to be sure, but not a completely closed door on her self-injury.
In *Shadow Boxing* (Posesorski, 2009), Alice feels tremendous guilt over the fact that her mother died alone in hospice care, and she feels rage over the fact that her father wants to rid their lives of any trace of her mother’s existence. Alice and her cousin Chloe depend upon one another to provide the support system their parents cannot, but Alice also deals with her feelings through cutting, something she and Chloe rarely discuss. She finds respite in her job at a local bookstore and then in the creation of shadow boxes, which she employs as tangible memories of her mother. As her father plans for her to move away to boarding school for a “fresh start”, Alice confronts her cutting, the loss of her mother, and the truth behind her father’s seemingly insensitive behavior.

Having grown up idolizing his old sister Michelle, *The Perfect Cut’s* (Burtinshaw, 2008) main character, Bryan, learned everything he could from her, ranging from guitar-playing to how to cope with their father’s incessant berating. Bryan first sees Michelle cutting accidentally, but she explains to him how to do it and why he might want to do it, too – and Bryan eventually uses self-injury as a means of dealing with Michelle’s death. The secrets he has carried for her in the years following the car accident they suffered together have weighed on his mind, his relationship with his already broken parents, and his ability to keep up with school, his peers, and life in general. As Bryan’s parents continue to withdraw from each other and from Bryan, Bryan turns to increasingly dangerous means in order to subdue his feelings of guilt and unhappiness. After a failed suicide attempt, Bryan is admitted to a psychiatric institution, where he learns to use writing to express himself, rather than self-harm. His father’s departure and his mother’s acceptance of her daughter’s death contribute to his recovery, but it remains an up-and-
down process marked by significant progress and small setbacks, rather than a clearly-defined ending.

Floating between a hospitalized mother and a largely absent father, seventeen-year-old Kia is desperate for a sense of belonging in *Thicker than Water* (Jablonski, 2006). She believes she has found it when she meets Hecate, a fellow Goth girl who introduces her to a loose community of people who refer to themselves as Vampires, holding invitation-only parties at clubs and apartments around New York City that frighten Kia’s regular friends. As a cutter, Kia believes that she has finally found a group that understands what her parents and small trio of high school friends cannot: an inner desire for blood. Seeking acceptance of her fascination, Kia sheds her former responsibilities and friendships to become a true part of the Vampire scene, connecting specifically with Damon, a Vampire DJ who commands respect from the entire community and allows Kia to quickly gain access to events of increasing violence and oddity. After witnessing what she believes to be Damon’s true Vampire identity, Kia asks Damon to “sire” herself and her dying mother – to turn them into Vampires – and attempts to appeal to him with what she believes he wants: her blood. It is only after she has violently slashed her arms that Damon drops his Vampire act and tells Kia that the community she had held so dear was nothing more than pretend.

A first-person account of an artistic young girl’s troubled home life, *Blade Silver: Color Me Scarred* (Carlson, 2005) follows Ruth Wallace as she maneuvers the emotional rollercoaster ride of truly hoping and trying to eliminate cutting from her life, to falling back to utter reliance on its relief once more. Ruth’s father is verbally abusive to her entire family, which has driven her mother to near-comatose status and her younger
brother to the safe haven of a distant relative’s home. Ruth tries to stay strong, despite the loneliness and fear that dominate her home life, but her father’s constant tirades render her unable to deal with the emotions she must keep bottled up. Her best friend suggests that she visit the school counselor, who guesses Ruth’s circumstances immediately, and refers her to a rehabilitation institution for teenage girls dealing with similar behaviors. While there, Ruth learns that she is not as strange as she once thought, and embraces God on her slow but inspired road to healing.

Study Limitations

There are several significant limitations of this study to be addressed. First, I am not – nor have I ever been – a psychology student. My understanding of self-injury and the various facets of the behavior are informed only by the books and articles I have consulted on the topic. While I trust that they have provided me with valuable and true information, my background is not in psychology, and therefore, my knowledge is limited. Additionally, because there are so many facets to self-injury, it is inevitable that not every aspect of the behavior and the circumstances surrounding it can be given the importance they deserve.

The novels included here are limited in scope; the focus on cutting means that the other “dark” themes attacked by Gurdon and her supporters are left unaddressed. While it is our responsibility to make sure that books on other “dangerous” topics are not banished, they cannot all be adequately discussed here. Additionally, due to the fact that my YA literature sample contains only materials published between 2005 and 2011, I am inevitably leaving out a significant number of books published previously – as well as
those that will be published after I have completed my work. Librarians will have to read – or rely on someone else to read and share their findings about – both older and new books that feature self-injury.

Lastly, there is no guarantee that the books I deem enabling will necessarily help adolescents who engage in self-injury; there is no way to be absolutely certain of the effect any book will have on any reader, and self-injury is not something that is easily left behind. My labeling system will only be able to help librarians in pointing teen readers and their parents to the YA literature that is most supportive of changing the behavior in its portrayal of self-injury, and that is a subjective decision I am making on my own, based on what I have learned.
Results and Discussion

The level of realism of each of these titles (as seen in Figure 1: Realism Evaluations) was judged not by the circumstances surrounding the cutting, but by the act itself and the situations that arose before, during, and after it. For example, Rage is obviously not realistic fiction: Melissa meets Death personified and flies around the globe on a horse with whom she can communicate. However, the fantasy elements are not what is at stake here – it is Melissa’s self-injury with which we are concerned. To that end, the books were deemed realistic if the characters’ cutting was presented in a manner that was true to the elements introduced by the psychology literature, even if the book’s setting were fantastical.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>REALISTIC OR UNREALISTIC</th>
<th>ENABLING OR DISABLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Wounds (Figure 2)</td>
<td>Realistic</td>
<td>Enabling</td>
</tr>
<tr>
<td>Rage (Figure 3)</td>
<td>Realistic</td>
<td>Disabling</td>
</tr>
<tr>
<td>Scars (Figure 4)</td>
<td>Realistic</td>
<td>Enabling</td>
</tr>
<tr>
<td>Willow (Figure 5)</td>
<td>Realistic</td>
<td>Disabling</td>
</tr>
<tr>
<td>Shadow Boxing (Figure 6)</td>
<td>Realistic</td>
<td>Disabling</td>
</tr>
<tr>
<td>The Perfect Cut (Figure 7)</td>
<td>Realistic</td>
<td>Enabling</td>
</tr>
<tr>
<td>Thicker Than Water (Figure 8)</td>
<td>Realistic</td>
<td>Disabling</td>
</tr>
<tr>
<td>Blade Silver: Color Me Scarred (Figure 9)</td>
<td>Realistic</td>
<td>Enabling</td>
</tr>
</tbody>
</table>
All eight of the YA novels presented cutting in a realistic manner. The behaviors, thought processes, and treatment options, when present, were portrayed accurately and authentically. However, only four of the novels took their realistic depictions one step further to qualify as enabling texts, splitting the sample right down the middle, with one half being enabling and one half being disabling.

All four of these characteristics – along with their individual elements – have been taken into consideration in the categorization of the eight novels in the sample. Completed Enabling Text Rubrics for each of the titles in this study’s sample can be seen in *Figures 2 through 9* below.
Figure 2: Enabling Text Rubric for *Blood Wounds* by Susan Beth Pfeffer (2011)

<table>
<thead>
<tr>
<th>ENABLING TEXT RUBRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHARACTERISTIC</strong></td>
</tr>
<tr>
<td>Promotes a healthy psyche</td>
</tr>
<tr>
<td>Reflects an awareness of the reality of self-injury</td>
</tr>
<tr>
<td>Focuses on the internal struggle of self-harming adolescents</td>
</tr>
<tr>
<td>Serves as a road map for being, doing, thinking, and acting</td>
</tr>
</tbody>
</table>

**CONCLUSION: ENABLING OR DISABLING?**  
**ENABLING**

**WHY?** Willa represents a self-injurer who seems to have an ideal life, but is really fraught with distress; She comes to the conclusion that as much as she wants to stop cutting, she cannot do it alone.
<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes a healthy psyche</td>
<td>Trauma</td>
<td>Unclear where urge to cut originated, but intensified by the humiliation she suffers at the hands of ex-boyfriend Adam</td>
</tr>
<tr>
<td></td>
<td>Trusted adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer connectedness</td>
<td></td>
</tr>
<tr>
<td>Reflects an awareness of the reality of self-injury</td>
<td>Characteristics</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Risk Factors</td>
<td>Lives with father and mother and younger sister</td>
</tr>
<tr>
<td></td>
<td>Protective Factors</td>
<td>Goth</td>
</tr>
<tr>
<td></td>
<td>Contagion and peer influence</td>
<td>Plays soccer as form of release</td>
</tr>
<tr>
<td></td>
<td>Act of cutting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reactions to cutting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stigma</td>
<td></td>
</tr>
<tr>
<td>Focuses on the internal struggle of self-harming adolescents</td>
<td>Control</td>
<td>Suppresses all of her thoughts and emotions, puts them in the “glass jar of her heart”</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>Violent imagination, descriptive language and terms violent as well</td>
</tr>
<tr>
<td></td>
<td>Relief from emotional turmoil</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissociation / depersonalization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wound care</td>
<td></td>
</tr>
<tr>
<td>Serves as a road map for being, doing, thinking, and acting</td>
<td>Therapy or counseling</td>
<td>Works through her inner struggle through War extended metaphor</td>
</tr>
<tr>
<td></td>
<td>Alliance-building</td>
<td>Mentions that she starts talking to school guidance counselor at end, in passing</td>
</tr>
<tr>
<td></td>
<td>Decrease in cutting</td>
<td>Tells parents about cutting</td>
</tr>
<tr>
<td></td>
<td>Alternative coping mechanisms</td>
<td></td>
</tr>
</tbody>
</table>

CONCLUSION: ENABLING OR DISABLING?

**DISABLING**

**WHY?** Missy’s epiphany is totally rooted in fantasy; her logic for stopping her self-injury is therefore hard to grasp, and does not lend itself to helping others to stop.
Figure 4: Enabling Text Rubric for *Scars* by Cheryl Rainfield (2010)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes a healthy psyche</td>
<td>• Trauma</td>
<td>• Victim of sexual abuse as a child, has repressed memories that have started coming to light</td>
</tr>
<tr>
<td></td>
<td>• Trusted adults</td>
<td>• Overbearing mother and father</td>
</tr>
<tr>
<td></td>
<td>• Family relationship</td>
<td>• Trusts art teacher and family friend, Sandy</td>
</tr>
<tr>
<td></td>
<td>• Peer connectedness</td>
<td>• Girlfriend Meghan</td>
</tr>
<tr>
<td>Reflects an awareness of the reality of self-injury</td>
<td>• Characteristics</td>
<td>• Female</td>
</tr>
<tr>
<td></td>
<td>• Risk Factors</td>
<td>• Lives with mother and father</td>
</tr>
<tr>
<td></td>
<td>• Protective Factors</td>
<td>• Uses art as expression; mother criticizes her work</td>
</tr>
<tr>
<td></td>
<td>• Contagion and peer influence</td>
<td>• Triggers are her memories coming back to her, abuser sending her threatening messages</td>
</tr>
<tr>
<td></td>
<td>• Act of cutting</td>
<td>• Female</td>
</tr>
<tr>
<td></td>
<td>• Reactions to cutting</td>
<td>• Lives with mother and father</td>
</tr>
<tr>
<td></td>
<td>• Stigma</td>
<td>• Uses art as expression; mother criticizes her work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Triggers are her memories coming back to her, abuser sending her threatening messages</td>
</tr>
<tr>
<td>Focuses on the internal struggle of self-harming adolescents</td>
<td>• Control</td>
<td>• Relives the abuse memories over and over again in her mind</td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
<td>• Constantly on edge and suspicious of every male she encounters</td>
</tr>
<tr>
<td></td>
<td>• Relief from emotional turmoil</td>
<td>• Despite painting, says only cutting helps when things are really bad</td>
</tr>
<tr>
<td></td>
<td>• Dissociation / depersonalization</td>
<td>• Abuser taught her to cut</td>
</tr>
<tr>
<td></td>
<td>• Wound care</td>
<td>• Abuser taught her to cut</td>
</tr>
<tr>
<td>Serves as a road map for being, doing, thinking, and acting</td>
<td>• Therapy or counseling</td>
<td>• Sees therapist, Carolyn, by choice, and depends upon her tremendously</td>
</tr>
<tr>
<td></td>
<td>• Alliance-building</td>
<td>• Sees therapist, Carolyn, by choice, and depends upon her tremendously</td>
</tr>
<tr>
<td></td>
<td>• Decrease in cutting</td>
<td>• Goes to group art therapy by choice as well</td>
</tr>
<tr>
<td></td>
<td>• Alternative coping mechanisms</td>
<td>• Goes to group art therapy by choice as well</td>
</tr>
</tbody>
</table>

CONCLUSION: ENABLING OR DISABLING?

**ENABLING**

**WHY?** Kendra is in therapy from the very beginning, by choice; Carolyn is a very effective portrait of a therapist; Kendra overcoming dramatic circumstances positions her as a symbol of hope, just like Carolyn was for her.
**Figure 5: Enabling Text Rubric for Willow** by Julia Hoban (2009)

<table>
<thead>
<tr>
<th>ENABLING TEXT RUBRIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promotes a healthy psyche</strong></td>
<td>Trauma, Trusted adults, Family relationship, Peer connectedness</td>
<td>Was driving the night her parents died in a car crash, Disconnected from her brother David, Uncomfortable talking to classmates</td>
</tr>
<tr>
<td><strong>Reflects an awareness of the reality of self-injury</strong></td>
<td>Characteristics, Risk Factors, Protective Factors, Contagion and peer influence, Act of cutting, Reactions to cutting, Stigma</td>
<td>Female, Lives with older brother and his wife and daughter, Paranoia, Guilt, Friends’ discussion of anorexic girl</td>
</tr>
<tr>
<td><strong>Focuses on the internal struggle of self-harming adolescents</strong></td>
<td>Control, Communication, Relief from emotional turmoil, Dissociation / depersonalization, Wound care</td>
<td>Does not want to discuss parents’ death with David for fear of upsetting him, Guy tends to her wounds</td>
</tr>
<tr>
<td><strong>Serves as a road map for being, doing, thinking, and acting</strong></td>
<td>Therapy or counseling, Alliance-building, Decrease in cutting, Alternative coping mechanisms</td>
<td>Guy in therapist role, but interacts with no mental health professionals; states that she does not want this, Mentions in beginning that she used to paint, but author does not suggest this as an alternative form of expression</td>
</tr>
</tbody>
</table>

**CONCLUSION: ENABLING OR DISABLING?**

**DISABLING**

**WHY?** Continues to keep cutting a secret from brother; flat-out states she does not want to go to therapy or stop cutting; her positive changes are too tied up in her new boyfriend, what happens to her progress if he leaves her?
**Figure 6: Enabling Text Rubric for *Shadow Boxing* by Sherie Posesorski (2009)**

<table>
<thead>
<tr>
<th>ENABLING TEXT RUBRIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHARACTERISTIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotes a healthy psyche</td>
<td>Trauma, Trusted adults, Family relationship, Peer connectedness</td>
<td>Guilt over mother dying alone in hospice care, Father distant, wants to get rid of mother’s things, Depressive, Support from Cousin Chloe and boyfriend, Luke, Close to boss</td>
</tr>
<tr>
<td>Reflects an awareness of the reality of self-injury</td>
<td>Characteristics, Risk Factors, Protective Factors, Contagion and peer influence, Act of cutting, Reactions to cutting, Stigma</td>
<td>Female, Lives with father, Cutting never described, Chloe expresses concern, tends to her wounds, Father reacts angrily and forcefully</td>
</tr>
<tr>
<td>Focuses on the internal struggle of self-harming adolescents</td>
<td>Control, Communication, Relief from emotional turmoil, Dissociation / depersonalization, Wound care</td>
<td>Names reasons why she wants to stop cutting, Expresses a discomfort/ inability to speak her mind, Feels “self-loathing and shame”</td>
</tr>
<tr>
<td>Serves as a road map for being, doing, thinking, and acting</td>
<td>Therapy or counseling, Alliance-building, Decrease in cutting, Alternative coping mechanisms</td>
<td>Sight of healed skin as symbol of progress, encouragement, Uses art to keep memories alive, Negative images of mental health professionals; calls them “inhumans”, Stops without treatment, sheer “willpower”</td>
</tr>
</tbody>
</table>

**CONCLUSION: ENABLING OR DISABLING?**

**DISABLING**

**WHY?** Book basically moves on from her cutting as if it were never really a problem; negative images of therapists; stops with “willpower” (very rare, sets up unrealistic expectations)
**Figure 7: Enabling Text Rubric for The Perfect Cut by Julie Burtinshaw (2008)**

**ENABLING TEXT RUBRIC**

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes a healthy psyche</td>
<td>Trauma, Trusted adults, Family relationship, Peer connectedness</td>
<td>Verbally abusive father, sister’s planned suicide/accidental death, Feels isolated from classmates, Relationship with Stella, Ex-girlfriend, Jessie, Homeless teen/friend, Chris</td>
</tr>
<tr>
<td>Reflects an awareness of the reality of self-injury</td>
<td>Characteristics, Risk Factors, Protective Factors, Contagion and peer influence, Act of cutting, Reactions to cutting, Stigma</td>
<td>Male, Lives with father and mother, Older sister cut, taught him, Smokes, drinks, dabbles in drugs, Feels unworthy of love, happiness, Therapist reacts with no disgust, only empathy</td>
</tr>
<tr>
<td>Focuses on the internal struggle of self-harming adolescents</td>
<td>Control, Communication, Relief from emotional turmoil, Dissociation / depersonalization, Wound care</td>
<td>OCD behaviors adding to ritual of cutting, Wishes he could cry, Self as other, Burden of carrying Michelle’s secret on top of dealing with her death, Feels responsible for parents’ emotions, Suicide attempt (due to medication side effect)</td>
</tr>
<tr>
<td>Serves as a road map for being, doing, thinking, and acting</td>
<td>Therapy or counseling, Alliance-building, Decrease in cutting, Alternative coping mechanisms</td>
<td>Music as form of release, connection to sister prior to treatment, Dr. Spahic helps him tremendously, Hospitalization, Writing as coping mechanism during and after treatment, Sense of abnormalcy lifts during group therapy, Emphasis that recovery is an up-and-down process</td>
</tr>
</tbody>
</table>

**CONCLUSION: ENABLING OR DISABLING?**

**ENABLING**

**WHY?** Positive portrait of hospitalization; illustrates danger of passing the behavior on to others; realistic expectations for recovery process; offers alternative coping mechanism
**Figure 8: Enabling Text Rubric for Blade Silver** by Melody Carlson (2005)

**ENABLING TEXT RUBRIC**

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
</table>
| **Promotes a healthy psyche** | • Trauma  
• Trusted adults  
• Family relationship  
• Peer connectedness | • Abusive father, Mother tried to commit suicide, younger brother moves out  
• Connection with Glen gives her hope  
• Best friend Abby asks her to promise to stop |
| **Reflects an awareness of the reality of self-injury** | • Characteristics  
• Risk Factors  
• Protective Factors  
• Contagion and peer influence  
• Act of cutting  
• Reactions to cutting  
• Stigma | • Female  
• Lives with both parents  
• Uses art as expression; father criticizes her work  
• No positive communication within her family |
| **Focuses on the internal struggle of self-harming adolescents** | • Control  
• Communication  
• Relief from emotional turmoil  
• Dissociation / depersonalization  
• Wound care | • Contrasts control cutting gives her with the lack of control she has over the impulse to do it  
• Ritual: cuts at certain times of day  
• Thinks very positively about stopping, but can never do it on her own |
| **Serves as a road map for being, doing, thinking, and acting** | • Therapy or counseling  
• Alliance-building  
• Decrease in cutting  
• Alternative coping mechanisms | • Belittles idea of therapy in beginning  
• Goes to see school counselor, who helps her go to an in-patient facility, which is a very positive experience for her  
• Writing  
• Religious aspect  
• Lots of discussion of replacement habits: Ruth sketches, but several others are mentioned |

**CONCLUSION: ENABLING OR DISABLING?**  
**ENABLING**

**WHY?** Effectively shows that positive thought and trying to do it on your own isn’t enough, and that’s okay, it’s normal; suggests lots of alternative coping methods; positive portrait of in-patient facility
Many specific moments from the eight texts illustrate manifestations of the common themes that were identified in the psychology literature, and are important tropes of which to be aware as these books circulate. Most likely at the top of that list is the act of cutting itself. The descriptions, of course, vary from book to book, but there are commonalities that can be pointed out and aligned with experts’ assertions. In most cases, a cutting incident is set in motion by a trigger, “something that arouses unpleasant and unmanageable feelings. These feelings may be distressing because of a person’s earlier experience” (Tantum & Huband, 2009, p. viii). Teen cutters may not know the technical term for the catalyst for their desire to cut, but they do report feeling “overwhelmed, self-hatred, anger, and sadness” just before engaging in the behavior (Sim, Adrian, Zeman, Cassano, & Friedrich, 2009, p. 83). Numerous triggers can be identified within the YA literature sample. The title character in Willow (Hoban, 2009) is repeatedly triggered by thoughts of her parents and her former life, or by the thought that other people are judging her for what she thinks she has done:

“Willow looks at the other girls uncertainly. She has a bad feeling that they’re talking about her, and she’s pretty sure that she knows what they’re saying, too. She’s the one without parents. She’s the one who killed her parents. Their whispers remind her of the rustling of dried leaves. Willow has always hated the sound. She fights the urge to clap her hands over her ears, reluctant to call any more attention to herself. But she can’t drop the river of noise that flows out of their mouths. Shhhhhhhhhhhsh…The sound engulfs her. Threatens to overwhelm her. Only one thing can make it go away” (p. 2).

In Blade Silver (Carlson, 2005), Ruth’s trigger is competition, and the thought that her one source of pride and happiness will be taken away from her: “I take a deep breath – actually asking myself if I really need to do this – but then I imagine Glen’s
smug face as he collects every prize and ribbon at the art fair. And then I cut” (p. 18).

These triggers can change over time, ebbing and flowing in their intensity, but the cyclical nature of the cutting experience remains largely the same. Norris and Maher (2009) describe it in the following manner: “A cyclical pattern is often apparent whereby the self-cutting provides relief from unbearable feelings; this is followed by feelings of shame or disgust; and then some further trigger (be it an event or a thought) again overwhelms the young person. Some authors have described this as an addictive cycle” (p. 85). In other words, there is no long-lasting relief found in the act of cutting; while it may assuage temporary emotional upheaval, it does not lessen the effect of any subsequent triggers, and the process begins anew each time. Several of the characters in these novels expressed their awareness of the fleeting nature of their feelings of release. For example, Ruth, wondering why she cannot stop even though she tries to talk herself into doing so almost constantly, notes that “It’s like I don’t have any real control. And at the same time, it’s like it’s my only source of control. And then there’s the pain. The never-ending pain that seems only to be diminished by pain. Pain erasing pain. And yet it never really goes away” (Carlson, 2009, p. 90).

Due to this continuous cycle, cutters often develop a routine or ritual for their behavior, which carries with it an inherent function: “Self-harm can be a ritualistic process that is carried out with great precision; making cuts that are a certain length and depth, for example. It is this repetitive and familiar behavior that can, for a short period, make the person feel in control and soothed at the same time” (Favazza, 1996, p. 36). Bryan, the main character in The Perfect Cut (Burtinshaw, 2008) provides a somewhat extreme but very clear picture of the ritual side of cutting due to his obsessive compulsive
behavior: “Uneven numbers bothered him, meant that he would have to go back to the razor sooner” (p. 17); “Four steps to the middle of the hall, six to the bathroom and four more to the sink” (p. 25); “…then he washed his hands, counting slowly to sixty to make sure he didn’t miss any germs that might be hiding in the cracks of his skin or under his fingernails” (p. 26). Bryan even gives exact measurements – down to the centimeter – of his wounds (p. 26). Even though he has his cutting down to a science, Bryan still receives only a certain amount of emotional relief with each cut. These authors all do an excellent job of realistically depicting the repetitive nature of self-injury and the way in which it provides only a temporary respite from a much more deep-rooted issue.

Exactly where does this relief come from? Favazza (1996) explains:

“…in cutting their skin they provide an opening through which the tension and badness in their bodies can rapidly escape. What does leave the body as a result of the skin cutting is blood, a precious substance that throughout human history has been associated with the cure of illness, preservation of health, salvation and resolution of social conflict…It seems likely that the outward flow of tension following self-mutilation is linked with the flow of blood, with all its symbolic connotations” (p. 272).

This idea is referenced in the YA literature both directly – with one character referencing bloodletting by name (Burtinshaw, 2008, p. 107) and several others referring to releasing their mental negativity through their physical act: “I know how to keep myself safe. All I have to do is cut. Cut until it all bleeds away” (Rainfield, 2010, p. 75); “Buried at the bottom of her closet, her lockbox beckoned with promises of razor-sharp kisses, whispering that she could bleed out the badness” (Kessler, 2011, p. 30). In both the psychology literature and the YA sample, teen cutters conflate the mental and the physical, substituting physical coping for the emotional coping they are not equipped to achieve.
Self-injury allows the body to serve another function as well: “message center or billboard” (Favazza, 1996, p. 148). Another common theme within the psychology literature that is reflected in many of these novels is the lack of open communication. When these teens feel as though their words are not being heard, the conversations they need are not taking place, or they simply do not have the words to express themselves, they use their bodies to communicate their pain. Motz and Jones (2009) elaborate upon this concept: “[Self-harm] can create something like a self-referential world, a private language, in which physical marks have unique signification and meaning. In this sense, the act of creation, of writing and marking, is evident too on the body” (p. 45). Within the sample at hand, this idea of a lack of open communication takes two dominant forms. The first lies in a failure to truly address a loved one’s death.

In *The Perfect Cut* (Burtinshaw, 2008), *Willow* (Hoban, 2009), and *Shadow Boxing* (Posesorski, 2009) each of the teenage protagonists feel incredible frustration over their families’ unwillingness to discuss the death of a family member. A major part of Willow’s emotional struggle is the fact that she cannot talk to her brother – with whom she was once so close – about the loss of their parents: “But there is a wall of glass between them. David never, never talks about the accident...he manages to avoid any suggestion of how it is they’ve found themselves in such an extraordinary situation” (p. 29). Willow interprets his silence as a condemnation of her – since she was behind the wheel the night of the accident – when, later, she comes to find out that he merely had thought that she would find such a discussion utterly torturous. Had either one of them been brave enough to broach the subject, Willow would have turned to cutting far less often.
Shadow Boxing’s Alice is infuriated by her father’s attempts to rid the house of everything her mother had ever touched (Posesorski, 2009, p. 37), while The Perfect Cut’s Bryan is mystified and trapped by his parents’ handling of his sister’s death: “They spoke of her rarely and then only in hushed tones. They’d turned her old bedroom into a shrine. But they’d wiped the house clean of her photos. Mom and Dad had successfully and completely disappeared Michelle” (p. 46). As if the emotional burden of losing one’s parents and sister is not heavy enough, these teens’ families added to that grief by refusing to talk to them about it, forcing them to turn to speaking with the marks they make on their bodies.

The second subtheme evident in the instances of poor communication was the teenagers’ struggle to keep themselves from unleashing their true feelings about their neglectful parents. Throughout Scars (Rainfield, 2010), Kendra’s true thoughts are available to the reader in italics, following the abbreviated, stifled version which she says aloud. For example, during one of many tense exchanges with her mother, Kendra thinks, “I clench my teeth, swallow down all the words that want to fly out of me like hornets to sting her. It’s too late to fix things, Mom! Where were you, anyway, when he was raping me? Why didn’t you protect me?” (p. 32-33). In Blade Silver (Carlson, 2005), Ruth bottles up all of the things she wants to say to her father during one of his verbally abusive rants: “So many things I wish I could say to him. I wish I could yell and scream too. I wish I could tell him that he’s a big, stupid jerk and that our messed up lives are all his fault. I wish I were brave enough to ask him how he used to feel when his mother treated him like this – and is he proud of himself for being just like her? But, as usual, I keep my mouth shut so tight that my jaw begins to ache” (p. 105). Ruth’s hiding of the
truth is so detrimental to her psyche that it causes her physical pain, and triggers her to cut immediately after she escapes her father’s wrath. Neither Kendra nor Ruth feels bold enough to point out their parents’ failings to them, and instead vent their frustrations through the harm they inflict on their bodies, just as psychology experts describe.

In addition to using their bodies as canvases, the teens featured in these eight novels also turn to various art forms to express themselves when their voices are not being heard. While creative expression is often encouraged during treatment for self-injury, as an alternative coping mechanism, many of these characters had preexisting interests in artistic expression that supplemented the relief that cutting gave to them. Willa found singing in the choir to be a comforting activity – “…the great thing about choir was I could always lose myself in it. I was one of many sopranos, a small part of a beautiful whole” (Pfeffer, 2011, p. 211) – while Bryan’s musical interest of choice was his guitar: “Music always helped him to forget. Music replaced the chaos in his head and allowed him some peace” (Burtinshaw, 2008, p. 28). Kia feels freest when she is dancing: “She danced like she was never going to stop, never had to. She could feel her heart racing. It was working. She could dance it out, banish it; she didn’t have to turn to cutting” (Jablonski, 2006, p. 48). Alice created shadow boxes, which became tangible objects representing and containing her memories of her mother, keeping her mother alive: “I found it peaceful working on the box. Thinking of my mother as I arranged her collectibles, I was sad, missing her like anything, but yet peaceful…in that moment” (Posesorski, 2009, p.158). Kendra’s art keeps her afloat: “I need painting almost as much as I need cutting, maybe more. Because if I couldn’t paint, I’d be a girl without a mouth. I say things through painting that I can’t say any other way. It’s how I pull up hidden
truths, express the pain that I hide from others” (Rainfield, 2010, p. 28), while Ruth finds that writing fits her far better than her art ever did: “Writing about feelings really is good therapy. It’s like a safe place to say the hard stuff. And no one needs to see it” (Carlson, 2005, p. 164). Rather than turning to a creative art for release, Missy plays a sport: “On the soccer field, she was more alive than anywhere else. It was the one place where she could be herself, feel things the way she was meant to feel them – without getting overwhelmed, without being like a hand squeezing her heart or gripping her throat. When she played soccer, Missy could finally breathe freely after a slow day of suffocation” (Kessler, 2011, p. 19). No matter the medium, almost all of the protagonists in the sample had an alternate avenue to release their tension.

Contributing enormously to this tension for many of them was their tendency to hide their true selves from those around them. They hide behind stoic faces and feigned interest, isolating themselves both intentionally and unintentionally, depending upon the circumstances. A theme among the novels was that of a masked face, an expression that gave no indication of emotion or mental state, that kept others from engaging with them or worrying about them. For example, in The Perfect Cut, Bryan claims, “‘I keep the real me buried. Nobody wants to know that guy. People ask me stupid questions all the time, and usually I just tell them what they want to hear’” (Burtinshaw, 2008, p. 86). Willow has “perfected the art of looking like she’s listening when her mind is a million miles away. Not only that, but she knows when to nod along to show that she’s really interested…” (Hoban, 2009, p. 82). Ruth, in Blade Silver, describes her lack of animation as well: “My face, as usual, is expressionless. Although the eyes would be a giveaway, if anyone was really looking. To me they are two black holes. A constant reminder of the
deep hopelessness of my life” (Carlson, 2005, p. 8). In *Rage*, Missy refers to her mask quite regularly: “Missy took the thought and stuffed it down into the glass jar of her heart, sealing the lid with a blink. Her face remained impassive as she forced her emotions into submission – no pull of her mouth, no squint of her eyes, nothing to betray any hint of exasperation or anger. It was her day face, her dead face, the one she painted every morning before leaving the safety of her bedroom. It helped her blend with all the normal people” (Kessler, 2011, p. 10). What is most interesting – and, perhaps, most frightening – about this theme is that the authors give no indication that the people who interact with these teens day in and day out notice anything alarming about them. From the descriptions, we can tell that these young adults are walking around with a lifeless quality about them, but no one notices; as Willow puts it, “But nobody ever does look carefully” (Hoban, 2009, p. 26). Every effort must be made to really see the adolescents with whom we interact, and to try to look beyond the mask.

This can be a difficult task, however, when self-injurers often do not believe that they are worth anyone’s time or attention, or even that they are worthy of happiness and love. People’s reactions to their cutting – “shock, disgust, and anger” – are often “the very feelings the child already has about themselves” (Favazza, 1996, p. 55). Due to this poor self-image, teens assume that they will – and should – receive nothing but negativity from those around them, and are genuinely surprised when the opposite comes their way. In *Blood Wounds* (Pfeffer, 2011), Willa believes that her penchant for cutting makes her no better than her murderous biological father: “Maybe I didn’t want her to understand me either. Maybe I was afraid, always afraid, not just for the past few days but for every day since we escaped Pryor, that if Mom understood me, she’d see the Coffey in me and
her love for me would curdle and die” (p. 161). She is so ashamed of her cutting that she truly believes that it connects her irreparably to her father. Ruth wonders, “I mean why would someone like Glen be interested in someone like me – someone whose life is so messed up that she mutilates herself? What do I think – that Glen can’t wait to go out with a girl whose arms resemble Frankenstein’s?” (Carlson, 2005, p. 31). Similarly, after her school art teacher sees her cutting-focused painting and her breakdown at an art therapy session, Kendra thinks her teacher will never have the same appreciation for her that she did before: “I’m afraid to face her, afraid to look into her eyes and see the pity I know will be there. She won’t see me as a talented student any more, as a kid she likes; now she’ll see me as a messed-up, damaged student who happens to like art. I’ll be a student she has to be careful around. A student she pities” (Rainfield, 2010, p. 110-111). Finally, Bryan thinks that everyone he cares about will abandon him if he lets them know about his cutting: “If he told [Dr. Spahic], she’d give up on him, and who could blame her? Plus, he’d been lying by omission for so long that she’d never trust him again” (Burtinshaw, 2008, p. 114). Because they are all so entrenched in their own minds and their own attitudes toward their behavior, these teenagers believe that they are wholly defined by their cutting. They fear strong negative reactions – so negative and so strong that they will drive people from their lives – and then assume that these reactions will become realities. They are expecting the worst because they feel so ashamed that they think they deserve it, and anything better than that comes as a shock to them. Therein lies the major problem with the social stigma surrounding cutting: if self-injurers are too ashamed to come forward and ask for help, help may never come to them.
Be that as it may, several of these eight novels feature trustworthy adults who are able to reach these teenagers in incredibly supportive ways – and, in most cases, they are not their parents. In several instances, this adult is a therapist or counselor. After a failed first attempt, Bryan goes to a new therapist, and Dr. Spahic connects with him as a person first, which takes him by surprise. She establishes with him that she has a genuine interest in him as a person and that she is willing to trust him just as much as she hopes he will trust her (Burtinshaw, 2008, p. 69). The way that she listens to him makes him feel accepted and understood (Burtinshaw, 2008, p. 195-196), and that makes all the difference over the course of his treatment. Though his mother eventually makes progress, Bryan’s parents are so detrimental to his healing at the beginning of the process, Dr. Spahic is the only person he will see. She explains cutting to his parents and lays out his treatment (Burtinshaw, 2008, p. 190-194), therefore allowing readers to be privy to this sort of discussion as well.

Carolyn, Kendra’s therapist in *Scars* (Rainfield, 2010) is an even stronger character. As a survivor of sexual abuse herself, she becomes a symbol of hope for Kendra, walking and talking evidence that this obstacle can be overcome (p. 172-173). Like Dr. Spahic, Carolyn does quite a bit of explaining to Kendra’s parents, and she does so in a manner that is easy to follow and instills a sense of complete confidence in the readers.

These therapists play another important role as well: informant. Their presence in these books ensures that there is a credible source for information about cutting. Within these fictional narratives, there are elements of the psychology literature that very few teens would be made aware of otherwise. In fact, the characters in these books are far
more self-aware than one would expect. More often than not, they spell out clearly for the reader why they cut, how it benefits them, and where the behavior has stemmed from. It could be said that this fact, in and of itself, is unrealistic; what teenager is so conscious of the motives behind such an overpowering impulse and violent act? This conclusion, however, would miss the very point of these books: they can provide real teen readers – who are most likely struggling with the reasons why they cut – with the language and thought process that they might need, without even knowing that they need it. The therapists help tremendously on that front as well, and this is an essential element in these novels, because it is in this factual information – hidden within a story – that their vast potential for helping a self-injuring reader can spring to action.
Implications for Professional Community

Pointing out the realism and potential for support present in these novels is all well and good, but, beyond recommending some books over others, what can we do to support self-injuring teens?

On the most basic level, we can simply be an adult who shows genuine interest in a teenager’s life. D’Onofrio (2007) writes, “Even the slightest recognition from another confirms one’s presence in the world. A responsive smile, a gentle touch, an expression of concern, an act of kindness all confirm the presence and relevance of the individual, and, when they are absent, the child is disconfirmed as a human being” (p. 74). Without question, all of these things would be simple enough to provide for a teen patron, and we must not assume that he or she is receiving attention or interest at home. This may not be the case, and if every adult assumes that it is, no one will pick up the slack – and the young adult may feel as though absolutely no one cares about him or her. This scenario can be avoided simply through common courtesy and a genuine effort to get to know our teen patrons.

As librarians, we are not trained to deal with sensitive situations such as these in ways that go too far beyond a friendly face and a trustworthy source of information. If we are to be any more involved than that, our first step must be to approach either a school counselor or a community mental health professional, depending upon the library setting in which we find ourselves. In either type of institution, it is of the utmost importance not to overstep our professional bounds and assume we are experts in such delicate matters.
That being said, there is much that we can offer to self-injuring teens in conjunction with a mental health professional. Adolescents believe that parents and other adults “should be educated more about [self-injury] so that they can communicate with their children about this issue” (Fortune, Sinclair, & Hawton, 2008, p. 99). Additionally, teens noted that adults should take a proactive approach, especially in schools: rather than waiting for someone to grapple with self-injury, it should be addressed with all students early in the school year (Fortune, Sinclair, & Hawton, 2008, p. 100), and significant effort should be put into raising awareness of resources and services available to help them (Fortune, Sinclair, & Hawton, 2008, p. 101). Librarians can play a key role in achieving these goals. Working together with the school or community mental health professional, librarians can put together self-injury-focused education and awareness workshops for parents and young adults alike, including gathering relevant resources and lists of local and national organizations that offer help to self-injurers. Dispelling the myths that surround cutting – and discussing it out in the open – can be very effective in decreasing the social stigma and hidden nature that has made self-injury such an unnecessarily taboo topic. If we send the message that cutters have nothing to be ashamed of and will not be judged harshly if and when they share their behavior with someone, we can hope that far fewer teens will suffer in silence. As information guides, librarians have the power to raise awareness in effective and thoughtful ways.

Additionally, we can put our library environments to work for these students in ways that are organic and authentic to the space as we think of it today. Whitlock and Knox (2008) write:

“Negotiating and balancing connectedness and autonomy is a core and often difficult task for adolescents in western countries. Providing environments
simultaneously capable of fostering a sense of individual accomplishment and connection with others may emerge as a critical component of both universal and targeted prevention efforts” (p. 186).

This goal could be accomplished via any number of activities in the school or public library, since it is a place that almost perfectly fits that description. Another strategy that sounds tailor-made for the library comes from Lieberman, Toste, & Heath (2008):

“Our schools can become a place of connectedness for students through the provision of an environment where youth are able to express themselves, discuss issues and concerns, engage with peers and adults in a safe space, and seek out resources if they experience difficulties. This connectedness empowers students and serves as a universal strategy for preventing [self-injury] and other risky behaviors among youth” (p. 197).

While this can certainly apply to a school as a whole, it is strikingly similar to what a library media center or a public library are already working to achieve.

Finally, it is of the utmost importance to know the steps to take if a student or patron discloses that he or she has been self-injuring. The first set of instructions applies to the school setting:

“The following points outline the role of the teacher in responding to [self-injury]:

- Know that it is all right to talk to youth about this behavior. Be open to listening to them in an open and nonjudgmental way.
- Be informed about the risk factors and warning signs of [self-injury].
- Upon observing any warning signs, a teacher should immediately refer the youth to a school-based professional and maintain the chain of supervision (e.g., escort the student to the appropriate team member, follow up to make sure student met with the school-based professional). Teachers need to know that they cannot stop the [self-injury] and that their primary role is to identify and refer any adolescent who they suspect is engaging in this behavior to the designated school-based professional.
- Every teacher should be a collaborative member of the crisis team if they refer a student, as they are often able to provide critical information about the student to which only teachers have access (e.g., writing in class, interactions with peers)” (Lieberman, Toste, & Heath, 2008, p. 199-200).

The following set of steps can be applied to the public library setting:
“(a) Upon discovering [self-injury], remain calm; (b) let the person know you are available and desire to assist; (c) permit emotional expression; (d) acknowledge the person’s pain; (e) show positive regard and acceptance; (f) show concern by listening and trying to understand the person’s feelings; (g) listen without judging or discounting the person’s perceptions; and (h) encourage the person to seek professional help from an experienced counselor” (Ryan, Heath, Fischer, & Young, 2008, p. 250).
Conclusion

Among this YA literature sample, self-injury has been depicted in ways that are both realistic and potentially helpful to current or recovering cutters who view these books as valuable support systems. These authors incorporate coping strategies, treatments, relationships, and characters that encourage readers to refrain from engaging in self-injury. This finding enables librarians working with young adults to speak from an informed place in our assertion that books concerning “darkness” of this nature should not be removed from adolescents’ hands. The argument from many has been that books that deal with difficult topics will encourage readers to participate in destructive behaviors; by proving that YA literature actually encourages and promotes rehabilitation, support, and positive life choices in the realm of cutting, this argument can be made null and void. This type of analysis and discussion can be adapted to other “dark” topics as well, in an effort to show that teens can rely on these books to show them the way through their struggles, rather than dragging them down. Librarians will be much better prepared to conduct reader’s advisory of self-injury-related books, due to the fact that they will know what terms and concepts indicate an enabling text, and which are to be avoided. They will also be able to discuss these books and their contents with their teen patrons, and reinforce their roles as trusted, knowledgeable adults.

Today’s librarians are facing the most connected world we have ever known: when one newspaper article condemns young adult literature for its “darkness”, the message is received by an incredibly large audience, many of whom had been previously
unfamiliar with the genre, and assume that what they see in print in front of them is true for all books and all readers. This generalization is, to put it mildly, dangerous. Adolescents, in the process of forming their own identities, priorities, and belief systems, need to be able to access as much helpful information as they can, and librarians hold a great responsibility in aiding teens’ intellectual freedom. Not every book is suitable for every reader; however, calling for the removal of a book takes it away from everyone, including those who would have benefitted immeasurably from it. This has the power to become a potentially harmful and irreparable practice.

When Meghan Cox Gurdon (2011) declared that, “books focusing on pathologies help normalize them, and, in the case of self-harm, may even spread their plausibility and likelihood to young people who might otherwise never have imagined such extreme measures” (2011), she was not entirely wrong. There may be a small portion of young adult readers who could be pulled toward self-destruction…but only if they were leaning that way in the first place. Additionally, it is absolutely true that some former or current cutters will find reading about these characters’ behaviors in such excruciating detail detrimental to their own mental state. However, because this is only the case for a fraction of the intended audience – not all of it – books like these need to remain readily available to teenage readers. There is an inherent chance being taken in handing books like these to a teenager, because they may have adverse effects on the readers; but missing a chance to provide a source of support, realization, or encouragement is a far greater risk to take. Gurdon’s call for “taking care” in regards to these books seems to be a thinly-veiled call for censorship, and librarians must do all that they can to keep that call from being answered. A book most likely will not make or break an adolescent’s
decision to engage in self-injury – there are too many other factors at play there – but it could help a teenager see that they are not alone, that there is a way out, and that there is someone who cares about them enough to lend a helping hand.
References


*Paediatric Nursing, 18*(3), 5.


Johnson, M. (2011, June 8). Yes, teen fiction can be dark – but it shows teenagers they
isfree/2011/jun/08/teen-fiction-dark-young-adult


## Appendix: Enabling Text Rubric

### Enabling Text Rubric for *Title* by Author (Year)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>POSSIBLE ELEMENTS</th>
<th>EXAMPLES FROM TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes a healthy psyche</td>
<td>- Trauma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Trusted adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Family relationship</td>
<td></td>
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<tr>
<td></td>
<td>- Peer connectedness</td>
<td></td>
</tr>
<tr>
<td>Reflects an awareness of the reality of self-injury</td>
<td>- Characteristics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Risk Factors</td>
<td></td>
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<tr>
<td></td>
<td>- Protective Factors</td>
<td></td>
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<tr>
<td></td>
<td>- Contagion and peer influence</td>
<td></td>
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<tr>
<td></td>
<td>- Act of cutting</td>
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<tr>
<td></td>
<td>- Reactions to cutting</td>
<td></td>
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<tr>
<td></td>
<td>- Stigma</td>
<td></td>
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<tr>
<td>Focuses on the internal struggle of self-harming</td>
<td>- Control</td>
<td></td>
</tr>
<tr>
<td>adolescents</td>
<td>- Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Relief from emotional turmoil</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Dissociation / depersonalization</td>
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<tr>
<td></td>
<td>- Wound care</td>
<td></td>
</tr>
<tr>
<td>Serves as a road map for being, doing, thinking,</td>
<td>- Therapy or counseling</td>
<td></td>
</tr>
<tr>
<td>and acting</td>
<td>- Alliance-building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Decrease in cutting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Alternative coping mechanisms</td>
<td></td>
</tr>
</tbody>
</table>

### CONCLUSION: ENABLING OR DISABLING?

**WHY?**