

Performance Art as a Healing Ritual
for Self-Mutilators

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ABSTRACT

Performance Art as a Healing Ritual for Self-Mutilators

Reva Kominsky

This study examines the creation of performance art as a transformative therapeutic approach with persons who harm their own bodies. In order to explore potential avenues of this embodied therapeutic approach, the artist/researcher created a performance piece entitled "Borderland". The piece represents a hermeneutic 'dialogue' between the literature on self-mutilation and performance art and the researcher's own subjective and embodied creative process. A premise of this study is that in both performance art and the act of self-mutilation the body is the 'borderland' between inner and outer realms. The body is also the prime means of communicating and making direct and tangible contact with both the self and the other. This 'borderland' will be linked to the transitional space of ritual which both the performance artist and the self-mutilator creates, in part, to connect with, and integrate, lost dissociated parts of the self. Self-mutilation is analyzed here as an (often) unconscious creative attempt to transform experience in which a person has felt alienated, victimized, and violated, into a more connected, active, and empowered one. Performance art is discussed as a live artform that specifically seeks to create vital, unique spaces for those persons and experiences that are marginalized. Both self-mutilators and performance artists can be seen as attempting to carve out a space in which to connect with a sense of themselves and their authenticity. Performance art is suggested and explored here as a more conscious, creative, outlet in which the self-mutilating client can have the opportunity to shape and define another sort of space. In this space she or he can transform the experience of the isolated and objectified body into an artistic communication/connection between the body, artistic materials and the person(s) who will be her/his witness(es). Performance art is posited as a complete art-form in its blending and experimentation with multiple mediums, allowing the client to give voice to, and make connections between, disconnected and fragmented parts of the self. It is being suggested as a therapeutic frame in which the client can 'play with' different objects and artistic mediums, in a collage-like, improvisational manner, as well as facilitating the creation of a transitional/play space, which may contain and express the various fragments of a self-mutilating client's internal world.

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INTRODUCTION

The primary research question explored in this project is how the process of making and showing a performance art piece can inform the artist/researcher in using performance art as a therapeutic tool for persons who harm their bodies. This paper documents that process and explores the similar relationship both self-mutilation and performance art have to the body and to healing ritual. In both forms of enactment, the body is the central text and metaphor, as well as the means of attempting to make direct contact with the self and the other. Self-mutilation is the act of cutting, or otherwise harming, the skin. It is viewed, in part, as an attempt to express the fragmented self in order to become more whole. Similarly, performance art is a non-linear, collage-like form of expression that uses seemingly non-related pieces to create a whole. It is a “live form” in which the artist can “play with” different objects and artistic mediums. I am positing it as form that facilitates the creation of a transitional/play space that may contain and express the various fragments of a self-mutilating client’s internal world in a manner that is unique to each client. Thus, performance art can be an effective therapeutic intervention for people who harm their own bodies as a safe alternative to self-harm. According to art therapist Shaun McNiff (1988), “the practices of performance art are sympathetic to an integrative approach to all of the arts in therapy, in that they both respond to the need to give coherence to fragmented art forms” (p. 219). Literature on self-mutilation and performance art guide this inquiry, as well as observations from clinical sessions with adolescent females who self-harm.

Self-mutilation is a language written on the body --- in cuts, scars, burns and wounds. It is a concrete expression of interior pain, a primitive yet powerful behavior

that is consistently described as a form of communication (Farber, 2000). It is a way of depicting emotional states, needs and desires, both to others, hopefully, and to the self, when words are inaccessible and inadequate or when these words have been unheard and misunderstood.

Self-mutilation, which will be used here interchangeably with self-harm, has garnered more attention in recent years, being considered a growing epidemic, particularly, but not exclusively, among adolescent girls, and since the 1990's has been receiving more attention in the media and in the literature. This self-harm behavior emerged as a shared theme among adolescent clients during my internship at the Montreal Children's Hospital, a theme which none of them had previously been given the opportunity to explore without judgment. As the drama therapy work evolved, I was struck, and frankly, very moved by how much meaning and emotion the acts of self-harm seemed to carry for each of them. I learned this through witnessing their relationships with the personal objects they brought into the therapy sessions (to use symbolically, not literally) and through what was expressed in various written and dramatic scene work. They began to show me, and perhaps themselves, through the process of dramatically performing their acts of cutting (in pieces that used the mixed media of writing, work with objects, movement and improvisation), how they formed meaningful relationships with the objects used and how they used these objects and the act of cutting to create environments in which they were trying to care for themselves. In my subsequent research on the literature on self-mutilation, I found many had linked the act with a kind of personally meaningful type of ritual that appears to have similarities with other culturally acceptable self-mutilating rituals in other cultures and at other times in history,

most notably, but not exclusively, during the transition between adolescence and adulthood. I began to wonder about how the act of consciously creating and performing ritual and ritual space could serve as an alternative for such clients.

My research project and question does not involve these (or any) clients specifically even if they were my inspiration. In questioning how the creation of performance art pieces might be therapeutic, I decided to develop and experiment with my own artistic process, informed by research into the literature on self-mutilation, performance art and ritual, as well as my work with the aforementioned clients, as a method to question, elucidate, and deepen how I might be able to incorporate the therapeutic use of performance art into work with such clients.

I use the performance art concept and frame in part because it is a dramatic form, centralizing the body of the performer, one that is influenced by traditional and tribal rituals and shares with persons who self-mutilate, a preference for dramatic, ritualized actions. Performance art is documented as a relatively recent (20th century) phenomena that has evolved due to lack of satisfaction with existing art, political, and cultural forms. These forms have been perceived as being unable to adequately support and sustain the artistic, personal and communal needs and development of persons and cultures. With its integration of centrality of the body, use of ritual, and focus on creating unique forms that can attune to the needs, perceptions, and experience, of the artist, and may be posited as a therapeutic frame for self-harming persons. Self-mutilation can be perceived as both a creative and destructive act, a way to create the self, even if much that drives it may be unconscious. As part of a therapeutic art ritual, the person, who most likely is very alienated both from herself and from others, may be assisted in constructing an original

art work that incorporates both her need to become her own authentic individual, and to stay in relationship with her larger community. Also, many who self-harm have experience of internal chaos and fragmentation, as well as difficulty communicating their inner states in words. The non-narrative, non-linear, collage-like form of performance art may help contain and provide satisfying expression of the various internal fragments of the subject's world.

The first section of this paper will discuss and analyze literature on self-mutilation and performance art, including conceptions of these 'activities' being attempts to create a ritual/transitional space, as well as of holding the potential to be used within drama therapy to incorporate use of performance art as a therapeutic tool for persons who self-harm.

Secondly, I will discuss my method of research, using my performance art project as the primary research tool to actively question how I might integrate the use of performance art in clinical work as a drama therapist. In this section, aspects of the hermeneutic method will be described to inform the idea that this project is a dialogue between the "embodied subjectivity" of my creative process; the material in the literature and my experience facilitating a drama therapy group with clients who self-harm.

Thirdly, I will attempt to describe the process of creating and embodying the performance piece, including the performance itself, in a language that models itself on the frame of "performative writing", a method I will also describe below. This "method" of writing is described as a process of continued research and performance in itself and is used as an attempt to capture some of the "non-linearity" and messiness of the creative process.

This paper is not intended to be a definitive account of the fields of self-mutilation or performance art. It is, rather, a reflection of my study and exploration of some resonant themes in search of potential therapeutic/artistic value and direction. The performance piece, “Borderland”, is what constitutes the ground of the research, thus frustrating this researcher in her attempt to document these findings in a manner, that, while attempting to align with and contain the richness of the creative process, can never truly capture it.

LITERATURE REVIEW

SELF-MUTILATION

Descriptions:

According to documentation, self-mutilation is a phenomenon that has existed since biblical times (Contario & Lader, 1998; Levenkron, 1998; Strong, 1998) and in virtually every culture in every era (Favazza, 1996). However, only since the 1990’s has it become widely reported, researched and according to some North American studies, more prevalent (Favazza, 1996; Reinhold, 2002). Having read and surveyed many books and articles on this subject, three writers have most informed this study. Sharon Klayman Farber (2000), psychologist and psychoanalyst, has written the most extensive theoretical and clinical work I have found on this population. Diana Milia (2000), art therapist, has documented and described her own art therapy interventions as well as made important links between the artistic process and the act of self-harm. Armando Favazza (1996), a cultural psychiatrist who has made the study of self-mutilation his life’s work for over twenty years, examines self-mutilative rituals around the world and throughout history, including the existence of the more idiosyncratic, personal “rituals” that are considered

pathological (and that are the focus of this study). He wrote the first book (1996) that comprehensively explored the subject of self-inflicted violence.

Self-mutilation can be considered any form of deliberate, direct violence enacted upon the body that does not result in suicide (Favazza, 1996; Milia, 2000) and causing tissue damage or alteration (Farber, 2000). Cutting the skin is the most prevalent method of self-harm, followed, in descending order: burning; picking at wounds, and interfering with healing; hair pulling; and bone breaking (Contario & Lader, 1998; Farber, 2000). Although any object with a sharp edge can be used, the ones most commonly documented are razors, knives, sharp glass, and nails (Contario & Lader, 1998). Arms and legs are frequent targets, as are breasts, the abdomen, thighs, and genitals (Contario & Lader, 1998; Farber, 2000, Strong, 1998). "A set routine or pattern of self-injury is developed by many, while others perform the act more randomly, whenever difficult feelings beset them" (Contario & Lader, 1998, p.18). There are an estimated several million people who self-harm in the United States alone (Favazza, 1996; Strong, 1998) although the secrecy and shame involved with the act contribute to making some consider self-mutilation to be underreported and misdiagnosed (Contario & Lader, 1998; Favazza, 1996; Milia, 2000). It is not officially recognized as a disorder (Favazza, 1996; Levenkron, 1998) though is often considered to be a feature of borderline personality disorder, in part because of the shared tendency to re-enact trauma and abandonment (Farber, 2000; Levenkron, 1998; Strong, 1998). This is a factor some find to be controversial and unhelpful due to the pejorative associations with the diagnosis of borderline personality disorder which causes many health practitioners to dismiss these clients as being irretrievably damaged (Strong, 1998). However, if the therapist is able to

allow and contain the symptoms within the therapeutic space, the diagnosis can be helpful in framing and working with some of the obstacles that impede the client from developing safe and trusting bonds with people (Contario & Lader, 1998; Farber, 1998; Strong, 1998). Chronic Post Traumatic Stress disorder is becoming a potential diagnosis as its multiple symptoms and subsequent treatment approaches are based on the specific nature of traumatic occurrences (Farber, 2000; Strong, 1998). However, many agree that there is no one theory that has been able to provide a comprehensive framework (Favazza, 1996; Levenkron, 1998; Milia, 1998; Scott, 1999) and view the behavior of self-mutilation as representing an interaction of environmental, developmental, interpersonal and personality factors particular to each person as well as each episode (Haughton, 1988; Scott, 1999).

Some additional general findings are as follows. Self-mutilation is generally viewed as more predominant in women and girls (Braden, 2003; Contario & Lader, 1998; Cross, 1990) though there are studies that challenge this notion (Briere & Gil, 1998; Haughton, 1988), and there is increasing evidence of this behavior in males (Farber, 2000; Milia, 2000). There is a considerably high co-incidence of self-mutilation and eating disorders (Cross, 1990; Contarioi & Lader, 1998; Farber, 2000; Milia, 2000; Strong, 1998) particularly bulimia, which can be viewed as a violent act directed toward the inside of the body (Farber, 2000). The average course of the syndrome of self-mutilation is considered to be ten to fifteen years, though may continue for decades (Favazza, 1996). Early treatment is considered to be an indicator in the treatment success (Reinhold, 2002). However, there are many clinicians and “self-harmers” who maintain that quite often, the symptoms are treated without addressing the underlying causes and

needs of the self-harming client, and this is viewed as not leading to an authentic healing process (Farber, 2000; Mazelis, 1996; Scott, 1999; Strong, 1998).

Although the act of inflicting violence toward one's own body is perceived by many as very difficult to comprehend, in addition to being disturbing and disgusting, it is considered to be very personally meaningful for those who do it (Braden, 2003; Farber, 2000; Favazza, 1998; Farber, 2000; Machoian, 1998; Milia, 2000; Rao, 2000; Strong, 1998). It is a concretization of internal pain (Farber, 2000; Rao, 2000; Scott, 1999),

a strangely effective coping method for dealing with an inner pain so overwhelming it must be brought to the surface...comforted by pain because it is what they know...hurting themselves not to inflict pain but to relieve pain-to soothe themselves and purge their inner demons through a kind of ritual mortification of the flesh. (Strong, 1998, p. XVIII)

It provides a rapid and potent method of managing inner states and giving relief, albeit temporary, from very troubling and overwhelming symptoms such as mounting anxiety, depersonalization, racing thoughts, and rapidly fluctuating emotions (Farber, 2000; Favazza, 1998; Levenkron, 1998; Strong, 1998).

Findings and Meanings

Attachment/relational trauma

In this process of research, I noticed a view that permeates as a potential core theme for many self-mutilators, particularly in the psychodynamic, psychoanalytic and feminist psychological literature (Douek, 1997; Farber, 2000; Levenkron, 1998; Machoian, 1998; Milia, 2000; Rournasset, 1991; Wagner, 1993; Walsh, 1987): that of early, traumatic, and repetitive experiences of loss. This theory posits "that the roots of self-harm may be found in traumatic rupture/pathological interaction between the child and primary caretakers" (Rournasset, 1991, p.7). This is seen as problematizing the

development of an internalized capacity to soothe and care for the self and to form nourishing relationships with others (Contario & Lader, 1998; Farber, 2000; Levenkron, 1998; Milia, 2000; Rournasset, 1991). Many who work with self-injurers find that their clients express a recurring theme of a “sense of something profoundly missing in the bond between themselves and their caregivers” (Contario & Lader, 1998, p. 74).

Bowlby’s attachment theory (as cited in Farber, 2000) is one lens used to frame this concept which maintains that there is a “biologically based system existing in each species that attaches its offspring to its caregiver in order to protect it from predators in the environment” (p. xxix). It is this intimate behavior and touch that promotes the development of “self-regulatory” functioning, that allows the child to eventually be able to learn to soothe the self, having internalized a “good enough” caretaker (Contario & Farber, 1998; Farber, 2000; Strong, 1998). In an environment of continuous neglect and in which there may occur a profound lack of early experience of attunement and containment, there is no learned and internalized sense of knowing how to soothe or develop the capacity to locate the self within the body (Contario & Lader, 1998; Farber, 2000; Strong, 1998). In a state of feeling intolerably alone, with no hope that there could be a soothing presence to help make things better, self-care transforms to self/bodily harm (Contario & Farber, 1998; Farber, 2000; Milia, 2000). “The razor blade becomes the wounded caregiver, a cold, but available, substitute for the embrace, kiss or loving touch that she truly desires” (Contario & Lader, 1998, p. 20).

The primary caregiver is seen as providing a boundary between the developing child and the environment but when this person is absent or emotionally unavailable, there can be a profound feeling of vulnerability and sense of being endangered (Contario

& Lader, 1998; Farber, 2000). This can lead to a person becoming overwhelmed by both external and internal worlds more easily and developing a more fragile and fragmented sense of self (Contario & Lader, 1998; Farber, 2000). It is also through the interactions with the caregiver that the child learns to be able to see herself reflected, to begin to develop a sense of herself, and to eventually learn how to use reflections, fantasies and thoughts in order to continue to develop (Farber, 2000). When these types of interactions have been seriously lacking or impaired, the person's sense of self may not have developed the capacity to organize, or modulate feelings, which results in a sense of fracturedness. This absence of the developed or learned capacity to contain, reflect or organize him or herself (Farber, 2000) may lead one to resort to the extreme and concrete action of self-harm in order to, paradoxically, feel more integrated and contained (Contario & Lader, 1998; Farber, 2000; Scott, 1999; Strong, 1998).

While abuse, particularly sexual abuse, has come to be associated with self-harm (Contario & Lader, 1998; Farber, 2000; Levenkron, 1998; Strong, 1998), it is the lack of secure attachments that leaves the person much less able to cope with traumatic effects of abuse (Farber, 2000; Levenkron, 1998; Milia, 2000; Strong, 1998). Without this internalized ability to protect and soothe the self, a person is more likely to relive the trauma in some way, becoming more overwhelmed and unable to modulate affects and feelings, contributing to the traumatized person's tendency to engage in self-destructive activities (Milia, 2000). These overwhelming feelings tend to be acted out upon the person's own body, as the safest and most accessible target (Farber, 2000; Milia, 2000). Partially to compensate for the trauma and resultant "state of hyperarousal", the equally unpleasant symptom of dissociation may develop and is described by "feelings of

numbness, deadness, or disintegration of self, these episodes often triggered by feelings of loss or threatened abandonment” (Milia, 2000, p. 71). The shock of violence toward one’s skin and the blood that appears remind the person, in a most tangible way, that she is alive and ends “the experience of blankness, of not existing (Strong, 1998, p.40). Self-harm transforms the internal, overwhelming pain to one that is controllable and tangibly orders the chaos into calm (Farber, 2000; Milia, 2000; Rao, 2000; Strong, 1998).

Self-mutilation often begins in adolescence and may be a strategic relational move, a way of testing the hope that someone cares, “a desperate, complex, paradoxical attempt for relationship” (Machioian, 1998, p. viii). The “attachment/relational” paradigm views the loss of connection to the self and to others, as well as difficulties in tolerating separations and developing nurturing relationships, as a core experience for those who self-harm (Contario & Lader, 1998; Farber, 2000; Levenkron, 1998; Machioian, 1998; Milia, 2000; Rao, 2000; Rournasset, 1991; Strong, 1998).

Self-mutilation and transitional objects

When the early self has not received adequate empathy and mirroring, the sense of self can be very fragmented (Contario & Lader, 1998; Farber, 2000; Milia, 2000; Strong, 1998) and a fixation on objects can arise, including “parts of the body that become charged libidinally and erotically” (Milia, 2000, p. 69) with all of the feelings of rage and love that cannot be experienced and expressed within the primary relationship (Farber, 2000; Milia, 2000).

Self-mutilation can be seen as an attempt to create a transitional object (Farber, 2000; Milia, 2000; Rournasset, 1991), a concept developed by Winnicott (1971). It articulates the intermediate area where inner subjective reality and outer worlds meet in

forming an understanding of how the baby and child soothe the self when the primary caretaker is unavailable (Winnicott, 1971). If the primary bond is secure and reliable enough, the child is able to invest objects, such as a blanket, or parts of her own body initially, with the qualities and presence of the caregiver and be soothed by them. The child is seen as forging a creative relationship with the environment to obtain nurturing needs, integrating the loving, secure presence of the primary caretaker into the self, and eventually being able to separate and individuate (Farber, 2000; Milia, 2000; Winnicott, 1971). Through the lens of the transitional object, self-mutilation is seen as an attempt to help ease the pains of separation. The skin, scars, and wounds, may become eroticized and invested with some of the longing for love and connection, transferring the longing from the original love “object” to the wound or to the body part. The ambivalent playing out of separation and individuation thus gets enacted in attacks on the body and its resultant healing (Farber, 2000; Milia, 2000).

Sadomasochistic attachments

There are several studies and much theoretical writing including some writing by persons who have self-harmed (see Lutzenberger, 2002) investigating the presence of sado-masochistic thoughts in people who self-harm (Farber, 2000; Milia, 2000; Rournasset, 1991; Strong, 1998). Having experienced and internalized significant early trauma, the identity of the self is seen as being “wrapped around a destructive core” (Farber, 2000, p.23). Also, the experience of violent and pain-inflicting attachments can make one predisposed to forming strong attachments to repetitions and re-enactments of trauma (Farber, 2000; Levenkron, 1998; Milia, 2000; Wagner, 1993).

The person who self-harms may be “making herself into an object to be tortured and humiliated” (Farber, 2000, p. 76), whether it be some form of pleasure or gratification by inflicting bodily pain, or what is called moral masochism, in which ‘pleasure’ is combined with the pain of self-inflicted emotional suffering (Farber, 2000; Milia, 2000). The body is neither enjoyed nor cared for, and yet the body as object and container for the disturbed attachments, is central to the identity of the self-harmer (Farber, 2000). The self-mutilator becomes the chief “producer, director, author and chief actor in her own dramatic scenario, eroticizing or transforming a situation in which they have felt helpless and victimized” (Farber, 2000, p. 169). The self-mutilator may be seen as sadistically torturing and controlling (and objectifying) her or his own body and masochistically taking some form of pleasure in being tortured and controlled (Farber, 2000; Lutzenberger, 2002; Milia, 2000). The sado-masochistic or self-destructive behavior can be seen as a way to cope with intolerable loss, preferring the (familiar) pain to the loss (Farber, 2000) and transforming the passive (victim) into the active (aggressor) (Cross, 1990; Farber, 2000; Rournasset, 1991). As implied above, self-inflicted violence may be a way of reenacting a traumatic relationship, the violent relationship preferable to the abyss of no relationship (Farber, 2000; Levenkron, 1998).

The body in self-mutilation

The body, and the cuts and scars on the body, are seen as a potent metaphor for the woundedness and fragmentation of the inner world (Albin, 2001; Milia, 2000; Rao, 2000; Scott, 1999; Strong, 1998). Self-mutilation concretizes the inner world (Farber, 2000; Scott, 1999), and is viewed as a form of communication when one is unable to express with words or when there is no one listening (Farber, 2000; Lutzenberger, 2002;

Machonian, 1998; Milia, 2000; Rao, 2000, Scott, 1999). This form of communication makes the invisible experience visible in some way, at least to the person who self-harms and it also brings the hope that one's internal world will be seen by another (Farber, 2000; Machonian, 1998).

The skin is the container for the self, the boundary, and, along with the mouth, is the "place and principal means of exchange with others" (Anzieu as cited in Farber, 2000, p. 148). It is through the body and through touch that we first make contact with the world, how we first communicate, receive love, and develop our sense of self (Farber, 2000; Strong, 1998), as well as how we continue to make direct contact, between inside and outside, and self and other (Albin, 2001). The degree to which the body and its contents feel good depend upon the earliest experience of touching and holding (Farber, 2000; Milia, 2000; Strong, 1998). If the body of the infant was not held and soothed or was handled and touched disruptively, by, for example, frequent dropping, rough handling, neglect or abuse, the skin may fail to contain the body and its developing self (Farber, 2000; Strong, 1998). The child, and consequent adolescent and adult, may not "grow to feel like a whole entity, sheltered and contained in her skin" (Strong, 1998, p. 46). A deep distrust may combine with feelings of disintegration and the sense of falling into an abyss (Farber, 2000; Milia, 2000). Thus, the person may develop compensatory coping structures to help contain the self. There may develop "repetitive, ritualized behaviors, gestures that may help to bridge the abyss of separation, such as humming, rocking, scratching" (Farber, 2000, p. 49). In this way, self-mutilation can be seen as a way to experience the skin surface of the body, a ritualized way to hold the self together and not fall into the void of no internal/external sense of self.

Body alienation, a concept developed by Walsh and Rosen (as cited in Farber, 2000), “a pervasive pattern of disrespect, discomfort and debasement of their physical selves” (p. 33), is considered to be a powerful predictor of self-mutilating behavior. This alienation from the body can be a feature in what is labeled as “dissociation” or “an internal splitting of mind or soul from the body” (Strong, 1998, p. 37) and can be described as a felt sense of not being held together or of being shattered (Farber, 2000; Lutzenberger, 2002; Milia, 2000; Strong, 1998). The experience of the cutting or burning along with the resultant healing is a way to come back together inside of one’s skin and of being able to put the shattered pieces of the self into a connected whole. It is a symbolic articulation of the internal splitting and fragmentation as well as the desperate hope for integrating and reactivating one’s sense of body/self (Farber, 2000; Rao, 2000; Scott, 1999; Strong, 1998).

This body, even if it is felt to be an object from which one is numbed and dissociated, is always there to rely upon in some way, unlike the other person (Farber, 2000). Those who self-harm may feel a need to touch the body directly in order to connect to the internal, emotional experience from which they are disconnected (Scott, 1999). This enactment is also seen as a way to make the diffuse, chaotic, unfocused experience of the body more direct and focalized (Albin, 2001; Cross, 1990; Farber, 2000).

As a form of communication, this bodily expression is seen as a way to search for voice. The markings on the body are perhaps very effective “visual voices” when no one is listening, writes Machoian (1998) who believes self-harm may be a way of forcing relationship in a patriarchal culture that recognizes violence. She and other psychologists

ponder the paradoxical meaning of self-mutilation as a way of both treating one's body as an object and, simultaneously, resisting the systemic objectification of women's bodies (Albin, 2001; Braden, 2003; Farber, 2000; Milia, 2000; Machoian, 1998).

Self-mutilation as an attempt to heal and transform/ to create ritual space

Self-mutilation is deemed by its practitioners to be a stronger, more habit-forming medication than drugs, alcohol, or even eating disorders, its closest "competitor" (Farber, 2000; Strong, 1998). It provides, depending on the individual need at any given time, soothing and relaxation, excitement and stimulation, or the achievement of an altered state of consciousness or high (Farber, 2000). Also, this behavior is often viewed by its practitioners as a means of cleansing and purifying emotional toxins they believe are inside of them (Contario & Lader, 1998; Favazza, 1996; Milia, 2000).

In addition, many links have been made between the more culturally sanctioned self-mutilative rituals throughout the world and history, such as shamanic healing ceremonies, adolescent rites of passage, religious mortification, and those that are more individual and considered pathological (Farber, 2000; Favazza, 1996; Milia, 2000; Strong, 1998). Viewed from this lens, most forms of self-inflicted violence are an attempt to correct a situation that threatens individual and societal wellbeing (Favazza, 1996; Milia, 2000; Rao, 2000). For instance, some forms of self-inflicted violence are acceptable in some cultures as a means of confronting and making the challenging passage to adolescence (Favazza, 1996). By contrast, the apparent pathological behavior of individuals choosing self-harm may be a less culturally acceptable method of attempting to achieve a similar healing goal, namely, navigating the transition to adolescence (Favazza, 1998; Rao, 2000). Self-harm is posited by some as an (often)

unconscious act of working out the separation of the primary caretaker and the child, a fundamental human transition (Farber, 2000; Milia, 2000).

However, there are those self-mutilators who are proud of their modern primitivism, perceiving it as an “expression of mastery and proof of their agency” (Rao, 2000, p. 15). They may feel disconnected from the world, but through the act of self – mutilation, they “can feel pain and participate in life” (Favazza & Rosenthal, 1990, p. 82). Also, self-harm can be seen as a symbolic process involving the unleashing and removing of the sickness within as well as a healing process that is evidenced in the sign of the scar (Favazza, 1998; Milia, 2000; Strong, 1998). The blood is symbolic and literal proof of the healing and transformative life force from which the self-harmer may feel detached, “the scars a permanent record of pain and healing, especially if one’s memory and consciousness are not sufficient” (Strong, 1998, p. 35). In addition, there is often a highly ritualized sequence of behaviors in the preparation and execution of self-harm, which can be viewed as a way to make a painful experience within the person’s control (Favazza, 1998; Rao, 2000; Strong, 1998).

In attempting to “separate” or “transition”, the space of self-harm is viewed by certain therapists (Farber, 2000; Milia, 2000) as a transitional space; a safe space in which to “take refuge from a...threatening and hostile world” (Farber, 2000, p. 169). It can be a behavioral container for non-metabolized trauma and continued painful and alienating interpersonal/intrapersonal experiences that evoke anger, shame, loss and rejection, and when there is no one else who can listen and help contain (Farber, 2000; Rao, 2000; Scott, 1999). This “chosen” container is the lesser of evils. The secret place one creates to perform with “high degree of ritualistic precision” (Lutzenberger, 2002, p.

121) these enactments on the body, as well as the view prevalently maintained by its practitioners that this self-abuse is a form of self-care (Contario & Lader, 1998; Farber, 2000; Favazza, 1998; Lutzenberger, 2002), point to the idea that this is a space and activity in which lies desire, agency and hope for transformation and healing.

Art therapy and self-mutilation

Very little has been written about self-mutilation in the arts therapy sub-fields. I have found one book and two articles on the subject. One art therapist, Scott (1999), implemented a phenomenological and art-based therapeutic method that uses interviews with open-ended questions to the co-researchers and life-sized silhouette drawings to determine how and where they hurt their bodies. These drawings, according to the co-researchers, enabled them to access information that was unavailable to them during verbal interviews. Scott found that the strongest thread weaving the themes together was that the experience of self-mutilation was divergent for each research participant and even each episode, beyond the shared theme of loss and that the theme of paradox was paramount. This theme of paradox states that there are two seemingly contradictory motivations for self-mutilation that each meet important needs. Scott believes this paradox is what contributes to the complexity of this “disorder” and to the “lack of understanding” in the clinical community. She also believes, based on the responses of the research participants, that self-mutilation is a “metaphor for the internal splitting of a dissociative disordered client” (Scott, 1999, p. 163).

Another researcher, employing a multiple case study design, proposes that art therapy can be helpful in improving the self-mutilating client’s sense of body image, while reducing self-harming behaviors (Penserio, 2001). The author views art therapy as

helping to assist the self-mutilating client to develop more positive sources of expression as the “art work gives the opportunity to explore and express the need to self-harm” (Pensiero, 2001, p.2) and “aids in the development of deeper understanding of their actions” (p. 11).

In much literature on self-harm, it is postulated that the self-mutilating and masochistic person has a preference for dramatic and ritualized symbolic action (Farber, 2000; Favazza, 1998; Milia, 2000; Scott, 1999). “The artistic process can incorporate these urges, encouraging the person to be a director as well as participant or victim in the drama . . . increasing possibilities of expression . . . in addition to feelings of agency and power” (Milia, 2000, p. 178). Unlike most enactments of self-harm, the therapeutic artistic process, aids in the development of a capacity to symbolize, which can give the individual more freedom of choice in how she interacts with herself and others (Milia, 2000). Self-mutilation is seen as a language of metaphor, using the skin and body as art material. Art therapy allows the person to access and disclose personal material in ways that are not available through verbal communication, while facilitating the projection of the internal world onto external objects which can then be seen, manipulated and transformed and with which one can communicate (Milia, 2000). This distance allows for safety and control, very important in the therapeutic process of self-harming clients, as it also aids in the increased capacity to be able to reflect on and manage impulses (Contario & Lader, 1998; Farber, 2000; Milia, 2000). In addition, the creation of an art object, as opposed to “more transitory forms of expression that use the voice or the body” (Milia, 2000, p.174), is also viewed as therapeutic, in that a permanent object is created and thus can be used in some ways that are similar to the transitional object. This “offers a

comforting kind of solidity...that can allow us to feel and say things that would otherwise be difficult” (Anderson-Warren and Grainger, 2000, p.191). The art/transitional object can be used as a means of internalizing positive connection and attachment between therapist and client, aiding in the capacity to separate and individuate, as the client can use the art object as a means to “support autonomy without falling into an abyss of complete isolation” (Milia, 2000, p. 174). An art object can be created and “played with” over time, in the presence of the therapist and alone. It is created by the artist from raw material and dissociated fragments from both external and internal worlds, and serves as a bridge between the interior self and the outer world.

Drama therapy and transitional objects/space

In drama therapy, objects such as puppets, and dolls, or props such as costumes, or household items, can be used as transitional objects, upon which one can project aspects of the self or the other (Landy, 1986; Voorberg, 1997). Drama therapist, Voorberg (1997), explored this concept in her self-revelatory performance and paper, entitled “Black velvet: Uncovering true self through use of a transitional object”. She writes about this embodied and dramatic interaction with ‘the object’ as meaningful

when experiencing loss of an external object (other), but also when experiencing loss of contact with the internal representation of the object....and, as a transitional object, it can create a greater distance from overwhelming feelings and at the same time create a feeling of less distance in relation to the absent other. (Voorberg, 1997, p. 8)

In drama therapy, the “stage” upon which one enacts, or “playspace”, which can be defined as “the mutual agreement among participants that everything that goes on is a representation or portrayal of real and imagined being” (Johnson, 2005, p. 13) can be likened to a transitional space. It serves as a bridge, or a mediating zone between the

internal and the external worlds. This kind of play is seen as helping a person to create and “build worlds” (Anderson-Warren and Grainger, 2000, p.52) in a symbolic use of space, which encourages both embodiment as well as projection (onto objects). This space, created through literal objects such as the body, environment, and other physical materials, in addition to being symbolic (playful, pretend) allows a person to expand the capacity to communicate and make contact with the self and others (Anderson-Warren and Grainger, 2000; Johnson, 2000).

Drama therapy and self-mutilation

There appears to be no literature on drama therapy and self-mutilation. However, in some of the literature on self-mutilation (Farber, 2000; Ogden, 1989), it is believed that the “the therapist must know how to play and make creative use of him or herself as part of creating an attachment in which the client can play with ideas, fantasies and symbols in presence of the therapist” (Farber, 2000, p. 464). Farber refers to Winnicott and his notion of the space of play that is developed as an intermediate area between fantasy and reality (2000). She maintains that the therapist’s role is to help the client play with ideas, fantasies, and body sensations, and to reflect this creative part back to the client, fostering her or his sense of self, aliveness, and power (Farber, 2000). This makes “possible a communication within the patient of disassociated aspects of her inner world” (Farber, 2000, p. 466), allowing her to make meaningful connections, and to develop a stronger internal sense of self out of the chaos and fragments. “Developmental Transformations”, a form of drama therapy developed by Johnson (1991), may be the form of drama therapy most akin to this approach, as the client not only talks, but puts into embodied and dramatic form his or her ideas, fantasies, and body sensations in a

playful, free-associative manner. This is done in the “play/pretend space” with the therapist making creative use of him or herself to reflect and facilitate the client’s capacity to play. In this form of drama therapy, however, there are no other objects in the room except for the client and the therapist, who acts as the client’s “playobject”.

Performance art is a live form in which the artist can “play with” different (real) objects and artistic mediums, in a collage-like and “free associative” way, and is a form that uses fragments (external, internal) in order to create a unique whole. I am positing it as a form that facilitates the creation of a transitional/play space, which may contain and express the various fragments of a self-mutilating client’s internal world in a manner that is unique to each client. I am suggesting it as a therapeutic tool that integrates and incorporates art and drama therapy approaches. Like the (transitional) art object, it uses various raw materials out of which to create bridges between the internal and external worlds, in which one can alternatively express and explore self-destructive urges and what underlies them. While performance art is an embodied form of drama therapy, it is a form that seeks to engage both the body and the mind, and can therefore be an interesting way to articulate and attend to the various forms of splitting in a self-mutilating client, one split being between the body and the mind. The event of performance art, unlike “pure” visual art, may be transitory. However, it is a piece of art that emerges as part of a creative process, and is “played with” over time, as in art therapy, except in an embodied “playspace”, in which one builds a ritualized space through which to encounter and interact with one’s body, with other “objects”, and eventually with other people. As a performance piece, it can be documented which can allow it to continue to be processed and sensed as a substantial creation in itself. As a form of drama therapy, it can be one

way to articulate and attend to the sense of split of the body and mind within the self-mutilating client, as it is a form that engages both the body and the mind.

The following section describes performance art and explores its therapeutic potential for persons who are compelled to turn violently but meaningfully toward their own bodies through, in part, privileging the body as the site through which this meaning is expressed and explored.

PERFORMANCE ART

Descriptions

Art historian, critic and curator, Rose Lee Goldberg, cautions against too strict a definition of performance art, beyond stating that it is “live art”, maintaining that no other art form has such a “boundless manifesto since each performer makes his or her own definition in the very process and manner of execution” (1988, p. 9). “Performance art began to be widely utilized as a term in the 1970’s. . . though it drew much of its inspiration and methods from a complex experimental mix” (Carlson, 1996, p. 99) of artists’ performative expression occurring since the late 1950’s (Carlson, 1996). Its roots are considered to go back further, particularly, but not exclusively to the movements of Russian Constructivism, Italian Futurism and Zurich Dadaism (Goldberg, 1988, Schneider, 1997). Performance art as a form has evolved and continues to evolve out of dissatisfaction with established and accepted art, political, and social structures (Carlson, 1996; Latham, 2000, Lopez, 2003, O’Dell, 1992), attracting those seeking alternatives to the existing art world (Klein, 1992). It has been a means for those who feel marginalized in the culture and in the dominant art world to create and occupy space in the world, and

one that has often been met with severe criticism and dismissal (Gomez-Pena, 2004, Schneider, 1997). Particularly since the 1970's, performance art has been claimed and documented as a space for women, people of color, immigrants, and queer identified persons. From the perspective of a female performance artist, but which could be applied to any other disenfranchised person, "when a woman speaks within the performance tradition, she is understood to be conveying her own perceptions, her own fantasies, her own analyses, combining active authorship and an elusive medium to assert her irrefutable presence within a hostile environment" (Elwes as cited in Carlson, 1996, p. 153).

Thus, boundary and rule breaking (Gomez-Pena, 2004; Lindsay, 1990; Lopez, 2003; O'Dell, 1992) have been seen as core features of performance art in liberating and developing the self, both internally and externally (Goldberg, 1988, Klein, 1999; Latham, 2000). Art was taken out of the galleries and theatres, into the streets and other alternative spaces. Performance art also encouraged a relationship between the spectators that was more interactive and collaborative (Carlson, 1996; Goldberg, 1998; Latham, 2000; Lopez, 2003). This live art has involved the embodied presence of the artist in a particular time and space (Ward, 2000), and as an event, has tended to "break from traditional narrative and linear plot and presentation" (Carlson, 1996, p. 105), in a search for more permissive and open-ended forms, with endless variables (Goldberg, 1988; Lopez, 2003; Roman, 1998). It may be similar to collage, "lifting found ideas, images, materials, texts and actions from respective contexts" (Lopez, 2003, p. 7) to make something else out of them. This work is an "image rich, movement based, multi-media, sometimes site specific. . .investigatory, exploratory, experimental, improvisational,

metaphoric form engaged in all sorts of ritual, alchemy and transformation” (Roman, 1998, p. 119). Performance art emphasizes process, perception, manipulation of time and space, as well as bodily presence (Carlson, 1996; Lindsay, 1990). Thus, performance art has created a meeting ground for visual, theatre, dance, film and music artists, a medium including different forms and processes to break through the confining limitations and conventions perceived in each field (Carlson, 1996; Goldberg, 1998; Lopez, 2003).

Findings and Meanings

Use/ importance of Space

As the boundaries between the various aesthetic mediums began to blend and interact with each other, the physical site of the environment, and the objects and people who inhabited it for the duration of the event became part of the art experience and were referred to as installations and happenings (Carlson, 1996; Schneider, 1997). This experience often allowed for spontaneous and improvised interactions within the space. In these usually site-specific performances, attention was given to light, sound and movements; layerings of all sorts of objects, recordings, repeated movements, sounds, texts, and mixed media, producing a kind of encounter with each other (Carlson, 1996; Schneider, 1997). “The space (of performance art) is more often like a workspace than a formal theatrical setting” (Carlson, 1996, p. 104).

As stated above, performance art has been used as a way to inhabit space in the world for those who feel displaced, rejected and pushed aside (Gomez-Pena, 2004). This can be seen in the flexibility of frame and use of space, including the use of so-called marginalized spaces and bringing spectators into these spaces (Ward, 2000). One artist, Vito Acconci (cited in Ward, 2000), in his ‘Untitled Project for Pier 17’, left a note in an

art gallery saying he would be at an abandoned pier every night at 1 a.m. for the two-month duration of the exhibition. To the people who journeyed to see him, he undertook to reveal to each of them a secret, one that he would not ordinarily reveal (Ward, 2000). Another piece titled 'Home Endurance', by Linda Montano, involved her framing and documenting her life at home for a week, including inviting people to visit and be a part of the performance (Carlson, 1996). Adrian Piper also used her home space as a private loft performance that was only seen by the public several years later in its photographed form. She photographed her physical and metaphysical changes during a prolonged fast throughout which she read Kant and practiced yoga (Jones, 1998). Next, Chris Burden's (cited in Ward, 2000) use of a dark space in a basement for 'The Visitation' entailed spectators being escorted through a locked door, one by one, for an interaction with the artist. These and many other artists were seen performing what is typically deemed private within a type of public space, blurring the distinction between private and public (Ward, 2000), and also giving presence and validation to what may be societally rejected (Gomez-Pena, Jones, 1998; Schneider, 1997; Ward, 2000). This is exemplified in Acconci's use, for instance, of a space, 'Pier 17', that had been abandoned and was generally occupied by various marginalized groups and could be viewed as potentially dangerous, in addition to his choice to 'give space' (voice secrets) to what he normally would keep inside (Ward, 2000).

The body in performance art

In performance art, the body is often considered to be important 'space' (Carlson, 1996; Gomez-Pena, 2004; Jones, 1998; Klein, 1999; Latham, 2000; Schneider, 1997; Templeton, 2001; Ward, 2000). It is considered a border between the private and public,

both as one's own, and as something everyone else sees (Schneider, 1997; Ward, 2000). The body is also experienced as a personal and particular environment that sensuously and actively engages with the materials and the other persons in the external and social environment (Jones, 1998; Schneeman, 1979; Schneider, 1997). Carolee Schneeman was one of the first American artists, in 1963, to create an installation in which she used her own body as the "primary visual and visceral terrain. . .transforming her loft into a kinetic environment. . .performing a series of actions in an environment consisting of broken glass and shards of mirrors, photographs, lights and motorized umbrellas" (Schneider, 1997, p. 33). She incorporated her naked body into what she referred to as a "kind of shamanic ritual" (1997, p. 33) in which she painted, greased and chalked herself.

Though she was controversial (and often dismissed) at the time, Schneeman, along with others, such as Shigeko Kubota, Yoko Ono, and Hanna Wilke, to name a few (Goldberg, 1988; Jones, 1998; Schneider, 1997), are now regarded as helping to chart a new direction in art exploration. This new direction is considered as having anticipated the feminist movement (Schneider, 1997), as well as the explosion of expressions of this art form that seeks to "get back to the body" (Jones, 1998; Latham, 2000). Performance artists can be seen as engaging in embodied theory (Gomez-pena, 2004; Jones, 1998; Latham, 2000), attempting to acquire knowledge through the lived, embodied interaction with the 'objects' and other subjects of the world (Latham, 2000). The body, particularly the bodies of women and other marginalized groups, have been viewed as passive objects and as passively inert objects of analysis (Jones, 1998; Latham, 2000; Schneeman, 1979; Schneider, 1997). Through the act of making performance art, the artist is able to analyze and perform this act of objectification, becoming both subject and object (Latham, 2000),

“both image and image-maker. . .in an act of creating her own self-image” (Schneider, 1997, p. 35). The living body is actively engaged in the process of making meaning. Through the act of creating and performing, the performance artist is viewed as an “active agent in construction of body and self” (Latham, 2000, p. 5). The space of the performance is seen to contain the interaction between the lived body and its relations to other objects and discourses in the world. By engaging in a dialogue between the living body and its various representations in the space of the performance, one is able to access knowledge about his or her particular body (Grosz, 1994; Jones, 1998; Latham, 2000). There is now a prodigious amount of literature on the subject, in feminist and performance theory, discussing the ways in which women can use this art form that emphasizes the “living body in relationship to the world”, to confront and dialogue with the cultural and societal ideals of desirability, beauty, and womanhood that continue to saturate the media (Jones, 1998; Latham, 2000; Schneider, 1997). Performance art is a frame that in which the artist takes an active stance as subject and creator of her art-form and relationships to her own body (Jones, 1998; Klein, 1999; Latham, 2000; Schneider, 1997). In performance art, the emphasis is also placed on the interaction between the bodies of the spectators and the performer, to increase the audience’s awareness and experience of their own embodiment through the act of watching, and possibly, participating (Latham, 2000; Schneider, 1997).

The body in drama therapy

In the field of drama therapy, the body is viewed by some of its practitioners as a primary source of communication between the self and the other (Johnson, 2000; Jones, 1996), as well as a means to learn about the self through active, physical involvement.

Through focus on “facial expression, gesture, and movement in dramatic space; make-up, hair, costume, and vocal presence. . .the body is given heightened permissions and qualities of communication” (Jones, 1996,153). The act of performance, or entry into a dramatic type of space, is also perceived as intensifying or transforming the body’s experiences and expressions (Johnson, 2000; Jones, 1996). In Developmental Transformations, referred to above, attention is especially paid to the inner, kinesthetic impulses of the body as a prime means of vitality, revelation, and communication (Johnson, Forrester, Dintino, James, & Schnee, 1996). Many drama therapists are also concerned with assisting the client to achieve the necessary therapeutic and aesthetic distance at any given time (Jennings, 2000; Jones, 1996; Landy, 1986). In other words, the embodiment of another persona or character, or projection onto a prop or an object such as a puppet or doll, can allow for the experimentation of alternative ways of using the body, and for the exploration of parts of the self that might be more difficult to access otherwise, or in everyday life. In addition, this projection onto characters or objects can offer the client a sense of control and safety.

Though performance art is often focusing on the lived experience, and thus can be seen and experienced as “raw art”, which could be potentially unsafe for a client in therapy, there is room within its frame for more of a dialogue between the body/self of the performer, and the various objects and personas within the environment of the piece. Personas can be stepped “into” and “out of”. The performer can interact with the objects, can look at them and talk to them, reflecting as she or he moves through this process. The objects and environment of the piece can be created as an installation, allowing the performer to be both inside and outside if she or he chooses. The idea of the artist as

having control over the entire conception, creation, and manner of execution of the performance art piece is a central theme at the core of the “performance art concept” (Carlson, 1996, Goldberg, 1988; Gomez-Pena, 2004; Klein, 1999; Lindsay, 1990), and I am proposing that this could be one inherent part of its therapeutic value. A person who self-injures often does not feel a sense of mastery or control over her body, especially if she has experienced violations to her body and self, or if her early attachment experience did not infuse her with a sense of being at home and contained in her own skin (Contario & Lader, 1998, Farber, 2000; Strong, 1998). Self-mutilation can be an attempt to distinguish and define her boundaries. The carving and reshaping of her skin can be a way to enhance feelings of personal power if she has felt victimized, traumatized, or violated. Performance art is a form in which the “artist is the writer, producer, director, designer, cast, and often carpenter and costumer as well” (Carlson, 1996, p. 148). The artist/client chooses the objects and mediums that are meaningful to her and sets up the space so that it will be safe and containing for her. At the center of this space is her body that moves and interacts with the “objects” (can be literal objects or texts or other media), and the environment she has created. The artist/client can learn to explore and define her own boundaries. This is a personal space she has created, to relate with herself and her body, as well as her perceptions, desires and struggles. This place of performance art is also a place in which she can project and explore creatively the experience of self-mutilation. By exploring the self-harm experience in a way in which she can, for example, project feelings and urges onto objects, explore physical movement, and use writing in a creation of a performance, she is supported to find alternative paths that can offer her a sense of mastery and control. By being able to develop a therapeutic

performance art piece, she may be able to both come into closer contact with her internal and visceral experience, as well as have distance from the actual enactment of self-mutilation. This can offer a greater sense of control as her awareness and sense of choices and possibilities expand.

Within this personal environment, she can choose how, and if she may want her performance to be seen by others. She can choose to do a performance at her home, or in another environment that is meaningful to her, and document it with photographs, writings, and video, and then share it with the therapist and group if she chooses. She can choose to be seen by only the therapist, or invite others. She can decide if she wants to have other people interacting with her within her performance, and how she would like them to be in the space with her. Like Chris Burden (cited in Ward, 2000), mentioned above, she can create a small space in which she invites people to enter one by one. By these acts, she is being supported to carve and reshape a small world for herself, and to make choices for herself at every step of the process. What personal objects, texts, and artistic mediums will she choose? How will she embody and move in the environment that she will create? What will she need to do in order to physically build or mold the environment? What kind of support will she need by others to manifest some of her visions? How can the group and therapist assist her in articulating and witnessing her world, which could include technical as well as emotional and creative support? The performance artist is specifically concerned with exploring and creating her own “embodied subjectivity” and agency (Jones, 1998; Latham, 2000). By engaging her body, through presence, gesture, posture, and movement within the performance piece/environment, she is being encouraged to actively sense and construct her sense of

own limits and her place in her skin. She is also supported to discover alternative possibilities of how she can be in her body, both in the performance, and in the world. Self-mutilation is considered a way to transform the passive experience into an active one, and the performance art form is also concerned with the person as object becoming the person as both subject and object. The use of performance art as a way to transform experience in which a person feels herself to be a victim, is one of the potential therapeutic benefits for the self-harming client, and is concretely exemplified by performance artists who use their art to transform their own painful experience. In the next section, I will discuss how some artists use their work to explore and transform their own experience of pain, trauma, and helplessness.

Self-mutilation/masochism in performance art

There have been many performance artists whose work has involved aggression toward their own bodies (Carlson, 1996; Jones, 1998; O'Dell, 1992; Ward, 2000). "The physical mutilation is used to emphasize the power and presentness of the moment, the experience of pain removing the body from the abstractions of representation" (Carlson, 1996, p. 158). The wound can be seen as a "portal to the real, to hidden interiority...that, when made explicit could reveal hidden blindspots in the dominant way of seeing. . .or cracks in the system" (Schneider, 1997, p. 147). There is speculation that some of these types of performances that emerged in the waning years of such crises as the Second World War in Europe (Milia, 2000, p. 32), and the Vietnam War in the United States (O'Dell, 1992), may have been a form of reaction to communal and personal traumas left from such events (Milia, 2000; O'Dell, 1992).

Gina Pane (cited in O'Dell, 1992) was a French painter whose performances included carefully planned and deliberately controlled self-wounding. She related the marks she made on her body with the scars on the earth's body, and sought to demonstrate the extreme fragility of the body with the reality of suffering. She also viewed her body as the canvas on which she could work through and depict her struggle to challenge and transform her relationship to the society's standards of beauty (O'Dell, 1992). Ron Athey is a contemporary artist who "regularly cuts, pierces and jabs himself with hypodermic needles before audiences the world over" (Strong, 1998, p.152). He sees his performances of pain and mutilation as a way to express and control personal demons such as an impoverished and severe upbringing, homelessness, heroin addiction, suicide attempts, experiments with consensual sadomasochistic sex, and HIV positive status (Carlson, 1996). He maintains his shows are "not about self-mutilation but about redemption from self-destruction and suicide. . .drawing on both tribal rituals and scenes from his own painful life" (Strong, 1998, p.153), that also provoke the audience to question their own "relationship to pain, to disease, to taboos" (Carlson, 1996, p. 159).

Another artist, Bob Flanagan (cited in Farber, 2000; see also Carlson, 1996; Strong, 1998), performed very extreme physical enactments on his body in public, either at his own hands, or at the hands of his partner, Sheree Rose, created together. He was born with cystic fibrosis, not expected to live to adulthood, and was, from infancy, subjected to extreme physical pain by the doctors who were trying to help him, in addition to having to cope with the continual pain of his illness. As a child, to ease the pain in his stomach and bowels, he would rub himself against the sheets, which over time became erotic. He began finding a way to convert pain to pleasure, "forever fusing the

two opposing impulses” (Strong, 1998, p. 154). He resolutely believed that the tests of pain and endurance he willingly subjected himself to throughout his life gave him the strength to fight his illness as long as he did. He stated that “in order not to be overcome by the terror of his illness and obsessive thoughts about death, he sexualized it....

creating scenarios (in his performances) where he was able to control the kind of pain and victimization he received” (Juno and Vale as cited in Farber, 2000, p. 283). “When he died at the age of forty three, he was one of the oldest survivors of the disease” (Strong, 1998, p. 154).

Ritual and healing in performance art

To begin, it is necessary to mention that ritual is a very broad topic, and is being described in this paper regarding aspects of its relationship to performance art and self-mutilation. Turner (cited in Mitchell, 1999) likes to think of “ritual essentially as performance enactment, not primarily as rules or rubrics, rules which ‘frame’ the ritual process, but the ritual process transcends its frame. . .and the performance transforms itself” (p. 13).

Some performance artists and theorists make the connection between the performance mode and the liminality of ritual (Carlson, 1996; De Danaan, 1984; Gomez-Pena, 2004; Lindsay, 1990). In some cultures, the one who suffers or is transitioning from one life stage to another enters what is referred to as the liminal space or time-out from the normative routine. In these cultures, the ill or transitioning person can be perceived as not being “outside” but “in between” (Turner cited in Carlson, 1996), and perceived as not necessarily being out of touch with the culture, but perhaps in deeper touch with some aspect of cultural reality than the ordinary members (De Dannan, 1984; Turner cited in

Carlson, 1996). This internal conflict can be seen as expressing a more wide-ranging issue in the culture, thus “making it possible and desirable for the group to take action to ameliorate the person’s estrangement” (De Dannan, 1984, p. 5). Also, in certain societies, the healer, or shaman, used the performing arts to communicate and mediate between the material and spiritual worlds (De Danaan, 1984). Performance was viewed as expressing an inner state and/ or ‘other world’ reality that could not be accessed or expressed in other ways. Performance artists often see themselves as needing to create such liminal, fluid “spaces”, or “border zones” (Gomez-Pena, 2004, p. 8), in which they can explore and enact both their discontent and its resolutions (De Danaan, 1984; Mitchell, 1999). It is:

a space that “tolerates and even encourages ambiguity...in an attempt to break through elements that constrict various kinds of freedoms.... a sanctuary that each artist invents according to her/his political aspirations and spiritual needs, sexual desires and obsessions, troubling memories and relentless quests for freedom. (Gomez-Pena, 2004, p. 77)

Some performance artists view their art as a modern attempt to connect to a time “when artistic work was considered a natural part of collective life and the daily efforts to humanize life in conflict with nature” (Milia, 2000, p.31). They seek to re- integrate art with daily life, and thus, at times incorporate ‘primitive’ influences, such as tribal rituals (Carlson, 1996; Gomez-Pena, 2004; Milia, 2000). For example, creative use of sacrificial rituals were central to the performances of a group called the “Viennese Actionists” (Milia, 2000) in the early 1960’s, whose performances included “bloody crucifixions of animals, naked bodies covered with food or feces, and various sexual acts in an ‘orgiastic mess of collapsed boundaries’” (Carr cited in Milia, 2000, p. 32). One of these artists, Gunter Brus (Milia, 2000), performed acts of self-mutilation with razors as well as other

acts that could be viewed as humiliating. One theory, also expressed above, is that these performances may have been a kind of reaction to traumas left by the experience of the Second World War in Europe (Milia, 2000).

Another artist, Rachel Rosenthal, whose work has been described as 'performance art ritual' (Lindsay, 1990), sees art and performance art as a means to contact and renew authentic spirituality, sometimes incorporating living animals into her pieces in quite a different way than the artists described just above. She performs with animals that have been abandoned, or seen as unpleasant and expirable, such as the rat, advocating the inter-connectedness and potentials of possibility in creative play between animals and humans, and between humans and the earth (Carlson, 1996). She also sees performance art as redemptive, allowing her to take aspects of her life that she felt were useless and worthless, and make meaning through their re-creation (Lindsay, 1990).

There is much reference in the literature to performance artists' use of ritualized forms to work through personal material, such as loss (Carlson, 1996; Gomez-Pena, 2004; Klein, 1999; Lindsay, 1990; Roman, 1998). For example, in "Mitchell's Death", Linda Montano used her performance piece as an exorcism of her personal grief over the loss of her husband, and Barbara Smith explored "her feelings and observations on death upon the death of her mother" (Carlson, 1996, p. 149) in one of her performance pieces. Ritual, in this sense, is a rite of passage, or transition, that is used to "prepare a person to cross from one state of being to another, for example, when facing life cycle changes, coping with a change of status, or confronting traumatic life events involving great loss" (Dosamantes-Beaudry, 1998, p. 80). The rite of passage is viewed as involving three steps: "1) rites of separation from an established social role or order: 2) threshold or

liminal rites performed in the transitional space between roles or orders: and 3) rites of incorporation into an established order” (Turner and Van Gennep cited in Carlson, 1996, p. 21).

Ritual in creative arts therapies/ drama therapy

According to Dosamantes-Beaudry (1998), the creative arts therapist is particularly suited and equipped to assist in the second phase that occurs in the transitional, or marginal space, which she refers to as a regression to an “instinctual state that can lead to a forward leap toward a new and creative organization of a person’s sense of self, relative to his or her environment” (p. 79). In her view, the creative arts therapist can facilitate the capacity for the client to make meaning, and be safely contained in her exploration of this transitional/regressed space, which will then allow movement into the third phase, that of re-integration. According to this paradigm, the act of self-mutilation may be one of enacting only the first half of a ritual, that of the confrontation with the wound, but not allowing for the person to find the deeper meaning and possibility of renewal. The act of self-harm may be an “an aborted attempt to achieve self-transformation which rather than lead to the renewal of the self, remains blocked at the regressive phase of the ritual process....which can result in chaos and violence” (Dosamantes-Beaudry, 1998, p. 83). Dosamantes-Beaudry’s writing does not address the creation and performance of rituals within the therapeutic sessions, instead focusing on the concept of how creative arts therapists and therapies can provide a language and context to express, contain, and mirror the fragmented and stuck parts of the self. However, she does provide a rationale for the therapeutic creation of “consciously enacted and completed transition rituals” (Dosamantes-Beaudry, 1998, p. 80).

The role of therapist as a facilitator of therapeutic ritual is often written about in the context of drama therapy (Barnard, 2003; Doughty, 2000; Mitchell, 1999; Snow, 2000), where the focus is mainly, though not exclusively, on group co-created rituals. Art therapist McNiff (1988) makes connections between art therapy, ritual, and performance art, particularly in his writings about art therapist, Klaus Boegel. He affirms Boegel's use of his body, sexuality, aggression, and sensitivity through a performance art approach which Boegel views as a "form of purification which gets rid of destructive images and feelings. . . and is a form of self healing that goes right into the heart of the problem" (McNiff, 1988, p. 221). McNiff and Bruce Moon (1998), another art therapist, have both implemented and documented their experiments with performance art as a way to deepen their understanding of clients, and vitalize the art images when expressed through the use of the body as well as the mind.

In the field of drama therapy, the creation of ritualistic theatrical space is used in a method called "self-revelatory performance", which involves the making of individual performance pieces (Emunah, 1994). This approach allows the client to explore, in great depth, personal material as it is a creative work that evolves over time, and which can afford the client a strong sense of "self-mastery and achievement" (Emunah, 1994, p. 225). This is accomplished through the development of an aesthetic form that communicates her inner world and struggles. The only potential difference I will mention between self-revelatory performance, and performance art as a therapeutic method, is in the concept of performance art as a form that is not necessarily, or solely, theatrical. It is being emphasized here as a more collage-like, open-ended meeting ground for different art mediums, in which to experiment in a live form (Goldberg, 1998).

McNiff (1988) maintains that performance art is the most complete artistic form because of all the possible modes and materials of expression within its frame. Yehudit Silverman (2004) is one drama therapist who employs myth and fairy tale in a multi-modal arts approach, as a means for the client to contain and transform difficult personal experience, sometimes through creation of individual performance.

Some similarities between the acts of self-mutilation and performance art acts

Self-mutilation and performance art both use the body as its central text and metaphor in a ritualized attempt to transform and heal.

In both enactments, there is the desire to transform passive experience into active (Cross, 1990; Farber, 2000; Latham, 2000), including the potential transformation of the experience of the body as object into the body as both object and subject, through embodying the roles of creator and enactor (Farber, 2000; Latham, 2000). A therapeutic use of performance art with self-mutilating clients can offer the opportunity to both witness the self as object, and embody the self as object and subject, an opportunity not necessarily afforded to the art therapy clients, as documented thus far by the art therapists working with this population. It also offers a frame in which to be in embodied dialogue with the objects in performance, including the art objects created by the client (McNiff, 1998). As a frame that encourages the embodiment and performance of self as both subject and object, the performance space can also allow the client to express and explore the relationship to self as both victim and aggressor. This can provide an outlet for such “needs” within the embodied creative act, as there is also the ability to project onto other objects such as personal objects or texts. This can give her a place to externalize what she normally projects onto her body through the act of self-harm, in which she can explore

this behavior through relationship with all sorts of objects and multi-media forms in dialogue with her body. By “playing with” the self-mutilating urges in this way, in a manner that encourages both embodiment and reflection, she can expand her awareness and sense of possibility.

Although performance art is an art-form that is partially defined as “breaking boundaries”, it is also about the artist (and spectators) exploring and defining her (their) own boundaries, and experiencing and articulating the body and the self.

Psychotherapist, Farber (2000) writes that while a person who violates her own body needs “an explicit frame set by the therapist to establish definitive boundaries, they also need the therapist’s acceptance of their desire for a lack of boundaries, for a “frameless frame”. . .to be open to the possibility that certain boundaries hinder the patient’s psychological growth (p. 365). Self-mutilation can be viewed as an attempt to sense one’s own boundaries as the wounding provides a vivid awakening to the skin border as well as the body’s limits and presence. It is an action taken because the person cannot feel contained and well within her own skin/self, and is attempting to contain the uncontainable (ie undigested trauma, overwhelming feeling, states etc.). Thus, I posit the therapeutic use of performance art as a “frameless frame”, in which the artist/client invents her own unique structure out of her embodied interaction with different aesthetic mediums and personal objects. If the self-mutilator is attempting to create a sanctuary in which to care for the self and express conflicts, the performance art space can be seen as offering another kind of sanctuary in which to “play out” and project these conflicts and needs creatively. Performance art facilitates the creation of environments, which can allow for a more total experience than the creation of the art object (McNiff, 1988). This

environment functions as a transitional space, one that she can 'hold onto' or be 'held inside'. This search for the environment that will symbolize the transitional space is one part of the therapeutic performance art process.

The objects used in a performance piece can be invested with the needs that are expressed toward the body in the self-mutilating act. Through interacting with these objects, a person can communicate with herself, and be encouraged to find expression for what has only been 'spoken' through the act of self-harm. Both the use of various objects, and the use of environment, can function as another kind of ritualized space, a space she can return to for soothing and communication. She can be encouraged to dramatically perform and deconstruct her self-harm, or pieces of it, by projecting it onto objects that are meaningful for her, and then writing and dialoguing with these objects. Onto these objects, she may project feelings such as shame, loss, anger, love, and longing. In the embodiment of the performance art space, her interaction with these objects is a live one, in which she can both contact her inner world, as well as witness it through the act of projection.

Performance art takes various fragments of different mediums and every day objects out of their respective contexts to make something new and whole out of them. In performance art, the objects are used both symbolically, as well as explored through their relationship with the body. They can be encountered with both the body and the mind. The client can relate with the "objects", symbolically and sensuously, through movement exploration and bodily sensing; centralizing, soothing and awakening the body as in the act of self-mutilation, but through a more "positive" outlet.

The performance art space, as mentioned repeatedly, is a kind of transitional space, or bridge, through which the artist/client is able to make connections to her internal world, her body, and the world of others. As she embodies the environment she has created, and interacts with the objects she has chosen and “played with” over time, she is able to find a way to communicate her world to others, as well as to herself. The fact that this performance art space is something she can communicate to other people is an essential part of the therapeutic process, transforming her solely isolated sanctuary, (where she both connects and disconnects), into a place that can provide her with connection to herself, while also communicating and contacting other people in a genuine and satisfying way.

METHODS OF INQUIRY

Performance based method

Drama therapy is an embodied therapy; performance art is an embodied art; self-mutilation is an enactment upon the body. As a budding drama therapist interested in performance art, and how it can be further integrated into a therapeutic form, making a performance art piece seems as necessary to my learning as the more theoretical research. I am seeking to create embodied knowledge, and as an arts therapist am choosing to explore my own artistic process as a way to hopefully deepen my ability to use the arts in my practice as an arts-based therapist. For artists or art therapists, “the creation of a performance is a direct method of research” (Landy, 1986, p. 256), and “the relationship between studying performance and doing performance is integral” (Schechner, 2002, p.1). In concordance with many performance artists, art therapist McNiff (1993) maintains that performance art can be used as a method of research in itself, as a way to

extend and deepen one's understanding of the material and images as one engages the body as well as the mind in interpretation.

Hermeneutic Method

Although this research is most defined as an arts based research, I was informed by other qualitative methods. According to McNiff (1998), it can be difficult and not necessarily accurate to make distinctions between the different research modalities (p. 90). For example, the constructivist method is relevant, because I am attempting to construct a type of therapeutic approach. In addition, this research project certainly contained aspects of the heuristic method as it was a personal artistic expression, and the knowledge that was generated was highly subjective, centering upon the creation of a solo performance art piece. This performance piece is itself a frame that provides (and acknowledges) the encounter between my own embodied subjectivity, and the objects and ideas of the phenomena I observed in the literature, and in my clinical experience. However, though I may be able to relate to the underlying struggles of a person who self-harms, this literal behavior is not within the realm of my subjective experience. My performance was an interpretation of self-mutilation based on a dialogue between my subjectivity, and the various texts. I include the clinical experience as one of the informing texts. Hence, the hermeneutic method seemed to fit (if not perfectly), then a bit more closely as it "involves attempts to interpret and understand meaning based on the dialogical process between an inquirer and the data (texts or artifacts)" (Junge and Linesch, 1993, p.64). In this case, the data (which I refer to as various texts) include the literature relating to my subject; my experience as a drama therapy group facilitator for adolescent girls who self-harmed; as well as the text of my performance piece and

process. The performance piece was a kind of ongoing dialogue between my ‘embodied subjectivity’ and the theoretical and clinical material.

Melissa Trimingham (2002) is one performance-based researcher who believes that a problem of methodology centers on the fact that “the material on which the conclusions are based depends almost entirely on a creative process, and the process, in fact, has many disorderly features. . . a disorderliness that must be incorporated into the methodology” (p. 57). Trimingham (citing Lewin, 2002) describes the “hermeneutic-interpretive” spiral model, in which progress made is circular rather than linear, a spiral which constantly brings us back to the question or original “point of entry” but with renewed understanding. She maintains that this approach can contain and facilitate the creative process, with its emphasis on revisiting the “point of entry”, and reviewing theory continually, as a means of evaluating and informing the next movement (Trimingham, 2002). The hermeneutic spiral model also acknowledges the “point of entry” as being informed by the understanding and knowledge the researcher brings to the subject which, in turn, shapes the answers that will be found, thereby acknowledging the central position of the researcher in both constructing (constructivist approach) and interpreting reality (Stromstead, 2001).

Performative writing

Still, I am left with the question of how to describe and document this essentially “performance art approach”, acknowledging that “writing about it” may be too limited. As Landy (1993) writes, “the means of analysis/description should reflect the aesthetic nature of the research” (p.2). In the field of Performance studies, there is an approach to research documentation called “performative writing” (Klein, 2000; Menchaca, 2002;

Pelias, 1999; Pollack, 1998), which views writing as “performing poetic diction that is itself an embodiment of language, reflection, expression, and theory that attempts to better understand the performing self” (Menchaca, 2002, p. 39). Rather than viewing writing as solely a record of past thinking, and attempting to “pin down the meaning of a performance/event/text/visual image through use of metaphoric language, performative writing is subjective, in the sense of there being a dynamic relation between the writer and his/her subject” (Klein, 2000, p. 81). It is also “metonymic”, which is defined as “filled with longing for a lost subject/object, for a subject/object that has disappeared into history or time” (Pollock, 1997, p. 79). Thus, the writing is seen as another performance, in search of the lost object that will never be found, acknowledging language as an insufficient means to “mediate the event of the performance to the reader” (Pollock, 1997, p. 80), much as language is considered a form that inadequately expresses the feelings of one who self-harms. However, this genre of writing can aid in the continued research as it is a “continued looking, not necessarily finding, what one is looking for but rather finding something new to relate to the thing already known” (Pelias, 1999, p. 75). It can also be a method that might register the bodily non-linearity of the search for meaning in the performance art piece.

To conclude this section on research modality, and prepare the reader for the more disorderly and non-linear description of the creative process, I will quote art therapist, Rosal (cited in McNiff, 1998), who believes that “conducting research is the avenue for uncovering research modalities of our own” (p. 89). To be conducting this research through the use of a “performance art based method” that is not primarily self-revelatory, nor ethnographic, nor based on any particular drama therapy method (even as it draws

from these sources), and that is itself a frame most “defined” by its reach to experiment and to disrupt our ideas of what theater, dance, art, or performance is, feels like slippery but rich terrain.

CREATIVE PROCESS

Here, I attempt to narrate from what Deb Pollack calls “the performative I”, not to be pretentious, but because the voice I am going to employ in this text feels fluid, in part because I am performing as a person who cuts herself. It is both “me and not me”, but there is no one character I am creating. This “performative I” is additionally an attempt to frame this narrative stance so as to sit at the nexus between memory and desire, to recreate/reconnect with the rich and messy performance process, between a language of theory/analysis, and one of attunement to the non-linear and experiential performance piece. This will also account for a non-linearity in use of tense and grammar in this writing. Perhaps, this writing can afford an alternative reading of the performance, as a video camera of the same live performance would another viewpoint.

What follows is my attempt at a “hermeneutic dialogue”, an internal dialogue between the live flesh performance of the past, and my revisiting the performance space now, in words and in integrating theory. It is perhaps another kind of performance, as I attempt to continue to make some kind of meaning out of this experience. This “internal dialogue” is a non-linear, first person account of my subjective experience of the creative process.

Body

I will start with the body, with the first place I began to look and live when I began to think of doing a performance piece relating to the subject of self-mutilation. In

both enactments (self-mutilation and performance art), the live body is the means to make contact, with both the self and other, very direct contact. How might I be able to allow the presence and experience of this body and other bodies to inform and speak in my performance and subsequent therapy work. In beginning to pay attention, I noticed my body, its image, its skin surface, its breathing, both its palpable presence as well as its tensions, its visible (to me) deficiencies, which included unintentional markings that I would prefer to keep invisible yet are an undeniable part of me. In choosing to hide them and hide my body, what else am I hiding? How does this hiding impact my capacity to be a drama therapist? If one can only go back to the body through one's own body as Schneeman (1979) writes, how/if can my "arts/embodiment practice" impact my capacity to work with others? I think of other bodies, the girls in the group, the passionate hatred and discomfort expressed toward their bodies, the fervent wish to be free of the pain that comes from having a (unloved, unlovable) body. These bodies and the feelings within cannot be contained. (One wears increasingly sexy clothes, another wears billowy outfits, and another keeps falling and fainting and breaking...)

The body in drama therapy, seems both something to express and experience, as well as something to be feared, something that is "too much". If the body is full of trauma, then it may be unsafe to start with the body.

But, for now, the body is where I will begin. This body, toward which is directed so much longing and aggression, as these feelings cannot be expressed to the actual other person who has evoked them. I will begin by noticing and exploring what gestures and movements soothe, and I notice a tendency to repeat, especially when I am transitioning from one place to another unknown place. These movements seem to hold my sense of

self, together. These movements comfort and contain the self, provide a center in the chaos, movements such as circular, rubbing motions on the belly, as well as pushing hands and other endpoints along with the rest of the skin surface, against more solid objects, like the floor, giving me a sense of my own container and boundary of body.

I reflect on the research question and how the acts of wounding one's body are often performed in repeated gestures, gestures that prepare for the act, gestures that enact the wounding, gestures that care for the wounding. How this is considered to be a way to control the pain, contain, and care for the self, communicate to the self. I reflect on writing that discusses movement patterns imprinted on the developing brain of a baby, early movements where the world is made up of rhythms, textures, sounds, and repetitive movements such as rocking and sucking, and wonder how/if I, and other bodies, the girls, other self-mutilators, might have incorporated such early experience into our bodies and actions now, and, if so, how do these movements soothe. What are they trying to say, to whom are they speaking, and how does one make these movements more conscious? Are there words that emerge when these movements are repeated again and again and again?

It is in these found and repeated gestures that the performance piece first begins to take root, and that I begin to find structure and comfort, expression and voice. But, I reflect on the space of performance, the space of drama therapy, the research question, and about how the body might need some other "objects" or other persons with whom to interact, so that it (the body) may see itself. Already, in my movements, I notice how I look to the space, to other surfaces, to push against, to define myself against, to feel supported by.

The space

In searching for a surface to push against and contain, as well as an environment that will further the articulation and exploration of the research question, the space in which the performance will take place needs to be found. It did not take me long to choose my home, a loft, as the space to contain this performance and process. The reasons for this decision are multiple. First, I reflect on my question, how to make performance art a therapeutic frame? Performance art is a form that evolves out of the needs and desires of the artist, both in content and in form of execution as stated above; a person who is in therapy or who self-harms may be considered to be searching for a “safe space”, a “transitional space” that mediates between the internal and external worlds, a place in which she can define and articulate herself, to find her place. A client in therapy most likely will not be able to show her performance piece in her own home. However, as the performer/researcher looking to create a safe and transitional space, I believed that my own space would serve these needs better than a more empty, anonymous setting. My home provided me with more sense of control than any other space could and I wanted to exploit this notion by making the space itself as part of the performance piece, as an installation. As an installation space, I was exploring the idea of creating a transitional space, one that could be an intentionally mediating place between others and myself, and between my internal world and the outer world. The use of the space and the objects allowed me to communicate with parts of myself, in particular those parts that are connected to the theme of my research topic, and the installation focus could allow others to enter and move about the space, their body/selves interacting with my use of space, objects, and body.

The preceding reason is only one of several. Briefly, another is that self-mutilation is generally performed in a private space, in the home, and the performance involved making public a private act, bringing the external world to a kind of interior place. Thirdly, the loft where I live is aesthetically a choice I found compelling, with its high, warehouse like ceilings, large floor space, sculptural columns and long windows. Performance art is a form that seeks to make use of found forms and objects, and every day existence; here there would be plenty of “found” objects, some that emerged organically as part of the process.

The next factor that that was necessary in defining this project as a performance was the presence of the actual, living others, as helpers, as directors, as audience. I had encountered a performance artist whose work and feedback to her students I found very apt and seemed to help them be more articulate in their pieces. She expressed strong interest when I initially proposed my ideas to her but our schedules ended up clashing. She offered to give me feedback but I decided to “go it alone” with some assistance from others. This may correspond to a difference in viewing this piece as “performance art” and not theater. The latter generally involves a director, the former, almost never, as one of the “tenets” of performance art is that the artist/performer is her own director and choreographer; she is the one in control, the prime interpreter. However, the isolation was broken by several other people, two who witnessed parts of the performance. They helped me to see and to structure, as well as giving me additional opportunities to perform. This was helpful and painful, as there was much shame evoked in exposing the somewhat raw content of this piece. It was also empowering in reminding me of other “performance art” experiences, past and present, in which some of the shame was

transformed and was an influence in my choice of this method of inquiry. The other person involved, the only stranger, is the man who edited my film collage, and this experience played an important part in the process, as well.

Film collage (as object)

To quote an earlier description of performance art, it can include layerings of all sorts of objects, recordings, repeated movements, sounds, texts, and mixed media to produce a kind of encounter with each other (Carlson, 1996; Schneider, 1997). It lifts all kinds of found objects, materials, and ideas, and transforms them into a unique collage (Lopez, 2003). The two film collages I made, out of pieces of films created by other people, became integral “objects” and “others” in this performance. This choice was made for both aesthetic and therapeutic reasons. In wanting this performance to feel “safe”, I initially imagined that I could film myself doing various actions with the three objects I chose as symbols (which will be described below), and that there could be at least a couple of screens in the performance space. I imagined it, at times, as an installation in which I could move around the space with the others, sometimes looking at the films with them, and talking back to the films in movement and in words. Thinking in this way gave me a sense of freedom. I could move or not move, and I could even exit the performance space if I wanted or sit with the audience. In the end, I decided to perform my relationships with the objects “live”, while incorporating a more “natural” interaction with the audience within an installation in another part of the loft. One reason is that I decided to incorporate the use of other films, in part so that I could have images of other bodies than mine involved in the performance. There was a kind of claustrophobic loneliness and I thought that the films could speak to me and “for me”.

This also offered a sense of distance from potentially raw and overwhelming themes and feelings. The use of video as an externalizing object, used to interact in the present with internalized objects/characters from both past and present, has been explored within the field of drama therapy, mostly, but not exclusively, through the clients making their own films (Landy, 1986; Petitti, 1989). The incorporation of films made by others, showing the bodies and worlds of others, allowed for distance that might balance the more raw, live presence of my body in the piece.

I used pieces from many films for these collages. The process of choosing was a helpful and soothing part of the process. While using and relating with the films as a projective tool, the inarticulate tensions inside my body began to melt as I encountered and dialogued with this “other” and these “others” as represented in the different bodies and characters displayed within the frame of film. They seemed to help me to articulate and carry some of the tension and the struggles.

So, I will describe a few scenes. One woman swims laps in a pool, repetitively, as she is viewed through a filter of blue, as part of her attempt to cope with the loss of her husband and daughter. Another looks into a mirror and sees a distorted image as she recoils in anguish. Another woman, neglected by her husband, leaves her baby alone on a beach as she searches the nearby woods for anonymous sex. A fourth girl, who is overweight, laps up ice cream as she watches her thinner sister be kissed sensuously by a boy, her face registering discomfort. In a following scene, the girl is lying in bed, miserable looking, and crying, as she (and I, or we) hear moans of the boy as he is being intimate with the sister. From another film, a woman declares that the body of a woman is either to be brutalized or left alone: these are her choices. These scenes are just a few.

These scenes centralize the physical body; a few others depict storms and an island. There are others, one I will talk about later as it is part of what I call the “bathroom installation” rather than part of the collage in the “main space”.

“Relationship” with the film

The dialogue I experienced with the collages was complex, both in the various stages of the process as well as in the performance. As an art piece in itself, the film collages contained much that could be “played with” and analyzed within a potential therapy session. These images were able to ‘hold’ what might be too painful for me to hold on my own. With them, I found the strength to be able to embody and contain feelings and thoughts, as well as a pleasure, which was offered, at least in part, from the aesthetic quality and beauty of the images, alone and pieced together. There was some satisfaction in beginning to put some structure to the chaos, to mediate and thus, communicate, the zone between the inner and outer worlds.

In reflecting and searching for my relationship to these images, I go back to the literature that speaks to bodies not being held or touched in a loving way. The skin that cannot be experienced as a container for the body and self. Reflecting on the scenes mentioned above, there is: the body rejected, the body distorted, the body searching and abandoning, the body that will choose violent touch over no touch at all, the body and self trying to see itself reflected, the hungry body. This piece was an attempt to reflect the feeling of not being loved, and through that lack of love, being disconnected from the body. It was, as well, exhibiting a search for the capacity to be more loved and connected. It was also the attempt to embody how self-harm could be a way to try to hold this “unholdable” body, this tumultuous body.

The film collage became a kind of “holding environment” and the skeleton of my piece, as one of my ‘witnesses’ stated. It was projected on a canvas that covered an entire wall, larger than I, its canvas a moving screen, with a texture I associated with skin. This was a skin that could inspire the desire to touch this ‘other’, a second skin to mine, as the scabs created by the wound serve as an extra protective layer.



“Film collages and environment as ‘holding environment’”



The person who helped me to edit and format the film collage became another important 'other'. He, a stranger upon whom I could project, was the unknowing but affirming witness. The project was unusual and intriguing to him, and I could sense rich potential for a therapeutic/creative conversation as we sat in his dark basement, the images reflected back to me on two different screens. He became linked to this notion of the internal and external other, the one whom could gently but passionately witness the internal world of the "I", who could help "her" embody and reveal herself. The one who she might be reaching for in the hope that the cutting will communicate and find her way to the proof that there is another who cares. The one who will witness the scars as the "editor" sees the representation of the scars on the body, portrayed in the second collage, in a repetitive loop of two "couples". In this loop, their skin wounds, inflicted by both self and other, are exposed, in close up shots, and these wounds do not repel the other but serves to bring them closer, into more intimate contact. By extension, the editor also serves as symbol for the potential witness/other other who is rejecting, not there, who is

lost, for whom the act of cutting is a repetitive, ritual enactment of mourning and of searching.

The use of film and the role of the editor do inspire thoughts about how film could be used as a therapeutic tool with this population. First, the film creates a distanced perspective that allows for projection and communication. The film, like the other objects, is outside of the person and something with which she can “dialogue”. By choosing a film or a few scenes from different films that resonate with her, to work with in therapy, and in a performance piece, a client can be assisted in sharing a part of her own story, her fears, her hopes. The role of the editor/witness/therapist who can witness and reflect what he or she sees to the client, is an essential part of this therapeutic process. The client sees herself in some way upon the screen and the therapist and/or other members of the group provide more eyes, helping certain parts of her to feel seen and real in the world.

Objects

It was in the first sessions of the aforementioned therapy group that I asked the girls to bring in personally meaningful objects, which could also include books, movies, music, etc. This was intended in part to serve as a basis for the creation of writings, characters, and scenes within the group. As these writings, scenes, and characters emerged, I was struck by how passionate the girls seemed to be in their expressions. These objects seemed to hold so much; as all-seeing and loving witnesses, as friends, and lovers; as representations of unbearable pain as well as the capacity to be free of that pain. The art and scenes they created were always compelling and they stay with me now and as I worked on my performance, even if as a sub-text, never explicit, as I was not

performing any one person or persons' story. But they are an undeniable part of the circle of this research, even as I am the interpreter of the different voices and texts and bodies, even if all of this is being digested and filtered through my 'embodied subjectivity' who chooses objects that are both intuitive and obvious. A razor, a mirror, a rope.

I think of a drama therapist, Petronella Voorberg (1997), whose self-revelatory performance explored the use of a prop as a transitional object, as well as other writings I have mentioned above, during this process, when trying to reflect on how much love and energy can be invested in these objects. It does not take me long to invest in the objects of my piece. This object that she refers to as the transitional object is seen as representing the lost other and the internalization of this lost other, in addition to other lost parts of the self.

When I begin writing to/about these objects, and when I began moving with them in the space of my loft, I was struck again, as I was when witnessing the girls, by how much meaning and charge I seemed to be placing on these inanimate things, and on the encounter between these objects and myself. I experienced them and my creative process with them as an entry into parts of my self, parts that seem to be looking to have a voice, that did not know how to have a voice. I think back to the research question, to the idea, expressed over and over again in the literature, that self-mutilation is in part a search for a voice, a bodily voice. A tangible way to be heard or seen by others and by the self. Sharon Farber (2000) writes that one must always ask, "to whom is the body speaking" and that there is always an implied 'other' in this act. Feminist psychologist, Carol Gilligan (1993) writes of the voice as a core of the self, and to have a voice and speak "depends on listening and being heard and is an intensely relational act" (p. xvi). Self-

mutilation often begins in adolescence, and may be a strategic relational move, a way of testing hope that someone cares, “a desperate, complex, paradoxical attempt for relationship” (Machonian, 1998, p. viii). The dialogue with, and hope for the ‘other’, and the search to find this other both inside and outside the self became an intrinsic theme in this “piece”. It furthered the question of how might the creation of a transitional object/piece of performance art and its various parts serves as the mediator, allowing the encounter with the other to happen.

Relationship between my body and the ‘objects’

This other, as manifest in my performance, was most alive to me in the object and character of the *razor*. The act of self-harming can be seen as a very special friend, a place to go that is always there, and its implements can be imparted some very healing qualities, as I observed, both in the literature and in my clinical experience. Although all of the objects in my performance were very rich in meaning and feeling for me, it was the razor that I came to view as the most like a live “other”. It was the object toward which I experienced the most articulate, focused, and tangible passion. This may not be surprising as it was the object that was the most direct representation of my subject, the object that most concretely was to ‘touch’ my body, in mimicry of the concrete cuts and marks it gives to other bodies.

I am someone who has never cut, or thought to cut her body, or damage her skin surface in any other way, but I had a meaningful, playful dialogue with the razor- through writing, talking, moving with it. I allowed this process to inform my own gestures and movements, inspiring me to scratch my skin in a light, repetitive manner evoking the feeling of digging, of scratching to get to something, of clawing, of cutting. I began to

feel especially alive through this dance, particularly connected to something that felt “core”, and I began to see the razor as both a literal object that could “touch” me and as an other person, as an externalization of the desire to be penetrated and known, expressing the wish and the hope that there could be an actual other who could “enter” me in this way. It represented both my desire to touch my internal experience in order to know it and see it through the “cutting” on the body, as well as the hope that there would be an actual living other who would want to see. The (imagined) blood is evidence of the inner life and pain. This contact with “myself” as I witness myself like I am witnessing another is filled with tenderness. It is this relationship with myself, and with the imagined “other” that also makes me come alive.

Embodied in the razor is the internalized image of the other person who has evoked the pain, the other who cuts, who has the power to heal and love and wound. It is the other from whom one is cut, it is the cut by the other. This other (person) has the power to cut through/penetrate by seeing, touching, and hurting. The play with the razor became to symbolize how love and pain can be intermingled, and how an internalized attachment to love as pain might find expression. It came to symbolize how this expression might be a search for and an enactment of, love.



“Embodying the internalized relationship

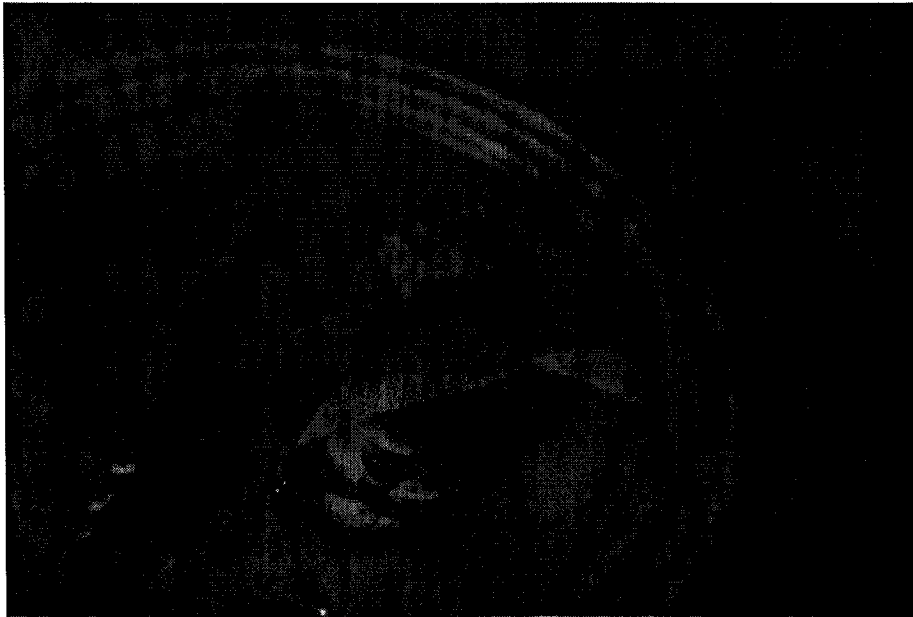
though interaction with the object of through the razor”

The enactment with the razor also allowed me to sense the self-agency involved in internalizing and enacting this active role of cutting, and to feel the power in this role of aggressor. It is also with the razor that I moved between the dual roles of victim and aggressor most acutely. More than any other of the objects, it is with the razor, that I found my voice. Is it the focused, precise energy that is written about in the literature on cutting to which I am connecting? Is it that the razor is most like an other person to me? Is it this fact that inspires me to want to speak, to reach, to be reached for?

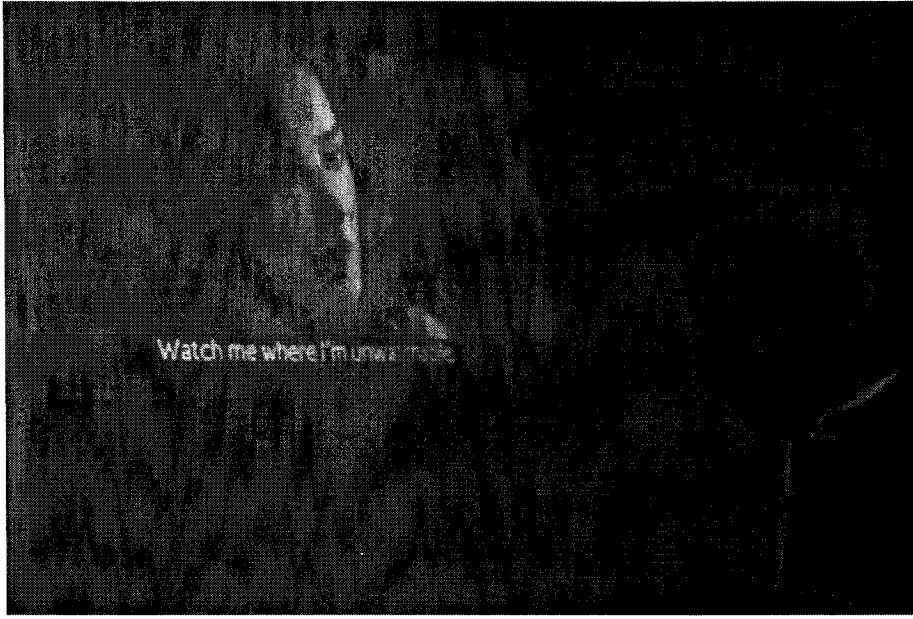
The *mirror* and the razor were very much in relationship with each other, serving to express one important theme. As was discussed in the literature review, many who self-harm or who work with and research people who self-harm highlight the act as one of communication. I noticed this when facilitating the drama therapy group, and I read, in narrative and theoretical accounts, of how cutting and the act surrounding it, communicates in a potent and articulate way, unlike nothing else, and the first person it communicates to is the self who cuts. The mirror is about being seen and not seen, and about parts of the self that need to be seen in order to exist, as much as the developing self needs to be mirrored back to itself to know and develop itself.

The mirror, like all of the objects, served to ground and focus me when I was feeling lost in the chaos of the creative process, and not knowing how to integrate or work with the material I had accumulated. The mirror confronted me with the image of my body, its contours and boundary. It gave me a sense of solidity. and then, when I felt “seen”, and safely held, in the gaze of the mirror, I experienced more room and freedom to feel and move in my body.

I go to the mirror when I have lost the gaze of the one(s) I have lost. I go to the mirror when I feel no one sees or wants to see. I want someone to see all of me, what is the most core, and this mirror will reflect how I try to get to these deepest parts, these lost parts. The mirror will reflect my cuts, the actions I take, the look on my face, the reaching for a voice, for a touch, for an other, and for myself. It will reflect my pain, my ugliness, but also the beauty I find in this place where I may begin to come alive, the beauty of my own tenderness and compassion for myself, for the loss and the inner cuts of which the outer cuts are only a reflection.



“Self-mutilation as way to see and communicate with the self”



“Watch me where I am unwatchable.”

**“Performance art as communicating the need to see and relate
with other parts of the self, that are both disturbing and core.”**

The mirror leads to reflections on narcissism, and the discussions of it in the literature on both self-mutilation and performance art. Farber (2000) refers to the narcissism of one who self-harms as destructive. The need for the other who was/is not present is too painful and crushing to bear. The self attacks any move toward these feelings or relationships, and instead develops obsessions. The body of the self is always, in a literal sense, there to rely upon, when other bodies and selves are not there to be reached for, one can only try to fulfill the self, focus on the self. So, the act of cutting may be a way to try to destroy other potential connections as much as it is a desperate reach for them. Not wanting to acknowledge the needy part, colluding with the destructive part, I encourage violent attacks upon my self. It is comforting, in a way,

familiar, and maybe above all, the most organized part. I can be strong and together here. Both Farber (2000) and Jones (1998), a performance art/body art theorist, write of the 'dangers' of narcissism, of being both subject and object, that convinces the self she doesn't need anyone or anything, that keeps the self from receiving what it most needs.

Is there a way that 'performing' this narcissism can allow some of the needy feelings to have a voice, a voice within the relationship to objects, a voice within the written text that can be spoken aloud, in fragments? This frightening, inaccessible and awesome longing can find its voice through the symbols of the mirror, the razor, the rope, the film (I can pull on the rope, attached to the column in my loft-which became another object/represented other person- desperately, in a performance, representing a wish to pull toward a person, a wish that I cannot 'live out', but maybe the enactment can assist me in finding satisfying ways to communicate and articulate this desperation). These objects and the play with the objects can all speak for me and help me to speak. With the support of these 'others', I am both less alone and more able to tolerate the aloneness, and I can transform this 'repellant need' into a passionate and strong expression and presence.

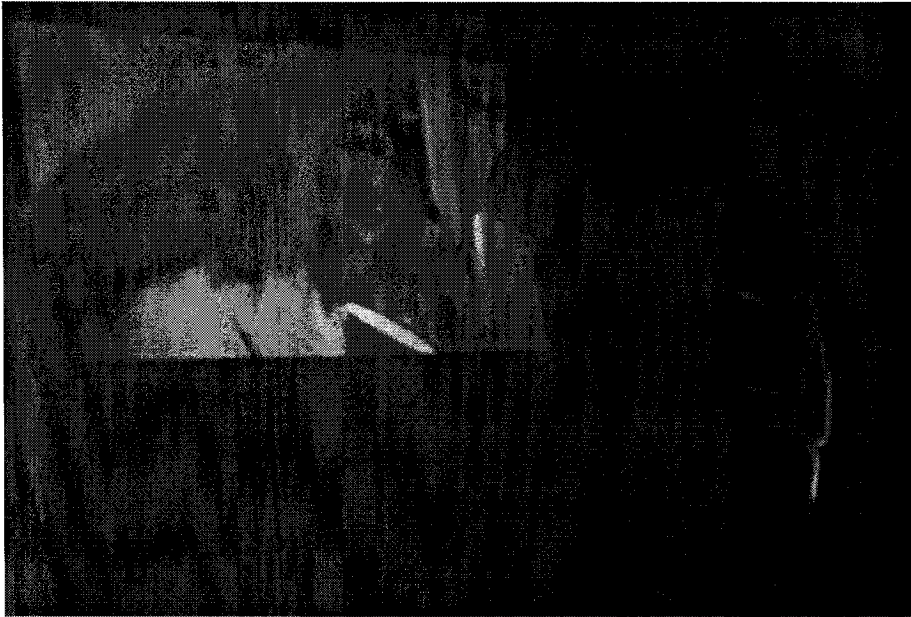
The *Rope* was more intuitive choice, emerging as an image in the beginning of the creative process, an image of being 'bound up' and oppressed by pain, by discomfort and shame. As an object, it was the most pliable of the ones I chose, the one I could move with in many different ways. Though it might seem an obvious choice as an object to explore issues of 'attachment', a subject I was reading about in conjunction with self-harm, I was not explicitly conscious of the connections until I started to play with the rope, tie it around myself, and especially around the column in the loft. By tying it to the column, this column became another object toward which I could reach, dance and hold

on to, by using the rope. It/the column became a strong surface against which I could lean as I witnessed images of the film collage on the screen as I used the rope attached to this 'other' in which to tie myself in some sort of twisted configuration when the images evoked pain. The rope as it 'interacted' with the column through my 'embodied subjectivity' became symbolic of painful attachments to other people, external and internalized.

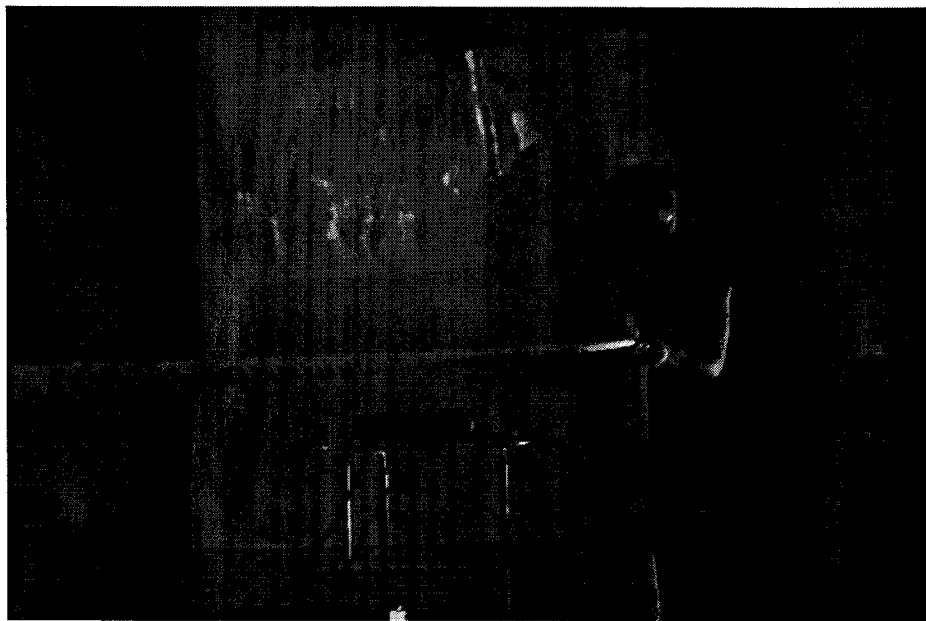
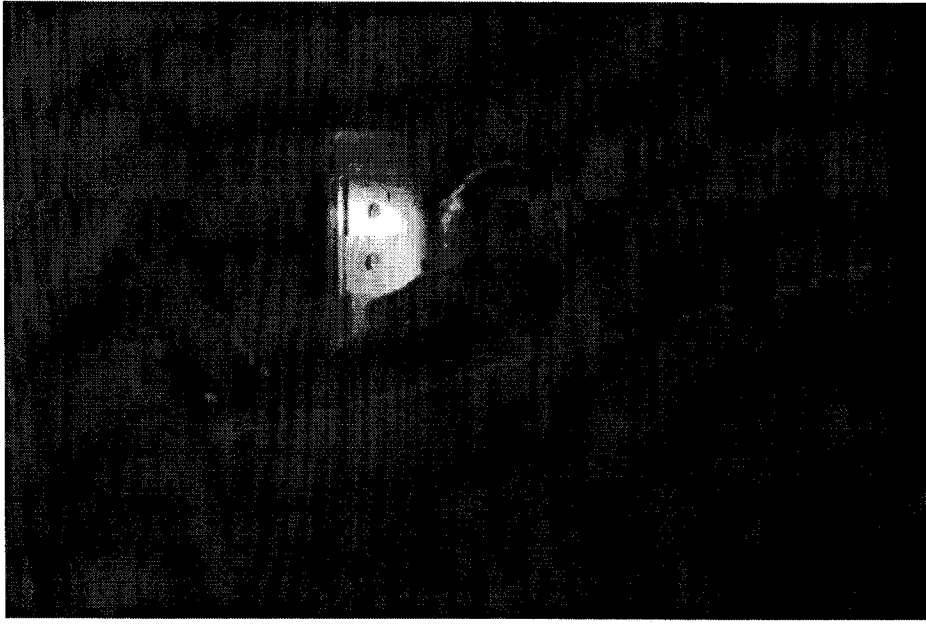
There is the image of the 'fat girl' in her 'unloved and unlovable' body, not held and caressed as is her sister. She has to witness and hear and know that there are other bodies and people who are receive this 'love' and intimate touch when she does not. This image inspires me to want to pull the ropes tighter around my body, this constriction a way to feel held' and comforted. The precision of the physical 'pain' is better than the diffuse, encompassing emotional one. There is something satisfying about the physicality of the rope. I can stretch with it, use it to constrain, can pull on it, walk on it. Like all of the objects, it can express paradoxical intents.

Pulling on the rope, I can experience and explore my need and desperation, as written above, can explore how this rope is symbol for the attachment I long to feel, and from which I am afraid of being cut. It can symbolize and allow the anger toward the other I want to reject as I untie the rope and throw it onto the floor, walk away, step on it, use it, to hit the images on the screen, images of the rejecting other, and images of the rejected, other from whom I want to disassociate. The rope and the interaction with it can become a tangible metaphor for 'painful attachments'. However, at the end of the performance piece, I use it to reach for a 'positive' connection with the audience. The

wish and the attempt for connection are still present. There are actual, living others watching this performance.



**“Each object has multiple, paradoxical uses. The rope here
represents the urge to externalize emotional pain
by inflicting it on the body.
Also, transforming passive victim into active aggressor.”**



**“The object/rope here is used to reach out to make positive
attachments/relationships
to other people and self”**

As mentioned above, when writing about the 'interaction' between the rope and the column, and other than my own relationship to each object, there was often a pairing of objects together in the creative space. For example, the mirror allowed me to see myself, how I interacted with the razor, and its 'marks' on my body. The rope tied around the column allowed me to use the rope to 'grasp desperately' at what was transformed into a representation of a person. According to Milia:

Communication involves the use of symbols to bring about interaction between separate beings. In this sense, symbols perform a 'bridging over' function, serving to connect that which is separated by distance. Conversely, without distance between separate beings, there is no space, nor reason for symbolization to occur. (2000, p. 75)

Persons who self-mutilate use action to replace symbolic representation. Yet, this action is itself an attempt to symbolize, in part, the urge for both separation and connection (Farber, 2000, Milia, 2000). Art therapy works with this 'preference' for symbolized action and creation of transitional objects. In the performance art mode, I could use this creative pairing of objects, and include my body, and the bodies of the audience as 'objects' to make new connections, and to communicate, both with myself and with others.

The erotic

As a number of the images from the film are erotic in some manner, perhaps I will take a moment to expound on this. First, maybe it is important to mention that someone else doing a performance on self-mutilation and therapy might not refer to the erotic as

much as I did, or at all. This performance is happening through me. I cannot help but think of Bob Flanagan, described in the literature review, who is one performance artist that has been written about in both the literature on self-mutilation, as well as the texts on performance art. He was able to transform and live with his pain by eroticizing it. The person who has, at an early age, been deprived of adequate nurture, for whatever reason, needs to find a way to compensate for this, and tries to transform this lack and prevent themselves from falling into the void (the nurture, empathy, attunement would have provided a sense of a solid core of self, not an empty, fragmented one). There may be many ways to try to organize, fulfill and fill up, the void. The pain is twisted into a kind of pleasure, as a form of, or hope for, fulfillment. A way to find a core. The pain of the razor is better than no touch. The 'sadistic' act toward the self somehow serves to make one feel more whole.

In the performance piece, the erotic was a symbolic means to express and try to get underneath the behavior. There was symbolized the reaching for physical or emotional contact with another person, and with the self. It also was a metaphor for the expression of the pain of the rejected body and the body deprived. As for Flanagan, the eroticization of the pain is, in some respect, a way to learn to live with and tolerate pain, as opposed to suppressing it. There is a kind of "love relationship" with the pain, as also, touching the pain is a way to touch parts of the self. These parts/wounds have become tangible, living manifestations of the "lost love" and the "lost self", serving as a fleshly "transitional object" and as a "safe place" to direct the intensity of love and rage felt toward the (lost) other.

Also, the erotic is in my piece and work because of the notion that a person who self-harms has probably not been able to learn the experience of feeling good in her own skin. This may, as discussed above, come from an early “lack of holding” experience, and may result in the denial or incapacity to know how to receive the intimate contact of another, in a nourishing way. The (performer’s) experience of movement and interaction with film images, of, for example, a woman on a beach and in the woods, reaching for and receiving sensual pleasure, might be one way to mediate and dialogue with this “struggle” to feel and receive love and other pleasant bodily experiences. Choosing this film piece, and engaging with it, in the “body and mind” interaction of performance ritual, might be a way to learn to reach for one’s own experience of body, to feel contained, alive and comfortable in one’s skin.

Finally, performance art, also, has historically been a place to explore controversial, charged, and marginal “issues”. The erotic, along with the aggressive, “energies” can have a place here, so that they might be able to be more fully explored and integrated.

Space, part II: the borderland

The bathroom emerged as a second installation space during the creative process. This served both aesthetic and therapeutic purposes, the two being intertwined. The bathroom is a place where much self-mutilation takes place, in secrecy. The term “borderland” was inspired by terms used in both the literature on performance art and self-mutilation. Many people who are labeled with borderline personality disorder also self-harm, and Farber (2000), and Novick and Novick (1996) prefer to describe this person as operating in a “borderland” as opposed to being defined as “borderline” which

can serve to make them regarded as different and inferior to the normal person. The borderland is described as a place that, if a person or therapist is secure enough, can travel to and explore, in order to see the person's world through her/his eyes. There is the acknowledgement here, that we all have a borderland within, a "transitional space between unconscious and conscious ... the whirling chaos of primary process" out of which 'healthy' artists dip into in order to create" (Farber, xxv). The self-harmer, however does not dip, but plunges into the unconscious mind, to retrieve bits and pieces of cognitive and somatic memory, in the creation of various self-harming acts, that are meant to communicate to the other and to the self. But this act, unlike the more "artistic" creation, is considered to be causing more suffering. The borderland may be a place where he or she gets lost.

In performance art, the borderland is mentioned often. First, performance art is a form that crosses the borders of all of the art disciplines. Gomez-Pena (2004), writes of the borderland, in reference to the spaces that certain artists occupy, in part by choice, as referring to the (performance artist's) capacity to cross borders, as being "outside" and "inside". This imparts a sense of freedom. The borderland of performance art is described as a an imaginary zone where both artist and audience can assume multiple, ever-changing positions and identities, a place where the distances between "us and "them" and self and other, art and life, can become more malleable (Gomez-Pena, 2004). This borderland is a kind of transitional space in which the performance artist can swim and not drown.

In both self-mutilation and performance art, the body is seen as a kind of borderland as well. Contact is made through the living body in an attempt, also, to find a

way to speak and “touch” other living bodies. Contact is made with the touch on the skin, with the attempted communicative marks on the skin. The body is the borderland (in which contact is made) between the self and the other and between the disconnected, dissociated self and the internal world.

The bathroom as borderland in my piece was the place to go, where I imagine someone might go, to cut or burn herself, to express what cannot be expressed any other way. In this place of enactment toward the body, feelings emerge, conscious or not, as well as “undigested trauma” that “needs” to be expressed somewhere, somehow, as trauma needs to be repeated and discharged until it is resolved (Farber, 2000). I created this space during the process as a place to go when I needed to say and feel what I couldn’t allow or express anywhere else. When I needed to sense my voice and presence, to make contact. It was both a place of contact and a place of isolation. It could seem easy to “get lost” here, like a black hole that could suck one in to its disturbing chaos. I brought another film collage to “keep me company”. It is the repeating loop of the wounds being kissed and touched from the movie, “Crash” (Cronenberg, 1996). A character in the movie sees these sometimes, intentional car crashes, and subsequent markings on the body, some quite extreme, as a portal to a very vital and healing energy. These characters are able to be intimate through the contact with the wound though the hunger for this contact becomes increasingly life threatening. But, here, in this collage, there is only the touching and loving of the wounds, even as the bathroom symbolizes an enactment that can become more harmful as it continues. Still, it can be an attempt to get close to parts of the self and close to the “other”. Being able to watch this film, in the isolation of the bathroom/borderland, soothes and speaks to place I want to go. I imagine

this place, in the performance, and as an installation, as a place that I can invite others to visit with me. Bringing others to the borderland. Like a transitional space, it symbolizes a part of the internal world, as well as a potential self-harm scene, and in bringing others here it serves as an attempt at resolving the traumatic response. "Trauma has been defined as the experience of the sudden cessation of human interaction, or the experience of feeling ourselves to be utterly and completely alone" (Farber, 2000, p. 215). Bringing another person to this environment, that is itself a manifestation of pain and intolerable aloneness, as well as an attempt at contacting and comforting the self, allows 'me' to speak what needs to be spoken, over and over again, in order to reconnect and re-establish authentic human contact.

One note on rehearsal and repetition

As the space, objects, and film collages were set up in relation to each other, the rehearsal/repetition felt like a kind of ritual. Each time, each new re-embodiment of the scene, evoked more possibility and more depth, allowing me to feel more present and alive in my skin. In this repetition, there was a kind of searching, a searching for the root and core of myself (as myself and as a "self-mutilator"); a searching for my body and for another; a searching for a voice. This caused me reflect on the repetitions involved in the behavior of self-mutilation, and what it may mean for each person. It may be a comfort, to have this ritualized behavior, and particular relationship with one's body to return to when life is unbearable. It may be a re-enactment of a relationship of pain, and reconnecting with this pain may also be a way to reconnect with the love. As mentioned above, the self-harm may need to be repeated until the trauma or struggle is resolved and

may be an attempt to try to resolve it. Each enactment upon the body may, for some, transform the pain into communication.

In my creative process, I wondered about how to transform the repetitive gestures involved with self-mutilation into repetitive movements and gestures that could also soothe and communicate to the self. Repetitive movements to which one could return, when feeling lost and overwhelmed. In my process and performance, as stated in above section on the body, I noticed movements and postures that I had a tendency to repeat. These served as a ground to my performance piece, comforting and strengthening me, as well as my capacity to be present in my body and with others.

Performance

Beginning on the ground, pushing, finding a rhythm to contain and support as images continually fill the screen, women swimming, reaching, dancing, storms; a man's intense gaze. I ask him to look at me. His lack of looking corresponds to some lack within myself and in my life. In time, I use the rope that is attached to the column I was facing to pull myself up. Pushing and Pulling. More painful images on the screen such as the ones mentioned above, along with a woman in a dance club, watching, outside of the rhythm, wanting to join, then rejecting those that reach for her.

How to describe the performance? It is my body, in front of a wall-size canvas screen that is constantly projecting images from the film collage, some of which I have described. This body, pushing and pulling at the rope tied up to the column, reaching to try to touch or scratch images and bodies on the screen, talking to them a little, mirroring them a little. The images articulate increasing rejection and alienation. The column to which the rope is attached has become an impassive and cold "other". The rope is

thrown across the floor. It is now a kind of tightrope, over an apparant abyss. The other cannot hold, is not there, there is too much of a sense of loss. Keeping focus on the rope and my breath, look to the audience who is perceived as another hostile and critical other. At end of rope, falling to find the mirror and the razor. They, as the other objects, exist in a kind of pairing, another relationship. See self in the mirror, use razor/pen to mark myself, a mark that I can see, touch, kiss, and I do. Some kind of real contact. And the voice, the voice is found once the razor is held. I speak to the razor, to this character that will penetrate and touch my core as no person has, wishing the razor was a person.

Next, I take one person by the hand into the “bathroom installation” I have entitled the borderland, as the others continue to watch the collage of films. The borderland, in the bathroom, a scene of potential self-harming, an intimate space, a space for what cannot be said or lived in the world, with anyone else, a paradoxical place of connection with parts of the self and an intolerable lonely place, as the rest of the performance space might be. To bring another into this space, to have a conversation with one other, to sit and breathe and watch another smaller collage, of wounds on the abdomen, thighs, chin, and to watch the other touch and kiss and be close to these wounds. A space in which to be close to the wounds, to love them, to even eroticize them in the attempt to make a relationship with them and transform them. In this intimate space, the others who enter become more real and accessible, and I become more accessible to them as well, is what they say.

The conclusion: I take the rope and ask another person to hold one end as I stand in between the audience and the film, this representation of the internal (film) and this representation of the external (the audience). I am asking them to hold one end of the

rope as I have asked them to enter a part of “my” world so that I can stay attached to myself and to my community. I am reflecting on the generally solitary act of self-mutilation as a way to ‘hold on’, to survive, and stay connected. I am wondering about how performance art, an act that is performed to at least one flesh and blood other can serve as another way to hold on and connect.

CONCLUSION

This paper articulates some core links between the acts of self-mutilation and performance art in order to construct a new/transformational therapeutic approach. Basically, they both centralize the body as the primary site of creation and metaphor, contained within a specific and meaningful environment, in order to perform ritualized acts that seek to confront and transform destructive images and feelings. This type of ritual enactment may be consciously, or unconsciously, “a form of healing that goes right into the heart of the problem” (McNiff, 1988, p. 221). Both self-mutilation and performance art are methods of making direct contact with the live body in order to contact other parts of the self and/or other people. The therapeutic use of performance art may support the client’s need to create a safe space in which to express and work through the struggles manifested through the self-mutilating act. For a person who may be alienated, it also facilitates the creation of a transitional space that can serve as a bridge that can aid her in communicating and building relationships with others. Both acts of self-mutilation and performance art seek to create a space in which to heal and revitalize the connection to both self and other, sometimes through the means of risk and shock. Performance art has been suggested here as an outlet that can align with some of the self-

harmer's urges as well as providing a manner in which she can discover and create alternatives to the act of self-mutilation.

According to McNiff (1993) and Landy (1993), the experience of making art is essential if one is to develop her own capacities as a therapist to use the arts as a primary method of healing. Using only myself, and my own subjectivity in this project is both a weakness and a strength. It is a weakness, empirically, because I am not testing this method with others. That can be a next step. However, the strength is that I found this "performance art approach" to be healing and strengthening for myself, while in the process of finding my ground and voice as a drama therapist. This project has served to connect me with my own voice and groundedness, and has helped me create a transitional space for myself. This process has informed my learning how to work creatively with clients, and to understand and transform the material I receive from my clients. The works of both McNiff (1988) and Boegel (1988) encourage this approach to transformative therapy, by suggesting that the use of performance art as therapy can enrich the field of the arts therapies, and that in order to achieve this, the therapist must "begin within the studio and laboratory of the self, where there is full consent" (McNiff, 1988, p. 220).

This performance art process and piece was a way to come into closer contact with feelings and thoughts inspired by the theoretical writings and clinical experience. The project afforded a firsthand experience with the mediating/transitional space made possible by the performance art process. In addition, the use of mediating/transitional objects facilitated the expression and exploration of deeply challenging feelings and thoughts. This projection onto objects and mediums external to the self gave access to

more feeling as well as provided increasing capacity to differentiate and articulate. In sum, the performance art environment furnished a zone in which to 'live with' and understand difficult states.

The concern with use of space in performance art was an essential element in this exploration of a new therapeutic approach. The creation of a safe and containing environment served to honor the notion that a person who self-harms may be attempting to forge and inhabit a "safe" space in which she can be soothed, and can better differentiate and communicate the issues and themes in a less harmful way than the act of self-mutilation. The performance art frame, of using and inhabiting every piece of the environment in order to create an actual physical space for the performer and audience to enter, may support a client in forging an alternative outlet for the urges that are expressed through self-harm. The needs to sense one's skin, define boundaries, and take control over overwhelming feelings and experiences can be projected onto the shaping of the form and content of the performance art piece. The process can support the client's search to find other ways of holding herself, through the physical construction. As she works to shape and find environments in which she can feel more contained, and in which she can move between, inside, and out, she can learn to honor and sense her own body boundaries as well. The use of performance art as an installation piece also can allow for more texture in conveying meaning, and can enrich the sense of space and possibility. Interaction with the audience can occur in a variety of ways, and can include both the verbal and non-verbal physical presence and expression. For example, interaction from a distance can be attained by performing in front of an audience as on a kind of stage, or interaction can take place one on one, creating a more intimate external

space, internal place, and mutual encounter. This flexibility and opportunity to use a more intimate method, opens up possibilities for both performer and audience that would not occur if the performance was solely set in a more traditional theatrical manner, or if the environment of the installation did not have a performer inside of it, as in an art exhibit. By inhabiting the installation of her making, the performer can have a choice in how she expresses herself, and engages with the material and the audience. As a therapeutic tool, these possibilities facilitate the capacity to have control and feel safe in order to also take risks and explore. For a client to be able to ask herself how, and in what way she will want to be seen, or in what manner she would like the spectators to take part in her performance, may allow her to feel more safe, empowered, and connected to self and/or to others, all critical aspects of the therapeutic process.

The collage-like nature of performance art was another influence in my choice to use it as a potential therapeutic method. Being able to incorporate various objects, texts, and aesthetic mediums, with the use of the space as installation, and engagement of the body, are ingredients that combine to make each work an original one. It encourages an environment of play that opens up new possibilities. Particularly, as many who self-harm are adolescents, the exploration of and search for authentic identity is paramount. This form facilitates the exploration and articulation of identity, in its open-ended relationship to both form and content. The element of collage, in its blending of objects, texts, and mediums to create a unique whole also can be an outlet for the self-mutilator's urge for organization, transformation, and healing of the fractured parts and experiences of the self. The emphasis on using fragments to make a whole may be containing for the various splits occurring within the client's schema. Performance art's inclusion of both body and

mind, and its focus on the intersubjectivity of the body in relationship, may encourage a client to develop and transform her interaction between the conflicting parts of the self that get enacted through the self-harm. Her relationship to herself as victim and aggressor, object and subject, as well as her associations of love with violence/pain can become revealed and “played with” as she moves through the different pieces and mediums of her performance.

The use of multiple and meaningful objects and other mediums (such as writing), can encourage projection and expression of these, and other parts of the self. The symbolism of the objects can hold paradoxical meanings, allowing for deeper exploration. Symbolizing the experience of the self-mutilator may also assist in her being able to communicate it, both to herself and to others. By interacting with the objects in a bodily manner, she is both able to symbolize as well as make contact with the tangible texture of her flesh, an experience that may be important and satisfying for the self-mutilator in her urge to express and to connect to her body. The object can be used to help her to externalize, articulate, and differentiate strong feelings as much as it can allow her to encounter and express them. By creating an opportunity in which she has, during the creative process, developed different layers of experience with the objects (through such activities as writing, movement, improvisation and visualization), she can be assisted to perceive and explore different levels of her experience. Being able to include these layers in a performance piece, in an environment of her own construction, can offer a client the sense of having a total experience, more than if she had drawn a picture, or shared a piece of writing about the objects and its meanings. For a person who may be

struggling with contradictory urges and a fractured sense of self, this multiple layered form could be appropriate and containing.

A premise of this study is that the body, and its wounds and scars are being “used” as a transitional object, on which to project needs and urges that a person is unable to express toward another person. This body and its wounds are more reliable objects than the other person, who is the source of pain. The wounded person can both hold and be comforted by her body/wounds as she attempts to express, define, and separate herself from the original and subsequent love objects. This has been discussed here particularly when there has been traumatic experience of loss and violation, and the enactments on the body are viewed as unconscious attempts to reenact the trauma, in order to love, heal, feel safe, etc. The use of projection with the subsequent exploration of external objects can illuminate these conflicts and function as a more “positive” outlet in which to both meet the needs expressed through the self-harm, and to further the resolution of the underlying conflicts.

As in the art therapy approach to self-mutilation, the objects can be used to externalize and work through troubling and core conflicts such as love and violence, or the sadistic and masochistic treatment of the self/body. However, the performance art approach (if used sensitively) can add another layer to this experience by including the body in a dialogue with the objects. As much as the objects can be a kind of mirror for the internalized world of the client, her body can then respond and re-integrate what she is discovering (about her body and self) through the projection. Also, by relating to the external objects as the “other” who reflects and speaks to her, she is supported in being able to perceive and communicate these parts to both herself and to others. This can help

her to integrate and transform troubling feelings, such as isolation and shame, as well as address the disconnection from herself, her body, and other persons, that may plague a person who harms her body. The transitional space and objects of the performance art process can serve as a bridge, connecting her to her internal world, while also allowing her to communicate and connect with other people.

As mentioned above, the connection and engagement with the body in performance art and drama therapy are part of what sets this approach apart from the verbal or art therapies. The use of this method may be satisfying, as it is congruent with the self-mutilator's tendency to use the body to express herself. By facilitating awareness of the body as it inhabits the environment of the piece, and interacts with the chosen materials, the person who is compelled toward cutting or burning her body may be offered another outlet in which to sense, express, and see herself and her body. Her creation of a performance art environment in which she can interact with her physicality can encourage the client to explore her choices in how she perceives and relates with her body.

As a another transitional object, the performance art piece can be documented to further the client's creative and therapeutic work. The performance can be videotaped and put onto a DVD format, which can then be viewed in a manner she can manipulate. For example, a DVD can be viewed in very slow motion, allowing the client to see the self in a manner not possible during the performance. In slow motion, the client can be further supported in witnessing and reflecting on nuances and ranges of expressions, movements, as well as relationships with both the objects of the piece and the audience. This could be a potentially healing avenue for a person who is disconnected from the

body and from the self. It could serve as a possible mirroring tool, feeding herself back to herself, thereby allowing her to see and 'own' various parts of herself. As a transitional object, the DVD can continue to communicate the client's experience both to the self and to others.

To conclude, there has been little research in the field of drama therapy with persons who self-mutilate. There has been extensive work and research conducted by psychiatrists, psychotherapists, and fewer art therapists who support the notion that the self-harmer is one who uses her body to express and soothe herself, and who has an affinity for dramatic and ritualized action. The body and its wounds are concrete expressions and attempts to communicate the pain and fragmentation of the inner world, expressions that often remain unheard or misunderstood. A performance art frame, with its focus on the experience and expression of the body, as well as its emphasis on constructing environments that can contain and support this body, in its urge for connection and transformation, is considered here as a potentially satisfying and effective outlet and therapeutic approach for persons who self-mutilate.

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