The Thin Red Line

Jennifer Egan

Jennifer Egan wrote "The Thin Red Line" as a case study about the epidemic of self-mutilation among teenage girls. *The New York Times Magazine* published this essay in 1997. As you read this essay, consider why Jill McArdle resorted to self-mutilation and how she came to define herself through this harmful activity and her path to recovery.

—Jessica Isaacs

One Saturday night in January, Jill McArdle went to a party some distance from her home in West Beverly, a fiercely Irish enclave on Chicago's South Side. She was anxious before setting out; she'd been having a hard time in social situations—parties, especially. At 5 feet 10 inches with long blond hair, green eyes and an underbite that often makes her look as if she's half-smiling, Jill cuts an imposing figure for 16; she is the sort of girl boys notice instantly and are sometimes afraid of. And the fear is mutual, despite her air of confidence.

Jill's troubles begin with her own desire to make everyone happy, a guiding principle that yields mixed results in the flirtatious, beer-swilling atmosphere of teen-age parties. "I feel I have to be all cute and sexy for these boys," she says. "And the next morning when I realize what a fool I looked like, it's the worst feeling ever. . . . 'Oh God, what did I do? Was I flirting with that boy? Is his girlfriend in school tomorrow going to give me a hard time? Are they all going to hate me?'"

Watching Jill in action, you would never guess she was prone to this sort of self-scrutiny. Winner of her cheerleading squad's coveted Spirit Award last year, she is part of a Catholic-school crowd consisting mostly of fellow cheerleaders and the male athletes they cheer for, clean-cut kids who congregate in basement rec rooms of spare, working-class houses where hockey sticks hang on the walls and a fish tank sometimes bubbles in one corner. Jill is a popular, even dominating presence at these parties; once she introduced a series of guys to me with the phrase, "This is my boy," her arm slung across the shoulders of some shy youth in a baseball cap, usually shorter than she, whose name invariably seemed to be Kevin or Patrick.

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But in truth, the pressures of adolescence have wreaked extraordinary havoc in Jill's life. "Around my house there's this park, and there used to be like a hundred kids hanging out up there," she says, recalling her first year in high school, two years ago. "And the boys would say stuff to me that was so disgusting . . . perverted stuff, and I'd just be so embarrassed. But the older girls assumed that I was a slut. . . . They'd give me dirty looks in school." Blaming herself for having somehow provoked these reactions, Jill began to feel ashamed and isolated. Her unease spiraled into panic in the spring of that year, when a boy she'd trusted began spreading lies about her. "He goes and tells all of his friends that I did all this sexual stuff with him, and I was just blown away. It made me feel dirty, like I was absolutely nothing."

5 Jill, then 14, found herself moved to do something she had never done before. "I was in the bathroom going completely crazy, just bawling my eyes out, and I think my mom was wallpapering—there was a wallpaper cutter there. I had so much anxiety, I couldn't concentrate on anything until I somehow let that out, and not being able to let it out in words. I took the razor and started cutting my leg and I got excited about seeing my blood. It felt good to see the blood coming out, like that was my other pain leaving, too. It felt right and it felt good for me to let it out that way.

Jill had made a galvanizing discovery: cutting herself could temporarily ease her emotional distress. It became a habit. Once, she left school early, sat in an alley and carved "Life Sucks" into her leg with the point of a compass. Eventually, her friends got wind of her behavior and told her parents, who were frightened and mystified. They took Jill to Children's Memorial Hospital, where she was treated for depression and put on Prozac, which she took for a few months until she felt better. By last summer she was cutting again in secret and also burning—mostly her upper thighs, where her mother, who by now was anxiously monitoring Jill's behavior, wouldn't see the cuts if she emerged from the family bathroom in a towel. Last summer, Jill wore boxers over her bathing suit even to swim. By January, her state was so precarious that one bad night would have the power to devastate her.

No one recognized Jill's behavior as self-mutilation, as it is clinically known (other names include self-injury, self-harm, self-abuse and the misnomer delicate self-cutting), a disorder that is not new but, because it is finally being properly identified and better understood, is suddenly getting attention. Princess Diana shocked people by admitting that she cut herself during her unhappy marriage. Johnny Depp has publicly revealed that his arms bear scars from self-inflicted wounds. The plot of "Female Perversions," a recent movie that fictionalized the book of the same name by Louise Kaplan, a psychiatrist, hinges on the discovery of a young girl cutting herself. And Steven Levenkron, a psychotherapist who wrote a best-selling novel in the 1970's about an anorexic, recently published "The Luckiest Girl in the World," about a teen-age self-injurer.

"I'm afraid, here we go again," Levenkron says, likening the prevalence of self-injury to that of anorexia. "Self-injury is probably a bit epidemic." Dr. Armando Favazza, a professor of psychiatry at the University of Missouri-Columbia medical school, estimates the number of sufferers at 750 per 100,000 Americans, or close to two million, but suggests that the actual figure may be higher.

Long dismissed by the psychiatric community as merely a symptom of other disorders—notably borderline personality disorder—self-mutilation is generating new interest as a subject of study. Dr. Barbara Stanley of the New York State Psychiatric Institute explains: "Some of us said, maybe we shouldn't be focusing so much on diagnostic studies. . . . Maybe this behavior means something unto itself."

10 Indeed it does. Favazza, whose book "Bodies Under Siege" was the first to comprehensively explore self-mutilation, defines it as "the direct, deliberate destruction or alteration of one's own body tissue without conscious suicidal intent." His numbers apply to what he calls "moderate/superficial self-mutilation" like Jill's, rather than involuntary acts like the head banging of autistic or retarded people, or "coarse" self-mutilations like the eye enucleations and self-castrations that are occasionally performed by psychotics. Moderate self-mutilation can include cutting, burning, plucking hairs from the head and body (known as trichotillomania), bone breaking, head banging, needle poking, skin scratching or rubbing glass into the skin.

The fact that awareness of self-mutilation is growing at a time when tattooing, piercing, scarification and branding are on the rise has not been lost on researchers. While experts disagree on the relationship between the behaviors, the increasing popularity of body modification among teenagers, coupled with the two million people injuring in secret, begins to make us look like a nation obsessed with cutting. Marilee Strong, who interviewed nearly 100 injurers for her book, "A Bright Red Scream," to be published in 1998, calls it "the addiction of the 90's."

On that Saturday night in January, despite Jill's anxious resolutions, things at the party ultimately went awry. "It was really late," she says, "and I was supposed to stay at my best friend's house, but she left and I didn't go with her. I was drunk, and it was me down there in the basement with all these boys. . . . I'd walk by and they'd grab my butt or something, so I sat on a chair in the corner. And they tipped the chair over and made me fall off of it."

Realizing she was in a situation she would punish herself for later, Jill went upstairs and tried in vain to get a friend to leave the party with her. She had nowhere to stay—no way to get home without calling her parents—so she ended up at the home of her friend's brother, who was in his 20's and lived near the party. This proved to be another mistake. "I wake up there the next morning, and these guys were basically dirty 20-year-olds," she says, "and they tell me: 'You want a job living here with us? We'll pay you a hundred bucks if you strip for us once a week.' . . . I was just like: 'I have to go home! I have to go home!'"

But by now, a cycle of shame and self-blame was already in motion. On finally arriving at the two-story brick house where she lives with her parents and brothers (one older, one younger), Jill learned that she was being grounded for not having called home the night before. Her bedroom, right off the kitchen, is a small, makeshift room with accordion doors that do not seal off the noise from the rest of the house. "All Sunday I just slept and slept, and I was just so depressed, so disgusted with myself. . . . I felt like the dirtiest thing ever because of everything that had happened the night before."

15 For all her popularity, Jill felt too fragile that morning to ask her friends for reassurance. "I feel really inferior to them, like they're so much better at everything

than me," she says of the other cheerleaders. "I feel like I have to be the pleaser, and I can never do anything wrong. When I fail to make other people happy, I get so angry with myself."

That Sunday, no one was happy with Jill: her parents, the friend whose house she hadn't slept at and, in her fearful imagination, countless older girls who by now had heard of her sloppy conduct at the party and were waiting to pounce. "Monday morning came and I was scared to death to have to go to school and see people," she says. "I started cutting myself. First I used a knife—I was in the bathroom doing it and then I told my mom because I was scared. She was like, 'Why the hell are you doing this? You're going to give me and your father a heart attack.' . . . She took the knife away. So then I took a candle holder and went outside and cracked it against the ground and took a piece of glass and started cutting myself with that, and then I took fingernail clippers and was trying to dig at my skin and like pull it off, but it didn't help anymore, it wasn't working. . . . That night, I was like, 'My mom is so mad at me, she doesn't even care that I was doing this,' so that's when I took all the aspirin."

Jill isn't sure how many aspirin she took, but estimates it was around 30. "That night was like the scariest night in my life," she says. "I was puking and sweating and had ringing in my ears and I couldn't focus on anything." Still, she slept through a second day before telling her parents what was really ailing her. They rushed her to a hospital, where she wound up in intensive care for three days with arrhythmia while IV's flushed out her system, and she was lucky not to have permanently damaged her liver.

"That was very shocking, to think that she was going through so much pain without us being aware of it," says her father, Jim McArdle, a ruddy-faced police lieutenant with a soft voice, who chooses his words carefully. "There's a ton of denial," he admits. "It's like: 'It happened once, it's never going to happen again. It happened twice, it's not going to happen three times.' The third time you're like. . . ." He trails off helplessly.

Self-injury rarely stops after two or three incidents. According to the only large-scale survey ever taken of self-injurers (240 American females), in 1989, the average practitioner begins at 14—as Jill did—and continues injuring, often with increasing severity into her late 20's. Generally white, she is also likely to suffer from other compulsive disorders like bulimia or alcoholism. Dr. Jan Hart, who surveyed 87 high-functioning self-injurers for her 1996 doctoral dissertation at U.C.L.A., found their most common professions to be teacher and nurse, followed by manager.

20 The notion of teachers, nurses and high-school students like Jill seeking out ways to hurt themselves in a culture where the avoidance of pain and discomfort is a virtual obsession may seem paradoxical. But it isn't. People harm themselves because it makes them feel better: they use physical pain to obfuscate a deeper, more intolerable psychic pain associated with feelings of anger, sadness or abandonment. Often, the injury is used to relieve the pressure or hysteria these emotions can cause, as it did for Jill; it can also jolt people out of states of numbness and emptiness—it can make them feel alive.

These mood-regulating effects, along with a certain addictive quality (over time, the injurer usually must hurt herself more frequently and more violently to achieve

the same degree of relief), have prompted many clinicians to speculate that cutting, for example, releases the body's own opiates, known as beta-endorphins. According to Lisa Cross, a New Haven psychotherapist who has treated self-injurers, patients have for centuries described the sensation of being bled in the same terms of relief and release as she hears from self-injurers. And people who have been professionally scarred or pierced sometimes describe feeling high from the experience.

Women seeking treatment for self-injury far outnumber men. There are many speculations as to why this might be, the most common of which is that women are more likely to turn their anger inward. Dusty Miller, author of "Women Who Hurt Themselves," believes that self-injury reflects a culturally sanctioned antagonism between women and their bodies: "Our bodies are always too fat, our breasts are too small. . . . The body becomes the object of our own violence."

But the fact that few men are treated for self-injury doesn't mean they aren't hurting themselves, too. Among adolescent injurers, the ratio of boys to girls is near equal, and cutting is rampant among both male and female prisoners. Self-Mutilators Anonymous, a New York support group, was initiated 11 years ago by two men, one of whom, Sheldon Goldberg, 59, gouged his face with cuticle scissors, "deep digging" to remove ingrown hairs. "I would have so many bandages on my face from cutting that I would sit on the subway all dressed up to go to work," says Goldberg, a former advertising art director, "and people would look at me and I would realize a wound had opened up and I was bleeding all over my shirt." Now, five reconstructive operations later, the lower half of Goldberg's face is solid scar tissue. "But men can get away with it," he says. "When people ask me what happened, I say: 'I was in the war. I was in a fire.' Men can use all the macho stuff."

It's February, and a frigid midwestern wind thumps at the windows of Keepataw Lodge at the Rock Creek Center, a general psychiatric institution in Lemont, Ill. It is the home of the SAFE (Self-Abuse Finally Ends) Alternatives Program, the nation's only in-patient treatment center for self-injurers, started in 1985. Jill, in jeans, hiking boots and a Pucci-style shirt, lounges on an upholstered banquette in the lodge's skylighted atrium. She has been here 10 days, spending her mornings in the hospital's adolescent program completing assignments her school has faxed in, dividing her afternoons between individual and group therapy.

25 She's ebullient—partly from sheer relief at being surrounded by people with her same problem. "It's really weird how many people in the group have my same kind of thinking," she says, repeatedly removing and replacing a pen cap with hands scarred by cigarette-lighter burns. "How they grew up feeling like they didn't deserve to feel their feelings, like they had to keep people happy. . . . I don't even know who I am anymore, because everything I do depends on what other people want."

Her cheerleading friends have visited, bearing get-well cards and magazines, but Jill finds playing hostess on the grounds of a mental hospital a tall order. "I'd make up things like, 'Oh, I have a group in 10 minutes, so you guys better leave,' because I couldn't take it to have them sitting there and me not knowing how to make them happy in such a weird environment," she says.

Her parents arrive to meet with her doctor and then take Jill home after her group therapy; for insurance reasons, she must continue the 30-day SAFE program

from home as an outpatient. (Blue Cross refused to cover her hospitalization costs before SAFE because her problem was "self-inflicted"; the family is appealing.) Jim and Nancy McArdle are warm, open people who seem a little shellshocked by their sudden immersion in the mental-health system. Jim, who in happier times likes to kid and joke, sits tentatively at a table with his hands folded. Jill is the most animated of the three. "I'll just turn it off, like I never even knew what that was," she says of the behavior that landed her in the hospital only three weeks ago. An anxious glance from her mother, an attractive woman with reddish brown hair who works as a respiratory therapist, gives Jill pause. "Last time we thought it was going to be fine too," she reflects. "But then eventually it just all fell back even worse than it was before. It's scary to think about. I don't want to spend my life in hospitals."

This is a reasonable fear. Most of Jill's fellow patients at SAFE are women in their late 20's and early 30's, many of whom have been hospitalized repeatedly since their teen-age years, some of whom have children. (SAFE accepts men but its clientele is 99 percent female.) In free moments during the program's highly structured day, many of these patients can be found on the outdoor smoking deck, perched on white lawn chairs under an overhead heating lamp beside a thicket of spiky trees. (Unlike many psychiatric wards, SAFE does not lock its doors.) The deck's cynosure is a white plastic bucket clogged with what look to be thousands of cigarette butts; even when the deck is empty of smokers, the air reeks.

"Hi! What's your diagnosis?" Jane C., a Southerner in her early 30's, cheerfully queries a patient who has just arrived. "Bipolar? Me, too! Although that can mean a lot of different things. What're your symptoms?" Jane, who insisted her last name not be used, is one of those people who can't bear to see anyone left out. She has olive skin, an animated, birdlike face and wide, dark eyes like those in Byzantine paintings. She smiles even while she's talking.

30 The patient bums a cigarette from her, and Jane lights it. "Cheers," she says, and the two women touch cigarettes as if they were wine glasses.

Jane once made a list called Reasons for Cutting, and the reasons numbered more than 30. But the word she uses most often is power. Like many self-injurers (65 percent according to the 1989 survey; some believe it is much higher). Jane reports a history of sexual abuse that began when she was 7. Shortly thereafter, she raked a hairbrush across her face. By age 10, she was in her parents' bathroom making her own discovery of the razor blade. "I cut right in the fold of a finger," she says. "It was so sharp and so smooth and so well hidden, and yet there was some sense of empowerment. If somebody else is hurting me or making me bleed, then I take that instrument away and I make me bleed. It says: 'You can't hurt me anymore. I'm in charge of that.'"

Sometimes Jane pounds her head repeatedly against a wall. "When my head's spinning, when I'm near hysteria, it's like a slap in the face," she says. "I've had multitudes of concussions—it's amazing I have any sense at all." It is virtually impossible to imagine this polished, friendly young woman doing any of these things. Much like Jill, Jane, herself a former cheerleader, masks her vulnerabilities with an assertive and jovial persona. "She's created this face to the world that's totally in control when there's really chaos going on underneath," says Dr. Wendy Friedman Lader, SAFE's clinical director. "There's something very adaptive about that, but it's a surreal kind

of existence." Even Jane's many scars are well hidden, thanks to what she calls her "scar-erasing technique," which sounds something like dermabrasion.

Like many victims of early trauma, Jane is plagued by episodes of dissociation, when she feels numb or dead or separate from her body. Cross, the New Haven psychotherapist, explains the genesis of dissociation this way: "When you are abused, the natural thing to do is to take yourself out of your body. Your body becomes the bad part of you that's being punished, and you, the intact, positive part, are far away." But what begins as a crucial self-protective device can become an inadvertent response to any kind of stress or fear. "There have been times when I don't even feel like I'm alive," Jane says. "I'll do something to feel—anything. And that's usually cutting. Just seeing blood. . . . I don't know why."

At SAFE, Jane C. is often in the company of Jamie Matthews, 20, a quiet, watchful young woman with pale skin and long brown hair who seems to bask in her friend's overabundant energy. Cutting herself, Jamie says, is a way of coping with her rage. "I would get so angry and upset and so tense, so all I could think about was the physical pain, doing it harder and doing it more. And then afterwards it was a relief . . . sometimes I would sleep."

35 As a student at a small college in upstate New York, Jamie lived in a dormitory, so privacy was a major preoccupation. "I would lie in bed at school—that was the best place for me to do it because if my roommate walked in, she would think I was sleeping—and I would lay on my back with the knife underneath me, and then pull it out the side, across my back." Jamie already completed the SAFE program once, last summer, but relapsed back at school. The last time she injured herself, she says, was when it felt best. "It was actually pleasureful. It gave me chills; it was that kind of feeling. I sat there smiling, watching myself bleed." Descriptions like these, along with the intimate rituals that accompany some people's injuring—candles, incense, special instruments—have led some clinicians to compare self-injury to masturbation.

Jamie's self-injury has caused her a multitude of problems, yet there is almost a tenderness in her voice when she speaks of her self-harming acts. "It's all mine," she says. "It's nothing that anybody can experience with me or take from me. I guess it's like my little secret. I've got physical scars. . . . It shows that my life isn't easy. I can look at different scars and think, yeah, I know when that happened, so it tells a story. I'm afraid of them fading."

Self-injury can appear, at first, to be a viable coping mechanism; the wounds are superficial, no one else is getting hurt and the injurer feels in control of her life. But what begins as an occasional shallow cut can progress to sliced veins and repeated visits to the emergency room. As with any compulsion, the struggle to resist one's urges can eclipse all other thoughts and interests, and despair over the inability to control the behavior can even lead to suicide attempts. "It's like a cancer," says Cross. "It just seems to start eating into more and more of your life."

Jane C. managed to hide her problems for many years. She was married and had a successful career as a sales executive at a medical-supply company, whose wares she frequently used to suture and bandage her self-inflicted wounds. Eventually, despite her vigilant secrecy, Jane got caught—her mother appeared at her house unexpectedly and found her in the bathroom, drenched in blood. Weakened by her

emotional turmoil and a severe eating disorder, Jane ultimately almost passed out on the highway while driving home from a sales call, and finally left her job three and a half years ago. "I went on disability, which was really hard on my pride," she says. "I've never not worked in my whole life."

Jane C.'s discovery by her mother is a fairly routine step in the life cycle of self-injury—for all the secrecy surrounding it, it is finally a graphic nonverbal message. "I think that there's a wish implicit in the injury that someone else will notice and ask about it," says Christine Sterkel, a psychologist with SAFE. This was clearly true in Jill's case; after burning her hands, she covered the wounds with band-aids until Christmas morning, then appeared before her family without them. "In the park, she cracked a bottle and cut both her wrists," a friend of Jill's told me. "Everyone gathered around her, and I think that's what she wanted. She was crying and I'd be hugging her and stuff and then she'd raise her head and be laughing."

40 Later in the afternoon, Jill, Jane C., Jamie and the other SAFE patients settle on couches and chairs for one of the many focused group therapy sessions they participate in throughout the week. Patients must sign a "no-harm contract" before entering the program; group therapy is a forum for grappling with the flood of feelings they would normally be numbing through self-injury. It is not, as I had envisioned, an occasion for trading gruesome tales of the injuring itself. Karen Conterio, SAFE's founder, has treated thousands of patients and rejects the public confessional that is a staple of 12-step programs. "Self-mutilation is a behavior, it's not an identity," she says, and encourages patients to save their war stories for individual therapy.

Beyond that caveat, Conterio, 39, a lithe, athletic woman with short blond hair, lets her patients set the agenda. Today, Jill and the others discuss their feelings of shame—shame they repressed by injuring, shame over the injuring itself. At emergency rooms, their wounds were often mistaken for suicide attempts, which in most states requires that a patient be locked up in a psychiatric ward, often in physical restraints.

Later, in a small office adorned with mementos given to her by former patients—a knit blanket, a papier-mâché mask—Conterio tells me that she's less concerned with guiding patients toward a specific cause for their self-injury than with helping them learn to tolerate their feelings and express them verbally—in other words, begin functioning as adults. Still, revisiting one's past is a key step in this process. As Maureen Ford, a psychologist at SAFE, puts it: "Self-injury is a kind of violence. So how is it that violence has entered their life in some way previously?"

In Jill McArdle's case, the answer isn't obvious. She is part of an intact, supportive family; as far as she knows, she has never been sexually abused. But there were problems. Jill's brother, a year older than she, was born with health troubles that cost him one kidney and left him only partial use of the other. Today he is well, but, Nancy McArdle says: "It was three, four years of just not knowing from one day to the next how he was going to do, in the hospital all the time. . . . Jill picked up on it right away and tried to make everything easy on us where she was concerned." (Jamie Matthews also grew up with a chronically ill sibling.) Beyond worrying constantly about her ill son, Nancy McArdle, whose own childhood was marked by alcoholism in her family, admits to feeling a general sense of impending catastrophe while her children were young. "I wouldn't drive on expressways—I'd take a different route," she says. "If I saw a storm coming, I'd think it was a tornado." Giggling

at the memory, Jill says: "She'd make us all go into the basement with pillows and blankets. I've been petrified of storms ever since then."

Nancy McArdle has since been given a diagnosis of obsessive-compulsive disorder and is on Prozac, and she and Jill can now laugh about those old fears. But it's easy to see how Jill, as a child with a terrified mother, a chronically ill sibling and a father who kept a certain distance from the emotional upheavals in the household, might have felt isolated and imperiled. She quickly developed an unusual tolerance for pain. "I'd fall and I'd never cry. . . . I never felt any pain, really. It was there, but I pushed it back." Triumphing over physical pain was something she could excel at—distinguishing herself from her physically weak older brother, while at the same time reassuring her mother that she, anyway, would always be strong.

45 This mix of toughness and a hypervigilant desire to please is still the engine of Jill's social persona, which mingles easy affection with an opacity that seals off her real thoughts. "She never tells anybody how she feels—ever," Nancy McArdle says. Jill agrees: "I turn it all inside. I just think I have to help myself, it all has to be up to me."

But paradoxically, the child who feels that she must be completely self-sufficient, that no one can help her or that she doesn't deserve help is uniquely ill equipped for the independence she seeks. Terrified to express emotions like sadness or rage for fear of driving everyone away from her, such a person becomes more easily overwhelmed by those feelings and turns them on herself. "I and my razors and my pieces of glass and the pins and the needles are the only things I can trust to bring relief," paraphrases Dr. Kaplan, author of "Female Perversions." "These are their care givers. These have the power to soothe and bring relief of the tension building up inside. . . . They don't expect the environment to hold them." Tending to their own wounds, which many injurers do solicitously, is the final part of the experience. In a sense, self-injury becomes a perverse ritual of self-caretaking in which the injurer assumes all roles of an abusive relationship: the abuser, the victim and the comforting presence who soothes her afterward.

In someone like Jane C., whose childhood was severely traumatic, physiology may be partly to blame; trauma can cause lasting neurological changes, especially if it occurs while the central nervous system is still developing. Dr. Bessel van der Kolk, a professor of psychiatry at Boston University who specializes in trauma, explains: "The shock absorbers of the brain are shot. If everything is running smoothly, if it crawls along just fine—as it does in nobody's life—you're fine. But the moment you get hurt, jealous, upset, fall in love, fall out of love, your reaction becomes much stronger."

It is for this reason, many people believe, that self-injury begins during adolescence. "They go through early childhood developing very poor capacities to deal with states of internal disruption," says Dr. Karen Latza, a Chicago psychologist who does diagnostic work for SAFE. "I can't think of a single thing that involves more internal upheaval than the adolescent years. The changes that come with their menstrual cycles or with sexual arousal engender panic in the young self injurer."

Jill fits such a model: for all her popularity, she steers clear of romance out of an apprehension she attributes to the friend who lied about her. "I just think that every boy would be like that, just make up stuff," she says. But there is a second danger for Jill: her irrepressible impulse to please, which could make her vulnerable to

unwanted sexual attention. As if sensing this, Jill tends to develop a distaste for boys who take an interest in her.

50 The next time I see Jill at SAFE, the weather is warmer, the ice on the ponds at Rock Creek is melting, and she seems antsy to resume her old life. "I'm just sick of having to wake up every morning and go to therapy, therapy, therapy," she says. Cheerleading tryouts are that night; the following week, she will begin easing back into school. The thought of facing her peers en masse fills her with anxiety. "Last Thursday I went to a hockey game and I saw all these boys, and seriously, my skin was crawling. . . . They'd give me looks, and I couldn't even look at them."

After the SAFE group, Jill and I drive to Mt. Carmel High School, in a run-down neighborhood on Chicago's South Side, for her tryouts. Her fellow cheerleaders greet her enthusiastically; Jill brings one of them a birthday present. Another girl fawns over Jill in a fanged display of unctuous sweetness. "That's the bitch I hate," Jill says matter-of-factly. The girl, still within earshot, shoots her a look. "She thinks I'm kidding, but I'm not," Jill says.

With glitter over their eyes and tiny mirrored hearts pasted to their cheeks, these incumbent cheerleaders huddle in a stairwell outside the gymnasium, awaiting the chance to defend their positions on the squad. Their coach, Suzy Davy, assures me privately that Jill will be chosen. "She was just so cute and energetic," Davy says of Jill's performance last year, which earned her the Spirit Award during the same period when she was cutting and burning herself in secret. "She wasn't fake. She was just out there and she said. 'This is me!'"

Finally the girls file into the gym, shoes squeaking on the varnished wood, and spread out on the floor to stretch. Some of them seem to be vying for Jill's attention; others keep a respectful distance. And it strikes me that by cutting herself—by getting caught and hospitalized—Jill has freed herself from her own tough persona, at least for a time. Everyone knows that something is wrong, that no matter how happy and confident she may seem, there is unhappiness, too, and a need to be cared for. She has revealed herself in the only way she was able.

There is nothing new about self-injury. As Favazza documents in "Bodies Under Siege," from the Christian flagellant cults of the 13th and 14th centuries to male Australian Aborigines who undergo subcision, or the slicing open of the penis along the urethra, as a rite of passage, the equation of bodily mortification with transcendence and healing is repeated across cultures. Many such rituals occur in the context of adolescent initiation rites—ceremonies involving youths about the same age as most boys and girls who begin cutting themselves. "We've done away with rites of passage, but the pattern can still exist," says Favazza. "And the younger teenagers who are seeking to become adults, the ones who can't make it the ordinary way, somehow tap into that."

55 One group that consciously seeks to tap into primitive rituals and vanished rites of passage are practitioners of what is called new tribalism or extreme body arts, who embrace such forms of body modification as tattooing, piercing and, more recently, scarification and branding. Some of these practices are performed as public rituals of a sort, particularly in gay S & M culture, where they are known as bloodsports. Ron Athey, an H.I.V.-positive performance artist, cuts and pierces

himself before audiences while reading aloud from autobiographical texts. An entirely different sort of performance is practiced by Orlan, a French woman who has undergone repeated facial plastic surgeries on video.

More often, body modification takes place in private studios like Modern American Bodyarts in Bay Ridge, Brooklyn, a small, scrupulously clean storefront bedecked with African masks. Here, a multiply pierced and heavily tattooed artist, Keith Alexander, pierces clients, cuts designs into them using scalpels and brands them with sheet metal bent into designs, heated up to 1,800 degrees and "pressed firmly and quickly into the flesh."

Partly, the purpose of these practices is to create a decorative scar. Raelyn Gallina, a body artist in San Francisco, takes impressions of her blood designs with Bounty paper towels and has a portfolio of hundreds. But the experience and the scar itself are also symbolic. Gallina says: "You know that you're going to endure some pain, you're going to shed your blood. . . . That act, once it happens and you come out victorious, makes you go through a transformation. We have so little control over what goes on around us. . . . It comes down to you and your body."

Of course "control," or the illusion of control, is perhaps the primary motivation behind self-injury too. And the parallels don't end there. Gallina, like many body modifiers, says that a high proportion of her female clients report having been sexually abused. Rebecca Blackmon, 35, a slim, fair-haired woman with a gentle voice, was such a person. "I wanted to heal all the sexual parts of my body," she says. She began in 1989 by having her clitoral hood pierced; now, her pubic bone and stomach are branded, her nipples, tongue and belly button are pierced and a crescent moon of thick scar tissue from repeated cuttings encircles the lower half of both her breasts. "It's made me a lot more aware of my body; it's made me a lot more sexual," Blackmon says. Her feelings about her abuse have changed, too. "It's not so present in my mind all the time."

Clearly, body modifiers like Blackmon share the urge of many self-injurers to return to the site of their abuse—the body—and alter it in a manner that feels symbolically curative. And as with self-injury, "aftercare," or tending to one's wounds, is an important part of the process. "The ritual part to me is the daily taking care of it," says Blackmon. "The daily cleansing it, pampering it, putting heat packs on it." Among body modifiers who cut, there is great concern over scar enhancement, or thwarting the body's healing process. Common scarring techniques include dousing the freshly cut skin in rubbing alcohol and setting it afire; rubbing cigar ash or ink into the open wounds and advising clients to pick off their newly formed scabs each day.

60 But the many resonances of motive and procedure between self-injurers and body modifiers can obscure a crucial difference: control. Getting an occasional brand or cut design in the course of a functional life is not the same as slashing at one's flesh—or fighting the urge to do so—on a daily basis. One is a shared act of pride; the other a secretive act steeped in shame. And many body modifiers—perhaps the majority, now that piercing and tattooing have become so commonplace—are motivated not by the process at all but by the simple desire to belong to a group that is visibly outside the mainstream.

One of the most famous body modifiers is Fakir Musafar, 66, who spent much of his early life secretly indulging his own urges to do such things as bind his waist

to 19 inches and sew together parts of himself with needle and thread. As a teenager in South Dakota, he assembled a photography dark room in his mother's fruit cellar so that "if she knocked and I was in there putting needles in myself or ripping flesh, I'd say, 'Sorry, I'm developing film and I can't open the door now.'" Now a certified director of a state-licensed school for branding and body piercing in San Francisco, Fakir, as he is known, has seen his secret practices embraced by a growing population of young people. He performs rituals around the world, including the O-Kee-Pa, in which he hangs suspended from two giant hooks that penetrate permanent holes near his pectorals.

Favazza asked Fakir to contribute an epilogue to the second edition of "Bodies Under Siege," published recently. In it, Fakir suggests that self-mutilation and body modification share a common root in a collective human unconscious. "There's an undercurrent in everybody that's quite universal." Fakir says, "to experience in the body self-initiation or healing. If there is some way socially that these urges can be faced, they don't over-power people and get them into mental hospitals." The argument makes a kind of sense, but there is a lot it doesn't explain: if these longings are so universal, why are those cutting themselves, and being cut, so often the victims of trauma and neglect? And using Fakir's logic, couldn't one argue that anorexics and bulimics are merely performing their own symbolic body manipulations? Surely the coexistence of urges, symbolism and a sense of meaning or empowerment is not enough to make a practice healthy.

But Fakir has led a long, rich life, and Blackmon feels she has reclaimed her body, so perhaps there may be a context in which "self-injury," controlled and guided along safe paths, could serve as part of a healing process. Favazza seems to think so. "If it can be controlled and relabeled and not get out of hand, everybody would be better off," he says. "There's less shame associated with it, there's less possibility for bad accidents to occur. . . . But we're dealing with a lot of ifs, ands and buts here."

It's a sunny, springlike St. Patrick's Day, and the McArdle household is teeming with relatives and small children eating corned beef and green-frosted cupcakes from a generous spread on the dining-room table. Jill's bedroom smells of styling gel and electric curlers, and her cheerleading outfit is heaped in one corner. Her hair, which spirals in curls down her back, is crowned with a ring of metallic green and silver shamrocks. With a friend at her side, she works the family phone, trying to figure out where the best parties will take place during the South Side Irish parade.

65 Soon we're wandering through a neighborhood awash in Irish pride. Jill and her friend sneak cans of beer from the pockets of their windbreakers and guzzle them as we walk. "I love this day," Jill says. She finished the SAFE program two weeks ago but returns twice each week to see her therapist. "I'm feeling so much better," she says, smoking a cigarette as we pass Monroe Park, where the boys used to tease her. "Usually I'd be afraid to go somewhere because maybe somebody wouldn't want me. Now I don't care. Now it's like I'm O.K. with myself. It's their own problem."

We begin a desultory journey from party to party that leads from a cramped back porch beside a half-frozen portable swimming pool to a basement rec room with a hanging wicker chair and a bubble-hockey set. Jill cheerfully explains my presence to anyone with an interest: "She's writing an article on self-mutilation. That's what

I was in the hospital for," seeming mildly amused by the double takes this bombshell induces. An old friend of hers, a boy, informs me that Jill is "a nice, friendly person who likes to talk."

She waits for him to say more. "Remember in eighth grade when you used to say to me, 'You have a thousand faces'?" she prompts. "Remember that?"

The boy looks puzzled. "Eighth grade was a long time ago," he says.

Finally we head to Western Avenue for a glimpse of the parade. As we walk in the bright sunlight, I notice that Jill's friend has fresh scars covering her forearms. She tells me rather proudly that she went on a recent binge of cutting herself, but insists she did not get the idea from Jill. Jill tells me privately that she thinks her friend did it to get attention, because the day after, she wore a short-sleeved shirt in the dead of winter, and everyone saw. Jill has been urging her friend to seek help.

70 The riotous spectators seem almost to drown out the tail end of the parade. Jill plunges into the drunken crowd, tripping over her untied shoelace, her friend straining to keep up with her. Men gape at her under her crown of shamrocks; she cheerily bellows hello at them and then swirls out of sight. We turn onto an alley, and in the sudden quiet, Jill stops a group of strangers and lights her cigarette off one of theirs. Her friend seizes this moment to kneel down and carefully tie Jill's shoelace.

Outside Jill's house, the girls hide their beers and cigarette butts in the bushes, then go inside to exchange a few pleasantries with Jill's family. The openness Jill showed toward her parents at SAFE has vanished behind a sheen of wary cheerfulness. Watching her, I find myself wondering whether self-injury will wind up as a mere footnote to her adolescence or become a problem that will consume her adulthood, as it has Jane C.'s. Often, particularly in someone with an intact family and friends, the behavior will simply fade away. "This disorder does tend to burn out, for some reason," says Cross. "Life takes over." And Jill knows where to get treatment, should she need it again. Jamie Matthews felt like a failure when she relapsed, until she talked to a friend who has repeatedly sought help with her eating disorder. "She said it's like a spiral staircase," Jamie says. "You keep going around in circles, but each time you're at a different level."

As for Jane C., she returned home shortly after Jill left SAFE and reports that the azaleas are blooming. It's hard, she says, returning to a place where she has always felt she was wearing a mask. "One night I was incredibly close," she says. "I mean, I had the blade to the skin. I sat there and I thought, It doesn't matter to anybody else. And I was just about hysterical, but I stopped myself. I thought. This isn't the only way that works."

Jill, too, seems to be making a kind of staggered progress. "I know I have to take care of myself more instead of other people," she says. "I'm at peace with myself." Since leaving the program, she says, she has had no impulses to hurt herself. "Part of me always used to want to do it, but that part of me dissolved."

Her mother, admittedly a worrier by nature, is less sure, and says she has resorted to sneaking into Jill's room in the wee hours with a penlight, lifting the covers while her daughter sleeps to check for new cuts or burns. So far, she's pleased to say, there has been nothing to report. As Jill and her friend finally burst from the house and clamber arm in arm down the block into the late afternoon, Nancy McArdle watches them from the living-room window and says, "You can't ever relax."