

A CRY IN THE WILDERNESS: Young Women, Cutting, and Catholic Theology

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Abstract

The incidence of self-harming behaviors among young women seems to be on the rise. Medical professionals suggest that 1.5% of all Americans have or currently are self-harming and as many as 25% of young women have harmed themselves in the past year. At the same time, the Christian tradition has named as saints many women and men who have used self-harm as a spiritual discipline. This raises the theological and pastoral question of how we minister to young women who do self-injure, many of whom are members of our Catholic college campus communities.

Introduction

In this brief essay,¹ I want to explore the phenomenon of self-harm among young women, the troubling messages sent by a Catholic tradition that has historically held up self-harm as a valuable and venerable spiritual discipline, some of the theological tools that contemporary Catholic feminist theology provides us in rethinking embodiment, and what Catholic colleges can do to better minister to young women who self-harm. I should note before beginning that much of the medical and social science literature I draw from reflects research that focuses on white women because, until recently, self-harm was thought to be a behavior largely found among white, middle and upper-class, adolescent and young adult women. Further exploration has demonstrated instead that white women and middle and upper-class women come to the attention of medical professionals at higher rates than do poor women and women of color.²

Young Women and Self-Mutilation

Late adolescence and young adulthood for women is a time of great potential and great vulnerability. Young women are developing into the adults that they will become; their brains, bodies, and ways of thinking are all changing in dramatic ways – ways that are full of promise. And, even while these dramatic changes are taking place, our culture is bombarding these young women with messages telling them how they are supposed to be in the world – as consumers, as women, as adults.³ Messages of who they are supposed to be come at them from many different value worlds – family, peers, school, church,

¹ This paper was originally presented at the Women's Studies Annual Luncheon at Rivier University on April 11, 2019.

² Ross, Shana and Nancy Heath. "A Study of the Frequency of Self-Mutilation in a Community Sample of Adolescents." *Journal of Youth and Adolescence*, 31, no.1 (February 2002): 69. See also, Martha B. Straus, *Adolescent Girls in Crisis: Intervention and Hope* (New York: W. W. Norton, 2007), 59.

³ David Elkind, *All Grown Up and No Place to Go: Teenagers in Crisis*, Rev. Ed. (Cambridge, MA, Perseus Books, 1998), 25. Robert Kegan similarly argues that the culture often demands more of teens and young adults than they are capable of doing; we often ask them to think cross-categorically and to draw connections among people and relationships that they are just developmentally incapable of doing. See Robert Kegan, *In Over Our Heads: The Mental Demands of Modern Life* (Cambridge, MA: Harvard University Press, 1994), 24-29.

local communities, movies and TV, and social media – often saying vastly different things. Young women are trying to figure out what all these messages mean and how they might fit together into a coherent identity.⁴

Some young women respond to these stressors by hurting themselves. “This behavior has many names: cutting, self-injury, self-mutilation, self-violence. It includes not only cutting but also scratching, picking scabs, burning, punching, bruising or breaking bones, or pulling out hair.”⁵ Generally, however, self-harm refers to the deliberate harming or alteration of the body without suicidal intent.

We do know that the problem is significantly greater than published reports generally suggest. We can also be confident that self-injurious behaviors are not just a symptom of ‘borderlines’ as once believed, but a much more mainstream coping strategy. Many miserable girls appear to be ‘writing’ messages to us on their bodies, even if there is only a very small chance we will notice and ‘read’ them, and respond. In the absence of more adaptive self-soothing strategies, millions of girls have discovered that self-harm provides a reliable short-term solution for them.⁶

There are few hard numbers describing the prevalence of self-harm among adolescent girls and young women.⁷ However, studies suggest that 1.5% of all Americans have or currently are hurting themselves and that as many as 15-25% of young women have self-harmed at least once in the past year. Of those who self-harm, 60-70% are female; 90% of self-injurers begin hurting themselves as teenagers,⁸ often beginning around the age of fourteen.⁹ In one study, the authors argue that there are four factors that contributed to self-harm among young women. The first two factors deal with the regulation of emotions: some injure themselves to distract themselves from negative emotions; others seek to provoke any emotion, even if it’s a bad one.¹⁰ Young women who are motivated by these two factors are reflecting significant internal distress, especially depression. The second two factors have to do with stress surrounding interpersonal relationships: some self-injure as a negative reinforcement (to avoid punishment from others) while others self-injure to get attention from others.¹¹ These interpersonal concerns are often particularly important for young women who are often dealing with stress related to their relationships.¹²

⁴ Theresa O’Keefe, “Companioning Adolescents into Adulthood: Secondary Schools as Communities of Care and Growth,” in *At the Heart of Education: Chaplaincy, Guidance and Pastoral Care*, ed. James O’Higgins Norman (Dublin, Ireland: Veritas, 2014), 133.

⁵ T. Suzanne Eller, “Cutting Edge,” *Today’s Christian Woman*, 28, no. 1 (January/February 2006): 39.

⁶ Straus, *Adolescent Girls in Crisis*, 59.

⁷ Ross and Heath, “A Study of the Frequency of Self-Mutilation in a Community Sample of Adolescents,” 67. There are a variety of reasons for this uncertainty: 1) self-harm is a hidden behavior only recognized when it comes to the attention of medical professionals; 2) few broad community-based studies have been done to establish the prevalence of this behavior; 3) self-harm is often one of several diagnoses, often accompanying depression, anxiety, eating disorders, and/or suicidal behavior, making it harder to separate self-mutilation from other medical issues; 4) families often treat it as a passing phase that will pass on its own or as a bid for attention that would be reinforced by over-reaction. See also, Eller, “Cutting Edge,” 39.

⁸ Eller, “Cutting Edge,” 39.

⁹ Ross and Heath, “Frequency of Self-Mutilation,” 69. A similar survey of high school students reported that 39% had engaged in self-mutilating behaviors in the last year. See Straus, *Adolescent Girls in Crisis*, 59.

¹⁰ Lori M. Hilt, Christine B. Cha, and Susan Nolen-Hoeksema, “Nonsuicidal Self-Injury in Young Adolescent Girls: Moderators of the Distress-Function Relationship,” *Journal of Consulting and Clinical Psychology*, 76, no.1 (2008): 63.

¹¹ Hilt, Cha, and Nolen-Hoeksema, “Nonsuicidal Self-Injury in Young Adolescent Girls,” 63.

¹² Hilt, Cha, and Nolen-Hoeksema, “Nonsuicidal Self-Injury in Young Adolescent Girls,” 69.

In addition to a correlation between self-mutilating behavior and depression and/or anxiety, there is also a significant overlap of self-mutilating behavior and eating disorders. Approximately 25% of young women with an eating disorder also engage in some kind of self-injurious behavior and nearly 50% of self-mutilators have a history of disordered eating.¹³ In both self-harm and eating disorders, the goal is rarely death; rather these are behaviors that help young women control aspects of their lives that they perceive as being out of control.¹⁴ Eating disorders and self-harm also share important phenomenological overlaps: both are more typical of females, onset is usually in adolescence, and both can often be interpreted as a dissatisfaction with one's body coupled with a sense of ineffectiveness in other areas of life. Both seem to be attempts to take control of the body.¹⁵

Given that eating disorders and self-harming behaviors are more common among women and girls, feminist theorists have described both behaviors as attempts to save ones' self rather than to be self-destructive. Feminist theorists argue that women, regardless of class, race, age, appearance, sexual orientation, or religious affiliation, are subject to the oppressive forces of patriarchy. Feminist theorists who engage the issue of eating disorders and self-harm "argue that women's bodies are subjugated to relentless constrictions, overtly and insidiously designed to circumvent [women's] social, economic, and political status."¹⁶ In her article on feminism, self-harming behaviors, and eating disorders, Beth Hartman McGilley argues that, while there has been feminist reflection on eating disorders and addictions, there has been very little reflection on self-harm. In looking at how eating disorders and self-harm can be seen together, she suggests that patriarchal culture perpetuates an oppressive disregard for women's bodies and that patriarchy is the context in which women and girls "operate 'as if' under constant scrutiny, embattled within and between themselves, their bodies host and hostage to self-harming dynamics."¹⁷ In a culture that silences them and forces them to turn their emotions inward so as to never show a negative feeling, eating disorders and self-harm are attempts to give voice to these overwhelming emotions. These behaviors are

adaptations through which the body, site of both oppressor and oppressed, attempts to voice the unspeakable, escape the gaze, resist the opposition, and/or seek redemption. Sundered from claiming their native tongue, accepting their natural body, and directing their vital energy, women with [eating disorders and self-harming behaviors] violently implode and act out their indignation. "Self-mutilation can be seen as a concrete interpretation of our culture's injunction to young women to carve themselves into culturally acceptable pieces."¹⁸

¹³ Randy A. Sansone and John L. Levitt, "The Prevalence of Self-Harm Behavior among Those with Eating Disorders" in *Self-Harm Behavior and Eating Disorders: Dynamics, Assessment, and Treatment*, ed. John L. Levitt, Randy A. Sansone, and Leigh Cohn (New York: Brunner-Routledge, 2004), 3-4.

¹⁴ Mervatt Nasser, "Dying to Live: Eating Disorders and Self-Harm Behavior in a Cultural Context" in *Self-Harm Behavior and Eating Disorders: Dynamics, Assessment, and Treatment*, ed. John L. Levitt, Randy A. Sansone, and Leigh Cohn (New York: Brunner-Routledge, 2004), 24.

¹⁵ Angela Favaro, Silvia Ferrara, and Paolo Santonastaso, "Impulsive and Compulsive Self-Injurious Behavior and Eating Disorders: An Epidemiological Study" in *Self-Harm Behavior and Eating Disorders: Dynamics, Assessment, and Treatment*, ed. John L. Levitt, Randy A. Sansone, and Leigh Cohn (New York: Brunner-Routledge, 2004), 32.

¹⁶ Beth Hartman McGilley, "Feminist Perspectives on Self-Harm Behavior and Eating Disorders" in *Self-Harm Behavior and Eating Disorders: Dynamics, Assessment, and Treatment* ed. John L. Levitt, Randy A. Sansone, and Leigh Cohn (New York: Brunner-Routledge, 2004), 79.

¹⁷ McGilley, "Feminist Perspectives on Self-Harm Behavior and Eating Disorders," 83.

¹⁸ McGilley, "Feminist Perspectives on Self-Harm Behavior and Eating Disorders," 84. McGilley is quoting Mary Pipher, *Reviving Ophelia: Saving the Selves of Adolescent Girls* (New York: Putnam, 1994), 157.

For McGilley, self-harming behaviors and eating disorders in girls are a misdirected but not illogical attempt to assert control and to communicate in a patriarchal culture that silences the voices of girls and dictates how women should act and look.

Self-Mutilation in Christian History

Many religious traditions have practices of self-harm. Shia Muslims have a tradition of beating themselves to commemorate the martyrdom of Hussayn at Karbala. Some Native American communities suspend individuals on hooks that pierce the skin and pectoral muscles of the chest. In ancient India, priests would strike the king on the back with canes as a central part of the coronation ceremony.¹⁹ “There are ascetic disciplines, martyrdoms, initiatory ordeals and rites of passage, training of shamans, traditional forms of healing such as exorcism; there are contests, installations of kings, rites of mourning, pilgrimages, vows, and even celebrations.”²⁰ Christian history too is replete with examples of saints and holy people who have put themselves through significant pain for religious reasons. Consider the following examples: “Blessed Clare of Rimini had herself bound to a pillar and whipped on Good Friday. Hedwig of Silesia scourged herself, and Blessed Charles of Blois wrapped knotted cords around his chest... Christian of Spoleto perforated her own foot with a nail.”²¹ And many more saints fasted themselves to the point of starvation, wore hair shirts, whipped themselves, or went without shoes in all kinds of weather. Simon the Stylite lived on a pillar for 37 years; Catherine of Siena fasted so severely that she likely died of starvation.²²

Ariel Glucklich describes a number of different ways that religious believers interpreted self-inflicted harm. Individuals might harm themselves in order to punish themselves for their sins; they might see the self-harm from a medical perspective – to cure an illness, to end a suffering, or to prevent one. They might understand their self-harming behavior as preparation to fight the enemy (such as Satan) or as training for a long-term contest (such as against sin). Some saw their self-harm as having magical or purifying effects. Others saw their self-harm as participation in a community of believers – either as pain experienced vicariously (such as experiencing the suffering of Christ) or as pain experienced sacrificially (pain experienced so that others might be spared time in purgatory, for example).²³ Ultimately, Glucklich argues that there are two fundamental types of pain: disintegrative pain and integrative pain. Disintegrative pain is the experience of pain as something that breaks a person; it is the experience of pain as punitive or as an enemy. Integrative pain is the experience of pain as something healing, productive, or transforming.²⁴

Based on Glucklich’s analysis of the interpretation of pain from a religious perspective and throughout Christian history, it is possible to see some parallels with young women who self-harm today. While not all young women interpret their own self-injurious behavior in religious terms, there are significant similarities between the ways that the Christian tradition has interpreted self-harm and the ways that some young women speak about their self-harming behavior. First, some young women self-mutilate in order to stop negative feelings or to provoke intense feelings even if they are negative. Glucklich might describe this as pain that is interpreted as integrative, perhaps as curative (curing the

¹⁹ Ariel Glucklich, *Sacred Pain: Hurting the Body for the Sake of the Soul* (New York: Oxford University Press, 2001), 3.

²⁰ Glucklich, *Sacred Pain*, 12.

²¹ Glucklich, *Sacred Pain*, 79.

²² Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley, CA: University of California Press, 1987), 169.

²³ Glucklich, *Sacred Pain*, 13.

²⁴ Glucklich, *Sacred Pain*, 34.

bad feelings) or preventative (to prevent one's self from experiencing other more negative emotions). Second, some young women self-mutilate to deal with stress; sometimes it is as a negative reinforcement (to avoid punishment from others) and sometimes it is an attention-grabbing behavior. Glucklich might describe the attempt to use pain as a negative reinforcement as a disintegrative interpretation and in a punitive model – to punish one's self before another can. An attention getting motivation might also be interpreted as disintegrative and as a communal model – aligning one's self-harm with the perceived needs and responses of the community.

Glucklich further argues that modern young women who self-mutilate are describing their pain in ways that are very similar to the descriptions of medieval saints. He offers the case of a young woman named Jill who experienced very little pain when she cut herself; Jill also described “a feeling of somehow taking charge of her life with the help of the razor.”²⁵ Another young woman named Jane used the word “empowerment” to describe the feelings she got when she harmed herself. According to Glucklich, these are similar to descriptions of self-injurious behavior provided by saints. For example, St. Maria Maddalena de' Pazzi, a sixteenth century Florentine Carmelite sister, practiced an extreme form of self-harm, including beating herself with sticks and thorns, wearing a girdle studded with nails, and dripping hot wax on herself. She described her experience of this self-harm as one of transforming herself into an instrument of God. Glucklich makes the point that, whereas St. Maria Maddalena's self-mutilating behavior was understood in religious terms, the same behavior in young women like Jill or Jane is seen as illness to be treated by medical professionals.²⁶

Illness, including mental illness, is an unwanted experience for most contemporary young women – creating dysfunction in their lives and in their relationships with God and others.²⁷ While self-harming behavior may be an attempt to use pain in integrative ways, it tends to increase the sense of isolation and experienced by young women.²⁸ Because contemporary understandings of self-harm have shifted from a religious perspective to a medical or psychological one, self-harming behavior is seen now as an unhealthy or maladaptive way for young women to manage their stress or to exert control in their lives. However, this shift also means that medical professionals do not have access to the many ways that self-mutilating behavior has been and is interpreted by religious believers. And, in turn, this may mean that doctors do not always see the connections between a young woman's faith background and her understanding of her own self-harming behavior. Nevertheless, the Christian tradition of holding up as saints – and therefore as role models – people who have inflicted significant harm on themselves means that young women are receiving contradictory messages from the church. Healthy practices of self-discipline – routines of prayer, limited fasting, practices of moderation and simplicity – are rightly held up by the church as useful for spiritual growth. However, while the church no longer recommends self-injurious practices for spiritual growth, they are a part of the historical tradition. And when young women look to the Christian tradition for role models and find other young women who self-mutilated and are, because of it, held in high regard, it may be more difficult to convince them not to engage in this behavior.

²⁵ Glucklich, *Sacred Pain*, 80.

²⁶ Glucklich, *Sacred Pain*, 84.

²⁷ Kristyn Russell, “Sacrament of Anointing: A Step in the Healing of Young, Self-Harming Women,” *Worship*, 86, no. 6 (November 2012): 527-543.

²⁸ Hilt, Cha, and Nolen-Hoeksema, “Nonsuicidal Self-Injury in Young Adolescent Girls,” 69.

The Christian Tradition and Embodied Persons

What does the Christian tradition have to offer to these young women as they struggle with how to deal with the stresses of the modern world and how to grow into a healthy adulthood in spite of all these stresses? Despite a history of honoring self-harming behaviors, the church's contemporary theological anthropology offers us a vision of the human person as created by God and, in that creatureliness, as deeply loved by God. An anthropology that embraces the created embodied nature of the human person may provide young women with a way to approach the stresses they experience as well as provide alternatives to these maladaptive behaviors. The Christian theological tradition offers us three truths that can guide our thinking about human bodiliness and our responsibilities to care for our bodies. First, the *imago Dei* symbol provides us with a Christian insistence on the goodness of our created bodiliness. Second, the story of Jesus proclaims that our bodies are a site of revelation and redemption. And third, the sacramental tradition of the church insists that Christian faith is lived out in embodied ritual practices.

In the Genesis creation stories, God creates humanity in God's own image – in Latin, the *imago Dei* (Genesis 1:26-27). Being created by God means that God intended humans to be as they are – male and female, embodied, limited and creative. Being created in the image of God means that our humanity, in all its aspects, reflects God's own nature in some way. And because of this, the Christian tradition insists that our humanity and bodiliness is intended by God and, therefore, inherently good. Many contemporary theologians, including feminist theologians, have found the *imago Dei* to be a helpful way to ground a more capacious understanding of the human person.²⁹ We image God in our ability to be in relationship with God and others, by being self-determining, and by our ability to be creative – both in the sense of procreative and in the sense of innovative, imaginative, and inspired.³⁰ Elizabeth Johnson, for example, argues that, in appropriating the *imago Dei* symbol to talk about women, it is important to stress that *actual* women are created in God's image and that the Biblical creation stories are stories of mutuality. This leads to what Johnson calls a “moral imperative of respect for women, to the responsibility not to deface the living image of God but to promote it through transformative praxis.”³¹ A patriarchal society that disregards the value of women and women's bodies and that silences women's voices that forces young women to “carve themselves into culturally acceptable pieces,”³² fails to promote the living image of God in women; young women find self-harming behaviors to relieve the stress of existing in the patriarchal society that defaces their imaging of God.

The church's understanding of the human person created in the image of God is reinforced by what we believe about the person of Jesus and his ministry. The story of Jesus' ministry reflects this same sense of the goodness of human bodies. As Lisa Isherwood and Elizabeth Stuart suggest:

From the moment when Mary agrees to give birth to a special child, bodies become sites of revelation and redemptive action... The life of Jesus as told by the evangelists is a very physical one; he was not a philosopher simply engaging the minds of people on his wanderings through

²⁹ Michelle A. Gonzalez, *Created in God's Image: An Introduction to Feminist Theological Anthropology* (Maryknoll, NY: Orbis Books, 2007).

³⁰ Anthony Hoekema, *Created in God's Image* (Grand Rapids, MI: Eerdmans, 1986), 69.

³¹ Elizabeth A. Johnson, *She Who Is: The Mystery of God in Feminist Theological Discourse* (New York: Herder and Herder, 2009), 71.

³² Pipher, *Reviving Ophelia*, 157.

the land. Here was a man who held people, threw things in anger, cursed things making them wither, and cherished people back to life. Here was an incarnate/emodied being.³³

Much of the story of Jesus' ministry is the story of caring for people in their physical and embodied nature. In his ministry as a healer, Jesus dealt with humans in the extremes of their experiences of their bodies – blindness, deafness, paralysis, possession, and death. At the same time, he spent a great deal of time eating with people. Jesus routinely gathered people around him to share food in a way that seems relaxed, celebratory, and joyful. The fact that his detractors called him a “glutton and winebibber” confirms this.³⁴ In addition, Jesus' resurrection teaches us that bodies matter; in this doctrine, we believe that Jesus' glorification was not a shedding of his humanity (like a soiled garment), but a bodily experience that impacted his, and our, whole being.

The doctrine of the incarnation – that God became human in the real life of this Jesus of Nazareth – further confirms this insistence on the goodness of human bodies. From its earliest days, the church has affirmed this: despite repeated attempts to understand Jesus' humanity as unreal or pretended or to suggest that Jesus' divinity overshadowed his humanity, the church in its councils insisted that Jesus' humanity was real, embodied, and significant.³⁵ Because Christianity is an incarnational faith, we have theological resources to speak about embodiment in ways that take suffering seriously. In becoming human, God embraces all of what it means to be human and, therefore, all of what it means to be embodied and to experience suffering. In the Incarnation, the immediacy, temporality, changeability, and power of human embodied existence is affirmed. Redemption is encountered in our bodies – bodies that are both limited and full of potential.³⁶ For Christians, an incarnational faith holds the promise that, because Jesus is God enfleshed, bodies matter.

In the Church's sacramental theology, we see the attempt to make sense of the ways in which we encounter God in the worship life of the community. Traditional Catholic sacramental theologies, especially around questions of the sacraments of marriage and holy orders, have tended to claim that there is a fundamental difference between male and female and that maleness is more highly valued than femaleness. While feminist theologians reject this as inherently unequal, they do see in this traditional approach an insistence that bodies and bodily integrity matter. Susan Ross suggests that, in this rethought sacramental theology, the goodness of the body is reclaimed: “We do not merely have bodies. The body-self is the integrated locus of our being in the world. We are related to everything through our body-selves: our bodies ground our connection to the world. Our bodies are the vehicles of relation that puts us in touch with reality at every level.”³⁷ Feminist sacramental theology draws our attention to the potentially revelatory character of all reality, to a concern for the integrity of all of creation, and to an emphasis on connection and interconnection rather than separation. Ross continues:

³³ Lisa Isherwood and Elizabeth Stuart, *Introducing Body Theology* (Sheffield, England: Sheffield Academic Press, 1998), 11.

³⁴ Elisabeth Moltmann-Wendel, *I Am My Body*, trans. John Bowden (New York: Continuum, 1995), 49. See also: Stephanie Paulsell, “Honoring the Body” in *Practicing Our Faith: A Way of Life for a Searching People* ed. Dorothy C. Bass (Hoboken, NJ: Jossey-Bass, 2010), 16.

³⁵ Mary Aquin O'Neill, “Female Embodiment and the Incarnation” in *Themes in Feminist Theology for the New Millennium I* ed. Francis Eigo (Villanova, PA: Villanova Press, 2002) 36.

³⁶ Marcia Mount Shoop, *Let the Bones Dance: Embodiment and the Body of Christ* (Louisville, KY: Westminster John Knox, 2010), 118.

³⁷ Susan A. Ross, “‘Then Honor God in Your Body’ (1 Cor. 6:20): Feminist and Sacramental Theology on the Body.” *Horizons* 18, no 1 (1989): 21. Ross is quoting Beverly Wildung Harrison, *Our Right to Choose: Toward a New Ethic of Abortion* (Boston: Beacon, 1983), 106.

A concern for “connection” and the use of such terms as “relation,” “interconnection,” “interdependence,” and “context” is... characteristic of feminist thought. And it is this understanding of the self – as interrelated, historically situated, and embodied – that constitutes feminist theological anthropology.³⁸

When we can move beyond a hierarchical ordering of gendered bodies, Christians can find that the call to worship the God who has created us in God’s own image, who has taken on a human body in the Incarnation, and who has redeemed human bodies in the suffering, death, and resurrection of Jesus, is the call of a God who insists that our bodies matter. This is a God who desires the full flourishing of all people, and especially young women who self-injure.

Implications for Catholic Colleges

So, given the prevalence of the phenomenon of self-harming behaviors among the young women we serve and given our church’s historical legacy of holding up self-harm as a spiritual practice, how are we called, as Catholic institutions, to respond? How do we minister to young women who self-injure in light of the theological resources available to us? Catholic institutions are in a unique position to help young women grow into adulthood and manage the stresses they face along the way. As communities gathered around Jesus and the ministry of the church, Catholic colleges should not be places where young women find themselves in a situation where hurting themselves seems their only option. And those young women who do hurt themselves must be able to find a community of support that will hear them and help them heal. And both aspects are necessary – creating a community where healthiness and wholeness are cultivated for all students and responding to those members of the community who self-injure or suffer with another mental illness such as anxiety, depression, or eating disorders. At a most basic level, the presence of young women who self-injure on Catholic college campuses suggests the need for robust mental health services. Pastoral counseling, campus ministry, and spiritual direction cannot take the place of adequate mental health care. Nevertheless, without taking the place of mental health professionals, there are some resources that Catholic institutions have access to in responding to young women who self-injure. All four of the following suggestions deal with creating a culture that disrupts the need to self-injure; the final suggestion is also a potential response to young women who already engage in self-harming behaviors.

A first important part of helping young women to resist the need to self-injure is to help these – and all – young women come to a critical consciousness about the effects of a patriarchal society and church on their understandings of themselves as women and as embodied. Young women can see that the messages of being the “good girl” who does not show negative emotions, who does not act on her sexual feelings, and who is passive and selfless are, in fact, destructive messages that serve to reinforce the oppression of women. In addition, critical awareness of the patriarchal roots of women’s experiences of lack of voice and agency can help them to understand not only why they feel this lack of voice, but also how self-harming behaviors are not adequate ways for them to find their voice and sense of agency. Taking this critical consciousness to the messages of embodiment that are preached by a patriarchal church can help young women highlight the oppressive aspects of that message.³⁹ When suffering and

³⁸ Ross, “Then Honor God in Your Body,” 27.

³⁹ Hilt, Cha, and Nolen-Hoeksema deal with this need for education for critical consciousness around the issue of self-harming behaviors in schools. See, Hilt, Cha, and Nolen-Hoeksema, 70. Similarly, Melissa Browning and Emily Reimer-

pain are held up as salvific, when the “spiritual” is more valued than the “body,” young women who self-mutilate may be more likely to see this behavior as useful or even necessary. However, critical awareness of these destructive tendencies can help young women see them as unhelpful distortions of the Gospel message and reject them as misogynistic and oppressive. Developing critical consciousness can empower young women to find new ways of creating meaning in their lives, to develop a new vision for what embodiment means, and to learn new ways of coping with the emotional stresses they must still deal with.

A second resource that Catholic institutions have is the vast repertoire of embodied ritual practices of the Catholic tradition. The Catholic Church has traditionally incorporated many embodied practices into its understanding of worship – varying physical postures, the procession to receive the Eucharist, the belief in the Real Presence, the use of art and architecture to teach the stories of our faith. And this does not include the many Catholic practices from outside of the Sunday liturgy that embrace bodiliness: rosaries, statues, relics, pilgrimages, the Sign of the Cross, blessings of meals, homes, and people, acts of justice and charity for others. All of these and many more embodied practices can help us come to a deeper understanding of our faith as an embodied faith.⁴⁰ Despite this rich treasury of embodied practices, the church often still tends to over-intellectualize the faith and to reduce bodiliness to an ethics of bodily control and sexual continence.⁴¹ Nevertheless, when the Church models a faith that embraces embodiment, young women who self-harm can hear messages of care for the body, of the honoring of embodiment, and of a compassionate God who brings healing and wholeness.

A final way of responding to women who self-injure is through the judicious use of the sacrament of anointing. Illness – including mental illness – creates a dysfunction in a person’s life and in their relationships with God and others.⁴² Like any illness, self-harm can vary in degree of severity, but it is clear that it has a profound affect on how young women view themselves and their relationships to others and to God. Along with appropriate medical care, the sacrament of anointing can play a role in the healing process. The sacrament of anointing provides an opportunity for those facing illness to experience care – the care of God and of the church. In this sacrament, young women who self-mutilate encounter God’s grace and have the opportunity to view their lives in more healthy ways. They are affirmed as embodied persons as their bodies are anointed with oil and they can experience confirmation of their worth to God and the community as they experience God’s care and grace. The sacrament can serve as a way to initiate or confirm a commitment to healing, as a recognition of healing that has been accomplished, and as a bolster for the hard work that is required when young women struggle with maladaptive behaviors like self-harm.

Conclusion

There are young women in *this institution* who are harming themselves. They are wandering in a wilderness, feeling voiceless and powerless. The historical and theological traditions of the Church have, at times, cooperated with and compounded the effects of this feeling of voicelessness. However, the Church and its institutions have resources that can better serve young women, helping them to construct

Barry advocate for a prophetic critique of oppressive and patriarchal messages in the church. See, Melisa Browning and Emily Reimer-Barry, “Preaching Sexuality, and Women Religious,” *Theology and Sexuality*, 19, no. 1 (2013): 69-88.

⁴⁰ See, for example, Colleen M. Griffith and Thomas H. Groome, eds., *Catholic Spiritual Practices: A Treasury of Old and New* (Brewster, MA: Paraclete Press, 2012).

⁴¹ Ross, ““Then Honor God in Your Body,”” 28.

⁴² Russell, “Sacrament of Anointing,” 527-530.

healthier alternatives that will allow them to manage their stress, value their embodied humanity, and embrace a vision of the Christian life that is healthy and whole.■

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