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# Self-Harm as Control of the Other: A Clinical-Political Nexus

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**Abstract.** This article provides explanations for a seemingly paradoxical behavior--harming of the self when one seems to wish not to be harmed. The explanation is illustrated by clinical and by political example.

Self-harm with a concurrent wish not to be harmed may have many explanations. Pain in one's life is so overwhelming and so unbearable that ending one's life is perceived as the only way out. The pain of not meeting specific goals--internalized or not--may lead an individual to self-harm as a justified consequence of failure. Pain may be perceived as intense and internal--self-harm "lets it out." Self-harm is not the major goal but an intermediary to something else.

Pain, however, is not the only intermediary route through self-harm to some ultimate goal. Another is attention. Self-harm can induce reactions by others that result in care and compassion. Or self-harm might elicit further desired punishment from others. In both and in other cases there is a reaction from others. One has made an impact on the world. Again, self-harm is not the major goal.

From here, it is a short step to control. Self-harm may be the only vehicle through which one can sense a modicum of control over internal and external events that seem otherwise uncontrollable. Clinical examples may include certain eating disorders--at least one can control one's nutritional intake. Suicide gestures may not only result in attention but in controlling others through modulating one's degree of other-perceived real and potential self-harm.

Political examples may include riots in which residents burn and otherwise destroy their own property and that which they depend on for the basics of life. For example, in a recent Lesotho riot, residents of the capital, Maseru, looted, burned, and reduced much of the city to rubble. Even if many of the businesses were ultimately owned by "foreigners"--viz., citizens and residents of the Republic of South Africa--Maseru residents were engaging in self-harm as well.

In fact, even in clinical examples, the individual engaged in self-harm possesses a body and materiel and, perhaps, even spiritual assets that are often self-perceived and other-perceived as at least partially owned or shared with others. For example, there is an identification of others with the individual engaged in self-harm through commonalities such as being members of humanity, God's children, one's nation, and so on. As well, the empathic element of social perception renders it difficult for someone not to associate or imagine that same someone's own self-harm when viewing the self-harm of another. "Take that" says the individual engaging in self-harm as they concurrently harm the other. The threat towards the other of harm of the other through self-harm may be the ultimate form of control of the strong by the weak. As with the link between masochist and sadist, there are mutual and reciprocal needs and dependencies that afford both sides a linkage with the potential for power. (See Collins, D. (1996). Attacks on the body: How can we understand self-harm? *Psychodynamic Counseling*, 2, 463-475; Daley, S. (October 3, 1998). After mutiny and invasion, Lesotho decides on new vote. *The New York Times*, <http://www.nytimes.com>; Miller, D. (1996). Challenging self-harm through transformation of the trauma story. *Sexual Addiction and Compulsivity*, 3, 213-227; Tiggemann, M., & Raven, M. (1998).

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Dimensions of control in bulimia and anorexia nervosa: Internal control, desire for control, or fear of losing self-control? *Eating Disorders: The Journal of Treatment and Prevention*, 6, 65-71; Waller, G. (1998). Perceived control in eating disorders: Relationship with reported sexual abuse. *International Journal of Eating Disorders*, 23, 213-216.) (Keywords: Control, Power, Self-Harm.)