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THE REVOLTING SELF

Perspectives on the Psychological, Social, and Clinical Implications of Self-Directed Disgust

Edited by

Philip A. Powell, Paul G. Overton, and Jane Simpson

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For all those who have ever felt revolting

—Philip A. Powell

To Kory and my four girls

—Paul G. Overton

For Marthy May; even though you are twelve years old,
we think of you …

—Jane Simpson

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Donna Reeve, PhD, is an honorary teaching fellow at the Centre for Disability Research (CeDR)/Division of Health Research at Lancaster University, UK. Her research and writing interrogates the phenomenon of psycho-emotional disablism and attempts to unpack the interconnections between disablism, impairment, and culture.

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Jane Simpson, PhD, is a Senior Lecturer at the University of Lancaster, UK, with an interest in the relationship between cognition and emotion. Her interest in self-disgust arose from the clinical observation that addressing emotional issues in therapy was as important as trying to change cognitions. She also felt that some clients expressed such a visceral dislike of the self that it seemed different from shame,

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FOREWORD

Graham C. L. Davey

Disgust is a pervasive emotion. We all probably experience some form of disgust on a daily basis, whether it be from encounters with primary disgust objects such as faeces, vomit, or mucus, which are characterised by their ability to elicit fear of oral incorporation or contamination, or with complex disgusts, consisting mainly of behaviours or activities that are considered to be socially or morally unacceptable. Unlike other common negative emotions such as fear, anxiety, and anger, disgust has had a relatively short history as a topic for intensive psychological and biological research, and it is interesting to trace the history of this research because it provides a background to why the study of self-disgust is so important at this time.

Disgust has a distinctive facial expression, distinctive behavioural manifestations (e.g., avoidance, the inhibition of oral incorporation), and a particular subjective experience (e.g., feelings of nausea and sickness), and it was these characteristics that initially drove researchers to try to understand the evolutionary significance of the emotion. The facial expression associated with disgust (i.e., wrinkled nose to prevent the intake of smells, and downturned corners of the lips to allow any contamination or poison to dribble out) was seen to be a clear manifestation of a food-rejection response; it appeared to be derived from

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the innate distaste reaction exhibited by newborn infants, and it was this function of disgust that was originally most widely researched. This function of "core" disgust served to prevent the spread of disease by limiting contact with potential germ-ridden stimuli, and served as an effective avoidance mechanism for the rejection of any stimuli that may act as vehicles for the spread of disease. However, the search for the contemporary functions of the disgust emotion did not end there. It became clear that the disgust emotion had also become linked to a wide variety of stimuli and events that might indirectly be related to the spread of illness and disease. One prominent example of this was the role of disgust in many animal phobias, and this gave rise to our own disease-avoidance model of animal phobias, in which we hypothesised that many common animal phobias were driven by disgust rather than fear. The reason for this was because many fear-relevant animals either were, or had in the past been, associated with the transmission of disease (e.g., rats and cockroaches), or possessed characteristics that resembled primary disgust elicitors (e.g., looked slimy, like snakes or reptiles, or resembled faeces, such as slugs and snails). This model even offered one explanation of why spider phobia was so widespread in Western cultures—because during the times of the great plagues in Europe, the spider had often been seen as a harbinger of disease.

However, disease avoidance is certainly not the sole function of the disgust emotion, and like most emotions, disgust has evolved derivative functions that have important social and communicative roles in the dissemination of cultural values. This is because strong negative emotions such as disgust provide a powerful means of transmitting negative affect and, as a consequence, influencing moral judgements. For example, the activities of groups that violate accepted social and moral values (e.g., paedophiles) are often labelled as "disgusting", and colloquialisms for faeces are used almost universally as a derogatory term. Endowing culturally unacceptable behaviours or attributes with disgust makes the event salient, helps to ensure internalisation, and therefore makes it more resistant to change. It is quite possible that a role for disgust in the defining of moral standards evolved very early on in the development of human culture, and recent research suggests that disgust increases the severity of moral judgements, harmless activities are viewed as potentially harmful if associated with disgust, morality and body comportment are mediated by disgust, and morality has close links with cleanliness and physical cleansing. A link between

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pathogen and moral disgust has even been identified in common neural mechanisms.

An obvious extension of the role of disgust in defining moral standards and communicating what is and is not socially acceptable is when this evaluative function of disgust is turned inward on the self. It has long been argued that disgust is an emotion that can be associated with more abstract triggers such as inferiority and debasement, physical or psychological deterioration, or turned inwards as a form of "self-disgust". In particular, the emotion of shame has historically often been associated with self-disgust—especially when the individual views themselves as possessing negative characteristics or being responsible for negative events. This latter factor may be an important one, because empirical studies have frequently found shame and disgust—especially self-disgust—to be closely related, especially in the context of anxious psychopathologies such as eating disorders and pain catastrophising.

The present book represents a much needed and detailed look at the phenomenon of self-disgust, and chapters examine the role of self-disgust in relation to physical functioning such as disability (Reeve), chronic physical health (Reynolds, McCambridge, & Consedine), and sexual dysfunction (de Jong & Borg); while other chapters are dedicated to the role of self-disgust in relation to psychological experiences and potential ensuing psychopathology, including the experience of rejection and betrayal (McKay & Lo Presti), traumatic experiences (Badour & Adams), depression (Alanazi, Powell, & Power), eating disorders (Fox, Grange, & Power), and self-harm and suicide (Benson, Boden, & Vitali). A chapter by Powell, Overton, and Simpson opens the book by providing some important theoretical insights into how self-disgust might be constructed and structured as an emotional experience, and two chapters by Jones and Gilbert explore how self-disgust might be related to other psychological characteristics such as contagion, hatred, and compassion. Finally, Powell, Overton, and Simpson provide some views on the future directions in research on self-disgust. The book offers some exciting new ideas and findings for a wide range of potential readers, including students interested in emotion, health, and psychopathology; researchers interested in new developments in the study of emotion and their application to the understanding and treatment of emotional disorders; and practitioners with professional interests in health, clinical psychology, and psychiatry.

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There is no doubt that self-disgust is an important emotion that is experienced intensely by many individuals, and its effects are most likely to be negative ones in terms of both self-evaluation and the impact of this on the individual's mental health. In terms of understanding self-disgust, and as this volume attests, there is still much to be done. Some obvious empirical questions for the future include: What experiences and psychological processes lead to some people turning the evaluative function of disgust inwards onto their own physical and psychological characteristics? What is the relationship between self-disgust and other evaluative emotions such as shame and guilt? What role does self-disgust play in both the acquisition and maintenance of psychopathology symptoms? And, perhaps most importantly, what interventions can we develop that will help individuals to overcome the self-stigma inflicted by self-disgust?

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PREFACE

Paul G. Overton, Philip A. Powell, and Jane Simpson

Our capacity to acquire dysfunctional self-directed disgust reactions, or the phenomenon of "self-disgust", is a relatively novel topic for psychological enquiry, and—at least partly as a consequence of that—it is a concept that is shrouded in ambiguity. Hence, up to now, the "self-disgust" label has been used somewhat inconsistently, devoid of any real clarification. At the same time, and perhaps somewhat paradoxically, an increasingly large body of evidence now suggests that self-disgust may be critically involved in a range of health problems. As a consequence, we felt the time was right to seek to provide further clarification of what we believe to be a distinct and complex, disgust-based psychological phenomenon, and at the same time explore the psychological and clinical implications of self-directed disgust. To this end, in this volume we have assembled a series of chapters from leading experts that address certain key aspects of these issues.

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Chapter One

Self-disgust is attracting increasing recognition in the clinical domain, yet its theoretical grounding as a psychological construct has hitherto remained undeveloped and ambiguous. In this introductory chapter, with reference to the wider literature and our own research, we present in detail our conceptual framework of self-disgust as a unique emotional schema. Drawing on relevant evidence and prior theorising, we discuss how and when the essentially adaptive emotion of disgust can become maladaptive through acquisition as a response to particular features of the self. We illustrate how the psychological experience of self-disgust involves more than simply the felt basic emotion of disgust directed towards the self, and proceed to review explicitly some of the negative effects an enduring sense of self-disgust can have on an individual's mental health. Further, we critically consider the thorny issues of conceptual measurement, individual differences, and the relationship between self-disgust and other related constructs. In sum, our aim in this opening chapter was to introduce a developed theoretical model of self-disgust, which we hope will serve to ground further research and theoretical development on the topic.

Chapter Two

Disgust towards both others and the self has been linked to negative outcomes in moral judgement and psychopathology. A growing number of authors have argued that such harmful outcomes are due to intrinsic features of the emotion itself, and that disgust has no positive role to play in morality or mental health. Here, Jason A. Clark offers an initial defence of disgust's virtues in both inter- and intra-personal (self-directed) sociomoral dynamics. He focuses on integrating work in social psychology and social neuroscience, comparing the values of cognitive and behavioural responses associated with anger and disgust, and emphasising the involvement of regions of the brain that are active both when we mentalise about others and when we mentalise about ourselves. Clark does not deny that disgust can be a highly damaging emotion, but instead argues that these instances are not characteristic of its ordinary operations. Hence, his claim is not that disgust is always morally or psychologically appropriate, but rather that (1) disgust can play a positive role in such contexts, and (secondarily) that (2) disgust is

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not unique in its ability to generate such negative outcomes, but rather has many unindicted emotional co-conspirators.

Chapter Three

There has been little written within disability studies about the role of self-disgust in the lives of disabled people. Drawing on both psychological and sociological approaches, this chapter by Donna Reeve looks at the assumptions and realities of self-disgust in the lives of those whose "impaired" bodies and minds cause them to be labelled as "disabled" and, therefore, in the eyes of some, to be viewed as deviant and "disgusting". It has been argued that the emotion of disgust is largely responsible for maintaining the disability vs. non-disability binary and a social hierarchy whereby "normal" people are superior to those perceived to be impaired. This chapter shows how interpersonal and moral forms of disgust can be revealed in contemporary examples of psycho-emotional disablism, an attitude towards disability that has a negative impact on how a disabled person feels about themselves. In this chapter, Reeve discusses the relevance of self-disgust when considering the different ways in which disabled people manage and challenge internalised oppression. In addition, Reeve considers the experiences of disabled people who live with incontinence, an impairment that directly challenges the modernist ideal that demands bodies to be contained, clean, and free from contamination. She shows that rather than simply feeling self-disgust towards bodies that truly are unruly and leaky, over time these disabled people can develop alternative ways of being which provide more positive and healthy relationships between body and psyche than might otherwise be expected.

Chapter Four

Studies of self-disgust have mostly concentrated on examining it in the context of mental health processes and outcomes; in this chapter, Lisa Reynolds and colleagues evaluate the implications self-disgust may have for physical health, specifically examining how it may be relevant as individuals adapt to chronic physical health conditions. After briefly reviewing evidence for disgust's relevance to health, the authors draw from evolutionarily inspired theories of disgust and disgust sensitivity, conceptualising self-disgust as a specific variant of disgust in which

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aspects of the physical or psychological self act as an elicitor. Following this characterisation, Reynolds and colleagues examine how disgust's evolved avoidance and withdrawal-promoting function(s) may lead to poor outcomes in physical health contexts, concentrating on two likely pathways. First, they evaluate the likelihood that self-disgust motivates avoidance of medical contacts, screenings, treatments, and side-effects because aspects of these processes entail being faced with undesirable aspects of the physical or psychological self. Second, and more speculatively, it is argued that because the emotional responses of the self are used when attempting to anticipate those of social others, self-disgust may increase estimations regarding the likelihood of disgust (and rejection) in others. Consequently, self-disgust may promote a psychologically self-protective dynamic in which possible or imagined social rejections are prevented by reducing engagement in medical treatment and by avoiding, delaying, and withdrawing from support networks. Using cancer as a model, Reynolds and colleagues evaluate the nature, place, and implications of self-disgust for adaptation in chronic ill health, concentrating on examining how self-disgust may promote withdrawal and avoidance in interpersonal, social, and intimate/sexual contexts.

Chapter Five

Self-disgust is probably not the first thing that comes to mind when most people think about sex. In this chapter, Peter J. de Jong and Charmaine Borg argue that there might nevertheless be an important link between self-disgust and sexual experiences. Current models of sexual behaviour propose that sexual responses involve an interaction between sexual excitatory/inhibitory processes. From such a perspective, the generation of sexual responses may be compromised when sexual inhibition outbalances sexual excitation. Accordingly, relatively strong inhibitory tendencies may interfere with functional sexual behaviours and may give rise to sexual problems. The present chapter illustrates that self-disgust (and related preoccupations) might be important candidates in the inhibition of sexual responses. On the one hand, enhanced self-disgust might compromise pleasurable sexual functioning, whereas on the other (memories of) sexual behaviours of the self or of others might give rise to self-disgust. Accordingly, people may enter a self-perpetuating cycle in which enhanced self-disgust becomes an increasingly important feature of the self.

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Current theories of disgust differentiate between three types of disgust: pathogen, sexual, and moral. In the first part of the chapter, de Jong and Borg discuss how each disgust subtype might give rise to particular types of sex-relevant self-disgust, outlining how self-disgust may serve as a strategy to distance the self from the desecrated, unworthy, or deplorable aspects of the self, in a way to preserve the integrity of the core self. In the second part of the chapter, the authors present an heuristic model to explain how enhanced self-disgust might contribute to the generation of sexual problems, and vice versa. Finally, the authors briefly address the potential clinical implications of the proposed interrelationships between self-disgust and sexual behaviours/experiences, and discuss some critical issues that call for further research.

Chapter Six

The intersection of disgust and psychopathology has largely emphasised its role in disorders of avoidance, such as anxiety conditions. This line of inquiry has demonstrated that disgust is an important contributor to clinical phenomena. Further, research into the treatment of disgust shows it is a particularly resistant emotion to direct clinical intervention. In the experience of disgust, the primary components (core, animal reminder, and contamination) do not fully explain higher-order experiences of the emotion and how they intersect with other complex emotional states such as shame and guilt. The aim behind Dean McKay and Rebecca Lo Presti's chapter is to examine possible mechanisms that lead from basic disgust experiences to the higher-order complex emotional processes, including self-disgust. Recent findings suggest that moral disgust may unify these other emotional components, and may be critically involved in other psychopathology. The authors use specific examples to show how moral disgust (a) emerges from the basic components of disgust, and (b) may be implicated in complex psychological conditions such as body dysmorphic disorder, eating disorders, and post-traumatic stress disorder.

Chapter Seven

A growing body of theoretical and empirical work suggests traumatic experiences involving feelings of violation, debasement, immorality, or impurity may be capable of eliciting a phenomenon termed "mental contamination", or the perception of internal dirtiness that persists

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despite repeated cleansing or washing. Traumatic events involving sexual victimisation have been specifically linked to heightened mental contamination. Within this context, it has been suggested that mental contamination may arise, at least in part, as a result of the internalisation of feelings of disgust associated with instances of sexual assault or abuse. Preliminary evidence further suggests mental contamination may relate to increased symptoms of post-traumatic stress. This chapter, by Christal L. Badour and Thomas G. Adams, provides an overview of the theory in this area, the existing empirical literature is reviewed, and several clinical implications and directions for future research are provided.

Chapter Eight

This chapter, authored by Fahad S. M. Alanazi and colleagues, considers the importance of disgust as a critical emotion in depression. The available literature on disgust and depression is reviewed, and it is subsequently argued that the most important form of disgust in depression is when it comes to be focused on the self, particularly in the form of more complex emotional states such as shame and guilt, in terms of their derivation within a basic emotions approach (Power & Dalgleish, 2008). An aetiological model of depression (SPAARS) is presented that incorporates multilevel representation systems of emotion. Within this model, the authors propose that the depressive state is a direct result of the emotional coupling of sadness and self-disgust.

Chapter Nine

It is, perhaps, surprising that research looking at the application of disgust to eating disorders has started only in the last ten or so years. Moreover, a number of authors have questioned the application of disgust to eating disorders, as some empirical evidence has suggested that general disgust is not specifically applicable to these particular conditions. In this chapter, written by John R. E. Fox and colleagues, it is argued that this is a conceptual shortcoming, as disgust should be thought of as being domain-specific, and disgust towards the self appears to be particularly salient for an eating disorder population. Although work in this field is very much in its infancy, this chapter includes a review of both the theoretical and the empirical literature of the application

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of self-disgust to eating disorders. The authors also consider some of the general models of emotion that have been applied to eating disorders and the pivotal role that disgust, including self-disgust, plays in these models (e.g., SPAARS-ED). A key feature of these models is that disgust becomes "coupled" with other emotions, such as anger and/or sadness, and this is regarded as a key emotional process in eating disorders. Fox and colleagues also consider these theories and research within the treatment of eating disorders, as it is argued that disgust is an often neglected emotion in clinical approaches to eating pathology.

Chapter Ten

Self-criticism, self-punishment, and self-directed anger are known to be important in understanding acts of self-harm, but the role of self-disgust has yet to be explored in any detail. In this chapter, Outi Benson and colleagues combine analysis of first person testimonies on the experience of self-harming with a focused review of recent philosophical, psychological, and sociological literatures on disgust and self-disgust, to investigate the various ways in which these emotional experiences may be involved in self-harm.

In their chapter, Benson and colleagues distinguish three varieties of self-disgust: 1) experiences of the self as disordered, ill-fitting, or malfunctioning ("integral" self-disgust); 2) experiences of the self as worthless, hateful, or bad ("moral" self-disgust); and 3) experiences of the self as repulsive ("basic" self-disgust). They argue that integral self-disgust (i.e., a mass of emotions and thoughts experienced as "other", contaminating, and threatening to the integrity of the self) can in part acutely motivate, and be modulated by, self-harm; but moral and basic self-disgust appear to be suspended immediately prior to, and during, the act of harming. Instead, it is proposed that these two latter kinds of self-disgust may (re)surface *after* acts of self-harm—in response to other people's real or imagined negative responses—potentially contributing to an overwhelming emotional state and a vicious cycle where more self-harm follows.

Chapter Eleven

While shame has rightly received attention in the psychotherapeutic literature, much less regard has been paid to disgust. Yet disgust can

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stimulate highly violent responses, both physical and emotional. In this chapter, David Jones argues that prejudice and violence are often linked with disgust reactions. This is examined using the concepts of splitting, projection, and introjection, which are defences concerned with the interplay between the deepest, most primitive parts of the mind (the instinctual location of disgust), and experience of and enactment within the external world. Clinical examples, some from forensic practice, are given to illustrate these processes at work. Furthermore, as disgust is a powerful force that produces unease at the very least, it is argued that the fear of contagion is as present in therapists and in the therapeutic space as elsewhere. If unnoticed, it can produce negative therapeutic effects. Jones suggests that the therapeutic stance of unbiased free association is not easy to achieve when deeply anxious parts of the self are approached, and proposes ways in which potentially damaging counter-transference effects can be moderated.

Chapter Twelve

Self-criticism can take many forms and have different functions. This chapter, by Paul Gilbert, explores these with a focus on the forms and functions of self-disgust. Disgust evolved as an affect that motivates avoidance of potential disease or contaminates, often via sensory cues. It promotes the desire to expel, avoid, cleanse, and eradicate. However, disgust can also be an affect that is linked to other humans as a whole and focused primarily on out-groups and those seen as alien and a threat. Disease metaphors are often used to stimulate persecution and eradications (e.g., as in the Holocaust; "ethnic cleansing"). Contempt and hatred are then linked to disgust. Gilbert's chapter explores self-disgust from this evolutionary point of view, that individuals see parts of themselves as "alien and bad or diseased", with a wish to eradicate those aspects of self. In others words, people use the same psychology for relating to external others and internal aspects of self. The chapter also explores the roles of compassion in reducing the effects of disgust and promoting self-acceptance and integration.

Chapter Thirteen

This chapter concludes the book. Selected unresolved issues are considered by the editors, with reference to certain points advanced in

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earlier chapters, as well as evidence contained in the wider literature. In considering the implications of the present work, an assortment of suggestions for further investigation on the topic of self-disgust is then presented, and a revised self-report measure of self-disgust is unveiled.

Acknowledgements

Putting these chapters together has been a great pleasure for us, but we are aware that we owe a great debt of gratitude to the various contributors who have given their time to this work. We also owe thanks to colleagues who have been party to discussions on the issues in this book, but who are not explicitly referenced in the author list. Finally, we would like to express our thanks to Karnac Books for their faith in our ability to deliver this volume and for their understanding when our deadlines (occasionally) needed refining.

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CHAPTER TEN

Varieties of disgust in self-harm

Outi Benson, Zoë V. R. Boden, and Diego Vitali

Introduction[1]

Self-harm can be defined as self-administered, non-accidental injury to one's own body without suicidal intent. Whilst self-harm by overdosing on medicines, such as paracetamol, is also very common, what we go on to say in this chapter should be read as applying only to cutting, burning, scratching, punching, or otherwise damaging the skin. Overdosing, though it often co-exists with these other forms of self-harm in an individual, has a different function and phenomenology.

Self-harming is reported within both clinical and non-clinical populations (Gratz, Conrad, & Roemer, 2002), and is increasing among adolescents and young adults (Fortune & Hawton, 2005). The extant literature explores a number of reasons why individuals engage in self-harm, suggesting that it acts as a method of releasing, expressing, or regulating distress, it blocks memories/flashbacks, and/or it helps the individual manage distressing dissociative experiences (e.g., Briere & Gil, 1998; Gratz, 2003; Linehan, 1993). Self-harm appears to both down-regulate and control overwhelming feelings, and to up-regulate them, allowing the individual to "feel something" after a period of "feeling numb" (Horne & Csipke, 2009). Symbolic meanings of self-harm have

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also been posited, such as communicating or recording inner pain (Crowe & Bunclark, 2000; McLane, 1996; Milia, 2000; Miller, 1997).

A systematic review of quantitative empirical studies of self-harm showed that those who self-harm find identifying, understanding, and expressing their emotions more difficult than individuals who do not self-harm, and they experience higher levels of depression, anxiety, and hostility (Fliege, Lee, Grimm, & Klapp, 2009). Individuals who self-harm have been shown to have higher levels of negative emotions, including fear, hostility, guilt, and sadness, than those who have never self-harmed (Brown, Williams, & Collins, 2007). It has been shown that emotions differ before and immediately after self-harm. Chapman and Dixon-Gordon (2007) showed that anger was the most prominent reported emotion before an act of self-harm, whereas relief and other more positive emotional experiences were found after acts of self-harm. However, we have not been able to find any research studies examining explicitly the potential relationship between disgust and self-harm, and the questions of whether and how disgust and self-directed disgust are involved in self-harm remain unanswered.

Evidence does suggest that individuals who self-harm experience a higher degree of self-oriented negative emotion, for example feelings and thoughts of self-punishment, self-hatred, self-criticism, and self-loathing. Self-criticism has been shown both to motivate acts of self-harm and to distinguish those who harm themselves from those who do not. Glassman, Weierich, Hooley, Deliberto, and Nock (2007) found that self-criticism mediated between childhood abuse and self-harm, while Hooley, Ho, Slater, and Lockshin (2010) reported that individuals who self-harmed had significantly stronger self-critical beliefs than controls in a study of pain perception and self-harm. These studies measure a broad construct of self-criticism, which encompasses both a global sense of inferiority with respect to others and a persistent sense of failure with respect to subjective standards (Thompson & Zuroff, 2003). Self-directed anger and the desire to punish oneself are also known motivations for self-harm (Klonsky & Glenn, 2009; Nock & Prinstein, 2004; Zila & Kiselica, 2001). However, though self-focused hatred has been reported to accompany self-revulsion (Powell, Overton, & Simpson, 2014), it is not at all obvious that these more generally self-critical feelings and cognitions amount to self-focused disgust, in so far as this incorporates a feeling element that is qualitatively similar to the basic

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emotional experience of disgust (as suggested by Powell, Simpson, & Overton, this volume).

In this chapter, we propose to explore how self-disgust may manifest as part of the experience of self-harm. We will do this through analysis of first-person testimony on the experience of self-harm, combined with a focused literature review of recent work on disgust and self-disgust that seemed relevant to the reported experiences. After describing our methodology, we will start by giving an account of self-disgust drawn from existing literature. We will note that, in some senses at least, it seems rare and arguably even impossible to feel disgust immediately before an act of self-harm (though we concede the possibility that trait self-disgust influences the behaviour). We will stop short of saying that state self-disgust does not contribute to self-harm, however, and develop a notion of self-disgust that reflects what our participants experience prior to harming themselves. We will conclude by discussing experiences of self-disgust following self-harm, and close with a note on suicide and its potential relationship with self-disgust.

Our studies

This chapter is based on secondary analyses of data from two studies. First, and primarily, we draw on a mixed-methods study that explored experiences of self-harm (Horne & Csipke, 2009). This study was conducted in two phases: the first was an online questionnaire (with structured and open-ended questions); the second, a series of in-depth email interviews. Participants to the questionnaire phase were 827 people with experience of self-harm. Of these, 37 consented to take part in the interview phase. The study did not ask directly about self-disgust, but did ask participants to describe their experiences before, during, and after acts of self-harm. The majority of participants in the online questionnaire phase and all participants in the email interviews referred primarily to experiences of self-cutting, although other forms of self-harm were also mentioned. Data were originally analysed using grounded theory. Second, two case studies were drawn from an ongoing interview study that explores experiences of people who have made a suicide attempt, their significant others, and those bereaved by suicide. These case studies were of individuals who had a history of self-harm and who discussed their experience of self-harm with us in some detail. All names used here are pseudonyms.

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This chapter uses these studies as a springboard to explore experiences of self-disgust in self-harm. Using the original online, email, and interview data, a secondary thematic analysis was conducted following the procedure outlined in Braun and Clarke (2006). This analysis purposively searched for participants' implicit and explicit experiences of self-disgust and then analysed those occurrences inductively. Additionally, our analysis explored how participants experienced the three phases of the self-harm process; before, during, and after an act of self-harm, specifically focusing on how their emotional state shifted across the experience. We also looked at the other emotions that were experienced alongside feelings of self-disgust, and for descriptions of self-loathing, feeling repulsed, or other language that indicated a feeling of disgust was present, but not explicitly identified. Finally, we attended to how participants attributed feelings of disgust, including when they attributed those feelings to others. These findings were then interrogated in light of the existing literature on disgust, and we developed an account of how self-disgust is experienced in the context of self-harm.

Definitions of disgust and self-disgust: a brief review

In its primary form, disgust implies a set of behavioural and physiological rejection responses against contamination or incorporation of contaminant material (Rozin & Fallon, 1987; Rozin, Haidt, & McCauley, 2008). It involves a sudden arousal of feelings, physiological changes, and action impulses that aim to prevent the threatening object from crossing the body boundary or from spreading within it (e.g., nausea, drop in blood pressure, vomit/gag reflexes, pulling away, and so on). We refer to this kind of disgust as "basic disgust".

Feelings of nausea and expressive behaviours related to basic disgust can sometimes also be elicited in response to morally offensive objects. We refer to this as "moral disgust". According to Rozin and colleagues (2008), moral disgust entails a sense of revulsion mixed with anger against moral violations such as stealing, harming others, betrayal, and so on. The relationship between moral disapproval and basic disgust had already been noted by Darwin (1872/1989), who wrote about spitting and its use in the expression of contempt. Though it seems to function chiefly as a culture-specific mechanism, which aims to avoid immorality and thus to maintain a certain "purity" with respect to rules, ideals, and taboos shared with others (Oaten, Stevenson, & Case, 2009),

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its connection with basic disgust goes beyond feelings and expressive behaviours. For example, Zhong, Strejcek, and Sivanathan (2010) observed that people who are physically clean pass more severe moral judgements than people who are dirty. Basic and moral disgust may also be directed towards the self (Power & Dalgleish, 2008), and can be both functional and dysfunctional. However, it has been hypothesised that where the part of the self that is felt to be disgusting is permanent or central to the self-concept, feelings of self-disgust are maladaptive (Powell, Simpson & Overton, 2013).

We will begin the exploration of our data in light of these concepts.

Self-disgust in self-harm

The rarity of experiences of disgust and self-disgust in self-harm

> By the time I started self-harming I'd already been severely depressed for a year—no self-esteem whatsoever, steadily increasing self-disgust, no sense of any kind of future, no particular enjoyment of anything, getting slowly more hung up on the idea of suicide. And the thing is … I was only fourteen/fifteen. I had no frame of reference to understand how I was feeling. (Francesca)

The above quotation from a participant to an online survey is very rare, because it refers to "self-disgust" directly. In the first-person accounts of motivation for self-harm collected for the first phase of our study, the word "disgust" is barely used at all; 25 participants (out of 827) talked about their experiences of feeling disgusting either before or after they self-harmed. Additionally, a further 33 participants described the actual or imagined responses of their family, friends, and the general public as including "disgust". Of those in the survey who described feeling disgust about themselves or their actions, only 2 label the feelings that lead to their self-harm as an experience of "self-disgust". The other 23 survey participants described feeling disgusted with themselves *after* they self-harmed. In the second-phase email interviews, explicit talk about disgust was also relatively unusual. There were just 5 interview participants (out of 37) who explicitly identified feeling self-disgust. In all these cases, the experience was part of the feelings *before* self-harming. For 1 of these 5, disgust was additionally one of the feelings that occurred in response to her self-harming.

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The meaning of the word "disgust" varies depending on the context, but it appears always to incorporate the following dimensions: a sense of revulsion (Rozin et al., 2008) and the presence of a harmful, even dangerous, contaminant that is to be repelled. In this sense, then, to say "I am disgusting" would be to say: "Beware of me; you should repel me immediately". Perhaps it is no surprise, then, that participants would hesitate to use the word "disgust" of themselves, even in the anonymity of an online response. But it may also not be used because, for most, it does not capture the essence of their self-experience in the moments before acts of self-harm. The use made of the word by the 5 participants is consistent with the idea that basic and moral self-disgust, though we hypothesise that they may contribute to the emotional state that precedes self-harm in a causal way, are not directly part of it.

Explanation of the *absence* of disgust-related expressions in descriptions of the state preceding self-harm

Reflecting on our own experience, we found it strange that the very idea of drawing a knife to open one's own skin did not make the participants "sick to their stomachs"; in other words, that it did not elicit a basic disgust response. The two case studies from our suicide research elaborated this phenomenon further for us. The first participant was surprised by her self-harm, saying:

> when I see my scars now, it's so weird to think that that's my arm because I am so squeamish, like I am the most squeamish person in the world towards blood and cutting and I'd never in a million years would have thought that I would ever do that. (Eva)

The second participant said that she doesn't feel disgust in response to wounds, corpses, vomit, and so on, and has never had to turn away from anything of this kind because she has felt she can no longer bear looking at it. She has never felt, and doesn't know what it is like to feel, disgust in the true sense; she has never felt sickened by bad news, never experienced a physical sensation of disgust. The lack of disgust response to the idea and the act of self-harm can therefore be either a more permanent feature of the experience of those who harm themselves, or associated only with the emotional state immediately preceding acts of self-harm. This absence of basic disgust, as we shall

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see, is derivative of a more general condition in which certain kinds of emotional response are radically diminished.

Both basic and moral disgust can be characterised as reactions with a violent start during which the feelings of revulsion "well up". This is followed by a period in which they first abate and then continue in a more subdued form, as the associated avoidance behaviours are carried through. It is just such flexible emotional reactions that seem to be impossible when people harm themselves.

> … I feel numb—physically and emotionally. I get in a state where I feel separate from everything. As if a thick piece of plexi-glass separates me from the world. Sounds are muted, I can't focus on conversations, I don't feel things I touch. I can't feel my own skin. The self-harm brings me back. I usually don't feel the initial damage, but at some point, I feel the pain. Getting myself to bleed also brings me back into the world. (Lisa)

People who self-harm are, prior to the act, either in a state of high arousal, in which overwhelming anger, anxiety, or a mixture of unidentifiable emotions is typically experienced, or they are depersonalised. The DSM-5 (American Psychiatric Association, 2013, p. 302) defines episodes of depersonalisation as "characterised by a feeling of unreality or detachment from, or unfamiliarity with, one's whole self or from aspects of the self", symptoms of which include emotional or physical numbing. Persistent or recurrent depersonalisation may merit the diagnosis of depersonalisation/derealisation disorder of which "the core complaint is a persistent and disturbing feeling that experience of oneself and the world has become empty, lifeless, and not fully real" (Medford, 2012, p. 139).

In a study by Phillips and colleagues (2001), the subjective reports of blunted disgust responses to aversive stimuli in depersonalised patients were shown to correlate with "reduced neural responses in emotion-sensitive regions, and increased responses in regions associated with emotion regulation" (p. 145). This finding has been repeated for responses to facial expressions (Sierra, Senior, Phillips, & David, 2006). In both studies, the *recognition* of the stimuli or the expression *as* disgusting or disgust was not impaired: the depersonalised participants understood what they saw but did not respond emotionally to it. Interestingly, Sierra and colleagues (2006) observed that judgements

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of the *intensity* of the emotional expression were also affected. The experience of disgust may also be suspended in highly aroused emotional states. A study by Borg and de Jong (2012) found that sexually aroused women showed diminished disgust responses. Emotions that are associated with life threatening situations, such as anxiety, fear, and panic are also associated with high arousal. Such emotions have been found to have a significant association with depersonalisation, though the relationship is complex (Sierra, Medford, Wyatt, & David, 2012). Anger, associated with fight rather than flight, is another such aroused emotion, and we have evidence from one of our suicide research participants, who described having to make herself angry in order to overcome a gag reflex and continue her suicide attempt. Some instances of anger towards the self before an attack on the self can therefore be what Tamir and colleagues (Tamir & Ford, 2012; Tamir, Mitchell, & Gross, 2008) describe as active manipulation of one's own emotions for instrumental benefits.

In our view, self-harm rarely takes place without at least some degree of depersonalisation being evident. Depersonalisation is known to be associated with emotional response deficits (Medford, 2012; Monde, Ketay, Giesbrecht, Braun, & Simeon, 2013). In fact, it seems plausible that the predicament in which self-harm becomes part of the person's emotion-regulation system is one where some degree of depersonalisation has become engrained, preventing tacit, non-verbal understanding of emotions or the integration of such understanding with explicit, language-based representation (Horne & Csipke, 2009). These emotional response deficits could also account for the relative absence of disgust in self-harm.

Explanation of the *presence* of disgust-related expressions in descriptions of the state preceding self-harm

Yet it does not seem right to say categorically that self-disgust is not part of the experience before self-harm. For one thing, a few of our participants did use the word, or words that evoke the notion of disgust such as "sick", "revolting", or "messed up" to describe their experience. For another, on a closer inspection, whether such words are used or not, the phenomenology of self-harm involved experiences that are both structurally very disgust-like, and are directed towards the self. In the next section, we develop a notion of self-disgust that it is

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possible to experience even in the presence of the kinds of emotional deficit associated with depersonalisation. It does not rely on the person's capacity to have the kinds of feelings or responses characteristic of basic disgust but retains many features of the complex emotion of disgust nevertheless.

Self-disgust as a precursor of (some instances of) self-harm: "integral disgust"

In the self-harm study, we found that there were a number of experiences we began to think of as a variety of self-disgust, which we call "integral self-disgust". Participants described these experiences as happening before they self-harmed, and as directly contributing towards their self-harm.

Aspects of "integral self-disgust" in self-harm: emotions (and thoughts) as "other"

Derrida (1981) described objects of disgust as those which cannot be assimilated as part of oneself, that is, those which are "other". The disgusting thing is that which cannot be "digested", the irrepresentable that can only be "vomited" (Derrida, 1981, pp. 23–24). The participants of the self-harm study who used disgust-related words (and many participants besides) experienced a part of themselves, specifically their emotions and related thoughts, as something that could not be assimilated into the self. Their emotional experience was something that could not be reflected upon or mastered, it was unapproachable, unknowable, unrecognisable, unacknowledged, uncontained, amorphous, unidentifiable, disordered, and something that could not be articulated, or made sense of. These experiences included:

Overwhelming, unidentifiable emotions and thoughts

Emotions are experienced as overwhelming and intense, so much so they cannot be recognised: "the feelings were so strong they couldn't even be identified as emotions" (Joanna). Participants struggled to identify the emotions they were feeling: "I couldn't put a name to any of the emotions" (Natalie). Emotions and emotional thoughts seemed "messy" and "muddled", a mass of different, jumbled-up feelings

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which were difficult to separate or name: "sometimes I'd feel lots of different emotions at once, and I couldn't work out what they were. I'd want to scream and cry and shout and be angry all at the same time" (Natalie).

Feeling out of control

Feeling out of control involves an experience of a lack of autonomy and agency over one's internal states. Emotions and thoughts are experienced as unstable and rapidly shifting: "like all the feelings/thoughts had been flying around too fast to catch or contain" (Joanna). This is experienced as very frightening: "I feel I've lost control of my mind. When I feel out of control I completely panic" (Vicki).

Feeling uncontained or boundary-less

The self begins to feel less contained and coherent as the person experiences a loss of agency and control over her thoughts and feelings (her "mind"). The self begins to be experienced as if no longer bounded by the body, but as uncontained or boundary-less emotional turmoil: "I would begin to feel as if my mind had come adrift from the body, that the body did not even exist and I had become just this flying mass of mental turmoil" (Joanna).

Aspects of "integral self-disgust" in self-harm: a threat to self

These un-assimilable feelings and thoughts about an aspect of the self are experienced as a threat to the integrity of the self as a whole: "the other" invades, contaminates, threatens to break the body or explode out of it. The felt body-border is under attack.

Overwhelming emotions threaten the integrity of the self

The intensity and unmanageability of the emotions are experienced as a threat to the integrity of the body-self. Participants feel as though their emotions will break their bodies: "before cutting I feel as if I'm going to explode" (Carly); "The emotions I used to feel used to be so strong and somehow untameable that I felt my body was not strong enough to contain them" (Joanna).

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Feeling of fragmenting, disintegrating, or being scattered

Experiencing emotions as threatening to the integrity of the body-self leads to feelings of becoming fragmented, disintegrating, or being scattered: "I felt like I was fragmenting into nothingness" (Joanna); "I feel like my body is all 'bitty', like it's all wee [little] squares joined together" (Carly).

As already noted, a threat of harm to the organism is part of the experience of basic disgust, and arguably also moral disgust. Just as with other forms of disgust, the threat creates a need to act in order to protect the organism and/or others:

> Feeling compelled to harm was a very physical sensation for me. I'd feel really tense and overwound, like something inside me has been cracked up to breaking point and was going to explode or snap if I didn't do something to defuse it … how I was feeling was very dangerous—like carrying it around and leaving it undealt it wasn't an option because if I did I would fracture under the strain. (Francesca)

We suggest that, together, these experiences amount to a variety of disgust which we have called "integral disgust". This type of disgust is basic in the sense that it is experienced pre-reflectively, yet without being derivative of what we've called "basic disgust". Our concept of "integral disgust" bears some resemblance to Mary Douglas's analysis of dirt as "matter out of place" (1966/2002, p. 36), in so far as disgust is a reaction to dirtiness understood as a breach of proper, orderly relations between things. It also echoes Baron's (2011, p. 287) suggestion that there may be "something like disgust that is a reaction to disorder and messiness, to things not being whole or not working properly". He cites Lamb (1989), who argues that this disgust-like response is part of moral development in young children. Lamb (1993) observed that two-year-olds showed particular interest in, and became distressed about, flawed objects, like a broken toy, as they became increasingly aware of moral standards and norms. Similar descriptions of disgust can be found in the classic work *On Obsession* by the psychiatrist Straus (1968). Discussing the context of contamination obsessions, Stanghellini and Muscelli (2007) turn to Straus, who argued that disgust is the central emotion in this psychopathology. Of

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importance to our analysis is Straus's description of what can lead to disgust feelings. He saw disgust as a response to loss of integrity, loss of form, fragmentation, loss of unity, and loss of a neat shape. Similarly relevant is the idea of disgust as an emotion evolved to defend the body-boundary, to resist the "mixing of the self's substance with the substance of another" (Rozin et al., 2008, p. 770). The perceived dangerousness of the emotions experienced by people who self-harm relates to a felt threat to the boundary around the body-self, a threat to the very existence of it.

Within the context of self-harm, this type of integral disgust is self-oriented. The pre-reflective experience of self, as it is typically encountered in action as a "fitting" and "functioning" part of the totality of the world and others, is disrupted. In the context of obsessions, Straus was describing the breakdown of material objects—the world around the individual—but in our analysis of self-harm, the same can be said for the experience of the self, particularly in its emotional aspect. It is no longer unified, neat, and clearly formed, and so the individual responds with repulsion and disgust towards themselves. An analogy might be a reaction to seeing a broken ankle that sits at an unnatural angle, or features that are deformed and disproportionate. These cannot be encountered as part of ordinary, active, bodily engagement with the world, and a disruption is created in tacit understanding of the ankle or features, which are experienced as unrepresentable (they cannot be initially understood or communicated). Typically, one doesn't well up with nausea—although one might, and then the experience would be mixed with basic disgust—but shudders and seeks to turn away. In the experiences preceding self-harm, however, the object of disgust is a self that is "messed up", disordered, failing to function, and ill-fitting, and turning away is impossible. Taking the place of the upwelling of reactive, physiological arousal and the associated feeling that is part of basic and moral (self-)disgust is instead a stagnant sense of frustration. A sense of being stuck is part of the experience and what is sought is release.

> Sometimes, feeling so numb frustrates me, and it gets out of control. I get really irritable and upset, which sounds completely contradictive, as I just said I didn't feel anything. I don't know. It's hard to explain. … I probably sound disgusting[ly] inarticulate. (Esther)

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"Integral self-disgust" and the function of self-harm: order, mastery, and function

Participants described a number of ways their self-harm acted to manage the experience of integral disgust. Where integral self-disgust was a feeling of dysfunction, being out of control, and being about to explode with the pressure of unwieldy, messy emotions, self-harm brings about order, control, release, and a feeling of integrity. The outcomes of self-harm our participants described were achievements both in managing the disordered aspect of integral disgust, and the accompanying feeling of threatened integrity.

Ordering emotions by making them visible

Self-harm acts as a transformative process that turns unidentifiable, messy, or jumbled emotions into something visible, tangible, and nameable, as wounds and scars: "[I'll] be so overwhelmed with disgust, shame, embarrassment, rage, and pure hatred so harming myself becomes a way of showing that" (Carly). The self-harm act "catches" emotions that were previously felt to be "untameable" and amorphous; the wound, scar, and/or blood becomes a representation of the experience that can be attended to, contemplated, and something that the individual can act upon. Emotions thereby become understandable to that individual and others. Of course, *how* they are understood is then a secondary issue that will be discussed below.

Helping the self become functional

Self-harm is experienced as a way to gain clarity and order over thoughts and feelings, and thereby allow the mind to "work" properly: "there was that feeling of mental clarity and focus again" (Francesca); "it would seem to bring my mind back in focus" (Joanna). Participants report that self-harm allows them to behave normally, and to function again, where before self-harm this was impossible as they were overwhelmed with emotion: "it would … make me feel more able to function and think clearly and rationalise my thoughts" (Abbey); "if I cut, I'll start 'feeling' and 'working' again. My body will start and my brain can function" (Cat).

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Providing a feeling of being in control

Where emotions are experienced as "other" and out of control, the individual attempts to gain mastery over them: "I'm feeling things that are too strong such as anger or upset and so I cut to control those things" (Lucy). Self-harm acts as a way for some people to control those overwhelming, amorphous feelings, but also provides a behaviour that itself can be controlled. Self-harm is an exercise in agency and control that counters feelings of being out of control, messy, and disordered: "I found self-harm a comforter, something that I was in control of" (Vicki).

"Integral self-disgust" and the function of self-harm: releasing the threat and a sense of integrity

Releasing the unwanted part from the self

The feeling before the act of self-harm was often described as one of unbearable tension within the body, such that the body may explode at any point. The amorphous emotional state is understood to be dangerous and threatening to the integrity of the self (like any disgust-object), and, therefore, the appropriate response (following Derrida's 1981 analysis of disgust) is to try to purge that emotional state from the self: "The hatred that was directly inwards has now been dispelled from my body" (Carly). Through the act of self-harm, the messy emotions are acted out upon the body in order to expel them: "I'm making a mess of my body as it takes away the mess in my head" (Cat). In turn, this is experienced as a felt sense of release, and relief in the body, that comforts and pacifies: "self-harm seems to calm me down" (Vicki). Nearly half of participants from the online questionnaire ($N = 815$) reported these feelings of release or relief following an act of self-harm (46.5%; $n = 379$).

Providing a feeling of containment and a sense of integrity

Where overwhelming feelings led to a sense of losing bodily and psychic integrity, self-harm seems to act in the opposite way. It draws the person's attention towards the surfaces of their body: "Self-harming kinda defined the edges of my body and made it clear that I was here

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and I had these boundaries" (Francesca). The pain, when it arrives, is experienced as a positive achievement because it offers a way to attend to and confirm the body boundary: "the pain on my skin acted as a physical reminder that there was a firm boundary, that I had, was finite, contained" (Joanna). A sense of integrity after self-harm comes from a feeling of being a defined object in space rather than a "flying mass of mental turmoil" (Joanna).

Through these ways, self-harm is understood to order, control, and master painful and overwhelming emotions, thereby allowing the self to function in a normal way, and to release those dangerous emotions from the body and provide a sense of containment, and bodily and psychic integrity. The body border feels secure once more.

In some cases, we noticed that the same overwhelming, amorphous feelings that were seen as destructive to the self could also be viewed as a threat to others. Participants spoke about harming themselves in order to not harm someone else. In these cases, self-harm comes to be seen as a "non-destructive" way to manage this threat: "I've taken it out on myself, so it no longer feels as if I'm going to explode or take it out on someone or something else" (Carly). Self-harm, therefore, is understood as a way to purge the overwhelming feelings of integral disgust: the feeling that the emotional self is disordered, dysfunctional, and dangerous to the self and to others, and must therefore be rejected.

To summarise, the internal emotional state experienced before an act of self-harm—while not disgust in a basic emotional sense—is akin to a disgusting object; it is irrepresentable, intrusive, and threatens the felt body-border, it needs to be confined, repelled, or fought off in order to avoid disintegration. The disgust experienced towards this project is of a kind that is a reaction to messiness, disorder, and dysfunction—in our terminology, "integral self-disgust". Though experienced as "other", the disgusting object is a part of the self, and cannot be easily separated off. Self-harm appears to manage this experience of self-disgust both by affecting the object of disgust (regulating the emotional state) and by transforming the emotional mess into an entity (the "cut", the "burn", the wound) that can then be understood. As a visible manifestation of hitherto intangible and uncontrollable mental turmoil, though an injury would be the kind of thing that might occasion a disgust response, a wound is typically not disgusting to the self-harming individual—at least not at the outset. However, self-disgust can be felt soon after self-harm.

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Self-disgust after self-harm

Self-harm appears to be a disgust response (integral self-disgust) to intense and overwhelming emotions which transforms that part of the self which is disgusting and unknowable into something tangible and visible, which can be recognised and understood by the individual and others. However, *how* the self-harm is to be understood is context dependent. During an experience of integral disgust, self-harming behaviour appears to be the only way to avoid disintegration or annihilation of the self, for example a suicide attempt: "the fear that if you don't express it in some way like self harm then it will come out in a more dangerous way, such as a serious suicide attempt" (Olivia). Harming the self is an extreme attempt to represent the irrepresentable, to objectify and control the overwhelming emotional experience. During the act of self-harm, basic and moral disgust must be "suspended", but afterwards, the capacity for feeling is returned (Horne & Csipke, 2009), and with it both again become possible.

With the renewed possibility for feeling, including feeling disgusted with the self, the individual is able to better reflect on (and articulate) her feelings, as represented by her injuries. However, sometimes the wounds do not elicit a compassionate response to her inner turmoil, but instead visually represent the disgusting, messy internal state she has been experiencing: "I can look down at myself and say 'yes, you are a shit person, and this just proves it'" (Carly). In addition, in this new post-harming state, the person who has harmed often assumes the perspective of the other, and experiences the self-conscious moral emotions; guilt, shame, and (moral) self-disgust, as well as self-directed anger. In the online questionnaire ($N = 815$), feeling hatred, anger, or disgust towards oneself after an act of self-harm was reported by 12.3% ($n = 100$) of participants, while 25% ($n = 204$) reported feelings of shame, guilt, or embarrassment: "I feel more relieved but also more guilty and sometimes disgusted with myself" (Vicki). It is unsurprising that we found feelings of self-disgust were experienced alongside other moral, self-conscious emotions, given that self-disgust has been conceptualised as a self-conscious emotion in its own right, and has been theorised to co-exist with shame, embarrassment, and guilt (Roberts & Goldenberg, 2007).

However, a lot of the talk about "disgust" in the online questionnaire was attributed to family and friends ($n = 35$). Self-harming individuals

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often face the real or imagined emotions of others who learn (or may learn) about their behaviour. This can include shock, fear, anger, and disgust (Gardner, 2001). In this study, disgust was either the imagined response, should the significant other find out about the self-harm, or the perceived actual response. For example: "My last boyfriend told me I disgusted him and he left me" (Participant ID: 432). When the significant other is perceived as responding with disgust to the self-harm, in this case both emotionally and in his behaviour (the boyfriend rejects her because she is disgusting), this evaluation is internalised and the self is viewed as morally disgusting. Similarly: "Sometimes I'll tell my best friend, but she was pretty disgusted when she first found out, only because she cares but it did make me feel more of a freak" (Participant ID: 496). Here, revealing her self-harm to her friend resulted in what she understood as a disgust response, which made her feel like "a freak", someone who is different and cannot be understood or assimilated into the social group. Thus, through self-harm and others' real or imagined negative response to it, integral self-disgust (a feeling that the emotional part of the self is disgusting and needs to be rejected) can be transformed into an internalised moral disgust (a feeling that the whole self is disgusting to others and should be rejected by them). These new feelings of moral self-disgust then contribute to the overwhelming negative emotional state that leads to a feeling of integral disgust, and the cycle begins again. This, we believe, accounts for much of the "addictive" quality that self-harm is reported to have.

In some cases, the perceived disgust of the other fails to materialise: "Before I told anyone, I thought they would be disgusted by me, but actually they have been really kind" (Participant ID: 260). In this case, perhaps there is the opportunity for the self to be viewed as other than disgusting, which may allow the individual to better assimilate the unbearable emotional aspects of themselves and avoid overwhelming integral disgust. This ought then in turn reduce the need to self-harm as a way to purge these feelings. When responses to self-harm are not those of disgust, this helps disrupt, or even break, the cycle.

The question of suicide

Although suicidal acts and self-harm have traditionally been grouped together under the term "suicidal behaviour", both in clinical and research work, for most purposes this is, in our view, a mistake. Three

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factors are likely contributors to this tendency to conflate. First, there is some degree of ambivalence involved in most acts of suicide, and suicidal intent is thus difficult to establish or deny in many cases of overdose. Overdoses account for the majority of A&E visits, but acts of cutting are more common by far (Horrocks, House, & Owens, 2002). Second, there is a well-known association between completed suicide and self-harm: twenty-five to fifty per cent of adolescents completing suicide have previously either engaged in self-harm or attempted suicide (Hawton, James, & Viner, 2005), and increased suicide risk has been shown in those who self-harm repeatedly (Zahl & Hawton, 2004). Twenty per cent of more than five hundred participants to our online self-harm survey wrote that they were using self-harm as a way to combat suicidal feelings (Horne & Csipke, 2009). Third, the functions and meanings of self-harm have been insufficiently understood in the past. In the last decade, many research teams in several different countries have addressed this knowledge gap (see Klonsky, 2007, for a review), and these days it is increasingly understood that suicidal acts and acts of self-harm are, though not unrelated, still separate phenomena with quite different meanings, motivations, and functions attached.

As was the case with our self-harm data, our recently completed analysis of interviews about the suicidal process with people who had attempted suicide ($n = 14$), who were interviewed with their family member or friend ($n = 15$), and people bereaved by suicide ($n = 25$), produced very few explicit references to self-disgust. However, in many narratives, the moral worth of the self was at issue, and particularly the part of self that feels was frequently rejected or hidden. This suggests a potential application of a concept of moral self-disgust to the experience of people close to attempting or completing suicide. Further analysis of these data needs to be carried out to explore this.

Conclusions

An act of self-harm, seen as a transformation of an emotional state, is also a journey through varieties of disgust and self-disgust. At the start, basic and moral disgust recede, but "integral self-disgust" may be experienced strongly and motivates the act of self-harm. Through cutting, integral self-disgust is managed; first, by controlling the emotional state that is the object of disgust, and second, by transforming it into a physical entity that is now part of the social world. The post-self-harm state is

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characterised by a pronounced vulnerability to moral self-disgust and other related self-conscious emotions.

Understanding disgust and integral self-disgust as a motivation for self-harm highlights the importance of focusing on the acceptance of difficult feelings in therapy. It also elucidates the meaning of the wound and highlights the importance of appropriate responses to self-harm injuries at A&E departments and by the friends and family of those affected.

Note

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