

Self-control, Selfishness and Mutilation: How ‘Medical’ is Self-Injury Anyway?

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Self-inflicted injury, or ‘self-harm’, has been a topic of much debate in recent years. The media in the Western world has tended to portray the issue as an increasing ‘trend’, relating it to various contemporary concerns, including the so-called ‘celebrity culture’ and urban decline. The past decade in the UK has seen the publication of various clinical guidelines, a National Inquiry into Self-Harm in young people, and almost continual media speculation. In the last two decades of the nineteenth century, speculation also occurred around ‘self-mutilation’, an area newly defined by alienists (asylum psychiatrists). This topic has received little historical attention; yet, had ‘self-harm’ been on the agenda in the 1970s and ‘80s, nineteenth-century self-mutilation would no doubt have been presented as part of a discourse on professionalisation, in which the creation of a new psychiatric category was presented as part of the ‘medicalisation’ of psychiatry, through observation and classification within asylums. More recently, a changing historiography has led to histories of self-harm being located within a schema for ‘making up’ people, such as attention to the development of a patient profile for the apparently new behaviour of ‘delicate self cutting’ in the mid-twentieth century.¹ This article builds on this concept to explore broader social issues around the creation of the concept of ‘self-mutilation’, which help to explain the occurrence of an impetus for ‘making up people’ in a particular period or culture. In particular, the impetus is related here to changing ideas of what constituted the ‘self’ and the relation of the individual to society in the late nineteenth century.

In January 1882, newspapers and medical journals alike debated the story of Isaac Brooks, a ‘case of mutilation which is now exciting so much public interest’.² Brooks,

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¹Barbara J. Brickman, ‘“Delicate” Cutters: Gendered Self-Mutilation and Attractive Flesh in Medical Discourse’, *Body & Society*, 10, 4 (2004),

87–111; C. Millard, ‘Self-Mutilation and a Psychiatric Syndrome: Emergence, Exclusions & Contexts (1967–1976)’ (unpublished PhD thesis: University of York, 2007); Ian Hacking, ‘Kinds of People: Moving Targets’, *Proceedings of the British Academy*, 151 (2007), 285–318.

²F.W. Warrington, ‘The “Strange Confession” in Staffordshire’, *The Lancet*, 119, 3046 (1882), 81–2: 81.

a young stonemason and farmer from Staffordshire, had been attended by his doctor in 1879 for a cut wound to the scrotum, from which one of his testicles protruded. The farmer claimed he had been attacked and wounded by three men and, after being pushed to name his attackers, two were sentenced to ten years' imprisonment for the crime. The whole story (including treatment for a second, identical injury eighteen months later) only came out after Brooks' death in December 1881. On his deathbed, the farmer signed a full confession stating that the two men were innocent and, according to initial reports, that the injuries were self-inflicted. What is particularly interesting about such reports is that, although at first focusing on the miscarriage of justice, discussion soon shifted to the character, personality and life of Isaac Brooks himself, and how these were reflected in or explained by his self-mutilation, for as the commentary in *The Lancet* suggested: 'There cannot be the slightest doubt in the mind of any one... that the case was throughout one of self-mutilation from insanity.'³

This categorical statement indicates that the Brooks case was part of a much wider interest in the relationship of self-mutilation to insanity. The observations of alienists on the inhabitants of the new county asylums had encouraged interest in defining the behaviours of the insane throughout the nineteenth century. Self-mutilation, a term that began to replace previous references to 'self-injury' in the 1860s (and was widely adopted from the 1880s), forms part of this categorisation.⁴ My research focuses on the development and purpose of these medical definitions of self-mutilation, particularly within the asylum context where they were first formulated, through examination of the records of the Bethlem Royal Hospital. Despite the contemporary interest in self-harm, historians have written little on this period: there exists a broad historical and cultural overview by Armando Favazza, and some work on specific self-injurious disorders, most notably anorexia nervosa.⁵ Yet the mind/body context makes self-mutilation a revealing category in relation to contemporary issues concerning social change and upheaval; spiritualism and the self; sexuality and sexual propriety; and degeneration theory. Although a broad and changeable category, self-mutilation was more specific than self-injury (the latter, unlike the former, tended to include food refusal and attempted suicide). By the 1890s, self-mutilation was generally defined as including flesh-picking, biting, hair-plucking, punching or knocking against objects, cutting or otherwise removing part of the body, swallowing or inserting

³ Editorial, 'The Case of the Farmer Brooks', *The Lancet*, 119, 3046 (1882), 73. Other newspapers repeated this quote verbatim, for example: F.W. Warrington and 'A Correspondent', 'The Strange Confession in Staffordshire', *The Times*, London, 13 January 1882, 10, col. F-10.

⁴ See, in particular: Eric Sinclair, 'Case of Persistent Self-Mutilation', *Journal of Mental Science*, 32, 137 (1886), 44–50; James Adam, 'Cases of Self-Mutilation by the Insane', *Journal of Mental Science*, 29, 126 (1883), 213–19.

⁵ Armando R. Favazza, *Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry* (Baltimore, MD: Johns Hopkins University Press, 1996). On anorexia nervosa, see Joan Jacobs Brumberg, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*, (Cambridge, MA: Harvard University Press, 1988); Walter Vandereycken and Ron van Deth, *From Fasting Saints to Anorexic Girls: The History of Self-Starvation* (London: Athlone, 1994).

foreign bodies such as needles and eating rubbish.⁶ While published reports often concentrated on the extremities of castration, enucleation (gouging out the eye) and amputation, it was the more common minor injuries that required regular intervention by asylum medical staff, and frequently formed matters of concern and comment in casebooks.

In this article, I want to draw attention to two particular questions in relation to these ‘minor self-mutilations’ (as alienists described them).⁷ The Scottish legal term ‘mutilation’ referred to permanent damage or loss of function to some necessary part; yet, neither face-picking or hair-plucking constituted this, even if they might leave visible scars (although the former might lead to infection and even death). Yet, in asylum casenotes ‘mutilates herself’ most frequently referred to face-picking, regularly described as ‘disfiguring’.⁸ I will therefore focus on nineteenth century descriptions of face-picking and hair-plucking, two behaviours which were often linked by alienists,⁹ and ask: Why were non-permanent or minor self-inflicted injuries included in medical definitions of self-mutilation; and why did self-mutilation, in particular minor injuries, appear threatening to alienists and a lay audience, including patients’ families?

The term ‘trichotillomania,’ still in use today to describe hair-plucking, was introduced by French dermatologist Henri Hallopeau in 1889; his colleague, Ernest Besnier, simultaneously suggested ‘trichomania’.¹⁰ Although this classification indicates the broader interest in diagnosing behavioural disorders, this particular term was not readily in use in England in the late nineteenth century. However, hair-plucking was widely regarded as a problematic habit in asylums. Mary Stoate, admitted to the Bethlem Royal Hospital in February 1895, was photographed for the patient casebook in order to demonstrate the habit: her head in the image is almost entirely bald.¹¹ Mary was typical of hair-plucking patients at Bethlem: young, single, living with her family and having no occupation. Her restless behaviour and frequent outbreaks of laughter on admission saw her diagnosed with hysterical mania – a significant diagnosis to which I shall return.

While in hospital Mary was viewed as impulsive, untidy and careless in dress, and when she began pulling out her hair in August this was seen as further evidence of

⁶ For a clear formulation of this, see P. Maury Deas, ‘The Uses and Limitations of Mechanical Restraint as a Means of Treatment of the Insane’, *Journal of Mental Science*, 42 (1896), 102–13: 102.

⁷ James Adam, ‘Self Mutilation’ in Daniel Hack Tuke (ed.), *A Dictionary of Psychological Medicine* (London: J. & A. Churchill, 1892), 1151; G. Fielding Blandford, *Insanity and its Treatment* (Edinburgh: Oliver and Boyd, 1884), 195.

⁸ For example Sarah Dewey, *Bethlem Patient Casebook (Female)*, 1886, CB/129–195; Francis Ambridge, *Bethlem Patient Casebook (Male)*, 1893, CB/145–77.

⁹ Interestingly, it has been suggested that the behaviours should be re-connected in DSM-V. D.J.

Stein, J.E. Grant, M.E. Frankling, N. Keuthen, C. Lochner, H.S. Singer, and D.W. Woods, ‘Trichotillomania (Hair Pulling Disorder), Skin Picking Disorder, and Stereotypic Movement Disorder: Toward DSM-V’, *Depression and Anxiety*, 27 (2010), 611–26.

¹⁰ H. Hallopeau and Ernest Besnier, ‘Alopecie par grattage (trichomanie ou trichotillomanie)’, *Annales de dermatologie et de syphiligraphie*, 10 (1889), 440–1; Ernest Besnier, L. Brocq and L. Jacquet, *La pratique dermatologique: traité de dermatologie appliqué* (Paris: Masson, 1900), 313–4.

¹¹ *Bethlem Patient Casebook (Female)*, 1895, CB/152–14.

these characteristics. ‘Patient keeps standing up in the position indicated in the photograph, continually picking her head’, wrote the clinical assistant in September, adding that she ‘[r]emains by herself, doesn’t talk’. This suggested that Mary’s strange behaviour was believed to indicate her preoccupation with her own troubles, evidenced by an unwillingness to socialise. Discharged uncured once her year was up, Mary returned to visit the hospital just over a month later, and appeared ‘quite well’. In nineteenth century Bethlem, hair-pulling tended to be regarded as a problematic habit: treatment usually consisted of preventative measures, including mechanical restraint or shaving the patient’s head, and the occasional use of sedatives. In some cases, however, like Mary Stoate’s, patients were allowed to continue their hair-plucking un-checked. In this instance, like Mary’s refusal to socialise with the other patients, hair-plucking was regarded as a useful, visible barometer of her general mental health.

Skin-picking, like hair-plucking, was first described in published works by dermatologists and surgeons. In 1874–5, the surgeon Erasmus Wilson described ‘neurotic excoriation’, and, just under a decade later, others in the field suggested that such skin disorders were frequently self-inflicted.¹² Skin picking and hair plucking were regarded as closely related at Bethlem, perhaps in part due to this dermatological association: it was also suggested that both behaviours might be caused by skin irritation, although this was often discounted when patients failed to corroborate the theory. The case of Francis Ambridge, a forty-year-old clerk admitted to Bethlem in October 1893, illustrates the complex attitudes toward such self-damaging behaviours.¹³ Like Mary Stoate’s ‘hysterical mania’, Ambridge’s diagnosis indicated that doctors felt there was a neurotic element to his disorder, for he was regarded as suffering from hypochondriacal melancholia. Hypochondriasis, sometimes regarded by contemporaries as the male equivalent of hysteria, was associated with an obsession with one’s own – supposedly problematic – bodily functions.¹⁴ Hysteria, meanwhile, suggested a similar preoccupation with one’s own emotional state: thus, both ‘neuroses’ indicated that doctors deemed patients to exhibit an unhealthy self-regard.¹⁵

In casenotes, this supposed self-obsession was often directly related to acts of self-mutilation. Although Francis Ambridge’s illness was complicated with melancholia, he was ‘in good general health’ and did not ‘look very depressed’. When he almost

¹² Erasmus Wilson, *Lectures on Dermatology: Delivered in the Royal College of Surgeons of England in 1874–1875* (London: J. & A. Churchill, 1875); J.B. Footner, ‘Remarks on a Case of So-called Hysteria’, *The Lancet*, 122, 3130 (1883), 325; T. Colcott Fox, ‘Case of Feigned Skin Disease’, *The Lancet*, 120, 3096 (1882), 1109.

¹³ *Bethlem Patient Casebook (Male), 1893*, CB/145–77.

¹⁴ See, for example, George Savage, ‘Hypochondriasis and Insanity’ in Tuke, *op. cit.* (note

7), 610–8; Henry Rayner, ‘Melancholia and Hypochondriasis’ in T. Clifford Albutt *et al.*, *A System of Medicine* (London: Macmillan, 1899), 361–81.

¹⁵ On ‘morbid introspection’, see above and Henry Maudsley, *The Pathology of Mind*, (London: Macmillan, 1879); see also, Michael J. Clark, ‘Morbid Introspection’, *Unsoundness of Mind, and British Psychological Medicine* (London: Routledge, 1988).

immediately began to pick, bite and scratch at various parts of his body, in particular 'disfiguring' his face, he was regarded as extremely troublesome. Francis himself related his behaviour to his emotions, stating in one letter to the superintendent that 'I now admit that I have to exercise great self-control to avoid yielding to passionate behaviour'.¹⁶ Yet, despite the patient's suggestion that he struggled to control his impulses, restraint was never used. In September 1896, Francis was warned that: 'If he continues to disfigure himself he will have to wear gloves.' However, this threat was never followed through: the suggestion in cases perceived to be hysterical or hypochondriacal was that, unlike some other self-mutilating patients, these patients *could* control themselves if they wanted to. By July 1897, there seemed to be little wrong with Francis Ambridge other than his skin-picking, and he was discharged relieved, being 'uncertifiable at present'. The picking, however, suggested that 'he is very unstable and will probably not keep well long.' Thus, rather than outright insanity, 'minor mutilations' like skin-picking were often related to cases on the 'borderlands' of insanity: not certifiable, but believed to show evidence of 'unsoundness of mind'.¹⁷

In published works, alienists gave several explanations for self-mutilation, minor or major. These included the effects of hallucinations and delusions (particularly religious delusions, in which a patient claimed to have amputated a hand believing it to be the will of God).¹⁸ The neurological explanations of inhibition and impulse, as outlined by Roger Smith in his seminal work on inhibition, were also popular: self-mutilation in these instances was regarded as outright proof that insanity led to a marked loss of volition.¹⁹ The relevance of dissociative states was also discussed; for example, psychologist William James suggested the term 'alteration of self' to refer to a disconnect between the body and mind (or consciousness) in certain conditions of insanity.²⁰ Indeed, the new category of self-mutilation could be conveniently used to support almost any psychological theory or diagnosis of disease! However, we should also view these explanations in the cultural context in which they were generated: in particular the association of 'minor' mutilations with a neurotic self-obsession regarded as both unhealthy and immoral. Face-picking and hair-plucking marked the most public elements of the body – the head and face. With widespread attention, lay and medical, paid to the physiognomical idea that a person's character could be externally visible, self-inflicted damage to the body might be regarded as indicating a similarly damaged personality. Moreover, hair was linked to both social

¹⁶ Letter, Ambridge to Dr Smith, 9 January 1896, CB/145-77

¹⁷ Andrew Wynter, *The Borderlands of Insanity* (London: Renshaw, 1877); George Savage, 'An Address on the Borderlands of Insanity', *British Medical Journal*, 1, 2357 (1906), 489–92.

¹⁸ See cases reported in James Adam, *op. cit.* (note 7); Adam, *op. cit.* (note 4); William J. Brown, 'Notes of a Case of Monomania with Self-Mutilation

and a Suicidal Tendency', *Journal of Mental Science*, 23, 102 (1877), 242–8.

¹⁹ Roger Smith, *Inhibition: History and Meaning in the Sciences of Mind and Brain* (London: Free Association Books, 1992).

²⁰ William James, *The Principles of Psychology* (New York: Dover Publications, 1950), 375–9.

status and concepts of masculinity or femininity – in cases of young, single women in particular, asylum records often indicate that cutting the hair short was seen as synonymous with hair-plucking. Male patients, meanwhile, were far more likely to pick hair from their beards or moustaches.²¹ Both acts were also connected with ‘erotic behaviour’, perhaps related to the hair loss or skin lesions recognised as signs of syphilis, or the link made between short hair in women and an aggressive masculine sexuality.²² Indeed, in the Isaac Brooks case, several newspapers suggested sexual reasons for Brooks’ self-mutilation, despite removing all medical detail as to the genital nature of his injuries from their reports: *The Times* mentioned Brooks’ illegitimate child, while the *Daily News* called him a ‘rustic Don Juan’.²³ Such a connection indicated that almost any form of self-mutilation might be attributed to sexual origins.

One of the most problematic elements for alienists to incorporate into their definitions was their insistence on a sliding scale of self-mutilation, from ‘major’ mutilations such as amputation and castration to the ‘minor’ cases, including hair-plucking and face-picking. Minor cases were seen to blend seamlessly with the ‘nervous, fidgety, restless habits’ that ‘less perhaps in magnitude, are common among nervous people who are not insane’.²⁴ Indeed, the extent of such behaviour at any given time provided a ‘valuable criterion’ for the physician of a patient’s nervous condition: an indication that the ‘excitable’, ‘emotional’ or ‘reserved’ (and thus particularly susceptible) patient had developed outright insanity.²⁵ In effect, self-mutilation made insanity visible to the physician. Moreover, by association with a nervous condition, these behaviours were regarded as being directly hereditary. Notions of nervous heredity were increasingly being used to explain a perceived increase in insanity: eccentricities in an individual, for example, might be seen to explain insanity in his or her children.²⁶ By extension, these ‘nervous habits’ in a parent might result in self-mutilation in a child: as in one case of a ‘singular family tendency to excessive constipation and self-mutilation’.²⁷ Heredity in these contexts was explained in relation to contemporary theories of human development: evolution and degeneration. This situated the self-mutilator at opposite ends of the evolutionary scale: either a primitive savage, or a result of a decline of race, the effect of

²¹ On the particular association of the beard with masculinity, 1850–90, see Christopher Oldstone-Moore, ‘The Beard Movement in Victorian Britain’, *Victorian Studies*, 48, 1 (2005), 7–34.

²² On the latter, see Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London: Virago, 1992)

²³ Warrington and ‘Correspondent’, *op. cit.* (note 3); ‘The Extraordinary Confession in Staffordshire’, *Daily News*, 9 January 1882

²⁴ Adam *op. cit.* (note 7), 1151; Blandford, *op. cit.* (note 7) 194–5.

²⁵ Blandford, *ibid.*

²⁶ George Savage, ‘Heredity and Neurosis’, *BRAIN*, 20, 1-2 (1897), 1-21; George Savage, ‘The Lumleian Lectures on the Increase of Insanity’, *The Lancet*, 169, 4362 (1907), 933–6; Maudsley, *op. cit.* (note 15).

²⁷ James C. Howden, ‘Notes of a Case: Mania followed by Hyperaesthesia and Osteomalacia. Singular Family Tendency to Excessive Constipation and Self-Mutilation’, *Journal of Mental Science*, 28, 121 (1882), 49–53.

civilisation.²⁸ On the one hand, Darwin declared that the face: ‘with us is chiefly admired for its beauty, so with savages it is the chief seat of mutilation,’²⁹ while on the other, Besnier was not alone in stressing the relationship between trichomania and ‘degenerate heredity’.³⁰

These concepts also entered neurological explanations of insanity: the loss of self-control in the ungoverned ‘savage’ was believed to show a failure of inhibition, while the supposedly self-willed behaviour of the criminal degenerate was taken to indicate an excessive level of impulse. Extreme behaviours – such as ‘major’ mutilations – seemed to alienists to provide clear evidence of loss of control, whereas those patients, like Mary Stoate and Francis Ambridge, who showed ‘neurotic traits’, were deemed capable of, but unwilling to control themselves. Indeed, what is particularly interesting about the Isaac Brooks case, and why I’ve included it here (although it is, in effect, a ‘major’ mutilation), is that all parties were agreed on Brooks’ neurotic traits. Newspapers and medical journals alike asserted that Dr Warrington’s description of Brooks as of ‘eccentric habits, close and reserved’ was ‘suggestive’.³¹ As Brooks had never been regarded as insane in life, posthumous explanations for his behaviour were rooted in his supposedly ‘subjective’ nature, outlined most clearly in the *Journal of Mental Science*:

The man was single, and lived a very subjective life; he was just the type of man in whom all the evils of civilisation seem to accumulate, great sensibility, with loss of power of control, an emotional but ill-ruled machine. A solitary man, thinking himself misunderstood and neglected, building castles in the air, finding the times out of joint, and from this idea conceiving that he has enemies and persecutors.³²

Self-mutilation, in particular the ‘minor’ mutilations associated with the ‘self-willed’ neurotic, was thus explained by late nineteenth century psychiatrists as the extreme opposite of a healthy sociability. Damage to one’s own body was seen to indicate self-obsession that, in a wider context, threatened the ability of the individual to contribute towards society. The behaviour of face-pickers and hair-pluckers was thus regarded as damaging not only to their own bodies, but also to the race, civilisation and the state. This suggests that, in addition to the professional and personal aims of the alienists themselves, the category of self-mutilation was associated with a much wider discourse on social cohesion, through attempts to determine the physical and psychological limits of the ‘self’ in relation to the responsibilities of the individual towards society, rooting the category firmly in the political and social discourse of the late nineteenth century.

²⁸ This is laid out particularly clearly by George Savage, ‘Hypochondriasis and Insanity’ in Tuke, *op. cit.* (note 7), 610–8.

²⁹ Charles Darwin, *The Descent of Man and Selection in Relation to Sex* (New York: D. Appleton and Company, 1897)

³⁰ Besnier, Brocq and Jacquet, *op. cit.* (note 10), 314

³¹ Warrington, *op. cit.* (note 2); Warrington and ‘Correspondent’, *op. cit.* (note 3); F.W. Warrington, ‘The Case of Isaac Brooks’, *Journal of Mental Science*, 28 (1882), 69–74.

³² Warrington, *ibid.*, 73.

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