

Shame and self-cutting in adolescence

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Introduction

The self-cutting are primarily encountered in adolescence, predominantly in young women, as well as during the passage into adulthood. They become part of a wider category of self-harm behaviours which also include suicide attempts, self-mutilations and eating disorders. Besides the implemented destructiveness, the body occupies a central place in these acts firstly because it constitutes the medium through which the symptom is expressed but also because it can participate to seeking a solution facing the growing discontent and frustration produced at the time of puberty. In view of the Freudian metapsychological analysis, shame is articulated with the narcissistic dynamics. They seem to be highly involved in these acting-out behaviours: shame is firstly remarked in the fragile narcissistic foundations unable to resist to the call of object investment as these are reorganized during adolescence, and then in the articulation between the psyche and the soma revealing an internal drive ferment which threatens the fragile *ego* with unbinding. It is finally considered as a treatment modality.

From the very early versions of the myth on Narcissus the regard appears to be one of the major issues. Shame is deployed through scarification in the interplay of a weak narcissism and a very actively engaged scopical drive. Based on a clinical case, we are going to observe how narcissism and one of its affects, shame, can be mobilized among adolescents resorting to scarification, in a context ranging from transitory weakness to real deleterious effects. Nevertheless, shame, just as the scarification during puberty, may constitute a creative potentiality which is needed in order to get out of the current deadlock that the adolescent crisis poses.

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Shame, adolescence and traumatism

Shame, unlike guilt, to which it is usually linked, is a more recent and yet less established concept in metapsychological analysis. It constitutes a negative emotion frequently experienced during adolescence. Shame takes root in the obstacles the pubertary changes bring about during the transition from adolescence to adulthood. It is closely tied to the scopic investment, either because the latter bears the trace of partial drives or because it underpins a narcissistic weakness. The massive increase of the instinctual impulses inherent in the pubertary phase can be intrusive and may significantly overflow the ego's capacities for binding. In conjunction with this quantitative surge of libido we have equally to consider a qualitative disruption produced by the unification of the multiple partial drives under the primacy of the genital.

Thus in the beginning they are less integrated and more autoerotic. These partial drives group together initially under the prevalence of oral components, then of sadic-anal components to finally reach the last phase marked by the primacy of the genital².

On the advent of a sexualized body subject to an increase of instinctual excitation, rather difficult to control, the adolescents are confronted with a traumatic passivity prone to engender considerable shame to them. As B.Bruset has underlined: «In the psychoanalytical treatment, the shame leads to evaluating the function of the Ideal in its narcissistic configurations. Its essence can be classified as narcissism depending on its focus to physical appearance, behaviour or intelligence»³. Puberty makes the narcissistic foundations teeter rendering the relationship to the object threatening. The unification of the drives under the primacy of the genital launches a relationship to the object, which may be experienced as a menace by the subject. The persistent mobilization of the partial drives reverses the perspective by keeping the object at a certain distance. The investment of masochism, the persistence of the partial drives -among which the scopic drive- constitute a medium for narcissistic reinforcement while the libido is no longer principally directed onto the object. The development of the genital sexual drive unfolds in connection as well as in the unification of the various partial drives attached to different body regions. Yet, the destiny of the drive remains complicated and subject to numerous vicissitudes. Even if, in « Three essays on the theory of sexuality », we observed that a common destiny can be formed out of the union of partial or sexual

² Le Guen, C. (2010). Les Pulsions. Dans C.Le Guen (dir.) *Dictionnaire Freudien* (p.1117). Paris, Presses Universitaires de France.

³ Brusset, B. (1993). The shame in adolescence. *Adolescence, The clinic of the shame*, 11 (1), 5-25

drives through sublimation, the definitive organization of the partial drives remains uncertain and difficult.

It is as if scarification provides us with a scene, allowing us access to the psychological functioning of the subjects who resort to these acts, disclosing a certain number of pitfalls in juxtaposition with the key challenges during adolescence. The narcissistic frailty, the impossible confrontation with passivity and the integration of a genitally mature body seem to be in a cross roads with the feeling of shame and the resort to self-harming behaviours. The ego ideal, successor of the infantile and omnipresent narcissism is unable to defer its urgent demands « until later », given that this « later » has already occurred in puberty where the libidinal outburst and the orgasmic potentiality overwhelm the adolescent with a sense of shame. The massive investment of the gaze, with regard to its narcissistic or libidinal aspect in its three declinations (to see, to see oneself and to be seen) contributes to the invasion with feelings of shame. However, as we have suggested, scarification can also be a means of integrating femininity thus accompanying the transition into adulthood. Therefore, it can be potentially trophic in the same manner as the valuable psychic work that accompanies the activation of shame, as underlined by C.Janin « *it would be desirable that the analysis could permit the occurrence of shame as a psychic problematic instead of leaving it in a traumatic state* »⁴. Understanding and elaborating shame as well as trying to associate it with guilt thus integrating it into a more objectal register could render scarification into a figurative and mature recourse, an initial step before the more solid engagement in symbolization and working through process.

The repercussions of puberty...

Anastasia is 17 years old. She consulted for the first time six months ago after meeting the social assistant of her college due to relationship problems with her family. She lives with her parents, and her two brothers of 15 and 10 years old (the first one suffers from a neurological disease and behavioural problems while the second one suffers from an obsessive-compulsive behaviour). She is in her senior year specialising in literature, majoring in music as well as taking advanced classes playing the harp. Her mother suffers from a systemic lupus erythematosus (SLE) found out four years ago after a lot of months of diagnostic wavering. She had lost 15kg, in the meantime, becoming progressively weaker to the point that she could no longer talk. This had much worried Anastasia who started cutting herself during that period. Her mother's illness

⁴ Janin, C. (2003). A psychoanalytical Theory of shame. *Revue française de psychanalyse*. 67,1657-1742.

tends to cause flare-ups susceptible to preoccupy the whole family. She describes her father as depressive coming from a depressed family. Her paternal grandmother committed suicide; she had lost a young child as a result of a home accident. Her uncle and one of her paternal aunts attend regular follow-ups and have been treated with antidepressant medications for past several years.

In our conversations, she talks very little about herself, putting forward her concerns about her mother who has two jobs so as « *to make ends meet* ». She describes her mother as overactive unable to look after herself and deeply concerned for her brothers' health « *I always smile, i don't want my parents to worry about me, they already have enough problems with my brothers and their own illnesses* ».

Anastasia's difficulties started four years ago, when her mother was diagnosed with her disease, but also soon after her first menstruation. During that period she used to feel bad and started to cut herself « *with anything she could find* »: knife, razor, cutter, compass. She cuts herself secretly so as to relieve the intense internal pressure she experiences « *I've got a lot of anger, cutting myself soothes me, seeing my blood flow calms me down* ». She does not seem to make the connection between the onset of her menstruation and the self-cutting « *I thought that I would have them much later, I had my first period when I was in year 8, even my mother was surprised because I was not developed, I had no breasts. I was happy. But then it was different, I used to feel like I was absorbing everything, I don't remember well but it was at this particular moment that I began cutting myself. I realized that my mother was not doing well and I was very much worried about my brother too. One of my teachers, a history professor that I also had in year 7, realized it. She talked to me. Each and every time I would talk about my father, about my mother I would cry (...). I feel so ashamed, I cannot stand my own feelings. It's horrible, I cry each and every time I don't see my father well (...) I don't see my brother any different from the others while the others in school notice mostly his handicap* ». She cuts herself mainly on the left wrist given that she is right-handed. It happens that she cuts other female parts like her belly but less frequently.

She hides her scars, because she feels ashamed mostly in front of her parents. When her mother asked her about it, she lied telling her that she had gotten scratched by a cat. « *Once I was in the shower, I saw my body and I couldn't stand it, I don't like it, I don't know, I cut my belly and then my arms. It was the first time I would do that on the belly, because I didn't want it to show. It was quite strange actually because I cut my arms later on with a pair of scissors and I knew that it would show (...) I feel so ashamed, I feel that this will never stop following me. I feel really ashamed about my scars. I hide them, I show them, but I do not display them, in fact I can show them to some of my friends but I used to feel really bad and ashamed* ». She had shown her scars to her best friend who accompanied her in taking an appointment. She came to

consult without having talked to her parents, she does not want to worry them. « *I decided to consult under the advice of a friend who is bulimic and who is also being treated by a professional. I didn't speak to my parents about it; I really don't want them to worry about me. I decided to consult because I am feeling really bad and because it's been 3 or 4 years that I've been cutting myself. When I started cutting myself, in year 10, it was primarily because it relieved me, I was mad at me and I felt so ashamed... I wasn't talking about that at home because my mother had just been diagnosed with lupus. She lost 15kg and she was really exhausted, she couldn't eat, she doesn't look after herself, she just cannot do it. It wasn't easy for my father either, his mother had committed suicide. This was in fact another reason why I decided to consult, because of the heredity. I am afraid of becoming depressed and committing suicide too.*

She talks with some discomfort and embarrassment about the beginning of her adolescent years « *when I became 13 years old I put on 15 kg in two years, my mother took me to a dietician who put me on a diet* ». She retains from that period a fear of gaining weight, thus she keeps on banalizing to the point of denying her thinness (her body mass index is lower than the average, at 17, with the underweight limit being at 19). The alimentary restriction goes together with the narcissistic weakness and the low self-esteem. The fear of others' regard on her is significant. The narcissistic frailty endangers her objectal relations which appear threatening for the integrity of her Ego « *the reason why I don't eat is because I don't have the time, in-between college, the music conservatory and my friends. I cannot find the time to sit at the table and eat (...) my friends keep telling me that I am too thin. I don't like myself. I always see very beautiful girls on the street, who are much thinner than me... and I see how my friends look at them. So I am telling myself that I must absolutely not put on weight* ». She really hates her body since it has been transformed by puberty « *I looked at my body, it's a cause of shame for me (...) I am so fat, and I feel disgusted with myself* ».

Shame for the body and scarification

Shame, and in particular the shame of her body occupies a very important place in Anastasia's feelings. The shame she feels is primarily related to the body changes induced by puberty that she is likely to experience as a traumatic passivity. This difficult confrontation with passivity is illustrated in the weight gain in early adolescence. She underwent a weight increase of 15kg. She accepts her mother's decision, who decided that she had to lose weight, as appears in her own words « *she put me on a diet* ». We could observe that during this particular moment of entering adolescence, Anastasia is

not yet really engaged in the appropriation of her post-adolescent body; she still lets her mother take decisions on her behalf like when she was a little girl. The self-cutting and self-injuries alleviate the shame she feels about her body which has become a source of disgust. At the same time, the alimentary restriction follows the logic of taking back control. Moreover, both scarification and alimentary restriction function as an attempt to integrate the sexed body. It is a question of transforming the body by leaving a mark.

As it had been proposed by Freud in « Three essays on the theory of sexuality », the adolescent body has to handle the « reconfigurations of puberty »⁵. The adolescent is not anymore familiar with his own body which is now treated like an object susceptible to produce feelings of strangeness, combined with disgust or even hatred: « *during adolescence the enemy is the body* »⁶. Thus, it happens that the adolescent uses the self-cutting as a strategy in order to accept and invest his body mainly by testing it. The attacks of the body are becoming a way of struggling against passivity which is now reversed into activity. This defensive dynamic is triggered by feelings of shame and disgust for the body « *I saw my body, it makes me feel ashamed* ». The commencement of the self-injuries as well as of the active combat against the weight gain stem from the two affects of shame and disgust.

Even if the body constitutes, first of all, an anatomical or physiological entity, excluding its psychological aspects cannot therefore lead to its full comprehension; its role as an identity and history-related carrier as well as its function of subjectivity place it in the interplay between the « inside » and the « outside ». Thus, the body is to play a particular role during adolescence; it alternates from being a totally external object that we can use and control to becoming an integral part of the subject implying its participation in a discourse as well as in the expression of the individual's desires and fantasies. Anastasia suffers from not being able to entirely control her body « *Each and every time I would talk about my father, about my mother I would cry (...). I feel so ashamed; I cannot stand my own feelings* ». She cannot control her impulses that overwhelm her. This renders the sentiment of passivity even more massive revealing at the same time a part of her inner world.

The recourse to self-harm behaviour could be regarded as a way to depict the inner life of the subject. The difficulties in containing and binding the instinctual energy reflect the inadequacy of the symbolization processes. Resorting to scarification can set in motion the psychic work of elaboration and representation. This work continues to be challenging for Anastasia, as can be seen from the ubiquity of shame and of the traumatic baggage it carries. Whereas for certain teenagers, the scars are invested in

⁵ Freud, S.(1905). *Three essays on the theory of sexuality/ Trois essais sur la théorie sexuelle*. In Oeuvres Complètes VI (2006) (p.147). Paris: Presses Universitaires de France.

⁶ Birraux, A (2004). *Le corps adolescent*. Paris, Bayard.

their aesthetical aspect thus contributing to a narcissistic reinforcement, they remain mostly a cause of shame for Anastasia marking the internal instinctual tension rather than an attempt to bind the death drive. The scars stay strongly entangled with the destructiveness of the sexualised body that Anastasia inhabits.

Shame, scopic drive and self-cutting

In «Three Essays on the Theory of Sexuality» Freud formulates several hypotheses concerning partial drives and puberty. If we consider that the component drives are multiple and are deployed along with the child's libidinal development aiming at their final subordination under the primacy of the genital, we should nevertheless underline that only some of them are solicited in a more specific way during scarification. Besides the drive for mastery which relies on an *apparatus of obtaining mastery* (hand, eye and mouth), the scopic drive and the instinct of cruelty seem to be central to the problematic of scarification. The scopic drive has a specific role in the metapsychological approach: it seems to participate in the understanding of perversions, through the opposite couple of voyeurism/exhibitionism as well as the dichotomy of sadism/masochism that we find in Freud's metapsychology. As highlighted by Freud, the scopic drive has some characteristics which render it singular:

The drive to gaze lies in the onset of autoerotic activity, it does have an object, but this is found in one's own body. It is much later that this drive is directed (by comparison) towards replacing this object with the *other* object.

This passage paves the way for a new explanatory scheme in the understanding of perversions echoing the studies conducted on narcissism whether these concern its relation to autoerotism or they question its association to gaze: seeing oneself implies getting to know oneself and existing as a subject; seeing others and accepting their gaze on oneself allows one to feel same and different at the same time. As Anastasia puts it forward, it is through seeing *herself* cutting herself or seeing her blood flow that she feels relieved: «*I've got a lot of anger, cutting myself soothes me, seeing my blood flow calms me down*». The discharge is not inscribed in a genital register but remains partial, as proven by the reinforcement of the scopic drive. As such, it can offer a certain alleviation which is acceptable for the Ego. But beyond this relief, the logic remains highly autoerotic in an effort to consolidate narcissism, to restore the boundary of delimitation between the *inside* and the *outside*; thus participating in the work of subjectivation which is the major issue during adolescence.

As S.Freud had emphasized, the instinct of cruelty is linked to the scopic drive: «*Ongoing observation has taught us, however, that there are interferences between the sexual maturity and the development of the scopic drive as well as of the instinct of cruelty; putting once again into question the presumed independence between the two drives*»⁷. The satisfaction taking root in the drive of cruelty is strongly connected to the skin as the archetypal erotogenic zone. Etymologically speaking, cruelty refers to the raw and bloody flesh, as it can be revealed through scarification. While listening to Anastasia, we are struck by the gap between the submerged feelings she experiences when she speaks about her parents and her brothers and the absence of any emotional reaction when she talks about her self-cutting and the way she cuts herself. She can very coldly state that she takes «*anything she can find, a knife, a razor, a pair of scissors...*» so as to cut herself. According to Winnicott, cruelty designates a phase in the early child development: «*we have to assume that there exists a cruel precocious object-relationship*»⁸. At this particular stage of development, the child does not perceive himself as cruel, given that he does not perceive his mother as a total object; she remains splitted in two part-objects: good or bad. The fusion of the good and the bad objects, in what Winnicott had defined as the stage of concern, gives the infant the possibility to perceive his cruelty retroactively: «*It should be noted that the infant does not feel ruthless, but looking back (and this does occur in regressions) the individual can say: I was ruthless then! This stage is one that is pre-ruth*»⁹. This capacity of concern is intensely expressed by Anastasia with regard to her parents or brothers. However, it remains pending as far as she is concerned, primarily due to the weak investment of her Ego.

In Anastasia's case, the mobilization of partialized drival dynamics accounts for the work of instinctual entanglement as it is established during adolescence, between the drive of self-preservation –at the service of narcissism- and the sexual drive implicated in the objectal register. The scopic drive is strongly mobilized by Anastasia, with regard to its two first dimensions of *seeing* and *seeing oneself*, whether this concerns her body, her blood, her self-inflicted injuries or the marks the self-cutting leave on her skin. Whilst being present, the objectal dimension of the scopic drive in its form of *being seen* is poorly mobilized. The others' gaze on her can be a source of anxiety in a confrontation with a cruel ideal: «*my friends keep telling me that I am too thin. I don't like myself. I always see very beautiful girls on the street, who are much thinner than me... and I see*

⁷ Freud, S.(1905). *Three essays on the theory of sexuality/ Trois essais sur la théorie sexuelle*. In Oeuvres Complètes VI (2006) (p.123). Paris: Presses Universitaires de France.

⁸ Winnicott, D.W. (1945). Primitive emotional development. In Winnicott, D.W. (Ed.) (1969) :*Through Paediatrics to Psycho-Analysis* (p.154). London Karnac Books.

⁹ Winnicott, D.W. (1954). The Depressive position in normal emotional development. In Winnicott, D.W. (Ed.) (1969) :*Through Paediatrics to Psycho-Analysis* (p.265). London Karnac Books.

how my friends look at them. So I am telling myself that I must absolutely not put on weight». The encounter with the object generates a lot of distress and suffering for Anastasia; she has to give a perfect self-image. Otherwise, the threat of a narcissistic attack cannot be contained. She likewise strives to keep her smile in front of her parents so as not to worry them. She seems to be restrained in an infantile position of total submission to the parental figures from which she cannot liberate herself. This is due to her special narcissistic fragility as well as her parents' whom she struggles to protect, by avoiding at all costs any signs of conflict, that are all so necessary during adolescence. But resorting to the objectal dimension of the scopic drive may convey the start of an elaboration of a less threatening object-relation that co-occurs with shame. Her shame about her scars discloses the ongoing work of integration as outlined in the use of the imperfect tense «*I hide them, I show them, but I do not display them, in fact I can show them to some of my friends but I used to feel really bad and ashamed*». We witness here the whole ambivalence underlying the binding process between the ego-libido and the object-libido: «*I hide them*» in an autoerotic register, «*I show them*» in an objectal register which is straight away attenuated by the denial in a conscious and unconscious form «*I don't display them*». The narcissistic triumph over the object does not therefore constitute the only path to gaining satisfaction. We equally observe how the narcissistic investment of the other –inscribed in a specular relation (the best friends function as comforting doubles)- during adolescence offers a first step towards the establishment of object-relations. Anastasia manages to show her scars, her shameful side of herself, to her best friends indifferently of girls/boys, thus unveiling the work of integration backed by shame. The scopic drive, as it is mobilized through scarification, provides the support for the development of these mirror-image relationships going back and forth between seeing oneself and being seen. Nevertheless, this mobilization can only be temporary; its perpetuation mainly in the persistence of self-harming behaviour risks becoming noxious. The awe which accompanies the contemplation of the flowing blood, the cuts, or the scars, operates in a closed circuit following a perverse logic by completely excluding the other. All roles are occupied by the subject: she takes the place of the victim who passively sees herself bleeding, of the aggressor who acts by producing the cuts as well as by seeing the result, and lastly of the spectator who observes and enjoys the spectacle of the mutilated body.

Female Shame and scarification

Puberty confronts adolescents with a paradox: they have to integrate a sexual identity of woman or man while being at the same time exposed to a psychical

bisexuality. This internal work of the *feminine* during adolescence becomes a real test as stressed by C.Ternynck; the confrontation with passivity and with the opening of a body becomes a source of great anxiety. Hence, the representation of a containing inner space, potential bearer of pleasure and fertility can be swept by the intrusion of a representation of hollowness for some adolescent girls. Thus, the shame accompanies a specific gaze that is directed towards the interior of the body in search of a representation of femininity which conceals itself from view.

As pointed out by A.Green «the shame marks the confession of a defeat, the revelation of a weakness, the loss of appearances and dignity. It can go far to the point of perceiving the internal world unmasked to the eyes of the others»¹⁰. A part of the female genital organs is hidden in the interior of the body while the female genital opening stays exposed to the gaze of the other. Shame can often emerge out of this realization and the displayed castration in the eyes of others. Resorting to scarification leads therefore to the emergence of shame –associated with the *female pole* of insufficiency and passivity- by choosing this time a sort of minimum castration, hence less threatening. Through the incisions that they carry out, scarification is susceptible to support the «masochistic ruse» which –within a perverse logic- chooses to sacrifice a part in order to secure the whole through the mobilization of disavowal and splitting.

The onset of menstruation confronts the girl with passivity as well as with the mystery of the hidden femininity. The menstrual blood carries a double significance: it can be the bearer of fertility but also the representation of the absence of pregnancy, therefore holder of a deadly dimension. «Women’s blood terrorizes, fascinates, repulses, moves. Blood of life, blood of the genitals, blood of death». The menstruation expresses a *female pole* which is inscribed into the deepest parts of the body. «After this first flow, the half-opened body is transformed and the *feminine* emerges and is displayed, and even if the blood can be kept secret, the corporal changes cannot escape others’ attention and gaze». Anastasia puts this duality forward: the joy of growing up, of becoming a woman and at the same time the concern in front of a rushing temporality as well as a rivalry with her mother which is unraveled: «*I thought that I would have them much later, I had my first period when I was in year 8, even my mother was surprised because I was not developed, I had no breasts. I was happy. But then it was different, I used to feel like I was absorbing everything, I don’t remember well but it was at this particular moment that I began cutting myself*». The resort to scarification offers a modality of integration of the feminine¹¹; the blood of the scarification is a blood which is provoked, controlled and chosen thus bearer of life and narcissistic reassurance. On the

¹⁰ Green, A. (2003). The Enigma of guilt and the mystery of shame. In *Revue française de Psychanalyse* (2003), *Shame and Guilt*, 67, 1639-1653.

¹¹ S Freud, S.(1905). *Three essays on the theory of sexuality/ Trois essais sur la théorie sexuelle*. In *Oeuvres Complètes VI* (2006) Paris: Presses Universitaires de France

contrary, menstruation blood is experienced as being imposed, and a carrier of death. The rivalry with the mother, as it reappears during adolescence with the re-actualization of the oedipal conflicts, cannot be openly expressed by Anastasia because of her mother's illness. Her first period, the start of the self-injuries, the awareness of the seriousness of her mother's disease and the shame about her own feelings seem to be associated in her discourse. We could assume that the shame about her feelings refers to a strong aggressiveness tinted with rivalry towards her mother. This aggressiveness is finally turned against Anastasia through the attack of the female representations of her body; the latter is expressed both by the alimentary restriction -erasing the female body forms- and the resort to self-cuttings. The risk of this reversal is the impossible integration of the *feminine* in favour of the travesty of femininity with the mobilization of the masochistic dynamics.

Conclusion

The recourse to self-harm behaviours is encountered in different psychopathological entities while it also provides us with a scene permitting the access to the intrapsychic functioning of the individual. Adolescence strongly mobilizes the narcissistic dynamics and makes the narcissistic foundations teeter. The confrontation to an Ideal that can be neither differed nor nuanced, the integration of the sexual identity and the binding of a massive surge of libido could be very complicated for the more fragile adolescents. The confrontation with passivity in front of the pubertal corporal changes renders the body, and in particular the sexualised body, as a source of discontent. This can generate self-harming behaviours like scarification. Shame constitutes the expression of a narcissistic weakness as well as of a confrontation with the scopic drive, which becomes source of suffering. If shame, like self-cutting, has a traumatic dimension, they can also be carriers of a potential trophic evolution. The persistent investment of partial drives and notably of the scopic drive could be a step towards the integration of the libido under the primacy of the genitals. Shame which is strongly articulated with the investment of the scopic drive seems to accompany the passage from a more narcissistic and autoerotic cathexis to a bearable confrontation with the object, thus anticipating a libidinal cathexis as well as the mobilization of guilt. Scarification and the co-occurring shame, can also have a noxious potential; this can occur every time they adhere to a masochistic logic functioning in a closed-circuit narcissistic register where the confrontation to a libidinal object is inexistent. The psychopathological assessment of adolescents and young adults resorting to scarification

is absolutely necessary in order to propose appropriate healthcare. The latter could facilitate the restoration of the binding and symbolization processes preventing the long-term decline towards a noxious and sterile repetition in the service of destructiveness and under the control of the death drive.

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