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Nonsuicidal Self-injury and Rite of Passage

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Abstract

The present article proposes a reflection on the relationships between the practice of nonsuicidal self-injury and rites of passage, analyzing how cuts on the skin manifest as unconscious attempts at self-initiation. Starting from the transitional period into adulthood — a liminal phase in which the ego seeks, in a heroic manner, to separate itself from the childhood world and from the forces of the unconscious — it is observed that, in the absence of social rites, these gestures emerge as failed attempts: they seek to reproduce the structure of rites of passage (separation, liminality, and incorporation), but degenerate into sterile compulsion. The scars become marks of an unfinished process, in which psychic transformation is not completed. By desacralizing life and artificially prolonging childhood, contemporary society intensifies this suffering. The article concludes by highlighting the need for clinical approaches that recognize in NSSI not only pathology, but also a frustrated attempt at ritualization, pointing to the urgency of new collective symbolic frameworks. ■

Keywords: Nonsucidal self-injury, self-mutilation, rite of passage, initiation rite, analytical psychology.

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Autolesão Não Suicida e Rito de Passagem

Resumo

O presente artigo propõe uma reflexão sobre as relações entre a prática da autolesão não suicida (ALNS) e os ritos de passagem. Propõe que os cortes na pele se manifestam enquanto tentativas inconscientes de auto iniciação. Partindo do período de transição para a vida adulta — fase liminar em que o ego busca heroicamente separar-se do mundo infantil e das forças do inconsciente —, observa-se que, na ausência de ritos sociais, esses gestos surgem como tentativas falhas: buscam reproduzir a estrutura do rito de passagem (separação, liminaridade e agregação), mas degeneram em compulsão estéril. As cicatrizes tornam-se marcas de um processo inacabado, no qual a transformação psíquica não se completa. Ao dessacralizar a vida e prolongar artificialmente a infância, a sociedade atual intensifica esse sofrimento. Conclui-se destacando a necessidade de abordagens clínicas que reconheçam na ALNS não apenas uma patologia como também uma tentativa frustrada de ritualização, apontando para a urgência de novos marcos simbólicos coletivos. ■

Palavras-chave: autolesão não suicida, automutilação, rito de passagem, rito de iniciação, psicologia analítica.

Autolesion No Suicida y los Rito de Passo

Resumen

El presente artículo propone una reflexión sobre las relaciones entre la práctica de la autolesión no suicida y los ritos de paso, analizando cómo los cortes en la piel se manifiestan como intentos inconscientes de autoiniciación. A partir del período de transición hacia la vida adulta — una fase liminal en la que el yo busca, de manera heroica, separarse del mundo infantil y de las fuerzas del inconsciente — se observa que, en ausencia de ritos sociales, estos gestos emergen como intentos fallidos: buscan reproducir la estructura de los ritos de paso (separación, liminalidad e incorporación), pero degeneran en una compulsión estéril. Las cicatrices se convierten en marcas de un proceso inconcluso, en el que la transformación psíquica no se completa. Al desacralizar la vida y prolongar artificialmente la infancia, la sociedad contemporánea intensifica este sufrimiento. El artículo concluye destacando la necesidad de enfoques clínicos que reconozcan en la autolesión no suicida no solo una patologia, sino también un intento frustrado de ritualización señalando la urgencia de nuevos marcos simbólicos colectivos. ■

Palabras Clave: Autolesión no suicida, automutilación, rito de paso, rito de iniciación, psicología analítica.

Introduction

Nonsucidal self-injury can be understood as a phenomenon in which the individual deliberately harms their own body, or more specifically, their body tissue, without the intention of causing death (Almeida & Horta, 2010; Arcoverde & Soares, 2012; Borges, 2012; Cedaro & Nascimento, 2013; Mürner-Lavanchy et al., 2023; Otto et al., 2023; Wang et al., 2023).

Cutting one's own skin with various instruments, burning oneself, piercing oneself, and hitting oneself appear to be the most common forms of self-injury on the epidermis.

This behavior, which is repetitive, can, in some cases, occur more than a hundred times within a twelve-month period, and the methods of injury typically have low lethality (Giusti et al., 2008). Some studies choose to understand self-injury as

a symptom of other psychopathological conditions, especially borderline personality disorder, while others seem to consider it a behavioral phenomenon, a separate syndrome with its own characteristics (Giusti et al., 2008).

These disagreements, along with a current lack of consensus on the naming of the problem, have led to the creation of a series of classifications (Silva Filho et al., 2023), which complicate research and the understanding of the subject, such as: self-mutilation, deliberate self-harm, episodic and repetitive self-injury, self-aggression, cutting, parasuicide, repeated self-injury, self-harm, and self-destructive behavior (Borges, 2012). There are also studies that refer to self-injury (self-harm) as the deliberate act of hurting or poisoning oneself, without distinguishing whether there is suicidal intent or not (Robinson et al., 2023; De Leo et al., 2021). Some classifications place self-injury with and without suicidal intent on a *continuum* of suicide-related problems, while others only differentiate the phenomenon based on the use of lethal or non-lethal methods (Silva Filho et al., 2023).

Almeida and Horta (2010) criticize the use of the term "self-mutilation" to address the issue of self-inflicted injuries. They argue that self-mutilations are more severe self-aggressive behaviors, such as limb amputations, ocular enucleation, and castration. Therefore, unlike self-harm, self-mutilation would lead to irreversible destruction of the body and often represents a more direct threat to life.

According to data from the Ministry of Health of Brazil (Ministério da Saúde, 2021), in comparison to 2018, in the year 2019 there was a 39.8% increase in cases of self-inflicted injuries, with 71.3% being committed by women, mostly of white ethnicity and with low education levels. The age group of 20 to 39 years accounted for 46.3% of the recorded cases, and the age group of 15 to 19 came in second place, with 23.3% of the cases. Of these cases, 60% were attributed to poisoning, and 16.8% to sharp objects. Other sources also indicate a prevalence among adolescents and young adults (Cedaro & Nascimento, 2013; Giusti et al., 2008; Pires et al., 2016) or a growing trend in reports of self-harm among Brazilian adolescents in school settings between 2011 and 2018 (Aragão & Mascarenhas, 2022). We can, therefore, observe an increase in reported cases in Brazil and even highlight self-harm as a matter of public interest.

In this article, the term "nonsuicidal self-injury" was chosen as suggested by the Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (American Psychiatric Association [APA], 2013) in an attempt to standardize the terminology and to comprehend the phenomenon without confining it to other psychiatric classifications. The APA (2013) characterizes nonsuicidal self-injury in the following manner:

> The essential feature of nonsuicidal self-injury is that the individual repeatedly inflicts shallow, yet painful injuries to the surface of his or her body. Most commonly, the purpose is to reduce negative emotions, such as tension, anxiety, and self-reproach, and/or to resolve an interpersonal difficulty. In some cases, the injury is conceived of as a deserved self-punishment. The individual will often report an immediate sensation of relief that occurs during the process. When the behavior occurs frequently, it might be associated with a sense of urgency and craving, the resultant behavioral pattern resembling an addiction. The inflicted wounds can become deeper and more numerous (p. 804).

The manual excludes from the diagnosis behaviors socially accepted as religious flagellation rituals or even tattooing, as well as acts inflicted solely during psychotic episodes, delirium, substance intoxication, or withdrawal. Because self-injury is not part of repetitive stereotypies, individuals with developmental disorders are also excluded. In nonsuicidal self-injury, the behavior would not be better explained by another mental disorder or medical condition. The DSM-5 (APA, 2013) also distinguishes excoriation disorder (skin-picking) from self-injury. The former refers to the repetitive behavior of pinching, squeezing, or biting one's own skin.

Epidemiological studies of self-mutilation can yield highly variable results due to differences in the definitions of self-harm, the studied samples, and the research methodologies employed (Giusti, 2013). Another point to highlight is the difficulty in identifying individuals who engage in this behavior. Many feel ashamed and conceal their injuries and scars, sometimes even lying about them (Arcoverde & Soares, 2012).

On one hand, it is believed that the increased media coverage has contributed to the spread of self-harm, especially concerning skin cutting. The latter refers to the behavior of injuring oneself as a form of "self-tattooing" in a process of group identification and social protest (Giusti et al., 2008). On the other hand, some authors, such as Duque and Neves (2004), suggest that self-harm may serve as a means of group differentiation and reaffirmation of individuality.

Caldas (2009) associates self-injurious with multiple motivations, including the search for relief from psychological suffering resulting from deprivation of freedom, the expression of anger directed at oneself or others, and also points to a correlation with the use of psychoactive substances, strategies to manipulate the environment in order to obtain benefits, the affirmation of individuality in opposition to collectivity as a way of gaining attention, and even the replication of observed behavior when it is associated with some perceived advantage in the context. Similarly, Borges (2012) also attributes functions to self-injurious, highlighting the regulation of affects, self-punishment or the manifestation of self-directed anger, and the desire to influence others, whether in the search for affection or group belonging. In addition, it points to the function of interrupting dissociative states, providing a sense of reality; its use as a preventive strategy against suicidal behaviors; the pursuit of intense sensations of adrenaline and excitement; and, finally, the expression of a need for control, independence, and autonomy.

A clear concern of the authors, more directly influenced by diagnostic manuals, is the separation between the pathological and cultural/ritualistic aspects of self-injury, with the latter imbued with cultural symbolism. In this latter case, the practice of self-injurious would carry objectives such as healing and the demarcation of social status, expressing spirituality within other cultural and religious contexts. Here, the marks on the skin serve as markers of identity within a community tradition, validating the individual through a sense of belonging (Almeida & Horta, 2010).

Almeida and Horta (2010) go as far as to discard any affective-emotional component of self-injury as a "cultural motive," isolating the sociocultural or religious aspect from individuality. At this point of rupture – between individual suffering and cultural heritage – the present article seeks to position itself, drawing on an approach to rites of passage from the perspective of analytical psychology, in order to fill, even if only partially, this gap. On one hand, borrowing the metaphor of Japanese *kintsugi* – the technique that repairs and joins broken pottery with gold – we propose an interpretation that reintegrates the fragments, filling the gaps of what was originally united (disorder and culture).

On the other hand, we may consider self-injurious itself as a symbol that brings together the body of the one who suffers with the historical continuity of the human being, revealing through this behavior a possible origin of the problem. According to Farah (2009), the symbolic language of the body is expressed both in the concreteness of bodily forms and in symptoms and pain. In this way, we choose to approach self-injurious here as a symbolic expression — an image that does not exclude other possible parallels, but rather favors understanding from a specific perspective: self-injurious as an attempt at a rite of passage. Thus, bringing together, with a bit of bonding, current symptomatology and a fundamental aspect of the human condition.

Self-injury as a rite of passage

The rite of passage from childhood to adulthood can be understood as a response to the original dilemma of the creation of consciousness: if, on the one hand, it allows one to deviate from the power of the archetype, on the other, it generates a

dissociation that is, a priori, necessarily symptomatic. Jung (1947/2013) tells us that the creation of initiation rites by indigenous peoples serves both the purpose of ritually separating the individual from the childhood world, from the parents, and from the unconscious itself, and of responding to the problem generated by this very separation, replacing the lost previous life with a new, adult life integrated into the community, which takes the place of the parents. Thus, the ego is assimilated into a larger group. To achieve this, a sacrifice — a passage through death — is usually required, dissolving the neophyte once again into the unconscious so that they may be reborn in this new status, with no possibility of return (Henderson, 1964/2008). In this way, the rite of passage ultimately operates upon psychic energy, promoting transformation within a collective structure and, therefore, a protected one.

Van Gennep (1909/2013) refers to the role of rites of passage as a second birth and cites Plutarch to say that "initiation is dying" (Van Gennep, 1909/2013, p. 90). Death, margin, and resurrection would be stages of the rite that are always irreversible, relocating an individual to a different social status and entirely new way of being. To achieve this, "the past must be cut off from them by an interval that they can never cross again" (Van Gennep, 1909/2013, p. 78, our translation). To be reborn, one must die, which means leaving behind the previous life, and to live, one must go through stages: In this sense, the initial period of the rite is one of separation, followed by a period of margin, and then social reintegration into a new position (aggregation rite). In the case of a funeral rite, we have only the mark of separation, an indication of death now literalized, without rebirth. Rites of passage make clear the urgency of integrating the new, moderating uncertainties, and the need for constant transitions from one position to another, with the individual engaged in incessant movement within the environment (DaMatta, 2013).

During critical periods of transition, such as adolescence, the archetype of initiation[11] becomes more prominent with the function of facilitating a transition with a greater spiritual sense. As early initiation rites into adulthood tend to involve themes of trial and tests of strength — where physical suffering is often present (Henderson, 1964/2008) — it is easy to understand why self-injuries commonly appear during puberty. It is possible that the urgency of transition, combined with the increasing absence or secularization of such rites, pushes the image of the rite of passage into the collective shadow, a process that, as we know, tends to bring the contents back to consciousness in more abject forms, since, outside of consciousness, they tend to lose their ritual containment and original meaning.

> The profane man, whether he wants to or not, still retains traces of the behavior of the religious man, albeit emptied of their religious meanings. Whatever he does, he is an heir. He cannot definitively abolish his past, because he himself is the product of that past: he is constituted by a series of negations and rejections, yet he continues to be haunted by the realities he has rejected and denied (Eliade, 1957/2018, p.165).

Understanding the symptom as the return of unconscious contents (with which consciousness has lost contact) it is plausible to consider self-injury as the unhealthy return of a depotentiated ritual in contemporary society; a ritual that would have the power to appease, in a single act, both human affects and the forces of the unconscious. In this sense, the symptom could reveal what is still lacking as a tool for the work of those striving for completeness

[1] "[...] rites of initiation, whereby young men and women are weaned away from their parents and forcibly made members of their clan or tribe. But in making this break with the childhood world, the original parent archetype will be injured, and the damage must be made good by a healing process of assimilation into the life of the group. (The identity of the group and the individual is often symbolized by a totem animal). Thus, the group fulfills the claims of the injured archetype and becomes a kind of second parent to which the young are first symbolically sacrificed, only to re-emerge into a new life" (Henderson, 1964/2008, p. 129).

(Hebling, 2009); which, in the case of the individual who engages in self-injurious, could be the rite itself.

Zoja (1992) asserts that the dominant culture strives to suppress initiation, leaving only the return and expression in shadowy forms. In a society that is both infantilized and infantilizing, the quest for initiation as a desperate passage makes sense, and in the case of self-injury, it represents an attempt at passage with unconscious intent, aimed at overcoming the prolonged stage of childhood. The mythology of heroes who fight alone against enemies and dragons illustrates this effort of the individual to become themselves, taking responsibility for their choices and progress, a representation of the ego emerging from preconscious obscurity; in other words, an image of the very beginning of psychological development. The existence of the ego is at stake, and it must be strengthened. It is no coincidence that, in moments that demand development, identifications with heroic figures tend to occur. We are led to reflect on the contemporary difficulty of experiencing solitary effort in a way that is not framed as antisocial, but rather as responsible.

Understanding the phase of psychological adolescence as a period of ego reinforcement, where the ego needs to adapt and grow within its surroundings to live, we can ask ourselves: What initiatory possibilities do we offer to young people? The present is marked by a true desacralization, where everything takes on a profane character, and we are subjects of comprehensive secular pragmatism. Although life continues to renew itself in phases, this transition is seldom experienced in a radical or solemn manner. However, this rarely occurs in a radical way, happening increasingly gradually and less solemnly, through the discipline of irreligious and everyday acts.

According to Zoja (1992), the ancestral rite of passage they possessed an irrevocable transformative character: it was believed that they emanated from an absolute form of knowledge, capable of permanently altering the subject who experienced them. The rite (referring to a change in life stage) is not a mere attempt at passage but an inescapable reality, a change without any possibility of return. In contrast, our contemporary sociability seems to lack equivalents. What today would carry the same irreversible, radical, and sacred character? What change could not be undone? It is possible that, in traditional terms, the rite of passage has become an unattainable ideal within the current shared worldview. If there is no rite — as an experience of the sacred — affects and unconscious contents may fail to find forms of organization.

It is in this vacuum that obsessive ritual emerges as a possibility for the renewal of personality, as a substitute for the original rite that can no longer be enacted (Zoja, 1992). As the rite is socially denied, it returns in a shadowed form from the collective unconscious, self-injurious emerges compulsively — much like in substance dependence — reflecting a desperate search for rupture and renewal, marked by urgency and a compulsion to wound one's own skin.

Zoja (1992) further discusses consumerist logic as a promoter of pseudo-rituals[22], understanding that we distance ourselves from the logic of sacrifice, avoiding it at all costs, often in favor of accumulation and the pursuit of pleasure, summarizing a model in which the sacred gives way to the profane, ritual to obsession, and archetype to stereotype.

We can observe the repression of the unconscious theme of death-initiation as a consequence of death entering a zone of repression, of denial. Themes of sacrifice, pain, and voluntary submission collide head-on with the spectacular and hedonistic egoic values of contemporary society. In this way, we come to conceive compulsion as a deep and frustrated need for transformation, which is ancestrally metaphorized in the rite of passage. This compulsion is a parody of the ritual.

We thus have self-injurious as a "pseudo-ritual," an inverted form of initiation: instead of the controlled mortification of the ritual — aimed at transcending to a higher state of life — we place death as the final experience of the rite, resembling the

[2] Pseudo-ritual because, instead of aiming for progression, it flirts with regression to the infantile paradise of non-responsibility and a sense of undifferentiated wholeness (Zoja, 1992).

experience of a funeral rite. This means that the compulsion attempting to replace the rite leads to annihilation. The repressed rite returns infernally, promoting a god of death. In this sense, we have the "negative hero" of self-destruction — a term coined by Zoja (1992) — who, instead of seeking ascension in life, pursues the tragedy of death. Constellated in the psyche, the "negative hero" image is capable of daining a social place for the adolescent; a place which, although dangerous, can be seductive, as it provides an identity, a status, a sense of belonging, achievements that are difficult in the context of the uncertainties of contemporary life.

The young individual engulfed by the image of the "negative hero" acquires group identification through suffering, in a "tribal" sense of belonging that is otherwise lacking (the form of integration into communal life that the original rite provides), which may help explain the numerous social media groups that promote self-injuries. In these groups, self-inflicted violence moves from a marginal position to the center of discourse, bringing together individuals dispersed within their own community, which, if not properly religious, can be described as "pseudo-ritualistic." Therefore, we propose understanding self-injurious behavior as a failed attempt at healing, which seeks — without success — to compensate for the absence of the collective rite in a life that longs for transition.

In the context of traditional societies, the initiation rite is the most effective way of confronting the challenge of psychological maturation. This ritual leads the novice into a symbolic return to the deepest layers of original identity, linked to the relationship between mother and child or between ego and Self, imposing the experience of a symbolic death. In this process, identity is temporarily dissolved into the collective unconscious, only to be retrieved through a new birth. Such a dynamic represents the first act of true assimilation of the ego into a larger group, expressed in the form of a totem, clan, or tribe, or through a combination of these elements (Henderson, 1964/2008).

The rite then functions as regression to an inflated and morbid archaic state that is followed by a return, as if we needed to step back in order to advance qualitatively, "*reculer pour mieux sauter*". However, it is known that this return also signifies a regression to an infantile state, an immersion within parental complexes, where, for the individual who engages in self-injurious behavior, it often translates into encountering familial violence and abandonment. This leaves a problem: how can one reach the second step (adulthood) without having satisfactorily passed through the first (childhood)? In this context, the transition appears even more challenging.

Understanding that many adolescents who engage in self-injuries have experienced situations of familial violence or neglect, we may consider the difficulty of returning to the unconscious (for rebirth) when such a return also means being exposed to these terrifying inner images. If being reborn implies, above all, accepting a process of ego mortification and submitting to something greater — namely, the unconscious itself — how could a psychologically vulnerable adolescent be expected to do so? The risk appears immense. If one cannot safely enter the unconscious, and if the symptom does not lead to transformation, the adolescent may experience their possibilities as exhausted, or rather, the solutions offered by consciousness become depleted. It is at this point that archaic contents of the unconscious may become activated in a renewed attempt at resolution: self-injuries emerge as an image of rupture and passage toward the longed-for new stage of life, ostensibly free from prior suffering. The central problem, however, is that this image becomes literalized in the symptom.

In the context of contemporary adolescence, we can also consider the issue of role definition and social affirmation, which in such an uncertain scenario weakens the individual's condition, making them even more susceptible to self-injurious compulsion: "The archetypal need to transcend one's own state at any cost, even at the expense of harmful means to physical health, is particularly strong in those who suffer the most from an insignificant condition, without a clear identity and role" (Zoja, 1992, pp. 21-22, our translation).

Factors such as the death of family members, values, affections, and ideals lead us to consider self-injury as the materialization of these emotional wounds or even as an attempt to alleviate the anguish generated by these deaths, which can signify the end from the previously held infantile form of life (dependent and idealized).

We can gain an understanding of this process by connecting the archetype of passage with the hero myth.[3] According to Henderson (1964), the hero's image is connected to the transition to adulthood since this type of character speaks of breaking the connection with the maternal and infantile world. However, whereas the hero myth symbolizes the conquest and mastery of the ego (overcoming obstacles in order to assert itself), the image of the rite of passage demands the opposite: total submission to a trial, renouncing all pride and ambition.

The initiate in the rite must not seek self-inflation (*"hybris"*), but must be prepared for symbolic death — a necessary condition for psychic rebirth. By surrendering to a power greater than the ego (the sacred), they undergo an irreversible transformation. The hero, in contrast, becomes inflated through their journey; whereas the rite of passage requires the emptying of the ego, equivalent to death and submission to it.

In this context, self-injuries could be interpreted as a failed attempt to enact the hero image: the individual seeks to break away from the infantile stage (as the hero does), but without submitting to the sacred. Instead of psychic renewal (generated by the symbolic death of the rite), what occurs is an inflation of the ego — a "cut" that reinforces self-assertion, but not transformation. This dynamic helps explain the compulsive nature of the act: a sterile repetition that cannot reach the transformative ends of psychic energy as mediated by the symbol.

Building upon the hero archetype, it can be said that battles generate scars, which, in turn, steal the beauty of the protagonist while filling them with pride because they have overcome what could have killed them. The scar can be seen as a symbol of resilience and survival (Kurbhi, 2014). However, in the case of nonsucidal self-injury it is forged, it carries the aesthetic, but it is empty of experience — it is a simulation. If the passage could not be experienced, perhaps illness serves as an unconscious indication of the need to return to the real path of integration, of wholeness. Just as in *kintsugi*, cited in the introduction of this article, the ruptures of trauma (violence and neglect) can be filled and integrated, bringing together what was separated: the literal and the symbolic experience, so that the possibility of initiation begins to operate not only on the skin, but also within the psyche.

As an organ closely linked to the formation of the ego, the skin would need to be marked in a rite that would ensure the initiation's emancipation while leaving a mark of this emancipation. Perhaps this is why self-injury is associated with difficulties related to problem-solving and decision-making, impulsivity, emotional regulation, and psychological stress (Arcoverde & Soares, 2012), factors commonly associated with the adolescent period. However, when inserted into a ritual context, scarification assumes a diametrically opposite character: not an act of loss of control, but of ordered transformation. In this transition, the image of death — here understood as the cutting of the skin — initiates the process, signifying rupture.

The first phase of initiation involves purification, which means giving up and renouncing habits and ideas. We can understand that it is necessary to abandon an old way of being in the world to which we are attached for any transformation to occur. This stage contrasts with the Western idea of acquisition and accumulation, which ultimately does not accept giving up anything, especially not one's ego. Therefore, ritualization is protective because it controls and prescribes actions, preventing abuse. In the case of skin scarification, for example, there is intentionality and a method within the ritual that regulates the practice. Skin injury serves a specific

[3] The hero as an image of the development of the ego in the face of the potentially destructive forces of the unconscious.

purpose and has meaning within a religious community's context, guided by the origin myth of that practice and the figure of the "priest". It is not an impulsive and disordered act.

The second phase is isolation, especially concerning the opposite sex, and the last phase involves a direct relationship with nature or the sacred soul of things (Zoja, 1992). We can thus create an image of the rite of passage as the process that empties the ego of previous identifications to make way for the new and isolates from the previous world to prevent distraction from its goals or displacement of psychic energy to other objects that hinder the symbolic process.

In the course of the initiation rite, young individuals are separated from their family nucleus to be inserted differently into the social clan at the end. Thus, the break from the parental complex of that culture creates a wound that heals through a substitution that gives the group the role previously fulfilled by parents. Sacrificing the relationship with parents (childhood life), the individual is reborn into group life (Henderson, 1964). This would be the third and final phase, in which the neophyte is integrated into the clan, but now under a new status. If in the second phase scarification of the skin takes on contours of separation from the previous infantile experience, trial, and death, in this final moment the scars become signs of belonging to the group. (Van Gennep,1909/2013).

Zoja (1992) discusses the contemporary use of drugs as a misguided rite of passage, much like we understand self-harm in this paper. The author portrays a human need for transcendence, which attempts to manifest itself in a pseudo-initiation. Instead of initiation, we see a profane repetition of an alienating practice because it lacks the inherent pain of life, detached from a sacred intention that gives shape to the archetypal experience, becoming a destructive obsession.

Despite this evident distancing, we can still find remnants of the attempt at a numinous (sacred) experience through sacrifice. In reality, part of the (temporary) effectiveness of the experience can occur precisely because of the inherent effect of the ancestral practice, of archetypal origin. In contemporary times, sacrifice detached from the ritual loses itself in senseless compulsion. Thus, the deritualized sacrifice becomes lost in continuous, unsuccessful repetition; only the destructive part survives, and the act moves away from its original meaning.

That being said, we can consider cases where self-harm begins as acts aimed at alleviating distress in certain circumstances but, over time, they transform into a constant craving and obsessive thoughts about cutting oneself, seemingly without triggering reasons. There is a departure from the initial sense or an apparent loss of motivation within a large repetition of self-injury that cannot achieve the unconscious goal of qualitative change in life as a whole.

From the perspective of analytical psychology, we can approach scars as constitutive marks of an individual's identity, making them unique and different from other members of the community to which they belong (Kurbhi, 2014). Thus, self-harm could be thought of as a forged process of separating from any sense of familial or social amalgamation, an attempt to emerge with an identity or pseudo-strengthening of the ego. Metaphorically, we can think of self-harm as a premature birth that forces the child, still fragile, to try to stand on its own legs.

This unconscious attempt at self-initiation can be characterized as a search for the sacred, as initiation sanctifies life, which for Western individuals is entirely profane, devoid of the magic and myths that would organize it differently. We can even say that there is a latent need for initiation in contemporary society.

Conclusion

Faced with the symptomatic description of nonsuicidal self-injury, we would run the risk of becoming lost among fragments, without orienting ourselves toward complete, intelligible forms of the problem that might point to an origin. In our *kintsugi*, the gold used to unite phenomenon and meaning has been the image of the rite of passage.

Observing scarification as an attempt at unconscious self-initiation, we highlight the transition from childhood to adulthood (the liminal period of

adolescence), full of challenges for the ego, which needs to express itself in a heroic manner and separate itself, yet encounters significant obstacles.

There are multiple social obstacles in contemporary times: a society that prolongs childhood or infantilizes adult life, refusing the imago of death; a society that desacralizes life, leaving the unconscious and collective affects more disorganized, and keeping its boundaries blurred and imprecise; and a form of consumerism that is, in itself, anti-ritual, as it worships pleasure and accumulation rather than sacrifice, so that needs are never truly satisfied but instead metastasize.

There are also internal obstacles that arise from the fantasmatic images of the previous stage of life, still unresolved: parental abandonment, rejection, abuse, and especially intense anger accompanied by guilt and the inability to express oneself adequately, among others. To accompany the flow of changes in existence, it is necessary to let go of previous forms of life, which persist when they have not yet been properly lived or understood.

Denial is often a strong component of the process of psychic distress that precedes episodes of nonsuicidal self-injury. It is a denial of hierarchy, of authority, and of the painful realities of life, accompanied by an inability to submit, which is inherent to sacrifice and makes rebirth possible. Contemporary society infantilizes individuals with the promise of a return to paradise through spectacle and consumption, denying death, pain, and sacrifice. In this way, it also functions like the siren that lures them into a conservative repetition of the unconscious that ultimately devours them, since the rite, in its full potency, cannot easily be integrated into a cultural milieu that is far more unstable and profane than that of the myths and rituals of original societies.

In the end, the hero needs to sacrifice themselves to complete the task, but how can separation occur if there hasn't been an integral lived experience and elaboration of parental images? Skipping stages is not possible, at the cost of having to confront the shadowy return of what was previously disregarded, since the rite of passage returns as a compulsion that fails to achieve the expected qualitative transformation, and life becomes increasingly mortified, in an inversion of the ritual death–rebirth dynamic. The result of this is the formation of the "negative hero," who attempts to break away from the previous life status through cuts to the skin (the first act of passage) and skips to the final phase of the rite, achieving a simulacrum of integration — through belonging to a tribe of "mortified" youth, as seen in online groups —, but fails to achieve transformation (the second ritual moment). It is as if psychic energy regresses to the point of reactivating images of death, yet becomes arrested there without generating rebirth. This process is responsible for the worsening of clinical conditions, as the failed attempt intensifies the compulsion to cut, often leading the young person to center their life around this moment of "relief" without resolution.

In the absence of social ritual, we witness the "pseudo-ritual" described here; so designated because, instead of progressing, libido regresses back to the purportedly pain-free place, which can only be the realm of the unconscious — the maternal womb, which here also signifies the very imago of death. We may say that the person who engages in self-injury does so in order to escape pain — a revealing paradox, since the experience of pain imposes transformation. Yet the wound cannot be deprived of its inherent sacred meaning; otherwise, it becomes profaned, compulsive, and emptied of meaning through repetition. It is disconnected from its original source: a profound and deeply human need for metamorphosis. This urgency for transcendence is even more pressing in more fragile personalities, with a limited sense of identity and no clear role or place, which makes them more susceptible to the suffering associated with compulsive scarification.

The ritual would act as a form of protection against the abusive use of pleasurable and violent acts by being embedded in a sacred context, linked to the society's myth of origin. Its ordered structure prevents psychic energy from dispersing, keeping it focused on the symbolic process. The gesture of self-mutilation only achieves any effectiveness in alleviating anguish because it finds grounding in human experience, whether in initiation rites or

in the archetypal image of sacrifice. The primary function of ritual is to give direction to affects and to contain the forces of the unconscious; its absence leaves us unprotected before these same forces, without symbolic mediation.

In this context, nonsuicidal self-injury emerges as a symptom that fills a collective void resulting from the absence of rites of passage, potentially leaving individuals immersed in a state of existential limbo. It also takes shape as an attempted form of healing driven by the unconscious when conscious solutions are exhausted, and as the materialization of emotional wounds which, by embodying losses and symbolic deaths (such as the infantile state of dependence), paradoxically alleviate anguish. Scars may emulate narratives of heroism and resilience, yet they rely on sterile repetition in order to coagulate into consciousness. Nonsuicidal Self Injury also assumes expiatory functions: purifying self-punishment, a sacrificial ritual intended to purge guilt or symbolic wrongdoing, or even a connection to an erogenous dimension. From another perspective, it operates as psychic anesthesia, with scars functioning as identity markers that differentiate the self from parental figures or from the unconscious. Finally, it manifests as a search for the sacred, one that reorganizes affects and gives meaning to suffering.

Far from aiming to exhaust the topic, we emphasize the importance of further studies that broaden the circumambulation around the problem, especially regarding two aspects not explored in depth here: the skin and blood. We conclude by highlighting the need for clinical approaches that recognize Nonsuicidal Self Injury not only as pathology, but as a failed attempt at ritualization, pointing to the urgency of new individual and collective symbolic frameworks. ■

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