

Self-Harm: Perspectives From Personal Experience (1994)

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An Appreciation

by Mark Cresswell

The 'self-harm survivor' movement emerged in Britain in the years 1986-89, becoming a voice in the struggle for democracy in psychiatry – a struggle which is far from won. The movement possesses three classic texts: the Louise Pembroke edited *Self-Harm: Perspectives from Personal Experience (Self-Harm)* (1994); Diane Harrison's *Vicious Circles: an Exploration of Women and Self-Harm in Society* (1995); and Sharon LeFevre's *Killing Me Softly: Self-Harm, Survival Not Suicide* (1996).

Harrison and LeFevre's work still demands to be read: the former for its insight that women's bodies are a 'battleground' in Western societies, as evidenced by rates of self-harm and eating distress; the latter, for its psychological power as a critical memoir. But as the defining statement of a political movement, Pembroke's collection remains unsurpassed. Its initial publication by *Survivors Speak Out* in 1994 was a political event - the most powerful testimony yet provided of self-harm considered, not as a problem of individual 'pathology', but in its wider political aspects. Reprinted in 1996, *Self-Harm* remains globally read.

A fresh appreciation of *Self-Harm* is timely. The recent implementation by the National Institute of Clinical Excellence (NICE) of a 'self-harm guideline' intended to

structure service delivery in England and Wales must be regarded as an opportunity lost. Why? Precisely because of its failure to heed the ‘personal experience’ which this book so incisively recounts. Read *Self-Harm*, then, as the most powerful possible ‘evidence-base’ of self-harm. Government is fond of telling us that policy must be based on ‘the best available evidence’. Well, *here* is ‘the best available evidence’. The question for government and psychiatry remains the same as it was more than a decade ago: ‘Will you listen?’

What makes the book so significant? To this question there is a clear and present reply: what *Self-Harm* critically evinces is a *politics* of self-harm. I will briefly explain what I mean.

First and foremost, *Self-Harm* is *political* in a way which provokes in the reader a perceptual switch – read it through once and the ‘problem’ of self-harm will never appear the same ‘problem’ again. To understand why this is the case, consider the following two definitions of self-harm. First, from the psychiatrist (Gethin Morgan) who coined the term (‘deliberate self-harm’), for who it was:

‘a deliberate non-fatal act, whether physical, drug overdose or poisoning, done in the knowledge that it was potentially harmful, and in the case of drug overdose, that the amount taken was excessive’.

Second, from ‘survivor’ Maggy Ross and her testimony in *Self-Harm*:

‘I’ll tell you what self-injury isn’t – and professionals take note...It’s rarely a symptom of so-called psychiatric illness. It’s not a suicide attempt...So what is it? It’s a silent scream...It’s a visual manifestation of extreme distress. Those of us who self-injure carry our emotional scars on our bodies.’

Now, the first definition might sound ‘scientific’ – but what does it really tell us? We are not greatly enlightened to know that self-harm is not the same as suicide and involves self-inflicted harm. That’s a tautology. Survivors have been saying as much

– less dryly - since 1988. The difference is that Maggy Ross provides not so much a *description* of self-harm as an *explanation*. And once we hear the explanation – once we *really* listen to her testimony - the ‘problem’ of self-harm no longer seems to be the same ‘problem’.

What *is* the ‘problem’? *Self-Harm* may be read as an extended treatment of Louise Pembroke’s introductory remarks: ‘Self-harm is a painful but understandable response to distress...’, in which the testimonies inform the reader *how* that distress comes about and *why* self-harm, ultimately, is to be understood as an act of ‘survival’. I won’t anticipate the details of that argument; the testimonies in *Self-Harm* speak for themselves. What I will say is that the ‘problem’ revealed in *Self-Harm* – and therefore what constitutes the ‘politics of self-harm’ - is always and everywhere a problem of *power*.

The raw facts of ‘power’ are these. Some people in society are violated and ‘silenced’; they ‘survive’ this silence through the act of self-harm. From this insight follows *Self-Harm*’s central political point: self-harm may be self-inflicted but the violation which precedes it is not - for some people in society are violated and silenced by *others*. The testimonies contained in *Self-Harm* disclose precisely *who* these ‘others’ are; *how* survivors are violated; and how they have *survived*. The politics of self-harm is thereby defined as a threefold task: 1) to identify the ‘violators’; 2) to prevent the ‘violations’; and 3) to care with compassion for those who, through self-harm, ‘survive’.

Now, it is obvious that a ‘politics of self-harm’ is simultaneously what Peter Sedgwick once called a ‘psychopolitics’ – a politics that challenges medicine and psychiatry for the sake of the general good. And this is so for two reasons. First, because the act of self-harm often brings survivors into contact with ‘professionals’:

psychiatrists, A&E staff etc. who understand self-harm poorly, as individual 'pathology'. But, second, because some of those 'others' – the 'violators' – who have caused self harm in the first place *are themselves professionals*. It follows, then, that one of the achievements of *Self-Harm* – perhaps its finest achievement - is to have exposed the complicity of so-called psychiatric 'treatment' in the generation of self-harm itself. This exposure remains a scandal today. This is why we still urgently need a 'politics of self-harm' to educate psychiatry but also – chiefly - to reform it. And whilst so ever this is the case, *Self-Harm* will demand to be read.

One final remark. The self-harm survivor movement has provided not only a 'politics of self-harm' but also, as R.D. Laing once said, a 'politics of *experience*'. Within these pages are to be found neither the sterile 'objectivity' of the 'randomised control trial', nor the pointless inanity of psychiatric classification. What may be witnessed, rather, is 'evidence' drawn from the well of 'experience' and offered as such in the hope of democratic progress. Perhaps, those who would dismiss such evidence as 'merely subjective', or as 'just your point-of-view', would do well to remember that it is chiefly via such 'politics of experience' that we have any knowledge at all of such other 'violations' as, to name just a few, childhood sexual abuse, rape and domestic violence. What we require, in the case of self-harm – and what *Self-Harm* so movingly inspires – is an attitudinal shift analogous to that previously achieved through feminist activism, which has contributed so much to the 'general good'. *Then*, perhaps, we may reach beyond the dead-end which is NICE.

Dead-ends, however, are nowhere in sight in this book. For *Self-Harm*, in which 'evidence' *coincides* with 'experience', still demonstrates its value on its own terms, which owe nothing to psychiatry. To read it is an experience.

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