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Self-Harm 'Survivors' and Psychiatry in England, 1988–1996

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This paper considers aspects of language and its relation to political practices in psychiatry. It analyses the ways in which groups of psychiatric patients – self-defined 'self-harm survivors' – have resisted psychiatry's power to define their experiences in terms of the 'official' category, 'Deliberate self-harm' (DSH). DSH refers to self-inflicted injurious acts that do not result in death, including drug overdose and self-lacerations of the forearms and wrists. DSH is today considered a significant public health problem. Politically, the paper focuses upon a deployment of language in the form of metaphor: 'survivors' re-articulate their experiences as a 'silent scream', expressive of their trauma and distress, and they oppose this to the hegemony of psychiatric definitions (eg the label DSH). Utilizing key texts of survivors, the paper analyses the history of this deployment between the years 1988 and 1996 in England. The analysis is framed within the context of survivors' political struggle with psychiatry, a struggle which takes its impetus from a confluence of mental health and feminist movements. Theoretically, approaches to 'discourse' are engaged, drawing upon the works of Michel Foucault and Ernesto Laclau.
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INTRODUCTION

This paper considers aspects of language and its functions within ensembles of political practice. Specifically, it interrogates a recent aspect of psychiatry in England[1] in which language figures prominently. In political terms, it surveys the ways in which groups of psychiatric patients – self-styled 'psychiatric survivors' (Campbell, 1992) – have resisted psychiatry's power to label and treat their experiences, defined as medical categories.

The 'official' medical category considered is that of 'deliberate self-harm' (DSH). A standard formal definition of DSH runs as follows:

> a deliberate non-fatal act, whether physical, drug overdosage or poisoning, done in the knowledge that it was potentially harmful, and in the case of drug overdosage, that the amount taken was excessive (Morgan, 1979, p. 88).

Statistically, the most prevalent form of DSH is drug overdose but the category also includes self-inflicted lacerations, usually of the forearms or wrists. Such behaviours are today a major cause of hospital admission for women and men in the UK (NICE, 2002).[2]

The 'epidemic' nature of the self-harm problem, particularly as it continues to manifest itself in the behaviour of young women, has often been noted (Stengel, 1962, p. 203; Morgan, 1979, p. 126); but it was not until the late-1980s that a 'patient's voice' began to be detected amidst the din of the professionals and policy-makers. This 'testimony'[3] of 'self-harm survivors', as they are sometimes self-defined, appears in the context of a wider 'psychiatric survivor' movement of 'mental health service users' (Crossley, 1999), which takes the form of a critique of medical practice alongside an impulse towards welfare service reform. In addition, 'self-harm survivors' have been particularly concerned with the way in which psychiatry 'pathologizes' the experience of women. This paper characterizes such political activism as party to a 'hegemonic struggle', engaging the terminology of Ernesto Laclau and Chantal Mouffe (2001, p. xix), in which the putatively 'scientific' knowledge of psychiatry and the 'subjugated' knowledge (Foucault, 2003, pp. 7–8) of self-harm survivors, battle over what is to count as the 'truth' concerning the contested concept, 'self-harm'.

The 'hegemonic struggle' surrounding self-harm is here considered during the years 1988–1996, a period that witnessed a first phase of self-harm survivor activism in England. This activism originated at the confluence of mental health and feminist movements. Specifically, the paper concentrates upon a political deployment of language occurring during the course of this 'first phase'. This deployment appears in the form of a *metaphor*: the 'official' category DSH undergoes a re-articulation whereby survivors' attempt its displacement by the rhetorical figure of 'the silent scream'. The paradigm-case of this articulation is associated with the testimony of survivor-activist Maggy Ross, from 1989:

> 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 (in Pembroke, 1994, p. 14, emphasis added).

By means of such metaphoric deployments, survivors' confront 'objective' medical descriptions with avowedly 'subjective' invocations of self-injury as the expression ('scream') of women's intra-psychic distress. As a collective invocation, this forms a part of a subjugated knowledge of self-harm contraposed to that of 'official' psychiatry, for example, Morgan's definition cited above. The paper examines that 'contraposition'.

The structure is as follows. First, the next section specifies a theoretical perspective on discourse, language and metaphor, combining insights derived from Michel Foucault's (2000) and Ernesto Laclau and Chantal Mouffe's (1989) approaches to 'discourse theory'. The subsequent section commences a 'discourse analysis' of key survivor texts of the period 1988–1996, in which the history of the 'silent scream's' deployments are tracked. Further sections then clarify this history by, respectively, analysing the 'subjugated' knowledge of self-harm survivors' and the 'hegemonic struggle' with psychiatry, including patterns of political alliance and conflict. The purpose is to clarify a particular deployment of language – the metaphor of the 'silent scream' – as a form of political practice.

DISCOURSE, LANGUAGE, METAPHOR

Consider again the contraposed statements of psychiatrist Gethin Morgan and survivor Maggy Ross. Morgan employs the terminology DSH and defines it as, 'a deliberate non-fatal act…done in the knowledge that it was… harmful' (Morgan, 1979, p. 88), which Maggy Ross contests ('professionals take note'), asserting, instead, that 'self-injury' *is* 'a silent scream' (in Pembroke, 1994, p. 14). Although this paper will be drawing distinctions between such statements, it will begin by constructing an isomorphism: the statements of Morgan and Ross are to be treated as examples of *discourse*.

As Ernesto Laclau (1996) has pointed out, the notion of 'discourse' has complex 'distant roots' (p. 431) such that no exhaustive definition may be quickly provided. However, as this paper specifies a deployment of language in the form of metaphor, this theoretical preamble sketches the imbrication of the triad, discourse/language/metaphor. The rest of the paper then serves as a historico-political instance of this imbrication.

For Michel Foucault, in what may be considered a stem text of discourse theory (2000), language and discourse are not coterminous. 'Statements', Foucault observed, referring to his privileged units of discourse analysis, are not to be confused with formal linguistic elements such as 'words', 'propositions', or 'sentences'. The scope of the statement is wider: in addition to the linguistic level, it also subsumes that of 'signs', considered as the

general category of signification, including numbers, icons, insignia, etc. Two examples of non-linguistic signs, located in the psychiatric field and salient for this paper, may be given: *numbers*, expressed in the form of a statistical probability-ratio predictive of, say, suicide risk; and the *human body* itself, in the form of a self-inflicted inscription upon it (self-laceration) or within it (overdosing). So, as a working definition of 'discourse', we may repeat with Foucault that 'the threshold of the statement is the threshold of the existence of signs' (*ibid.*, p. 84) from which it follows that the sign/language nexus constitutes the primary object of 'discourse analysis'.

To this I would add that Foucault carefully distinguishes statements from language in one further way, and this concerns their respective modes of *reference*. Of course, constituents of language *and* statements are both 'about' (ie refer to) something – conventionally speaking, something other than themselves. It is in this sense that we speak of the 'denotation' of the word, the 'referent' of the proposition, the 'meaning' of the sentence. A simple way of characterizing this 'about-ness' of language is to observe that if language is primarily 'about' real-world states-of-affairs, then the function of such everyday linguistic processes as 'naming' and 'referring' is to 'describe' just those states. Contrariwise, according to Foucault, statements of discourse have, not a referent, but, rather, a 'referential' (*ibid.*, p. 91) and what this describes is a qualitatively different relation from that of proposition/referent, etc. Statements' referentials include 'domains' that are not identical with what we conventionally designate real-world states-of-affairs; indeed, for Foucault, domains of discourse are extremely diverse:

> it would, for example, be a domain of material objects…or, on the contrary, a domain of fictitious objects…it would be a domain of spatial and geographical localizations…or…a domain of symbolic appurtenances (*ibid.*).

This paper specifies one type of statement (the metaphor of 'the silent scream') as it relates to diverse domains. These domains revolve around the fulcrum of 'psyche' and 'body' domains, so that the referential of 'the silent scream' comprises the series: extra-psychic/intra-psychic/body, as they relate to women's experience. The first of this series I shall refer to as the domain of 'social order' for reasons apparent from the text.

To this operationalizing of 'discourse' there is an emendation to be made, concerning the specificity of metaphor itself as an instance of statements. Foucault theorizes little about this species of statement, but, in this respect, he has been critically surpassed by Ernesto Laclau (1994, 1996, 2000) (Ernesto Laclau and Chantal Mouffe, 1989, 2001), who twist his work in a post-marxist/post-structuralist direction.

Their emendation proves instructive because, at first sight, Foucault's statement/referential relations appear insufficiently objective – 'objectivity' being here defined in the limited sense of a correspondence obtaining between significations and real-world states-of-affairs. Clearly, for Foucault, signs correlate with ontologically heterogeneous domains including fictitious entities, symbolic realms, etc. However, this is only deleterious according to philosophical prejudices, that hold transparent mediations to obtain between sign-emitting subjects and a real-world external to them. A philosophy of transparent mediation would be, say, the logical empiricism of AJ Ayer, for which many of Foucault's 'statements', being unverifiable in experience, may be considered 'emotionally' but not 'literally significant' (Ayer, 1990, p. 16). On the contrary, what is implicit in Foucault, but spelt out by Laclau and Mouffe, is that precisely what a theory of discourse permits is an '*enlargement* of the field of objectivity' (Laclau and Mouffe, 1989, p. 109, emphasis added) to subsume such relations as, in the context of this paper, metaphor suggests. Why the need for such 'enlargement'?

The answer is located within the purview of Laclau's 'radical constructivism' (1994, p. 2), a philosophy of 'the social' already implied by Foucault's heterogeneous 'domains'. Radical constructivism rejects the idea that sign-emitting subjects are transparently connected to the real-world states-of-affairs within which they are immersed. Rather, it posits subjects as *mediately* connected by means of the very sign/language nexus, which they themselves emit; that is to say, we have epistemic access to 'the social' only by means of discourse. For Laclau, it follows from this that 'the social' itself may be 'organized as a rhetorical space' (2000, p. 78) *via* 'discursive mediation' (Laclau and Mouffe, 2001, p. xi). The importance of metaphor, in such a perspective, swings into view. For, if metaphor is not to be considered merely an 'emotional' accretion, adding a 'decorative' sense to the literal sense obtained *via* the transparent connectedness of language to real-world, then it may be re-specified as itself primary, that is to say, as *constituting* 'the social', not just 'decorating' it.

This contrast – between metaphor's 'constitutive' and 'decorative' capacities – may be clarified in terms of this paper's central device. Is the 'silent scream' (a) the 'poetic licence' which psychiatric survivors emote around their practices? Or does it (b) form a part of the very way they cognise their practices, being also an 'intervention' in political spheres? To see that metaphor cannot be the straightforward decoration of a primary literality, consider the semantic conditions of the juxtaposed elements conjoined in the statement: 'It's a silent scream'. As Laclau and Mouffe contend, the establishment of an equivalence between 'literally diverse contents' (eg 'silence' and 'scream'), which may exist in relations of contrariety in

real-world terms (eg vocalization and its simultaneous absence), 'is not the discursive expression of a real movement constituted outside of discourse' (*ibid*., p. 110). From which it minimally follows that the 'silent scream' does *more* than provide language, in the 'literal' sense, with 'emotion', in the 'decorative' sense. Laclau and Mouffe indicate that, 'it [metaphor] *is* a real force which contributes to the… constitution of social relations' (*ibid*., original emphasis). Hence, the denouement of this line of analysis:

> 'Synonymy, metonymy, metaphor are not forms of thought that add a secondary sense to a primary… literality of social relations…they are part of the primary terrain itself in which the social is constituted' (*ibid*.).

This paper lays hold of these suggestive remarks in order to stress the 'constitutive' aspects of 'the silent scream' in the discourse of 'self-harm survivors'. The task of discourse analysis, on this view, is not constative, to confirm or deny a referent, but to track the statement/referential relation and to consider metaphor in 'constitutive' terms, that is, as a 'real force'. That task is effected, in this paper, through analysis of the 'silent scream' as it appears in survivors' textual outputs. Consequently, it is to these 'textual outputs', and their history, that I now turn.

SELF-HARM SURVIVORS AND 'THE SILENT SCREAM', 1988–1996

In the summer of 1996, the survivor activist Diane Harrison (1996a, p. 17) published an article in the magazine for social care professionals, *Community Care*. This article, entitled 'Scarred by Pain', opens with a quote from a young interviewee: 'It's a *silent scream*, it's a way of expressing the unspeakable', and Harrison proceeds to inform us that,

> These were the words of an 18 year old homeless young woman who was explaining the reasons why she harmed herself…Through mutilating her body she has found a way of communicating some of her inner world…Self-harm…acts as a way of both marking and controlling the boundaries between the internal and external world (*ibid*., emphasis added).

This 'silent scream' metaphor possesses an intriguing history. It can be shown that it was not 'born' one day in the mid-1990s when the Bristol-based Harrison chanced upon a willing interviewee. Harrison's personal and activist biographies matter here: she was herself a self-proclaimed 'survivor of self injury and sexual abuse' (1995, p. 2) and had recently authored a book on the question of 'Women and Self-Harm in Society' (*ibid*.) from a feminist perspective. The year before the *Community Care* article, in a speech to a

conference on self-harm later published in the journal *Feminism & Psychology*, she summed up her activism in the following way:

> I was a founder member of the Bristol Crisis Service [for women], and later left to work as a training consultant with an organization Abuse and Self Harm Experience and Survival (ASHES). I also set up a woman's support group called FACES (For Acceptance and Care To Express Self Harm) (1997, p. 440).

Harrison never employed the 'silent scream' metaphor in her 'own' words. But in her 1996 booklet 'Understanding Self-harm', part of a series on mental health problems published by the national charity MIND, she described self-harm as, 'the expression of an inner scream', with an explanation closely reproduced later in 'Scarred by Pain':

> Self-injury…can be seen as a symbolic way of expressing deep distress – a non-verbal form of communication in which the feelings are 'externalised,' through the body (Harrison, 1996b, p. 3).

However, in what must be considered her major statement on the subject, the 130-page book *Vicious Circles* (1995), she had quoted, with approval, the following undated poem, attributed just to 'Maggie':

> It's a silent scream,
> It's about trying to create order from chaos,
> It's a visual expression of extreme distress.
> Those of us who self-injure
> Carry our emotional scars on our bodies (p. 48).

The 'poet' was, in fact, Maggy Ross, also a founder member (with Harrison), back in 1988, of the Bristol Crisis Service for Women (BCSW); and the 'silent scream' stanza, which Harrison cites in *Vicious Circles*, began life, not as poetry, but as a speech to a conference in 1989, where it was prosaically contextualized like this:

> I'll tell you what self-injury isn't – and professionals take note. It's not masochistic. It's not attention-seeking. 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 about trying to make a sense of order out of chaos. It's a visual manifestation of extreme distress. Those of us who self-injure carry our emotional scars on our bodies (in Pembroke, 1994, p. 14, emphasis added).

This conference, which took place on 5 September 1989, entitled 'Looking at self-harm', was the first on its subject organized by activists who referred to themselves not as 'mental patients' but *survivors*. Peter Campbell, a founder member of the organization Survivors Speak Out (SSO), who organized the

1989 event, explained the new self-designation as arising, 'because we have *survived* an ostensibly helping system which places major obstacles across our path to self-determination' (Campbell, 1992, p. 117, emphasis added). In the course of 'Looking at self-harm', survivors' anger at the failings of this 'ostensibly helping system' – psychiatry – was much in evidence: the event was described as 'one of the most upsetting and also encouraging … in the last four or five years. The personal contributions from people who self-harm…was devastating' (*Asylum*, 1989, p. 16).

Alongside Maggy Ross, Diane Harrison made her own 'devastating' contribution from the platform that day in 1989. Regarding her own childhood experiences, wherein, she argued, the causes of her self-harming behaviours lay, she confessed that,

> Inside I wanted to scream but dare not do so to anyone for my own survival…I remember screaming into the pillow at night, scared that someone would hear (in Pembroke, 1994, pp. 5, 6).

Both Ross's and Harrison's speeches at 'Looking at self-harm' were recapitulated five years later in an SSO-produced volume called *Self-Harm: Perspectives from Personal Experience* (1994). This anthology included personal testimonies that again varied the 'scream' theme, for example:

> At home I was undergoing so much mental, physical and sexual abuse, I wanted to scream and scream…So I cut my wrist…It was like screaming without opening my mouth ('Marie' in Pembroke, 1994, p. 21).

The book itself was edited by Louise Pembroke, a major figure in SSO, and the prime mover behind 'Looking at self-harm' as well as another major conference held in September, 1991, on the issue of 'eating distress' (Pembroke, 1996). Pembroke described herself as 'a survivor of the psychiatric services' (1991, p. 30) and 'a person who hears voices, sees visions and feels and smells a number of entities' (Pembroke, 1998, p. 30). She, like Ross and Harrison, was a self-harmer, who in 1995 established the National Self-Harm Network (NSHN) in order to campaign more effectively for 'rights for self-harmers' (Pembroke, 1995, p. 13). In her 'Introduction' to *Self-Harm: Perspectives from Personal Experience* (1994, pp. 1–4), she endorsed the perspective of 'Maggy Ross who spoke at the first national self-harm conference in 1989' (*ibid.*, p. 1), whose 'silent scream' speech she had already cited, and paraphrased, in a 1991 *Nursing Times* article called 'Surviving Psychiatry':

> When I started my tour of the mental health services…I could not express the pain and anger to the people who were controlling every aspect of my life.

> I had to learn to scream silently. I started to harm myself during my first hospital admission (1991, p. 31).

Given the 'leitmotiv' status of Maggy Ross's 1989 deployment of the 'silent scream', it is tempting to conclude that that event represents its 'origin' within survivor discourse. It is true that Ross had first given *voice* to it within her testimony, performed during the course of 'Looking at self-harm;' true, also, that she had introduced it a year previously in textual form for a magazine article called 'Shocking habit' (1988). Ross makes reference to 'Shocking habit' a year later during the 'Silent Scream' speech:

> I wrote a magazine article last year on cutting and had over 500 replies from women who thought they were totally isolated and crazy because they self-injured (in Pembroke, 1994, p. 14).

'Shocking habit' included a number of personal disclosures from a group of women self-harmers who had just established BCSW with the intention of realizing a 'need for a support network for women who deliberately injure themselves' (Ross, 1988, p. 46). Ross provides quotes from 'Jane', 'Sally', 'Holly', 'Anne', 'Diane' (certainly Diane Harrison),[4] and it is 'Holly' who is first quoted as saying the words that prefigure Ross's 1989 enouncement:

> I don't feel remotely suicidal when I cut up. It's nothing to do with suicide, and it's certainly not masochistic…For me, it's like a silent scream (*ibid*., p. 45).

Ross comments:

> Undoubtedly there is a link between self-injury and the way girls and women are 'meant' to behave. We are taught from very early on that it's 'unladylike' to scream and get angry (*ibid*.).

With 'Shocking habit', we have tracked back to something like a 'beginning'. A periodization may now be constructed, topped and tailed by the years 1988, when Maggy Ross cites 'Holly's unladylike scream' for a general audience, and 1996, when Diane Harrison's homeless young adult repeats the mantra for the professionals. Politically, there are three points to note about this slice of a history of a metaphor:

1. It is generated from within feminist *and* survivor discourses, in the empirical form of BCSW, founded at a time of confluence between such discourses in Bristol (see Campbell, 1989, p. 211; Wilton, 1995). It first appears in textual form for a non-specialist audience in which the 'silent scream' plays an explanatory role within a subjugated knowledge of self-harm. This knowledge is further elaborated in the section below.

2. The metaphor is then re-deployed by Maggy Ross in her 1989 testimony to the SSO-sponsored conference, where BCSW activists are also present. Other contributors from the 'floor' that day also engage the 'scream' theme in their testimonies.
3. Seven years later, the metaphor has been retroactively endorsed as a 'leitmotiv' of survivor discourse *via* a range of practices. Like the 1988 BCSW/'Shocking habit' nexus, these exist at the confluence of feminist (BCSW/FACES/*Vicious Circles*) and survivor (SSO/*Self-Harm: Perspectives from Personal Experience*/NSHN) discourses; but by 1996 these have extended their reach socio-geographically and a national 'network' (NSHN) has formed. Moreover, the discursive ensemble, of which the 'silent scream' metaphor forms a part, has diffused to penetrate mainstream civil society agencies (MIND/*Nursing Times/Community Care*) situated in a wider health/mental health/social care field. The subsequent section clarifies the range and functions of this ensemble.

SUBJUGATED KNOWLEDGE

Such knowledge as the 'silent scream' instantiates was characterized by Michel Foucault as 'subjugated', a term introduced during his 'Society Must Be Defended' lectures of 1975/1976. 'Subjugated knowledges' identifies,

> a whole series of knowledges that have been disqualified as nonconceptual …knowledges that are below the required level of erudition or scientificity (Foucault, 2003, pp. 7, 8).

Foucault argued that the appearance of such knowledges, from the 1960s onwards, had led to an 'immense and proliferating criticizability of things, institutions, practices and discourses' (*ibid*., p. 6), an 'insurrection of subjugated knowledges' (*ibid*., p. 7), which he associated primarily with anti-psychiatry and gay liberation. It seems reasonable, however, to extend the description to phenomena variously subsumed beneath the rubrics 'new social movements' (Crossley, 2002, pp. 149–167; Habermas, 1981) or 'new political subjects' (Laclau and Mouffe, 1989, pp. 149–194). For Laclau and Mouffe, writing in 1985, the 'newness' of these developments derived from the historical rupture of the late-1960s, which witnessed, on the one hand, an extension of the democratic 'political imaginary' (1989, p. 2) under conditions of advanced capitalism, together with an additional extension 'of social conflictuality to a wide range of areas' (*ibid*., p. 1). In addition to Foucault's examples, Laclau and Mouffe cite the struggles of feminism, movements of ethnic and national identity, peace and ecology protests, etc.

All of these can be seen as unleashing that orgy of critique that Foucault contraposes to the architectonic sciences and grand narratives of the 'powers-that-be'.

Addressing this question of the 'contraposition' of subjugated knowledges involves two entailments. First, that there is a *contraposition* of knowledges, therefore a requirement to specify the *vis-à-vis*: what knowledge(s) are subjugated knowledges opposed to; contrasted with; which aspects of the knowledges contrasted are homologous, or, conversely, incommensurable? Second – this is the substantive theme of the Foucault/Laclau and Mouffe analyses – that contraposition also entails the presence of *political struggle* between social collectives; and this struggle concerns the ways in which such knowledges are oriented towards a notion of 'truth'.

As subjugated knowledge, the 'silent scream' may certainly be contraposed to that of 'official' psychiatry, in the form of a taxonomy (DSH) and related practices. Yet, at first sight, DSH and the 'silent scream' would seem to converge upon an identical 'object' of knowledge: self-harm is an 'act', purposively performed by the subject's *body*, upon the *body* of the subject. So, a shared correlative domain is designated by 'the human body?' Here is a case of 'objective' (psychiatric) and 'subjective' (survivor) discourses seeming to coincide:

> a deliberate non-fatal act, whether physical, drug overdosage or poisoning (Morgan, 1979, p. 88);

> I'm Maggy and I started to cut my body 5 years ago (in Pembroke, 1994, p. 13).

Closer inspection, however, occludes the transposition. Whereas the body, in standard psychiatric texts of the period (eg Morgan *et al.*, 1994), is a carefully circumscribed domain of *no* privileged epistemological status, for survivor discourse it is absolutely central. This contrast may be shown by comparing the statements of Ross *et al.* with those of Gethin Morgan and his collaborators in *Suicide Prevention: The Challenge Confronted* (1994), a national 'clinical guideline', which accompanied the Conservative government's *Health of the Nation* initiative of 1992. In *Suicide Prevention*, Morgan is not concerned with the DSH act qua act; his emphasis is on the predictive role the act plays in determining future suicide risk (Morgan *et al.*, 1994, pp. 11, 12). It was the *Health of the Nation* that for the first time established the prevention of suicide, measured in the form of a statistical 'target', as a major plank of public health policy (Department of Health, 1992, p. 84). Morgan's presentation reflects this concern: operationally defined, DSH becomes a sheer numerical fact figuring in a number of 'risk' scenarios. Chief among

these is 'suicide' (as a species of the genus 'mortality'), but other domains invoked are the 'family' (risk = physical and sexual abuse in the home) (1994, p. 51) and the 'developmental' life-course (risk = inadequate 'transitional process from childhood to maturity') (*ibid.*, p. 52).

It might be assumed that in a 'clinical guideline' for psychiatric professionals the 'psyche' would also be referenced as a matter of course. This is only partially true: the importance of assessing suicidal motivation, presence/absence of mental disorders plus quasi-pathological phenomena such as 'hopelessness' (considered as a correlation of suicide risk) are stressed (*ibid.*, pp. 71–74). Yet 'psyche' is severed from any causal linkage with the bodily act – an observation Morgan insists upon:

> An important point to remember is that the degree of medical harm in DSH may bear little relationship to the degree of psychological disturbance. The aim must be to identify whether there are suicide and other…risk factors present (*ibid.*, p. 71).

Neither is the body qua *gendered* body considered – except, again, as it figures in a sexually differentiated numerical series of 'correlations' plus accompanying 'risks' (eg of suicide or 'repeat' DSH). The higher incidence of DSH in young women is noted alongside the equally well-known 2:1 ratio by which male suicides outnumber female (*ibid.*, pp. 9–12).[5] These are statistical 'facts' in which the sex of the subject serves only to insert them into an epidemiological 'population' for research programmes and policy-formation.

By contrast, in *Vicious Circles* (1995), specifically subtitled, '*Women* and Self-Harm in Society', Diane Harrison makes a move that places the *gendered* body qua body centre-stage:

> 'For centuries, the female body[6] has been objectified, exploited and regulated …a woman's *experience* and *reality* have been 'controlled' and her feelings and needs have been *silenced*' (p. 19, emphasis added).

This 'experience/reality' duality is re-constituted by self-harm survivors from the epistemological fulcrum of the bodily act, as Harrison makes clear in her commentaries for MIND (1996b, p. 3) and *Community Care* (1996a, p. 17): the female body 'stands between' 'internal' and 'external worlds' as a semi-permeable membrane 'marking' and 'controlling' its 'boundaries'. Hence, the semantic efficiency of the 'silent scream', which posits a double-action: (1) *within* and (2) *upon* the body. This 'double-action' is not simultaneously equal and opposite but is subject to an order of causal priority. What is external acts first upon the psyche, causing internal 'pressure', which is expressed in bodily-harm. Louise Pembroke captures this double-action

neatly in the 'Introduction' to *Self-Harm: Perspectives from Personal Experience* (1994):

> Self-harm is a sane response when people are gagged in order to maintain social order…Explosive feelings implode. Our emotional corset cannot hold the pain in any longer. So it bursts (p. 1).

The 'silent scream', therefore, correlates with both psyche/body and social order/psyche dimensions, corresponding to the double-action it posits. We should track these dimensions and their internal distinctions carefully.

Social order/psyche

It is the 'pressures' arising from the dictates of 'social order' which cause 'explosive feelings' in the psyche to 'implode' in the form of self-harm. There are two domains of 'social order', which are summed up by Maggy Ross in the 'silent scream' testimony:

> 'First and foremost, I am a survivor of *sexual abuse* and a survivor of *the system*' (in Pembroke, 1994, p. 13, emphasis added).

These domains are, first, the *gendered life course* and, second, what Peter Campbell dubbed the 'ostensibly helping' *psychiatric 'system'* (1992, p. 117). In both domains, survivors activate the key conceptual category 'abuse', imbuing it with both 'wide' and 'narrow' content. So, for instance, surviving the gendered life course involves a cluster of familial relations in which the child may both be explicitly abused, according to accepted ('narrow') definitions of sexual, physical or mental abuse, or, more expansively abused *via* their forced insertion into ('wide') patriarchal power structures. Diane Harrison spells out this latter process of 'wide content' abuse in *Vicious Circles* (1995)

> Not everyone who self-injures has been sexually abused, but all the women I have worked with…talk about feeling invalidated in a world full of grown-ups…where anger and violence…lingered in the atmosphere (p. 16).

'Wide' or 'narrow', abuse functions by 'silencing' the child so that 'self-inflicted injury' consequently becomes 'a radical response to feelings of…powerlessness' (*ibid*., p. 19) – the surrogate 'voice' that has been silenced:

> there in my own territory, I would punish or scream at my perpetrator…I was trying to restore my own territory, my body, my power, something that had been taken from me, rendered numb, silenced (Harrison, 1997, p. 439).

In this first domain, the 'silent scream' is the 'scream' of the female child. But in the 'system' domain it becomes also the 'scream' of the female psychiatric patient. Again, survivors activate the category 'abuse', retaining both its 'wide' and 'narrow' extensions. So, psychiatric patients may be incarcerated forcibly under the ('narrow') provisions of the 1983 Mental Health Act; but they may also be more subtly abused *via* professional control of ('wide') taxonomic systems by which their experiences are summarily categorized by 'experts' (eg as DSH). Railing against this 'wide content' psychiatric abuse forms the centre piece of Maggy Ross's 1989 speech: 'professionals take note. It's not masochistic/attention-seeking etc' (in Pembroke, 1994, p. 13).

Wide or narrow content abuse in the psychiatric system, as with the 'social order' dimension more generally, may itself precipitate self-harm. This was the case with Louise Pembroke, for instance, who began to self-harm ('scream silently') during her first residency on a psychiatric ward (1991, p. 31).

Psyche/body

Yet, if survivors' posit an external social domain which acts distally upon the psyche, there is also a psychic domain which becomes the proximal 'agent' of self-harm. For survivors, the notion of psyche, or 'Self', is of Cartesian priority. Diane Harrison employs the formulation 'Inside I… ' to signify an 'I' contraposed to both body and 'social order:'

> *'Inside I* felt cut up to tiny pieces…*Inside I* wanted to scream but dare not do so' (in Pembroke, 1994, pp. 5/6, emphasis added).

'Inside ''I'' ' forms an integrity which must be maintained for 'sanity's' sake (LeFevre, 1996, p. 30), but which is threatened by social order 'abuses' which cause 'distress'. 'Distress' is constituted by intra-psychic 'feelings' which, as 'Helen' tells us, in *Self-Harm: Perspectives from Personal Experience*, 'just sit there inside waiting to be expressed' (in Pembroke, 1994, p. 23). This distress is both caused by social order abuses which, at the same time, 'sabotage' their expression (Harrison, 1995, p. 16) in the service of a 'silence' which is power-preserving. Hence the 'scream', an organismic expression of human distress, is forcibly blocked.

Now, the 'survival' function of self-harm swings into view. It is a 'response to distress' (Pembroke, 1994, p. 1), which cannot be vocalized but which must be expressed if 'Inside ''I'' ' is to preserve identity in the face of abuse. Robbed of vocalization, either through speech or scream; lacking also power to hit back directly, 'Inside ''I'' ' recoils upon 'the nearest available target – my body' (Pembroke, 1996, p. 19). The result, self-harm, fulfils two functions. First, self-identity is preserved *via* the 'marking' of the psyche –

body boundary, as in Harrison's *Community Care*/MIND commentaries. At the same time, self-harm also serves as a proxy vocalization of thwarted distress, as in Maggy Ross's canonical statement:

> 'When I am lost for words my cuts speak for me. They say – look – *this* is how much I'm hurting inside' (in Pembroke, 1994, p. 13, original emphasis).

Through such functions a solidarity is formed between 'Inside ''I'' ' and the 'nearest available target' – between psyche and body – which assumes the status of a survival paradox: a self-injurious act which is, at the same time, as Sharon LeFevre points out, 'ideal as a form of alliance for the abused person…It is about survival' (1996, pp. 14/15 and 28).

THE 'HEGEMONIC STRUGGLE'

This psychosomatic alliance was formulated within a discursive ensemble of self-harm survivors between the years 1988 and 1996. This ensemble was constituted of feminist and survivor elements. In this period, subjugated knowledge, instantiated in the 'scream', infused a range of political practices:

1. *Didactic practices*, in which the metaphor is wielded in the service of raising consciousness and promulgating survivor-knowledge. These practices are repeated in a number of spatio-temporal modalities; in the vocal form of speeches to conferences (eg 'Looking at self-harm' in 1989), or the face-to-face training of professionals (Diane Harrison sets up a training consultancy – ASHES – for this purpose); and in the written form of books and articles, which appear in a variety of survivor and professional outlets (eg SSO-publications/MIND leaflets/professional journals).
2. *Therapeutic practices*, in which survivor organizations themselves provide 'therapy' or 'support' informed by the knowledge of the 'scream'. This is the original rationale for the crisis telephone line established by BCSW in 1988, and this explicitly feminist therapeutic model, consisting of telephone support, counselling, and support groups, spread during the period in question (Diane Harrison's 'Understanding self-harm' booklet for MIND gives self-help groups in Bristol, Salisbury and Nottingham under 'Useful Organizations' (1996, p. 9)).
3. *Testimonial practices*, by which survivors seek to establish their truth-claims by means of personal testimony – a confession of their life experience and the 'social order' abuses they have been made to endure (Cresswell, 2005). Testimony may take vocal and/or written form. Maggy Ross's 'Silent Scream' speech is the classic case of a verbal testimony, which began life as a

magazine article ('Shocking habit', 1988), and progressed through various other textual incarnations (Pembroke, 1991, 1994; Harrison, 1995, 1997).

4. *Democratic practices*, through which survivor organizations attempt to influence or change existing public service provision. In this case, the 'silent scream' metaphor is less explicitly invoked but has a 'background' function insofar as didactic, therapeutic and testimonial practices support the platform of reform. The main manifestations of this practice during the period in question are the conferences and publications produced by SSO, conceived to bring 'survivors and workers' together (Pembroke, 1994, p. 4); then, with the advent of NSHN, specific campaigns to lobby government agencies.

Viewed within this ensemble, the 'silent scream' metaphor may be said to support one minor and one major function. In the minor key is the *proselytizing* function. Testimonial practices, in particular, are powerful forms of recruitment to the political 'cause'. Testimony exploits the 'constitutive' aspects of metaphor noted in the section 'Discourse, Language, Metaphor': *via* the declamation of 'abuses' in the presence of witnesses, it implicates the latter in the co-production of a 'truth' about which, politically, something 'ought' to be done. In the testimonial scenario, survivor and witness may enter into a relation of alignment in the course of which the witness – a professional worker hearing a survivor's speech at a conference, for instance – may be moved to validate her 'truth' (Pembroke, 1994, p. 4; Cresswell, 2005, p. 1671).

In the major key, however, is the *hegemonic* function (*Ibid*., p. 1673). By 'hegemony' I am referring to a political process by which social groups (eg Morgan and colleagues, the National Self-Harm Network, etc) attempt to impose a system of 'order' upon a given social field, thereby establishing a 'knowledge' which functions as that field's accepted 'common sense'. Over time that knowledge may sediment into the form of a hegemonic 'truth', for instance, that of 'official' psychiatry. Yet, insofar as that 'truth' constitutes only 'our *tenuous* sense of common sense' (Butler, 2000, p. 14, emphasis added), it becomes susceptible of contestation by 'subjugated knowledges', in this case that of psychiatric survivors. The subsequent 'hegemonic struggle' (Laclau's and Mouffe, 2001, p. xix) is a battle over those very terms of reference that constitute the 'common sense' of a given social field.

From this formulation, it follows that the hegemonic function of survivor discourse consists of *displacement* and *articulation*: 'displacement' of the discourses of psychiatric hegemony and their overlaying with survivor '(re)articulations'. The function of survivor discourse is the undoing of its conditions of subjugation. Testimonial practices, such as those involved in

'recruitment', may be placed within this element – professional workers who align themselves with survivors after witnessing 'testimony', for example – hence, the proselytizing function should be understood as an episode of the hegemonic.

Hegemonic struggles have not always the friend/enemy appearance of combat. The contraposition of 'subjugated knowledge' and 'hegemonic truth' has no *a priori* quality; although contraposed, discourses are neither incommensurable nor homologous by nature. Only detailed empirical study determines the precise character of a 'struggle'. In the one considered here, it is clear that psychiatric and survivor discourses reference analogous domains: the object 'body' correlates in both cases, yet each discourse treats it distinctively. The survivor body is a female body 'attached' to an identically gendered psyche to which, however, it is causally subordinate. The psychiatric body, by contrast, is isomorphic with 'person', although psychical content is adumbrated; it is an insertion into risk calculi where 'sex' plays the role of independent variable.

For Morgan *et al*. (1994, pp. 51–52), both 'family' and 'lifecourse' are correlated domains, as they are for survivors. Again, though, the relations of correlated domains to the enounced elements of discourse are wholly distinct. Both psychiatry and survivors enounce the category 'abuse', but it is just one more aspect of the process of 'risk assessment' for Morgan (*ibid*., pp. 49–61), one which may lead to invoking other welfare services such as 'child protection' (*ibid*., p. 55). In Morgan's case, the bodily sign (DSH) *may* signify abuse but this is by no means necessarily so, whereas, for survivors, the 'silent scream' and 'abuse' causally relate. Much turns on the distinction between 'wide' and 'narrow' content abuse. It may be said that, for Morgan, there is only (maybe) 'narrow' content abuse at the terminal point of an assessment of risk; for survivors, however, abuse is itself the point of departure and 'narrow' content abuse is only ever the synecdoche of abuse writ large.

Nevertheless, the friend/enemy distinction, associated with the very 'concept of the political' in the work of Carl Schmitt (1976), may be useful for charting patterns of alliance and antagonism within the hegemonic struggle. Insofar as survivors attempt the displacement of psychiatry's hegemonic 'truth' with their own definition of 'common sense', we should expect to find attempts to 'win friends and influence people' within the psychiatric discursive ensemble and the wider field of health and social care. In this respect, the friend/enemy distinction should be treated as a continuum. The question then becomes the extent to which elements of the psychiatric ensemble (and 'the wider field') are situated towards either the 'friend' or 'enemy' pole of the spectrum. Sticking closely to manifestations of the

'scream' theme in the period specified, the following patterns of antagonism and alliance may be noted:

1. Antagonism towards mainstream psychiatry but with a clear strategy of 'dialogue'.
2. Alliances with radical and feminist mental health professionals/academics and the national charity MIND.

In 'Shocking habit' (1988), BCSW activists were content to quote with approval psychiatric authorities on the definition of self-harm, Morgan included (*ibid*., p. 44); but this endorsement is replaced by antagonism in later survivors' work. The change coincides with the involvement of SSO, so that the testimonies offered at 'Looking at self-harm' in 1989 become characteristically 'anti-psychiatry'. These testimonies provide what Peter Campbell called 'legends of oppression' (Campbell, 1999, p. 197) – accounts of the mistreatment of survivors at the hands of psychiatry, which serve as the launch-pad for critique. Rosalind Caplin's contribution to *Self-Harm: Perspectives from Personal Experience* is a representative 'legend':

> I locked myself in the bathroom and slowly started to scrape – feeling my inner pain surfacing as the blood began to ooze… all I so longed for was to be heard…Instead I received more medication and a course of 15 E.C.T's (in Pembroke, 1994, p. 27).

Such accounts presage critiques of psychiatric knowledge and treatment. Pembroke attacks at the level of taxonomy:

> The term 'Deliberate self-harm' is objectionable. 'Deliberate' can apply premeditation…Sometimes it can be spontaneous…Conversely, the drive to self-harm may be powerfully constant…Self-harm … does not require qualifying with '*Deliberate*' (Pembroke, 1994, p. 2, original emphasis).

The 'attack at the level of taxonomy' is wide ranging and not restricted to one diagnostic category. This reflects the fact that DSH is not itself a diagnosis; it is featured among the criteria that must be satisfied in making a diagnosis of 'Borderline Personality Disorder' (American Psychiatric Association, 2000, pp. 706–710) but is also related to the symptomatic profiles of other diagnoses (eg see Haw *et al*., 2002, 2005) and in terms of 'co-morbidity' – that is, one or more disorders existing 'in' the same person at the same time (see Soloff *et al*., 1994). In fact, it is pejorative labelling generally that is attacked by survivors; not only the formal terms wielded in the diagnostician's 'bible', the *Diagnostic and Statistical Manual of Mental Disorders* (eg personality disorder), but also the verbal

terms wielded by staff in medical settings (eg the notion that the self-harmer's motivation is 'attention-seeking' (see Pembroke, 1994, p. 41)). But whether formal or informal, psychiatric taxonomies are regarded as equally harmful:

> Frankly, it doesn't matter which interpretation is attached to you, they all ensure one thing. There is no meaningful discussion of the self-harm. Self-harm is not seen as distress in its own right (*ibid.*, p. 46).

For survivors, psychiatric labelling forms a part of the 'wide' content abuse of the 'system', for by 'pathologizing [the survivor's] despair and…dismissing its true meaning, an important message is silenced and lost' (Harrison, 1995, p. 35).

This taxonomic critique is accompanied by an animus directed at the preponderance of physical treatments, mainly drugs, and psychological 'therapies' in the form of 'behaviour modification'. The thrust of the latter is perceived as 'persuading' the self-harmer to *stop* self-harming, an approach which survivors feel fails to address their underlying (causal) 'distress'. Diane Harrison expressed this objection in a 1995 speech to a BCSW conference:

> Many [women] talked about being contracted to stop cutting while in hospital or in therapy: they said this felt dreadful, impossible – as though they were being silenced and their method of survival condemned (1997, p. 439).

Nevertheless, survivors do not call for the 'abolition' of psychiatry, and while there is a desire expressed for 'user-led/run crisis services' (Pembroke, 1994, p. 53) this was accompanied, at the 1989 conference, by Cathy Pelikan's demand for 'access to *services* such as counselling, groupwork and a 24-h telephone helpline' (in Smith *et al.*, 1998, p. 79, emphasis added). The latter call is consistent with the provision of services within mainstream welfare systems. Indeed, survivors explicitly frame their critique within the context of a demand for 'dialogue' with, and change among, psychiatric workers. Seeking such 'dialogue' was a major impetus behind both SSO conferences, 'Looking at self-harm' in 1989 and 'Eating Distress' in 1991, together with their accompanying publications (Pembroke, 1991, 1994). As Louise Pembroke put it:

> The only way forward is to end the silence. For people with direct experience to share their experiences and for a dialogue to start between self-harmers and service agencies (1994, p. 3).

This call for 'dialogue' infuses a number of didactic practices of the period including the provision of 'survivor trainers' for professional agencies, which

SSO and BCSW encouraged. Louise Pembroke opened the 1991 conference on 'Eating Distress' with

> If workers are interested in having people with experience to train colleagues then…contact Survivors Speak Out or MINDLINK (1996, p. 1).

Mention of MINDLINK raises the question of alliances during the period. 'MINDLINK, described as 'MIND's consumer network' (*Openmind*, 1993, p. 3) was established by Jan Wallcraft, a founder member of SSO, in 1986/1987. MIND, of course, remains the major mental health charity in Britain and has for many years concerned itself with the issue of 'human rights' in psychiatry (see Crossley, 1998). Although criticized by survivors during the mid-1980s for its 'paternalism' (eg Campbell, 1985, p. 17), by the 1990s it was a significant ally. This alliance was channelled chiefly through MIND's monthly magazine *Openmind*, which carried articles of pro-self-harm survivor content (Campbell, 1990; Johnstone, 1994; Pembroke, 1995) and provided an outlet for advertisements and book sales through a regular 'Listings' page. MIND also directly commissioned Diane Harrison's 1996 booklet 'Understanding self-harm' (1996b).

Openmind was not the only journal to push a pro-survivor line. *Asylum*, subtitled *a magazine for democratic psychiatry*, was formed in 1986 by survivors and professionals much influenced by 1960s anti-psychiatry and progressive developments in Italian community care (see www.asylumonline.net/about.htm). *Asylum* carried favourable reviews of both of Pembroke's edited collections (Brady and Kendall, 1994; *Asylum*, 1995). Regarding *Self-Harm: Perspectives from Personal Experience*, the (anonymous) reviewer quoted Maggy Ross's 'silent scream' speech and commented:

> This is a courageous reaching out, even to those who oppress in the lottery of attitudes and treatment which anyone presenting self-harm faces (*ibid.*, p. 39).

Tim Kendall, a psychiatrist involved on the editorial collective at *Asylum* and at the 'Centre for Psychotherapeutic Studies' at the University of Sheffield, provided the earlier review (1994) for Pembroke's *Eating Distress: Perspectives from Personal Experience*, first published in 1992. Although not uncritical, he supported its tenor:

> The stories told are stories that are usually silenced…action must be taken on behalf of the many others who are crushed by the institutions or silenced forever (*ibid.*, p. 34).

There were certainly other professional allies, usually of a 'radical' or 'feminist' orientation and, like Kendall, existing at the interface of practice

and academia. Diane Harrison, for instance, had her speech to a BCSW conference in 1995 written up in *Feminism & Psychology* as 'Cutting the ties' (1997) and was interviewed by the psychiatric critic, clinical psychologist and lecturer Lucy Johnstone, for *Openmind* (Johnstone, 1994). Johnstone's (1989) book *Users and Abusers of Psychiatry: A Critical Look at Traditional Psychiatric Practice* was a 'standard' in survivor circles and is referenced by both Pembroke (1994, p. 71) and Harrison (1995, p. 133) as 'recommended reading.'

The influence of feminist psychotherapies is formative. Self-harm survivors were certainly not 'against therapy' in the manner of Jeffrey Masson's controversial critique (1990). Survivors did not deny the possibility of therapeutic, as well as psychiatric, 'abuse'; but, unlike Masson, they accepted the potential of therapy to assist in the need 'to work on underlying feelings' as Harrison put it (in Johnstone, 1994, p. 21). Generally, the need to talk and be listened to was recognized as ubiquitous, providing, that is, that it takes place on the survivor's own terms, as Pembroke insists:

> I am able to accept assistance, but on the basis of the helper/s building an alliance and respecting my knowledge … acting on that information rather than theories that they have been taught (1994, p. 41).

There is, therefore, a clear discursive affinity discernible with various feminist approaches to therapy developed from the 1970s onwards. Two examples may be given that survivors themselves reference. The first is the work of the Women's Therapy Centre (WTC) in London, especially concerning 'eating distress' (eg Orbach, 1986, 1987). Regarding the subjugated knowledge liberated by women's self-help groups around the issue of 'compulsive eating', Susie Orbach, co-founder of WTC, commented:

> Feminism has taught us that activities that appear self-destructive are invariably adaptations, attempts to cope with the world (1987, p. 11).

Ross, Harrison, Pembroke *et al*. echo this view apropos self-harm. Orbach's *Hunger Strike* (1988) is referenced by Harrison (1995, p. 133) and Pembroke includes the WTC as a possible source of help (Pembroke, 1996, p. 23), giving Marilyn Lawrence's (1987) (also a member of WTC) *Fed Up and Hungry*: *Women, Oppression & Food* as 'recommended reading' (1994, p. 71).

The second is the writing of Bonnie Burstow, particularly her *Radical Feminist Therapy* (1992), which contains a chapter on 'Self-Mutilation' (Chapter 10). Harrison quotes this approvingly in *Vicious Circles*, in the context of supporting the survivor mantra that, 'A woman who harms her body is seeking to find a 'serious' way to survive' (1995, p. 27). Burstow's work is particularly attuned to that of the self-harm survivors during this

period; she was also the co-editor of *Shrink Resistant: The Struggle Against Psychiatry in Canada* (Burstow and Weitz, 1988) and she appends to feminist discourse a critique of psychiatry which is submerged in Orbach. Burstow was a social work academic and 'antipsychiatry organizer'.[7] *Shrink Resistant* is also given as 'recommended reading' by Pembroke (1994, p. 71). Orbach and Burstow may be seen as providing self-harm survivors with tools to theorize the psyche–body relation in ways consonant with their developing discourse, ways fully cognisant of both 'wide and 'narrow' content abuse.

Finally, Orbach's and Burstow's work gestures towards a certain *paradox* at the heart of self-harm that I have mentioned previously in the context of the psyche–body relation (p. 22). In closing, those comments may now be expanded. If we accept that self-harm is, as Burstow remarks, a ' ''serious'' way to survive', we can hardly deny that it is simultaneously self-inflicted harm. How do survivors negotiate this paradox within their own political practice?

First, they recognize paradox *as* paradox. For Sharon LeFevre, from the fact that it is a ' ''serious'' way to survive' it follows that 'the paradox is that self-harm is not self-harm at all but self *protection*' (1996, p. 81, original emphasis). All the same, in the work of Ross, Harrison *et al*. there is no elision of the 'interminable struggle going on within the self-harmer' (*ibid*., p. 31), a struggle graphically depicted by Louise Pembroke:

> I need to self-harm in order to keep alive. I have had to develop new ways to try to limit the damage. This has evolved to cutting very slowly, at times over 2–3 hours…This degree of damage limitation is exercising 'control' through cycles of self-harm…Although the frequency leaves me feeling 'out of control.' Self-harm can be both 'in control' and 'out of control' simultaneously…An intense…war in myself…I *need* to cut my body but I don't *want* to (1994, pp. 37–38, original emphasis).

It is for the sake of this war 'Inside ''I'' ' – 'distress' in the survivor lexicon – that there can be no 'celebration' of self-harm, an allegation (eg in Babiker and Arnold, 1998, p. 19) Diane Harrison was sensitive to:

> I have been accused of 'celebrating self-harm.' While I do not celebrate self-harm itself, I do celebrate women's resourcefulness in impossible situations. I truly believe that self-injury reflects the dysfunction of the larger structure… (Harrison, 1995, p. 72).

Harrison's pointing towards the 'larger structure' – social order but also psychiatry – means that survivors have more than 'only paradoxes to offer' (see Scott, 1996, pp. 4–5). They offer also the 'hegemonic struggle' and, in so

doing, they resist the subsumption of women's experience within psychiatric categories. Ultimately, 'wide' and 'narrow content' abuses are political, not psychiatric, categories. The metaphor of the 'silent scream' plays its part in survivor resistance. It follows, then, that this metaphor, itself a paradox, constitutes a paradoxical politics of women's experience.

'Why do people do it?' LeFevre inquired, sensing the paradox in a question addressed to the movement:

> Is it that our mouths become sealed by the fear of hearing our own truth? Or is it that we deny our own truth, that we bury it so deeply that we must eventually *cut* it out, or *vomit* it out…just to survive? (1996, p. 92, original emphasis).

By means of the 'silent scream', survivors not only 'cut' or 'vomit it out', but contest the meaning to be attributed to the act of self-harm, a meaning formerly attributed *via* psychiatric fiat alone. If, as Pembroke asserted, 'the only way forward is to end the silence…and for dialogue to start' (1994, p. 3), then a paradoxical politics is constituted, not just for survivors, but for psychiatric professionals also. Are they 'friend' or 'enemy'? Will they *hear* the 'silent scream'?

CONCLUSION

Such questions may only be formulated because a political struggle occurred within psychiatry in England between the years 1988 and 1996. This struggle occurred upon the terrain of a taxonomy and its related practices: 'Deliberate Self-Harm'. During this period, the psychiatric discursive ensemble was challenged by a formerly 'subjugated knowledge,' that of psychiatric (self-harm) survivors. The discourse of self-harm survivors originated at a confluence of mental health and feminist movements. Survivors contraposed a different knowledge of self-harm and an alternative discursive ensemble. This paper has outlined some of the features of that 'hegemonic struggle'. In particular, a political deployment of language was considered – the metaphor of the 'silent scream' – one of the means by which self-harm survivors 'struggled' with the hegemony of psychiatry.

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ENDNOTES

1 Political activity of the period was focused upon Bristol and London because that is where the two main activist groups were based: Bristol Crisis Service for Women (BCSW) (in Bristol) and Survivors Speak Out (SSO) (in London).

2 The National Institute for Clinical Excellence (NICE) have recently commented that deliberate self-harm, 'results in about 150,000 attendances at accident and emergency departments each year. It is one of the top five causes of acute medical admission' (2002, p. 2).

3 On the role of 'testimony' within psychiatric survivor practice, see Mark Cresswell's paper, 'Psychiatric 'Survivors' and Testimonies of Self-Harm' (2005).

4 The biographical information given in 'Shocking habit' cross-matches with Harrison's own accounts (in Pembroke, 1994; Harrison, 1995).

5 The question of gender difference and 'the self-harm problem' is vexed and is not addressed in this paper. It requires an independent treatment. Stereotypically, DSH is often said to affect mainly younger women whereas suicide, by contrast, is said to affect mainly men. Such perspectives are often canvassed in 'official' (Department of Health, 2002; NICE, 2004, p. 21) as well as 'popular' (MIND, 2005; Mental Health Foundation, 2004) accounts. There are three difficulties with this view apropos DSH. (1) While the epidemiological evidence broadly supports the stereotypical view, the data is historically variable: there have been times within demographic sub-groups where incidence or prevalence rates of male self-harm have approached the female or shown dramatic increases (see Kreitman, 1990, pp. 73–79; Hawton, 2003); on the other hand, female rates have sometimes dipped (see Hawton and Catalan, 1990, 7–13). Moreover, even if the stereotypical view is broadly correct, it remains the case that a significant number of men self-harm, which requires explanation (see Taylor, 2003). (2) It must be recognised that psychiatric categories generally (eg DSH) *may themselves be already gendered* (see Busfield, 1996); in other words, what appears to be epidemiological 'fact' (an 'epidemic' of female DSH) may rather be an artefact of psychiatric taxonomies and 'naming' manoeuvres. In Foucauldian terms, the effect of an 'epidemic' may be being discursively produced. I am not endorsing this perspective here; I am suggesting that the argument must be taken into account in a rendition of the gender difference question. (3) Further complications arise from the fact that, as this paper shows, political resistance to psychiatry in the period in question arose either from explicitly feminist activists (BCSW), or else, activists who broadly accepted the thrust of their thesis (eg Pembroke). In other words, between 1988 and 1996 with few exceptions (eg Smith, 1994 in Pembroke, 1994, pp. 17–19), the male voice is absent from survivor discourse on self-harm. The situation is somewhat analogous to that within the sexual abuse survivor movement which has, however, featured some independent activism on the part of male victims (see Cresswell, 2003).

6 For more detailed feminist perspectives on the issue of the female body and psychiatry see Bordo (re: 'anorexia,' 'hysteria,' 'agoraphobia') (1992) and, apropos DSH, the recent work of Brickman (2004).

7 This is the description given on the back cover blurb of *Shrink Resistant* (1988).

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