Reparative engagements: A mad feminist approach to politicizing lived experiences of self-harm

Sarah Redikopp

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Graduate Program in Gender, Feminist & Women's Studies
York University
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Abstract

This dissertation intervenes into dominant understandings of self-harm as a pathological problem behaviour in need of treatment and cure, opting, instead, to take as its point of departure an understanding of self-harm as a resourceful, multiplicitous, and socially embedded bodymind practice oriented towards attending to "what hurts". Using a combination of critical qualitative methods (i.e., narrative inquiry and critical discourse analysis) this dissertation analyzes fourteen interviews with women, trans, and nonbinary adults living in Canada who identify with self-harm, placing interviewees' experience in conversation with the analysis of medical and cultural texts (i.e., psy- clinical literature, Canadian mental health policy documents, the DSM-5, and young adult novels pertaining to self-harm). Bringing together insights from mad studies, feminist disability studies, feminist theories of trauma, emotion, and embodiment, and social justice perspectives in mental health research, the dissertation pursues a deeply intersectional, situated, and reparative engagement with lived accounts of self-harm. This engagement critiques curative approaches to self-harm and works to position this practice beyond dualisms of 'good' or 'bad', choosing, instead, to conceptualize self-harm as something that both hurts *and* heals. The dissertation contributes to mad and feminist literatures an understanding of self-harm as a relational, political, and multiplicitous bodymind practice which is shaped by, and which responds to, the social, structural, and political contexts of everyday life.

Dedication

To all who turn to themselves for comfort and survival, and especially, to the people who participated in this research.

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Chapter 1: Introduction

Introduction

In the process of writing this dissertation, a friend asked me, *what does self-harm mean to you?* I found it very difficult to answer – in fact, I didn't really say anything in response. I felt my throat close, and my face get hot. It was hard to speak. The question, and my apparent inability to answer, disturbed me. A challenge I've run into while completing this project has been writing myself, and my own understandings of self-harm, into it. My experiences with self-harm are the seeds of this project, and sharing this feels intensely vulnerable. In many ways, this dissertation is an answer to the question, *what does self-harm mean (to you)?* What does self-harm mean for how we engage with madness and emotional distress? What does – or can – self-harm teach us about our emotional and embodied experiences of the (very political) worlds we live in? While not an autoethnographic project, writing myself *in* feels like a necessary part of reflexivity and an important practice in valuing lived experience accounts as ways of "knowing" self-harm, including my own.

In this introductory chapter, I offer some reflections on my own experiences with self-harm, using these as a point of departure in forwarding a conceptualization of self-harm as a multiplicitous, shifting, and socially embedded bodymind practice invoked as a way to attend to what hurts. Far from delineating a proscriptive or universalizing definition self-harm, I aim to orient the reader towards situated and reparative engagements with lived accounts of self-harm. Following these opening reflections, I introduce the goals and research questions which ground this study and outline the chapters that follow.

Writing myself "in"

I became aware of myself as self-harming, in the sense that I understood what I was doing as self-harm, when I was in high school. Looking through my old journals, in an entry from when I was 14, I wrote, "I want to hurt myself, and I don't know why".[1] Pages later, I had taken a pen and run it up and down the pages of my journal, with such force that I ripped through several sheets of paper. I remember the pen snapping like a dry twig. I felt like it had to come out, somehow – the feeling was too big, the loneliness and powerlessness and confusion was too great. I had nowhere else to bring that intensity of feeling where it could be seen in its fulsomeness, *held* and *witnessed* and also be *legitimated* as real, as true, as "proof" of my pain and distress. Later, when I befriended someone who cut themself, it clicked for me that I too could put some evidence of my distress on my body. My body was what I had to turn to! And I turned, and turned back, again and again. For many years, self-harm was one way I could *feel*, intensely, acutely, privately, and without editing or dismissal. I was aching, aching, aching for witness, and I did what I could to find it, within the parameters that I had available to express and navigate my pain. Witnessing and accompaniment through pain is a need, a human need, and in the absence of witnessing, self-harm becomes a very grounding and affirming practice. It gave me space and permission to exist.

I do still self-harm, and it has changed over time. I have learned to practice harm reduction for the most part,[2] and sometimes I can redirect my need to self-harm into an intense run or

[1] At the time of writing this entry, I was living through the effects of sexual violence. I think this violation of my body played a big part in my need and desire to "hurt".

[2] A wealth of scholarship exists, much from psychiatric survivors, which takes up harm reduction frameworks for self-harm and self-injury. These approaches underscore that self-harm is not necessarily something that must be *stopped* but is a practice that brings both benefits and risks, and which ought to be made safer for those who practice it. See Inckle 2010, 2011; Pembroke, 1994, 2002, 2006; Shaw 2012, 2016; Sullivan 2017, 2019.

plunging my face into a sink filled with icy cold water. And still, sometimes when I am feeling "too much" I take a pair of tweezers and scratch them rapidly across the surface of my skin, usually just three or four strokes, enough to draw small beads of blood but not enough to open the skin entirely. This practice in self-harm feels like a controlled and necessary way of letting off some steam, like cracking open the lid on a pot of boiling water.

And sometimes I have less of a "handle" on my self-harm. While those who identify with self-harm, including participants in this project, frequently cite a sense of *control* as an important part of self-harm, I have often felt as if I have no control over my self-harm. In these moments, I *am* rage, and I (my bodymind) must suffer. I hit myself in the face, I smash my head against walls, or I forsake my "safer harm" implement for a facial razor. When I do this, my cuts are deeper, angrier, unplanned, spontaneous – they erupt out of me, my skin bursts like ripe fruit under my hands. At this point I risk going too far, too deep. It's been many years since I've needed to go to the hospital to have my cuts stitched or glued together, but it has happened more than once, and it very well might happen again. When this happens, I find myself apologizing profusely – haven't I been doing this long enough to know how deep is too deep? Hitting the skin at the wrong angle, with the wrong amount of pressure, can result in embarrassing mistakes and an afternoon (or more) in urgent care waiting on a medical resident to suture my skin back together. Go home, and next time, be more careful.[3]

[3] Although, sometimes, going home isn't so easy as suture glue. In 2011 I was placed under a Form 1 under Ontario's *Mental Health Act*. As a result, I stayed in an emergency department for three days as a minor, as there were no pediatric psychiatric beds available locally. In 2015, I was 'formed' again. This time, I was escorted to the hospital by police and was kept for 7 days in a psychiatric inpatient unit.

And sometimes just having thoughts is too much! And in these times, I drink too much wine and smoke too many cigarettes and watch too much reality TV. These things, while not eruptions of self-directed rage or a conscious practice in embodying sadness, are practices in numbing which I experience as harmful in the longer term. They reduce thought entirely: I am fuzzy and foggy for days, I feel very little, I am detached. I feel like a stranger to my own life, intentionally avoiding what feels nurturing and life-affirming. Is this, too, self-harm?

By entering into this project from *where I am*, and where I have been, I offer a partial, but not complete, starting point from which to think about what self-harm might be. My own experiences with self-harm have been multiplicitous and textured, involving different practices, different feelings, and different circumstances. And in all, the body is there, and feeling is there. Put simply, I began doing things to hurt myself on purpose, it was related to feeling horrible, and it helped me to feel better. But, besides involving the body and involving (bad) feeling, what *is* self-harm? What does it mean? What can it mean? What are the implications of attending to self-harm as both an embodied flare of distress and as a site of mad and feminist analysis?

Theorizing self-harm: A reparative approach

As an undergraduate student, feminist theory and mad studies gave me the theoretical infrastructure to explore my lived experiences of self-harm in ways which contextualized them within broader structures of power, and thus, politicized them (Smith, 1987). As a critical interdisciplinary activist and scholarly project, mad studies is concerned with the study and uptake of the lived experiences, oppressions, and activisms of psychiatrized people and those labelled

"mad" (Ingram 2008; LeFrançois, Menzies and Reaume 2013; Reaume, 2021). In 2015, I took a course called 'Feminist Articulations of Madness' which oriented the direction of my graduate studies like a guiding star. In my final paper, I wrote about my experiences with self-harm as a way of surviving violent worlds and "speaking" pain. I wrote,

> *These scars are evidence of my pain. In expressing my thoughts and feelings to so many mental health 'professionals' over the years, and after so many trips to emerge, I found that no matter what I said, nobody took me seriously. My family didn't take me seriously. My friends didn't know what to do. I had no words to effectively communicate, or at least, no words that anyone knew how to hear. I started cutting, deeper and deeper, because the blood flowing out of my arm said so much more than the words out of my mouth. My cuts proved to both myself and the world that something was wrong – I had evidence. They proved that I needed help.* (Redikopp, 2015, p.103)

Who were my scars, my blood, speaking to? What would it mean for mental health professionals to take me seriously? What does it mean to "hear" self-harm? What kind of help did I want? There are a few elements of this passage which I would complicate now, but I can see that being *taken seriously*, particularly by mental health experts, was important to me at the time. Self-harm was one way that I carved out space to *be* taken seriously, even if it was only taking myself seriously.[4]

Concerned as I was with the uptake of emotional pain as something that deserves caring engagement, I was equally concerned with the problem of pathologizing self-harm, and the ways in which the making of self-harm as a medical (and hence, an individual) problem to be treated and *cured* obscures both the sociopolitical contexts within which self-harm arises and the important work that self-harm does in these contexts. In this same undergraduate paper I write,

> *[T]he pathologization of women who engage in SIV (self-inflicted violence) decontextualizes the act of SIV from the realities of trauma, oppression, and mental illness in which self-harm is framed and produced… By pathologizing SIV we silence individual*

[4] The theme of taking self-harm seriously – both as a response to pain and as a site of analysis – is a consistent one in this dissertation and echoes throughout participant narratives.

> *expressions of pain and acts of protest which signify a greater struggle. I argue that we must engage with self-harming scars in a way that politicizes, and therefore challenges oppressive structures which deny agency in bodily expressions of psychological pain. Self-harm is a valid and uncensored expression of the body and mind, as well as a logical reaction to trauma and oppressive realities.* (Redikopp, 2015, pp.104-105).

This excerpt is interesting to me. I can see in it the beginnings of this dissertation, particularly in my feminist emphasis on the *contexts* of trauma and oppression which inform self-harm, and through which self-harm becomes a logical (though at this point, I would trouble "logic" and be more inclined to say *understandable*) response to these contexts of harm. My project might thus be read as a politicization of self-harm, a politicization which necessitates a substantive critique of the pathologization of self-harm (as this necessarily individualizes self-harm as a "medical" problem requiring intervention, treatment, and cessation). To be clear, I do not favour a curative approach to self-harm – that is, an approach which frames self-harm as a pathological problem behaviour in need of prevention, treatment, and rehabilitation.[5] In adopting a critical stance vis-à-vis curative approaches to mental distress, understanding these approaches as oft creating impediments to, rather than deep and meaningful engagements with, practices of self-harm, I seek to cultivate politicized engagements with mental and emotional distress that are better able to offer situated and reparative readings of self-harm. In pursuit of such [reparative] readings - that is, by engaging with self-harm in the manner which Eve Kosofsky Sedgewick describes as "additive and accretive… [which] wants to assemble and confer plenitude on an object" (Sedgewick, 2002, p.149) - this study intervenes into both the normative understanding of self-harm solely as problem, as well as

[5] My use of *curative* here harkens to Alison Kafer's (2013) conceptualization of curative imaginaries in relation to disability, which she articulates as "an understanding of disability that not only *expects* and *assumes* intervention but also cannot image or comprehend anything other than intervention" (2013, p.27). Curative approaches to disability (and other nonnormative and pathologized bodymind practices, such as self-harm) are oriented towards identifying, preventing, and eliminating bodymind difference and bodymind "trouble" (Clare 2017). See also Kim (2017) and Eales and Peers (2020) for reflections on the violence of *cure.*

the affective registers of horror, shock, concern, or confusion which characterize much scholarly and popular writing on self-harm.

As I discuss in Chapter 3, across clinical, sociological, and popular literatures of self-harm, the practice of self-harm is almost always framed as a maladaptive, secretive, and shameful *problem.* For example, Marilee Strong's widely cited *Bright Red Scream* (1998) proceeds with the intention to present the "tortured stories" of cutters, who Strong describes as the "walking wounded". Strong's subjects are positioned as submerged in pain, so desperate to escape that cutting is all they can do. More recently, in his 2015 book *Making Sense of Self-Harm*, sociologist Peter Steggals characterizes self-harm as a practice "wrapped in an enigmatic, dark and troubling aura, a kind of haunting otherness that intrigues and disturbs us at the same time" (p.2). In clinical literature, self-harm is almost always positioned as a maladaptive behaviour. Leading self-harm clinician and psychiatrist Matthew Nock writes that "Self-injurious behaviours are one of the most concerning – and perplexing – of all human behaviours. Particularly puzzling are instances in which people hurt themselves with no intention of dying. If not to die, why would people do such a thing?" (2009, p.3). References to reduced capacities for emotion regulation, a lack of problem solving and distress tolerance skills, or poor communication strategies animate clinical framings of people who self-harm as difficult, emotional, and impulsive, as failing to *adaptively* manage their distress. Moreover, the self-harming subject, in medical encounters, is understood as violating trust between doctor and patient. One clinician writes for *The Lancet, "*When patients deliberately inflict harm on themselves by, for example, taking overdoses or cutting themselves, the contract between doctor and patient is severely tested" (Skegg, 2005, p.1471). To hurt oneself is to violate the contract between doctor and patient – a contract, which is oriented towards cure, toward

restoring and maintaining the closed, contained, individual body. The intentional infliction of harm or damage to oneself is understood to "undo" the work of the physician, to position the self-harming subject as maladaptive, as failed, as both troubled and troubling.

This normative rendering of self-harm as a "problem", rather than as a site of possibility which can be approached reparatively, constitutes one intervention of my research. Rather than beginning from an understanding self-harm as a practice steeped in *haunting otherness*, my work begins from a place of familiarity with it. As a mad researcher, I reject the view of self-harm as strange. Instead, I follow psychiatric survivor and mad researcher Clare Shaw, who writes that many of the ways that we cope with a bad day or respond to bad feelings are actively or potentially harmful to ourselves. Cigarettes, alcohol, hours of mindless television, overwork, overexercise – viewing self-harm in context of a range of socially sanctioned behaviours, Shaw writes that "We all know what it's like to cause harm to ourselves. Self-injury is not some strange, marginal, pathological behaviour. In many ways it is at the heart of how we live; it's what we expect of each other" (2016, p.78).

I thus begin and enter into a reparative reading of self-harm from a place of deep listening, of partial truths, of situated knowing which call for a view "from a body, always a complex, contradictory, structuring, and structured body" (Haraway, 1988, p.589). This emphasis on partial and situated knowledge engenders accounts which are grounded, locatable, and thus, more accountable (Haraway, 1988). This situated and reparative reading eschews binaries between healthy and pathological kinds of embodied relationships with the self, opening different ways of understanding harm, cure, and care. In several ways, my project builds on and extends histories of feminist, psychiatric survivor, and mad resistance to the pathologization of self-harm and which

trouble normative conceptualizations of *harm* and the effectiveness of psychiatric responses as cure (Pembroke, 1994, 2007; Burstow, 1992; Elliot, 2001; Mazelis, 2005; Shaw, 2012, 2016; Inckle, 2010, 2011, 2020; Simopoulou and Chander, 2020; Sullivan, 2017, 2019). These accounts trouble understandings of self-harm as always bad, as pathological, as in need of intervention and rehabilitation, while simultaneously recognizing and holding space for the pain and distress which can accompany self-harm. That is, self-harm both hurts and heals, and does significant work for those using it. In the words of antipsychiatrist Bonnie Burstow, self-harm is fundamentally "A WAY OF LIVING. It is a means of getting through the day" (1992, p.190). And, as one participant in my research, Emily, reflected, "There is actually something quite hopeful about it".

Politicizing self-harm entails not only a critique of its pathologization, but attending carefully to the contexts, including oppressive structures and social arrangements which shape and produce trauma and harm, within which self-harm "works". That is, self-harm happens in *context*: it does not exist in a vacuum, but responds to feelings, to relationships, to living (Burstow, 1992). To view it as contextual and relational, I suggest, makes it possible to carve out more caring forms of engagement with self-harm, not as a problem to be *cured*, but as a possibility for survival, resistance, and self-witnessing in the absence of meaningful alternatives. Politicizing self-harm reframes self-harm not as a problem of sick, impulsive, dramatic, or manipulative individuals, but as a valid, understandable, and meaningful practice invoked to navigate and survive painful experiences, which are themselves structurally embedded and informed.

Articulating "self-harm"

Thus, in response to the jarring prompt with which I open this dissertation, *what does self-harm mean to you?,* I understand self-harm as a practice in turning towards the self in order to navigate, negotiate, and survive feelings and circumstances which are, in some way or another, overwhelming or painful. I certainly do not think self-harm is the *only* way that people negotiate pain, powerlessness, distress, or other 'difficult' feelings. Rather, I understand self-harm as one practice *amongst many practices* used to respond to – and live through – overwhelming affects and experiences.[6] People experiencing distress negotiate this distress in various ways, and the practices we use in negotiating and navigating pain change and grow as we change and grow. Other practices which people use to respond to what hurts, and which came up in the course of this research, include journalling, physical movement and exercise, hot showers and baths, talking to loved ones and trusted supports, breaking plates, snapping pencils, prayer, and more. Without assigning value to self-harm as a means of responding to pain or evaluating its success or "adaptiveness" as a practice in emotion regulation,[7] I understand self-harm as, very simply, one option available for attending to negative affects, including overwhelming distress, pain, discomfort, and loneliness.

The lived experience accounts in this dissertation underscore that self-harm is a deeply changeable and relational practice: it isn't always needed, and the way it is invoked changes over time and according to circumstance. As such, I do not think that what "counts" as self-harm is limited to a narrow set of practices (though most people tend to think of self-cutting), but I *do* think

[6] Following Cvetkovich (2012), I use 'emotion', 'affect', and 'feeling' somewhat interchangeably to refer to the "undifferentiated stuff of feeling" (p.4). For a feminist parsing out of feeling, affect, and emotion as they differ and converge, see Ahmed, 2004, pp.8-12, and Jaggar, 1987.

[7] Much psy- discourse on self-harm is concerned with its in/effectiveness as a poor, impulsive, and *maladaptive* emotion regulation strategy, and it is on this basis that self-harm is pathologized. See Chapter 3.

that self-harm often involves bodymind pain,[8] either by directing pain towards the bodymind or responding to painful experiences through recourse to the bodymind. As a multiplicitous, fluid, emergent, and embodied practice, self-harm invokes the body to attend to "bad" feeling, as a way to *survive* bad, overwhelming, ordistressing feelings and navigate the (often harmful) contexts of these feelings.

By invoking the body in negotiating, experiencing, and surviving "bad" feeling, self-harm complicates mind-body dualisms in ways that invite different ways of thinking about the relationship between feelings (read: interiority, psyche, mind, soul, affect, emotion, heart), bodies (flesh, pain, blood, marks, bruises, aches, evidence), and the social and structural contexts which "bear on" feelings, bodies, and their co-emergence. Self-harm disrupts western ideals of the 'rational' and bounded individual subject (Brennan, 2004; Shildrick, 2002), and as such, it is readily dismissed as pathological, dangerous, perplexing, manipulative, and attention-seeking. Traversing the terrain of self-harm is a quiet insistence that embodiment *matters* for subjectivity, for feeling, for healing, that we feel through and within and *as* bodies, and that feeling and body exist in deeply enmeshed and interconnected ways. Self-harm is a changeable, diverse, and socially embedded practice involving the body and which is oriented towards attending to what hurts. It is a resourceful practice in turning towards the self in the wake of pain and overwhelming affect (or the overwhelming lack of affect), a practice of negotiation through and with the bodymind.

[8] I use 'bodymind pain' here as a way to unite physical/bodily and emotional/psychic pain, or to eschew dualisms between the two, following Margaret Price's assertion that "[B]ecause mental and physical processes not only affect each other but also give rise to each other—that is, because they tend to act as one, even though they are conventionally understood as two—it makes more sense to refer to them together, in a single term" (2015, p.269).

Throughout this dissertation, I work to complicate understandings of self-harm as a problem behaviour. I also work to attend to what hurts about self-harm. By adopting a "both/and" approach to self-harm, I do not see self-harm as "bad" or "good", adaptive or maladaptive, hurting or healing. It hurts, and it heals. In my own experience, sometimes I regret it, and I need it. It can be intensely isolating, and it can foster self-connection and self-trust. It can be a form of self-punishment *and* a form of self-support – indeed, sometimes the self-punishment *is* the self-support. Self-harm is one way that we (those who identify with self-harm)[9] show up for ourselves. In contexts of our relationships, our social institutions and organizations (including families and schools), and the power hierarchies and structures which shape them, including compulsory heterosexuality, capitalism, classism, settler colonialism, racism, sexism, ageism, ableism, and sanism, self-harm is one way that we negotiate our feelings and experiences with the resources and options available to us. Self-harm is thus, at its simplest, one way of negotiating our experiences of the worlds we live in, one way of creating time and space to feel, fully, and to witness our own distress in the absence of effective alternatives for attending to pain, distress, despair, anger, emptiness, or overwhelm. Consistent with crip perspectives in disability studies which complicate pain and 'cure' (Clare, 2017; Patsavas, 2014; Price, 2015), I work to recognize that self-harm *hurts,* and is not necessarily desirable, *and* that it can be a very important and effective for those who practice it. Self-harm is valid, it is understandable, and it is a practice that exists in social and

[9] By invoking "we" and "us", I don't mean to imply that people can, or should, be separated into binary groups of "self-harmers" and "not self-harmers". Self-harm is contextual, relational, and fluid. One argument I attempt to make in this dissertation is that ontologizing some behaviours as "self-harm" and others as normal or healthy recreates problems inherent in taxonomies of mental health "symptoms" – it removes self-harm from the realm of understanding and makes it something strange, pathological, and in need of expert intervention. By adopting a relational engagement with self-harm, I seek to position it as an emergent practice in turning towards the self and which holds value and meaning for those who adopt it.

political contexts which bear on how self-harm is invoked, experienced, understood, articulated, and negotiated.

The "problem object" of self-harm

While I understand self-harm as a fundamentally embodied, relational, and situated experience, and the articulation of self-harm as a deeply personal and private practice resonated throughout my research interviews, I simultaneously understand self-harm as an historically specific cultural object – something that is "known", studied, spoken about and constructed through various sets of discourse. By looking to discourses of self-harm – ways of knowing and speaking self-harm evident in psychiatric texts, grey literatures, popular media representations, and research interviews – I am interested in both how self-harm is known and how this knowing of self-harm shows up in lived experience accounts of self-harm. It is both an embodied experience and a cultural object produced through kinds of discourses, ways of knowing and speaking self-harm. Further, I am interested in the ways that self-harm becomes or is experienced as a possibility for navigating distress perhaps more readily available to some subjects than to others, especially along lines of race, age, class, and gender.

One nuance that I want to hold in this dissertation is that self-harm is an historically specific form of expressing and communicating distress (Steggals, 2015). That is, I do not understand self-harm as ahistoric, but as a practice which is made meaningful through *this* historical moment (Millard, 2013, p.127). This is not to imply that people did not hurt their own

bodies or direct pain towards themselves prior to modern conceptualizations of "self-harm". [10] It is meant to suggest, rather, that contemporary understandings of what counts as self-harm – indeed, the term "self-harm" itself - are historically specific. Much literature on self-injury tends to de-historicize self-injury and self-harm as universal and transcultural expressions of pathology. For example, in his widely cited text *Bodies under Siege* (1987; 1996; 2011), often credited with putting self-harm "on the map" of mainstream western cultural perspectives, psychiatrist Armando Favazza universalizes a broad array of bodily practices, bringing together ancient religious blood rites, female genital mutilation, auto mutilation among animals, alongside pathological self-cutting by (western) adolescents in an effort to present 'self-mutilation' as an atavistic, universal, and trans-cultural manifestation of pathology. In a critique of these atavistic universalisations of self-harm and self-injury, in which Favazza is certainly not alone (see also Adler and Adler, 2011, and Plante, 2007), Chris Millard (2013) writes that

> The most epic and indulgent example of this brings together the Passion of Jesus Christ, Tibetan tantric meditation, North American Plains Indian mysticism and the writings of Franz Kafka and the Marquis de Sade (among others) in a 'history' of self-mutilation. In accounts such as this, in Wilson's words, 'the historicity of all disease concepts, whether past or present, has been obliterated' (p.131).

While the invocation of the body in painful practices, and understandings of this as significant and meaningful, may indeed unite some of these practices, what is overlooked here are the ways in which current western understandings of "self-harm", as a fairly recent historical concept (Chaney, 2017; Millard, 2013), are produced through and by *psychiatry* as a pathological problem behaviour of distressed individuals. As I articulate in Chapter 3, dominant psy- "readings" of self-harm are,

[10] For example, in *Remembrance of Patients Past* (2000), Reaume writes of a patient named Abbie G who was hospitalized in the Toronto Asylum for 19 years, until her death in 1921 at age 43. Abbie's patient file describes "her frequent biting of her hands and arms 'until they are a mass of sores'" (2000, p.67), though the term 'self-harm' was not used by documenting clinicians. See also Chaney (2017) and Gilman (2013).

currently, characterized by descriptions of self-harm as a maladaptive behaviour geared towards emotion regulation. Self-harm – especially self-cutting – has been psychiatrized as a symptom of hysteria and borderline personality disorder, seen as evidence of manipulation and malingering, and is currently understood in comorbidity with depression, anxiety, and eating disorders (Chaney, 2017). Challenging atavistic and ahistorical views of self-harm, such as Favazza's, I echo Sander Gilman's claim that "The idea that there is a standard, empirically observable category [of self-harm] with its own autonomous history is a fantasy of the present" (2013, p.151). Again, this isn't to deny similarities or unifications, but to trouble *conflations* which overlook the historical specificity of self-harm as an object of power/knowledge and discourse.

Further, the production of self-harm as an object of psychiatric discourse relies on a series of gendered and racialized assumptions about the "typical" patient who self-harms – notably, young white women and girls in the global north (Brickman 2004, Millard 2013, Shaw 2002).[11] That is, understandings of self-harm as a problem of white girls and young women cutting themselves are historically specific and emerge from a particularly gendered, racialized, and classed (psychiatric) contexts (Shaw, 2002). Chris Millard (2013) traces the emergence of the modern cutter profile – which identifies white, middle class, suburban, and attractive teenage girls as "typical" self-harming psychiatric patients (Brickman, 2004) – to a corpus of classical studies on self-harm "issuing principally from a set of psychiatric institutions in the north-eastern USA" (p.126) in the late 1960s and 1970s. Noting that these "classical studies" were "predominantly

[11] I take up race and racialization throughout this dissertation as a shifting social, political, historical, and ideological process with profoundly material effects (Omi and Winant, 1994, p.110). In *The Theory of Racial Formation,* Omi and Winant (1994) articulate race as an unstable complex of social meanings, conflicts, and investments which are attached to particular bodies through processes of *racialization*. Race is thus "a concept, a representation or signification of identity that refers to different types of human bodies, to the perceived corporeal and phenotypic markers of difference and the meanings and social practices that are ascribed to these differences" (Omi and Winant, 1994, p.111).

from private psychiatric inpatient facilities where women outnumbered men in this period" (p.138), Millard demonstrates that, far from simply describing an existing problem of female psychiatric patients who cut themselves, this corpus of psychiatric studies worked to actively produce and stabilize the "modern psycho-clinical object" (p.127) of self-harm as a behaviour "carried out principally by those gendered female, and that the stereotyped behaviour involves cutting the skin" (2013, p.128). Assumptions of self-harm as a problem of "white, suburban, attractive teenage girl[s]" who self-cut (Chaney, 2017, p.212) persisted into the 1990s, and self-harm continues to be framed and normatively understood as an "adolescent thing for girls" (Brickman, 2004; Chandler & Simopoulou, 2020, p.1).

Importantly, empirical data about what kinds of people self-harm – and how they self-harm – are difficult to come by, and ought to be engaged with a degree of suspicion. Although some studies have shown that teenage girls in the west have higher prevalence rates for self-harm when compared to boys or adults (Gholemrezai et al., 2017), inconsistent definitions of self-harm (i.e. what's being studied) used across epidemiological studies muddy the accuracy of prevalence estimates (Chandler et al., 2011). Further, because self-harm is a multiplicitous, diffuse, and often private practice which frequently does not require medical attention or intervention, demographic data from emergency departments and hospitals do not provide a full or complete picture (Chandler, 2016). Thus, while it may not be possible – or desirable – to say that self-harm is, indeed, a problem for white girls, it is, in my view, possible to say that self-harm is *discursively framed* as a problem for white girls. Gholamrezai et al. (2017), in a systematic review of non-western and empirical "nonsuicidal self-injury" research, argue that "the research literature on NSSI [nonsuicidal self-injury] has been monopolized by publications from Western countries, such

as the United States, Canada, Europe and Australia, that studied mostly Caucasian samples" (p.316), and prevailing stereotypes of self-harm define it as a "'White, middleclass problem' that occurs nearly exclusively among privileged young women" (Abrams & Gordon, 2003, p. 431).

Although intersectional research on self-injury is increasing (i.e. Angoff et al., 2021), gendered and racialized assumptions of white girls as typical self-harming subjects remain deeply embedded in clinical and popular understandings of self-harm. These understandings of self-harm as a problem for white girls have consequences for racialized and multiply marginalized subjects living with self-harm: for example, UK researchers Cooper et al. (2010) found in a population based cohort study that although white women and girls were more likely to self-cut, Black women and girls were more likely to self-poison, yet *considerably* less likely to receive a psychiatric assessment, in- or out-patient care, or be referred to a general practitioner compared with white women (p.215). Likewise, Batsleer et al. (2003), in a qualitative study examining mental healthcare provision for South Asian women who have self-harmed or attempted suicide, found that care providers perceived self-harming South Asian women as *emulating* the behaviour of white women. These gendered, racialized, and classed parameters for understanding self-harm – which themselves have roots in psychiatric discourse (Millard, 2013; Shaw, 2002) – have been largely left untroubled, including in feminist research and writing on and with self-harm. In this dissertation, I work to adopt an *intersectional* approach to self-harm by exploring various and interlocking social and political conditions of harm as these show up in participant narratives, and by critically interrogating "normative" representations and understandings of self-harm as a problem for white girls in the global north.

Research questions and research goals

In light of the widespread construction of self-harm as a pathological problem of distressed individuals (particularly, one disproportionately affecting white girls and young women in the global north), and underlying assumptions that the best course of "treatment" for self-harm is one of cessation and prevention (read: cure), this dissertation proposes an alternative approach to engaging with self-harm that is grounded in mad, feminist, and social justice frameworks. The research thus aims to intervene into psy- framings of self-harm, which pathologize and individualize self-harm, and instead, aims to position self-harm as a practice that is shaped by, and responds to, the social, structural, and political contexts of everyday life. This "re-reading" further entails three specific research goals. Firstly, to problematize psy- constructions of self-harm as these both reproduce narrow understandings of self-harm and individualize self-harm as a problem of individual pathology to be treated and cured. Secondly, the research aims to, through careful engagement with lived experience accounts from those who identify with self-harm, to attend to the social, political, and structural *contexts* of self-harm, as these shape and bear on lived experiences of self-harm. By exploring self-harm *in context,* I hope to engender more relational, situated, and politicized understandings of self-harm. Finally, through adopting a mad, feminist, and social justice approach to self-harm which engages with lived experience accounts, the research aims to invite new ways of knowing – and speaking – the lived realities of self-harm in ways which go beyond pathologization and cessation. To this end, my research incorporates and engages with lived experience accounts of self-harm as valid and necessary forms of "knowing" self-harm which positions those who identify with self-harm as knowers of their own experience and as epistemic agents.

These research goals are undergirded by three central research questions. Firstly, the research asks, how is self-harm understood and constructed as a problem behaviour, and what are the implications of this "problem" construction for those who identify with self-harm? Second, what is the role of self-harm in navigating, negotiating, and responding to the social, political, and structural contexts of self-harm as these show up in lived experience accounts of self-harm? Put another way, what are the meanings of self-harm for those who identify with it? And finally, what are the implications of taking self-harm seriously as a site of mad, feminist, and social justice analyses of madness and distress? What new knowledges about self-harm are engendered through a mad, feminist, and intersectional reading of self-harm? What can a mad and feminist engagement with self-harm reveal about lived experiences of suffering, distress, and resistance?

Outlining the dissertation

In addition to my own understandings of self-harm, the narratives shared with me by participants who identify with self-harm structure most of this dissertation. These narratives underscore multiple, and sometimes conflicting, dimensions of lived experiences of self-harm. I work to attend to these conflicts and nuances in the pages that follow because I think they reveal something important about self-harm – that it is not a unified experience, it is not one *thing*, and there is nothing conclusive that can, or should, be said about people who identify with self-harm. Rather, I hope to position self-harm as a deeply situated, emergent, and relational practice invoked as a way of turning towards the self in the absence of meaningful or nourishing alternatives. I understand self-harm as a practice in survival, even – perhaps especially – though it may hurt. The heart of my project is found in these above excerpts from my undergraduate essay – that self-harm *matters*, that

it says something, has something to show and teach about the relationship between sociopolitical contexts of distress, embodiment, pain and distress, and the self. What that "something" is may be not yet entirely clear, but I hope that in the following chapters I can invite careful thinking, sitting with, and witnessing lived experience accounts about self-harm as kinds of teachers.

Chapter 2 outlines the theoretical framework I use for this study. In order to open up politicized forms of engagement with self-harm which move beyond cessation and "cure" (Clare, 2017; Kafer, 2013), I draw on insights from several diverse, yet often overlapping and coalitional, communities of thought, including mad studies, Foucauldian attention to power/knowledge and discourse, social justice engagements with suicide, feminist trauma theory, feminist disability studies and crip theory, mad and feminist epistemologies, and intersectionality. My theoretical framework is interdisciplinary and woven together in order to support my mad and feminist engagement with self-harm. In Chapter 3, I review three bodies of literature on self-harm which have significance for my study. These include a critical reading of psy- perspectives of self-harm, psychiatric survivor engagements with self-harm, and feminist perspectives of self-harm. I introduce and expand on my observation that feminist engagements with self-harm have tended to reinscribe narrow understandings of self-harm as a problem for young white women and consider the implications of intersectional engagements with self-harm which locate self-harm as an emergent and situated practice attentive to power and difference.

In Chapter 4, I describe the methodological process of this study. My approach to this research is grounded in feminist and mad research paradigms, which work to centre subjugated knowledges "from the margins" (Collins, 1987; LeFrancois and Voronka, 2022), to emphasize the *situatedness* of knowledge claims (Haraway, 1988), and to disrupt the hegemony of western

rationalism and positivism in research about madness. To this end, I incorporate insights from feminist standpoint theory (Harding, 1986; Hartsock, 1983), critical reflexivity (Strega and Brown, 2015), and "mad methodologies" to engage in a practice of *difference attuned witnessing* in research interviews with those who identify with self-harm (Rice et al., 2019), which is a major methodological, epistemological, and ethical feature of this dissertation. I also consider the risks of doing research on and with self-harm, including the "duty to report" and institutional ethics protocols.

Chapter 5 takes up the problem of *(un)defining* self-harm as this surfaced in research interviews. This chapter problematizes normative definitions of self-harm (i.e. those definitions of self-harm which circulate in psy-discourse), including hard and fast parameters around what behaviours "count" as self-harm, and instead suggests that definitions of self-harm are emergent and slippery, and that how self-harm is defined has implications for how it is understood, engaged with, claimed, experienced, and responded to. Chapter 6 investigates and problematizes normative understandings of *who* self-harms – specifically, the "typical self-harmer" as a historically specific object of psychiatric discourse (Brickman, 2004; Millard, 2013; Shaw, 2002). In addition to exploring specific examples of the "typical self-harmer" in two young adult novels, I explore the work of the "typical self-harmer" in context of lived experience narratives of self-harm, especially in interviews with participants who are queer, trans, and racialized, and pay particular attention to how these research participants critically navigate and trouble understandings of self-harm as a problem for white girls. Chapter 7 presents eight participant narratives of self-harm in order to forward what I describe as a reparative engagement with self-harm. This reparative engagement takes experiential knowledge as essential sites from which to theorize and "know" self-harm,

seeking to depathologize, contextualize, and thus politicize self-harm. In so doing, this chapter resists the simplistic construction of self-harm as *problem*, and instead aims to "open up" a madly feminist and reparative reading of self-harm as a practice which both hurts and heals. This reparative reading understands self-harm not solely as pathological problem, and not solely as solution, but as *possibility*, as a (potentially painful) resource in living which is deeply embedded within intersecting social, structural, and political contexts of everyday life. Thus, Chapter 7 centres the experiential knowledges of those who identify with self-harm to offer more nuanced, situated, and reparative kinds of engagement with self-harm which *open up,* rather than foreclose, mad, feminist, and reparative understandings of self-harm. Chapter 8 concludes the dissertation and considers future directions for this work.

Chapter 2: Outlining a mad feminist approach to self-harm

Introduction

Within contemporary psy- discourse, the dominant reading of self-harm is one of deficit and individual pathology (Chandler et al., 2011; Ekman, 2016). The psy-approach[12] to self-harm explains the behaviour as a symptom of psychopathology (especially borderline personality disorder) or as a maladaptive and 'perplexing' coping mechanism invoked as a way to regulate intense emotions (which are themselves pathologized: Nock, 2010). Through psy-frameworks, the only 'reasonable' approach to self-harm is a curative one (Kafer, 2013), and cessation remains the "primary treatment target" of clinical interventions into self-harm (Preston and West, 2022). Thus, the psy-normative reading of self-harm views the practice through the lens of deficit and pathology, divorcing it from social and political contexts which inform distress and making it a problem of high levels of emotional intensity, poor communication skills, and vulnerable serotonin systems (Gratz, 2007; Klonsky, 2007; Nock, 2010; Skegg 2005).

In order to challenge this dominant – and harmful – reading, alterative frameworks for engaging with self-harm are required. While I do not advocate a prescriptive approach to "rereading" self-harm, as self-harm is itself shifting and multiplicitous, I do suggest that these frameworks ought to be grounded in the lived experience of those who self-harm, and ought to take these lived experiences seriously "in ways that suggest they matter and have something to teach

[12] 'Psy' is shorthand here for the *psy*-sciences and psy-complex – psychiatry, psychology, and to some extent, psychotherapeutic and psychoanalytic approaches (Rimke, 2012). Although these have different ontological underpinnings, they share an emphasis on psyche-as-interiority, individualized explanations for psy-problems, and, consequentially, individualized "treatments" for psy-problems, often through biomedical paradigms.

us" (Schott, 2023, p.92) about the embedded and intersectional nature of social (in)justices, emotional distress, survival, and embodiment.

The overarching goal of this project, then, is to engage with lived experiences of self-harm in ways which engender "more complex tellings" (Ansloos & Peltier, 2022, p.108) of self-harm. Throughout, I work to take seriously the knowledges and perspectives of women, trans, and gender expansive people with lived experience of self-harm, to resist universalizing accounts of self-harm, and instead to conceptualize 'self-harm' as a fluid and shifting practice experienced in and through the valences of gender, race, class, sexuality, disability, and more. Thus, I aim to craft a mad feminist approach to self-harm which maintains an openness to ambiguity and flexibility in lived accounts of self-harm.

In order to open up critical, politicized, and "difference-attuned" avenues of engagement with self-harm which move beyond cessation and cure (Clare, 2017; Kafer, 2013), I draw on insights from several diverse, yet often overlapping and coalitional, communities of thought, including critical mental health and mad studies, Foucauldian attention to power/knowledge and discourse, social justice engagements with suicide, feminist disability studies and crip theory, mad and feminist epistemologies, and intersectionality. In what follows, I introduce each of these perspectives and comment on how they impact my understanding of self-harm.

Psychiatrization and power/knowledge

My approach to self-harm as a shifting and multiplicitous practice, and subsequent challenge to the stable ontologies of self-harm that pervades so much contemporary literature on self-harm, is grounded in critical and post structural approaches to psychiatric knowledge. A primary

intervention from various strands of critical psychiatry, antipsychiatry, feminist, and mad studies scholarship has been to interrogate psychiatrization as an effect of power (Szasz, 1960; Ussher, 1991).[13] Central to these critiques is the work of philosopher Michel Foucault, whose corpus of work surfaces the shifting and historically specific power-knowledge relations of medical claims to "truth", as well as the way that power works on and through individuals and the population to produce particular kinds of bodies and subjectivities (Foucault, 1965, 1989, 1990, 1995, 2006, 2010).

In *History of Madness* (2006), Foucault traces shifting conceptualizations of madness throughout the Renaissance, into the seventeenth and eighteenth centuries, and the modern era. In doing so, Foucault sought to show "how madness was shaped within the available discourses of the time" (Fullagar, 2022, p.39). Foucault's work underscores that madness and mental 'illness' do not exist outside of social relations, but rather, are produced in and through relations of power/knowledge which are mediated through discourse - bodies of knowledge which enable and constrain ways of speaking, thinking, and writing about a given social practice within specific historical limits (McHoul & Grace, 1993, p.31). As effects of power-knowledge, discourse makes madness thinkable and "knowable" in historically specific ways (Fullagar, 2022 p.39; Million, 2013). Put another way, what "counts" as madness, what kind of madness it is, who it effects, and how it is understood, shift in relation to historically specific regimes of truth (McHoul & Grace, 1993). Shifting understandings of madness can be seen in the fluctuating nature of psychiatric

[13] Mills (2015) defines psychiatrization as the process through which "more and more of our lives come to seen, globally, as concerns for psychiatry" (Mills, 2015, p.217). Gold and Taylor (2022) note that there is no widely agreed-upon definition of psychiatrization, but that the process usually involves not only the increased application of psychiatric solutions to problems of everyday life, but "a process where an individual becomes enfolded into the psychiatric system through diagnoses or institutionalization" (p.194). See Rose (2006) and Mills (2014) for further exploration of the term.

labelling; for example, the move from hysteria to histrionic personality disorder, the nineteenth century coining of *drapetomania* to pathologize enslaved men and women who try to escape their bondage (Gilman, 1985), and the de/medicalization of homosexuality in the 1973 DSM (Pilling, 2021) are all examples of shifting configurations of madness as an effect of power/knowledge.

Without explicitly invoking Foucault, the power relations of psychiatric diagnoses have been further taken up in relation to, for example, medical/psychiatric sexism and the pathologization of femininity (Chesler, 2005; Daley et al. 2012; Smith and David, 1975; Shaw and Proctor, 2005; Ussher, 1991, 2018), the relationship between psychiatric "science", colonization, and imperialism (Ibrahim, 2017; McClintock, 2001; Menzies, 2002; Menzies and Palys, 2006; Tam, 2013); and anti-Black racism (Bruce 2017, 2021; Gilman, 1985; Jarman, 2011; Kanani, 2011; Metzl, 2009). On the work of psychiatric pathologization and the upholding and policing of gendered, sexualized, classed, and racialized norms, Daley et al. (2012) write that "deviations from normative sexualised and raced gender values and role expectations might undergird psychiatric classifications of pathology" (Daley et al. 2012, p.957). Taken together, these critical accounts varyingly demonstrate that psychiatry is not a "neutral" science (indeed, the idea of a neutral science has been dispelled by feminist philosophers of science, see Haraway, 1988 and Harding, 1986). Rather, psychiatry is a power-laden institution which produces and regulates ideas of madness as legitimate, "real", and in need of treatment and cure (Burstow and LeFrancois, 2014).

With respect to the power-knowledge relations of self-harm, a historical view makes clear that understandings of self-harm as pathological and pain as to-be-avoided are both historically specific and historically recent (Chaney, 2012, 2017; Gilman, 2013; Millard, 2015). Sarah Chaney (2017) points out that, prior to the psychiatrization of self-harm in the nineteenth century, the

infliction of pain to the self through, for example, self-flagellation, was part of Medieval Christian worship, thought to cleanse the body so to be spiritually transformed. In pre-Enlightenment European medical texts, pain was viewed as a positive and necessary element in healing processes (Chaney, 2017, p.34), and bloodletting was a widely accepted medical practice for almost 2000 years (Chaney, 2017, p.42). This sanctioned, or at least neutral, view of bodily pain contrasts starkly with the post-Enlightenment pathologization of self-harm as "irrefutable proof of insanity". Chaney links the pathologization/psychiatrization of self-harm to the "great confinement" (Foucault, 2006; Scull, 2015) as eighteenth-century alienists were granted new capacities to supervise and taxonomize the mad: self-harm, in asylum contexts, made insanity visible to the physician (Chaney, 2012, 2017). In the latter half of the twentieth century, self-harm was varyingly understood as a problem of female psychiatric inpatients, especially borderline patients (Shaw, 2002), and eventually, as a private and maladaptive means of emotion regulation prevalent throughout nonclinical populations, particularly affecting young white women in the global north (Brickman, 2004; Chaney, 2017; Gilman, 2013; Millard, 2015; Shaw, 2002).[14] Thus, self-harm, as a mad behaviour, is susceptible to historically specific and shifting discursive regimes which are themselves effects of power.

Importantly, while power-knowledge enables the carceral management and discipline of certain bodies – by carceral management, I mean practices of managing (and normalizing) certain bodies and subjects which deploy logics and practices of containment and control, and which are

[14] I take up contemporary discourses of self-harm as a particularly feminized and racialized form of pathology in Chapter 5, where I consider how self-harm has come to be understood as a problem of young white women in the global north, how this gendered and racialized idea of the "typical self-harmer" circulates and explore the intersectional implications of this discourse on lived experiences of self-harm.

made possible through claims to expert knowledge (Foucault, 1995) –- for Foucault, power is not merely repressive (Foucault, 1995).[15] Rather, power is productive and works through discourse to produce particular subjectivities, modes of embodiment, and ways of knowing as both intelligible and legitimate (insights which have been taken up by feminists to challenge essentialist views of the 'female' body and sex itself: see Bartky, 1997; Bordo, 1993; Butler, 1993; Grosz, 1994).[16] Groz (1994) writes that "Discourses, made possible and exploited by power, intermesh with bodies, with the lives and behaviour of individuals, to constitute them as particular bodies" (p.150). Thus, in this sense, discourse is not merely textual, but material: bodies are not simply 'constructed' through discourse but *materialize* through the repeated effects of regulatory norms (Butler, 1993). Thus, discourses, bodies, subjectivities, and identities are effects of power, much as the intelligibility of these discourses, bodies, subjects, and identities is an effect of power. In *Frames of War* (2010), Butler is concerned with the politics of grief, violence, mourning, and war following 9/11, particularly, the extent to which "specific lives cannot be apprehended as injured or lost if they are not first apprehended as living" (p.1). Butler argues that frames of recognition work to generate specific ontologies of the subject, which in turn, render the subject/life recognizable as living. Subjects which exist beyond, or outside, frames of recognition are not fully recognized as lives, and thus, are not fully grieved. Butler (2010) writes that "The epistemological capacity to apprehend a life is partially dependent on that life being produced according to norms that qualify it as a life or, indeed, as part of life" (p.3); further, "A life has to be intelligible *as a life,* has to conform to certain conceptions of what life is, in order to become recognizable. So just as norms or

[15] These practices in containment and control manifest for mad people in containment, 'treatment', restraint, and more. For more recent discussions of carcerality in relation to madness, see Chapman et al. (2014) and Kilty and Dej (2018).
[16] At the same time, feminists have taken Foucault to task for overlooking the specificity of the female body in his work: see Price and Shildrick, 1999.

recognizability prepare the way for recognition, so schemas of intelligibility condition and produce norms of recognizability" (Butler, 2010, p.7). Thus, frames engender ways of thinking, of recognition, of 'seeing', which confer intelligibility and recognizability on the life/subject. While I depart here somewhat from critiques of psychiatrization and the discursive-material dimensions of madness, what I hope to signal is that discursive norms and frames produce certain identities, experiences, and embodiments as recognizable, as "making sense", and thus, as worthy of intervention, care, and engagement (Million, 2013).

Relating discourses of madness and psychiatrization to contemporary 'mental health' discourse, Nikolas Rose (2003, 2019) has explored the rise of the *neurochemical self*, where individuals are increasingly taking up medicalized neurochemical language – i.e. reference to serotonin levels, brain chemical and neurotransmitters which are the target of psychotropic medications – as a way to explain their mental distress. Rose argues, "It seems that individuals themselves are beginning to recode their moods and their ills in terms of the functioning of their brain chemicals, and to act upon themselves in the light of this belief" (2003, p.59). These discursive frames arise in context of the neoliberal individualization of social problems, where the "good" neoliberal citizen is self-contained, self-sustaining, and self-managing, particularly in relation to health (Brown, 2016; Metzl, 2010; Polzer and Power, 2016). Amy Chandler's research (2016) indicates that neurochemical understandings of mental distress extend to self-harm, where those with lived experience of self-harm invoke references to neurochemicals as a way to "make sense" of and explain their self-harm, as, for example, inviting a rush of endorphins or adrenaline.

Thus, madness and mental illness do not exist outside of power/knowledge relations, but rather, are produced by power/knowledge relations which work both to discipline and produce

particular bodies and subjects. At the same time, norms of recognition and intelligibility make some lives, expressions of distress, and forms of embodiment more 'recognizable' than others, more worthy of intervention, where "frames not only structure how we come to know and identify life but constitute sustaining conditions for those very lives" (Butler, 2010, p.24). Thus, while I am attentive to the discursive dimensions of self-harm as an object of psychiatric knowledge constructed and mediated by discourse – research studies, policy documents, clinical guidelines, best practices, cultural representations, and more – I am also attentive to, and invested in, lived experiences of self-harm as a practice embedded in the material conditions of everyday life, and in readings of self-harm attuned to social justice in 'mental health' and madness. It is here that I now turn.

Social justice perspectives in mental health

As indicated, currently, the dominant "frame" for mental distress is the biomedical psychiatric model. The biomedical view construes mental 'illness' as a brain-based biological problem, often through reference to chemical imbalance, serotonin deficiencies, or neurotransmitters, and locates these neurochemical or biological deficiencies within individuals where they can be medically 'treated' and are viewed separately from social and political contexts of distress (Moncrieff, 2008; Rimke, 2016; Rose, 2019). The biomedical model is intertwined with neoliberal capitalist understandings of social problems, which privatize, individualize, and depoliticize social problems, while simultaneously dismantling social supports in favour of private, for-profit, and decentralized

solutions (Fudge & Cossman, 2002; Braedley and Luxton, 2014).[17] Psychiatric 'solutions' to mental distress both reinforce individualized understandings of distress and undermine the political power of "disaffection and opposition" through psychiatric diagnosis and pharmaceutical treatment (Gold & Taylor, 2022; Moncrieff, 2008). That is, what could be grounds for political change are instead rendered "symptoms" to be treated and cured (Cvetkovich, 2012). The individualization of social problems through medicalization has implications for how these 'problems' are responded to (Morrow, Dagg & Pederson, 2008; Teghtsoonian, 2009). For example, poverty and welfare are increasingly conceptualized as psychiatric problems (Hansen et al., 2014; Mills, 2015) which can be treated and cured through biomedicine.

Social justice perspectives in mental health emerge out of the critical recognition that intersecting forms of structural injustice bear on mental distress, and that these "background conditions" of distress ought to be accounted for (Morrow & Halinka-Malcoe, 2017; Young, 2011). By linking mental distress (normatively conceptualized as a 'private trouble') to social and structural injustice (public issues), social justice perspectives in mental health resist individualized accounts of mental distress fostered by biomedical psychiatry and turn the gaze towards the lived social and political contexts of distress (Button & Marsh, 2020).

By emphasizing the relationship between social inequalities and mental distress, social justice perspectives in mental health dialogue with, and extend, social determinants approaches to mental health. These emerge primarily out of population and public health scholarship (Lalonde,

[17] I use neoliberalism here to refer to a heterogeneous set of economic practices which prioritize the free market, free flow of capital, and the withering of the welfare state. Neoliberalism constitutes the hegemonic and dominant economic model of late capitalism and the "latest mutation" in a worldwide regime of capital deregulation and the commodification of state services and public assets (Braedley and Luxton, 2014).

1974; Raphael, 2009), and are concerned with inequitable distribution of resources and correlations between inequity and poor mental health outcomes (Allen et al., 2014). Social determinants perspectives have been critiqued for "inadequately theorizing and responding to structural determinants that drive inequities in mental health" (Josewski, 2017, p.62), particularly with regards to settler colonialism and structural racism as structures which *actively produce* illness and distress (Adelson, 2005; de Leeuw and Greenwood, 2011; Farmer, 2005; Kelm, 1998). For example, in *Something in the Water* (2018), Ingrid Waldron draws on a 'structural determinants of health' lens to critically examine the racist impacts of Nova Scotia's environmental policies on Miq'maw and African Nova Scotian communities. Waldron writes that "Structural or distal determinants are deeply embedded, representing historical, political, ideological, economic, and social foundations from which all other determinants evolve" (2018, p.92), and thus go "beyond the social" (Waldron, 2018, p.92) to get at the root of violence and ill health.

Social justice perspectives in suicide

This attention to the root contexts of distress is apparent in social justice engagements with suicide. Social justice perspectives in suicide aim to go beyond the decontextualizing quantitative and positivist epistemologies in mainstream suicidology which frame suicide through a bio-deterministic "compulsory ontology of pathology" (Marsh, 2010, p.18). These approaches foster individual-level preventionist responses that focus on risk assessment, which are both ineffective and harmful to suicidal people (Baril, 2023; Fitzpatrick, 2020).

Social justice perspectives in suicide, on the other hand, offer structural analyses of suicide which point out and challenge the structural dimensions of suicide - unequal distribution of resources, violence, social connectedness, and belonging (Ansloos and Peltier, 2022; Button, 2016; White, 2017). These perspectives frame suicide care – or creating the conditions for livable lives – as a collective responsibility in which we are all implicated (White, 2020; Young, 2011). On this, Button (2016) writes that the harm of suicide "includes the social and material disparities that are part of the condition of suicidality as well as the deeper harm of persistently ignoring these unequal conditions" (p.278) which produce suicidality.

Indigenous perspectives offer important nuance in structural analyses of mental distress and suicide, pointing towards the harms of "damage-centred" research (Tuck, 2012) which reinscribe pathology in Indigenous communities, while emphasizing plurality and relationality in theories of suicide. Ansloos and Peltier (2022) bring Indigenous methodologies into conversation with critical suicide studies to contribute to shifting the conversation about suicide "away from mere prevention or a practice wedded to modernist sciences and neoliberal multiculturalist psychologies, toward something that reckons with structural conditions conducive to suicide and that addresses questions of livability in and beyond the colonial nation state" (p.104). Ansloos and Peltier highlight suicidality as *felt knowledge,* and felt theory (Million, 2008, 2013) as a dialectical tactic which asks whether "Indigenous suicidality is merely a manifestation of depressive symptoms, or if feelings of suicide is a type a felt knowledge about the construction and conditions of the world… a world structured to inflict pain" with particular implications for Indigenous peoples (2022, p. 108). Ansloos and Peltier draw on a range of works, including the work of Billy Ray Belcourt (2021) to depathologize suicide while insisting on suicide as structurally produced within necropolitical

settler colonial regimes, which produce "conditions of unlivability, which in turn makes life miserable for Indigenous people, and marks bodies as uninhabitable" (2022, p.111). The authors write, "When the structural orders are violent, neither the desire to die nor the act of suicide is necessarily an irrational or pathological response" (p.109). Indigenous perspectives in critical suicide research attend carefully to the felt dimensions of structural violence while moving beyond mere description of 'social determinants' to implicate settler colonial structures in the produce of distress and unlivability (Ansloos, 2018; Belcourt, 2021).

Without obscuring or overlooking the contextual specificity of Indigenous life under settler colonialism in these accounts, nor conflating self-harm and suicide, these accounts potentially open the door for more "complex tellings" of self-harm as a structurally embedded practice (Inckle, 2020). Kay Inckle (2010) argues that

> The individual experiences connected with self-injury (including neglect, physical, emotional, and/or sexual abuse; grief; loss; displacement; and chronic illness) alongside the broader social context (poverty, racism, homophobia, ableism, and gender prejudice) and the immediate life situations in which they are experienced intersect and compound one another in deeply wounding ways. Self-injury becomes the embodiment of and the coping response to these experiences. (p.161)

Viewing self-harm in context of experiences of injustice, violence, and trauma complicates accounts of self-harm as individual pathology and instead, insists on "more complex tellings" (Ansloos & Peltier, 2022, p.108) of emotional pain in relation to structural forms of violence and injustice. Thus, social justice approaches to self-harm open up space to identify and *challenge* harmful social and political structures which inflict harm.

Feminist trauma theory

"Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded."

- *Burstow, 2003, p.1302*

While social justice perspectives in mental health attend to the structural material contexts of mental distress and advocate for socially just conditions of life, feminist trauma theories "bridge" social and political contexts of wounding with responses to such wounding. As such, they offer depathologizing, politicizing, and potentially reparative frameworks for re-conceptualizing self-harm as a practice in survival and self-support and relocate "harm" to conditions of trauma, violence, and injustice.

As my literature review makes clear (see Chapter 3), much feminist work on self-harm takes up self-harm in relation to sexual and gender-based trauma, particularly rape and incest (Burstow, 1992; Brown & Bryan, 2007; Elliot, 2001; Failler, 2008; Kilby, 2001; McLane, 1996; Pembroke, 1996). Thus, feminist trauma theory is a key framework that informs my engagements with self-harm as a meaningful response to traumatizing worlds, as a site of possibility against logics of 'cure' (Clare, 2017; Kafer, 2013), and as an alternative way of being in the world (Morrigan, 2017; Redikopp, 2018). I draw particularly on feminist theorizations of trauma, not solely as catastrophic event, but as an "insidious" and structural part of everyday life (Brown, 1991; Burstow, 2003; Root, 1992), as well as feminist renderings of trauma responses (including hypervigilance, numbing, loss of memory, addiction, and self-harm) as meaningful survival strategies – even forms of world-making - in response to lived experiences of wounding (Burstow, 2003; Million, 2008; Morrigan, 2017).

Feminist trauma theory emerged in relation to mainstream trauma studies, which historically privileged the experiences of male war veterans, whose combat experiences occupied the realm of the catastrophic "beyond the range of usual human experience" and thus constituted "ground zero" for theorizing and researching the effects of trauma (Herman, 1992, pp.20-28; Root, 1992).[18] Feminist therapists on the frontlines of the "war at home" – treating battered and abused women – intervened into these mainstream understandings of 'trauma' as unusual or catastrophic by emphasizing the traumas within the private world of sexual and domestic violence (while simultaneously problematizing the public/private divide of political life, see Brown, 1991, 2005; Herman, 1992). Thus, trauma comes to be understood *not* solely as that beyond the range of "normal" human experience, but rather, so quotidian as to become normative.[19]

Insidious trauma

By politicizing the private realm of domestic life, early contributions in feminist trauma theory shifted understandings of trauma away from catastrophic event and towards trauma as low-level and structural feature of everyday life. This shift has profound implications for the compounding, yet often invisible, effects of racial, sexual, ableist, homophobic, and class-based traumas. For example, Maria Root's (1992) articulation of insidious trauma speaks to the everyday conditions of racism which inflect trauma and describes "the traumatogenic effects of oppression that are not

[18] Though, importantly, the experiences of traumatized male war veterans were not always granted legitimacy. Traumatized soldiers, particularly during the first world war, were derided as malingering and executed as cowards. For more, see Babington (1997) and Barham (2004).

[19] The implications of trauma as normalizing discourse are beyond my scope here, but in my view, it is worth thinking through how and to what effect "trauma" becomes a normalizing discourse. See Million (2013) for a genealogy of trauma discourse in relation to Indigenous peoples in Canada, and Cvetkovich (2003) for a brief discussion on "trauma culture".

necessarily overtly violent of threatening to bodily well-being at the given moment, but which do violence to the soul and spirit" (Brown, 1991, p.128). Insidious trauma, particularly useful for describing the compounding effects of racial and sexual trauma, as Root articulates it, describes the constant precarity of safety and chronic exposure to threat which characterize the lived experience of colonized, queer, racialized, disabled, poor, and otherwise marginalized subjects. Through these perspectives, we can understand the compounding effects of experiences of sexism, racism, disablism, and more, as wounding (Brave Heart, 1995; Cvetkovich, 2003; Linklater, 2014; Million, 2013), and potentially, as maddening (Bruce, 2021; Chesler, 2005; Morrison, 1970; Ussher, 1991).

At the same time that feminists and others expanded and redefined what counts as "trauma", feminist therapists also played a key role in the development and inclusion of post-traumatic stress disorder in the 1980 DSM-III (Brown, 2005). This allegiance of feminist trauma therapists with the medical model has been substantively critiqued by Burstow (2003), who underscores both the conceptual problems inherent in the psychiatric institution, the traumatizing nature of psychiatric "care", as well as the ways in which medicalizing trauma both opens it up for psychiatric co-optation and impedes radical trauma praxis. Burstow maintains that while the medicalization of trauma is fundamentally harmful, the demedicalized concept of 'trauma' is useful insofar as it remains political, flexible, and contested. She writes,

> *Trauma* is part of everyday vocabulary. Trauma is a sensitizing metaphor that conveys a sense of the overwhelming nature of the experiences. In addition, we always have the option of bringing in social context. Indeed, given that wound connotes violence, trauma and wound lend themselves to relating the psychological injury to violence, including violating social structures. (2003, p.1301)

Burstow's radical reading of trauma imbues it with both a politic and a kind of (anti)logic: the hyperawareness, lack of memory, fear, numbing, flashbacks, anger ("etc.") which accompany

trauma are not "symptoms" to be treated, but are practices attuned to the inherent danger of the world as known/felt through lived experience of the marginalized. Burstow thus argues that "the case could be made that people and groups who are most traumatized see the world more accurately—not less accurately—than their less traumatized counterparts" (2003, pp.1304-1305).

Resonant arguments for trauma, not as problem to be "cured", but rather, an alternative onto-epistemology and way of being in the world (although conditions of trauma demand intervention), are found in queer and crip interventions in trauma theory (Morrigan, 2017; Rakes, 2019; Redikopp, 2018). Clementine Morrigan (2017) takes up the work of Ellen Samuels and Alison Kafer to explore the "strange temporalities" of trauma (including the flashbacks or dissociation of what Morrigan terms 'trauma time'). Morrigan critiques the *curative imaginary* (Kafer, 2013) which orients much trauma scholarship, arguing that curative orientations to trauma position it as "an undesirable way of being, in need of a cure" (Morrigan, 2017, p.56), rather than as a creative and nonlinear form of "queer, mad world-making" (p.56). Contra the curative orientation engendered by the medicalization of trauma, these mad, crip, and feminist readings of trauma position trauma not as impediment, but as possibility. This reparative engagement with trauma informs my engagement with self-harm as a practice in *surviving* trauma which is indisputably linked to social and political contexts. They also support my critique of curative approaches to self-harm, which tend to overlook the meanings of self-harm for those who practice it while harmfully emphasizing cessation. In my analysis, these perspectives both support reparative engagements with self-harm as a meaningful practice and shift the gaze towards embracing self-harm as a multifaceted response to the various harms of everyday life, imbued with a particular mad trauma "logic".

Pain, embodiment, and madness

Another branch of work I mobilize in my engagement with self-harm are feminist disability engagements with pain (Donaldson, 2002; Johnson, 2015, 2021; Nicki, 2001; Patsavas, 2014; Price, 2015) and embodiment (Grosz, 1994; Rice, 2014; Shildrick, 2002). In western thought, Cartesian dualisms between the mind and body position the body as unruly, emotional, inferior, and feminine, to the mind, which is correlated with reason, rationality, and logic. This opposition of the mind/body lies "at the threshold of Western reason" (Grosz, 1994, p.5) and informs the subjugation of the feminine and the discursive alignment of women with the body, with nature, and with madness (Bordo, 1993; Shildrick, 2002; Showalter, 1986). Feminist accounts of embodiment disturb these Cartesian mind/body dualisms, instead arguing that the corporeal is central to, rather than distinct from, subjectivity (Grosz, 1994).

Feminist concepts of embodiment thus invoke post structural sensibilities of bodies as discursively constructed rather than given (Bartky, 1997; Bordo, 2003; Butler, 1990, 1993), theorizing the body as "not opposed to culture, a resistant throwback to a natural past; it is itself a cultural, *the* cultural, product" (Grosz, 1994, p.23). Embodiment thus refers to "the inseparability of physicality from psyche; how selves are expressed and materialized through bodies and how meanings given to bodies shape selves" (Rice, 2014, p. 17), and raises the non-distinction between the discursive and the material, cultural and flesh. Disability theorists have articulated this embodiment in somewhat different language, invoking *bodymind,* or body-mind, as a way to foreground "both the inextricable relationships between our bodies and our minds and the ways in which the ideology of cure operates as if the two are distinct" (Clare, 2017, p.xvi).

Indeed, many early feminist critiques of madness de-emphasized the embodied nature of madness, including the felt pain of psychic distress, instead focusing on the discursive and textual dimensions of women's madness as a patriarchal social construct (Chesler, 2005; Gilbert and Gubar, 1979). By reframing the madwoman as "rebellious woman subverting the patriarchal social order" (Donaldson, 2002, p.100), these perspectives risk romanticizing the madwoman as a figure of rebellion while overlooking both the felt pain of madness, as well as the violence which so often marks gendered mad bodies in the name of "treatment" (Ussher, 2005). This attention to the fleshly dimensions of emotional pain is significant for critical accounts of self-harm, which is painful, stigmatized, and psychiatrized in often explicitly violent ways (Whynacht, 2018).

This critique – that feminist re-readings of madness-*qua*-protest risk overlooking the painful, distressing, fleshy realities of madness as it is felt and experienced through the corporeal body, and thus inadvertently reinscribing mind/body dualisms in accounts of madness – has been compellingly articulated by Elizabeth Donaldson (2002). In 'The corpus of the madwoman' (2002), Donaldson thinks feminist engagements with madness alongside insights from feminist disability studies, particularly emphasizing corporeality and impairment, to argue that the metaphorization of madness both "indirectly diminishes the lived experience of many people disabled by mental illness" (p.100) and impedes the political scope of mad theory. Donaldson maintains that "It is possible… to begin with the premise that mental illness is a neurobiological disorder and still remain committed to a feminist and disability studies agenda" (p.112) which destigmatizes disability, advocates for the rights and equity of women and disabled people, and critiques medical explanations for mental illness.

Raising the spectre of the embodied "reality" (read: materiality, corporeality, fleshliness) of mental illness brings pain into discussions of madness in new ways. Theorizing pain through a feminist disability framework, Margaret Price (2015), in 'The Bodymind Problem and the possibilities of Pain' applies Rosemarie Garland-Thomson's (2011) concept of 'misfitting' to madness and mental disability. Where 'misfitting' directs attention to the "co-constituting relationship between flesh and environment" (Garland-Thomson, 2011, p.594), misfitting reveals how disability is produced through situated interactions between the misfit and their environment. Price uses the example of someone – Person A – attempting to strike themselves in the head with a lamp in an effort to alleviate mental pain (as part of a "psychotic break"). Person B is convinced that Person A should not hit themselves, as it would cause harm. This thought experiment brings us up against the question of judgement: what counts as harm, whether that harm is good or bad, and, ultimately, what should feminist disability theorists, and disability studies more broadly, "do" with (self-inflicted) pain. Price argues that, rather than stew in judgements about the un/desirability of pain, a more helpful response is "to consider the pain of the situation through a feminist DS [disability studies] ethics of care" (2015, p.278). Price expands on 'care' as a practice in respecting each others' pain as real and important:

> To be "considered equally valuable" when I am in the midst of a violent break means to be treated as someone who is having a meaningful experience, even if my actions are not always safe (and thus sometimes need to be curtailed). That my experience is meaningful does not imply that the person or people with me are able to understand it, but rather that they take for granted it should be understood. Striking my head with a lamp may be undesirable in the sense that it is physically dangerous (and frightening or triggering for those who observe it); however, it is desirable in the sense that it is a meaningful form of communication, a "voice on the skin" (McLane 1996, 115)" (Price, 2015, p.279).

Price speaks to the necessity of compassionate witnessing in the event of what she terms a "violent break" wherein she self-harms: "It is so critical, at least for me, that the words and gestures during

a violent break be directed toward *witnessing* and *desire to help alleviate pain* (rather than denial and eradication of the pain" (2015, p.279). Price concludes, "Being witnessed and cared for, even in the midst of unbearable pain, makes me think there may be some hope for all of my bodymind" (p.280). Thus, although pain has long been theorized as unshareable – indeed, as shattering language (Scarry, 1985) – feminist disability engagements with pain as relational and interdependent point towards the healing dimensions of sharing pain and having pain be witnessed, rather than eradicated (Patsavas, 2014; Price, 2015; Shildrick, 1997).

These "fleshy" feminist engagements with madness and mad kinds of pain – including self-harm – attend to both the felt dimensions of pain while imbuing psychic pain with cripistemological authority. Patsavas (2014) argues that a cripistemological approach to pain (importantly, they do not distinguish between psychic and physical pain) exposes and critiques "the structural conditions that underwrite the devaluation of lives with pain (and by extension disabled lives)" while theorizing from a situated place of lived experience (Patsavas, 2014, p.205).[20] This lived experience knowledge is particularly valuable for disabled people, who "have been systematically excluded from more 'formal' processes of knowledge production. Our experiences have frequently been devalued and dismissed, particularly when it comes to pain" (Patsavas, 2014, pp.205-206). Attending to the particular and embodied valences of psychic pain as a kind of cripistemology - ways of thinking and knowing that emerge "from the critical, social, and personal position of disability" (Johnson and McRuer, 2014 p.134; Mollow, 2014; Patsavas, 2014), including "the sometimes-elusive crip subjectivities informed by psychological, emotional, and

[20] By arguing for a *situated* cripistemology, Patsavas invokes feminist standpoint theorists' arguments that any knowledge account is ultimately partial (Harding, 1986, p.154; also Haraway, 1988). I return substantively to feminist standpoint theory in Chapter 4.

other invisible or undocumented disabilities" (2014, p.134) – opens new avenues of engagement with self-harm and other expressions of psychic pain as deserving engagement and as making (non)sense. This cripistemological work is deepened and further politicized through mad studies scholarship, to which I turn next.

Mad Studies

I draw on insights from mad studies which emphasize the political and epistemic value of lived experiences of mad people in my understanding of self-harm. Significant to my project are mad theories of knowledge, particularly, perspectives which centre those with lived experience of self-harm as experts, and in doing so, opening the conceptual space for alternative readings of self-harm to emerge. Mad studies refers to an activist and scholarly project which reclaims "mad" as a positive identity and basis for theory and activism. An academic outgrowth of the mad movement,[21] mad studies "aims to celebrate community and positive aspects of altered states of mind, without pathologizing those experiences or glamorising or effacing what may be experienced as deep and unbearable distress" (Gorman and LeFrancois, 2017, p.108).

Mad studies constitutes an interdisciplinary "project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being" (Menzies, LeFrancois, & Reaume, 2013, p.13). According to Reaume (2021), a key distinguishing feature of mad studies, as opposed to anti-psychiatry or

[21] The mad movement is a political movement which centres the lived experiences of people labelled mad, celebrates and affirms mad cultures, such as Mad Pride, and challenges psychiatric dominance in the definition and "treatment' of mental illness. In Canada, the mad movement emerged first in 1970s Vancouver with the Mental Patients Association (Beckman and Davies, 2013; see also Mad Pride Toronto, Reaume, 2008; Shimrat, 1997).

critical psychiatry, is the emphasis on "empowering and engaging individuals who have had direct experience of the psychiatric system in the development of this area of study and fostering its practical application beyond the academy" (p.100).[22] As such, mad studies involves an 'undoing' of rationalist logics and psy-paradigms which pathologize madness and unreason (Bruce, 2017; Ingram, 2008; LeFrancois and Voronka 2022), and a privileging of mad subjects "both as interpreters of our past and present and as active agents in bringing about change" (Reaume, 2021, p.102).

Mad knowledges

Through its emphasis on the lived experience and knowledges of people labelled mad, mad studies cultivates strong engagements with mad epistemologies. In *Call Me Crazy,* Irit Shimrat reflects on the value of mad knowledges, writing, "The *content* of people's madness can have value and meaning, if only symbolic meaning. There is often a grain of truth in even the wildest ideas" (Shimrat, 1997, p.168). By situating mad people as epistemic agents and knowers, mad studies resists psychiatrization which denies madness the status of "real" knowledge within western imaginaries. Maria Leigghio (2013) theorizes psychiatrization as a form of epistemic violence, whereby certain groups or individuals are disqualified as 'knowers' through various institutional and structural processes, including "at the very place where people and their experiences intersect with the apparatuses of psychiatry" (Leigghio, 2013, p.124).

[22] While mad and antipsychiatry perspectives are both critical in their orientation towards psychiatry, antipsychiatry is a fundamental opposition to psychiatry in all of its forms and operates towards an end goal of psychiatric abolition (Burstow, 2015). Mad politics may include an antipsychiatric politic or praxis, however, the goal of mad politics is to reclaim the experience and subjectivity of madness, which may or may not include antipsychiatric politics. See Diamond, 2013.

By valuing mad knowledges as meaningful, as significant, mad studies poses an explicit challenge to the epistemic injustices of psychiatry, and regimes of Western rationalism more broadly (Bruce, 2017; 2021, Daya, 2022, Russo, 2023). For example, some scholars have theorized sanism – a form of systematic discrimination, subjugation, and oppression affecting those who experience madness or are pathologized as 'mentally ill' (LeBlanc and Kinsella, 2016; Perlin, 1992) – as a form of epistemic injustice wherein the knowledges and credibility of mad peoples are devalued, dismissed, or "not heard" (Daya, 2022; Fricker 2007; Leigghio, 2013; Russo, 2023). LeBlanc and Kinsella (2016) write that "Mad people continue to contend with the suppression and dismissal of their knowledge, experiences, and perspectives, as revealed in the frequent absence or discrediting of Mad discourses in academic contexts, media portrayals, healthcare practices, research, policy, and everyday conversation" (p.61).

In addition to not being heard, mad forms of knowledge are subject to co-optation by the psychiatric apparatus (which is another form of "not hearing" the experiences of mad people). Several scholars have considered the ways in which lived experiences of madness and mental illness have been co-opted by the 'mental health' system in ways that undermine social justice for mad people, which bolster psychiatric power, and which contribute to voyeuristic engagements with madness as a form of "patient pornography" (Costa et al., 2012; Voronka, 2017). The co-optation and devaluation of mad knowledges also occurs within academic spaces, where mad subjects and mad forms of knowledge "rarely get a place at the ready laid academic table" (Russo & Beresford, 2015, p.154). These perspectives raise important concerns about the co-optation of mad knowledges and the role of lived experience in critical mental health research. By including people with lived experience of self-harm as knowers and invoking their lived experiences and

testimonies as forms of evidence, I work to revalue subjugated forms of knowledge and contribute to mad and feminist forms of knowledge-making.

As a highly stigmatized practice, perspectives of those with lived experience of self-harm have often been excluded from the literature in favour of clinical or "expert" knowledges. Moreover, self-harmers *themselves* have often been denied epistemic authority, instead labelled crazy, at risk, attention-seeking, or manipulative (Elliot, 2001; Pembroke,1996). Sullivan (2017) has argued that self-harm is subject to forms of epistemic violence in clinical settings, as it is misread as manipulative or attention-seeking or subject to harmful efforts towards cessation. In sociological research, self-harm has been framed as a deviant subcultural behaviour which must be sniffed out, exposed, and *explained*, and some sociological accounts of self-harm frame it as something that is 'unspeakable', disturbing, perplexing, hidden, secretive, or pathological (often by researchers without lived experience of it themselves, see Adler and Adler, 2011, and Steggals, 2015). Thus, to approach self-harm from a place of familiarity, valuation, respect, and compassion marks a departure from the dominant frames of engagement with self-harm.

Through its commitment to naming and interrogating psychiatric harm, as well as "respecting, valuing, and privileging" thoughts, experiences, and knowledges deemed mad (Menzies, LeFrancois & Reaume, 2013, p.2), mad studies fosters the conceptual space to render self-harm politically significant practice worthy of valuative engagements. This commitment to mad epistemologies, coupled with depathologizing engagements with mental distress and commitment to activist futures which address the social and political conditions wherein distress arise, situates mad studies as an important theoretical branch of my project.

An important note with respect to my mobilization of mad knowledges in relation to my project: not all of my participants would identify as "mad". In fact, several of them did not identify as having mental health "issues" or mental illness. While many did (and I expand on this in my methods chapter), I want to emphasize here that I am taking up "mad" not as an identity ascribed to my participants (although for many, 'Mad' is an organizing and political identity, see Gorman, 2013), but as an epistemological and political stance which attunes to practices and ways of being that are devalued as mentally ill, crazy, or "sick". Thus, I understand "mad" not solely as identity (as this engenders problems of essentialism and parameters of inclusion/exclusion, see LeFrançois and Gorman, 2018), but as a *practice,* an approach, a way of being in the world which eschews and confounds hierarchies and expectations of reason and sanity. These mad ways of experiencing and moving through the world deserve careful attention and engagement. This is not to say that madness is not painful or undesirable, but that it is valid and worthy of attention in ways that are compassionate and valuative. This is the approach that I take in my work, and the way in which I think through "mad knowledges" as an epistemic and methodological approach to mad-feminist research.

Intersectionality

Finally, intersectionality constitutes an undergirding analytic sensibility in my dissertation. While a complete overview of the genealogy, developments, and debates of intersectionality research are beyond the scope of this chapter (see Collins & Bilge, 2020), here I offer a definition of 'intersectionality' and reflect on how I take up intersectionality in my own research on self-harm.

Arguing that Black women are oppressed not simply as women, nor as Black people, but as *Black women,* Kimberlé Crenshaw (1989, 1991) coined the term 'intersectionality' to describe the compounding effects of race and gender discrimination in Black womens' lives, particularly in context of U.S. antidiscrimination law and the place of Black women in social movements. According to Crenshaw, the interests and experiences of Black women are often invisibilized within mainstream feminist movements, which predominantly serve the interests of white women, and Black liberation movements, which predominantly serve the interests of Black men (Crenshaw, 1989). Single-axis frameworks of social change – which attend to gender oppression, but not racism; or racial oppression, but not sexism; or disability, but not racism, elevate one category of analysis over the other and inadvertently perpetuate the subordination of those living at the intersections of multiple and compounding oppressions (Bell, 2006; Jarman, 2011).

While Crenshaw is credited with coining the term 'intersectionality', *thinking intersectionally* – that is, attending to the simultaneity and mutual constitution of gender, race, class, sexual oppressions, and more, particularly in the lives of women of colour – has long been a hallmark of Black, Global South, and Indigenous feminisms (Bilge, 2013; Clark, 2014; Collins, 1990; Combahee River Collective, 2014) as well as queer of colour disability critique (Kafai, 2021; Piepzna Samarasinha, 2018). As a critical paradigm applied in social research, intersectionality underscores that "oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice" (Collins, 2000, p.17; Hankivsky, 2011; Rossiter and Morrow, 2011).

Since its inception, intersectionality has 'traveled' within and beyond the academy, now constituting "a major feature of feminist scholarly work" (Salem, 2018, p.403). As intersectionality

has proliferated, feminist scholars have responded critically to the depoliticized circulation of intersectionality within neoliberal knowledge economies (Bilge, 2013; Nash, 2017; Rice et al., 2019; Salem, 2018). For example, Bilge (2013) critiques the "whitening" and systematic depoliticization of intersectionality by liberal academic feminisms, arguing that "[i]ntersectionality, originally focused on transformative and counter-hegemonic knowledge production and radical politics of social justice, has been commodified and colonized for neoliberal regimes" which privilege 'identity' and 'diversity' at the expense of structural transformation and critique (p.407). Addressing similar concerns with the dilution of intersectionality as merely a 'complexity management' tool in social research, Rice et al. (2019) argue that a 'just' application of intersectionality in social research demands a "self-conscious awareness" of intersectionality's origins in Black and Global South feminisms, as well as "a deeply held commitment to radical social transformation" and social justice outcomes in research (Rice et al., 2019, p.413).

In terms of intersectionality's analytic scope, further debates have ensued with regards to exactly "what" intersectional analysis is – for example, is it a metaphor, a concept, a paradigm, or a theory (Collins, 2015)? Addressing some of these concerns, Cho et al. (2013) suggest that "Intersectionality has, since the beginning, been posed more as a nodal point than as a closed system—a gathering place for open-ended investigations of the overlapping and conflicting dynamics of race, gender, class, sexuality, nation, and other inequalities" (p.788). With a similar emphasis on intersectionality's capaciousness, Bilge (2010) suggests that, rather than being rendered a "full-fledged theory", intersectionality can be more usefully conceptualized as "a meta-principle" mobilized to expose, document, and interrogate "specific concrete oppressions" (2013, p.420) consistent with initial articulations of intersectionality as "grounded in the political

subjectivities and struggles of less powerful social actors facing multiple intertwined oppressions" (2013, p. 411).

Cognizant of ongoing – and unresolved – debates in the field of intersectionality research, in my own work I mobilize intersectionality as a generative, capacious, and open-ended "nodal point" (Cho et al., 2013, p.788; Nash, 2017, p.127) from which to examine the interlocking nature of power structures, systems, and relations as they operate at multiple levels of abstraction, including the level of personal experience and individual biography. As an overarching theoretical sensibility which can be brought into conversation with other theoretical perspectives (Bilge, 2010, p.68), intersectionality demands a careful and reflexive situation of individual lived experiences (the microsocial) within interlocking systemic and structural contexts of power (the macrosocial), with an orientation towards radical social transformation and social justice (Rice et al., 2019).

Taking an intersectional approach towards question of madness and self-harm underscores that understandings and processes of racial subjugation are foundational to western understandings of madness, mental illness, and psychiatry (Bruce, 2017; Kanani, 2011; Meerai et al., 2017; Metzl, 2009; Raimundo et al, 2005; Waldron, 2002). On the intersecting relationship between race and madness, Kanani (2011) suggests that much existing literature posits race and madness as additive, rather than thinking through race and madness as socially co-constructed categories. Further, on the racist roots of psychiatry, Ingrid Waldron argues that, because psychiatry developed during periods of colonization and slavery, "it is not surprising that racist ideology has become and remains an integral part of the discipline" (2002, p.17). Further, intersectional perspectives in mental health and madness broadly examine how psychiatric violence interacts with other axes of oppression and marginalization to produce differential experiences of pathologization, access to

'care', and experiences of care and violence (Burman and Chantler, 2003; Evans et al., 2017; Meerai et al., 2017; Mollow, 2006; Morrow and Halinka-Malcoe, 2017; Pilling, 2022; Robinson-Brown & Keith, 2003; Waldron, 2002; Withers, 2014). Further, an intersectional lens points to the differential recognition and response to pain, where, for racialized subjects, expressions of pain are systemically invalidated and dismissed in contexts of white supremacy and settler colonialism (Boylorn, 2017; Johnson et al., 2022; Tang & Browne, 2008; Trawalter & Hoffman, 2015). Intersectionality demands not only an excavation of the compounding effects of multiple oppressions in the definition and "treatment" of madness and distress, but attention to the absences and exclusion of certain subjects from the literature, including mad literature. While some scholars have argued that "The mad movement presents a mad identity based on white people's experiences and white people's theories" (Gorman et al., 2013, n.p.; Gorman, 2013; Tam, 2013), others have underscored that mad community activisms in the late 20th and early 21st century were not uniformly white, and that the intersections of racism, colonization, and sanism have – and continue to be – addressed within mad community and activist spaces.[23]

Insofar as intersectionality cultivates a stance towards multiplicity and reflexivity – that there is no universal experience of self-harm and no essential self-harming subject (Spelman, 1988) – intersectionality invites a "difference-attuned" account of self-harm (Rice et al., 2021). As I argue in Chapter 3, most critical and feminist engagements with self-harm do not explicitly take up questions of race and racialization in relation to self-harm and leave the whiteness of much self-harm discourse noted, but uninterrogated. Throughout this dissertation, I take "white/whiteness" to

[23] For further discussion to this point, see Reaume (2021b, pp. 316-317), Schalk (2022, pp. 56-57) and Piepzna Samarasinha (2018, pp. 83-88).

be racialized terms. In *The Theory of Racial Formation* (1994), Omi and Winant take up "race" as an unstable and shifting "complex of social meanings constantly being transformed by political struggle" (Omi and Winant, 1994, p.110). As a process of *making people up* (p.105), racial categories are produced through processes of *racial formation* which are implicated in ideological and political power (Harris, 1993). Omi and Winant (1994) write that

> [a]lthough the concept of race invokes seemingly biologically based human characteristics (so-called phenotypes), selection of these particular human features for purposes of racial signification is always and necessarily a social and historical process. Indeed, the categories employed to differentiate among human beings along racial lines reveal themselves, upon serious examination, to be at best imprecise, and at worst completely arbitrary. They may be arbitrary, but they are not meaningless. Race is strategic; race does ideological and political work. (pp. 110-111)

As a "chameleon-like" racial category (Deliovsky, 2010, p.26), whiteness has not often been thought in racialized terms: insofar as 'whiteness' is defined in relation to racialized Others, it has been dominantly understood as a naturalized, rather than as a racialized category (Deliovsky, 2010; Roediger, 1999). Katerina Deliovsky (2010) takes up whiteness, following Said (1979), as a positional superiority, "a privileged location that rises from having structural advantage within systems of white supremacy" (2010, p.19). A historical look at whiteness reveals that who 'counts' as white has shifted historically in confluence with the demands of capital, nation, citizenship, and property (see Deliovsky 2010, especially pages 20-25; see also Harris 1993, Jacobson 2000). Following Harris (1993), Deliovsky writes on the creation of whiteness as property interest, arguing that the

> fabricated racial appellation of 'white' was not only constructed as a unique category belonging to European people, it became a legal category for determining who could *own property* and who would *be property*… 'white' became (and still functions today as) a political, cultural, and psychological fiction used to exploit and oppress groups of people not defined as 'white' for the mass accumulation of wealth, power and psychological advantage. (2010, pp.19-20)

It bears emphasis that, at the same time that 'whiteness' is a structural and positional superiority which confers power and privilege (McIntosh, 1990), access to "proper" whiteness (i.e., normatively heterosexual, able bodied and able-minded, middle/upper class etc.) is mediated by social relations of gender, sexuality, ability, class, religion, etc. As embodied subjects, white women "do not have the same relationship, access or subjective experience to whiteness" as white men (Deliovsky, 2010, p.28). This differential access to whiteness does not exempt white women from white supremacist projects or white privilege, but highlights the ways in which "good" and proper whiteness demands certain kinds of performances of racial and classed loyalty.[24] For example, white women who have married outside of the white race, who have had mixed race children, who are poor, disabled, lesbian, sex workers, or otherwise "immoral" have been historically excluded from the parameters of proper whiteness – even labelled insane (Deliovsky, 2010; McClintock, 2001; Newman, 1999). Beth Ribet (2010) writes that "White girls and women have historically been constructed as mentally ill, either for conceiving and reproducing out of wedlock, or for engaging in consensual heterosexual sexuality or relationships with teenage boys or Men of Color" (p.212). Thus, "proper" white femininity demands sexual and gendered loyalty to white men, the reproduction of white children, the performance of normalcy, of sanity, of demure and domestic femininity (Bartky, 1990; Deliovsky, 2010; McClintock 2001).

Although self-harm is a widespread practice that 'cuts across' age groups, genders, sexual identities, racial-ethnic backgrounds, and geographic locales (Adler & Adler, 2011), within

[24] As *mothers of the nation* (Davin, 1978, Newman 1999), white women have played indispensable roles in imperialist and white supremacist projects, and the protection of white womens' "virtue" has played a significant part in racist anti-miscegenation laws as "white women were called into service as the 'guardians of the race,' a symbol of the most valuable property known to white society to be protected at all costs from the encroachment of other races" (Backhouse, 1999, p.282).

Western psychiatric discourse, the 'normative' self-harming subject is constitutively a white, middle-class, adolescent female cutter (Brickman, 2004; Gilman, 2013; Gholamrezaei et al., 2017; Millard, 2013). I suggest, throughout this dissertation, that concerns about the fleshly integrity of white girl cutters, and the rendering of young white women as 'typical' self-harmers, do not exist outside of racial hierarchies, but rather, are embedded within them, and are part of the "making up" of (pathological) white femininity as something requiring concern, intervention, and normalization (Harris, 2005: for further discussion, see Chapter 6). Processes of race and racialization are not absent from understandings of self-harm as a "problem" for white girls and young women, but are, in fact, ever-present in the construction of self-harm as a particularly gendered, racialized, and classed form of pathology (Brickman, 2004; Ehrenreich and English, 1973). The widespread and uninterrogated circulation of the typical cutting subject through western psychiatric and popular discourse has delimited more expansive engagements with self-harm among 'non-typical' subjects, and sedimented white adolescent girls as typical self-injuring subjects. Intersectionality (non-exhaustively) demands attention to the work of race, of class, of gender, and of disability in lived accounts of self-harm. As I argue in Chapter 5, this includes "making whiteness strange" in my engagement with self-harm (Deliovsky, 2010), and, as I expand upon in my methods chapter, it demands that I take a resolutely reflexive and situated approach to knowledge claims I make in relation to self-harm.

Conclusion

This chapter has introduced and reviewed the various strands of theory I use in my understanding and engagement of self-harm. These have included critical perspectives of psychiatrization and

power; Foucauldian and post structural attention to power/knowledge, discourse, and the formation of the subject; social justice engagements with mental health and suicide as embedded in the material and structural conditions of everyday life; feminist trauma theory and feminist disability studies' attention to embodiment, pain, and cripistemology; mad studies' attention to sanism, epistemic injustice, and valuing mad knowledges and lived experiences; and intersectionality in accounts of madness, mental health, and self-harm. Together, this framework supports my critical engagement with self-harm which politicizes self-harm as a practice embedded within structural material-discursive regimes of power and which values self-harm as a mad bodymind practice and onto-epistemology. In my next chapter, I review three bodies of "self-harm" literature pertinent to my project, namely, psy perspectives, psychiatric survivor perspectives, and feminist engagements with self-harm.

Chapter 3: Explaining self-harm: Psy-, psychiatric survivor, and feminist perspectives

Introduction

In this chapter, I introduce and review three perspectives on self-harm: the psy- reading of self-harm, which is the dominant reading; psychiatric survivor readings of self-harm, and feminist readings of self-harm. Because my project is oriented in critical relation to psy-views of self-harm, introducing this literature offers important context for my critique of psy-views of self-harm as individualizing, pathologizing, and curative. Emerging out of these experiences of psychiatric harm, psychiatric survivor perspectives of self-harm offer critical interventions into the psy-view of self-harm, especially through the inclusion of personal experience testimony (Cresswell, 2005; Mazelis, 2008; Pembroke, 1994, 2006; Shaw, 2012, 2016). Similarly oriented in critical relation to the psy-view, feminist perspectives of self-harm exist in coalitional relationship with psychiatric survivor accounts and emphasize the social and political *contexts* which inform self-harm as a practice in survival and resistance (Brown & Bryan, 2007; Burstow, 1992; Elliot, 2001; Failler, 2008; Johnstone, 1997; Kilby, 2001; Whynacht, 2018).

The latter portion of this review is concerned with the ways in which feminists have "made sense" of self-harm. A critical review of feminist self-harm literature has not yet been published, and thus my review here offers an original contribution to feminist work on and with self-harm. While several writers have suggested that self-harm has been under-theorized by feminists, especially when compared to the wealth of feminist scholarship on eating "disorders" (Brickman, 2004; Heney, 2020; Kilby, 2001), my review indicates that feminist scholars *have* addressed self-harm, and that there is plurality in these perspectives. Upon my review of the literature, it becomes

clear that feminist engagements with self-harm have been limited by their focus on white women and girls in the global north as quintessential self-harming subjects.[25] I suggest that, in several ways, whiteness sets the terms of discussion for much feminist work on self-harm, and that this impedes expansive and intersectional engagements with self-harm as a contextual bodymind practice. Following my review, I draw on more intersectional feminist interventions in eating disorder literature (Gremillion, 2008; Thompson, 1994) to begin to think through a reading of self-harm which de-centres whiteness, and which *opens up* self-harm as a practice demanding a deeply intersectional, constitutive, and contextual approach.

Method of review

This chapter, in some ways, constitutes three separate but related literature reviews. My review of psy-literature on and with self-harm is not a scoping review, as the amount of psy work on and with self-harm is vast and continuously expanding, but reflects major texts and widely cited publications and researchers in the field. The other bodies of work addressed in this chapter, feminist and psychiatric survivor views of self-harm, entailed a longer and more diffuse process of collection and review. Throughout the course of my dissertation research (2018-2023), I maintained and continuously added to a living document of feminist accounts of self-harm. To supplement my living review document, in May 2023 I conducted a search of ProQuest databases using the terms "self-harm", "self-injury", "self-mutilation" and "feminist". My review is not

[25] In Chapter 6, I argue that the idea of a "typical self-harmer" as a young white woman is a subject which is produced through psy-discourse and reinscribed through "commonsense" and cultural understandings of self-harm. I examine the work that this subject does and how those who identify with self-harm negotiate the gendered and racialized dimensions of self-harm discourse.

limited to any specific discipline but involves reading within and across interdisciplinary fields of feminist theory, social work, feminist psychology, public health and health policy scholarship, girls' studies, first-hand lived experience accounts, cultural studies, sociology, critical nursing scholarship, and philosophy. I included for review sources which critically take up gendered power and power relations in relation to self-harm. Therefore, my review is not limited to work on women's self-harm per se (as I do not understand "women" and "feminist" as synonymous, and much work on women's self-harm actively reinscribes oppressive power relations and pathologies); instead, my review is attentive to how self-harm is understood within feminist scholarship as located within and experienced through broader contexts of gendered power and inequity. Importantly, while "self-harm" is the term I primarily use in this review, at times I also adopt various language of self-mutilation, self-injury, nonsuicidal self-injury (NSSI), and self-directed/self-inflicted violence to reflect the sources I am engaging with.

Psy-views of self-harm

This section introduces and describes dominant psy- understandings of self-harm. While not exhaustive, this critical review is intended to illustrate contemporary western psy- understandings of self-harm and to contextualize the interventions of my study. I understand the psy-view of self-harm as individualizing, pathologizing, and curative. In other words, psy-understandings of self-harm render it a maladaptive behaviour of individual people who, for various reasons, are unable to cope with their distress in *adaptive* or *appropriate* ways. This failure to properly regulate distress is

understood as a psychopathological symptom best addressed through mental 'illness' frameworks, where cessation and "cure" are the primary goals of treatment.

Function

In contemporary clinical and psy-research, self-harm is dominantly conceptualized as a maladaptive form of emotion regulation in need of treatment and cure. For example, Armando Favazza (2009) describes self-harm as a "morbid form of self-help that provides generally temporary respite from troublesome feelings and thoughts" (p.32). There is now widespread recognition among psy-experts that self-harm is a practice of intrapersonal affect regulation and emotion-management (Bresin and Schloenleber, 2015; Chapman et al., 2006; Klonsky, 2007; Muehlenkamp, 2005; Nock, 2009, 2010; Slesinger et al., 2019). In a still widely cited paper, Briere & Gil (1998) write that

> The most frequently cited function of SMB [self-mutilative behaviour] in the modern literature is that of affect regulation. SMB may reduce anxiety, depression, tension, loneliness, feelings of emptiness, guilt, dissociation, and the impacts of intrusive phenomena such as flashbacks or obsessive ruminations. (p.610)

Alternative explanations for self-harm functions include self-punishment in response to shame, failure, or perfectionism, particularly among Western women and girls (Claes et al., 2007; Kokoliari & Berzoff, 2008); a form of attention-seeking or interpersonal manipulation (Nock, 2010); a mechanism of communicating emotional distress (Bentley, Nock & Barlow, 2014; Gratz, 2007); as well as a learned or "copycat" behaviour, particularly among youth and emerging adults (Gardner et al., 2019). These clinical explanations for the "function" of self-harm work under the assumption that better understandings of the function of the behaviour will engender more effective

modes of *treatment*, and cessation of self-harm constitutes the primary treatment target in clinical settings (Preston and West, 2022; Turner et al., 2015).

Interestingly, the description of self-harm as a form of emotion management or affect regulation mirrors accounts from those who identify with self-harm: descriptions of self-harm as a means of ending periods of dissociation, providing relief from intense feelings, offering a sense of control, or reducing suicidality resound throughout published lived experience accounts (Chandler, 2014; Pembroke, 1994; Strong, 1998; Shaw, 2016), as well as throughout my own study, where those who identify with self-harm describe the practice as providing a *release*, a sense of control and comfort, or an end to dissociative states. Notably, the practice of emotion regulation is not itself maladaptive or pathological – indeed, regulating emotions "properly" (through exercise or breathing techniques or journaling or any psy-approved methods of attending to one's feelings) is part of the work of being a psychologically "normal" and functioning human being. Rather, it is the involvement of the body in ways that are read as causing harm which positions self-harm as a *poor coping mechanism,* a *maladaptive behaviour,* and *pathological* emotion regulation strategy which is perplexing, if not abhorrent, to clinicians. Leading self-harm clinician Matthew Nock writes that "[s]elf-injurious behaviours are one of the most concerning – and perplexing – of all human behaviours. Particularly puzzling are instances in which people hurt themselves with no intention of dying. If not to die, why would people do such a thing?" (2009, p.3). The inability to *properly* regulate emotions and tolerate distress (evidenced through the practice of self-harm) positions those who self-harm outside the parameters of "normal" emotional life and in the realm of the "abnormal" (thus, pathological). This reading of self-harm as maladaptive inevitably positions it as a problem, rather than an adaptive (if not painful or stigmatized) possibility.

Aetiology & Risk factors

In addition to sustained attention to the *function* of self-harm in the contemporary psy- literature is the quest for aetiological explanation. In the contemporary clinical and psy-literature, there is no clearly identified clinical aetiological explanation, or explanation of origin, for self-harm. It has been suggested that self-harm is a practice linked to individual emotional or biological factors, such as high levels of emotional intensity or an inability to "properly" (that is, verbally, through language) communicate emotions which predispose some people to self-harm (Gratz, 2003; Nock, 2009; Skegg, 2005). Self-harm has been linked to 'psychopathological traits' among people who self-harm, including high levels of *alexithymia* – a pathological inability to identify and describe emotions verbally (Muehlenkamp, 2005, p.325), resulting in the use of self-harm as a medium of communication and emotion-expression.

Dispositional inclinations to self-harm are frequently explained through reference to "biologically based emotional vulnerability" (Gratz, 2007, p.240), including opioid deficiencies in the brain, faulty neuroendocrine systems, and commonly, 'vulnerable serotonin systems' (Muehlenkamp, 2005; Sher and Stanley, 2010; Skegg, 2005). For example, Yates (2004) argues that "[r]esearch has demonstrated associations among decreased serotonergic function and increased impulsivity, aggression, suicidality, and, more recently, SIB [self-injurious behaviour]" (p.49). The clinical view of self-harm suggests that individuals "with biological dispositions for emotional instability are less able to manage their affect and are therefore prone to use self-injury[26] as a maladaptive affect-regulation strategy" (Klonsky, 2007, p.229). While explanations for the

[26] Self-injury, and increasingly, *nonsuicidal* self-injury, is the clinical term used to describe a specific range of self-harm behaviours which inflict immediate damage to bodily surface, especially cutting, self-hitting, and self-burning.

causes and functions of self-harm may differ, and claims to biological bases for mental "illness" are dubious at best (see Burstow, 2015, especially Chapter 3), the characterization of self-harm as a *maladaptive* behaviour is consistent across the clinical literature. Throughout my study, I suggest that characterizing self-harm as *maladaptive* forecloses the possibility of reparative engagements with self-harm as a practice that, in many ways, is understandable and makes sense and is decidedly *adaptive,* if not painful or distressing.

Claims to a biological predisposition for self-harm often link said biological predispositions with social, familial, and environmental "risk factors" such as childhood abuse, trauma, and maltreatment (Gratz, 2003; Celik and Hocaoglu, 2015; O'Hare et al., 2016), and more broadly, "early invalidating environments" (Gratz, 2007; Klonsky, 2007).[27] It is suggested that, in invalidating environments, young people may learn "poor strategies for coping with emotional distress" (Klonsky, 2007, p.229), such as self-harm. These environmental and social factors are understood to exacerbate already existing biological weaknesses, which may predispose some people to self-harm. For example, Sher and Stanley (2010) suggest that

> [T]hose who are biologically endowed with a vulnerability to NSSI [nonsuicidal self-injury] may also have a greater probability of being raised in a familial environment in which the stressors that might elicit such behaviour – such as childhood physical, sexual, or emotional abuse – are more likely to occur. (p.108)

Here, harmful aspects of familial, social and political life, including abuse, are linked to 'biological endowments' which may increase the likelihood of stressful familial environments, and vice versa. This argument both resembles and extends eugenicist logics of biological inferiority and social ills:

[27] These are "environments in which the communication of private experiences is disregarded, trivialized, or punished, displays of negative affect are generally not tolerated, the control of emotional experience and expression is not tolerated, and caregivers may be both overinvolved and nonresponsive to children's needs" (Gratz, 2006, p.239).

that social ills (such as poverty and 'immorality') can be traced to, or exacerbated by, *biological endowments* in the individual, which justifies the eradication of undesirables in an effort to solve social problems (Clare, 2017).

In the clinical literature, the social, environmental, and familial contexts in which self-harm emerges are positioned as aetiological "risk factors" which can increase or decrease one's likelihood of self-injury. Clinically recognized risk factors for self-harm include psychopathological comorbidities such as "post-traumatic stress disorder, depressive disorders, obsessive-compulsive disorder, anxiety disorder, borderline personality disorder (BPD), and eating disorder" (Cipriano et al., 2017, p.2), as well as impulsivity (Hamza et al., 2015), childhood maltreatment and neglect (Gratz et al., 2002; Yates & Carlson, 2008) and high levels of perceived parental criticism (Yates, Tracy, & Luthar, 2008). Further risk factors that "predispose" an individual to self-harm include "loss of a parent, childhood sexual or physical abuse, alcoholism in the family, witnessing family violence, peer conflict, and impulse-control disorders" (Briere & Gil, 1998, p.610), as well as "a history of physical or sexual abuse, physical illness or surgery at a young age, perfectionism, dissatisfaction with the body, and parental alcoholism or depression" (Muehlenkamp, 2005, p.325), and socioeconomic disadvantage (Eggertson, 2013; Skegg, 2005). In a meta-analysis of risk factors for self-harm, Fox et al. (2015) cite "prior NSSI, cluster b,[28] hopelessness, prior suicidal thoughts and behaviors, exposure to peer NSSI, depression diagnosis, depressive symptoms, eating disorder pathology, being female, externalizing psychopathology, internalizing psychopathology, general psychopathology, and affect regulation" (p.163) as

[28] 'Cluster b' here refers to cluster b personality traits. As elaborated in the DSM-5, "Cluster B includes antisocial, borderline, histrionic, and narcissistic personality disorders. Individuals with these disorders often appear dramatic, emotional, or erratic" (2013, p.646)

significant predictors for self-harm. Young people – especially girls and young women, as well as young queer people – are understood to be at disproportionate risk of self-harm (Cipriano et al., 2017; McDermott and Roen, 2016; Skegg, 2005; Wilkinson, 2013). In all of these, trauma and difficult or painful life experiences – loss of a parent, abuse, body distress, and more – are rendered "risk factors", and self-harm is ultimately understood through pathology frameworks.

It is worth noting here that a wealth of critical scholarship has problematized the construction of social problems in terms of "risk" as technologies of neoliberalism, which individualize complex social problems and responsibilize individuals and families to manage and mitigate risk (Lupton, 2013; Polzer and Power, 2016). In neoliberal mental health contexts, which locate the "problem" of poor mental health within the individual while obscuring social and structural contexts which inform distress and responsibilizing individuals and families for 'recovery' and wellbeing (Morrow, 2017, p. 43-44), "risk factors" are both depoliticized and individualized. Moreover, risk mitigation is moralized and fiscalized: individuals who choose to pursue risky behaviour are interpreted as placing themselves in danger of illness, disability, or disease, which "removes them from a useful role in society and incurs costs upon the public purse" (Lupton, 1993, p.429). "Risk" paradigms in health broadly, and self-harm specifically, both obscure the complex social and political contexts which bear on lived experience of self-harm and locate those who self-harm as problem subjects. Rather than viewing self-harm as a resource used to survive and navigate harmful environments, self-harm becomes about poor emotion management, a maladaptive behavioural problem to be worked on and treated, with an ultimate goal of cessation (Nock, 2010).

People who self-harm (are difficult)

By positioning self-harm as a maladaptive form of emotion regulation produced through proximity to "risk", rather than as an understandable and meaningful, if not painful, practice in navigating emotional life, the clinical literature almost inevitably positions those who self-harm in ways immediately perceptible as difficult, and their behaviour "often regarded as manipulative, attention-seeking" (Shen and Stanley, 2010, p.99).[29] Nock (2010a) writes that

> [S]ome people possess intrapersonal and/or interpersonal vulnerability factors that limit their ability to respond to challenging and stressful events in an adaptive way and thus increase the odds of using self-injury, or some other maladaptive behavior, to regulate their affective/cognitive or social experience… people with a recent history of self-injury show intrapersonal vulnerabilities characterized by higher physiological arousal in response to a frustrating task (Nock & Mendes 2008), higher self-reported arousal in response to stressful events (Nock et al. 2008c), greater efforts to suppress aversive thoughts and feelings (Najmi et al. 2007), and a poorer ability to tolerate experienced distress (Nock & Mendes 2008). They also show the hypothesized interpersonal vulnerabilities, such as poor verbal, communication, and social problem-solving skills (Hilt et al. 2008a, Nock & Mendes 2008, Photos & Nock 2006). (p.350)

In other words, people who hurt themselves get upset more easily, tolerate distress and frustration poorly, and communicate and problem-solve less effectively: they are difficult, emotional, and impulsive (Favazza and Conterio, 1989; Hamza et al., 2015; Skegg, 2005). This understanding of people who self-harm as difficult carries over into treatment contexts, where self-harm is understood as a problem behaviour which undermines trust between clinician and patient:

[29] It bears noting here that forms of self-harm which are more gradual and less immediately visible, such as food restriction and denial, are not subject to the same kinds of "attention seeking" stigma as self-harm which is immediately apparent (such as a self-directed cut). However, food restriction is not outside of "attention seeking" discourse. Historian Joan Jacobs Brumberg notes in her study of what is called 'anorexia nervosa' that attention seeking was "the most prevalent and widely held nineteenth century explanation for anorexia nervosa" (2000 p.140), citing physician Samuel Gee's claim that "[Anorexia nervosa] seems to arise from a morbid excess of that craving for sympathy which is common to all mankind, as is especially strong in the female sex" (cited in Brumberg, 2000, p. 141).

> When patients deliberately inflict harm on themselves by, for example, taking overdoses or cutting themselves, the contract between doctor and patient is severely tested. If the behaviour is viewed as an attempt to end one's life, health professionals are more sympathetic than when they believe the person is engaging in self-harm for some other purpose. (Skegg, 2005, p.1471)

To hurt oneself is to violate the *contract between doctor and patient* – a contract which is oriented towards *cure*. The intentional infliction of harm or damage to oneself is understood to "undo" the work of the physician and can lead to stigmatizing and actively damaging attitudes towards those who self-harm by care providers (Pembroke, 1994). People with lived experience of self-injury have reported cruel and dismissive treatment from healthcare staff, including the refusal of anesthetic for stitches or the view that those who self-injure are taking resources form those who "really" need help (Pembroke, 1994, p.35). Where self-harm is not viewed as a practice in self-healing or survival, but as a perplexing, maladaptive, or manipulative behaviour which violates the "innate value in the idea of bodily integrity" (Tantam and Huband, 2009, p. 25), it becomes a problem, rather than a resource or a possibility.

Self-harm and the DSM

Self-harm has a long history of psychiatrization, beginning with eighteenth century alienist descriptions of self mutilation among asylum patients (Chaney, 2017). Self-harm first entered the DSM in 1994 as a criterion of borderline personality disorder, and self-harm cessation is often the first target of treatment for BPD (Chandler, 2016; Favazza, 1987; Gratz, 2007; Klonsky, 2007; Meuhlenkamp, 2016). Additionally, self-harm has been clinically documented alongside depressive disorders (Ross & Heath, 2002), eating disorders (Favazza & Conterio, 1989), post-traumatic stress disorder and "trauma reenactment syndrome" (Miller, 1994), and substance abuse disorders

(Favazza & Conterio, 1989). Skegg (2005) suggests that 90% of self-harmers who report to hospitals have "at least one psychiatric disorder" (p.1475). Self-harm has also been tentatively pathologized as an impulse control disorder (Favazza and Rosenthal, 1990; Favazza, 1992), and is often characterized by clinicians as a pathologically impulsive behaviour (Hamza et al., 2015; Skegg, 2005, p.1472). As such, self-harm, while not (yet) a diagnostic label in and of itself, is substantively linked to psychopathological comorbidities and associated with mental "illness".

However, although self-harm is not presently a diagnosable mental illness, clinical arguments for a separate "deliberate self-injury syndrome" date to Graff and Malin's 1967 articulation of 'wrist cutting syndrome', and claims for self-harm as a separate clinical entity pervade throughout the literature (Brausch, 2019; Favazza & Rosenthal, 1990; Graff & Malin, 1967; Kahan and Pattison, 1984; Pao, 1969; Rosenthal, Rinzler, Walsh & Klausner, 1972). These arguments suggest that people who self-harm often "have a unique set of symptoms" which differentiates self-harm from other comorbidities such as borderline personality, depression, post-traumatic stress disorder (Muehlenkamp, 2005). Several researchers have concluded that self-harm "may be a unique behavioural disturbance or separate clinical syndrome" (Muehlenkamp, 2005, p.324; see also Andover, 2014; Lewis et al., 2017; Zetterqvist, 2015). In 2013, following longstanding lobbying by psychiatrists and the *International Society for the Study of Self-Injury* (an organization made up, largely, of psychiatrist seeking to "'improve the reliability and validity of a

NSSI diagnosis", Chandler, 2016, p.165), 'nonsuicidal self-injury disorder' was included in DSM-5 section 3 as a 'condition necessitating further study'.[30]

Clinical portraits of the "typical self-harmer"

In addition to framing self-harm as a maladaptive and pathological practice in emotion regulation, the majority of clinical studies on self-harm use samples of young white women in the global north as "typical" samples (Gholemrezai et al., 2017). Historically, the "typical self-harmer" (a young, white, middle class woman who self-cuts) emerged in the late 1960s within "a relatively discrete corpus of studies issuing from North American psychiatric inpatient facilities" (Millard, 2013, p.127). According to historian Chris Millard, the "cutter profile" (or typical self-harmer) was constructed through "considerable intellectual and practical effort" (p.127) on the part of psychiatric researchers, including the mutation of clinical samples, the removal of male patients from clinical studies (thus skewing the sample "female"), and emphasis on cutting alongside abstraction of other kinds of behaviour such as pill-swallowing or self-burning (pp.138-140). These studies frame the typical self-harmer as a young white woman, often affluent, often intelligent, often outwardly successful, yet inwardly tortured, impulsive, and pathological (Brickman, 2004). Thus, in late twentieth century western psychiatric imaginary, self-harm is a "problem" of young white women cutting themselves. This figure has, in many ways, persisted as the normative figure of self-harm discourse.

[30] While it is beyond the scope of this dissertation to fully address – and unpack – the diagnostic criterion and implications of NSSID, these have been taken up by Chandler, 2016, especially Chapter 5. See also "nonsuicidal self-injury" in the DSM-5 (2013), pp. 803-806.

The typical self-cutting subject is described in the clinical literature as a "young, attractive, intelligent, even talented, and on the surface socially adept woman who generally appears "normal" except when periodically overwhelmed by inner emotional tensions" (Grunebaum & Klerman, 1967, pp.527–8), as "an attractive, intelligent, unmarried young woman, who is either promiscuous or overly afraid of sex, and unable to relate successfully with others" (Graff and Mallin, 1967, p.38), and, twenty years later, in 1989, Favazza and Conterio describe the typical "female habitual self-mutilator" as

> a 28-year-old Caucasian who first deliberately harmed herself at age 14. Skin cutting is her usual practice, but she has used other methods such as skin burning and self-hitting, and she has injured herself on at least 50 occasions. Her decision to self-mutilate is impulsive and results in temporary relief from symptoms such as racing thoughts, depersonalization, and marked anxiety. (p.283)

As well as impulsive, these subjects are described as clinically vexing, manipulative, morbid, and their mutilation is linked to underlying psychopathology or age-related biological abnormality – in other words, a pathology linked to maturation (Favazza & Conterio, 1989, p.288).

Importantly, it is not only women who are implicated in "typical" self-mutilation discourse. In 1969, psychiatrist Ping-Nie Pao coined 'delicate self-cutting syndrome', which distinguished between 'coarse' cutters (which produces cuts that are deep and close to arteries) and 'delicate' (shallow, not life threatening, "superficial") cutters. Men and women are included in Pao's study and Pao describes male 'delicate' cutters as effeminate and queer "pretty boys" (1969, p.197). This description of men who cut themselves "superficially" as "pretty boys" underscores the extent to which self-harm – or "delicate self-mutilation" – is feminized in the psy-imaginary. Also apparent is an implicit homophobia directed towards feminized men. This feminization has been addressed by feminist scholar Barbara Brickman, who suggests that the pathologized "wrist slasher" of the

1960s emerged alongside, and in response to, the women's movement (2004). Brickman suggests that as feminists began to make broad-scale, organized demands for women's rights, including changes to the organization of work and family structure, girls and young women's "self-mutilation" emerged as a kind of moral panic and anti-feminist backlash. Brickman particularly problematizes the term 'delicate self-cutting' as a pathologization of femininity, writing that the terminology 'delicate' self-cutting

> [c]learly engenders connotations of frailty, daintiness and fragility and, after reading description after description of attractive, young females [in psychiatric studies], one begins to wonder if 'mutilation' would be used so readily to describe wounded skin on a less appealing body… The action could only produce such a severe response… if this skin was perceived as more precious, more fine, and more in need of protection. (pp.97-98)

While Brickman does not take up whiteness explicitly, her analysis leaves room for an explication of the particularly racialized dimensions of 'delicate' flesh, which is always already coded white. As I suggest in the latter portion of this review, white girls and young women remain well inside the "frame" of dominant understandings of self-harm and tend to constitute the typical subject of self-harm discourse, to the exclusion of racialized and multiply marginalized subjects.

Conclusion

My review of the psy-literature of self-harm indicates that self-harm is overwhelmingly understood as a maladaptive practice in emotion regulation. Through the dominant psy-frame, self-harm is linked to biological deficiencies, such as decreased serotonergic function or other biological vulnerabilities, and these underlying weaknesses are understood to be exacerbated by social and environmental factors which may predispose some people – but especially young women and

queer folks – to self-harm. Those who self-harm are described as overly emotional, unstable, impulsive, and difficult, and self-harm itself is described as morbid, perplexing, and maladaptive. Self-harm is pathologized in the DSM as a symptom of borderline personality disorder and with the inclusion of nonsuicidal self-injury disorder as a condition for further study. Overwhelmingly, self-harm is understood as a problem behaviour which must *stop*, and cessation is the primary goal of treatment. These psy-readings overshadow alternative, perhaps subjugated, engagements with self-harm as a practice in survival, resistance, and self-comfort. These alternative engagement with self-harm – not as problem, but as possibility – are explicated in the psychiatric survivor literature, to which I now turn.

Psychiatric survivor and lived experience perspectives

Psychiatric survivor accounts of self-harm emerge out of lived experiences of psychiatric harm. As a highly pathologized and stigmatized behaviour, in psy-contexts, self-harm is often responded to in ways that are experienced as dehumanizing – the psy-emphasis on cessation informs responses to self-harm which are both punitive and ineffective: "no harm" contracts between clients and practitioners, the removal of doors, restriction of movement, room inspections, and unrelenting supervision (Pembroke, 1994, 2006). In inpatient mental healthcare settings, cessation and prevention efforts lead to the denial of autonomy through "confinement from the outside world, seclusion and restraint, observation and surveillance, denial of leave and removal of personal belongings including clothes" (Slemon et al., 2017, p.3; Moon, 2000; Morrissey et al., 2017). Psychiatric survivor engagements with self-harm both decry these practices of violence done in the

name of "treatment" and carve out alternative engagement with self-harm through the sharing of lived experience narratives, destigmatizing self-harm, and advocating for harm reduction approaches to self-harm (Cresswell, 2005; Mazelis, 2008, 2009; Pembroke, 1994, 2006; Shaw, 2012, 2016). These perspectives share important overlap with feminist antipsychiatrists, who understand women's self-harm as a practice in survival under patriarchy and who critique psychiatry as a deeply patriarchal institution of gendered control (Burstow, 1992; Elliot, 2002; Johnstone, 1997).

A notable inclusion in the psychiatric survivor literature of self-harm is the work of UK self-harm and psychiatric survivor activist Louise Pembroke. Pembroke's edited collection *Self-Harm: Perspectives from Personal Experience* (1994) offers a feminist-psychiatric-survivor account of self-harm which draws directly from lived experience accounts to confront deeply entrenched clinical myths of self-harm as "attention-seeking" and "manipulative" (1994, p.1). Overwhelmingly, the collection positions self-harm as a survival mechanism mobilized by survivors of violence to convey degrees of pain and anguish. For example, contributing author and psychiatric survivor advocate Maggy Ross writes in a personal essay, "The cuts are a visual representation of my distress. When I am lost for words, my cuts speak for me. They say – look – this is how much I'm hurting inside" (1994, p.13). Pembroke herself writes that

> I could not find the words to describe, cutting had become the language to describe the pain, communicating everything I felt. It was viewed as silly and attention-seeking. For me it was the only way I could survive (1994, p.35).

These communicative dimensions of self-harm are placed in context of sanist and sexist emotional landscapes which limit the range of 'acceptable' emotional expression: as Pembroke writes, "We all harm ourselves to a certain extent to keep ourselves nice, neat, and calm. We musn't get angry!"

(1994, p.3). Pembroke's collection challenges psychiatric and medical violence leveraged against those who self-harm, particularly critiquing harmful interactions with staff at UK Accident & Emergency departments. Contributors outline harm reduction principles when working with self-harm, including smashing crockery as a way to express anger, the use of safer self-harm kits (which includes clean razors, antiseptic, and bandages, p.19) and guidelines for what to do when you *do* need to go to the hospital (1994, p.54). Pembroke carried out many years of work supporting self-harmers through the *Bristol Crisis Service for Women* and the *National Self-Harm Network* (1994, p.61).

In North American contexts, the work of Ruta Mazelis and her newsletter, *The Cutting Edge,* offers a significant contribution to lived experience knowledge about self-inflicted violence (SIV). *The Cutting Edge* was published for 18 years until 2009, and included poetry, prose, art, editorials, and commentaries from those living with SIV about their experiences with, and significance of, SIV. While *The Cutting Edge* began as a newsletter for women living with SIV, Mazelis soon expanded the newsletter to include the experiences of men and boys who live with SIV and whose experiences are underrepresented (https://healingselfinjury.com/the-cutting-edge-a-newsletter-for-people-living-with-self-inflicted-violence/). Mazelis' work, and the expanse of contributions to *The Cutting Edge,* take a radically compassionate and situated approach to SIV/SDV.[31] Mazelis argues that

> "the wounds of self-inflicted violence (SIV) are the acts of self-defense. SIV, while appearing to be only destructive, actually serves a purpose for the people that need it (yes, if people don't need to do it, they don't). SIV is a multipurpose tool that some survivors of

[31]Mazelis eventually shifts her preferred terminology from SIV to "self-directed violence" (SDV), noting that "inflicted" felt "overly dramatic" (https://healingselfinjury.com/si-vs-siv-vs-sdv-oh-my/). Archives of *The Cutting Edge* are available at healingselfinjury.com.

> trauma utilize to cope, these acts of violence are meaningful and potentially even life-saving." (https://healingselfinjury.com/si-vs-siv-vs-sdv-oh-my/)

In addition to re-framing SDV as a meaningful and life-saving tool for those experiencing emotional pain, *The Cutting Edge* addresses and challenges unjust responses from healthcare practitioners to those living with SDV. Mazelis writes that "when discomfort and reactivity to self-injury become paramount, the person living with SIV becomes an object to be controlled rather than understood" (2009, p.2). As a space dedicated to the lived experiences of those living with SDV, *The Cutting Edge* constitutes a valuable site of psychiatric survivor, mad, and subjugated knowledges about SDV. *The Cutting Edge* challenges the stigmatization and pathologization of SDV by compassionately framing and normalizing SDV as a coping practice used to soothe emotional pain and survive crisis and the re-experience of trauma. As one contributor to *The Cutting Edge* writes,

> I have cut, not out of self-hate, but out of self-love,
> not to create pain, but to release pain,
> not to kill my self,
> but to bring my self back to life from the death of non-existence
> not to destroy my self
> but to prevent my destruction, spontaneous combustion.
> Pain kills.
> I have cut my self to free the pain. (TruthSayer, 2009, p.4).

Thus, *The Cutting Edge* is unique in its devotion to compassionate and situated engagement with the "Mad" practice of SDV outside of the clinical or psychiatric gaze. It is by and for those living with SDV, reversing understandings of self-harm as pathology, and instead forwarding alternative readings of self-harm as practices in self-comfort, self-care, self-soothing, and self-survival.

More recent contributions to lived experience accounts of self-harm can be found in the works of Clare Shaw (2012, 2016), who takes up self-harm as a "decision to be alive" and a practice rooted in survival (2016, p.78). Shaw argues that because people who self-harm are seen as mad "in the worst way" (2016 p.80), their voices are often marginalized in knowledges about self-harm. Shaw writes

> Support staff assume that self-injury is attention seeking and that the right response is the withdrawal of support. Accident and Emergency staff assume that self-injury is a masochistic act and that injuries can be stitched without anaesthetic. The media portray self-injury as the copycat behaviour of young people in specific subcultures… The unhelpful theories that surround self-injury are both a consequence and a cause of the marginalisation of our voices. (2016, p.80).

Shaw argues for the inclusion of lived experience perspectives as a valid form of knowledge about self-harm and that, situated in context of peoples' lives, self-harm "is not so weird and scary after all" (p.81). Shaw argues that helpful responses to self-harm begin from basic compassion: listening, caring, and being willing to learn from people who self-harm. Shaw's appeal to lived experience as a transformative and helpful form of knowledge echoes previous work by self-harmers and feminists who mobilize their lived experience to critique harmful misreadings of self-injury and advocate for alternative understandings (Pembroke, 1994; Mazelis, 2009).

Taken together, psychiatric survivor engagements with self-harm position those who self-harm as agents surviving harmful conditions, who are capable of making choices in how they survive distress and exercising sovereignty over their bodies. Psychiatric survivor engagements with self-harm critique psychiatric systems which "treat" self-harm as causing more harm than healing and problematize views of self-harm as "sick". Instead, these accounts situate self-harm as one practice among many that people use to reduce or communicate distress (such as having a

cigarette or a glass of wine, journalling, overworking, or overexercising), thus removing self-harm from the realm of pathology (Shaw, 2016). And, importantly, these perspectives offer harm reduction interventions into self-harm which respect and value the agency of those who identify with self-harm while eschewing curative and cessation-oriented approaches to self-harm. My project aligns with these perspectives through my commitment to lived experience accounts of self-harm as valid sources of knowledge about self-harm, my sustained attention to the work of self-harm as a "mad" practice in survival, and my critique of curative psy-approaches to self-harm which undermine reparative engagements with self-harm. These engagements with self-harm share similarities with feminist engagements with self-harm, especially as they read self-harm as a practice in resistance and survival amidst conditions of (patriarchal) violence. It is to these I now turn.

Feminist engagements with self-harm

Like psychiatric survivor perspectives, feminist engagements with self-harm are generally oriented in critical relation to psy-readings of self-harm. Feminist readings of self-harm push back against the pathologization of self-harm (as a symptom of mental 'illness') and instead seek to place self-harm within the contexts of womens' lives by naming and interrogating the sociopolitical "roots" of harm (Brown and Bryan, 2007). Feminist accounts often exist in coalitional relationship with psychiatric survivor perspectives of self-harm in that both approaches to self-harm critique the pathologization of self-harm and seek to establish more compassionate and contextualized engagements with self-harm as a practice in survival (Burstow, 1992; Elliot, 2001; Harrison, 1997;

Johnstone, 1997). Thus, a critique of psychiatry is inherent – or at least implicit – in many feminist readings of self-harm (Brickman 2004, Brown & Bryan 2007, Burstow 1992, Cresswell 2005, Elliot 2002, Gurung 2018, Harrison 1997, Johnstone, 1997, Pembroke 1994, Tatman 1998, Whynacht, 2018).

I organize the remainder of my review around four themes in the feminist self-harm literature: self-harm as resistance; self-harm and surviving/repairing trauma; self-harm as oppression; and self-harm as "girl troubles". These perspectives, while not exhaustive, are representative of feminist engagements with self-harm. At the same time, I suggest that feminist engagements with self-harm have failed to sufficiently destabilize the "typical self-harmer" (as a white, young, middle-class woman) which haunts much clinical and critical self-harm scholarship (Brickman, 2004; Favazza and Conterio, 1992; Sandoval, 2006). I close my review with consideration of the role of *difference* in feminist engagements with self-harm. My project attempts to intervene into this re-inscription of the "typical self-harmer" by adopting intersectional sensibilities to attend to difference and power in lived experience accounts of self-harm.

Self-harm as feminist resistance

I begin with Farar Elliot's (2001) essay, "'Self-Inflicted' Violence", which was my first introduction to feminist literature on self-harm. In this essay, Elliot recounts going to visit her mother-in-law for Chanukkah. When she opens the door, her mother-in-law's face "was one huge burnt, peeling scab, with skin so tight I could see it pulling at her mouth and eyes" (p.6). Her mother-in-law has undergone a "chemical peel", a painful procedure designed to strip away aging

skin and restore the appearance of youth. Elliot uses this anecdote as a point of departure to think through the sexist double standard that exist in relation to self-harm, femininity, and psychiatry. While harm done to the body in service of western beauty standards is seen as normal within the contexts of patriarchal capitalism, women who self-harm in response to trauma are labelled 'crazy', manipulative, or attention seeking. As Elliot writes, "If I, as someone with a psych history, did something to myself that inflicted that much damage, I'd be locked up before I even began to feel the pain" (2001, p.6).

Feminists writing on women's self-harm have often invoked self-inflicted pain in the name of *femininity* as a way to point out the patriarchal work of psychiatric labelling – that self-harm for *beauty* is condoned, even expected, while self-harm for survival is pathologized and stigmatized (Burstow, 1992; Cresswell, 2005; Pembroke, 1994; Shaw, 2002). For example, Bonnie Burstow writes, "In patriarchal society, all women engage in some type of bodily self-injury, and indeed we are encouraged to do so" (1992, p.187) – indeed, women who fail to "keep up appearances" are pathologized for failing to live up to gendered norms (Burstow, 1992; Chesler 1973; McClintock, 2001; Ussher, 1992). And yet, these "appearances" are often achieved through painful means – waxing, restricting food, restrictive clothing, injectable fillers, face lifts, nose and breast augmentation, and more.[32]

In response to these double standards, feminists have theorized self-harm which is not socially condoned (which Burstow terms self-mutilation) as a form of resistance and defiance

[32] Mark Cresswell (2005) characterizes this critique as the "continuum concept" in feminist/psychiatric survivor self-harm literature, a strategy which "troubles any simple demarcation of the normal and the pathological" (p.1674) by placing "pathological" self-harm (self-cutting, burning) along a continuum of "socially acceptable" self-harm behaviours (especially as these pertain to women and feminized forms of embodiment).

against patriarchal or "True" femininity (Burstow, 1992; Elliot, 2001, Hackett, 2015, Harrison, 1997, Shaw 2002). Shaw (2002) argues that "(t)o wear the scars of self-injury… is to make oneself ugly in this culture and to violate sacred beauty standards for women" (Shaw, 2002, p.206). In these accounts, self-harm is framed as a challenge to norms of *white* and ostensibly *middle-class* femininity, where the appropriate feminine subject is passive and docile, with smooth and unmarred skin as part of an "ornamental surface" (Bartky, 1990; Grosz, 1994): in contrast to "True Femininity" (Elliot, 2001), self-harm is aggressive, out-of-control, and 'ugly'. Harrison (1997) writes that

> A woman who injures her body is condemned because her behaviour mutilates society's expectations of passivity and beauty. Once in hospital I remember being physically dragged into the charge nurse's office. He told me I'd look prettier if I plucked my eyebrows and put on makeup. Is it any wonder that I went on to slice up my face? I was visibly saying 'fuck off' to my abusive keepers. (p.438)

According to these accounts, while the bodily scars of self-harm exclude the feminized body from patriarchal femininity, the intense emotions of self-harm *also* counter patriarchal expectations for women as passive and docile. Louise Pembroke (1994) describes normative expectations for women's emotion-expression as a "corset", arguing that society's socialization of women (to contain and control emotions, lest we be rendered hysterical) actually *encourages* self-harm:

> We straitjacket our feelings, perceptions and bodies to our detriment because society values it and society permits a narrow range of expressions of distress… Self-harm mirrors what we don't want to acknowledge. Explosive feelings implode. Our emotional corset cannot hold the pain any longer, so it busts. (1994, p.1)[33]

[33] The language of "explosion", and "release" are common in descriptions of self-harm and, in my view, work to communicate the affectivity of self-harm – the intense "pressure" of strong feelings, followed by a sense of relief after orchestrating and facilitating bodily pain.

These accounts link the pathologization of (women's) self-harm to patriarchal control of women's bodies *and* emotions, positioning self-harm as a defiance of patriarchal femininity.

At the same time that self-harm is theorized as a form of embodied resistance to patriarchal expectations for women, not all women are subject to the same expectations of docility, passivity, and "ornamental surface" (Bartky, 1990), by virtue of their race, class, ability, and sexuality. For example, under white supremacist and settler colonial regimes of power, Black and Indigenous women have long been positioned as 'outside' the realms of proper femininity, which tends to essentialize white, middle class, and heterosexual norms of femininity which emphasize docility and passivity as markers of "True" (white) womanhood (Deliovsky, 2010; Truth, 2013). Additionally, and necessarily, at the same time that self-harm might be understood as a form of resistance against the demands of patriarchal white femininity, the marks of self-harm often have dangerous consequences, particularly for racialized and disabled women, who are already disproportionately subjected to surveillance and carcerality. Walker's (2009) study with UK women diagnosed with borderline personality disorder demonstrates that women who self-harm are often framed as risky, aggressive, and unfit mothers. As one of Walker's participants recounts, "I've been told that if I do self harm in the form of cutting that my Community Psychiatric Nurse will report me to social services because I'm the sole carer of my children" (Walker, 2009, p.125). Thus, while self-harm violates normative expectations of femininity (Bartky 1990; Burstow, 1992; Elliot, 2001, Hackett, 2015, Harrison, 1997, Shaw 2002) and the self (particularly in neoliberal western contexts which mandate care for the self as part of responsible citizenship: Brown, 2016), this form of embodied "resistance" is both limited and dangerous for individual women, who risk

losing their children or being psychiatrically incarcerated because of their self-harm (Burstow, 1992; Pembroke, 1994).

"A way of living": Self-harm as a practice in survival

Another theme within feminist work on self-harm entails reading women's self-harm as a *practice of survival* in contexts of sex- and gender-based violence and oppression (Batsleer et al., 2003; Brown and Bryan, 2007; Coy, 2009; Cresswell, 2005; Curtis, 2018; Downie, 2017; Elliot, 2002; Failler, 2008; Gurung, 2018; Harris, 2000; Harrison, 1997; Hodge & Baker, 2021; Johnstone, 1997; Pascual 2016; Pembroke, 1994; Prabhakar, 2023; Rasool et al., 2014; Salisbury, 2018; Tatman, 2018; Whynacht, 2018). These counter-readings often invoke childhood sexual abuse and trauma as a "root cause" of women's self-harm (Brown and Bryan, 2007; Burstow, 1992; Coy, 2009; Curtis, 2018; Elliot, 2001; Harris, 2000; Miller, 1994; Shaw, 2002; Smith et al., 1999) and emphasize the contexts of women's self-harm while attending to women's (limited) agency within these structures.

Notable among these is Bonnie Burstow (1992), who takes up women's self-mutilation as a coping mechanism invoked by survivors of childhood abuse. Burstow underscores that women who have been violently controlled by others often "turn to the one area over which they have control – their own bodies" (1992, pp.196-197). While recognizing the limitations of this coping strategy – that it is often rooted in self-punishment and internalized oppression (p.193) – Burstow maintains that, as an attempt to take control back over their bodies, women's self-mutilation must be understood, appreciated, and *overtly respected* as an attempt at life, and provides an account of

self-harm that is located squarely in the political. As Burstow writes, "SELF-MUTILATION IS FUNDAMENTALLY A WAY OF LIVING. It is a means of getting through the day" (1992, p.190) and surviving intense distress in the absence of other options.

The framing of women's self-harm as a practice in survival and (constrained) agency – that self-harm hurts, and isn't necessarily desirable, but ought to be respected and met with compassion – engenders understandings of self-harm as something that "makes sense" when placed in context of women's lives (Elliot, 2001; Harris, 2000; Smith et al., 1999, p.4). Elliott (2001) writes,

> Self-inflicted violence is easy to understand - it's a tool, developed during childhood or adolescence, when we had so few choices and fewer resources, to try to express and control the tremendous pain, fear, shame, guilt, and rage that haunted our internal lives. Seen as a coping tool for abuse survivors, SIV begins to make perfect sense, even if it is violence against the body, even if harming one's own body is seen as irrefutable proof of insanity. (2001, p.6)

Self-harm is thus a means of survival, a way to express internal suffering and "regulate the effects of acts we did not have the power to stop" (Elliott, 2001, p.8). These *situated logics* of self-harm become evident by engaging with the lived accounts of women who self-harm. For example, Harris (2000) argues that

> To a rationalist, this behavior seems out of control, but, to a woman who is oppressed on all sides by society, the act of cutting is something she herself can control, perhaps the only thing she can control. Therefore, the behavior is understandable and possibly appropriate, given the circumstances in which it is produced. (p.172)

By re-reading self-harm, not as incomprehensible, but as a reasonable response to experiences of oppression and sexual violence (Brown & Bryan, 2007, p.1123; Pembroke, 1994; Tatman, 1998), feminist perspectives on self-harm foreground the political roots of distress and the embodied logics of survival. These readings resist the psychiatrization and depoliticization of self-harm as a

symptom of mental disorder, instead condemning the conditions of harm which bring women to hurt themselves in the first place (Burstow, 1992; Curtis, 2018; Harrison, 1997; Johnstone 1997).

While these accounts politicize self-harm in context of patriarchal social relations, at the same time, these feminist accounts tend to invoke "women" as a static and universal concept, without sustained attention to differences among women (along lines of race, class, disability) or consideration of how these differences bear on diverse women's experiences of self-harm. Moreover, these feminist works tend to emphasize self-harm as a practice in surviving the aftereffects of childhood sexual abuse and violence. This conceptualization of trauma as primarily rooted in childhood abuse and sexual assault is limited in that it does not fully hold space for the impacts of insidious traumas – microaggressions, the effects of poverty, or experiences of racism, for example, which also do damage to the soul and spirit (Brown and Bryan, 2007) and which may inform self-harm. By theorizing self-harm almost exclusively as a response to sexual violence and patriarchal oppression, these accounts risk reifying self-harm as something that only "makes sense" in the aftermath of sexual violence (thus positioning sexual violence as a "totalizing discourse" in accounts of self-harm – see Steggals, 2015).

Related to feminist readings of self-harm as a practice in survival are feminist re-readings of self-harm as a practice of *remaking* and *healing* the self in the aftermath of trauma, violence, and harm (Failler, 2008; Gurung, 2018; Harris, 2000; Heney, 2020; Hewitt, 1997; Hodge & Baker, 2021; Inckle, 2007; Kilby, 2001; Prabhakar, 2023; Shaw, 2016; Simopoulou and Chandler, 2020; Tatman, 1998; Whynacht, 2018). These accounts attend particularly to the agency exercised by those who self-harm within structural forms of harm, and trouble binaric distinctions between self-harm and self-healing which characterize much psy-research on self-harm. For example, Prabhakar

(2023) articulates self-harm as “a means of reclaiming agency over the body and a means of discovering and re-creating the self" (p.2), arguing that the private nature of self-harm allows the individual to engage in a practice of self-healing, self-preservation, and self-care without reliance on others, rendering self-harm a "radical system of self-care through which the self-harmer becomes in some sense autonomous - fulfilling her need for sex, soothing, and witness by herself" (p.11). She writes,

> When you play the role of both “cutter” and “caretaker,” you do not have to explain what you want or need to other people, and you do not have to be disappointed by their lack of care or understanding or their awkward fumbling as they try to satisfy your needs. You are entirely responsible for your own care: mother, doctor, lover; self-sufficiency wrapped in a wounded skin. (202,3 p. 14)

This account collapses binaries between “hurting” and “healing” to read self-harm as a practice in self-witnessing which is both a kind of destruction and a practice in creation (see also Simopoulou and Chandler, 2020).[34] Heney (2020) similarly troubles binaries between self-harm and self-care, though adopts a *relational, embodied,* and *repeated* understanding of self-harm, writing that "(i)n refusing to see self-harm purely as a practice of self-destruction and violence, it might be possible to see it as a practice of survival, a way of continuing to move through spaces and *in relation to* other bodies despite discomfort or restrictions" (p.6). Relational and contextualized readings of self-harm eschew binaries of hurting and healing or agency and victimization, and engender more nuanced, contextualized, and ambiguous engagements with self-harm as a practice in *contextualized* survival (Inckle, 2007; Heney, 2020; Simopoulou and Chandler, 2020). I flesh out

[34] At the same time, to characterize self-harm as a “radical system in self-care” overlooks the *relationality* of self-harm as a practice which occurs in and through social contexts, and risks fetishizing the individualization of emotional care as a private practice. That is, self-harm as a practice in self-sufficiency and self-making risks slipping into neoliberal demands of individualization and the privatization of affective life.

the implications of this reading of self-harm in Chapter 7 which takes up self-harm as an emergent practice which transcends binaries between "harm" and "care" as those who self-harm navigate the contexts of their lives.

While feminist readings of self-harm-as-survival have situated self-harm in context of women's lives, thus embracing a logic of situated pain, a related thread includes self-harm as a means of *communicating, navigating, and validating one's own emotional pain through the bod**y*** (Whynacht, 2018, p.21). These perspectives foreground embodiment in relation to self-harm (Gurung, 2018; Heney, 2020; Hewitt, 1997; Inckle, 2007; Kilby, 2001; Pembroke, 1994; Whynacht, 2018), where "it is the flow of blood and the materiality of scarred skin that becomes the guarantee of the existence of the woman who cuts" (Kilby, 2001, p.128). For example, Ardath Whynacht (2018) draws on her experience facilitating art-based research project with women diagnosed with borderline personality disorder. As a highly stigmatized and gendered diagnosis (Lester, 2013; Johnson, 2021; Pungong, 2017; Shaw and Proctor, 2005) the pain of BPD is often dismissed or invalidated because it is emotional pain – it is not "real" (in the material, embodied sense of, say, a broken bone). For Whynacht's participants, self-cutting

> became an act of resistance to persistent emotional invalidation… It was a way to control distress and assert the materiality of emotional experience. It was a way to write the pain visible upon the body… If it bled, it was real; bleeding granted my collaborators some form of legitimacy in the hospital. It legitimized a need for care. (2018, p.21)

Thus, through recourse to the body, self-harm can make affective pain "real" within epistemic frameworks which demand material (embodied) proof of suffering.[35] Gurung (2018) adopts a

[35] In *The Birth of the Clinic,* Foucault locates the privileging of visible symptoms of illness and pain with the emergence of modern medicine, where "the relation between the visible and invisible – which is necessary to all concrete knowledge – changed its structure, revealing through gaze and language what had previously been below and

similar approach to the embodied emotion work of self-harm, arguing that, rather than a pathological or purely destructive act, "those who engage in self-harm practices are performing embodied, socially situated acts of healing, survival, and self-creation in a physical attempt to retell complex, fragmented stories of abuse, existential angst, trauma, and loss of self" (2018, p.32). These accounts emphasize the role of the body and fleshy embodiment in self-harm as a way to validate, legitimate, heal, and survive affective pain and distress within contexts of constraint.

Related to the focus on the embodiment, other feminist scholars have taken up self-harm as a form of embodied testimony, as a communication of pain – a form of "skin speaking" (Dorwart, 2017; Failler, 2008; Kilby, 2001; McLane, 1996; Pungong, 2017). These readings emphasize self-harm as a form of embodied communication and recognize that, for survivors, verbal testimonies of abuse and violence are often not possible, and when violence and abuse *are* spoken, it is not often *heard*. In these contexts, self-harm becomes one way of expressing and communicating unspeakable pain through the body: "In an act of self-mutilation gesture replaces language. What cannot be said in words becomes the language of blood and pain" (Hewitt, 1997, p.58). Notable here is the work of Janice McLane (1996), who takes up the trauma and pain articulated by self-harm scars through Merleau-Ponty's phenomenology of language. McLane frames self-mutilation as a form of gestural communication through which survivors of childhood sexual abuse can express their pain – a "voice on the skin". In McLane's reading, where linguistic speech acts to convey trauma have become nullified to the victim of abuse, the 'victim' must learn to speak again by inscribing her pain on her body. McLane argues that because abuse breaks the self and the

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beyond their domain. A new alliance was forged between words and things, enabling one to *see* and to *say*" (1989, p.xiii) and reconstituting the relationship "between the lesion and the pain it indicates" (p.xxi).

body, engaging in self-injury provides a "unified lived structure" for the abuse victim; the broken, painful skin is synonymous with her broken, painful self (1996, p.115). Thus, self-mutilation constitutes a "'voice on the skin' when the actual voice is forbidden" (1996, p.107).

The idea that self-harm scars speak pain echoes across feminist scholarship. Christine Pungong writes on the testimony her scars provide,

> Most of the time, the admission of my mental illness doesn't even come from my mouth — my wounded skin reveals all my secrets. The scars I have from self-harm are the residue of my most difficult moments. They imply tragedy. They suggest violence, trauma, pain. (2017, n.p.)

Similarly, psychiatric and self-harm survivor Maggie Ross describes her self-harm as a silent scream:

> When I am lost for words, my cuts speak for me. They say—look—this is how much I'm hurting inside. I'll tell you what self injury isn't—and professionals take note. It's not attention seeking. 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 (1994, pp.13–15).

While for several writers, the scars of self-harm imply or communicate trauma and pain (Cresswell, 2005; Dorwart, 2019; Failler, 2008; Harris, 2000; Hewitt, 1997; Pembroke, 1994; Pungong 2017; Strong, 1998), they also constitute "mad" forms of testimony which are subject to punitive readings (Kilby, 2001; Sullivan, 2017). As already noted, the scars of self-harm (specifically self-cutting) are dangerous to women who may be psychiatrically incarcerated or have their children removed by social services (Walker, 2009). Others testify to their self-harm being responded to punitively by healthcare providers and describe being stitched up without anesthetic or being told that their care is a "waste of time" because they will simply do it again (Pembroke, 1994; Gurung, 2018; Inckle, 2010, 2011, 2020; Johnstone, 1997). Recognizing these stigmatizing

readings of self-harm, Jane Kilby (2001) argues that self-harm is a form of resistant testimony which is difficult to witness. Jane Kilby positions acts of self-injury as "a deeply eloquent form of testimony, where a plea is made for social recognition. Indeed, the signature cuts and scars of self-harmed skin do nothing less than 'scream out' for this reckoning…" (2001 p.124), and yet, self-cut skin simultaneously refuses approach, where "the language of self-harm conspires to keep the reader at a distance" (2001 p.136). Kilby writes that

> There is something particularly hard to witness here, something which makes contemplating the testimony of self-cut skin anything but simple. Indeed, it would seem that the act of harming one's own skin by cutting it up and tearing it apart speaks with a 'voice' so sheer that it is virtually impossible for anyone to bear witness to it. (p.124)

Because self-cut skin is "already subject to determined and often punitively presumptive readings, it needs a context and strategy of reading which will work to secure its conditions of possibility" (Kilby, 2001, p.128). Kilby goes on to position self-injury as an act of social re-animation, a recreation of the self in the wake of pain, and calls for a "faltering, self-doubting gait" when reading self-harm (2001, p.137), a hesitant reading which does not overdetermine the meanings of self-harm, but which opens space for new meanings of self-harm to emerge.

Importantly, accounts of self-harm as embodied testimony overwhelmingly focus on self-cutting. It is the opening of the skin and the release of blood which, in these accounts, stands in as testimony. It is worth considering here the extent to which alternative forms of self-harm (such as self-hitting, self-biting, hair pulling, food denial, or overdosing, which perhaps result in marks other than cuts) can be "read" as embodied testimony in the same way. As I discuss further in Chapter 5, and have outlined in previous sections, self-cutting has long been pathologized as a feminized form of pathology disproportionately impacting white women and girls, and the "cutting

subject" is often implicitly white. Barbara Brickman's (2004) work on western psychiatric discourses of "delicate self-cutting" raises important questions about the feminization of self-harm. My analysis extends this to consider the ways in which *white femininity* works to materialize and stabilize ontologies of 'self-harm'.

A primary assumption in this feminist reading of self-harm is that self-harm is a form of embodied communication, and that the marks of self-harm can be "read" or interpreted, even if falteringly (Kilby, 2001). These works attempt to reclaim self-injury from pathologization by rendering self-injury a form of embodied communication and as a text to be read. However, these assumptions neglect to interrogate the ways that self-harm is constructed and materialized (though gendered scripts) so as to become *readable.* For example, Chander and Simopoulou (2020) note that the interpretation of wounds from self-harm are highly gendered: bruises on young boys, for example, while perhaps the result of self-hitting, are more likely "read" as the result of sport, fighting, or rough play. On the other hand, a series of cuts on the arm or leg are almost always "read" as self-harm (at least in western contexts). This point underscores the role of social contexts in ascribing meanings to self-harm, where self-harm "is not simply an individual act, but is enmeshed within social structures of the body, self, gender and power" (Inckle, 2007, p.144).

The implications of understanding self-harm as a "voice on the skin" are limited to a particular form of self-harm (self-cutting) and "fix" meanings to the skin in ways that are potentially undesirable and unhelpful. Kay Inckle (2007) makes a similar point, referencing Nikki Sullivan's (2001) articulation of the "dermal diagnostician", which they describe as a form of reading the body which, not unproblematically, interprets the skin surface as a confessional medium of the subject's psychic interiority. This practice of 'dermal diagnostics' relies on a series

of assumptions which 'fix' the body as a text and the skin as reflective of one's psychic interiority. These practices of "reading" the body for evidence of inner psyche are decidedly western (Grosz, 1994), where the physicality of the body is substituted for the interiority of the subject. While I don't mean to suggest that bodies aren't meaning-laden, I do want to pose the question of *which kinds* of self-harm are understood as "readable", to what effects, and to consider the nuances (and limitations) of "reading" self-harm alone as "clues" about a self-harmer's interiority.

Self-harm as internalized oppression

While some feminists and psychiatric survivors have re-read self-harm as a practice in embodied resistance, survival, self-making, and testimony, thus assigning degrees of (negotiated) agency and epistemic authority to those who self-harm, others have taken up self-harm as a means through which women and girls enact internalized oppression against themselves in violent ways (Jeffreys, 2000; Kokoliari & Berzoff, 2008; LaGuardia-LoBianco, 2018; Miller, 1994; Pickard, 2015). While these accounts foreground the contexts of violence which often engender self-harm, they are limited in their capacity to engender reparative readings of self-harm and generally take a curative position in relation to self-harm – that it ought not to be reclaimed or ameliorated but healed and ceased as the (undesirable) acting out of violence against oneself.

For some, self-harm is no more than the re-enactment of trauma and subjugation. Feminist psychologist Dusty Miller (1994) reads women's self-harm – under which she includes cosmetic surgeries, dieting, and painful fashion practices – as "trauma re-enactment syndrome", whereby women suffering from abusive childhoods come to further abuse themselves: in Miller's

articulation, there is little room for agency or resistance by women who hurt themselves. Similar views on self-harm are espoused by Sheila Jeffreys, who characterizes self-harm as "a result of, rather than resistance to, the occupation of a despised social status under male dominance" (2000, p.410). For Jeffreys, all practices of self-harm and body modification – including tattooing, as well as cosmetic and gender affirming surgeries, what Jeffreys terms “self-mutilation by proxy” – are simply capitulations to structures of male dominance.

Others theorize self-harm as a mechanism through which young women embody the demands of neoliberal capitalist productivity. Kokaliari and Berzoff (2008) theorize self-injury among college women as “a reaction to an insidious form of social control and a reflection of the social pressures for productivity that are enacted on the body” (2008, p.259). Mobilizing Foucault’s conceptualizations of ‘docile bodies’, where disciplinary power is internalized as a form of acute self-regulation, self-harm is articulated as a “quick fix” undertaken by participants in order to control their bodies and emotions, thus maintaining productivity and independence in the face of emotional distress. The authors write,

> At a time when women are finally claiming social equality, self-injury may emerge as a subtle manifestation of self-surveillance to undermine their success within capitalistic values, such as individualism and maximized profits. Self-injury, then, can be seen as a representation of women’s oppression that has become self-imposed. (2008, p.267)

This account challenges the view of self-injury as “resistance”, instead positioning the practice as a form of self-surveillance within neoliberal contexts which frame painful or difficult emotions as impeding productivity. The authors suggest that self-injury “cannot be exclusively understood as a reflection of trauma, borderline personality, or another major pathology”, but “Instead, it may be a response to a more invisible kind of trauma that has arisen in the context of Western societies that

value high achievement, productivity, and individuality at the cost of individual emotions" (2008, p.268). Thus, young women's and girls' self-harm is placed in continuum with broader forms of societal harm as a further enactment of late capitalist demands on women and girls.

Still others position self-harm as a logical extension of the female role, where normative femininity demands the internalization of emotion. Hanna Pickard (2015) conceptualizes self-harm as violence against the self, and writes that

> (I)n a cultural context in which female aggression and violence are deemed unnatural, women cannot easily express or communicate their anger, rage or negative self-directed attitudes, or act publicly on their aggressive impulses, without violating gender expectations and norms. They may, therefore, turn these impulses inward onto their own bodies, enacting them in a private realm in which they can be kept hidden from public view. (79)

This account differs from previous feminist readings of self-harm as *resistance* to the demands of patriarchal femininity: instead, for Pickard (as well as for Kokoliari & Berzoff, 2008), self-harm is a capitulation and internalization of western femininity, where women who self-harm "treat themselves and their bodies with such disregard and brutality" because "this may be how they and their bodies have been treated by others" (Pickard, 2015, p.82). These accounts align self-harm with practices of internalized oppression, and are, in my view, limited in their capacity to both offer reparative engagements with self-harm and imbue those who self-harm with agency and capacities for (limited) resistance.

Self-harm as part of "girl troubles"

Another significant branch of feminist work on self-harm takes up self-harm as it interacts with girlhoods and girls' cultures. Early girlhood studies scholarship which takes up self-harm includes

the work of Mary Pipher, who, in *Reviving Ophelia,* conceptualizes girls' self-harm as a practice in girls turning blame against themselves. In a "girl-poisoning culture", self-harm stands as a "concrete interpretation of our culture's injunction to young women to carve themselves into culturally acceptable pieces" (2019, p.229). Thus, girls' self-harm is a reflection and embodiment of cultural harms against girls, reflective of feminist readings of self-harm as an internalization of oppression (Jeffreys, 2000; Kokoliari & Berzoff, 2008; LaGuardia-LoBianco, 2018; Miller, 1994; Pickard, 2015).

More recent girls' studies scholarship has taken up women's and girls' self-harm with a focus on the ways in which self-harm produces ways of "knowing" girlhood, gender, and femininity in postfeminist and neoliberal contexts. For example, Angela McRobbie explores young girls' self-harming behaviours, under which she includes eating disorders, self-cutting, suicidality, and low self-esteem, as forms of "illegible rage". In postfeminist contexts, McRobbie suggests that girls and young women are "driven mad" by the situation they find themselves in – of being told that they are equal (with men) of that feminism is "over" – and yet, there are no substantive changes to the patriarchal authority, structures, and systems which govern their lives (2009, p.105). Their rage, which they communicate through self-harming behaviours, is normalized as a form of gender melancholia: as just "something to do with being a girl" (p.117), as a hazard of pursuing perfection or being a "high achiever", and where "seeking to achieve a feminine identity makes women and girls ill" (p.97). Rather than interrogating patriarchal and heterosexist conditions that shape gender distress, these postfeminist pathologies are "subject for attention and treatment in accordance with the values and norms set by various experts, self-help gurus and professionals"

(2009, p.111). Girls' feminist anger, directed towards their bodies, is rendered illegible in neoliberal postfeminist contexts.

Other girlhood scholars have taken up girls' self-harm in context of digital communities and content creation (Dorwart, 2019; Shields Dobson, 2015; Zimmerman, 2014). For example, Dorwart (2019) explores girls' online cultural productions related to "girl troubles", which she conceptualizes as "behaviors read as attention-seeking that communicate psychic distress" such as self-harm and anorexia (p.6). Dorwart (2019) examines girl culture around self-harm YouTube videos, where girls use online platforms to speak back to assumptions of self-harm as attention-seeking, as well as to find witness to their pain in the form of video audiences and followers. Dorwart (2019) argues that

> In the case of the girls who use social media to find such an audience, their speech is delegitimized because it is embodied, because it is read as hysterical, because they are girls, because it finds its way online (which is regarded as the modern frontier, the threatening wilds), and because it communicates psychic distress or a story that provokes anxiety. They speak, then, impossibly, which threatens their legitimacy as subjects, as speakers. (p.54)

Dorwart (2019) challenges the stigmatization of self-harm as a symptom of "teen girl angst" and critiques the cultural conditions whereby girls' self-harm is rendered illegitimate of attention-seeking at the same time it is sensationalised as a form of crisis. Girls' self-harm "acts performatively to establish the consequences of being viewed as inconsequential" (2019, p.60). For Dorwart, self-harm – and the "girl cultures" surrounding it – are one mechanism through which girls negotiate their worlds, bodies, and selves, and is thus not necessarily pathological, but worthy of engagement and valuation.

Similarly, Amy Shields-Dobson (2015) examines discourses of "digital girls in crisis" through an exploration of "Am I Pretty or Ugly" YouTube videos (where girls create first-person

videos asking for appearance-related feedback from viewers). Dobson suggests that, in neoliberal postfeminist contexts which demand girls embody confidence and self-reliance, "Girls who narrate and mediate pain publicly are positioned slightly differently, as already fully pathological subjects, and thus a key concern about their digital self-representations appears to be that their pathologies and emotions will spread virally and contagiously… and infect or 'trigger' other girls in networked publics" (2015, p.133). Following insights from Angela McRobbie (2009), Shields Dobson argues that symptoms of "gender distress" such as self-cutting, dieting, eating disorders, and low self-esteem are increasingly normalized as "predictable and treatable" girl troubles, especially among white middle-class girls. Girls who express pain through/on their bodies, such as through self-harm, "legitimize femininity as a painful but desirable embodied state": thus, **"**Feminism, and feminist knowledge of the pain of femininity can perhaps be 'taken into account' in such self-representations in a way that does not necessarily prompt or suggest the need for social or political action" (2015, p.151). In Dobson's account, self-harm testifies to the pain of femininity/contemporary girlhood, and simultaneously is depoliticized as just part of "being a girl".

Important to note here are the racialized dimensions of at-risk girls, and the racialized dimensions of online affective politics, where "affective performances emerge from particular positions, from which the legacies of race—including the processes/properties of whiteness—become intelligible" (Mooney, 2018, p.185). Among white girls with class privilege, symptoms of gender distress – such as self-harm – are typically therapized as girls are "managed back toward the path of success" (Harris, 2004, p.36). Simultaneously, "at-risk" girls – girls who are structurally disadvantaged; poor, Black and racialized, undocumented, Indigenous, queer, trans, and disabled – are considerably more likely to be construed as criminalized social problems (Fyfe, 2014; Harris,

2004). An intersectional lens reveals that, as Marnina Gonick asserts, social anxiety about girlhood "does not… get conferred equally or in the same way on all girls" (Gonick, 2003, p.3). The racialized dimensions of sad affects and emotional distress arguably bleed into feminist conversations about self-harm, which tend to centre the experiences of young white women in their critiques and reclamations of self-harm.

Attending to difference in accounts of self-harm

And yet, self-harm is not exclusively a problem of white women and girls, though they constitute the normative subjects of this discourse (Abrams and Gordon, 2003; Bhardwaj, 2001; Boylorn, 2017; Brickman, 2004; Batsleer et al., 2003; Chandler and Simopoulou, 2020; Cooper et al., 2010; Hahm et al., 2014; Marecek & Senadheera, 2012; Pungong, 2017; Rasool & Payton, 2014; Sandoval, 2006). For example, drawing on UK accident and emergency department data, Cooper et al. (2010) found that although white women and girls were more likely to self-cut, scratch, or use methods of self-injury involving blood, Black women and girls were more likely to self-poison, yet *considerably* less likely to receive a psychiatric assessment, in- or out-patient care, or be referred to a general practitioner compared with white women. This lack of psychiatric response is potentially linked to the disallowance of Black women's suffering, who are perceived as less vulnerable to pain (Trawalter & Hoffman, 2015) at the same time that tropes of the Strong Black Woman and the stigmatization of emotional distress in Black communities deny Black women and girls intelligibility as anguished subjects (Covington Armstrong, 2009; Evans et al., 2017;

Fante-Coleman & Jackson-Best, 2020; Johnson et al., 2022). For example, in 'On The Realities Of Being A Black Woman With Borderline Personality Disorder', Christine Pungong (2017) writes,

> The anguish and suffering of black women is fetishized only when it's in sacrifice. Historically, the value of black womanhood has rested on our ability to endure pain in silence. Black women are martyred for their ability to silently withstand the violence and injustice enacted upon them; apparently it is what makes us divine. The harm this does to the mental health of black girls everywhere is traumatic (n.p.).

Other researchers have taken up the self-harm experiences of Asian women, who are likewise framed as 'exceptional' subjects in self-harm discourse (Hahm et al., 2014). Batsleer et al. (2003), in a qualitative study examining mental healthcare provision for South Asian women who have self-harmed or attempted suicide, found that care providers perceived self-harming South Asian women as "emulating" the behaviour of white women. Marecek and Senadheera's (2012) interviews with Sri Lankan girls who self-harmed or attempted suicide demonstrate differences between western and Sri Lankan conceptualizations of self-harm and suicide. While in the west, self-harm and suicide are conceptualized as intensely private and individual expressions of longstanding internal distress (often medicalized as an outcome of depression, see Jaworski, 2014), in Sri Lanka, self-harm and suicide are more akin to a *dialogue*, where they are "thoroughly embedded in interpersonal crises", often decided on quickly, and carried out in the presence of others (p.60). Marecek and Senadheera's accounts reveal the cultural specificity and changeability of self-harm beyond western understandings and underscore the necessity of tending to *difference* in feminist accounts of self-harm.

Still other researchers have examined experiences of trans, gender nonconforming, and gender expansive people who tend to "fall out" of the feminist literature through an emphasis on *women*. It is now widely recognized and accepted that queer and trans folks experience suicidality

and self-harm at disproportionate rates than heterosexual and cisgender peers (Jackman et al., 2016; Marshall et al., 2016; Saewyc & Veale, 2015). While empirical work which examines rates of self-harm and suicidality among queer and trans youth are important in establishing self-harm and suicidality as public health issues, risk paradigms in queer and trans self-harm and suicide research ontologize these subjects as always already pathological, where queerness and transness are "risk factors" for self-harm and suicide. In an attempt to resist the pathologization of queer and trans youth, McDermott and Roen (2016) take up self-harm and suicide through a relational analysis, where queer and trans youth experience and embody self-harm and suicidality within broader fields of subjectivity and becoming. Thus, the authors resist the construction of queer and trans youth as passively 'at-risk' subjects and argue that risk does not reside within individual subjects, but within fields of power which create and distribute risk. Thus, queer and trans subjects actively "negotiate and resist a failed normative subjecthood" (p.13) in ways that can be affectively taxing. Such depathologizing and contextual approaches to self-harm and suicide are consistent with feminist perspectives on self-harm, yet attend more carefully to diverse gendered embodiments and eschew the essential "woman" which dominates feminist work on and with self-harm.

While it is clear that racialized women and girls, as well as men (Marzano, 2007), and queer and trans subjects, *do* self-harm, feminist accounts of self-harm have tended not to address race and racialization explicitly in their accounts of self-harm, and have largely focused on cisgender women's experiences of self-harm. This lack of intersectional perspective poses a great limitation, with implications for how self-harm is understood as a broad-ranging practice, as well as how the emotional distress of different subjects is recognized and responded to. The feminist

accounts reviewed, while offering substantive critique of the pathologization of women's self-harm and rereading self-harm a practice in resistance, survival, testimony, and self-healing, generally equate self-harm with self-cutting, which, as discussed, has particularly gendered and racialized connotations (Brickman, 2004). Although intersectional research on self-injury is increasing (Angoff et al., 2021; Boylorn, 2017; Hahm et al., 2014), gendered and racialized assumptions of white girls as "typical" self-injuring subjects remain deeply embedded in clinical and popular understandings of self-harm, and this limitation extends to the feminist literature on self-harm (Brickman, 2004; Sandoval, 2006). The perspectives reviewed do not move beyond a normative – or unspoken – focus on white women and girls, and questions of difference, particularly along lines of race, class, dis/ability, are generally unarticulated (see also Downie, 2017).

An important, if imperfect, exception to this literature is Abrams and Gordon (2003), who conducted a study of "at-risk" adolescent girls' expressions of distress. Abrams & Gordon interviewed a total of six "at risk" girls: three of these they describe as "suburban" girls (whom are all white) and three are described as "urban" girls (whom are all racialized). While recognizing the limits of language used to describe the positionalities of participants in this study, Abrams & Gordon offer, to my knowledge, the only study to account for a lack of attention to race and ethnicity in self-harm research (2003, p.430). The authors found that, while all six participants identified family problems as a source of pain/underlying distress in relation to their self-harm, among "suburban" (white) participants, self-harm served to express pain and engendered a feeling of release of overarching pain and distress – they have access to a "language of pain" which self-harm communicates (Strong, 1998). For "urban" (racialized) participants, self-harm functioned to

express or release anger,[36] especially in relation to family members or romantic partners. Abrams & Gordon also found that racialized girls, upon presenting to the hospital for self-injury, were treated as if they were suicidal and subsequently restrained and hospitalized, while white participants felt that they could manipulate the system to their advantage and felt safer/more comfortable in the hospital than at home or school (p.439). Abrams and Gordon's findings are instructive: white and racialized girls use different methods of framing and narrating their self-harm, and experience different kinds of treatment from healthcare providers. Experiences of self-harm for white and racialized folks are not the same; feminist research on self-harm must account for these differences, which bear on lived experiences of self-harm.

One other exception to the focus on white womens' experiences of self-cutting is Gabriela Sandoval's (2006) short chapter "Cutting through race and class: Women of color and self-injury". In this chapter, Sandoval draws on her experience as a residence hall director that housed mostly university students of color and recalls becoming aware of several students cutting themselves. These students were not the stereotypical white, middle-class female self-harmer, but were young women of color, mostly first-generation students, from immigrant families. Sandoval suggests that, for these students, self-harm was "[A]n expression of their feelings about the disparity between their own and their parents' experience and, because of the form it took, it both violated and maintained the silence that they and their families had preserved around these issues of difference" (p.87). For Sandoval's students, self-harm arises out of a complex social context and "[I]s an

[36] Importantly, racialized girls' emotions are often understood through recourse to *anger*, while white girls' affects are often more akin to despondency (Mooney, 2018). Gabriela Sandoval writes that "the meanings attached to self-injurious behaviour among women of color are problematically racialized. Such behaviour is most often seen as an expression of feelings of anger and is not understood as a coping mechanism and a valid form of psychological release" (2006, p.86).

understandable response not only to patriarchal and heterosexist cultural norms, but also to stereotypical norms of race and class. Thus, self-injurious acts undertaken by working class (or formerly working class) women of colour – among whom race and class intersect to create unique, and as yet unexplored, circumstances – can be understood as efforts to reconcile disjuncture and dissonance among their class and racial identities" (p.88). Sandoval's insistence on the inclusion of working class women of color in self-harm discourse urges more careful attention to questions of difference in self-harm research and scholarship.

By focusing narrowly on a white, cisgender, and assumedly, middle class subject, the literature on self-harm reflects similar patterns as feminist literature on eating disorders, which were long assumed to be problems exclusive to white, middle-class women and girls (Covington Armstrong, 2009; Gremillion, 2008; Thompson, 1994). Helen Gremillion (2008), in "The Race and Class Politics of Anorexia Nervosa", argues that literature which fails to problematize definitions of eating disorders potentially risks "preserving white, middle class norms at the heart of clinical assessments" (p.220). Gremillion references the work of Becky Thompson (1994), whose research with racialized women with eating disorders demonstrates that "eating disorders may be more widespread than is currently believed, because assumptions of what counts as a 'true' eating disorder may obscure from view a wide range of significantly troubling, yet marginalized experiences with eating and food" (p.220). Gremillion argues for a "constitutionalist" approach to anorexia, which attends to the formation of identity, and anorexia itself, as embedded within intersecting social and cultural contexts. Rather than accepting a pre-given definition of disordered eating (or self-harm), which are already inflected with gendered and racialized meanings, eating problems (and, by extension, self-harm) ought to be situated within "contextually specific fields of

social power and meaning that constitute people's experiences with food and their bodies" (Gremillion, 2008, p.227). By failing to adequately critique the equation of self-harm with 'delicate self-cutting', feminist work on self-harm may similarly obscure from view a wider range of self-harm practices undertaken by marginalized and 'non-normative' self-harming subjects. Overwhelmingly, white definitions of self-harm (as delicate self-cutting) set the terms of debate. In order to effectively address the intersectional dimensions of self-harm, we perhaps must critically consider what "counts" as self-harm to begin with.

Conclusion

In this chapter, I have reviewed three branches of literature on self-harm: psy-views of self-harm, psychiatric survivor engagements with self-harm, and feminist engagements with self-harm. I have suggested that psy-views of self-harm overwhelmingly frame self-harm as a maladaptive behaviour of individual people who, for various reasons and risk factors, are unable to cope with their distress in *adaptive* or *appropriate* ways. As a result, self-harm is largely understood through pathology frameworks as a problem to be eradicated. I have also reviewed psychiatric survivor engagements with self-harm, which emerge in critical response to psy-frameworks which engender psychiatric harm. Instead, psychiatric survivor engagements draw on personal testimony to reposition self-harm as a survival strategy deserving compassionate engagement and support, beyond cessation and prevention models of "care" and "cure". And, finally, I have reviewed feminist engagements with self-harm, which similarly critique psy-views of self-harm and which (generally, with some exceptions) re-read womens' self-harm as a practice in resistance, survival, communication, and

self-preservation. These accounts trouble hard-and-fast distinctions between "hurting" and "healing" and emphasize the role of the body and social context in experiences of self-harm.

While psychiatric survivor and feminist engagements with self-harm offer necessary frameworks for re-reading self-harm, these accounts have often failed to trouble the "stereotypical" self-harmer, whether by reinscribing norms of white femininity in narratives of self-harm as resistance, 'fixing' self-harm as an effect of sexual violence while overlooking the impacts of race- and class-based traumas and injustices, or by emphasizing self-cutting as *the* form of self-harm, which, I have suggested, is racialized and gendered in particular ways (Brickman, 2004). The self-harm experiences of multiply marginalized subjects, including racialized and women of color, trans, queer, nonbinary, and disabled subjects, tend to "fall out" of the psychiatric survivor and feminist literature. In my project, I hope to attend more carefully to questions of difference and power as they show up in lived experiences of self-harm.

Chapter 4: Doing mad feminist research with self-harm

Introduction

In this chapter, I describe and reflect on the process of "doing" mad and feminist research with women, trans, and nonbinary folks who identify with self-harm in Canada.[37] My approach to this research is grounded in feminist and mad research paradigms, which are committed to disrupting power imbalances and correcting extractive relationships in research and knowledge production (DeVault & Gross, 2014; Fonow & Cook, 2003). Instead, these approaches work to centre subjugated knowledges "from the margins" (Collins, 1987; LeFrancois and Voronka, 2022) and to disrupt the hegemony of western rationalism and positivism in research with and about madness.

I begin this chapter with an overview of my epistemological frameworks, namely, feminist standpoint epistemology and critical reflexivity. Following this, I reflect on my key methodological paradigms, narrative inquiry and critical discourse analysis. This is followed by a description of my methods of recruitment, interviews, data preparation, and analysis. In this section I also reflect on the process of "bearing witness" to stories of self-harm, the role of feelings-as-findings in my research, and ethical concerns raised throughout the research process, specifically with regards to doing research with mad populations and the duty to report. I close with an introduction to the research participants.

Epistemologies

[37] In order to attend more closely to lived experiences of self-harm among those occupying marginalized gender positions, namely women, trans, and nonbinary peoples, cisgender men who identify with self-harm were excluded from study sample and analysis. For consideration of self-harm experiences of cisgender men, see Chandler (2019) and Marzano (2007).

Epistemologies refer to theories of knowledge which inform "what constitutes knowledge, evidence, and convincing argument, and how scholarship contributes to these" (Ackerly and True, 2008, p.695). In my study, I mobilize insights from feminist standpoint theory and mad epistemologies (Bruce, 2021; Leblanc and Kinsella, 2016; LeFrancois and Voronka, 2021; Leigghio, 2013) to attend to and engage with lived experience of self-harm as a politically significant emotional practice embedded within structural and political contexts.

Feminist standpoint theory

Feminist standpoint theory emerged throughout the 1970s and 1980s in response to the "malestream" systematic institutional, cultural, and intellectual exclusion of women's knowledges (Smith, 1987). Feminist standpoint theorists begin with the assumption that ways of knowing emerge out of the material conditions of everyday life, through a dialectic interaction between society and the self (Pohlhaus, 2002, p.284; Hartsock, 1983; Smith, 1987). By starting with the "everyday world as problematic" (Smith, 1987, p.88) and "studying up" from there, standpoint epistemologies emphasize that knowledge is shaped by one's unique experiences, including the intersections of gender, race, class, nationality, sexual orientation, and so on. By beginning with everyday life and lived experience as sites of knowledge-making, feminist standpoint epistemologies are better equipped to reveal and interrogate the workings of power: for example, Patricia Hill Collins' articulation of a Black feminist standpoint underscores the political and epistemic value of knowledge which is "not only embedded in a context but exists in a situation characterized by domination" (1990, p.447). According to Collins, a Black feminist standpoint offers a unique perspective on race, class, and gender oppressions, and the standpoints of Black

women, as subjugated knowledges, illuminate what is otherwise invisible or taken for granted by those who benefit from these interlocking systems of power (Collins, 1987, 1990).

According to Sandra Harding (1986), a feminist standpoint is not *given* by virtue of one's social position but rather, is a critically forged epistemic location which can engender social change. As a form of critical consciousness informed by one's social location (Pohlhaus, 2002, p.288; Collins, 1987, 1990), feminist epistemologists assert that standpoint knowledges are "morally and scientifically preferable grounding for our interpretation and explanations of nature and social life" (Harding, 1986, p.26) because grounded knowledge is less inclined towards perverse, abstracted understandings of the world privileged by positivist epistemology. Standpoint theory's emphasis on partial, located, and situated knowledges challenge the disembodied, abstract, and masculinist nature of empirical or positivist knowledge claims – what Donna Haraway has described as the "god trick" or the "view from nowhere" (1988). By offering a "view from somewhere", feminist epistemologies promise more accountable knowledges, in that they can be traced, in that they emerge *from somewhere.*

At the same time, feminist standpoint theory has been critiqued. Donna Haraway (1988), in "Situated Knowledges", notes the risks of romanticizing subjugated knowledges and reifying a singular feminist standpoint (p.584). Haraway argues instead not for a singular feminist standpoint, but for a multiplicity of situated knowledges and "webbed accounts" (p.590) of social life which offer more grounded, partial, and accountable ways of knowing. According to Haraway, situated knowledges can offer insights otherwise obscured by traditional or empiricist epistemologies, which erase the specificity of the body in pursuit of "pure" knowledge claims (Haraway, 1988). Haraway writes on the implications and importance of situated – and embodied - knowledge

claims, “We seek those ruled by partial sight and limited voice – not partiality for its own sake but, rather, for the sake of the connections and unexpected openings situated knowledges make possible. Situated knowledges are about communities, not about isolated individuals. The only way to find a larger vision is to be somewhere in particular” (p.590).

Critical Reflexivity

Another aspect of my mad and feminist epistemological stance includes critical reflexivity (Strega and Brown, 2015). ‘Reflexivity’ refers to the “self-conscious, critical, and intense process of gazing inward and outward that results in questioning assumptions, identifying problems, and organizing for change” (Gustafson, 2000, p.728). Building on this, Strega and Brown (2015) introduce critical reflexivity as a necessary condition for socially just research. According to Strega and Brown, critical reflexivity is “an approach to reflection that focuses primarily on the politics and ideologies embedded within research processes and within the self of the researcher” (2015, p.8). Critical reflexivity is not a one-time confession of one’s positionality but is an “ongoing analysis of how positionality and ideology are shaping decisions, relationships, and interpretations, rather than a static, formulaic declaration of who we are or what we believe” (2015, p.9). The practice of critical reflexivity thus begins with a theorization of the researcher’s positionality – understood as “the relative positioning of researchers and participants, in which knowledge is situated” (Bischoping and Gazso, 2021, p.4) – and a thinking through of how the researcher’s positionality “bears on” the knowledge I produce (Alcoff, 1991). In a similar vein, Harding (1987) writes that a feminist approach to research “insists that the inquirer be placed in the same critical plane as the overt subject matter” (p.9). This is not to resort to relativist claims of feminist research

and knowledge production (Alcoff, 1991), but to acknowledge that the inquiring researcher is not "outside" the knowledge production process but embedded within it. While my positionality, lived history, and worldview may not *determine* the knowledge that I produce, they "bear on" the knowledge I produce in ways relevant enough to demand that they are accounted for and articulated (Alcoff, 1991, p.16).

I made the decision to clearly articulate and share, at a general level, my experience with self-harm with research participants from the outset of my project, a decision which has undoubtedly impacted my findings, as I discuss further on. Although self-harm is a highly diverse practice, eschewing universalisms and frustrating typologies and taxonomies, the account I present in this dissertation and my engagement with participant narratives are deeply informed by my intimate knowledge of the nuances, complexities, and contradictions of self-harm, mental health, and psychiatry. By seeking to shed light on, contextualize, and engage with self-harm, my lived experience constitutes one way "in", but it is not explanation in and of itself. I echo historian Joan Scott's call that personal experience "'is not the *origin* of our explanation, but that which we want to *explain*' (Scott, 1991, p.797, emphasis mine). I advocate for a mad and feminist engagement with lived experiences of self-harm because I know, through virtue of my own bodymind, that self-harm can be powerful practice of survival and embodied resistance, as well as pain, shame, and discomfort.

4.2 Methodologies

While an epistemology is a theory of knowledge, a methodology is "a theory and analysis of how research does or should proceed" (Harding, 1987 p.3). Informed by my theoretical and

epistemological commitments to situated knowledge claims, critical reflexivity, intersectionality, and transformative outcomes in research, my research draws on a multi-dimensional methodological framework incorporating narrative inquiry (Reissman, 2008) and critical discourse analysis (Bischoping and Gaszo, 2021; Wodak, 2008) to engage with lived experiences of self-harm though research interviews, and the critical reading of various sets of texts about self-harm.

My engagement with each of these methodological approaches is *mad*. La Marr Jurelle Bruce (2021) takes up mad methodology, not as a prescribed approach or fixed method/ology of analysis, but as "a mad ensemble of epistemological modes, political praxes, interpretive techniques, affective dispositions, existential orientations, and ways of life" (p 9) which "seeks, follows, and rides the unruly movements of madness. It reads and hears idioms of madness: those purported rants, raves, rambles, outbursts, mumbles, stammers, slurs, gibberish sounds, and unseemly silences that defy the grammars of Reason" (p.9). Mad methodologies involve a practice of *listening* to and *hearing* madness, not merely aurally/sonically, but in ways which situate mad people as political actors and epistemic agents and engage with madness valuatively. Bruce (2021) suggests that listening to madness entails *radical compassion*, conceptualized as "a will to care for, a commitment to feel with, a striving to learn from, and an openness to be vulnerable before a precarious other, though they may be drastically dissimilar to yourself" (p.10). Thus, mad methodologies, while not fixed or ascribed, in varying ways centre witnessing and listening for mad possibilities in the testimonies of mad people – or people who behave madly. I bring this mad methodology of witnessing to my engagements with critical discourse analysis, narrative inquiry, and thematic analysis, alongside a commitment to reflexivity and intersectionality in research.

Narrative Inquiry

Narrative inquiry is an interdisciplinary methodology dedicated to the systematic study of narrative data, including spoken, written, and visual texts (Reissman, 2008). In narrative inquiry, narratives are examined with attention to "how a speaker or writer assembles and sequences events and uses language and/or visual images to communicate meaning" (Reissman, 2008, p.11; Woodiwiss et al., 2017). The focus is not only on the *what* of the telling, but the *how* and *why* of the telling. Narratives emerge in relation to particular contexts and circumstances and take place within "institutional and cultural contexts with circulating discourses and regulatory practices, always crafted with an audience in mind" (Riessman, 2008, p.183). The qualitative research interview constitutes a specific kind of narrative event, where stories are told "in light of a particular intention and to benefit a specific audience" (Pitre et al., 2013, p.118). Narratives are not "found", collected, retrieved, or gathered, but rather are *co-created* through dynamic interaction between the teller and the listener (Bischoping and Gazso, 2021, p.45). Additionally, narratives are never "finished" or complete; rather, "Any story we tell is contingent on the moment of its telling and cannot be expected to be the narrator's last word, even if the narrator herself thinks it is" (Bischoping and Gazso, 2021, p.45). Thus, the narratives included in this dissertation, although fixed in text, are also ongoing, subject to change, growth, and transformation.

For the purposes of my study, I understand *narratives* as "brief, bounded segment[s] of interview text" (Riessman, 2008, p.61). As socially situated segments of text, narratives are embedded within, and gain meaning through, "historical, structural, and ideological contexts, social discourses, and power relations" (Pitre et al., 2013, p.118). Discourse shapes what is knowable, sayable, and recognizable; it constitutes the scaffolding of articulation and intelligibility.

On the limits of discourse – and narrative – Jo Woodiwiss writes that "we are not free to tell any story but are constrained through currently available narrative frameworks" (2017, p.15). These dominant narrative frameworks – what Judith Butler conceptualizes as "structures of address" (2005, pp.52-53) – delimit the stories that can be told, recognized, and *heard*. These narrative frameworks are differentially available to different subject positions, and stories that benefit some subjects do not benefit all. While narrative frameworks can be limiting, they also play an important role in identity formation and social belonging, as well as political change. Through narrative, storytellers construct their own identities and "locate themselves within the conditions that influence their choices and actions as social agents" (Pitre et al., 2013, p.118). As such, narratives constitute rich sites of analysis for the interplay between the "personal" realms (of identity, affect, experience, memory, embodiment, and so on) and broader social and political conditions which inform, delimit, or shape personal experiences.

At the same time, narratives are not "outside" western conventions of linear and coherent storytelling, which can pose a challenge for mad narrators who speak incoherently, nonlinearly, who forget details, or who struggle to remember. Typically, Western narrative conventions demand that a "good" story privileges the (individual) teller; is told in linear sequence, from beginning to end; is interesting and on topic; and contains a "point" (Reissman, 2008, p.2). Throughout my project, I work to unsettle these linear, limiting, and hegemonic narrative conventions. With respect to both my subject matter (self-harm) and the goal of my study (an intersectional feminist and mad "re-reading" of self-harm), I recognize that the stigmatized, pathologized, and psychiatrized nature of the subject matter can make following these narrative conventions difficult, if not impossible. Bischoping and Gazso (2021) write that "a traumatized teller may present a plot

unclearly, failing to orient listeners to the characters and setting of his story or to convey a basic sense of the sequence of events" (p.16). In these conditions of telling, my role as a researcher is not to insist on the presentation of "good" narratives, but to discern unity, to look for meaning, and to allow narrators to re-present themselves in the interview encounter unchallenged (Bischoping and Gazso, 2021, p.16). This practice in listening, not for coherence, but for complexity, is one way that I enact "mad methodologies" throughout my project.

Critical discourse analysis

At times throughout this dissertation, I invoke critical discourse analysis (CDA) in my analysis of sets of texts beyond narrative interview data in order to both surface and trouble dominant ways of knowing and talking about self-harm. These include a critical reading of definitions of self-harm in Canadian mental health policy and gray literatures (in Chapter 5) and a critical analysis of two young adult novels about self-harm, namely, Patricia McCormick's *Cut* (2000) and Julia Hoban's *Willow* (2009) (in Chapter 6). Critical discourse analysis (CDA) is a field of scholarship and analysis concerned with the ways in which "hegemonic power relations are discursively produced, sustained, negotiated, and challenged in different contexts and communities" (Lazar, 2007, p.142). CDA surfaces the role of discourse, defined here as "a group of statements which provide a language for talking about—a way of representing—a particular kind of knowledge about a topic" (Hall, 2013, p.29), or, bodies of knowledge which enable and constrain ways of speaking, thinking, and writing about a given social practice within specific historical limits (McHoul & Grace, 1993, p.31), in the production of power and power relations (Cheek, 2004, p.1142). CDA "is concerned with the way in which texts themselves have been constructed in terms of their social and historical

'situatedness'" (Cheek, 2004, p.1144) and the political work that these texts do (Bischoping and Gazso, 2021). Incorporating CDA as a methodological lens of analysis allows me to consider how knowledges and ways of speaking about self-harm are produced, sedimented, negotiated, and challenged by those who identify with self-harm. While not the central methodology I bring to my engagement with interview data, critical attention to the work of discourse in producing knowledges about self-harm is a key part of my dissertation and is threaded throughout my analysis.

4.3 Methods

Methods refer to the tools and techniques used for gathering evidence (Harding, 1987), including participant recruitment strategies. To be eligible to participate in this research study, participants were required to meet the following criteria: 1) Identify as a woman, trans, or nonbinary person; 2) Have lived experience of self-injury;[38] 3) Live in Canada; and 4) Be 18 years of age or older.

Recruitment for this study began on July 27, 2021, following my approval from York University's Office of Research Ethics. My recruitment method is akin to nonprobability sampling, where the study sample is not representative of the general population (Miner-Rubino and Jayaratne 2007 p.309). A common mechanism of nonprobability sampling is convenience sampling, which "consists of recruiting participants from places where they are easily accessible" (Miner-Rubino and Jayaratne, 2007, p.310). Participants for this study were recruited primarily online, as well as through my own personal networks. I circulated the "Call for Participants"

[38] In my recruitment materials for this study, I used the term "self-injury". As the study progressed, I opted to use the term "self-harm" as my preferred language, as this was also the language primarily used in interview contexts.

(Appendix A) though my personal Instagram account and through my public academic Instagram account (@mad.academic). This call was subsequently circulated throughout Instagram and Twitter by friends and colleagues, as well as reposted by Instagram accounts such as Madness Canada (@madnesscanada), the dissertation coach (@thedissertationcoach), and New Sociology (@newsoc_journal). I also posted the call for participants in online self-harm/self-injury support groups, including Reddit forums r/selfharm, r/selfinjury, and r/adultselfharm, as well as Facebook support groups relevant to lived experiences of self-harm. Before I shared my call for participants in these spaces, I joined these online communities as a member and disclosed my status as a "self-harmer" when I posted. This was done in the nature of transparency, as an attempt to invite trust and rapport with participants, as well as out of respect for the vulnerable nature of online support groups, which primarily offer informal support, information, and community to those who identify with self-harm. Attached to the call for participants was a survey link, which collected basic demographic and contact information from participants. In total, 20 survey participants indicated interest in being contacted for an interview. After sending follow up emails to interested participants, and accounting for 6 non-responses, a total of 14 interviews were conducted.

Interviews

The bulk of my analysis is inspired by, and in conversation with, qualitative research interviews with those who identify with self-harm. Qualitative interviewing revolves around the idea that "knowledge can be produced in structured encounters organized around 'telling about experience'" (DeVault and Gross, 2014, p.5), and feminist researchers have long taken up the interview as a "method of making experience hearable and subjecting it to systematic analysis" (Hesse-Biber,

2012, p.12). In feminist research projects, the interview encounter entails an interaction between subjects "with common interests, who would share knowledge" (Hesse-Biber, 2012, p.14). In context of my study, I strove, in the interview space, to keep in mind the contexts within which lived experiences of self-harm are often not heard, and to enact a methodology of deeply listening to, and hearing, participants. This deep listening is, I hope, somewhat radical in the sense that my interviews entailed two people speaking and hearing the lived realities of self-harm. Thus, I experienced my interviews as constituting a space for people to share, name, and theorize self-harm in ways that are often not possible, and thus, for 'subjugated knowledges' to emerge (Collins, 1990). These conversations about self-harm – a stigmatized practice which is often (though not always) experienced as shameful – were relatively open and free of judgement. They were candid. As one participant, Kaleidoscope, said about the fun of the research interview, "It's between an interview, a therapy session, and a course seminar". We – participants and I - could have conversations outside of the pathologizing gaze, between a speaker and a listener who shared kinds of experience.

I suggest that to bear witness to stories of self-harm is to be open to transformation and is a key methodological practice of my doctoral research. While self-harm is a practice rich with personal meaning, it is also highly stigmatized and frequently subject to emotionally charged responses from those who witness it, including feelings of fear, panic, dismay, anger, or disbelief. These feelings carry weight. They inform renderings of self-harm as attention-seeking, manipulative, parasuicidal, or catastrophic, and ultimately, cause further harm. They also make speaking self-harm frightening or dangerous, with those with lived experience unsure or afraid of how their self-harm will be responded to. As a result of the charged affect surrounding self-harm,

for those with lived experience, self-harm is often not talked about, and is certainly not *heard.* These impossibilities of address are the context in which I conducted my research interviews, and in which I sought to practice mad forms of listening.

I emailed each participant who indicated interest in an interview individually to introduce myself, re-state the aims of the study, and set up an interview as their responses came in. In total, I interviewed 14 people who identify with self-harm. I prepared an interview script in consultation with my supervisory committee, which was approved by the Office of Research Ethics at York University (Appendix B). A principle of feminist interview research includes organizing interviews to produce more truly collaborative encounters. This can involve sustained immersion to build rapport with participants, multiple methods of data seeking, and strategic disclosure on the part of the researcher with regards to sharing personal information and/or the overarching goals, research interests, and political commitments of the study (DeVault and Gross, 2014). Before the interview commenced, I went over the Informed Consent Form (Appendix C) with each participant in detail. I acquired verbal consent to the interview from each participant, and participants digitally signed and emailed me their consent forms following the interview. Participants selected their own pseudonyms, and these are used to refer to participants throughout the dissertation. Prior to commencing the interview, I disclosed my own investments in the study (including that I come to this research as someone who identified with self-harm) and re-stated the goals of the study. I also highlighted a list of crisis resources appended to the Informed Consent form as part of my institutional ethics protocol (I take this up in greater detail later in this chapter). I emphasized to participants that they may decline to answer any questions I ask during the interview and that they may take a break or end the interview if they feel uncomfortable. I also explicitly stated to each

participant that I am "here" (in the interview encounter) with them, I care about their wellbeing, and I will check in with them throughout the interview and after the interview has "ended" (that is, before ending the Zoom call).

While my research interviews followed the same scaffolded interview script, they were semi-structured. This allowed for the interview process to be somewhat conversational and granted space to "pick up" on various threads that came up in the interview setting. This is a choice which I made as a researcher exploring a topic that is frequently misunderstood and heavily stigmatized. It was important that each participant was given individual attention and that research interviews were conducted in the spirit of curiosity, flexibility and care. Therefore, while all interviews were "scaffolded" the same way, a semi-structured approach to interview granted exploratory flexibility and individualized attention to each participant.

Virtual fieldwork and Covid-19

In this section, I reflect on the process of virtual fieldwork in context of the Covid-19 pandemic and include some findings as these relate to the virtual interview as a site of (mad) encounter. Due to institutional Covid-19 protocols during the time of fieldwork and the geographic scope of my study, all interviews were conducted virtually via Zoom. The video and audio files of each call were recorded using my institutional Zoom account, though only the audio files were kept for transcription purposes. Video files have been deleted. The emplacement of research interviews in the virtual realm offered both benefits and disadvantages. While some researchers have suggested that online interviewing lacks the contextual cues found in a face-to-face ("in person") interviews, and others have importantly underscored the role of the "digital divide", or social disparities in

access to and fluency in Internet technologies, in online data collection (DeVault and Gross 2014), others have suggested that online data collection can aid in conducting research with "hidden populations" (Matthews and Cramer, 2008). As a highly stigmatized behaviour which is widely practiced across various populations, internet recruitment – through online circulation, hashtags, and online forums - offered "access" to those who identify with self-harm and who are interested in speaking about it.

In context of virtual interviewing, I did not experience the digital interview space as impeding contextual cues and nonverbal communication; rather, the virtual nature of the interview granted both participants and myself the capacity to engage in complex and vulnerable conversations from a place of their/my own choosing. I interviewed participants from their bedrooms, kitchen tables, desks, and iPhones. When participants needed a break, they were able to "walk away" from the interview into another room. My cats made frequent appearances in our interview conversations, which tended to "lighten" the mood, and conversations were rich with affect – vulnerability, hesitancy, sadness, reflection, laughter and silence. In many cases, as I experienced it, the process of attending to participant stories felt so encompassing that I forgot we weren't "together". I became aware of the separation, of the world outside our interview, only when we were disrupted. In my interview with Bailey, as they began to talk about their experiences of self-harm in relation to being queer and nonbinary and growing up in rural Ontario, someone opened their bedroom door:

> "Hello? Sorry, my door just randomly opened that was weird [laughs]. Sorry. There we go. Definitely not a family topic".

While the interview continued uninterrupted, it was an important reminder that our virtual interview "bled into" our own lives – sharing a home with family, and in some cases, a partner who

features in one's narrative of self-harm. For example, with Cassie, the boundaries of the interview become clear as we began to talk about attention-seeking stigma related to self-harm, and she started to speak about her boyfriend who was downstairs at the time of our interview:

> So, the main thing that I guess I would say, and like, [lowers voice] my boyfriend is downstairs so I don't want to "at" him too hard, but when we first starting dating and before he knew it kind of would come up and he- that's something he said to me, and that's one of the reasons why I didn't tell him right away about the behaviour… he didn't necessarily mean it maliciously, like he was just kind of speaking out of like what his understanding was at the time.

These disruptions to the online interview space showed up the boundaries of our conversations. They suggest that, maybe something special is happening here. Within the virtual space between the two of us, our conversations flowed relatively freely. Outside of this porous container – as affect is never fully contained (Brennan, 2004) - some things become less speak-able, or less hear-able – as Bailey said, not a family topic. In Cassie's case, worthy of a lowered voice.

I approached my interviews with an ethic of care in research, outlined by Patricia Hill Collins in *Black Feminist Thought* (1990), which suggests that "personal expressiveness, emotions, and empathy are central to the knowledge validation process" (p.215), and that empathy between speaker and listener can invite vulnerability and connection. Hill-Collins writes that, with an ethic of caring,

> Neither emotion nor ethics is subordinated to reason. Instead, emotion, ethics, and reason are used as interconnected, essential components in assessing knowledge claims. In an Afrocentric feminist epistemology, values lie at the heart of the knowledge validation process such that inquiry always has an ethical aim. (1990, p.219)

By approaching knowledge claims by those who identify with self-harm with *radical compassion*, "a will to care for, a commitment to feel with, a striving to learn from, and an openness to be vulnerable before a precarious other, though they may be drastically dissimilar to yourself" (Bruce,

2021, p.10), my interview process involved what Rice et al. (2021) describe as "difference-attuned witnessing". Drawing on the work of Black and Indigenous scholars, including Jennifer Nash, Joanne Archibald and Lee Maracle, Rice, Cook and Bailey (2021) explore "difference attuned witnessing" as a practice which entails opening radically to experiences of difference, while attending to the embodied and affective forms of knowledge which circulate in the storytelling space (p.341). The authors write

> Affect circulates within the process of difference-attuned witnessing, whereby the person sharing testimony "unfolds", making themselves vulnerable... This vulnerability is acknowledged to be asymmetrical along lines of power relations that produce some bodyminds as more vulnerable than others. At the same time, it holds the potential for transformation and healing, when the witness engages ethically with an acknowledgement of power dynamics and an orientation toward a common, justice-oriented goal. (Rice et al., 2021, p.360)

In context of the virtual self-harm interview, difference-attuned witnessing entailed the unfolding of vulnerabilities through a practice of virtual, yet deeply embodied, witnessing. I approach self-harm from a place of familiarity, deep listening, and compassionate situatedness. I shared my "status" as someone with lived experience with my participants. This was a conscious decision, which I sensed changed the tone of the interview. Several times throughout my fieldwork, I shared moments with my participants of, "Oh my god, same", or "That makes total sense to me". They shared with me, "I know you said this resonates, so it's probably not weird for me to say, but…" or, following a potentially charged statement, "I think you know what I mean by that". By beginning from a place of familiarity and care, my interviews with those with lived experience felt less overdetermined by the affects of shock, horror, dismay, and despair which so often characterize engagements with self-harm. Instead, I was surprised by how much laughter occurred in my interviews. My interviews held space for alternative affects around self-harm had space to

emerge: the light, the healing, as well as the heavy. These “alternative affects” around self-harm constitute both findings and resources for analysis (Kleinman & Copp, 2011). I attempted to record some of these affects in my fieldwork journal.

My interview with Elizabeth stands out as particularly open, particularly saturated with affect. Elizabeth is a white, nonbinary queer person, and started cutting themselves when they were 12. Elizabeth reached out to me before our interview to ask if I could send the interview questions to them beforehand. They wrote,

> *I know that sometimes researchers don't have a specific outline of questions, but I would like to have some sense of what the questions might be before I speak. I only ask because I've had experiences where my stories are misunderstood and reframed by family, friends, and doctors so talking about my own stories and thoughts on self-injury can trigger feelings of being powerless over my own narrative. Knowing what the questions - or even just the outline of topics - are in advance would help me manage that a lot better.*

I forwarded Elizabeth my interview script for their review. We met, and within minutes of our interview, Elizabeth shares, “I remembered that I'd written this diary entry when I was younger about self-harm, and so I've found it, it was really weird to find but it was when I was sixteen I wrote it, and so I'm just gonna find it here, and it's weird it answers some of your questions”. In bringing their journal with them,Elizabeth brought their younger self to the interview. This is not something I anticipated or asked for – but it was, in many ways, a gift. Elizabeth’s younger self is a participant in this interview too, the three of us hanging out virtually, together. Young Elizabeth makes appearances throughout the interview as Elizabeth draws on the wisdom of their past self. They talk about the helpfulness of self-harm for their past self, commenting,

> Especially, in this entry from when I was like, 12, or no- sorry, 16, at this time, I wrote about that, about needing, wanting to visualize the pain to see it, which makes me wonder if, like, my family at the time like wasn't seeing it, or like, like if I wasn't expressing it, I probably wasn't because instead what I was doing was coming to myself, and expressing it

> visually and then experiencing that pain and processing that pain and there's something very safe about that. Like I could always count on myself to get through it.

As a queer and nonbinary youth raised in rural New Brunswick, Elizabeth describes their younger self as being alone, as lacking witness. For Elizabeth, self-harm became a way to witness their own feelings, in the absence of another witness. Importantly, Elizabeth never reads directly from their diary. However, in bringing their diary to our interview, Elizabeth re-presents their younger self as an adult, to be witnessed, to be heard, to be attended to. At the close of our interview, as I thank Elizabeth for their time and expertise, they say,

> No, thank you, I think it's so important that you do this work, I just, when I saw that you were doing this project I was like, I have to. I have to be a participant because it's like, my past self wants to be seen.

I end the call and sit back in my chair. I turn to my fieldwork journal. I start to write. The page is wrinkled with some tear drops and my writing is shaky. I am moved. I write, without much eloquence but with a lot of feeling,

> *My chest feels cold and my gut feels deep and my heart feels so fucking open. I am honoured. I am honoured. And I am so grateful to have held some small amount of space for Elizabeth's younger self to be in the conversation, to be heard, to be seen. Words can't describe how I'm feeling right now. I feel raw and I feel hopeful and this feels beautiful, like worldmaking, like a promise of deep listening, like something I am humbled by.*

While this moment with Elizabeth was not the only moment of vulnerable witnessing I experienced through my fieldwork, it is particularly striking and speaks to the possibilities of "mad" spaces in research where self-harm is listened to. I close this with a gentle assertion that my interviews, though not in the same physical space, unfolded as a new kind of space, a kind of space for speaking and re-speaking the realities and histories of self-harm in different ways. To speak madly and listen madly, to feel, to intervene into what hurts, to be seen. I often had a deep sense that, during the hour or so that I Zoomed with participants, we cracked something open, some space for

speaking something hard, uttering something unutterable, maybe speaking something that feels or sounds crazy but is responded to in a way that is compassionate and held. This is not to romanticize the interview context, but to comment on the very real feeling of openness, and one experienced not solely by me. As I closed my interview with Lee and shared my appreciation for her knowledge, experience, and perspective, she shared, "Yes, thank you, I really appreciate you too, like this is so important and yeah, talking even just openly about this has been insane. And, yeah, yeah."

Transcribing and preparing the data

Reissman (2008) argues that "transcription is deeply interpretive" work, and that the process of transcription involves a series of questions and decisions on the part of the researcher. For example, how do we account for affects and emotions such as laughter, joy, sadness, hesitancy, or shame in an interview transcript? My transcription process was as follows. My first four interviews were transcribed "by hand": following each interview, I downloaded the audio file from Zoom and used ExpressScribePro, a free transcription program, to manually transcribe each interview. I listened to the audio file at a reduced pace and typed what I heard verbatim. I was attentive to include pauses, interjections, sighs, and moments of laughter for each interview, as these kinds of nonverbal communication enriched the affective texture and structure of each interview. I was also mindful to remove any identifying information to preserve participant confidentiality. By my fourth interview, as I shared my transcription process with a participant during our Informed Consent Form discussion, they helpfully pointed out that Zoom software has the capacity to generate automated transcriptions. From this point, I began to download the automated transcripts

from Zoom, in addition to the audio file, for each interview. However, given the low accuracy rate of Zoom transcriptions, as well as Zoom's inability to account for sighs, moments of laughter, pauses, and other nonverbal communicative rhetoric, I tended to use these automated transcripts as a "baseline" for each interview transcript. I continued to listen to each audio file, this time correcting errors and adding details into the downloaded transcripts so that each interview transcript contained consistent levels of detail and reflected the tone and content of each interview. Transcribing my interviews manually was a practice in deep immersion in the data. Thus, my analysis began in the interview and continued through transcription. By the time I arrived at my "analysis" stage, I was already familiar with the content, texture, and tone of my dataset, of the stories and experiences shared with me. Following transcription and this initial (if informal) thematic analysis, I began my coding of interview transcripts.

Coding & Analysis

Reflexive thematic analysis

I turned to Braun and Clarke's reflexive thematic analysis (2006, 2019, 2022) to scaffold and support my data analysis phases. Used for "identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p.79). RTA emphasizes critical reflexivity and creativity in the research process (Braun & Clarke 2019, 2022), as well as the situatedness of knowledge production and the role of the researcher's lived experience, positionality, training, and more in their 'reading' of their data, and the importance of "deep reflection on, and engagement with, data" (Braun & Clarke, 2022, p.593). RTA entails six iterative stages of analysis. These include

familiarization, generating initial codes, forming themes, reviewing themes, defining and naming themes, and writing up findings (as outlined in Braun and Clarke, 2006, p.87).

I familiarized myself with my data through an immersive transcription process and writing reflections and notes in my fieldwork journal. At this point, I was beginning to "see" emergent themes, including the "work" of self-harm for those who practice it, as well as the role of age, and particularly youth, in participant narratives of self-harm. I used NVivo 12 to support my initial coding process. This involved importing transcripts into the software, reading said transcripts, and highlighting pieces of text which "stand out", which are interesting, or which are analytically relevant. I struggled with this: I wasn't sure what to code for or how (much) to code. I coded every little thing, hyper-fixated on small bits of text and was 'carried away' from my research question. I also struggled with overpopulating my codes, as well as when to make distinctions between codes. After my first round of coding, I ended up with 178 unique initial codes, a number which I found too great to be useful. From here, I revisited the interviews and worked to develop initial themes and subthemes and grouped individual codes within these themes.

Coding and the problem of "cutting up" data

Following the generation of codes and initial themes, I experienced a great sense of disconnect from my data. I felt that the integrity of the interviews was lost. The NVivo software, while useful for moving and interacting across multiple transcripts in one program, also contributed to the "segmentation" of narratives into individual codes, which I felt as greatly disembodying, imposing a kind of "order" onto the "dataset", which Maclure describes as "cutting into flows of difference and intensity to produce systems of meaning and order – systems that are never culturally or

politically innocent" (2013, p.167). I was concerned that so much was lost in the distillation of narrative data into a one-word code, and parts of participant narratives were segmented from the whole and spread out across themes created by me: "Researchers code; others get coded" (Maclure, 2013, p.168). Maclure writes on that which can't be coded and the work of gut feelings in research as pointing towards "the existence of embodied connections with other people, things and thoughts, that are far more complex than the static connections of coding" (2013, p.172).

I increasingly felt that the NVivo 12 software was actually *inhibiting* my sense of closeness to my data set, and that I had lost "touch" with what I experienced during my fieldwork interviews as participants shared their narratives. I wrote about this disconnection in my fieldwork journal as follows:

> *I wish I had [coded analog]– there are benefits to the software, but I don't feel like I got to "touch" my data in the way that I need to. Fuck. I want to feel it, I want my data to be embodied, in my body, part of me, part of us, part of this project. I'm choosing to trust, to persevere, to keep pursuing some imaginary deadline of "done coding". I also feel like this is segmenting my interviews, "cutting" them into parts that I can make sense of. It's so much more than that. The data only makes sense when I feel it. Feel my way into it, through it, and out of it (though I don't know about making my way 'out' of it – I need to stay in it, be part of it).*

It became clear that I needed other ways "in" to the data which did not result in so much segmentation. In seeking more embodied relationships with my dataset, I began a second round of coding, this time by printing out my interview transcripts and attending to them with pencil, with highlighter, and with colour-coded pens, while cross-referencing my NVivo-generated codes. I wrote in my fieldwork journal, "these stories are precious, and I need to hold them in my hands". Having piles of paper spread out in front of my helped me truly immerse myself within my data in more deeply embodied ways. This analog practice of coding facilitated a more attuned, affective

form of coding which allowed me to organize data into themes that were more workable, more a reflection of me, as a researcher.

My process for the second round of coding was as follows. I would analog code one interview at a time. While I was open to the emergence of new codes or re-evaluating the names of codes or relationships between codes, I was more attentive to identifying places in the data which reflected existing and emergent themes – including *defining self-harm*, *responses to self-harm*, *"typical" self-harmer*, and *the work of self-harm,* and *self-harm as emergent practice*. I assigned each theme a colour (blue, green, pink, yellow) and use colour coding to move across the data set. I would sit with each interview at a time, coding it and then moving to thematic analysis, identifying 5 or 6 themes which came out of each interview.

Following the identification of major themes in each transcript, I would write a reflection on the interview as a way to facilitate "staying with" the data in ways that perhaps went beyond individual codes. These reflections were included in each participants' coding memo and inform my written analysis. After completing my analog coding for each interview, I returned to my NVivo coding and cross referenced my analog coding (round 2) with my NVivo coding (round 1). This step further organized, developed, and enriched codes and solidified my analytic themes. Following this, I organized themes, subthemes, and codes (where appropriate) into a "mind map". I wrote up descriptions of major themes and populated them with subthemes.

My process of analysis was iterative, immersive, and halting. At times, I really struggled with attending to the data fully, in ways that are embodied, and which recognize my own presence in the data, as a researcher and as someone who identifies with self harm. I had to feel my way into the data, to allow myself to be present with it, and to trust myself to be "in" the data in ways that

go beyond a collection of individual codes. This was – and is – a matter of trusting myself, and is also an outgrowth of the emotional, vulnerable, and sometimes hard nature of my research subject. It can be painful to be that vulnerable, to allow myself to be present with the data. It takes time. And holding space for that pain, those feelings, is a hard but necessary part of a reflexive, feminist research – I needed to incorporate those affective, "mad" dimensions into my process of analysis. By stepping away from NVivo coding and turning to broader, analog forms of engagement, I made space to connect with moments which gave me pause, which struck me. These moments of being struck are informed by my lived experiences, political commitments, and sensitivities which inevitably bear on this work and undergird this dissertation (Kleinman and Copp, 2011).

Ethical Considerations

Throughout the process of doing this research a number of ethical issues emerged which bear addressing here. At the outset of the study, a primary concern was the potential for participants to experience distress throughout the course of research. As I will outline, I approached the risk of participant distress quite differently than the institutional Office of Research Ethics (ORE). In what follows, I outline ethical concerns of the risks of vulnerability and potential for distress in research, the designation of my research project as "more than minimal risk" by institutional ORE, as well as the request from York's Office of Research Ethics (ORE) that I include a "duty to report" clause in my informed consent form. I close with a short consideration of ethics of care in the interview as not simply myself for participants, but them for me, highlighting the dialogical nature of care in mad research contexts.

Risks of vulnerability

It was clear at the conceptualization and onset of this study that my ask was a large one. I wanted to interview people about their lived experiences of self-harm in relation to the contexts of their lives, as I firmly believe that lived experience accounts of self-harm are rich and "authoritative" sites of knowledge production. Knowing that speaking the realities of self-harm can invite intense or distressing feelings, my initial ethics package submission included a list of free support resources, compiled by me, which was appended to the Informed consent form (Appendix C). In reflection, providing a list of crisis resources to participants, while necessary, was in many ways inadequate. In some ways, taking this necessary step in participant wellbeing potentially exposed them to greater harm. Much has been written on the harms of crisis response and distress lines for mad, self-harming, and suicidal people (Baril, 2023), and the ineffectiveness of these services for offering meaningful support emerged as a major finding of this project. While some crisis services I included on the list I trusted as non-interventionist and affirming resources, particularly, Trans Lifeline, the Toronto Rape Crisis Centre's distress line, and the Gerstein Centre, I cannot and could not guarantee that the crisis services I collated and provided for participants would be safe in all cases. However, I also wanted to provide a variety of resources which was applicable and useful to various kinds of people.

While this list of support services was appended to the Informed Consent Form for the survey and interview portions of the study, in interview contexts, I circumvented this list slightly by sharing with participants that while a list of crisis resources is appended to the consent form, I am here with them. I was prepared, through my years as a crisis counsellor with the Toronto Rape Crisis Centre, to "sit with" hard feelings. I worked to practice care *in the interview* for the people I

spoke with, to the best of my ability, explicitly stating, "I care about your wellbeing and I'm here and prepared to sit with hard feelings if that is what you'd like". I made space throughout each interview to check in and to ask if participants needed a break. Following the interview (but still while on the Zoom call), I checked in afterwards. I made it clear that participants could reach me by email if anything came up. While there were several moments where participants were emotionally affected throughout the research, to my (albeit incomplete) knowledge, no participants accessed follow-up crisis services, and none followed up with me for additional support.

'Beyond minimal risk'

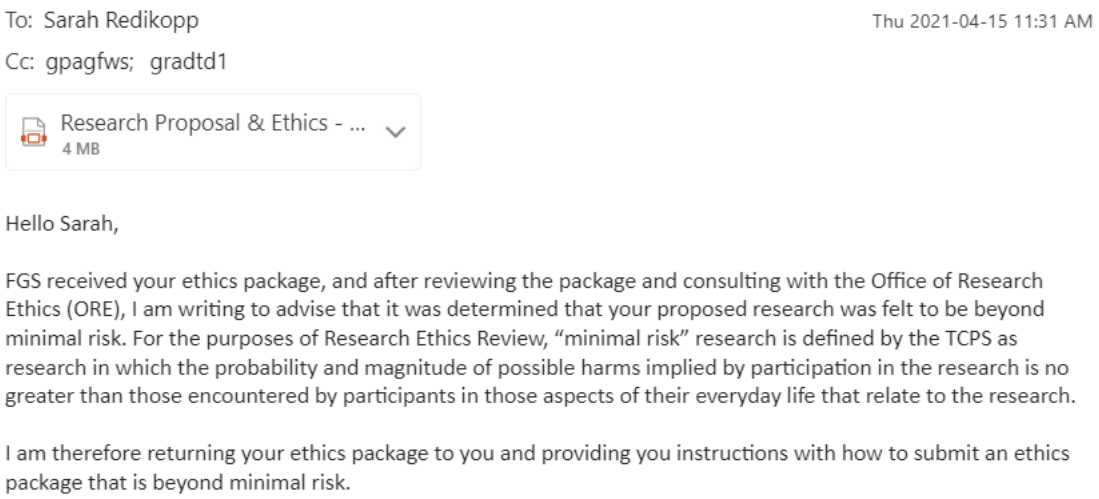
My ethics documentation was submitted to York's ORE in February 2021. As part of this process, I was asked to determine whether my research was minimal risk or more than minimal risk. Research is considered minimal risk if "the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research".[39] My proposed research protocols involved a multiple methods approach, comprising of critical analysis of relevant literatures and sets of text as well as and semi-structured qualitative interviews geared towards exploring lived experience of "self-harm in relation to intersecting forms of oppression such as racism, patriarchy, capitalism, ableism, and heterosexism."

My understanding of self-harm was – and is – not one of crisis or risk, but one where self-harm is often part of the fabric of everyday life for many who practice it. To conceptualize self-harm as everyday is not to imply that people self-harm *everyday* (though they might), but that the

[39] Retrieved from https://www.yorku.ca/research/human-participants/

experience of self-harm can be relatively quotidian, and that those who identify with or practice self-harm are capable of deciding whether speaking about it feels good for them, and are aware of the risks, uses, and benefits of self-harm for them. Thus, I did not understand discussions of self-harm in an interview context as inherently risky, though the possibility for distressing feelings saturated the interview process, but as spaces of possibility for speaking the realities of self-harm (albeit in ways that are informed by the research context). As such, in consultation with my supervisor, we determined that my project was minimal risk.

In April 2021, I received an email from the ORE informing me that my research was *felt* by the ORE to be beyond minimal risk:



To: Sarah Redikopp

Thu 2021-04-15 11:31 AM

Cc: gpagfws; gradtd1

Research Proposal & Ethics - ...
4 MB

Hello Sarah,

FGS received your ethics package, and after reviewing the package and consulting with the Office of Research Ethics (ORE), I am writing to advise that it was determined that your proposed research was felt to be beyond minimal risk. For the purposes of Research Ethics Review, "minimal risk" research is defined by the TCPS as research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research.

I am therefore returning your ethics package to you and providing you instructions with how to submit an ethics package that is beyond minimal risk.

Due to the potentially risky nature of my research (which again, I did not perceive as posing greater harm to research participants than those aspects of their everyday life that relate to the research), I was asked to resubmit my ethics package as one which is *beyond minimal risk.* Thus, those who self-harm, and speaking about self-harm, even in the context of everyday life, was understood and constructed through institutional ethics protocols as "risky".

Duty to report

In addition to designating my project as beyond minimal risk, this email included a letter attachment outlining changes I needed to make in accordance with the ORE review board, including one particularly jarring and concerning sentence: "Please include a statement regarding the duty to report." That is, I was being asked by the ORE to include a statement in my informed consent form outlining a "duty to report" clause in the event that a participant became upset and hurt themselves (or reacted in a way which would require intervention). I was deeply uncomfortable with including a "duty to report" clause, given the demonstrably violent and unhelpful nature of mental health "intervention" services (Baril, 2023). In consultation with my supervisor, we included the following amendment to my Informed consent form addressing "duty to report":

> Confidentiality will be provided to the fullest extent possible by law. Circumstances where PI may be required to disclose information to third parties (i.e. duty to report) *will be advised by supervisor* and REB board. (emphasis added)

I was satisfied enough with this circumvention: through recourse to my supervisor, a mad ally and someone who does work to ensure safety and the upholding of human rights in psychiatric care settings, I knew and could trust that concerns about participant wellbeing which might be understood as requiring intervention (of which there were none) would be met and understood with an eye both to the complexities and dangers of accessing "care" for those in distress, as well as to the capacity of participants to make their own decisions about the care they need in difficult moments. No concerns relevant to "duty to report" came up throughout the course of this research. Had these concerns arisen, I would have responded with the skills developed through my frontline feminist work as a crisis counselor with the Toronto Rape Crisis Centre, which follows practices of

active listening and “holding space” for intense emotions, including self-harm and suicidality. I would have stayed with the participant through their feelings of crisis, and I would have been comfortable in doing so. I would then have contacted my supervisor to collaboratively determine next steps.

Two-way care for/in the interview

Finally, although great care was taken by myself and by the ORE to ensure and protect participant wellbeing (albeit in different ways and with different underlying assumptions about the nature of distress), there were moments throughout my research where participants enacted care for me, specifically in relation to disclosures and descriptions of their self-harm. This moment in my interview with Bailey shows up the ways in which care was not one-sided in interviews, but co-created:

> Uh, shoot it's so weird because, like I've gone back to this a few times because I'm like, where did that even come from like, where, why did I even have a thought? I just remember just having like an urge and I was like... "hurt" [laughs]. And I remember using like, not like the most, um, like not like a best objects? So... do you care if I go into, like, detail?

This happened again in my interview with Lee, as she paused to ascertain the degree of detail I was comfortable hearing and worried about whether to give me a “trigger warning” or not:

> I don't know if you want, like the-
>
> Sarah: Yeah go for it, yeah.
>
> Lee: Okay, yeah.
>
> Sarah: Yeah whatever you feel comfortable sharing. Like, as you know, I've heard a lot of stories from folks so it's, like, feel free to just let it out.
>
> Lee: It's so weird talking just openly about it, because it just never happens so it's like, "What do I say, should do a trigger warning? Wait no, this is your PhD work" [laughs].
>
> Sarah: Yeah don't worry about trigger warnings or trauma dumping, just like go for it.

> Lee: Yeah, okay [laughs] yeah, this is what, literally what it's about. Okay, uhm [laughs]. Yeah.

This moment is particularly interesting to me. It highlights both participant care for me, as a listener to their experience, and raises questions about care for myself, as a researcher. While I invite sharing without the need for qualifications ("don't worry about trigger warnings and trauma dumping"), and while I was not particularly distressed by any one thing I heard across my interviews, what if I had been? I can see in the above exchange me evacuating myself for the sake of the participant to share *whatever she feels comfortable sharing.* To reiterate, I felt strongly that my time with as a crisis line counsellor on a non-interventionist rape crisis line gave me the skills to listen to hard things in ways that are safe for me. I am not sure I would have been prepared for my interviews without this frontline feminist care work experience. While I was not emotionally or affectively "derailed" in any – or about any – of my interviews and approached these interactions with a great deal of appreciation and capaciousness, the cumulative weight of hearing so many stories of self-harm, distress, and affective pain (alongside humour and "lighter" moments), affected me over time. It was difficult at times to be with my data. I was fatigued, burnt out, and needed to take long breaks between stages of analysis so that I could maintain a degree of openness and connection to what was being shared with me. Thus, moments of care, not only by me for participants, but participants for me, in the interview encounter, raise ethical questions about boundaries and care for the researcher when researching sensitive topics.

Introducing the participants

At this point, I would like to introduce the participants in this research with attention to general demographic picture of "who" took part in this research. I introduce these participants with pseudonyms in the chapters that follow.

All but one interview participant live in Ontario, with one living in Quebec. This may be a result of the study's initial restriction to respondents from Ontario, as well as the work of my own informal networks in circulating the call for participants for this study. All interview participants are Canadian citizens by birth, except for two, one of whom was born in the US, and another who was born in the UK.

Of the fourteen interview participants, five identify as upper-middle class, two identify as middle class, and six identify as lower-middle class. One participant is unsure of their class status, which is perhaps informed by the shifting and slippery nature of class as a social category shaped by extra-economic factors (i.e. social and educational capital which bear on markers of "class"). I have attended to class distributions to a lesser extent in my analysis, though it is important to note that research demonstrates rural Canadian – especially in the Territories and maritime provinces – as well as those of lower socioeconomic status, are more likely to access emergency rooms related to their self-harm than upper- or middle-class individuals. This is believed to reflect reduced access to non-emergency mental healthcare for rural and lower SES individuals (Eggertson, 2013). Thus, class, socioeconomic status, and access bear on lived experiences of self-harm in material ways.

Ten of fourteen participants identify as women. One participant identifies as a gender nonbinary woman, two identify as nonbinary, and one as a two-spirit trans man. Eleven participants identify as queer. Within these eleven, six identify as queer *and* bisexual, pansexual, fluid, or unsure; one identifies as queer and asexual; one identifies as queer and a lesbian. One

participant identifies as pansexual, one as bisexual, and one as heterosexual. A great deal of queer complexity is evident among those who participated as informants in my study. This may be an outgrowth of my own queerness, and the queerness of my own informal networks in circulating the call for participants for this study. Ultimately, this concentration of sexual diversity in my study, while not intended, offers an opportunity to engage with the lived experiences of queer folks who identify with self-harm, and whom are often pathologized as already "at-risk" subjects (McDermott & Roen, 2016).

Attending to the racialized dimensions of research informants offers additional opportunities for critical attention to self-harm in relation to identity and positionality and are taken up substantively in my analysis chapters. Ten participants identify as white European.[40] One participant identifies as mixed race Indigenous and Indian. One participant identifies as mixed race white and southeast Asian. One participant identifies as Indian-Caribbean, and one participant identifies as South Asian. The whiteness of my research sample has implications for the entirety of this study. This might be explained, firstly, as an outgrowth of my own whiteness. As noted, my positionality – as a white, Mad, lesbian femme – bears on my research in salient ways (Alcoff, 1991). It is not a stretch to assume that racialized folks with lived experience of self-harm are apprehensive or untrusting of a white researcher at a large university. Additionally, the whiteness of the sample may be a reflection and outgrowth of my own informal networks in circulating the call for participants for this study. I worked to circumvent this by, in addition to circulating the call for participants though my own networks, also circulating the call for participants in online spaces

[40] I note here the shifting and historically specific dimensions of whiteness, emphasizing my conception of whiteness as a racialized process (rather than naturalized category). Critical whiteness scholars underscore that the parameters of, and access to, whiteness shift in accordance with intersecting social norms of gender, class, citizenship, language, sexuality, ability, and religion (Deliovsky, 2010; Harris 1993; Roediger 1999).

not connected to me, such as self-harm related subreddits or Facebook groups. However, reflecting critically upon the whiteness of my study sample, and accounting for how my position may have informed the study sample, also leads me to question whether there is something particularly racialized (white) about how "self-harm" is defined and understood. I find myself asking, what kinds of subjects see a call for participants for a study about lived experiences of "self-harm" and think, "that's me"? Which subjects are interpellated by the term, "self-harm"? As I explore elsewhere in this dissertation, this question of racialization and recognizability in discourses of self-harm has implications for how self-ham is understood and defined more broadly.

All participants are under the age of 35 at the time of survey collection. Eleven participants are aged 25-35, and three participants are aged 18-24. Given dominant assumptions about self-harm as an "adolescent thing for girls" (Chandler & Simopoulou, 2020), I intended to collect data from those with lived experience of self-harm across the adult lifespan, and there was no age limit for the study. However, throughout my interviews, youth, age, and girlhood emerged as dominant themes in the lived experiences of those who self-harm. The primacy of youth, age, and girlhood in accounts from those with lived experience exists uneasily alongside the aforementioned assumptions of self-harm as an "adolescent thing for girls" which I set out to disrupt and/or complicate in my research.

Of the 14 interview participants, 9 identify as disabled, indicating disability due to chronic illness (such as lupus) and psychiatric disabilities, including depression, anxiety, bipolar 'disorder', posttraumatic stress 'disorder', ADHD, panic disorder, obsessive-compulsive disorder, and borderline personality disorder. Four participants do not identify as disabled, and one participant is unsure of their disability status. That the majority of those who took part in the survey self-identify

as disabled is significant. Disabled people who self-harm are often sidelined in the clinical literature where their self-harm is considered to be the product of "profound intellectual disability, sensory or physical handicaps, and certain genetic conditions" (Luiselli, 2002, p.157; see also Downie, 2017). Thus, "stereotypic self-injury" (Nock & Favazza, 2009, p.14) exhibited by disabled people is treated as a separate issue in the psychiatric literature, a distinction which relies on false and harmful hierarchies of cognition, sanity, and ability in the definition and study of self-harm. Although the self-harm practiced by the majority of research participants may not be deemed "stereotypic" by western psychiatric clinical standards, my attention to disabled peoples' lived experiences of self-harm raises important, and understudied, questions about the relationship between self-harm and disability, with particular attention to psychiatric disabilities.

As I explicate in Chapter 2 (see especially pages 54-61), throughout this dissertation I aim to undertake a more deeply intersectional engagement with lived experience accounts of self-harm. The goal of this deeper intersectional engagement is to both situate self-harm as a bodymind practice embedded within the multiple and intersecting social, political, and structural contexts which bear on emotional distress, as well as to trouble the ways in which self-harm is normatively – and narrowly – conceived of as a problem disproportionately affecting white women and girls (see pages 103-109). Intersectionality researchers have suggested that a central challenge in "doing" intersectionality research is developing explicit methods which can effectively "translate" intersectionality into practical research methodologies (Bowleg, 2008; Hankivsky et al., 2014; Hillsburg, 2013). These arguments assume that intersectionality can – and should – be operationalized in methodologically sound ways which can translate across research contexts (Bilge, 2013).

However, feminist scholars have simultaneously critiqued attempts to configure intersectionality into an abstract and discrete methodology, suggesting instead that attempts to firmly operationalize intersectionality delimit the possibilities of what intersectionality can "do" as a fluid and shifting analytic sensibility (Bilge, 2010, p.69). For example, Cho, Crenshaw, & McCall (2013) critique attempts to formulate intersectionality into a "closed system" of analysis, particularly insofar as the authors do not "understand intersectionality's use or objectives to be realized only through a full-fledged grand theory or a standardized methodology" (2013, p.789), instead positioning intersectionality as a nodal point, or a "gathering place for open-ended investigations of the overlapping and conflicting dynamics of raced, gender, class, sexuality, nation, and other inequalities" (2013, p.788).

In this vein, I take up intersectionality somewhat flexibly, as a theoretical concept and methodological orientation, which is grounded in the activist and intellectual traditions and contributions of Black feminists (Collins and Bilge, 2020; Combahee River Collective, 2014; Crenshaw, 1989; Rice et al., 2019). While "intersectionality" has proliferated across feminist and critical scholarship, with varying degrees of criticality and commodification (Bilge, 2013, 2020; Nash, 2008, 2016), I understand intersectionality, following Cho, Crenshaw, and McCall (2013), as a guiding sensibility which invites critical and "open-ended investigations" (p.788) of the interrelated working of various sites and systems of power at the level of everyday experience. As an approach that invites consideration of the social relations of power, intersectionality is, in my understanding, not to be conflated with "identity" but invites attention to social relations of power and inequity. Further, I do not understand the listing of identity categories (i.e. white, queer,

disabled woman) as commensurate with an intersectional analysis.[41] Rather, I am interested in the open-ended nature of intersectional inquiry as a theoretical site through which to ask questions about who is included in self-harm research, who is absent, and why; how race and gender bear on understandings of self-harm as a problem behaviour; and who is impacted by self-harm, and how? That is, how can self-harm be understood as a feminist issue, not just through a gendered lens, but through attention to the confluences of race, disability, sexuality, class, ethnicity, and more, as these work in multiple and sometimes contradictory ways?

As noted, while my research sample is primarily queer and disabled, 10 interview participants are white, and 4 interview participants identify as people of colour. As I have previously discussed, the whiteness of my sample may be a reflection of my own whiteness, of the whiteness of my personal networks through which my call for participants was circulated in part, as well as understandable apprehension with regards to my affiliation as a university researcher, which has historically, and in many ways continues to be, harmful towards racialized, Indigenous, and other marginalized groups. I do not understand the racial configuration of my study sample as a failure to enact an intersectional methodology: rather, I understand this as an opportunity to engage deeply with intersectionality as a theoretical lens which invites critical and explicit attention to the role of power – including whiteness and femininity – in the construction of self-harm as problem. To make whiteness visible in self-harm research is, in my understanding, an important step in "opening up" self-harm to more diverse and expansive accounts.

[41] Over-emphasis on identity categories in intersectionality research risks ontologizing social categories and tokenizing and reinscribing pure "Others" in social research. I am more interested in how sites and relations of power inform one another and how intersectionality can open power up for critical and explicit analysis. For more to this point, see Dhamoon and Hankivsky, 2011.

Further, my study asked a lot of participants. To ask participants to share their lived experiences of self-harm, which often involve pain, trauma, powerlessness, and isolation, with a researcher - and a stranger! - is no small ask. I am endlessly grateful and humbled by the generosity of the participants who shared with me. I felt that the results of my study recruitment, and the attendant demographic configuration of participants, perhaps said something about my positionality as a university researcher, what this research was asking of participants, and who understands themselves as "self-harming". Further, invoking intersectionality as a guiding sensibility attentive to social relations of power and the construction of difference and inequity provides, in my view, both scaffolding and lineage which enables a critical feminist analysis geared towards social justice and social change. To assume that research is only intersectional when it includes sufficient numbers of participants of colour reflects, in my view, a limited engagement with the promise of intersectionality as one way to approach questions of difference, systems and relations of power, and aims of social justice.

Particularly insofar as whiteness has been naturalized, rather than understood as racialized (Deliovsky, 2010), to engage intersectionality methodologically invites making whiteness visible and critiquing the often uninterrogated role of whiteness in the making up of self-harm as a problem and pathology. This is not to centralize whiteness (though perhaps at the risk of doing so), nor is it to overlook the experiences of people of colour who self-harm, but to name the role of whiteness so as to trouble and problematize it. This offers a contribution to the literature on self-harm, revealing how "self-harm" has often been produced and reified as pathology through reference to white and middle-class femininity, resulting in the exclusion of people of colour in literature about self-harm (Abrams and Gordon, 2003; Pungong, 2017; Sandoval, 2007). Returning

to Gremillion's (2008) articulation of a *constitutionalist* analysis of 'anorexia nervosa', which forgoes emphasis on static categories of identity to instead ask *how* these identities are produced in social and cultural contexts and at the intersections of multiple levels of power, more deeply intersectional accounts of self-harm make clear that "both 'marked' and 'unmarked,' privileged and underprivileged categories" (Gremillion, 2008, p.226) should be scrutinized. This scrutiny reveals the limits of definitions of, for Gremillion (2008), anorexia nervosa, often defined through white and middle-class standards, and for my project, the limits of what "counts" as self-harm and who counts as self-harming. Thus, my intersectional methodology is less a practice in listing identities, and more so a practice in questioning and interrogating what and who "counts" as self-harming, why, in what contexts, and to what effects. I have worked to answer these questions in the pages that follow.

Conclusion

In this chapter I have I described and reflected on the process of "doing" mad and feminist research with women, trans, and nonbinary folks who identify with self-harm in Canada. I have outlined my epistemological and methodological investments in the research, particularly through recourse to feminist standpoint theory, critical reflexivity, and narrative inquiry. I have reflected on the process of recruiting participants for this research and undertaking the study and have reflected on my virtual research interviews as sites of madly "witnessing" lived experience accounts of self-harm. I have also considered the ethical dimensions of this research, particularly with respect to risk, participant wellbeing, and institutional research ethics practices. Finally, I have introduced a broad portrait of the participants in this study and reflected on intersectionality as a methodological

approach in this research. The remaining three chapters of this dissertation engage closely with these participant accounts.

Chapter 5: (Un)defining self-harm

Introduction

Participants in this study challenged firmly held boundaries around self-harm, troubling assumptions of self-harm as a rationally *intentional* practice*,* complicating the commonly held focus on self-harm as the *destruction of body tissue,* and asking why some practices are readily labelled self-harm (i.e. cutting), while others are celebrated as "good" forms of (feminine) embodiment (i.e. weight loss and hair removal). Drawing on research interviews with those who identify with self-harm, as well as a critical reading of definitions of self-harm from Canadian mental health 'policy' texts and grey literatures, this chapter takes up the problem of *defining* self-harm. I tentatively suggest that the concept of 'self-harm' is less clear-cut than it seems, and that clear-cut and stabilizing definitions of self-harm potentially overlook the meanings of self-harm for those who engage it. I argue that narrow parameters of what "counts" as self-harm – indeed, the very idea that "self-harm" is a recognizable object with a stable ontology – have implications for how self-harm is understood, theorized, and responded to.

The chapter begins by examining a few currently circulating normative definitions of self-harm and self-injury, including in Canadian mental health policy documents and grey literatures, as well as the DSM-5. This is not to repeat my review of the self-harm psy-literature offered in Chapter 3, but to surface normative ways of defining self-harm across various sites of the psy-complex, which are implicated in producing ways of defining, knowing, and responding to self-harm (most often as a problem behaviour to be treated). I then turn to participant-driven definitions of self-harm and self-injury. I consider how understandings of those with lived experience of self-harm fit with, intervene into, and complicate normative psy-definitions of self-harm. I introduce

alternative conceptualizations of self-harm forwarded by those with lived experience. These alternative definitions of self-harm emphasize that 'self-harm' cannot be understood simply as a set of injurious embodied practices – cutting, burning, biting, or hitting – but must be understood more expansively and contextually. As Eloise emphasized, "understanding self-harm, like, solely as self-cutting, and like a particular kind of self-cutting, with a particular kind of tool, is unhelpful." In all, this theme invites a critical re-consideration of the boundaries, parameters, and processes which delineate which forms of "self-harm" are culturally intelligible, and indeed, the "knowability" of self-harm at all.

The problem of defining self-harm

A considerable amount of scholarly and clinical effort has been directed towards narrowing down a singular and consistently applied definition of self-harm. Leading self-harm clinician Matthew Nock argues that a lack of definitional consistency poses "one of the greatest obstacles in the study of self-injurious behaviours" (Nock, 2010, p.341; Muehlenkamp, 2005). Elsewhere, Nock & Favazza (2009) argue that vague and inconsistent use of terms to refer to self-harm in research "limits the reliability and validity" of findings, which "is problematic for clinical efforts because it creates confusion among clinicians regarding what the client actually did and for what they are most at risk" (p.10). The underlying assumption in these psy-accounts is that clearly delineating the boundaries of what counts as self-harm can engender more effective understandings and treatments for this psychiatric problem behaviour. In epidemiological terms, a lack of clear definitions of self-harm "confound attempts to assess the extent of self-injury in the population" (Chandler et al.,

2011, p.99) and negate efforts to establish accurate prevalence estimates. As a result, many who study self-harm argue for the urgency of clear and consistent definitional parameters, with implications for epidemiological and clinical accuracy, grounded in positivist epistemologies.

There are, however, potentially harmful implications for forwarding and enforcing a universally consistent definition of self-injury. The taxonomization and categorization of behaviours into 'symptoms' of psychiatric disorder – such as self-injury and self-harm – occurs in context of patriarchal and colonial Western Enlightenment logics where the scientific taxonomization of subordinated subjects, behaviours, feelings, experiences into discrete "categories" which can be organized and hierarchized works to justify forms of social inequality (Schiebinger, 1999, p.22; Roberts, 2011). Psychiatric taxonomization does political work, and the "creation, standardization, collection, and interpretation of psychiatric metrics" (Bruce, 2021, p.7) occurs in social, political, and ideological contexts where transgressive and disruptive forms of feeling, embodiment, sociality, and ways of living are pathologized (Bruce, 2021, p.7; Burstow, 2015; Metzl, 2009). Thus, psy-definitions of mental illness generally, and "self-harm" specifically, are not innocent or value free, but are an exercise of power.

Further, the creation of stable, static, and universal definitions of self-harm presupposes that "self-harm" manifests in similarly recognizable ways across social and cultural contexts. The export of Western psychiatric categories from the global north to the majority world has been critiqued as part of a process of psychiatric colonization (Mills, 2015, 2017), and the same can be said for understandings of self-harm. The majority of clinical and sociological research on "self-harm" occurs in western contexts, primarily the US and the UK (Gholemrezai et al., 2017), and the

concept of a singular and universally applied 'self-harm' is deeply bound up in particularly Western notions of pathology (Chaney, 2017).

The practice of defining self-harm is inherently unstable insofar as it involves a process of framing, fixing, inclusion, and exclusion. Judith Butler describes this process of materialisation in relation to biological sex. Butler writes that "regulatory norms materialize 'sex' and achieve this materialization through a forcible reiteration of those norms" (1999, p.236). This process of iterating and reiterating norms is what Butler names 'performativity', understood "not as a singular or deliberate 'act', but, rather, as the reiterative and citational practice by which discourse produces the effects that it names" (1999, p.236). As an object constructed through discourse and mediated by culture, 'self-harm' materializes over time and is constituted through processes of "exclusion and abjection" – that which is not self-harm forms the 'constitutive outside' which grants 'self-harm' cultural intelligibility. However, materialization is never complete, and the iteration and reiteration of norms (of sex, or self-harm) are porous: "gaps and fissures are opened up as the constitutive instabilities in such constructions, as that which exceeds or escapes the norm, as that which cannot be wholly defined or fixed by the repetitive labour of that norm" (Butler, 1999, p.239).

Problematizing dominant definitions of self-harm

This section offers a brief introduction to the fluctuating and inconsistent landscape of self-harm terminology and attempts to sketch out a 'normative' definition of self-harm so that this normative definition might be problematized. The terminology used to refer to self-harm are highly

changeable and context dependent. For example, in the UK, 'self-harm' is understood as "intentional self-poisoning or injury, irrespective of the apparent purpose" (NICE, 2022), and thus includes suicide attempts. In the U.S., the DSM-5 uses a smattering of terms – self-injury, nonsuicidal self-injury, self-destructive behaviour, self-mutilating behaviour, self-directed violence, and self-inflicted abuse – to refer to self-directed 'behaviours' which are of clinical (i.e., pathological) relevance. For example, 'self-destructive behaviour' is included as a diagnostic criterion and feature of Post Traumatic Stress Disorder (PTSD) (2013, p.275), and 'self-mutilating behaviour' is included as a diagnostic criterion and feature of borderline personality disorder (BPD) (2013, p.684). While the term "self harm" does appear in the DSM, it is never defined and is only invoked descriptively, where its meaning is assumed to be self-evident.

Nonsuicidal self-injury is the most commonly used term in the DSM-5, described as "intentional self-inflicted damage to their [sic] body of a sort likely to induce bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing) in the absence of suicidal intent" (2013, p.803). The DSM offers further description of nonsuicidal self-injury as involving "self-injury directed to the surface of the body undertaken to induce relief from a negative feeling/cognitive state or to achieve a positive mood state" (2013, p.801). Thus, in the DSM-5, nonsuicidal self-injury is constituted through its *intent* – hurting oneself on purpose but without trying to die – and its immediate effects of bodily harm, such as bruising or bleeding, through specific practices such as self-cutting, burning, and hitting. Additionally, intervening into feeling, cognition, and mood are codified as characteristics of self-injury.

In Canadian contexts, the terms 'self-harm' and 'self-injury' are often used interchangeably, and in contradictory ways. In some cases, 'self-harm' is defined as inclusive of

suicidality: Gardner et al. (2019) define self-harm as "the deliberate attempt to injure oneself, regardless of [suicidal] intent" (p.790). Similarly, the *Canadian Institute for Health Information* (CIHI) includes deaths by suicide in statistics about self-harm (2020), thus lumping 'self-harm' and 'suicide' together. However, other Canadian uses of the term 'self-harm' explicitly exclude suicidality. For example, the *Canadian Centre for Suicide Prevention* uses the term self-harm to describe "a preoccupation with deliberately hurting oneself without conscious suicidal intent, often resulting in damage to body tissue" (2016, n.p.). The *Canadian Mental Health Association* (CMHA) uses the terms self-harm and self-injury interchangeably to refer to the purposeful injuring of the body devoid of suicidal intent:

> When a person injures their own body on purpose, it's known as self-harm or self-injury. These self-inflicted injuries can be minor or more serious, but they are generally not life threatening. Self-harm or self-injury is sometimes called "non-suicidal self-injury" (NSSI) because it's not an attempt to commit suicide. (Retrieved from https://ontario.cmha.ca/documents/understanding-and-finding-help-for-self-harm/)

Thus, "self-harm" is used in two different ways – one includes suicide attempts, and one explicitly excludes suicide attempts.

While the CMHA and the *Centre for Suicide Prevention* use the term self-harm to refer to nonsuicidal self-injury, other Canadian researchers use the term "self-injury" in ways consistent with the US definition of nonsuicidal self-injury, as "the direct, deliberate injuring of body tissue without suicidal intent" (Glenn & Klonsky, 2010). Some definitions of nonsuicidal self-injury include explicit elements of temporality, such as this provided by Gholemrezai et al. (2017): "Nonsuicidal self-injury (NSSI) refers to deliberate self-inflicted destruction of one's own body tissue leading to *immediate damage* such as bleeding or bruising, without conscious suicidal intent and for reasons not socially sanctioned" (p.316, emphasis added). This definition of nonsuicidal

self-injury is limited to practices which directly and immediately hurt the body, such as self-cutting, self-burning, and self-hitting.

The emphasis on damage to body tissue is repeated across the literature using the language of "nonsuicidal self-injury", and often these definitions invoke specific practices, primarily self-cutting and self-burning. For example, Andover et al. (2014) define nonsuicidal self-injury as "deliberate injury to body tissue that occurs without suicidal intent and for purposes that are not socially sanctioned; common methods of NSSI include cutting, carving, burning, and skin picking" (p.305). Other definitions, such as that offered by Canadian research organization *Self-Injury Outreach and Support* (SiOS), use the term "nonsuicidal self-injury" to limit their definition to practices which destruct body tissue while excluding 'self-injurious behaviours' displayed by those with 'intellectual and developmental disabilities':

> Non-suicidal self-injury (NSSI), also referred to as self-injury **or** self-harm, is the deliberate and direct destruction of one's body tissue without suicidal intent and not for body modification purposes. Therefore this definition does not include tattooing or piercing, or indirect injury such as substance abuse and eating disorders. Also, this type of self-injury is different than "self-injurious behaviors" (SIB) which are commonly seen among individuals with intellectual and developmental disabilities. (2018. Retrieved from https://sioutreach.org/learn-self-injury/general/#ffs-tabbed-11)

Here, NSSI, self-injury, and self-harm are limited to profoundly ableist thresholds of cognition, while excluding forms of self-harm which accrue damage over longer periods of time, such as disordered eating and substance use, and emphasizing self-harm which has immediate effects on body tissue. What becomes clear is that self-injury is defined in terms of intention to harm and immediacy of corporeal damage.

It is clear that expert-driven definitions of self-harm/injury are not universally applied, but are inconsistent, shifting, and occasionally, contradictory. Despite degrees of variance, there are

commonalities across definitions of self-harm, specifically, the inclusion of *intention* and *body tissue damage.* Taken together, these commonalities make up the normative (western, psy) definition of self-harm, which can be understood as *nonsuicidal, intentional, and immediate destruction of body tissue*, often through specific kinds of practices (particularly self-cutting and self-burning). This definition is consistent with the DSM-5's definition of 'nonsuicidal self-injury'. It shapes lay or 'commonsense' understandings of self-harm, where what is recognized as 'self-harm' relies on a series of assumptions about the intention of the practice (the idea that one hurts themselves "on purpose"), the temporality and nature of the practice (that the harm caused by certain kinds of practices, such as self-cutting or burning, is immediate), the site of the 'harm' (that it destroys and injures 'body tissue') and that it is nonsuicidal in nature. These narrow parameters of self-harm work to fix some forms of self-harm as intelligible and recognizable, while excluding, invisibilizing, or denying the possibility of alternative forms of self-harm which "exceed the frame" (Butler, 1999) of intelligible self-harm. For example, Siren, who cut as a teenager and now engages in practices of skin-picking which she identifies as self-harming, mentioned towards the end of our interview that she doubted whether she was qualified to participate in a study about self-harm:

> I also had a moment where I was just like, I don't know if I qualify to talk about this, because I don't- in, in some of the traditional ways, I don't self-harm anymore. So does that mean, do I not count?

Redefining self-harm?

Turning to definitions and understandings of self-harm provided by research participants both challenges the limiting parameters of normative definitions of self-harm and opens space for more

curious and relational engagements with the meanings of self-harm for its practitioners. Participants in this study problematized: the role of "intention" in understanding self-harm; the limitation of "self-harm" to body tissue damage; and the temporality of self-harm (as "immediate"). They also emphasized the role of emotion and affect in self-harm. Together, these disruptive readings expand, exceed, and problematize limited understandings of what self-harm "is", instead urging more open-ended and curious engagements with the practice of self-harm.

Intention

Intention is a key part of "making up" self-harm: intention differentiates hurt done *on purpose* versus hurt that is accrued accidentally (Jaworski, 2011), and it is this intentional self-hurt that places self-harm in the realm of the pathological. As such, intent in self-harm is fraught, and participants articulated intent in their self-harm practices differently. Some participants emphasized the deliberate nature of their self-harm practice, thus differentiating self-harm from other kinds of embodied practices. In Charlotte's case, skin-picking and hair pulling differ from self-harm (cutting) on the basis of what she describes as a kind of rational decision making:

> I think there are things I've done since childhood that people would consider self-harm, like skin picking, I started pulling my hair out was I was 20, but I don't see those things as self-harm in the same way I see cutting as. The picking and hair pulling was a compulsive, automatic process, like scratching an itch or holding in a sneeze. But if I'm gonna cut myself I've made the decision that I'm going to do that. It is very intentional. I'm like, okay, I'm in emotional pain and this is what I'm gonna do and this is how I'm gonna do it. And it's a pretty controlled situation, uhm, whereas other forms its just, automatic, yeah, just like breathing. It just like happens, right?

Here, Charlotte positions her self-harm – in this case, self-cutting – as an intentional and controlled response to emotional pain. This emphasis on intentionality, control, and decision-making in self-

harm discursively aligns the practice with rational mind. This alignment does interesting work, particularly as self-harm is often pathologized as impulsive or emotional. By characterizing her self-harm as a rational and controlled practice, Charlotte works against ideas of self-harm as "emotional" or "out of control".

Other participants invoke intention as a characteristic part of what self-harm "is". For example, Sabrina invokes and maintains "intention" as central to her understanding of self-harm, but problematizes the scope of what "counts" as self-harm:

> For me it's like doing something intentionally that you know is going to be detrimental to either your mental or physical health. In like regards to me, it's more of like, um, a punishment in the sense of the word. It's like something I know is going to, I'm going to regret the next time, you know, or, or, it's something that I'm not, like, very happy that I'm doing, but I do it anyways. And I think can be a whole lot of different things, whether that's like cutting or you know, like sabotaging relationships and stuff like that. It's like you know what you're doing, but you do it anyways because you think you deserve to feel the pain, or you deserve to not be happy, so that's my understanding of it.

Here, Sabrina invokes intention as well as the knowledge of doing something harmful, like cutting or sabotaging relationships: for Sabrina, part of self-harm is that "you know what you're doing, but you do it anyways."

For others, understandings of 'intention' in self-harm are more halting, and raise questions about the role of conscious intent in self-harm. For Siren, self-harm occupies a both/and liminal space between intentionality and unintentionality:

> I would say that self-harm... when I think of self-harm, I think of that feeling, that it is both voluntary and involuntarily harming yourself. So, you are actively choosing to do a thing, but you don't feel like you're really in control of it. Or you feel so compelled to do it that you feel like you don't have a choice, like this is the only thing that is gonna make you feel better right now. And so, it's more about that mindset than what the nature of the injury is.

For Siren, there is an element of active choice ("actively choosing to do a thing") and loss of 'full' control ("you don't feel like you're really in control of it"). Interestingly, Siren invokes an understanding of self-harm which moves beyond a focus on *practice* (or "the nature of the injury") and towards an emphasis on *process* ("it's more about that mindset").

In contrast to participants who wholly or partially articulate their self-harm as an intentional practice, Rayna problematizes 'intentionality' altogether. Instead, Rayna argues that self-harm, and the affective pain that comes with it, is "deeper than" the *choice* to cause harm to oneself:

> [I]t's not the person's choice. It's really not. It's - it's more of an unconscious, uh, like urge. It's more of an unconscious reaction than people think. Everyone thinks it's like, 'oh, someone who self harms, they think their life is shit, and they have to do that', like no. It's, it's, it's so much deeper than that.

Here, Rayna invokes "everyone" – those who are not insiders to embodied experiences of self-harm – as holding limiting views of self-harm as a choice that people "think" they have to do. By refusing choice narratives in self-harm, Rayna speaks back to the dismissal of psychic pain that occurs when self-harm is framed as a maladaptive behaviour of pathological individuals and invokes the "deeper" nature of affective pain which occurs in intensely social contexts. By invoking the "unconscious", Rayna illustrates the slippery nature of 'intent' in self-harm. While intentionality is, for some participants, a key and important feature of understanding self-harm, for others, 'intention' sits within a more liminal and in-between space, where self harm is experienced as "deeper" than a rational and controlled choice. This slippage sits in tension with expert definitions of self-harm, which tend to centralize 'intent' as a crucial aspect of self-harm and raises questions about universal definitions of self-harm as intentional, deliberate, and on purpose.

Immediate destruction of body tissue

Expert-driven definitions of self-harm tend to emphasize practices which result in immediate destruction of body tissue, such as self-cutting or self-burning. The limiting nature of this focus on injury is articulated by Ariadne, who states, "I know sometimes folks use self-injury, uh, instead of self-harm. But I find self-harm more inclusive, um, because I don't think it's always an injury in such a physical way." By complicating normative definitions of 'self-harm' as injury to body tissue, participants invite a critical re-thinking of the narrow parameters of 'self-harm'.

Firstly, a focus on destruction of body tissue in definitions of self-harm, and by extension, the cultural intelligibility of self-harm, hinges on dimensions of temporality (that 'harm' or 'injury' directed towards the body has rapid or immediate effects, such as bleeding or bruising) as well as on the bodily nature of self-harm practices (predominantly, self-cutting, burning, or hitting). The temporal nature of self-harm was complicated by research participants who considered harms which accrue over a 'longer term'. For example, Eloise identifies both 'acute' and 'long-term' practices of self-harm as existing in "different categories", but still relating to a broader conceptualization of "self-harm":

> So I, in my uhm, life experience I've defined self-harm in sort of different categories for myself. So, there's like, more acute, uhm, sort of like, I guess like direct forms of self-harm, uhm, so like things I've done would be like, uhm, pinching, uhm, snapping elastics, biting, uhm, I guess, hair pulling, uhm, I kind of put that one in kind of a middle category for me, but, uhm, yeah like certainly like things like hair pulling, biting my nails until they're like, really painful I've put less in the acute category and more in like the, like a middle ground category, but then I also think about, uhm, more like, long-term like, passive forms of self-harm like, uhm, like drug-use and alcohol use and like reckless sort of, uhm, behaviours surrounding like my safety? Uhm, so I, I've like categorized those as self-harm in thinking about these behaviours after the fact, like, they weren't things that I necessarily in the moment was like, 'I'm self-harming right now' in the same way that more acute forms where I was like, so there's more of an

> urgency of like needing to do something to like cope with emotions and in the moment that I recognized as self-harm, if that makes sense.

For Eloise, self-harm was 'recognizable' (culturally intelligible) insofar as it is urgent, in-the-moment, and done to cope with emotions. Reflecting on her experiences with self-harm in hindsight, or "after the fact", Eloise brings longitudinal forms of harm, such as substance use and 'reckless' behaviours, into her understandings of the practice which complicate most expert-driven definitions of self-harm.

"In hindsight" knowledge was articulated by many participants across my interviews, where, looking back on their experiences with self-harm, participants included and label practices such as risky sex, drug and alcohol use, or food and exercise, as "self-harm", which they wouldn't have necessarily done "in the moment". For example, Kaleidoscope speaks to their experiences in self-cutting, and then moves outwards to include drug and alcohol use in her understanding of self-harm:

> Self-harm isn't anything specific to me… in abstract terms, it's kind of like, if you see it as self-harm then I think it's self harm. But like, for me the actual practice of self-harm was, uhm, I mean at the time when I was doing it I conceived of it mostly as like cutting, like my wrists, and then I would also use my nails - not to like, usually I wouldn't make myself bleed, I would make myself bleed with cutting, but with nails it would be more like grabbing my hands or, like, scratching and stuff. I did that less, it was more cutting. And I think that as I've gotten older, and I've moved away from the behaviours I've seen that drinking and drug use can be self harm. I think that they're also another thing too, and I don't want to conflate them, but I think for me, uhm, it's been like, essentially, it's like destructive, quote-unquote destructive behaviours that I've engaged in as a result of like, not having alternative more restorative coping mechanisms. And what that means for me in a certain time, um, but I think- the thing like, the drinking and drug is something that I in hindsight identify as, um, uh, self-harm, where the cutting was something I immediately knew and would call self-harm.

Kaleidoscope speaks to a practice of self-cutting, then moves outwards to include drug and alcohol use, before naming self-cutting as something that they "immediately knew and would call self-

harm". This speaks to the recognizability of self-cutting as a form of self-harm, as opposed to other self-harm practices that are perhaps more culturally acceptable, tolerated, or accepted. The identification of self-cutting as a form of self-harm occurs against a backdrop of historical psy-discourse which positions self-cutting, particularly by young white women, as *the quintessential* form of self-harm (Millard, 2013).

In addition to problematizing the temporality of self-harm and broadening understandings of self-harm "in hindsight", a number of participants problematized normative assumptions of self-harm as linked to a particular set of practices. As suggested, normative definitions of self-harm hinge on particular kinds of practices – namely, self-cutting, burning, and hitting, which are immediately destructive to body tissue and are therefore easily recognized as self-harm. A number of participants engaged with these narrow definitions of self-harm critically, naming the "typical" nature of self-cutting-as-self-harm, and simultaneously, articulating a broader understanding of self-harm. For example, Ariadne prefixes self-cutting with the word 'typical', indicating a critical recognition that self-harm is so often conceptualized as *only* cutting, before expanding her understanding of self-harm to other practices related to food, exercise, and punishment, which slip into the territory of 'wellness':

> Um... so, I think it also includes, you know, your typical kind of cutting and - and things like that, but also, um, like I think relationships to food, so like, eating, not eating, exercise as punishment, those kinds of things as well. Which may actually be something that is like, considered to be, like, more of a wellness thing. Like, "It's good to, you know, run for 10 kilometres without having a break", uhm, but I think it's about that mindset, where there's some kind of, um, activity that doesn't promote your wellness, um, whatever wellness means to you.

Here, Ariadne troubles the binary between self-harming behaviours which are readily pathologized (such self-cutting) and self-harming behaviours which, within a misogynistic and fatphobic culture,

are more easily celebrated as practices of 'health' and 'wellness', yet which can slip into the range of self-harm. And, like Siren, Ariadne invokes the "mindset", or process, of self-harm, rather than specific *practices* of self-harm, as a key part of what self-harm "is".

Eloise, Kaleidoscope, and Ariadne are not the only participants to invoke more 'acute' forms of self-harm (such as self-biting or self-cutting) before broadening their understandings of what "counts" as self-harm. Several participants reference their specific practices in self-cutting, and then move outwards to other kinds of practices not traditionally conceptualized as self-harm, such as drug and alcohol use. For example, Sue shares,

> So I think when I think about this, I think about my experiences with cutting specifically. That's what I was thinking of. I'm sure there's others that, like, come to mind, but I don't know if I think about that when I think about myself. Like, obviously drug and alcohol use to the point of like, hey, this is out of control, but I smoke weed and I don't drink anymore. I've never thought of those as self harm for me, but I think that could, I guess, apply to others. But for me specifically, it's been cutting.

And Emily reflects on her experiences with self-cutting,

> So, um, you know, for, um, for my own purposes, I, uh, tend to, like, um, equate self-harm with just cutting, because that's all I have done personally. Um, you know, I think there are other, um, obviously there are other, like, kinds of self-harm. Um, that fall in that category, you know, burning, things like that, but also just larger instances of self-harm like, um, you know, eating disorder behaviours and reckless behaviour and things like that. But, um, but yeah, for me when I'm interpreting, you know, questions around self-harm I tend to just think of cutting.

For Sue and Emily, self-harm is experienced primarily as self-cutting (given their individual experiences), yet they recognize and name that self-harm is broader than simply self-cutting, but refers to a variety of, in Emily's words, "larger instances of self-harm" and which are potentially harmful, such as substance use and disordered eating. Other participants, such as Lee and Sabrina, invoke sexual encounters as practices which, in hindsight, they consider forms of self-harm. Lee writes that, as a lesbian,

> I have slept with men in the past, and like, even recently, in like a little destructive phase I was having, slept with a man, which I also consider, like, it's definitely a harmful behavior. Uhm [laughs]. Because I know that that's not what I want and, like, I made the conscious decision to go do that, um, so, yeah there's a lot of different kind of... things that I've done in the past that I, in hindsight, can recognize like 'Oh, that was a result of this or that' or just like, even if I don't really understand it, that was, that was a harmful behavior, like that happened as a result of like, something else.

In this quote, Lee invokes both intentionality (a "conscious decision") as well as a "hindsight" perspective to identify sexual encounters with men as experiences of harm. Importantly, Lee links these practices in harm to antecedents – "Oh, that was a result of this or that", something which happened as a result of "something else". While it is not clear what that "something else" is, what we can infer is that practices of self-harm emerge in relation to *contextual factors,* and that contexts bear on the invocation of self-harm practices.

These participant-driven explanations of self-harm work against narrow conceptualizations of self-harm as focused on a narrow repertoire of embodied practices, such as self-cutting and self-burning. By invoking "larger forms of self harm" which are not normatively included in discussions of self-harm and self-injury, participants invite a broader, more holistic, and *deeper* consideration of what makes self-harm, self-harm, beyond expert-driven and medicalized definitions. Specifically, the emphasis on *process* (the "mindset" of self-harm), rather than on specific practices which "count" as self-harm, has potentially useful implications for how self-harm is understood and engaged with.

Pathological versus culturally sanctioned embodiment

In addition to problematizing intentionality and the emphasis on immediate destruction of body tissue, a number of participants specifically invoked the line between pathological embodiment (e.g. self-cutting, burning) and culturally sanctioned, and frequently feminized, forms of embodiment which are similarly "damaging", such as overexercise, hair removal, and long term and sustained food restriction. For example, Ariadne problematizes distinctions between pathologized and socially sanctioned forms of "self-harm" throughout her interview. Below, she speaks to the selective pathologization of normative self-harm behaviours:

> I think it's interesting too, like, there's other venues I think that like, you know, we harm ourselves or like we engage in harm that are not pathologized in the same way. Like, I think about drinking, and like, partying, or like, involvement in like, rougher sex or things like that that are, like, you know, a lot more normalized, um, and not treated in the same way, um, and like, for me, that has been something that's been positive in some ways too. Like understanding safer ways to like, get some more sensations or what have you. Uhm, but I still think it's, you know, as soon as it's under the valence of self-harm it's all of a sudden like, 'Okay, do you feel better after you feel pain? That's really bad, you shouldn't do that', um, etcetera.

Here, Ariadne names other ways that "we harm ourselves" which are socially normalized, such as rough sex, substance use, and other kinds of reckless behaviour. Of course, this is not a totalizing statement on the "harmful" nature of substance use or rough sex – as Ariadne acknowledges, many who engage in rough sex or drug use can and do find benefit from these practices. Rather, Ariadne's commentary invites a critical consideration of why it is that some potentially 'harmful' behaviours are normalized, and others, which are readily gathered under the valence of "self-harm" (such as cutting) are pathologized as sick, 'bad', and in need of immediate cessation, particularly in relation to self-directed pain.

Eloise speaks to a similar tension, this time explicitly naming normative expectations of feminine embodiment as harmful:

> I had a friend in university in my undergrad who, when she was really upset she would pluck her, like, pubic hairs out. Like, all of them, one by one. And like, that was totally acceptable because it made her appealing to the male gaze and it fit within the standards of beauty and she should have been doing that anyway. But thinking back about her emotional state and how she used that to cope, like, it seems like that could be conceptualized as self-harm but like, it's so interesting that, like, that kind of behaviour was totally like, acceptable, but of course self-cutting and forms of self-harm that aren't like, serving the patriarchy are pathologized and stigmatized.

Had Eloise's friend been systematically plucking the hairs out of her head until she had a bald scalp, this particular practice would likely be viewed and responded to very differently.[42] Here, Eloise invokes the feminist argument that the pathologization of women's self-mutilation - yet simultaneous celebration of women's engagement in painful beauty practices, such as cosmetic surgeries and chemical peels – reflects the ties between patriarchy and psychiatry and a shared investment in controlling and producing normative gendered embodiments (Burstow, 1997; Elliot, 2002).

Lily also speaks to the selective pathologization and celebration of various self-harm behaviours through a focus on her experiences with disordered eating. In our interview, Lily describes moving from high school to university, where her eating disorder grew in prominence:

> I feel like it felt like a less visible and less, like physical way of self-harming myself, and I could kind of convince myself that it wasn't self harming, but it was incredibly disordered. But I think to myself, it was like, I saw myself as in recovery from, you know, self harming because I hadn't been cutting. And then only later in retrospect, I was like no, you still were, but maybe in ways that felt a bit more socially acceptable or culturally acceptable. Especially for a woman, right?

[42] See Chaney (2012) for a discussion of the historical treatment of hair-plucking *qua* self-mutilation in nineteenth century asylums. Chaney writes particularly of Mary Stoate, a woman who was hospitalized at Bethlem Royal Hospital in 1895 and who "was photographed for the patient casebook in order to demonstrate the habit: her head in the image is almost entirely bald" (Chaney, 2012, p.277). Mary's hair plucking was interpreted by alienists as a signifier of insanity. Chaney writes, "the extent of such behaviour at any given time provided a 'valuable criterion' for the physician of a patient's nervous condition: an indication that the 'excitable', 'emotional' or 'reserved' (and thus particularly susceptible) patient had developed outright insanity. In effect, self mutilation made insanity visible to the physician" (2012, p.380).

Importantly for Lily, her eating disorder didn't "feel" like self-harm because it was celebrated, as she details below:

> I graduated [high school] in June 2010. And I went to [university] in September 2010… And then May 2010 a very close friend of mine killed himself,[43] and so I lost a lot of weight from like grieving from that, like I lost a tremendous amount of weight. But it was weird because my mom, so my mom and I have a very difficult relationship, as you can imagine. She was like very like, all of a sudden, I was like her doll. And like she brought me out to buy me clothes, which she never did, and like she always praises the fact that, like, ever since I was a kid I would just eat little amounts of food and I, you know what I mean, so I, and I was getting a lot of attention at like undergrad and frosh and things like that, and so I was like, 'Oh, these things that I'm doing are being praised and reinforced as good', so it did not feel self harming."

Because Lily's eating disorder and rapid weight loss brought her embodiment more in line with culturally valued forms of white feminine embodiment (that is, thinness), it was "praised and reinforced as good" both by her mother and peers at university. Because of this, it didn't *feel* like self-harm, which, in contrast, is not praised, but pathologized and stigmatized as "sick" or "bad". Thus, distinctions between pathological forms of embodiment (such as "self-harm") and culturally sanctioned – yet nonetheless harmful – forms of embodiment, such as dieting, weight loss, and hair removal, are defined in relation to gendered and racialized norms of embodiment, and are *felt* differently. Thus, the accounts of interview participants invite a critical reconsideration of the processes by which some practices are celebrated and encouraged, while others are labelled pathological self-harm.

Self-harm and parallel practices

[43] Lily's nonlinear timeline here, noting dates of June 2010, September 2010, and then jumping backwards to May 2010, are true to the transcript. I have opted to leave this language as-is in a practice of listening for (sometimes nonlinear) complexity in participant narratives, rather than imposing linearity.

In addition to problematizing the narrow parameters around what "counts" as self-harm, several participants invoked "parallel practices" which they situate in continuum with their self-harm practices. For example, Cassie describes her recreational activities in aerial silks and aerial hoop – an assemblage of activities Cassie lumps under the umbrella term 'circus', as related to, yet distinct from, her self-harm. For Cassie, self-harm and circus are closely related, so much so that she can't really pull them apart:

> But as I grew older, now I do pole and aerial silks and aerial hoop,[44] which is one of the reasons, like, I actually do it, one is that I love it**,** blah blah, but it hurts, so I found that that was something that helps kind of, uh, stop uh, unhealthy, like, self-harm – or I'm gonna call it unhealthy self-harm where it's not working towards anything other than emotional release, whereas doing pole and circus and stuff like that I found also helps give me the **e**motional release, a physical release, and like, creative and stuff. So that, I don't know if I want to lump that in exactly with self-harm but like, uh, it's something that can be akin to it in a sense that like it does cause pain and stuff like that and one of the reasons why I don't mind it is because of that I think. Uhm, although like, I'm not gonna lump it completely like 'It's self-harm', but I always have bruises and stuff on me and I don't mind, uhm, because I feel like it's, it's similar, in a way. But I want to call it healthier.

Here, we see Cassie struggling with the vocabulary to describe the differences between what she calls "healthy" or "productive" self-harm (circus, although she hesitates to use the word self-harm) and "unhealthy" or "unproductive" self-harm (in Cassie's case, self-cutting). For Cassie, what ultimately distinguishes 'unhealthy self-harm' from healthy self-harm (circus) is the restorative nature of 'healthy' self-harm. While both kinds of "self-harm" cause pain and leave marks, one is experienced as emotionally, physically, and creatively fulfilling. 'Unhealthy' self-harm, on another hand, includes physical and emotional aspects, but is ultimately more isolating. Both activities cause pain and leave marks and bruises, but for Cassie, they differ in how she *feels about* them.

[44] Aerial silks and aerial hoop refer here to a type of acrobatic performance whereby the acrobat (or acrobats) will "climb" swaths of fabric ("aerial silks") and metal hoops that are suspended from the ceiling. Once suspended in air, the acrobat will perform turns, flips, and choreographed movements with the aid of the aerial silks and hoops.

While self-harm carries a lot of shame, Cassie experiences circus as restorative and productive – it gives her an emotional outlet, helps her connect to her body and her creativity. Although it leaves marks, it doesn't *feel* like self-harm. At the same time, throughout our interview, Cassie struggles to distinguish between 'circus' and 'self-harm', while noting their similarities and convergences:

> I would call that [circus] like productive harm in a way because it's not only for that, while other self-harm is more isolated and only, it's, like, an emotional release. Well, I guess it's physical as well, but- something I've actually been thinking, one of the reasons why I was interested in participating in this study is because it's been something I've been thinking about recently, um, and I still don't have all the vocabulary to kind of explain the differences in my mind between the two, um, so I was thinking that talking about this would help me think about it more too.

Cassie's halting integration, and differentiation, of self-harm and circus, and the difficulties of finding language to parse out the two, invite consideration of the ways that painful embodied practices are bound up in one another. For example, while writing this up, I mentioned to a friend – who also does aerial silks – the difficulty of distinguishing between two embodied practices which are both painful and both leave marks, and which are perhaps not easily undone from one another. This friend shared that aerial silks *cannot* come undone from one another – they are two strands of silk, tied together at the top so as to support the person using them. The very point of aerial silks is to tie yourself up in them, to blend them, to use them together. The impossibility of separating them invites, in my view, a thinking through the problem of hard and fast distinctions between 'healthy' and 'unhealthy' self-harm. That is, there is no hard and fast distinction – "healthy" and "unhealthy" self-harm blur, they blend, they are difficult to parse out from one another. Cassie's interview shows that pain isn't necessarily bad, but can be restorative and 'productive' (for lack of a better word) – that is, painful forms of embodiment aren't always or necessarily undesirable, but can be meaningful and generative.

These same tensions and distinctions are breached by Siren, who places her self-harm practices in continuum with piercing and tattooing practices. On the difference between 'self-harm' and other kinds of painful embodied practices, Siren emphasizes the social connectivity that comes along with piercing and tattooing, which are both practices Siren engages in and feels good about:

> So for me, [tattooing is] a cultural experience that is something that you do. It's also a social experience. The thing about- the thing that I would separate it, I feel like self-harm is something that's really done in isolation, when it is in a negative way, it's really something that you do on your own time and kind of in secret, it doesn't necessarily have to be in secret, but I think a lot of people treat it as a secretive thing, even if they actually want people to see. Uhm, tattooing for me is very social and very public facing, and so it takes away some of the stigma but also like, when I go get a tattoo, it is a, it's an event. It's an occasion.

For Siren, a key difference between "self-harm" and other kinds of embodied practices that break the skin, cause bleeding and leave marks, are isolation and connectivity. Where "self-harm" in the normative sense is isolating, secretive, and something she's not proud of, tattoos are social, connecting, and something Siren is proud to share and discuss. For Cassie and Siren, self-harm is "self-harm" not solely on the basis not of its embodied effects or the physical marks that are left behind (though these aren't unimportant), but on the basis of its *affectivity* and *relationality* (as painful, shameful, or isolating). As Lily, Siren, and Cassie have expressed, self-harm *feels* self-harming – isolating, shameful, 'bad', or 'wrong'. This isn't to pathologize "self-harm" as inherently bad, or to suggest that all self-harm invokes feelings of shame – indeed, as I discuss later, many research participants express positive, or at least neutral, feelings about their self-harm – but to begin thinking through the affective particularities of self-harm and the ways that these affects shape how self-harm is understood and experienced.

Conclusion

Explanations of self-harm offered by participants both exceed and complicate normative clinical definitions of self-harm, underscoring the shaky and limiting nature of firm definitions of self-harm. Participants problematized how self-harm is normatively understood in terms of intention, with varying degrees of 'intentionality' invoked in explanations of self-harm; in terms of immediate destruction of body tissue, with several participants identifying "larger forms" of self-harm in hindsight, such as sexual encounters or substance use; as well as challenging the double standard between self-harm and other bodily practices, such as weight loss and hair removal. Finally, by placing "unhealthy" self-harm (to borrow from Cassie) in continuum with other kinds of embodied practices, such as tattooing, participants open conceptual space to consider in more substantive ways what makes self-harm, "self-harm". Rather than "narrowing down" definitions of self-harm, participant accounts illuminate the need for an "opening up" of self-harm to multiple embodiments, affects, practices, and experiences which invite deeply contextual, attentive, and particular engagements. The implications of "opening up" self-harm to multiple readings was voiced by participants throughout interviews, and for some, was articulated as a hope for this study. Ariadne states ,

> I definitely think that more conversations that stretch beyond just cutting and things like that too, to paint a broader picture, and I also think that would be helpful for people who are self-harming to hear as well, because I think that a lot of times when I thought I was healthy, I wasn't. I was just doing it differently.

Similarly, Siren sees broadening understandings of self-harm as essential for those who are engaging in 'alternative' forms of self-harm and who may need mental health supports:

> I'm really hoping, and I think that this is the direction you're going, that like, the idea of self-harm and self-injury has been considered pretty narrowly, and I think that you're looking to broaden it. And I'm really excited about that, because I also think that when people, uhm**,** there's a lot of people who are experiencing self-harm and self-injury and don't necessarily

> know it. And I think that if they're able to kind of name it to tame it, that's what I'm hoping for in the future. Because I see a lot of people hurting themselves in different ways, and, uhm, I think that if they're able to identify it as self-harm they might be like, oh, I should- I could be treating myself better than this. Or like, I might need some extra help that I didn't think I'd need. So that's the only thing that I'd be like, again, not like, uh, [unclear] but one thing that I'm really hopeful for, and one of the reasons why I was so excited to talk about this.

These contributions are important. Both Ariadne and Siren name recognizing behaviours as self-harm as parts of being healthy and "taming it" – that is, the pain and hurt which undergird experiences with self-harm.

At the same time, in my work here, I am not necessarily trying to widen the parameters of existing definitions of self-harm. To do so, to simply add more behaviours into the taxonomy of practices which are *recognized* and named as self-harm, maintains the groundedness of 'self-harm' in psy-paradigms of definition, treatment, and orientation towards cure. Instead, I am inclined to rethink self-harm altogether, not as a set of practices directed towards the body and which "make up" self-harm, but as a *process*, a mindset, to borrow again from Ariadne and Siren. This openness towards *process* invites consideration not about what self-harm is, but what self-harm *does.* This re-orientation towards self-harm both broadens how self-harm is understood and is more amenable to resisting the encroaching psychiatrization of everyday life. In conclusion, I suggest that clearly defined and policed parameters of what self -harm "is" often impede, rather than open up, rich understandings and engagement with practices of self-harm. An open-ended and flexible approach to defining self-harm allows a closer engagement with the meanings of self-harm for those who engage it as a practice of survival, as an embodied way of moving through intense or overwhelming affective experiences.

Chapter 6: A thing for white girls? Negotiating "typical" self-harm discourses

Introduction

Cultural depictions of self-harm have long hinged on attachment to a "typical" self-harming subject. From *Girl, Interrupted* (1999) to the more recent *Sharp Objects* (2018), self-harm is frequently represented and typified as the provenance of a white, middle-class young woman who engages in self-cutting (Brickman, 2004). In this chapter, I am interested in exploring this cutter profile, which I also describe as the "typical self-harmer" (TSH) as an object of particularly gendered and racialized discourses of pathology, distress, and embodiment. I am also interested in the ways that the TSH works to produce ways of "knowing" self-harm at the level of lived experience. I am looking in this chapter to unearth and explicate the gendered and racialized dimensions of "self-harm", as a thing for white girls, and to attend to the ways in which those with lived experience of self-harm critically navigate these normalizing discourses in ways which potentially circumvent them.

Despite the discursive ties of self-harm to race, class, and sex politics, little scholarly attention has been given to excavating the TSH in lived experiences of self-harm, or in understanding how self-harm as a "problem for white girls" impacts diverse people who identify with self-harm. I begin by briefly defining and contextualizing the TSH and situating it in conversation with genealogies of hysteria discourse and the pathologization of (white, middle to upper-class) feminized expressions of distress as manipulative, fraudulent, and attention-seeking. Following this historicization, I turn to a short textual analysis of two young adult novels which illustrate the ways in which the "typical self-harmer" – and the practice of self-harm – are entangled with and produced through parameters of (pathological) white heterosexual femininity.

Patricia McCormick's *Cut* (2000) and Julia Hoban's *Willow* (2009) are young adult novels written for an audience of teen girls which take up self-harm as a major theme and plotline. Both texts take up self-harm as problems of young female protagonists and offer rich sites through which to surface and problematize the discursive making of self-harm as a feminized problem.

I then consider how the TSH shows up in lived experience accounts of self-harm. I argue that, rather than simply a cultural figment or idea, understandings of self-harm as a "thing for white girls" bear on lived experiences of self-harm in particular ways. Far from simply reflecting experiences of self-harm, these discursive and cultural constructions *produce* ways of knowing self-harm and have implications for how those who self-harm make sense of their own identities and experiences. I explore sites of dis/identification, disjuncture, and negotiation with the "typical self-harmer". I also attend to the ways in which those with lived experience resist these stigmatizing discourses and offer counter-readings of their lived experiences with self-harm. I argue that, in examining the gendered and racialized dimensions of self-harm discourse as they show up in lived experiences of self-harm, scholars are better able to trouble narrow conceptualizations of self-harm and move towards more expansive and de-pathologizing engagements with self-harm.

The typical self-harmer

As outlined in Chapter 3 (especially pages 57-59), the construction of self-harm as a problem disproportionately affecting affluent white girls is rooted in psychiatric discourse which actively produced these understandings within a particular historical context (Brickman, 2004; Chaney,

2017; Millard, 2013). The "typical self-harmer" of psychiatric discourse – frequently described as young, attractive, and intelligent, yet simultaneously vexing, perplexing, and manipulative (see Favazza & Conterio, 1988; Grunebaum & Klerman, 1967) – bears striking similarity to the female hysteric. Understandings of hysteria are in many ways tied to "difficult" women (particularly middle and upper class white women),[45] and hysterical patients were understood by Victorian doctors as fraudulent and manipulative "petty tyrants" (Ehrenreich & English, 1973; Showalter, 1986). Receiving the attention of others was "widely considered to be the main aim of the hysterical patient" (Chaney, 2017, p.118)

Like hysteria, understandings of the attention-seeking self-harmer are deeply rooted in the pathologization of (white) femininity. Self-harm is frequently stigmatized as attention-seeking and widely considered to be a "problem" of white women and girls. In the nineteenth century, self-harm was explicitly considered a symptom of a hysteria which was supposedly done in an attempt to gain sympathy from others (Chaney, 2017, p.120). Chaney writes that, throughout the nineteenth century, "any motives underlying self-injury were subsumed under the broad banner of hysteria, in itself regarded as sufficient explanation" (p.120).

Into the 1990s, self-harm became associated with the "white, suburban, attractive teenage girl" (Chaney, 2017, p.212), and popular depictions of self-harm reify this assumption (Brickman, 2004, Sandoval, 2006). Chaney writes that, as a product of this construction, "those who did not fit the profile for reasons of race or gender might face an even greater struggle for recognition and

[45] Ehrenreich & English (1973) argue that hysteria was a disease found "almost exclusively in a select clientele of urban middle- and upper-middle-class white women between the ages of fifteen and forty-five" (p.40). See also Showalter (1986) and Ussher (1998) for a more detailed account of the socioeconomic and political contexts which produce 'hysterical' women and the psychiatric harms hysterical patients were subjected to.

support" (2017, p.234). As a "girls' problem", self-harm is rendered a normative aspect of contemporary middle class and white femininity. Angela McRobbie writes on the rendering of self-harm as a form of postfeminist girls' "illegible rage",

> Concessions are made on the part of patriarchal authority in the direction of responding to desire for autonomy, or desire for distance from heterosexuality, but all the more so that unruly or disorderly desires can be safely contained, even if this requires the endorsement of normative pathologization, such that symptoms of gender distress (self-harming, drug addiction, eating disorders) come to be established as predictable, treatable, things to be managed medically rather than subjected to sustained social scrutiny. They are in effect incorporated into the current definitions of what it is to be a normal female, and in this sense they are everyday attributes, part and parcel of femininity. (2009, p.112)

The cutter profile is thus nested within broader histories of pathologizing white middle-class femininity (Brickman, 2004; Chaney, 2017; McRobbie, 2009; Showalter, 1986).

Concern over white women and girls' fleshly integrity – that is, concern over the social problem of white women mutilating themselves - reflects their ideological proximity to purity, morality, innocence and virtue, as well as their status as "indispensable tools in the ideological and physical reproduction of whiteness" (Deliovsky, 2010, p.64). Critical whiteness scholar Katerina Deliovsky writes that "In the context of a society founded on European imperialism and colonialism, normative femininity is never situated outside a process of racial domination" (Deliovsky, 2010, p.103). Although "European women's bodies are deemed more valuable in the hierarchy of femininity" (p.119), this proximity to power is not unconditional; white women's claims to white power are contingent upon racial and sexual loyalty (through heterosexual romance and reproduction with white men), modest eroticism, and 'appropriate' deportment (p.57). Failure to approximate white feminine codes – though overt sexuality, immorality, poverty, madness, and interracial romance – can complicate, though not negate, proximity to whiteness: as Deliovsky

writes, “even if a white person incorrectly performs the scripts of whiteness, this does not disrupt the structural power of whiteness” (Deliovsky, 2010, p.122).

This concern extends to white girls and young women who are subject to regimes of surveillance and management in order “to ensure that girls make a successful transition to normative adult womanhood” (Harris, 2004, p.15). Insights from girlhood scholars underscores that among white girls with class privilege, deviance from normative development is typically therapized so that these girls, as future citizens, are “managed back toward the path of success” (Harris, 2004, p.36). In the case of self-harm, dominant narratives construct self-harm as a pathological danger of white adolescence, which can be mitigated through timely and appropriate intervention. From here, I move into a brief textual analysis of the “typical self-harmer” in two YA self-harm novels, Patricia McCormick’s *Cut* (2000) and Julia Hoban’s *Willow* (2009). This analysis allows me to explicate the “typical self-harmer” in textual media and provides a grounding site for my critical analysis of the work of the TSH in lived experiences of self-harm.

Cut

Cut (McCormick, 2000) introduces fifteen-year-old Callie, who has been sent to a private psychiatric facility, Sea Pines, after a school nurse discovers Callie is cutting herself. Sea Pines is host to a cast of psychiatrized young women who are coded white through reference to their thinness and youth (particularly using descriptors of “thin shoulders” and “unbelievably white and fragile” necks, p.83). The young guests at Sea Pines, who are understood as short-term patients, are offset by the institution’s Hammacher wing, where the residents are both older and “certifiably

crazy"; in the words of one of Callie's peers, "Once you get in, you never get out" (p.33). Hammacher's threat of permanent incarceration animates the intermittent temporality of the girls' stay – they aren't expected to be at *Sea Pines* forever, but to be re-oriented, and recovered, and therapized "back toward the path of success" (Harris, 2004, p.36).

Callie is intensely private about, and ashamed of, her self-cutting. During her stay at *Sea Pines*, Callie is supported by Ruby, a Black attendant whose character functions as a foil for Callie's whiteness. Ruby's skin is described as "indigo" and "mahogany"; her body is "short, dense", and, "unlike the other attendants, who look like they're going to an office or to the mall or something, Ruby wears thick white stockings and old-fashioned nurses shoes" (pp.34-35). Ruby's outdated uniform and warm diminutives for Callie, calling her "baby" and "honey child" position Ruby as somehow dated, historical, "out of time". The temporal dissonance of Ruby's Mammy-trope character works to position Callie as, in contrast, "in time"; Ruby is there to both comfort and push Callie back onto her correct path, positioning Callie as vulnerable and in need of nurturance, but eligible for recovery (pp.63-64).[46]

In addition to Ruby, Callie forms a supportive relationship with her psychiatrist, who is unnamed, but is referred to as "You". You's absence of name, but weight of authority, positions You as an unconditional witness and open-ended promise of recovery and normativity. Callie's inner dialogue interpellates You directly, thus making her inner world accessible to the promise of recovery via psychiatric care. Consistent with the save-ability of the cutter profile, we learn on several occasions that Callie's favourite show is called Rescue 911*,* because "There's always a

[46] It is worth pointing out that this dynamic of Black nurse and white girl-patient is similarly found in the 1999 film, *Girl, Interrupted*, based on Susanna Kaysen's memoir of the same name.

happy ending; after the person gets rescued, everything turns out OK" (p.76). We also witness Callie mourn for feminine rites of passage made impossible by her scars: "I look at my arm. It's crisscrossed with pink lines, lines that strike me as delicate and faint, lines that I remember making" (p.138). This leads Callie to comment, "Guess I'll never wear a strapless ballgown" (p.139), to, say, her wedding. Callie laments her loss of this ritualized performance of femininity, but 'You' says "I have every reason to believe you'll do all the things every other girl does, all the things you want to do" (pp.138-139). Callie is thus understood as a troubled, albeit recoverable, subject, whose self-harm is worthy of compassionate intervention and who is capable of recovering from the girl troubles of self-harm (Dorwart, 2017; McRobbie, 2009).

Willow

Willow introduces 17-year-old protagonist Willow, who has been secretly cutting herself as a way to cope with the recent death of her parents. Willow is affectively positioned as "abnormal", or "outside" of conventional femininity (p.163) by virtue of her grief, moodiness, and anger. When Willow takes up part-time work at the local university library, she meets Guy, a high school senior and romantic interest. Guy eventually discovers Willow's cutting and agrees to keep her secret (p.64). Guy's knowledge of Willow's cutting gives him leverage over her – "he has complete power over her. He could smash her world to smithereens if he chose, and that frightens her" (p.91). For Willow, the threat of being found out means that "Her razors would be taken away. *Something* would be done" (p.282); "She would be separated from her instruments, taken to a doctor, watched over, protected" (p.318). Willow's cutting is understood as *needing* intervention, and Willow as *worthy* of protection through medical care.

In contrast to Guy, Willow is small and fragile; his hands are described as large and able to "cover every slash she's made" (p.192), and his touch leaves her trembling and vulnerable (p.249). Under Guy's guidance and attention, Willow can move back towards appropriate femininity (p.140), and ultimately, lose her virginity to him (p.287). After they have sex, Guy can no longer tolerate Willow's cutting, and he pushes her to stop. Ultimately, Willow releases her razors because "she must extend that responsibility to Guy" (p.327): Guy deserves a girl who is whole, whose skin is unmarred. The novel closes with the recognition that "The curtain is drawing closed over the past seven months, and her brave new world with Guy beside her is beckoning." (p.329). The implication is thus that, under male guidance and nurturance and sexual promise, Willow's self-harm is healed, and she makes a full recovery into appropriate white adolescent femininity.

Dis/identifications with the TSH

The texts examined above, albeit briefly, are constructed in ways consistent with the TSH: both protagonists experience short stints with self-harm (presumably a period of several months) which are resolved by the end of the novel. Both characters practice self-cutting, as opposed to other forms of self-harm. Both characters are intensely secretive about their cutting practices, a secrecy which underscores their claims to suffering as "authentic" expressions of distress worthy of intervention (Chandler, 2016); both girls seek safety, protection, or rescue, and are understood as deserving of such: Callie's fantasies of rescue are validated through her placement in a psychiatric facility with resources to support her recovery, and Willow is "saved" by her romantic interest, who witnesses her pain in ways apparently no one else can. Ultimately, both girls are managed

back towards an appropriate path: Callie through psychiatric treatment and therapeutic support, and Willow, through a commitment to heterosexual romantic love and bodily integrity.

These textual iterations of the TSH do not simply *reflect* lived experiences of self-harm: they work to *produce* ways of knowing and experiencing self-harm. My interview findings reveal that those with lived experience of self-harm are well aware of the TSH as it circulates through discourse and negotiate this profile in ways contingent with their race and gender positionality. For example, several participants described encountering the TSH in visual media, making reference to movies, TV shows, or online digital networks, such as Tumblr, where representations of the TSH – and of self-harm as a problem for white girls – circulate (Alderton, 2018; Dobson, 2015). For example, Kaleidoscope neatly describes the valences of the "typical self-harmer" as a particularly feminized and racialized subject, whose self-harm is often successfully intervened into. They recall,

> I remember really seeing it in like, movies, yeah. Like when people talk about self-harm it's like, I don't know, it's some Gossip Girl-like figure who like, gets overwhelmed and cuts herself in the bathroom. And that's when you see it, and it's a weird thing because it's like, one it's like, nice that you can see it? You're like, 'Oh, this is happening to someone and to other people enough where it can be in TV', and so there's just like something confirming about that. But it is always, like, a very tragic, like, situation, it's not just like a coping- they always fix it too, right? They're able to do something about it where it's not chronic.
>
> Sarah: Yeah, there's an ending.
>
> Yeah, there's always an ending. Which I guess is just TV, but like, still it's just like, it is very limiting and then they're always like a very skinny, femme, cis, straight white girl, and if not, like, it'll probably be very- if they're queer or trans it'll probably be very pathologizing? And they are usually white.[47] (Kaleidoscope)

[47] When queer or trans representations of self-harm are depicted on screen, it is generally used as a mechanism for sedimenting the pathology of queer and trans subjects, who are always already figured as pathological (see Roen & McDermott, 2016).

Here Kaleidoscope speaks to the limits of depictions of self-harm – that it is typically represented as a pathology of the white, feminine, and wealthy. At the same time, these limiting representations confirm the ontological possibility of self-harm, and thus, are somewhat validating. Kaleidoscope's recollection of "typical" representations of self-harm invokes the narrative arc described in *Cut* (2000) and *Willow* (2009) – where the problem of self-harm is "fixed" and the self-harming subject is able to make a full recovery. The "ending" experienced by the gossip girl who cuts herself positions the practice, in this account, as glamourized or potentially desirable, a point I return to later on in this chapter.

While Kaleidoscope describes the contradictions of limited representation and the narrow race, class, and gender parameters which frame self-harm, Eloise speaks to the *kinds* of self-harm being depicted, which are also contingent on a particularly racialized and gendered subject. Describing the media as her "main source of knowledge about what self-harm looks like", Eloise shares, "I certainly understood it as being like sad, emo, white, skinny white girl that was self-cutting and that was, that was it." Beyond existing purely in the textual realm, Eloise shares that these depictions directly impacted her embodied experiences with self-harm. She describes,

> I remember like, a specific, uhm, [laughs] episode of Degrassi, which I used to love, where there was a, like a young girl in it, who was cutting and then I think, like, in therapy they gave her an alternative to, to the cutting that was like pinching an elastic. And when I saw that I was like whoah, 'cause I- so yeah, cause I guess initially I tried self-cutting because that was sort of what I saw in the media, but I was really uncomfortable with like, blood and cutting my skin, uhm, so that wasn't for me. Uhm, but when I saw the elastic thing on Degrassi that became sort of a go-to, uh, around that age.

Thus, at the same time that Eloise names and critiques the age, race, body size, and kind of self-harm she was familiar with as part of the TSH, she moves beyond consideration of the textual to

implicate her embodied histories, of blood, cutting, and elastic pinching, in these representations, underscoring the fleshy materialities and embodied implications of discourse (Butler, 1990).

Sabrina similarly speaks to the process of "learning" the TSH, and simultaneously speaks to several dimensions of this figure:

> I don't remember like, exactly which TV shows or movies it was, but it was always like depicted as like the emo girl with the scars,[48] or like the girl who cuts because, like she's emo. It was always that, you know, thing that goes hand in hand, it was never like a normal, like someone who dressed like, typically of like, the average teenager. And it was always like a teenager in high school. And it's never like the popular girl, or you know, the cheerleader, it's always like the girl who dresses in all black and has like seven piercings on her face.

Here, Sabrina gestures towards the amorphous nature of the TSH – for Sabrina, familiarity with the TSH doesn't come from a particular piece of culture, yet has a vivid kind of character: she's not a "normal" teenager, but she is in high school, dressed in all black, with "seven piercings on her face". Sabrina's invocation of the aesthetic of the TSH positions this figure as, for Sabrina, an undesirable outsider – as emo. This description of self-harmer as emo is tautological: the TSH is an emo girl who cuts *because she is emo.* Here, self-harm – specifically, self-cutting – is not framed in relation to broader stressors or contexts, but rather, is understood as a product of the flawed interiority of the self-harmer – as "girl troubles". Framed as a problem of young girls, self-harm is denied backstory, denied context, denied substance, depoliticized. This decontextualization is echoed in my interview with Ariadne:

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[48] "Emo", emocore, or emotional core, refers to a sub-strand of punk music and culture which emerged in the early 1980s. Within emo subcultures, self-harm, specifically self-cutting, worked as "a raw symbol of emotional depth; a declaration made in blood and pain that the person cutting themselves would rather suffer the world than compromise with it, rather cut their flesh and show their feelings ran more than skin deep, than be shallow in the way they imagined everyone else to be" (Steggals, 2015, p.56). While the TSH (as a psychiatric discourse) and 'emo' are not conflatable, they do brush up against one another throughout participant narratives, particularly in relation to the de/valuation of emotionality.

> You know, I think the young, white, middle- upper-class girl who, like, self-harms, is also where it's like, this is the most serious of her problems, or like, she doesn't have any serious problems other than this one thing, or it's tied to being like, 'Oh she's an overachiever and a perfectionist and so that's why she must do it', and I'm like, well I don't really think that's why I was doing it. So I, you know, I feel like I am hard on myself in terms of wanting to get things right and maybe that is tied to it, but I, yeah I wonder, I kind of wonder where that comes from too. And I think it's also in a lot of young adult lit or like, literature that is like made for Moms of teens where it's like, the Mom's daughter stopped talking to her and then she found these razor blades in her bedroom and she's like, 'Am I a bad Mom now?'. Yeah I think that's – I remember there was one book I read as a teenager when I was a teenager that my Mom also read, which was like a Jodi Picoult book, and I remember reading it and being like, 'I'm gonna be found out', like all this stuff, because like, the daughter, it was very much the young teen girl "angst" [laughs]. But yeah, I don't know why it's painted in that way, but I definitely don't think it's thought of as having, like, deeper roots or longer legs, um, and I think it does, for me at least. And yeah, I definitely think it is kind of under the, the valence of like 'Oh, this is a kid's problem'.

By representing self-harm as a "kids' problem", or a product of "teen girl 'angst'", self-harm is more easily dismissed as a trivial issue, one without, as Ariadne describes, "deeper roots or longer legs". This trivialization of self-harm as a "girls' problem" has implications for those with lived experience of self-harm.

Making distress (il)legible

As I have suggested, far from being merely a textual or cultural depiction of self-harm, the TSH is rooted in psychiatric discourse and bears on lived experiences of self-harm in particular ways. For some with lived experience, partial identifications with the "typical self-harmer", or proximity to this discourse by virtue of their gender, race, or class positionality, provided the discursive conditions for their distress to be made intelligible within the scripts of white femininity attached to self-harm. For example, Ariadne is a white queer woman from an upper-class family. In our interview, Ariadne reflects on how her positionality impacted her experiences with self-harm,

specifically, that she wasn't necessarily considered someone to be worried about: "I think that in many other ways I had a lot of privilege that prevented, like, perhaps bigger alarms kind of going off and things like that". By virtue of her class, gender, and race positionality, as well as her age, Ariadne is able to partially align with the TSH as a site of recognition, or sense-making, for her distress. She reflects on representations of self-harm and the TSH as follows:

> Well I also think it's very, like, it's such a waifish problem. Like, 'Oh, this poor, beautiful, troubled girl, she's sad all the time, we don't know why. She hurts herself, I wanna rescue her', like that kind of, and I don't know if that's a self-making of a sort to me as well. Maybe that was something I was trying to, like, become? Or kind of like a role that you want to fill and it gives you satisfaction to be like, 'Oh yes, I am, I am just so waifish' [laughs]. 'I just need to be understood by someone' - yeah!

Here, Ariadne speaks to the "role" of the TSH: she is "waifish" (read: young, white, slender, and sickly), troubled and sad, and her self-harm makes her eligible for rescue – she can be saved. For Ariadne, positioning her experiences with self-harm in relation to cultural scripts of white femininity offered a framework through which she could appeal to understanding and recognition. By filling the role of the beautiful, sad, waifish girl, or at least appealing to it, Ariadne is able to partially begin to render her distress intelligible. This brings, in Ariadne's words, satisfaction and the feeling of being understood.

However, there are real limits to this recognition, and identification with the TSH does not ensure that Ariadne's self-harm is engaged with meaningfully. Ariadne recalls her distress not being taken seriously as a young person:

> Um, in some ways I think that, especially because I started kind of self-harming I think when I- and this is gonna sound trivial, but it's not - but when being emo was very "in", kind of thing. And so I think, I think that was- and I think that's gendered as well, I think that's more or sort of to do with "women's experiences" of that subculture, um, but I did feel like, you know, especially when I was like a pretty young kid, like I had quite visible scars and like, or marks on my arms and stuff, and people would, instead of- including adults in

> my life- instead of taking it seriously would kind of be like, "Oh", like "You're just trying to fit in", or something like that.

Ariadne's descriptors of her self-harm as "silly", "trivial" and "waifish" underscore the depth to which her distress was trivialized within broader regimes of recognition. Ariadne continues,

> I think that it's, to me, rendered as less of a concern – a behaviour that should raise concerns or start conversations with people and more about like, 'Ugh. Not this again.' Or that its not realty taken very seriously as though, like, 'Oh, you know, you could be doing a lot worse', 'You're just kind of doing this stuff', uhm, yeah.

Thus, while identification with the "waifish" and troubled girl may have granted some necessary venues to understanding, belonging, and sense-making, these scripts are ultimately, in Ariadne's experience, insufficient for adequate and meaningful engagement with her distress as a young woman. There are, evidently, contradictions inherent in the work of "typical self-harmer" discourse. On one hand, Ariadne's appeal to cultural scripts of white feminine save-ability (through descriptors such as 'waifish') provided a framework through which she could appeal to understanding and recognition of her pain. This, however, did not ensure that Ariadne's self-injury was responded to meaningfully.

My interview with Lily similarly indicated the extent to which partial identifications with the typical self-harmer fostered a recognizability – even an appreciation – of her distress. Lily is a queer white woman in her late twenties at the time of our interview, and she started self-harming when she was in middle school. Reflecting on the sense of affinity she felt with "emo kid" images which circulated online in the early 2000s, Lily shares,[49]

[49] While I am primarily examining the discursive figure of the "typical self-harmer", throughout my interviews ideas of the "typical self-harmer" were often accompanied with reference to "emo" subcultures. Thus, while recognizing differences between the typical self-harmer (as an object of psychiatric discourse) and the "emo kid" (which is not psychiatrized or pathologized in quite the same way), I note porous distinction and boundaries between them.

> You know in the early 2000s there were so many edits and pictures of like, emo kids, and like these kids who were like, cutting themselves, and like they would cut names, or like little phrases into their skin? And that resonated with me, and it made me feel like connected to a community of people, like I felt like there was somewhere where I fit in, and other people are doing this, too. And 14-year-old me thought 'this is actually very beautiful' and, you know, I could be quite dramatic, and so it was like an aesthetic, it's an aesthetic thing, and it's quite beautiful, and it's turning anger into something that people take photos of and put on their MySpace, whatever, you know? So, I felt like 'it's people who look and act like me,' basically, and I'm behaving in ways that they are.

For Lily, having access to a place of community which valued the transformation of anger into something quite beautiful offered a sense of belonging and somewhere to fit in. While it is clear that Lily is apprehensive about claiming these digital networks as "good" – rather, Lily qualifies her engagement in these practices of representation as the result of being quite dramatic – Lily also describes a euphoria in being able to articulate anger and sadness in ways that are valued:

> And it felt good to, I think too, it felt good to do something subversive, that was a secret, but other people were in on, and that I was part of the scene as well. Because it wasn't all negative. Like I remember feeling like quite euphoric actually, often when I would cut myself, and didn't- it's very weird because now I'm very scared of blood and things like that, but, at the time, I quite liked the way that the scars looked. It felt, like it really felt like I was taking something terrible and making it quite pretty, which is such a bizarre and unfortunate way of seeing it, but because it was so romanticized and these photos that I would see of people who look like me or who I wanted to look like… And it was a big thing, and you felt cool. Because at school, I was basically just, I was outed my first day of high school, it was just a mess. I had friends, but there was such a hierarchy in our high school, and I was the only out queer person for all four years of my high school, so I think it was like somewhere where I could fit in as well, and where people thought what I was doing was beautiful and attractive and worth looking at. An expression of sadness that was good.

While Lily works to distance herself here from these sites of belonging – she is now very scared of blood, and understands her past romanticization of self-harm as bizarre and unfortunate – it is clear that digital networks where the embodied expression of anger, pain, and sadness was seen as "worth looking at" offered Lily glimmers of belonging and the chance to take something terrible and make it quite pretty. Again, while there are clearly contradictions in the way that Lily positions

herself in relation to typical self-harmer discourse, the partial alignment with this romanticized figure, in Lily's narrative, offered certain parameters through which her self-harm could be made intelligible as beautiful, valuable, good, or even, "not all negative".

The typical self-harm discourse I excavate here is grounded in psy-contexts where young white female patients were identified, described, and produced as "typical" self-harming patients (Brickman, 2004; Millard, 2013; Chaney, 2017). This figure does work in clinical contexts. Reflecting on comments made by a therapist she saw once, who told Emily and her father that "this [self-cutting] is just what kids do these days", Emily shares,

> I think, you know I would never say that a stereotype like that hurts the least marginalized group over the most, but it is a way for professionals to say like, oh yeah, you know. This is just what girls like you do. As opposed to interrogating, like, what is causing you so much psychic pain that you would want to externalize it into physical pain? Or, you know, there was a lot of talk when I was a young person about how like, "This is normal". Or, you know, as opposed to looking at the facets of my life that were, you know, fundamentally unfair and not - not a safe place for a kid to live. So, yeah. I mean in that way, that kind of stereotype of like "Oh yeah, we've seen this before", you know, doesn't, you know. It like breeds a complacency, I think.

In Emily's description, clinical recourse to "typical" self-harm effaces the actual conditions of Emily's life which bear on her self-harm. Instead, the practice is essentialized as "just what girls like you do", rather than taken as a starting point of meaningful engagement with self-harm, psychic pain, and the need for safety.

I really couldn't go there

While some participants brushed uneasily against the parameters of the "typical self-harmer", others located themselves in disjunctive relationship to this normalizing discourse. For example,

my interview with Elizabeth visibilizes the embeddedness of "typical self-harmer" discourse in understandings of heterosexual white femininity. Elizabeth is a white queer and nonbinary person who started cutting themselves when they were in middle school. In our interview, Elizabeth reflects on the "romanticized image" of the typical self-harmer and the ways in which they negotiated their relationship to this image:

> I remember like, when I was a child, I would have these, I don't know where they came from, obviously it's [unclear], but there's this romanticized image of this young, like white girl who like, was feminine, and she like, seeks help from like another person? Usually like a boy, I got this idea that she would seek help from a boyfriend, or it would be a child seeking attention from an adult, and so that was like the images around the myth of it being attention seeking, so those, like, so I remember those images, and they were really frustrating to me because they didn't match my experience at all.

Elizabeth experienced frustration in relation to those images, which they experienced as an "outward narrative", something external to themselves. They continue,

> I remember just being really frustrated, because those were the images I saw in the outward narrative. Those were the images we saw, and we assumed that it was attention seeking in a bad way, but also attention seeking in a good way? Where like, you would cut yourself a little bit, and then you would connect with [unclear]. Yeah, you would get help, and then you would never do it again. And this was romanticized.

The femininity of this young, white girl is underscored by scrips of help-seeking in relation to self-harm – that self-harm is something to be intervened on behalf of and rescued from, that rescue could be sought after, and thus, attention seeking can be "good" so long as it is oriented towards "cure" and cessation of self-harm. In this way, self-harm is understood as an episodic foray off the path of normative (white) feminine adolescence and can thus be incorporated into understandings of recoverable, if not distressing, girlhood "troubles" (Dobson, 2015; McRobbie, 2008). Elizabeth recalls their friends at the time "playing into this narrative",

> [W] here they would disclose, like, you know, that they'd cut themselves to somebody that they really cared about, and then they would say, 'Oh, I'm trying to get help', and they tried

> to follow this narrative, and, you know, for me it was never an option to open up about it, just because I knew that if the outcome of opening up about it is I have to stop, then I have to stop a coping skill that is really resonating with me, and really helps me process and get through certain things. So that wasn't really an option.

Here, Elizabeth articulates some of the ways in which dominant scripts of help-seeking for self-harm are bound up in understandings of normative femininity (particularly as the person seeking help in relation to self-harm is submissive, passive, and worthy of rescue from a boy or adult) and *cessation logics* of self-harm, where one of the conditions of help-seeing for self-harm is also *stopping* self-harm. Because Elizabeth neither identified with the feminine role nor wanted to stop self-harming, they did not experience affinity with the cutter profile. Rather, for Elizabeth, to identify with the feminized position in self-harm discourse would require them to both confess their self-harm in order to get help and to rearrange their understanding of their gender expression:

> I do remember feeling like I wasn't able to access that sort of idealized image. Even though at the time I was perceived as a white feminine girl, like, and I was young and like, I was, you know, normative in a lot of ways, I was really normative. So, I could have fit, there wasn't anything that would have stopped me. The girls I remember that used that narrative of like 'attention-seeking', either in a good way or that more negative way, um, they were really similar to me. But one thing that prevented me was, I think, the feminized role of being the submissive person. Like, in the, like, unfortunately that's how I sort of see it, is in this romanticized images of, um, you know, the young girl reaching out for help from her parents or from friends or whatever, it's sort of like a submissive place, and I didn't feel like I could access that. Because then I would have to be more, like, I would have to submit to more being feminized than I already was. And I just didn't- I really couldn't go there, I guess.

Elizabeth experiences "typical" self-harming discourses, embedded in normative scripts of white femininity, as unsafe and incommensurate with their lived experience. Reflecting on a diary entry they brought to our interview, Elizabeth shares,

> I knew that if I was saved from the self-harm – or, if I was saved from myself, would be like one way to say it, then I would have been a different person. I would have to become a different person. And I didn't exactly know what that meant. When I read my entry it's so clear that I don't have the language to talk about, like, I don't even know, was I referring to

> changing as a queer person, or changing as a woman? Like, or am I talking about some existential change? But it was clear to me that I was supposed to change through being saved, and I think I knew on some level that being - that gender was part of that [laughs]. Being gendered was part of that. I would have to, I'd have to embody a certain gendered expression to even be saved, so I just couldn't do it.

As a queer and nonbinary youth, Elizabeth's knowledge of the cutter profile, and disidentification with this profile, ultimately led them to conclude that it was not their own experience, but the narrative itself, that was wrong. In this way, Elizabeth critically navigates understandings of "typical" self-harm as embedded in cis- and heteronormative expressions of femininity to position themselves in disjunctive relationship to this discourse, sharing:

> I think I knew from a young age that I didn't believe that narrative. (…) So it wasn't some, like it didn't- the only way it shifted the way I thought about my own self-harm was that that narrative was wrong. I guess in a way, I was very proud, I sort of centered my own experience.

An outsider to my own self

While some participants voiced possibilities of dis/identification with the cutter profile, others spoke of having no script at all through which to make sense of their experiences. Sue's interview is, in many ways, laden with the difficulty of not having language through which to speak and make "sense" of her experiences with self-harm. Sue is a young Guyanese woman who started cutting herself in 2020 and was 26 at the time of our interview. Sue locates the beginnings of her relationship with self-harm in context of what she describes as *chaos.* She had recently moved out on her own, and was working from home amidst the Covid-19 pandemic. Work was not going well, and she had recently learned of the death by suicide of someone from her past. She says,

> When I look back on that time in my life, it was almost like I can't really remember or pinpoint, like a reason or a motivation [for self-harm]. And I think that in itself, now, retrospectively thinking about that, that was kind of the motivation was like, not really knowing what to do.

Sue began cutting herself as a way to respond to lasting feelings of confusion, hopelessness, and not wanting to go on. She reflects on "knowing" self-harm as a thing through media representations, and struggling to find other practices that might instill a sense of grounding and connection.

> But just thinking about where I was at that time, it's just like the idea of everything being so all over the place and disconnected, and my life wasn't following a map at that time. And obviously, I was smoking, like I was trying drinks, nothing was working. And this was kind of like, let me just try this. Because I know this to be a thing in media and online, and maybe it will help.

At the same time, Sue never saw herself self-harming:

> But before I started doing it, I never actually also saw myself doing it, which is like a weird thing to say. As a teenager, I remember this is the thing being glamorized. Like, you see people talking about or joking about it, but it was like, yeah, I would never do that. That seems like something a crazy person would do, which, that's the kind of language growing up I would hear around this. So, yeah, I think, like, just thinking back too, to, like, the motivation, motivations like, what might have actually prompted this, just that, no words, really. But that idea of chaos, of like, 'I don't know what I'm going to do, and so I'm going to do this thing I never really imagined myself doing,' if that makes sense.

Sue articulates her experiences with self-harm as something she doesn't understand, and shares her hesitations on being an "authority" on self-harm:

> I remember being like, 'I don't really get this' and I think just all these other things going on in my life I just felt… honestly that's why I was like, 'I don't know if that would be helpful to you,' because I don't actually know, I don't even fully understand it, but I think that is what it is. I just didn't know what to do.[50]

This not knowing scaffolds much of our interview. Sue describes her self-harm as "something that I still don't really understand, to be honest. Like, I was saying it's like, how do I even get this idea

[50] In our pre-interview email correspondence, Sue shared that she wasn't sure of her helpfulness to the study, writing, "I'm open to doing an interview although I'm not sure how helpful I will be."

to start doing this?" Sue shares that, in her cultural circles, self-cutting is something that *doesn't make sense.* She says,

> I don't feel like people really get it. And maybe it's a really, like, you know, adolescent, like, you know, a closed off way of thinking about it. But I feel like there's nobody in my life except for one person that I can really be like, this is what's going on. I've never felt that way about anybody, including my therapist and my doctor. And it's something that I feel has a bit of, like, because it feels so random and not really clear why, you know? Going back to what you're asking… it's like, nobody immediately around me really thinks in this way of, like, there's no- with drinking, for example, it's like, okay, we know so many people who do it, it's a very normalized thing, but cutting yourself seems so- like this isn't making any sense. It's not something that is normalized that you can even- there's, like, no language to say, this is why I'm doing it. It's not something that– when you see it on TV, people understand it to be something that teenage girls do. Right? Like, that is even how people in my circle see it. And I feel like at some point, I was also like, this feels really silly. I feel really stupid right now, and I hate that I'm using those words to describe myself now, but that's how I was feeling about it. It's like, I don't get this. So how can I actually talk about it with other people if I myself don't understand it? If I can only talk about the action and not give any words or structures to the reason, then I just don't know. Nobody can access that. Right? And so it was like, okay, only I have access to that experience and access to language for it. But do I even? Like, I even feel like my own understanding of it is so incomplete.

Sue spoke of the normalization of alcohol dependence in her community as something more familiar, stating explicitly that

> And I remember, even now when I think about it, and I talk to my one friend about it, it's like, I really wish I didn't feel like this, because I feel so incapable of handling myself and it's just really shitty. Like, why can't I be addicted to drugs? And that's like a tough thing to admit, and to actually say. But it's like, I would rather be addicted to alcohol or doing something else, because at least then I would be able to be like, hey, I'm part like, I can identify a group of people who will understand this, because right now I'm just like, yeah, I feel it's like it's nonsensical. And that's been like the whole theme of like, I don't really even understand how I arrived at this spot of like, this is what I'm going to do to make myself feel better. But I did, and it works. And so now it's almost like this weird fixation. But it's like that fixation lives inside my head only. Like I can't, in terms of accessing, like, support, and even like, peer support or support from friends, it's like they don't have that language or that understanding of what it is. So there's no common ground to actually relate that. So I think, yeah, it just makes you feel, like, really embarrassed. Like this feeling of like, I don't get this. And on top of the embarrassment piece, it's like, I'm embarrassed that I'm doing this, but I'm embarrassed also that, yeah, it is associated with young white women or teenage girls. I'm not at the life stage or in that identity framework, bubble, whatever. I

> don't fall into that group of people. So I'm also like an outsider to my own self, and it's so strange.

For Sue, to cope with stress via alcohol dependence would hearken to a communally recognized practice. Cutting, on the other hand, is experienced as nonsensical and embarrassing. Sue bears no trace of identification with the cutter profile – if anything, the cutter profile only further alienates Sue from her own experience as a racialized woman who self-cuts.

Conclusion

To begin to craft less alienating representations of self-harm is to begin troubling normative assumptions about both 'what' self-harm is and who self-harms. It also requires expanding how suffering and distress are understood and recognized. As an historically specific discursive configuration, the cutter profile delimits whose self-injury is recognized and apprehended as worthy of intervention, and which subjects are understood as vulnerable. As Kaleidoscope noted, "if you get to be that tragic white girl you get saved. You get that ending. And so, you want that. And it's impossible to live up to that or be that, because I don't even think it's real for the tragic white girl in real life. It's not really a narrative that's for anyone."

Chapter 7: Not problem, but possibility: Towards a reparative engagement with lived experience accounts of self-harm

Introduction

Throughout this dissertation, I have worked to problematize and critique psy- constructions of self-harm, as these reproduce historically specific and narrow understandings of self-harm (i.e. as a problem disproportionately impacting white women and girls who cut themselves) and pathologize self-harm as a maladaptive behaviour of distressed individuals. I have argued that these normative – and curative (Kafer, 2013) – engagements with self-harm position the practice as a problem requiring intervention, treatment, and cessation, rather than as a practice which invites careful engagement or understanding.

Instead, this dissertation has sought "more complex tellings" (Ansloos and Peltier, 2022, p.108) of self-harm. These more complex tellings draw upon feminist (Harding, 1986; Haraway, 1988; Collins, 1990; Patsavas, 2014; Smith, 1987) and mad (Bruce, 2017, 2021; Cresswell, 2005; LeFrancois and Voronka, 2022; Liegghio, 2013; Pembroke, 1994) theories of knowledge to argue for the value of incorporating and engaging with lived experience accounts of self-harm as both valid and necessary forms of "knowing" self-harm (and madness more broadly). These more complex accounts, which I have also described as *reparative*, attend to the situated and everyday social, political, and structural *contexts* of self-harm, and consider the ways in which these contexts shape and bear on lived experiences of self-harm. As such, reparative engagements with self-harm go beyond a pathology view of self-harm, and instead, opens up self-harm for mad kinds of engagements and politicized understandings. This reparative reading positions self-harm beyond

dualisms of 'good' or 'bad', and instead, views self-harm as a possibility which both hurts *and* heals (or, neither).

Consistent with this project's epistemological and methodological commitments to engaging with lived experience accounts as important and necessary ways of knowing self-harm, in this final chapter, I present the narratives of eight interview participants who identify with self-harm. I have opted to present these alphabetically according to pseudonym, in no particular substantive or thematic order. Presenting these eight narratives as a composite, I engage with these lived accounts of self-harm reparatively, taking up self-harm as an emergent and relational practice invoked as a way to navigate everyday life. In doing so, I aim, alongside my participants, to challenge the view that self-harm is always bad, unhelpful, or devastating. Instead, this chapter looks to reread self-harm as an affective resource which does "work" in relation to the contexts of everyday experience – that is, as an emergent, situated, and relational practice. Throughout, I aim to demonstrate that attending to self-harm as an emergent, situated, and relational practice embedded within its lived contexts creates space to engage with self-harm in ways that go beyond cessation and recovery, and which move instead towards open-ended engagement.

Taken together, these narratives speak collectively to the urgency of a madly feminist and reparative approach to self-harm. By attending to the relational, social, and political contexts within which self-harm becomes possibility, and by valuing the various kinds of work that self-harm does within (and in response to) these contexts, reparative engagements with lived accounts of self-harm highlight the multiplicitous and shifting dimensions of self-harm as a practice invoked in order to attend to "what hurts". These reparative engagements resist the pathologization, depoliticization, and individualization of self-harm which characterizes the curative approach, and

instead, favours context, contingency, multiplicity, and valuative readings. These madly feminist approaches to engaging with self-harm, grounded in the voices of participants, hold what might be labelled negative dimensions of self-harm – i.e. embodied and emotional pain, self-directed punishment and anger, shame, and stigma – in tension with the work of self-harm in healing, self-witnessing, self-comforting, grounding, and survival. By holding hurt and healing in dialectic relation with one another, and grounding accounts of self-harm in situated social, relational, and political contexts, these narratives work together to trouble normative engagements with self-harm as problem, and instead, invite curiosity and compassion in engagements with self-harm as a site of possibility.

I want to underscore at the outset that, in many ways, the "analysis" of these accounts is incomplete, and more work – and further research – is needed. The eight participant narratives I present in this chapter, taken from the fourteen interviews which comprise my dataset, offer the richest examples and narrative sites through which to engender reparative readings of self-harm. I include them as a madly feminist gesture towards the valuation and politicization of lived experience perspectives of self-harm. Taken together, these accounts offer openings, rather than answers or explanations, and also provide jumping-off points for further research into the affective, interpersonal, institutional, social, and political dimensions of self-harm. That is, these readings, grounded in participant accounts which offer alternative readings of self-harm, are not offered as universal explanations for *why* people self-harm, but are instead offered as openings towards mad and feminist re-readings of self-harm as *possibility*, beyond curative emphases on intervention and eradication of self-harm as problem. By embedding (and embodying) self-harm in context of participant accounts, I hope to eschew overdetermining approaches to self-harm which emphasize

"cure" and cessation, and to instead situate the practice within its lived and felt contexts, while viewing the practice with generosity, complexity, and contradiction.

Ariadne

My interview with Ariadne highlights the work of self-harm as a deeply embodied and stabilizing response to overwhelming feelings which, in her words, "have no other outlet". Ariadne is a white queer woman who describes growing up in "a relatively well-off family" in a small town in Ontario and is in her late twenties at the time of our interview. She started cutting herself when she was 12, and now understands her relationship to self-harm as more "nebulous", including practices in food restriction, overexercising, as well as self-burning and self-biting. For Ariadne, practices in self-harm offer effective and deeply embodied ways through which she can attend to overwhelming feelings and emotions. As a child, Ariadne remembers

> I remember, this is gonna sound very silly, but when I was a little kid, I remember taking off my seatbelt in the car when I was feeling really bad, and being like, 'Let there just be a car accident that I like [unclear] thrown from the car!' But it was very deliberate in that kind of way, and I was also do a lot of hitting myself when I was a little kid. I think I just had a lot of emotions and no way to outlet them.

Ariadne positions her self-harm as something invoked in the wake of discomfort, distress, a lack of control, a sense of powerlessness, or "feeling really bad". These situations of powerlessness or lack of control are sometimes quotidian, highlighting the work of self-harm as an "everyday" practice which lives in "everyday" contexts. For example, Ariadne reflects on the relationship between stress and self-harm,

> Um, and it's not even like, sometimes it's not a…. like my most visible scar, I know exactly what I did and when it happened. And it was like, I was upset one day because my sports coach was mean to me. And it's like, not a big deal or anything like that, or, I *felt* they were being mean to me. They probably were just, you know, being a sports coach. I

> don't care about sports, like, really at all, so I don't know why this impacted me so much. (emphasis added)

Here, Ariadne grapples with the intelligibility of her self-harm as justified – that is, as something that is done in response to "adequate" levels of distress. Specifically, her qualifiers of this incident – that it's not a particularly big deal, that the incident with her sports coach was something that she subjectively (and thus, suspiciously) *felt* as mean – position her account as self-doubting. I posit here that, for a young girl in middle school who already dislikes sports, or is perhaps self-aware of a lack of athleticism, a hurtful interaction with an adult in power can be fundamentally destabilizing. In this context, turning to the self in order to ride out ruptures, such as interpersonal incidents, breakups, or "other letdowns in your life", is an effective strategy. Ariadne goes on,

> I also think sometimes in those episodes where you're already kind of feeling this heightened emotion, I would be a lot more reactive, to like, something little would set me off, and I'd be like, 'That's it!' 'I'm gonna have to go and do this now', or what have you. Um, yeah but oftentimes for me, it's not even like there's– it's not a huge stress, it's just like, an argument with somebody, and I'm like, 'I can't handle it'. Um, and then I would do it, and I would feel like, so much better. And be like, okay, like, it would go from being, weeping weeping weeping, like, very, feeling out of control, to doing this [self-harm], and then I would just kind of be like, alright. Like, I'll just lay here for a bit now, and I'll get up and I'll feel a million times better. Where I think it is kind of like, this, you know, the, I'm gonna say the reaction to this, it's like, *this is the result, I guess, of these bad emotions*. I have this, like, painful experience, and then I feel better. And then I can move on because I've, like, experienced that to like, end it.

Here, Ariadne describes the affective process of self-harm as something resulting from bad emotions, which happens in order to address, move through, and "end" out-of-control, overwhelming feelings which feel un-handle-able. In Ariadne's account, self-harm is useful, reliable, and stabilizing. While Ariadne recognizes self-harm as hurting ("I have this, like, painful experience"), it also offers strategies for attending to the self in the wake of emotional intensity. Thus, self-harm is not *purely* harm. She shares,

> I also think for me too, like, my rendering of my experiences with self-harm to myself is not always- it's not really a negative experience all of the time. Like I got a lot of comfort from it, and to me, that would be something that would really help me. So if it's immediately kind of like, pathologized and like 'Woah what are you doing! That's fucked up!" It's kind of like, well, it's really helping me, so what am I supposed to do without that? Or, that's not how I see it. I understand that might be your interpretation of it, but for me it was, like a safe, like a safer or – not safer, but like, a safe place that I would go to when I was feeling overwhelmed.

Ariadne's "both/and" approach fosters generative readings of self-harm as a practice which is neither all good nor all bad, but practice invoked in relation to lived contexts. Self-harm is, in Ariadne's account, not solely harmful; rather, it is a stabilizing and emergent force, offering possibilities for riding out ruptures: in her words, "I think for myself it was often a way to stabilize myself, like if I was feeling really out of control or things are really tumultuous… I think it's a way also to kind of, take a lot of things that you can't control, and then do something you can control, and then feel a lot of peace after that." By holding hurt and healing simultaneously, Ariadne's narrative complicates renderings of self-harm solely as *problem*, and instead, insists on the comfort and safety which self-harm can invite. The comforting dimensions of self-harm are further articulated in my interview with Bailey, to which I turn next.

Bailey

Bailey's narrative positions self-harm as an embodied resource invoked in order to attend to their feelings, particularly in the absence of other kinds of affirming support and witness. Bailey is a white queer and trans nonbinary person who grew up in a lower-middle class family in eastern Ontario. Bailey started cutting themselves when they were in high school, they share, mostly as a way to create space and time for themselves to "work out" their feelings. Self-harm provides a sense of control and comfort. Bailey shares in our interview that, as a young person, they didn't

always feel seen or recognized by their family, and this "not seeing" impacted the choices they made about "dealing with" emotional distress. Reflecting on their experiences with self-harm as a teenager,

> You know, just being, like, a growing teen was probably, you know, stressful. Trying to like, get assignments done on time and deal with like, home stuff, and then bringing that to school. And not really having time between my work week, and school, and doing, like, sports on the weekends, to actually just like, centre myself, and try and work it out the way that it should have been worked out. So, like absolutely, whenever I was like, "I need control, I need some kind of comfort," absolutely, that was like, probably the first thing I fell back on, before I even like, talked to anybody too. I'd be like, "I'll try this, and if that doesn't work, maybe I'll reach out", but usually it worked, so [laughs].

For young Bailey, self-harm served as a *stand-in* for alternative forms of support: it was something Bailey turned to "before I even like, talked to anybody" and which usually worked for them. In Bailey's narrative, self-harm is a practice in creating space and time to attend to, and "work out", their feelings.

As Bailey grew into adulthood, their self-harm did not go away, but shifted, and at the time of our interview, self-harm is still an active part of Bailey's life. They share, "I never really got to that point where I was like 'I'm done self harming, like this is it, I'm done', because then new issues just came up" specifically related to being trans and nonbinary. Bailey suggests that self-harm became a way of "dealing with body dysphoria and misgendering mostly", and reflects on their experiences as a trans nonbinary person navigating cisnormative social and institutional contexts,

> I feel like, um, when I was younger, I feel like I had different reasons for self harm that weren't really related to my gender or sexuality. But then when I grew up, I was like, oh. So, the way that I'm feeling now, and at the age I am now, I can feel it, like, mashed together a lot more, gender wise. And looking back on it, being in high school and in college, all those like, really feminine energies being pushed on you for like frosh week or whatever, we're in crop tops, I was like, "I guess I'll do this, but I don't really want to". So

> there were a lot of like, moments, looking back on it, where I didn't feel comfortable in my gender identity, and then I was like *"Man, why do I feel like crap, maybe I'll self harm"*.

Bailey's reflection highlights the work of self-harm as a practice in responding to chronic experiences of gendered discomfort, invalidation, and erasure. Bailey describes *forces* of cisheteronormativity – literally "really feminine energies" being *pushed* on them. These forces bear on Bailey's experiences of distress and informs, but does not determine, their turn to self-harm ("Man, why do I feel like crap? Maybe I'll self-harm").

In these contexts, self-harm materializes as one strategy for comfort and control. Bailey understands self-harm, in their account, as a practice which offers "Some kind of like, control of your own, like, mental health when it's not accessible, or like when you're not able to talk about it, quick fix." This description of self-harm as a *quick fix* is instructive. It points towards the work of self-harm as a practice in turning towards and supporting the self in the absence of accessible and meaningful alternatives.[51] Thus, self-harm is, for Bailey, not *purely* harmful, but is a resource through which Bailey extends comfort to themselves, and which emerges as one option in relation to the absence of other scaffolds of support.

Importantly, Bailey spends time in our interview reflecting on other kinds of support they have, and I would be remiss to not include them here. As Bailey grew and developed community and relationships with people who love and appreciate them, their relationship to self-harm has inevitably changed. They share, "I feel like I've grown. I have people who love me. Like my partner loves me a lot, so I feel like a lot more appreciated". Bailey particularly highlights their

[51] This includes, for Bailey, reasonable access to queer and trans-affirming healthcare, which Bailey describes as "nearly impossible" to access in their area of Ontario.

partner as offering meaningful support which both normalizes self-harm and holds space for its possibility:

> She always does this wonderful thing, where it's like, 'Do you want to self harm, yes or no? If yes, do you want me to stop you? Do you need some aftercare? Like, do you want me to have some supplies ready for you? Like, do you need some...' Like she has this incredible outlook on it, where we don't want to like, stop the action from happening, you just want to, like, note that it's happening, have some aftercare, medical assistance if needed, and like, do you want to talk about it after. And the answers are always like yes, I want to talk about it after, but when you calmly ask somebody that, it almost makes me be like, "Oh well, now that this calm conversation has happened, like maybe I can just chill out and we can talk about this." And I don't need to, kind of thing yeah. She's fantastic, sorry.

Here, the simple practice of noting that it is happening, of acknowledging the feelings, the urge to harm, to hurt, and allowing and respecting them, is experienced as a practice in witnessing. This practice in witnessing mirrors Bailey's earlier reflection on the work of self-harm as a "quick fix" in the relative absence of other kinds of support. Bailey's partner-as-witness takes up the work of self-harm-as-witness, reflecting Bailey's hurt, acknowledging it, and cracking open space for other ways of embodying feeling, perhaps even space to, as Bailey says, chill out. And, at the same time, Bailey is open to the possibility of not being "done" self-harm, which is an important and necessary contribution. What I hope to suggest here is not that witnessing can end or replace self-harm, but rather, to highlight self-harm on a continuum of *witnessing,* as one form of self-witnessing. Thus, here, self-harm is not all bad (nor all good) but is a situated and emergent practice in turning towards the self in order to negotiate and survive lived contexts. My interview with Cassie, below, further explores the emergent work of self-harm as a means of *turning towards the self*, albeit one that is not always desirable.

Cassie

Cassie's narrative extends the insight that self-harm is not all bad, nor all good, but is a situated and emergent practice in attending to what hurts. For Cassie, self-harm offers possibilities for control, comfort, and (potentially painful or shameful) healing. Cassie is a heterosexual white woman in her mid twenties who started cutting herself when she was twelve. Throughout our interview, Cassie positions herself as someone who grew up in a good, secure household with both parents, and who hasn't experienced any *real* trauma.

> When I was younger, um, it was definitely more direct in the sense of like, and I don't know if it's because kids' problems are like, sometimes, well, I grew up- one of the reasons why I feel like I feel bad that I do these things is because I grew up in a pretty, like, good household. Like, I have both my parents, they're together, I've always been like economically well-off, uhm, I've never had any, like, real trauma, like, in my life. Like I'm very fortunate that way, and like I'm cis and straight so like I've really, from the outside, you'd definitely think… and I also think, like, I'm lucky. Like I don't really have any like, trauma, really. So uhm, I've always felt like, when I say like my problems as a child was a bit more direct, I guess it's because it was when I would be, like, punishing myself.

This absence of *real* trauma makes Cassie's self-harm difficult to justify ("I feel bad that I do this"), perhaps unintelligible to outsiders ("From the outside, you'd definitely think…"). This absence of *real* trauma – that is, understanding trauma as a spectacular and shattering event which might justify one's self-harm – informs Cassie's shame about her self-harm which she articulates throughout our interview, as below,

> Because one thing with cutting is that I do feel kind of ashamed of it. I feel like it's, I have like, I don't have – in comparison to other people, I don't have a LOT of scars, I mostly have them on my ankles, uhm, and they're not, like, that, like, bad. Like other people kind of experience more trauma, so… but I'm ashamed of them. I think that it's unfortunate that I did that…

Cassie describes hearing from family members growing up that self-harm is selfish, weak, or attention seeking, and these understandings of self-harm seem to haunt our interview. Cassie struggles to qualify her self-harm as legitimate because she has not experienced enough difficulty,

and this is experienced as shameful. At the same time, Cassie's understanding of her self-harm is not *purely* shameful. Throughout our interview, Cassie articulates self-harm as something she is simultaneously ashamed of *and* something she does to take care of herself, a way of, in her words, "self-regulating", offering control, relaxation, and relief. She offers a reflection on the peace and calm she feels when she cuts herself, often in the bathtub,

> I kind of like sometimes, like, seeing blood. From myself. I like that, like, image, I guess? Like, I like the image, and I don't know why, it's soothing really… But I like that image. I don't know why. I find it's soothing to see like, like, as an example (…) I would like use a razor and cut myself, my ankles in the bath, and I would lift my leg up so I could see it drip down my leg. And I would find that soothing. I don't really know why, if it's like the control, but also the release, but I've never, it's never been enough that I'm worried about like, having long-term effects (…). Nowhere near that kind of level, it's more of like, the effect, the visual of it, that I enjoy. Uhm, and it's kind of like, feeling like, maybe it's like releasing my emotions in like, a physical way? Because like, normally, I'm like upset and trying to like, let things go. Uhm. And it's like the visual of doing that… it's more of like, a release of my emotional state into like a more calming place, because honestly most of the time I'm in the bath, and I normally associate baths as like, calming… and maybe it's because that's me trying to relax, and relaxing like, the most that I can, I guess.

Embodiment is important here. For Cassie, to be fully attuned to the body's fleshy and bloody vulnerability is relaxing and grounding. It offers a return to the self. Thus, while Cassie feels shame about her self-harm, perhaps because she feels her self-harm isn't *intelligible* (in the absence of "real" trauma which might justify her self-harm, and compounded by views expressed by Cassie's family members that people who hurt themselves are selfish, weak, and attention-seeking), Cassie still finds solace and grounding in self-harm.

This complicated solace becomes evident when Cassie reflects on "bringing back" her self-harm in the wake of the Covid-19 pandemic. Cassie understands her self-harm practice (specifically, self-cutting) in relation to in aerials silks, aerial hoop, and pole – an assemblage of activities Cassie lumps under the umbrella term 'circus'. Casse's participation in circus offered

engagement with painful, yet creative, connective, and stabilizing kinds of embodied expression. She understands her participation in circus as informing a decrease in self-harm – as Cassie "did" circus, she cut herself less. When her circus troupe disbanded and the studio shut down during the COVID-19 pandemic, Cassie turned back to self-harm as an embodied practice in stabilization:

> But the pandemic made it [self-harm] worse again, partially because I didn't have as much access to it [circus]… I think it was just obviously like, the pandemic was kind of traumatic in general, like I think I didn't have that like, emotional release, uhm, that I was used to having, I think, and like the community, and then like everything else that kind of came along with that, and I think that's why, um, it got worse than it ever had been before, during this last year and a half.

In our interview, Cassie offers a vulnerable and poignant reflection on the moment in which she brought self-harm "back", or, in my reading, invoked self-harm as a practice in turning towards the self – *holding the self* – in the wake of great upheaval and rupture caused by the COVID-19 lockdowns. Cassie describes the fallout of her circus group both due to the closure of the circus gym, but also intragroup conflict, and shares,

> [I]t was basically the day that everybody got together and was like, 'This is done, we're not going to continue this show'… the pandemic was basically a thing kind of showing like, we're not pausing it, we're ending it. This is bad. And I went into the bathroom, and I just like, I didn't have anything, but I scratched myself so hard that I started to bleed, and I hadn't done that in a really long time, and I was just standing there, holding myself, and then I saw what I did and I was like, oh my god. Like, I- and I was crying, like a lot. Um. Because I was just like, I can't believe now, that this [circus shutdown] happened, but then I brought this back [self-harm]. Um. [voice breaks]. And I called my boyfriend and I was like, Please pick me up, I need to go home'… Um. And then, like, that was like the main thing that kind of like started up again, because after that like everything started shutting down. Like a few days after that, um, my work was like ''Everyone's working remotely now', um, all the circus studios closed [voice breaks], everything closed, so… So I think that because of all of those things happening and not having my usual, sorry, me talking like this probably doesn't make the transcript really easy to understand,
>
> I: It's all good.
>
> CASSIE: But I wasn't able to like, self-regulate in the way-

I: Totally

CASSIE: - I had kind of like, started to. And I think that's why this year was worse and why I started again, and, it's been like, a month and a half, maybe two months since I cut myself quite bad the last time, um, because the last one was more bad than usual, and I'm hoping now that circus is open again, cause like, it's starting to kind of come, it'll start being more, back to how I want it to be. Like, which is not cutting myself. So.

This exchange was very powerful. The closure of Cassie's circus troupe through conflict and pandemic lockdown measures re-oriented her towards self-harm as a way of *holding herself*, of attending to loss and uncertainty, offering control and release. Cassie uses the phrase "self-regulate" to describe the work that her self-harm and circus practices do in context of her life, but I'm not convinced that is all that it is. Through feeling pain and leaving embodied marks, Cassie is able to connect with herself, to process emotions through an embodied practice that is also painful. In the moment described above, self-harm is something that came about in and through rupture, offering stability, and at the same time, is not necessarily *wanted.* Self-harm, for Cassie, is painful, shameful, and is also a form of self-directed care which is complex and contradictory, hurting and holding, and full of possibility for embodying and feeling otherwise. Extending Cassie's insights into self-harm as a (potentially uneasy) possibility for self-directed care, my interview with Charlotte shores up the embodied and emotional work of self-harm as a practice in making pain "real", to which I turn next.

Charlotte

My interview with Charlotte surfaces self-harm as a practice in self-validation, shoring up the capacities for self-harm to invite engagement with our own pain and the necessity of having affective pain witnessed and validated. Thus, self-harm offers possibilities for connection, validation, and healing. Charlotte is a white queer lesbian woman who grew up in Nova Scotia and

now lives in Ontario. She identifies as disabled, with “bipolar disorder, panic disorder with agoraphobia, obsessive compulsive disorder”. Charlotte’s experiences of madness – of heightened periods of intense, overwhelming feeling and what she describes as dysregulation – are bound up in her narrative of self-harm. For Charlotte, self-harm is one way to insist upon the “realness” of her experience of affective pain, particularly as these have been either unrecognized or explicitly invalidated. Charlotte reflects on an appointment she had with a psychiatrist which was particularly harmful, and which catalyzed her self-harm:

> I had been trying to get a diagnosis of bipolar for a few mo-- for a long time, and my appointments kept getting cancelled, and I had one with a psychiatrist, and she spent 20 minutes with me and said, "You just have anxiety and depression. Stop lying to people, stop telling them you have bipolar disorder, you don't, because no one in your family does." And I was just like, wouldn't somebody have to be the first? Like, as far as I know, my family, we don't talk about mental illness. My Dad has symptoms, but we don't talk about that, uhm, and I think that was a pretty big catalyst for it, was her invalidating my experiences.

Charlotte eventually went to the emergency department as a last resort for receiving the psychiatric diagnosis – “And it took going to the ER one day and being like, ‘Someone help me’. Which is not a great situation to be in” – she received the diagnosis she needed: “I think it was helpful to *finally* get that diagnosis and *finally* have someone believe me.” Charlotte expresses that receiving this diagnosis meant that someone finally *believed* her affective experience. She experiences her diagnosis as something that helps her understand her experiences, and which makes her feel less alone.

Charlotte’s efforts to have her distress recognized as something requiring medical and therapeutic intervention, an intervention which she experiences as a necessary relief, come on the heels of what Charlotte describes as years of trauma and invalidation and “powering through it”. Charlotte describes walking on eggshells at home so as not to upset her parents, and reflects on the

death of her beloved aunt, years working in a student residence as a primary responder to sexual assaults and suicide attempts by students living in residence, and the demands of graduate school compounded to produce experiences of intense dysregulation. For Charlotte, self-harm is tied closely to the (in)validation of her mental/emotional distress and can be seen as a product of the struggle to be recognized and validated in her experiences. Charlotte shares, "I think for so long people had ignored me or told me that it didn't matter or just to get over it, and it was year after year after year of that, right? And eventually I was just so fed up and so lost and so, just dysregulated all the time, that, so, yeah." Eventually, Charlotte got to the point of, "I can't do this anymore. I cannot.... yeah. I need someone to actually take this really seriously". For Charlotte, hurting herself became a practice in self-validation, of making her pain real to herself insofar as it is visible and embodied:

> I've been so misunderstood my whole life and I've been so invalidated I'm just trying to explain to people, maybe consciously and subconsciously, how I'm actually feeling, and I'm just like, do you understand now? Do you understand now?... So it's like, I cannot.... its things that I cannot possibly verbalize, and so its my way of demonstrating, you know. And like, 'Am I valid now?"

She continues,

> I need a way to prove to myself that I am hurting, and you know, psychologically injured, I guess you could say. So, you know, I'll make marks on my arms and my legs and I'm like, oop, there it is! That's where the pain is. And then I very ritualistically like wash it, and put polysporin on it, and put bandages and wrap it all up and its like, something to take care of? In a way? I'll cut to see the pain and then these rituals of washing it and cleaning it and wrapping it up, and its like, oh, I took care of something… its a way of me being like, look, you are upset and you are hurting and here is visible evidence of it and now you can take care of it.

By validating her experiences through self-harm, Charlotte experiences self-harm as a kind of self-care. At the same time, Charlotte insists on multiplicity in her understanding of self-harm – that self-harm is not just doing one thing but does *a lot of different things*. It is a way to prove to herself

that she is hurting, to release an overwhelming build-up of feeling, and a way to just *feel something*:

> I think the primary thing is I get so full of a feeling, and I tell my therapist 'My blood is full of fire' or 'My body is full of steam' and my brain tells me that if I open up my skin it'll sort of evaporate out. So its like, you know… it feels like I'm letting something out of my body.

As Charlotte emphasizes in our interview, "its a lot of different things, different functions, it depends on the day, the mood I'm in, what need I have to meet. But its a lot of different things, its hard to just label it as something." Foregrounding this crucial recognition that self-harm is not *just one thing*, but is shifting and multiple and varying, Charlotte also emphasizes that it is not a bad thing, and complicates linear ideas of recovering from self-harm:

> I think as long as I see it as helpful I don't think it'll go away… this is the best thing I have right now. And until you find me something else, you know, like, pinging a hair tie against my wrist doesn't help. Holding ice cubes doesn't help… But yeah, I don't, I almost see it as a little friend, like, I can use this if I need to. Yeah. And, yeah, I can use this if I need to, and I don't see it as a bad thing because it's not a suicidal thing for me, it's completely different… It is because I want so badly to live, but I cannot imagine, I cannot cope with life unless I have this tool. So I actually have to hurt myself in order to stay alive. Because the reason I am suicidal is because I am so emotionally overwhelmed, but I know that if I hurt myself, that feeling will go away and I won't want to die anymore. Do I like having scars? No. You know, do I know there are risks associated with it? Yes. Do I like having to talk about it in therapy? No. But it helps me. And I do try to be careful about it. You know, I have a stock of polysporin and bandages and all of these things and I will try to use blunt objects first, you know, so I do sort of rationally think about it, its not like that impulsive thing with people that they think it is. I do my best, and yeah, I don't see it as a bad thing.

As a form in self-witnessing, self-harm, for Charlotte, is a practice which confers recognition on suffering and distress. As such, it is, in her words, the best thing she has right now. The work of self-harm as self-witnessing is further taken up in my interview with Elizabeth, below.

Elizabeth

My interview with Elizabeth positions self-harm as a practice in self-witnessing and self-care in the absence of desirable or meaningful alternatives. Throughout our interview, Elizabeth is very clear that they do not understand self-harm as harmful – rather, they see it as a way that they sit with themselves, hear themselves, learn about themselves, and witness themselves. Elizabeth is a genderqueer and nonbinary trans person who grew up in New Brunswick, and now lives in Ontario. Elizabeth started cutting themselves when they were twelve and has done so for over ten years. Elizabeth brought their younger self to the interview, in the form of a journal entry from when they were 16. For Elizabeth, participating in the interview was an opportunity for their younger self to be seen, heard, and witnessed. Their younger self had this to say about self-harm:

> [W]hen I was sixteen I wrote about self-harm and what I've said about it was that it's not a hindrance. Like I had this idea that it was this bad thing, or other people thought it was this bad thing, and I said it's not a hindrance, I said 'It's a form of expression', um, and a way to, like, release anger, and I was very clear in the entry that it doesn't hurt me, it helped me, and that it's a part of my identity.

Elizabeth describes their self-harm as a way to have a big feeling and to feel safe, and particularly as a way to visualize and witness the pain they were feeling as a young person. Elizabeth describes their childhood as chronically stressful – they remember not always having food, being alone, misunderstood, and powerless to enact changes in their life and within their family. Elizabeth particularly reflects on the limitations of being a young person who could not solve problems or make changes in their family structure, and self-harm became a way to do that:

> Because as a kid I just did not have the kind of agency to live the kind of life that I wanted to, or to solve the consistent, chronic issues that were happening in the family. Because I couldn't leave. So that's a huge one. And I think, I've seen into my own life, and, yeah… I wrote here that being alone was the centre of a lot of my self-harm. Like feeling alone and – not even feeling, like, being alone. Being misunderstood and unknown.

In these contexts, of being misunderstood and lacking the capacity to change their circumstances, self-harm offered Elizabeth a way to connect with their emotions in a way that felt safe:

> [I]t was a way for me to like, um, like have a big emotion and sort of feel safe. Um, I have it written somewhere, but I thought about this, but to me it felt like, like I would have this big emotion and then I would like, self-harm, and like, usually it was pretty immediate after, but sometimes I would like, put it to the side and then do it later, or whatever. It was usually about a specific thing, like in my mind. Like, something hurt, and then I would respond to it with self-harm. But it was a way for me to connect with myself and like, visualize my own pain. Especially, in this entry from when I was like, 12, or no- sorry, 16, at this time, I wrote about that, about needing- wanting to visualize the pain to see it, which makes me wonder if, like, my family at the time like wasn't seeing it, or like, like if I wasn't expressing it? I probably wasn't, because instead what I was doing was coming to myself, and expressing it visually and then experiencing that pain and processing that pain, and there's something very safe about that. Like I could always count on myself to get through it. And I really think that developed into me being a more secure and stable person [laughs] with those connections. So, for me it was like, like, a way to reconnect with myself and feel safe and feel like somebody was seeing me, even though it was just me. And somebody was there to hear me and witness it.

In the absence of sustained witnessing, self-harm became an ongoing practice which Elizabeth adopted as a way to process big emotions, hurt, and distress, and to reconnect with themselves and feel safe. Particularly strong in Elizabeth's narrative was the powerlessness they experienced as a nonbinary queer child living in New Brunswick. Elizabeth reflects on not being witnessed by their family

> I think, as I've grown older, [I've realized that] it's because my family couldn't. Or wasn't. And, you know, I don't know why, I don't think much about that, but being an older person I realized like, wow, you know, like somebody else could have witnessed that, could have seen me and helped me through it, but for whatever reason, we had a lot going on, you know, so I wasn't always witnessed. And the thing about being queer and nonbinary, like, how my family didn't even see that, even after I've come out, they find it hard to see that, so yeah. It was a really useful tool in the context of maybe not being able to be seen, because I could see myself and I could do that for myself.

In context of *not being seen*, especially as a queer youth, self-harm was Elizabeth's reliable ally. As Elizabeth grew up, moved away, and gained more control over their life, their use of self-harm "fell away":

> And then I kept using self-harm as a way to process feelings until I was about 21 and at some point, I think you know, I think it's because I moved to [city], because I grew up in New Brunswick so I moved to [city] for school, and then I just started sort of, living my own life, if you will. And I think that there is a connection there, um, I just felt more like I could solve my issues in practical ways, whereas I didn't really feel like I could do that as a kid, like I really couldn't, I really didn't have that capacity.

Elizabeth's ongoing relationship with self-harm, as a practice in self-witnessing, positioned self-harm as an important part of Elizabeth's identity which allowed them to connect with themselves:

> I think there was a piece there, like it was just a- it connected me to myself so much. Like, the process of doing it was such a connecting, like, I was able to witness myself so much that it just felt inherently like, like a part of me. Like a part of my identity. A way for me to learn more about myself. And to connect into myself. Uhm, I think that's where it comes from… And it might have been one of the only times I felt safe. Because like, you know, I was alone, and I was able to process my feelings. It might have been one of the only times, so in that sense it was a really important part of my identity because we tend to identify with the, you know, if we have a choice, we tend to identify with the arts that make us feel safe.

Elizabeth characterizes self-harm as a "safe part" of themselves, as a piece of their identity that they have a relationship with, which connects them to themselves. This reading of self-harm, as a practice in self-witnessing, safety, comfort, is invaluable in both its challenge to curative approaches to self-harm and the way that self-harm exists in context of social circumstances of disempowerment and *lack* of witnessing, which, for Elizabeth, are related to their youth and queerness. At the same time that Elizabeth locates their self-harm within particular conditions of their life, Elizabeth does not position themselves as "past" self-harm. Rather, Elizabeth, like many of the research participants, complicates linear and normative recovery narratives around self-harm

which frame it as a shameful practice which, once healed, is successfully left in the past. It is still with them:

> Contrary to what I was told when I was growing up, which is that you would stop self-harming and then you would realize that you should have never done it, or whatever the reason is, like, it's not like that, right? I look at it and I remember that I am still that person, and that that was a huge part of my life, and that it was a really important thing for me. So that's how, like… I feel like its grown with me. And I'm not ashamed that it's still on my body. I remember when I was younger my grandmother found out and she was like 'Oh, aren't you worried that the scars will stay there even after you stop?' and it hasn't panned out that way. I see it, and I'm not ashamed.

Elizabeth problematizes self-harm as something that is harmful or shameful. Instead, Elizabeth positions self-harm as a practice their younger self used to experience big emotions and feel safe. It was a practice in safety, comfort, self-witnessing, and self-care. Thus, the "work" of self-harm, for Elizabeth, is responding to big emotions in ways that increase, rather than destroy, safety, connection, and self-trust. Self-harm, for Elizabeth, offers possibilities for safety, connection, and growth. Elizabeth's articulations of self-harm as practices in care, safety, and survival bump up uneasily against psy-conceptualizations of self-harm as maladaptive behaviour. My interview with Emily similarly problematizes the psy-view of self-harm, instead framing self-harm as a hopeful practice in self-provided safety and comfort.

Emily

My interview with Emily shores up self-harm as a hopeful practice and possibility for survival, particularly in the face of active denial and disallowance of expressions of psychic pain. Emily is a queer white woman in her late 20s, born in Texas and now living in Ontario. Emily locates the emergence of her self-harm in her teenage years, when she experienced intensely low affect, depression, and suicidality, which she describes as *inescapable.* When she was 15, Emily wrote a

private suicide note in her journal. The writing of this entry allowed Emily to, in her words, *leave the suicidal space*: “The note was just like, in my journal. I hadn't done anything with it. So, I thought it was fine to just let it sit. I was decompressing, basically.” Emily’s note, which assisted in reducing suicidality and was an honest and private expression of distress, was later found by her mom as she snooped through Emily’s room. Emily shares that, following this violation of privacy,

> And so, uh, you know, my parents confronted me, and I was like, "I'm not suicidal anymore, I haven't taken drugs, I'm not gonna, you know". But they all decided, with professionals, that because I was sort of like "actively suicidal" in that window, that I should be hospitalized. So, I was hospitalized. It was a very awful, traumatic experience. Uh, and I was like, “I'll just say whatever you want me to say to get out of this place”. I hate it so much.

This experience was acutely distressing and traumatic: there was, for Emily, no space available to feel intense affects honestly and fully. It was immediately shut down, contained, and controlled through psychiatric hospitalization. Once she was discharged from the hospital, Emily experienced a whiplash of euphoria for her freedom and a sudden “drop” as she returned to where she was: “You just drop right back down to where you were”. She began experiencing nightmares and traumatic flashbacks of hospitalization. As part of her follow-up “care”, Emily underwent cognitive behavioural therapy (CBT) at the direction of her doctors and parents, a therapeutic modality aimed at changing the maladaptive thoughts and behaviours of the identified patient, rather than healing and addressing underlying or overarching circumstances that bear on the experience of distress. Emily shares on her experiences with CBT,

> I think that [CBT] caused a lot of harm, because these like, deep, uh, traumatic uh, experiences, and also like, just like basic injustices in my life, like abusive adults and things like that, like, weren't being addressed. Instead, I was just supposed to fix my thinking, and I would feel better. So you do, you just feel like, ‘I'm doing everything I'm supposed to be doing, and where do I turn?’, you know? And, so that's kind of where cutting came in.

In Emily's experience, cutting herself emerged as *somewhere to turn* in the face of complete denial and disallowance of expressions of distress. Emily says,

> I was desperate not to go back to the hospital, um, so I couldn't, I wasn't allowed sort of internally to be suicidal, because that's what landed me in the hospital, but cutting was something that I could really, um, I could do privately, and gave me a little sense of control. Um, and externalized some of that pain and made it a lot easier to deal with.

Emily describes her cutting as coming from a place of desperation. She couldn't be honestly open about her feelings and experiences without fear of further incarceration, and could not trust that her privacy would be respected:

> the- uhm, you know, so-called "mental healthcare system" is so fucked, and I definitely do have a lot of trauma from it, uh, so when you do feel kind of - when I do feel - kind of desperate, like it doesn't feel like there's anywhere safe or helpful or hopeful to turn. So your options do really get limited, you know, and you have to kind of figure out how to survive on your own. And I think self-harm is a way to do that, you know?

There is, in Emily's account of her experiences as a teenage girl, no space allowed for her to *feel*, to honestly *feel* and attend to her hopelessness, her suicidality. In these contexts of disallowance, self-cutting emerges as a private and reliable strategy in addressing her own pain. As Emily says, "there was no safe space as a kid". Self-harm became a way to feel pain (which was disallowed), and then *tend to it*, take care of her wounds, and watch them heal.

> If I've been wrestling with a certain type of psychic pain, um, and haven't been able to work through it, if it just feels like endless, then sometimes like, a little bit of cutting feels like I've relocated the pain there and then I can tend to it, and, you know, kind of move past, uh, temporarily, obviously, uhm, whatever kind of psychic pain I'm dealing with.

Emily describes her relationship to her self-harm now as one method amongst many that she uses – or doesn't use – for various reasons, including inducing states of focus, clearing her mind to allow sleep, or simply "turn everything off". Emily's describes her relationship to self-harm as neutral – neither a good nor a bad thing, but something that is part of the emotional texture of her life:

> I was thinking like, "Have I cut in the last year?" and I don't think I have. Which is interesting, that that isn't a tool that I have turned to, but it hasn't been a white knuckling, oh, I wanna do this, but I'm gonna resist, like. If anything, I've definitely thought about it, and then for whatever reason, you know, maybe I've been like, too depressed to get out of bed to go do it, or you know, whatever, but, um, but for whatever reason it hasn't been the tool that I've turned to lately. Um, which feels just neutral to me. Like it doesn't feel like, a win, you know [laughs]. It just feels like, well, I haven't, that's not what I've done lately, but I still have it in my pocket if I need it, and I don't have any, like I don't attach any sort of moral or you know, value to it. Uhm, it just feels like a neutral thing. So I guess that's what my relationship to it is like, helpful, useful, occasionally. Pretty neutral.

At the same time, Emily insists on the hopefulness of her self-harm as something which has carried her through when other possibilities for feeling and experiencing pain were either foreclosed or actively harmful. For Emily, self-harm feels less like "harm" and more of a method for enduring, surviving, and "getting through" painful moments:

> It doesn't actually feel like self-harm as much as it feels like a tool. Like, a way to endure and, uh, and get through really painful moments. So if anything it's like, um, yeah I mean its almost, it almost carries a little bit of hope in it, in like, I'm trying to make it to tomorrow. You know? It's not a hopeless endeavour. It's something of like, I'm just, I don't know, it's like a foothold or some sort of support to get through challenging experiences.

This foothold exists in the face of an absence of meaningful alternatives and supports for expressing, navigating, and experiencing pain, within the family and within the mainstream mental healthcare system: "[I]t's actually quite hopeful. Like it's not an attempt to kill yourself, you know, like, it is like, I need some help, I need some relief, I would like not to feel this way, so exactly… Like in the absence of a non-violent system, or structure, like, you kind of fend for yourself and you get through to the next day. You know. So." In Emily's narrative, self-harm emerges as a site of possibility in the wake of the denial and disallowance of psychic pain and distress. It thus becomes a practice in fending for and preserving the self, rather than destroying the self. These analytic threads of survival, contexts of harm, and self-harm as a practice in self-witnessing are

further explored in my interview with Kaleidoscope, which highlights the dialectic between (structural) hurt and healing in lived accounts of self-harm.

Kaleidoscope

Kaleidoscope's narrative locates self-harm as a practice emerging from within the compounding interpersonal effects of structures of trauma, within which, self-harm offers possibilities for survival. Kaleidoscope (she/they) is a queer and mixed-race nonbinary woman who grew up in a conservative and majority white city in Ontario. Their mother is white, and her father is Goan Indian refugee. Kaleidoscope did not feel deeply grounded or meaningfully supported as a young person, particularly by their parents – her father drank a lot, which she connects to intergenerational trauma, and her mother is, to use Kaleidoscope's words, a narcissist and a racist. Kaleidoscope expresses, throughout our interview, a fundamental lack of support in their life. They didn't have community support or social ties as a young person. They describe feeling *between worlds,* not quite belonging. They experience this *in-between-ness,* as a mixed race and genderqueer person from a mixed class background, as complex, reflecting, "as beautiful and amazing as that can be, and create fluidity, and a sense of community in these very flexible ways, it also creates a lot of isolation and difference and disconnect". She shares,

> I was always too brown for my white family and to white for my brown family. And like, I was also mixed-class, too. And so, like a lot of that stuff played into it, and the being in this space of like, a hyper-conservative white town, like, that place is so conservative that the States does marketing campaigns there because it mimics the US. Like, that's how bad that place is.

Kaleidoscope's *un*belonging in their own family is compounded by the ecology of *that place* they grew up in, underscoring multiple sites of difference and a glaring absence of emotional support in

their life: “I didn’t have parental support… I didn't really have social ties either…. And I didn't have community support, I didn't have spiritual support, I went to terrible educational programs, very underfunded.” These social and structural contexts of trauma are, in Kaleidoscope’s account, the *conditions* for self-harm. That is, a lack of familial belonging coupled with an absence of meaningful supports from community or social infrastructure, scaffold Kaleidoscope’s accounts of self-harm as a visceral practice invoked as a way to attend to their own experiences. She describes the first time they cut themselves as follows:

> I basically had, um, an onset of major depression when I was 16. And it was during that time I started to cut. Uhm, and it would usually be like, um, it would be scissors. It would always be scissors, it would be on my left hand, cuz I'm right handed, and I remember I started doing it because like, it was just this intense internal pressure I had, like it just, it was almost like a... an organic or somatic response where like, it feels like my insides are bubbling over in my body and I want to release it.

Kaleidoscope’s reflections on their relationship with self-cutting position it as a practice they turned to in the absence of other supports – self-harm *was* their support: “And it's like, when that happens it's just like, you can only really turn inward to like, get support. And that's what like cutting and stuff was”. Self-harm practices were, for Kaleidoscope, “a response to deep, institutional, social, and familial neglect that, for me, is inherently racialized” and which, if it hadn’t come out in a “totally messy, weird way, would've just stayed inside of me. Like it was a way to break down some barrier to get it out. And if I didn't get it out, like I often just feel like, I would have died.” They share,

> Looking back, it's something like cutting and eventually drinking and stuff was something that like, it made sense that I did it, because like I have PTSD, I have sexual trauma, I have racial trauma and abuse, I have parental, domestic, uh, childhood trauma as well, other types of sexual trauma, and so it's just like, I always think about it now it's like, if I didn't do those things it felt like I would've imploded. Like its a way to touch base with your feelings, right?

In addition to releasing somatic pressure and supporting Kaleidoscope in touching base with their feelings, their self-harm offered one route through which Kaleidoscope's experiences – of trauma, of unbelonging, of distress and of affective pain, could exist without killing them:

> It was just a way for it to exist that wasn't just building inside of me. And in a perfect world, we'd live in a place where I could have had communal and social support and spiritual development and connection, but I didn't. And so as like, a young kid, that- I didn't fit into any space I had around, had no parental support, which I think is specifically a huge thing for me, was like, yeah, it made sense that I cut, it made sense that I would drink… looking back on that I'm like, I'm glad I did those things. Because I just did what I had to, to live in those moments. And that makes sense to me now. So, I don't know, I just think if I didn't do those things, it would have been a lot worse, even though I had a lot of regret and shame around it for so long.

For Kaleidoscope, the self-harm was both painful and shameful *and* necessary and lifesaving. They reflect on self-harm as something that they don't want themselves doing, but that they can understand in context of their experience. In the excerpt below, Kaleidoscope describes their self-harm vividly as a practice in "making you feel less crazy" – a practice in self-validation, confirmation, and grounding in the fleshy materiality of embodied engagements with distress:

> It's also like- it's a somatic survival, but it's also like, it makes you feel less crazy. Like, and I don't mean that in a stigmatizing way, but it's- when you're like- have you ever been- this happens to me as a racialized person, but have you ever been in a room with a bunch of dudes who are all saying something stupid and like, you know it's stupid, but they're not acknowledging that it's offensive and you're like, 'Am I losing my mind, what's happening?' And you want to just turn to another woman or femme and be like, 'This is fucked up, right?' and them saying, 'Yes that's fucked up' is like, validating. It can make you feel like, 'Oh, my perspective isn't unhinged'. Like, cutting is almost like a somatic version of that, where it's just like, 'Oh. It is real'. There's something I can look to and know to, it's confirmation that what's happening inside is like, a material, tangible thing, that isn't just like, in my head. And so, it just like, it's yeah, it's a self-form of validation when you can't get that from the other person in the room.

This bodily materialization of distress is a theme which runs across interviews – that is, the positioning of self-harm as a practice in making suffering, distress, or powerlessness "real" to the

person experiencing it. This “realness”, found in the body, positions self-harm as a practice in validating and confirming the self, or, as Kaleidoscope puts it, *a self-form of validation.*

While Kaleidoscope does not want herself self-harming, they are clear that they do not understand their self-harm as a problem. Self-harm is, instead, a somatic-affective practice in survival amidst the ruptures of living (trauma, violence, loneliness, insecurity) without grounding, trustworthy, and meaningful forms of support (from family, as well as various kinds of community and social infrastructure). In other words, *self-harm is not the issue*. Rather, practices in self-harm are “a somatic, psychological, emotional response to a deeper issue” – that is, self-harm materializes as one way that is adopted to survive that pain of structural hurts and harms. In closing, I include one of Kaleidoscope’s entries from the survey portion of the study. Their account is powerful, and I feel that here, they articulate their understanding of self-harm in ways that stand alone:

> When I used to cut, I didn't have mental health support - it WAS my mental health support, in concert with alcohol. These behaviours were ultimately destructive but as I have gotten older and "healthier", I have realized that without them, I would have probably died, they were violent, but they allowed me to cope with worse, unescapable violence that I had not control over, They helped me translate the rage and pain from within to somewhere else, even if those translations were fucked up, they were something. I needed something.

As *something* to turn to, self-harm offered one way to experience, express, and validate Kaleidoscope’s rage and pain. It thus cannot be understood solely as problem but is a possibility – a “something” which is meaningful and important for Kaleidoscope. My interview with Lily similarly foregrounds the work of self-harm as a possibility for survival, highlighting that self-harm does not always feel good, but that does effective work in *getting through* the aftermath of violence and trauma.

Lily

My interview with Lily similarly locates self-harm in contexts of trauma, positioning it as a practice through which she could manage and survive painful circumstances until other kinds of survival were possible. Lily is a white queer/bisexual woman in her late twenties. Lily started to cut herself when she was twelve and continued regularly throughout high school. She now identifies as "in recovery" from self-harm. She was born in Canada to a working class family, and describes living in a "quite poor area of town". Lily went to a "pretty lower class" French catholic high school, grew up in a catholic household, and went to catholic church.[52] Temporally, Lily locates the bulk of her experiences with self-harm during the fallout of the 2008 financial recession. She remembers this as a time filled with fighting between her parents at home, and describes her home life as "a very unstable home, a very verbally, emotionally violent home". At school, she recalls a tone of "helplessness, hopelessness, and despair" amongst her peers, and she struggled with "a lot of undiagnosed depression, anxiety and I was also, um, I had a lot of suicidal ideation". Recounting all this, Lily reflects on her girl-self as a high achiever who behaved 'well':

> I was like, top A student, top scholarship student. When I was in grade nine, I was doing grade 12 classes. So, I feel like in terms of uniform, and also behavior expectations, I got away with a lot. So, nobody would have suspected or thought anything was happening.

[52] While not something I go into in-depth here, Lily does speak in our interview to the impacts her catholic upbringing had on her relationship to morality, punishment, and embodiment. She says, "I think I took very literally like, repenting for things that you did, and like, you know there's some extreme versions of Christianity, where they do self flagellate themselves and hurt themselves, and I think I really seriously took that to heart and it felt kind of like an absolution, or like a confession, or like, because there's a lot of things in that, in Christianity, about hurting the body to like save the soul. And I think those discourses around guilt and asking for forgiveness, like those were in play as well, just so many intersecting things, I think, culminating in that, yeah." See Chaney (2017) for a historical account of religious bodily mortification practices, including self-flagellation, in relation to self-harm, and Tatman (1998) for a feminist engagement with Christian theology and self-harm.

When she was in middle school, Lily came out to herself as queer/bisexual. She was fine with being queer privately, but she never told her parents, and was outed at school, sharing, “I was basically forced out. Like I was outed, and it was very traumatic”. Lily dated her high school girlfriend for three years, a relationship which she describes as toxic and intense, yet one which has remained friendly: “That relationship we were just too immature, I think, for the gravity of it. Because she was Black and I'm white, and it was a lesbian relationship in a Catholic- French Catholic school and, so many things, and she was not out, I was not out.” Alongside, in addition to, or perhaps underneath, all of this – unstable and violent home life, uncertainty and hopelessness amongst her peers, and the disjunctures and stresses of navigating an interracial lesbian relationship at a Catholic school, all while being “forced out” by peers, Lily was living the aftermath of sexual violence. She shares that she was abused by her older male cousin from the ages of six to twelve. When she was twelve, she was sexually assaulted by her older brother. When Lily was fourteen, she finally told her mom about what happened to her, but “she basically had no reaction”. While the abuse from her cousin did eventually stop, as “he could kind of tell I was telling people”, nothing was done about it. Lily experienced a lot of anger and guilt following this, which made sense to her to direct at herself:

> I think because of the way it [sexual abuse] was handled I was very angry with myself. Like, 'I should have said no, and it's my fault, and I shouldn't have done this and that'… and so, again, I was very angry at myself. Because I was like 'I put myself in that position, and I must be doing these things'. And then I told a couple of friends at school about what happened, with my cousin and my brother. But the lack of maturity, I think, they did not know how to react, and so they were again like 'Oh well, you were probably asking for it or wanting it' or 'You probably liked it'. And so, it's internalized, and I think I was very angry with myself for allowing those things to happen, and for making, like - of course, this isn’t correct, but like quote unquote "making it happen", "allowing it to happen". And so, it was the only way I knew how to deal with that anger and that guilt at that time.

Lily's self-harm emerges out of compounding contexts of injustice. She tells me that, when she talks to psychologists about her histories with self-harm and the contexts from which it arises, they see it as something that makes sense – that is intelligible – as a response to trauma. She says, "So in terms of the cutting, I feel like when I've told psychologists now like 'Oh I cut myself', it's not surprising to them, because I had a lot of things going on." But for Lily, it doesn't feel like that:

> I feel like when I tell psychologists, like yeah, that's why I was cutting myself, they're like 'Oh, of course, of course, that's why, because you were trying to deal with the pain of that'. But at the time, and like when I look back on it, it doesn't really feel like that. I don't know. I don't know, maybe I'm just deluding myself, but like, I don't know. I'm trying to put myself back then and like, why was I doing it? And I think it was to deal with these emotions, but I don't know that I emotionally felt better after doing it? I think partly it was a form of self punishment. Not just punishing myself, but trying to control something within my life and, like, I was undergoing a lot of pain in my life, and so maybe it was like one kind of pain directed at myself that I was controlling. I don't know if that makes any sense so, like, I'm hardly the psychiatric expert, but like, that's how I've tried to like, think it through, yeah.

Here, Lily grapples with her self-harm as something that doesn't make sense, that might not make any sense, that she *doesn't know.* She doesn't know that it made her feel better emotionally*,* but it does effective "work" as a practice in self-directed anger, self-punishment, and trying to control *something.* As a girl, and as a young woman, Lily felt it was more appropriate to direct these "bad" affects (anger, guilt, blame) towards herself. Lily was, as she indicates above, a straight 'A' student, and one who existed in line with uniform expectations of behaviour, and who did not want to rock the boat. Self-harm is, in this account, a practice in *grasping*, which may not have been effective in making Lily feel better, but it was something which helped her get through what she needed to get through.

> I didn't want to rock the boat, I didn't want to hurt my family, or hurt my mom, or make people in trouble, right? That's not what good girls do, and so I would rather hurt and like sacrifice myself (…) [B]ecause at that time in my life so much control had been taken away from me, from all the things I have gone through. I'm here just desperately trying to grasp

> what little control I had over my life, and I very much had a mindset of, I'm just going to get through the four years, and then I'm gone. So, I'm not going to rock the boat and make it worse than it already is, I'm just going to get through it, and go.

Conclusion

In this chapter, I have re-presented and engaged with the narratives of eight research participants. I have worked to attend to the role of self-harm in navigating, negotiating, and responding to the social, political, and structural contexts of self-harm as these show up in lived experience accounts of self-harm. By engaging with self-harm in context of these eight narrative accounts, I have hoped to attend to various meanings of self-harm for those who practice it, and to begin to name and consider self-harm, not solely as pathology or problem, but as *possibility* through which those who identify with self-harm navigate the ruptures of everyday life. These engagements with participant narratives indicate that self-harm is not all bad, nor all good. Rather, it is an embodied, situated, and diverse practice which emerges from lived, and therefore locatable and meaningful, contexts. There is, of course, further work to be done here – however, in including and attending to these narratives, I take seriously lived accounts as sites through which to engage self-harm reparatively, compassionately, and valuatively.

Chapter 8: Conclusion

I have worked in this dissertation to outline an alternative approach to engaging with self-harm, which I have described as a mad feminist theoretical approach. This approach exists in necessarily critical relationship to the psy-view of self-harm, which works in various ways to produce self-harm as a problem behaviour, often narrowly of young white women and girls, which can be identified, 'known', treated, and cured. Rather than working from the assumption that self-harm is a problem to be treated and cured, I have worked to examine self-harm as a site of possibility which can invite careful attention to the (mad) entanglements of feelings, bodies, and their lived contexts. In what follows, I offer a summary of the dissertation, some reflections on the significance of a mad feminist reading of self-harm and consider next steps for this work.

I have argued that lived experience accounts of self-harm offer rich sites through which to theorize and explore self-harm in ways which both challenge and complicate the psy-view of self-harm. Working in critical relation to psy-views of self-harm, I have taken up self-harm both as a historically specific "problem object" of psychiatric knowledge and discourse, as well as a fundamentally embodied and deeply contextual practice which is experienced, and gains meaning in relation to, lived social and political contexts. Chapter one introduced the guiding questions and goals of this research and outlined the significance of self-harm as a site of mad and feminist study, using reflections on my own lived experiences with self-harm as an entry point. Chapter two laid out the theoretical scaffolding of this dissertation, which draws on various theoretical threads and traditions including Foucauldian attention to power/knowledge and discourse, social justice perspectives in mental "health", mad studies, intersectionality, feminist engagements with trauma and madness, and insights from feminist disability studies regarding pain, materiality, and

cripistemologies. Together, this interdisciplinary theoretical framework both values and politicizes self-harm as a mad bodymind practice embedded within, and experienced through, structural material-discursive regimes of power.

Chapter three undertakes a review of three significant branches of literature in relation to my project. These include psy-perspectives of self-harm, psychiatric survivor approaches to self-harm, and feminist engagements with self-harm. I align my project with the psychiatric survivor and feminist approaches to self-harm while simultaneously inviting critical attention to the ways in which feminist engagements with self-harm have accounted for difference, particularly racial power and difference, in accounts of self-harm. Chapter four outlines and reflects on my methodological approaches – a combination of narrative inquiry and critical discourse analysis – and offers reflections on the "doing" of mad-informed research within institutional research contexts.

Chapters five through seven develop the arguments made in this dissertation. Chapter five situates lived experience accounts of self-harm in dialogue with normative definitions of self-harm, as seen in medical and policy texts, to suggest that hard-and-fast definitions of what counts as self-harm are limiting. While normative definitions of self-harm define self-harm in relation to the immediate and intentional destruction of body tissue, lived experience accounts suggest that various elements of this definition are up for debate. Beginning with lived experience accounts of what self-harm means and what self-harm does opens more capacious ways of understanding self-harm as a multiplicitous bodymind practice which emerges in relation to lived contexts. This approach to understanding what self-harm "is" moves away from a focus on taxonomizing particular kinds of behaviours and illuminates the pedagogical value of lived experience.

Chapter six extends my critique of the self-harm literature outlined in chapter three, attending explicitly to the racialized and gendered dimensions of self-harm at the site of the "typical self-harmer" which circulates through psychiatric literature and popular cultural representations of self-harm. This chapter dialogues participant accounts with critical analysis of two young adult novels about self-harm to consider not only how understandings of self-harm as a problem for white girls bears on the experiences of those who identify with self-harm, but to consider how participants who identify with self-harm actively negotiate the meanings and implications of these discourses in relation to their own experiences. Together, chapters five and six make an argument for rethinking static ontologies of self-harm – as a particular kind of behaviour (i.e. self-cutting) done by a particular kind of person (i.e. young white women in the global north) – and point towards the urgency of cultivating alternative forms of engaging with self-harm. Chapter seven attempts to carve out this alternative form of engagement – what I describe as a reparative engagement - through careful attention to the research interviews. I aim to "reread" lived accounts of self-harm, taking up self-harm not solely as problem or pathology, but as a multiplicitous, embodied, and relational practice which emerges in context of everyday experience. In re-presenting eight participant narratives of self-harm and attending to the tensions reflected in these participant accounts, I have worked to scaffold a madly feminist engagement with self-harm which resists curative approaches to self-harm and is, instead, deeply contextual, valuative, and reparative.

As I have hoped to explore in this dissertation, a mad feminist engagement with self-harm complicates dominant accounts of self-harm as a problem of sick, sad, manipulative, or maladaptive individuals. Instead, this approach invites consideration of the social and political

contexts within which self-harm materializes as a practice in witnessing the self, invoked in order to move through the ruptures of everyday life, to attend to feelings of pain and distress, or to legitimize suffering through recourse to the body. These "uses" of self-harm I name here are not meant to be exhaustive or proscriptive – rather, I have hoped to underscore that self-harm is a multiplicitous and emergent practice – that is, it emerges through, and in relation to, social and political contexts.

Taking up a mad and feminist engagement with self-harm, in my understanding, destabilizes firm or static conceptions of what "counts" as self-harm, as firmly demarcated boundaries of what self-harm is reproduces psychiatric taxonomization in ways which are ultimately unhelpful. Instead, this approach attends to what self-harm does, not as behaviour to be identified and described and intervened into, but as an embodied practice which exists in relation to lived contexts. Through this lens, self-harm can be read as a possibility – for survival, for feeling, for respite – rather than as a problem to be intervened into. This reading for possibility does not negate the possibility of self-harm being painful and undesirable but invites more valuative readings.

Another dimension of a mad feminist reading which I have taken up in this dissertation is the decentring of whiteness in understandings of what self-harm is. My work contributes to the feminist literature on self-harm by undertaking a review of feminist scholarship on and about self-harm, which is currently absent from the literature, and which attends explicitly to the ways in which extant feminist accounts of self-harm reinscribe assumptions of self-harm as a problem behaviour by young white women. My project attempts to intervene into this re-inscription of the

"typical self-harmer" by adopting intersectional sensibilities to attend to difference and power in lived experience accounts of self-harm.

Invoking lived experience accounts of self-harm as sources of knowledge, as pedagogically and epistemically valuable, invites several important insights and perspectives. One of these is the idea that, as several participants spoke to, self-harm is rarely the problem. Rather, self-harm is often invoked as one way to attend to the self in the wake of other kinds of problems which are evidenced in this dissertation: isolation, unbelonging, loneliness, grief, discomfort, and anger. These 'problems' are not inherent to the interiority of self-harming individuals, but are social, relational, and political feelings. A mad feminist reading of self-harm invites us to consider the ways in which these feelings are not outside the realms of the political and social, but instead, located squarely within them.

My interviews flesh out the ways in which self-harm, rather than being inherently a problem, is often made into a problem through various kinds of dismissals, reactions, and interventions. Next steps for this work include more explicit consideration of the processes through which self-harm is made into a problem, especially as those who identify with self-harm seek care related to self-harm through formal and informal care networks. Developing capacities to respond to self-harm in anti-oppressive ways, beyond curative psy-models, has urgent implications for the various ways in which we live with, and value, mad bodyminds and mad bodymind practices, including self-harm. Next steps include explicit consideration of the ways in which participant narratives dialogue with extant psychiatric survivor and feminist responses to self-harm, including growing incorporation of harm reduction principles into best practices within and beyond medical models of "care".

In closing, I want to reiterate that self-harm is a bodymind practice which matters. It deserves to be listened to, taken seriously, and incorporated into mad and feminist theoretical and activist projects which seek to compassionately value and respect nonnormative ways of being in and moving through the world, as these both hurt and heal. I hope that this dissertation has invited further thinking – and feeling – in these directions.

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Appendix A

Call for Interview Participants

Research study examining lived experiences of self-injury among gender minorities (inclusive of women, trans, agender and nonbinary adults) in southern Ontario.

Have you ever self-injured? Are you a woman, trans, or nonbinary adult living in southern Ontario? If yes, please consider sharing your experiences by participating in this research study. The goal of this study is to explore lived experiences of self-injury in social/political contexts, as well as how adults who self-injure access mental health services in Ontario.

You are eligible to participate if:

- You have lived experience of self-injury
- You are comfortable being interviewed in English
- You currently live in southern Ontario
- You self-identify as a woman, trans, or nonbinary
- You are 18 years of age or older

Participation entails a short demographic survey and interview via Zoom about your lived experiences with self-injury. Your participation is entirely voluntary and would take approximately 1.5 hrs.

To learn more about this study, or to participate, please contact:

Sarah Redikopp, PhD Candidate, Graduate Program in Gender, Feminist & Women's Studies, York University

Email: sredikop@yorku.ca

Study Title: "Structures of harm: An intersectional analysis of self-injury as embodiment of structural violence"

YORK UNIVERSITÉ UNIVERSITY

This research study has been reviewed and approved by the Office of Research Ethics at York University.

Appendix B

INTERVIEW QUESTIONS FOR THOSE WHO IDENTIFY AS SELF-HARMING

Structures of harm: An intersectional analysis of self-harm as embodiment of structural violence

Principal Investigator: Sarah Redikopp, PhD. Candidate, Graduate Program in Gender, Feminist & Women's Studies, York University sredikop@yorku.ca

Supervisor: Marina Morrow, Ph.D, Chair, School of Health Policy & Management. York University

Committee Members: Geoffrey Reaume, Ph.D. Graduate Program in Critical Disability Studies, York University
Leah Vosko, Ph. D. Department of Politics, York University

Preamble

- Discuss the project and goals for *Structures of Harm: An intersectional analysis of self-harm as embodiment of structural violence.*
- Discuss terms "self-harm", "structural violence" and "intersectionality" in language that is accessible to participants (This is so that participants have an understanding of key terms mobilized in the project).

1. Before we begin, do you have any questions about the research or research process?

General questions

1. Can you tell me a bit about your history with self-harm? When did you start self-harming, and what informed that?
2. Self-harm serves different functions for different people (e.g. stress management, a way to express "bad" feelings). What would you say your self-harm does for you? Has this function changed over time?

Theme 1: Perceptions of self-harm

1. What is your relationship to your self-harm now? How has that relationship changed over time? What informed those changes?
2. How has your self-harm been responded to by people in your life? Have you had any memorable experiences, positive or negative, about other people responding to your self-harm? What were those experiences like?
3. How do you generally feel about your self-harm (e.g. compassionate, regretful, ashamed)? What informs those feelings? Why do you think you feel this way?

Theme 2: Self-Harm and Structural Violence

1. Have there been any stresses in your life that informed your use of self harm? (i.e. poverty, discrimination). Can you tell me a little bit about that?
2. Do you think your self-harm is related to broader conditions in your life, such as poverty or forms of discrimination? Why or why not?

Theme 3: Self-Harm and Psychiatrization

1. Have you ever accessed medical care (i.e. a family doctor or an emergency department) for your self-harm? What were those experiences like?
2. Can you tell me about your experiences talking about or seeking support for your self-harm from mental healthcare professionals? What were those experiences like?

Appendix C

Informed Consent Form

Date: May 19, 2021

Study Name: Structures of harm: An intersectional analysis of self-harm as embodiment of structural violence

Researcher name: Sarah Redikopp, Principal Investigator (PI), Ph.D. Candidate, Graduate Program in Gender, Feminist & Women's Studies, York University
Email: sredikop@yorku.ca

Supervisor: Dr. Marina Morrow, Chair, School of Health Policy and Management, Faculty of Health, York University

Purpose of the Research: The purpose of this study is to examine how women, trans, and gender non-conforming individuals living in southern Ontario experience self-harm in relation to intersecting structures and forms of oppression/discrimination such as racism, sexism, poverty, ableism, heterosexism, cissexism, homophobia, and transphobia, as well as to gauge how people who self-harm access existing mental health services. The goal of the study is to better understand the relationship between self-harm and forms of oppression, with particular emphasis on intersecting social categories of race, gender, sexuality, and class. This study will include a literature review, survey data, and individual interviews. The findings of this study will be published as a doctoral dissertation, with the possibility of publication in journals relevant to the field, academic conferences, and/or a book.

What You Will Be Asked to Do in the Research: Participants must be 18 years of age or older. You will be asked to participate in an individual interview with the researcher about your experiences with self-harm. The interview is open-ended, and will ask questions about your history of self-harm, your relationship(s) to self-harm, how you view self- harm in relation to broader events in your life, as well as experiences that you may have had in accessingmental health supports as a person who self-harms. Interviews will be held virtually over Zoom.All ofyour data will be anonymized and participants will be asked to select a pseudonym (or one will be assigned). The estimated maximum time commitment for interview participation is 1hr30 mins.

Risks and Discomforts: Because this research asks you to reflect on how experiences of marginalization, oppression, or discrimination may have informed (or not informed) your use of self-harm, it is possible that you may experience some psychological or emotional distress during the course of research. We will provide you with a list of local, relevant, and accessible crisis services that you can access for support. This list is also attached to the last page of this form. Additionally, we emphasize that the survey and interview can be paused or stopped atany time, and that you can decline to answer any questions that you do not wish to address.

Benefits of the Research and Benefits to You: Benefits to this research for participants include the potential to develop useful knowledge about yourself and your lived experiences with self-harm by evaluating them within broader sociopolitical contexts. More broadly, this research has the potential to further knowledge about the relationship between self-harm and forms of oppression. Much existing research on self-harm is dominated by medical perspectives which overlook the role of sociopolitical circumstances, oppression, and marginalization in self-harm. Moreover, a sustained intersectional analysis of self-harm, which examines how forms of oppression overlap and inform one another, has not yet been undertaken in Canada or with Canadian research populations. This research will contribute to

depathologizing perspectives self-harm and identifying services accessed by people who self-harm, with the aim of social justice outcomes.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or t refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers or study staff, or the nature of your relationship with York University either now, or in the future.

In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible. Should you wish to withdraw after the study, you will have the option to also withdraw your data up until the analysis is complete.

Confidentiality: Methods of documentation for interviews include 1) audio recordings of interviews, 2) transcription of interviews, and 3) hand-written notes taken by the researcher. All interviews will be anonymized (you will be asked to select a pseudonym), and a key with pseudonyms and participant contact information (email, phone number) will be kept in a locked filing cabinet in researcher's office. *Your data will be stored in a locked facility, and only the researcher will have access to this information*. Electronic data will be stored in a password-secured folder on the researcher's personal computer. Hard copy data (i.e. handwritten notes, print-outs of documents) will be kept in a locked filing cabinet in the researcher's personal office.

This study will use Zoom to collect data, which is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while York University researchers will not collect or use IP addresses or other information which could link your participation to your computer or electronic devices without informing you, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please contact Sarah Redikopp at sredikop@yorku.ca for further information.

Recordings (audio/video) will be saved in a password protected file to research team members' local computer, not the cloud-based service.

Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting/data collection session.

Data will be stored indefinitely for possible future research, unless you request that your data not be used for future research (in "Additional Consent", next page). In these cases, data will be destroyed via a cross-cut shredder and/or deletion and overwriting of drives immediately following the defense of the dissertation (estimated date December 2022).

Data archived for future use will be stored in a password-protected hard drive and/or a locked filing cabinet in the researcher's office. Future uses of data that might occur are the publication of data in peer- reviewed academic journals, institutional or disciplinary data deposit, a book manuscript, and/or presentation of data via papers at academic conferences. All future uses of data will accord with the parameters of participants' signed informed consent forms. The data collected in this research project may be used – in an anonymized form - by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Confidentiality will be provided to the fullest extent possible by law. Circumstances where PI may be required to disclose information to third parties (i.e. duty to report) will be advised by supervisor and REB board.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact me at sredikop@yorku.ca or my supervisor, Dr. Marina Morrow at mmmorrow@yorku.ca. You may also contact the Graduate Program in Gender, Feminist & Women's Studies at gpdgfws@yorku.ca.

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is delegated authority to review research ethics protocols by the Human Participants Review Sub-Committee, York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights and Signatures:

I_____consent to participate in Structures of harm: An intersectional analysis of self-harm as an embodiment of structural violence conducted by Sarah Redikopp. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

_____ **Date**_____
Participant

_____ **Date**_____
Principal Investigator

Additional consent (where applicable)

1. **Audio recording**

☐ I consent to the audio-recording of my interview(s).

Signature: Date:

_____ _____
Participant: (name)

2. **Anonymized data deposit in disciplinary/institutional repository, for potential use of anonymous data by other researchers**

☐ I consent to anonymous data deposit.

Signature: Date:

_____ _____

Participant: (name)

3. **Anonymous data storage for future use. All future uses of data will accord with the parameters of participants' signed informed consent forms.**

☐ I consent to my anonymous data being stored indefinitely for future use in accordance with the parameters of this signed consent form.

☐ I do not consent to my anonymous data being stored for future use in accordance with the parameters of this signed consent form and would like my data to be destroyed following defense of the dissertation (estimated date December 2022).

Signature: Date:

_____ _____

Participant: (name)

Participant Resource List

Revisiting questions of self-harm and life history may bring up painful or uncomfortable feelings or memories. If at any point during the course of this research you feel distressed or in need of support, the following list of services is available for you.

Distress Centre of Toronto
Phone number: 416-408-4357
Website: http://www.dcogt.com

Gerstein Crisis Centre (Toronto)
Phone number: 416-929-5200
Website: https://gersteincentre.org/

Assaulted Women's Help Line
Phone number: 416-863-0511
Website: https://www.awhl.org/

Toronto Rape Crisis Centre/Multicultural Women Against Rape
Phone number: 416-597-8808
Website: http://trccmwar.ca/

Trans Life Line (11am-5am EST)
Phone number: 1-877-330-6366
Website: https://translifeline.org/

Suicide and Crisis Hotline (Canada Wide)
Phone number: 1-800-448-3000

Mental Health Crisis Line (Canada Wide)
Phone number: 1-888-893-8333

LGBT Youth Line
Phone number: 647-694-4275
Website: https://www.youthline.ca/

First Nations and Inuit Hope for Wellness Help Line
Phone number: 1-855-242-3310
Website: https://www.hopeforwellness.ca/