Depathologizing self-harm: The politics of survival

BY SARAH REDIKOPP

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CRITICAL MENTAL HEALTH, MAD STUDIES, AND SELF-HARM

As bodies of scholarly thought and activism, critical mental health scholarship and Mad Studies provide frameworks through which harmful biomedical accounts of mental distress can be resisted. Rather than reduce expressions of distress to symptoms of "mental illness" to be treated and cured, these frameworks locate different experiences of distress within the social, historical, cultural, and political worlds that inform them. These branches of thought critically locate "madness" within broader socio-political circumstances while simultaneously fostering engagement with the felt and embodied experiences of suffering and distress, thereby resisting the abstraction of madness to a social, cultural, or political phenomenon. These frameworks challenge the medicalization of emotional distress and engage those deemed "mad" as politicized epistemic agents—that is, engaging the lived experiences of mad people as knowledge that matters. By taking the lived experience of distress seriously as a starting point for analysis, critical mental health and Mad Studies frameworks look beyond individual experiences of mental illness and work to uncover the vast networks of power and inequity that structure, shape, and distribute distress, loneliness, joy, connectivity, and even health.

With regard to self-harm—the intentional injury to one's body through acts such as cutting, burning, scratching, hair pulling, self-hitting, or biting—critical mental health and Mad Studies scholarship opens space to ask critical questions about the pathologization of—and the urgency of depathologizing—self-harm as an act of survival. When paired with feminist attention to the gendered and racialized dimensions of distress and embodiment, these frameworks also carve out space to explore questions of control and bodily autonomy, particularly around the fear held by so many about self-harm as a behaviour widely perceived as out-of-control, shocking, attention seeking, or manipulative.

PSYCHIATRIZING SELF-HARM

Frequently, self-harm is a repeated behaviour undertaken as a way of coping with overwhelming mental or emotional distress. The existing clinical literature on self-harm, which is heavily influenced by biomedical psychiatric emphases on individual behaviour, biology, and "cure," tends to medicalize self-harm as a symptom of mental illness, or as mental illness itself. The recent coining of non-suicidal self-injury disorder (NSSID) in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is characteristic of the medicalization of this distress (American Psychiatric Association, 2013). In the DSM-5, to be diagnosed with NSSID, "an individual must engage in acts of intentional self-injury that cause damage to the surface of the body on 5 or more days within the past year," and this self-injury must be performed in an attempt to

> 1) relieve negative thoughts or feelings, 2) resolve an interpersonal problem, or 3) cause a positive feeling or emotion. NSSID must also be associated with negative thoughts or feelings and/or interpersonal problems immediately prior to engaging in the behavior, preoccupation with the behavior that is difficult to resist, or the frequent urge to engage in the behavior. (Muehlenkamp & Brausch, 2016, p. 548)

Much as borderline personality disorder can be critiqued from a feminist perspective (Redikopp, 2018), NSSID can be critiqued as an attempt to manage "sick" individuals by medicalizing trauma and distress and obscuring the influence of violent structures on the use of self-harm as a coping mechanism.

As a behaviour, self-harm is particularly gendered in that it is disproportionately undertaken by women and girls (almost all extant clinical evidence indicates that self-harm, particularly self-cutting, is more common among these populations). Clinical discourses on self-harm are also aged and racialized in particular ways. Barbara Brickman, in *Delicate Flesh* (2016), explores the "cutter profile" developed by 1960s American psychiatrists as a white, middle-class, generally attractive adolescent girl. Brickman demonstrates how this profile continues to persist as the tragic face of self-harm, particularly self-cutting, and likewise, how medical discourses con-

Depathologizing self-harm, page 22

Depathologizing self-harm continued from page 21

tinue to produce this figure of the white, adolescent female cutter through imbalanced research and ideological assumptions about embodiment and femininity. Self-cutting particularly is often referred to as "delicate" or "superficial" self-harm, the gendered and racialized connotations of which are directly linked to this normative cutter profile. The myth of the "delicate" white female cutter forecloses effective considerations of what "non-normative" (or marginalized) experiences of self-harm may look like, and remains embedded in clinical research practices.

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DEPATHOLOGIZING SELF-HARM

What these dominant interpretations of self-harm fail to consider is how self-harm is not simply about "harming" the self, but about coping with structural and systemic distributions of violence and inequity. Drawing on critical mental health, Mad Studies, and feminist frameworks, my dissertation undertakes a sustained intersectional analysis of self-harm through a lens of structural violence. Rooted in Black feminism and feminisms of the global south, intersectionality accounts for the interlocking and mutually constitutive nature of systems of power such as white supremacy, patriarchy, and global capitalism. Examining self-harm through an intersectional lens allows me to be explicate the ways in which race, gender, class, and sexuality work together to inform the practice of and response to self-harm. In doing so, I hope to challenge dominant understandings of self-harm as a behaviour primarily undertaken by young white women and to interrogate the relationships between embodied forms of knowledge and structural worlds of violence. Self-harm is a behaviour steeped in shame, fear, and misunderstanding. Almost without question, self-harm is viewed as a maladaptive and undesirable behaviour or as a tragic expression of suffering that must be stopped. This emphasis on cessation, combined with the intensely feminized nature of self-harm, renders it a site ripe for psychiatric medicalization and control.

As a feminist scholar engaging questions of self-harm, medicalization, and power, and as someone with histories of self-harm, my work understands self-harm as a rich site of encounter between emotional distress, structural violence, medicalization, and embodiment. Dominant frameworks of responding to self-harm, greatly informed by biomedical psychiatric ideologies of "treatment" and "cure," situate self-harm as a symptom of mental illness to be dealt with through psychiatric intervention. These frameworks medicalize risk factors, such as poverty and abuse, rather than politicizing them, and the act of self-harm is rendered the primary danger to be "fixed," rather than understood as requiring a sustained critique of overarching structures of poverty and capitalism, patriarchal and heterosexist violence, racism, colonialism, and transphobia, all of which inform the use of self-harm as a way to cope with or navigate stressful circumstances. Through critical mental health, Mad Studies, and feminist frameworks, self-harm can be more meaningfully engaged with as a means of surviving violent worlds.

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