Testimony, Sexual Violence and Self-Harm

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Two knowledges of DSH

“Official” knowledge of medicine and psychiatry:

“a deliberate non-fatal act, whether physical, drug overdosage or poisoning, done in the knowledge that it was potentially harmful, and in the case of drug overdosage, that the amount taken was excessive”

(Morgan, 1979: 88).
Two knowledges of DSH

“Subjugated” knowledge of the “psychiatric survivor” movement:

“I’ll tell you what self-injury isn’t – and professionals take note...It’s rarely a symptom of so-called psychiatric illness. It’s not a suicide attempt...So what is it? It’s a silent scream...It’s a visual manifestation of extreme distress. Those of us who self-injure carry our emotional scars on our bodies” (Maggy Ross in Pembroke, 1994, p. 14, emphasis added).

The Problematization of DSH

Recent work:


The Problematization of DSH

4 Aspects:

1. Psychopathology
2. The Politics of the Social Movement
3. Gender
4. “Testimony”

1. The Problematization of “psychopathology”

Questioning the idea that self-harm can be explained as “psychopathology” e.g. as a symptom of the syndrome “Borderline Personality Disorder”

Or

Only in relation to suicide
Marcus Redley

Redley interviewed 50 self-harmers in an area of multiple deprivation and tried to retain a sense of the agency of the overdose without collapsing it into either:

- A form of psychopathology or
- A deterministic consequence of structural deprivation itself

But!

Redley’s notion of “agency” ends up portraying the self-harmer as entirely a “victim”:

“they become for themselves and others victims of circumstances beyond their control”
The Problematization of “psychopathology”

Cresswell/Kilby/Spandler all provide accounts which focus upon self-harm as an adaptive “survival” mechanism related to a traumatic lifecourse and thereby avoid portraying the self-harmer as “victim”

- But the material reality of what lies outside the act of self-harm remains elided

The Problematization of “psychopathology”

So,

Can we problematize psychopathology whilst providing an account of “agency” alive both to the trauma of the lifecourse and the circumstances of the immediate materiality of a life?
2. The Politics of the Social Movement

Cresswell/Spandler situate their account of self-harm within the politics of the “psychiatric survivor” movement

- According to this perspective the “survivor” account of self-harm is part of a “hegemonic struggle” over who gets to define what self-harm is

The Politics of the Social Movement

NATIONAL SELF-HARM MINIMISATION GROUP

Cresswell is sympathetic to the idea that when self-harmers are stuck in patterns of self-harm workers should work in alliance alongside them even if it means facilitating safer self-harm e.g.:

- The provision of clean blades
- Information about anatomy/physiology
The Politics of the Social Movement

Because Cresswell/Spandler are interested in movement politics, they are focussed upon the way in which social movements interact with the welfare state apparatuses:

- NHS
- Social Services
- Voluntary Services

= PSYCHOPOLITICS (Sedgwick, 1982)

The cultural meaning of self-harm

The question of the wider cultural meaning of self-harm is not addressed in Cresswell/Redley/Spandler but is addressed by Barbara J. Brickman (2004)

Cultural meanings, gender and self-harm:

Brickman’s analysis of Girl Interrupted (1999)
3. Gender

*Girl Interrupted* (1999)
With
Winona Ryder and
Angelina Jolie

Gender

Brickman notes that a profile of self-harmers arose in the 1960s as “delicate cutters”:

- White
- Suburban
- Attractive
- Teenage/Young Woman
Gender

The profile seems to arise in scientific psychiatric discourse and then spread to popular discourse – the Hollywood film.

If this were true then the culturally popular discourse (cinema) would be parasitic upon the scientific discourse.

But!

Brickman shows how the “delicate cutter” profile was always already there in popular fiction, lifestyle magazines etc.:

“popular and biomedical discourse are part of the same continuum…culture works through both”
Gender

What is the “culture” that works through both?

For Brickmann:
“conservative cultural narratives about gender…medical discourse employs these myths of femininity in the process of pathologizing the female body”

Gender and the politics of the social movement

So,
What Brickman’s analysis suggests is that the social movement must not just look towards the “services” for reform but also out into the wider culture to question the stereotypes of gender being promoted there

  e.g. like Mental Health Media
What about men?

One problem about men and masculinity is that in work on self-harm, men function as the “absent presence”

We have little qualitative research upon men, masculinity and self-harm.

Redley’s sample of 50 self-harmers contained 24 males but there was no gender analysis at all!

4. Testimony

Both Cresswell and Kilby see the act of self-harm as related to the notion of “Testimony” – the act of speaking a traumatic truth in the presence of a “witness” e.g.:

‘I am a survivor of self injury and sexual abuse’ (Diane Harrison, 1995: 2).
Testimony

But!
Whereas Cresswell sees “Testimony” as the political act of *speaking* out in the context of social movement politics

Kilby sees the act of self-cutting as itself “Testimony” as a testimony to the trauma that *can’t be spoken* which she sees as being childhood sexual abuse

So,
Can we develop an account of “Testimony” and self-harm which accounts for:

1. The experience of trauma
2. The bodily agency of self-harm as “Testimony”
3. The political agency of spoken/written “Testimony” as a political practice?
Final question

How is this temporal rhythm – trauma > bodily agency > political agency – related to the formation of “identity”?