



**Our stories, our selves:
Fictional representations of self-harm**

Submitted by Veronica Heney to the University of Exeter
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A rectangular box containing a handwritten signature in black ink that reads "V Heney".

Signature:

Abstract

Self-harm is often understood, experienced, or culturally positioned as an object which is particularly difficult to represent or narrativise. These difficulties encompass both the widespread fear that depictions of self-harm lead to imitative behaviour, and the difficulty of finding appropriate narrative forms or language for an experience which is often complex and contradictory. This thesis explores this difficulty, and in so doing centres the experiences and perspectives of people who have self-harmed in analysing fictional depictions of the practice. This is accomplished both through the study's advisory group, and through conducting in-depth qualitative interviews with people who have self-harmed. These interviews are then brought together with close readings of fictional texts, including novels, plays, films, and television. Thus the study is an innovative, interdisciplinary attempt to bring both Literary Studies and Social Science methods to bear on the question of narratives of self-harm.

Through this method the thesis suggests, first, that modes of subjectivity and identification through and in relation to fictional depictions of self-harm are bound up with knowledge and agency. I then argue that the meaning, affect, and significance of self-harm within fictional texts is intertwined with fraught questions of authenticity, with the negotiation of textual pleasure, and with the stereotypical figure of the self-harmer as a young, white, middle class woman. Finally, I explore endings and chronicity, noting that through compression and certainty the self-harming subject is presented with stark futures of recovery or death, leaving little space for self-harm's own temporalities. Throughout, I note that the specific construction of self-harm in fictional narratives often (although not always) functions to locate the self-harming subject as beyond or not deserving of care. This occurs, in part, because self-harm is (or has been understood and constructed as) both signifying and signalling a failure of rational, contained, self-controlled neoliberal selfhood.

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Introduction - Stories and self-harm: trouble, multiplicity, and contradiction

In a 2018 interview with the *Guardian*, popular and prolific children's fiction author Jacqueline Wilson discussed her discomfort with representing self-harm in her books, saying that if she wrote that self-harm in some way relieves feelings of anger or fear "who knows if one child somewhere might think, well shall I try it? You've got to be so careful" (Allardice 2018, para. 11). Wilson, as her readers will know, has no such qualms depicting myriad other complex social topics including anorexia and bullying. This is, of course, just one brief quotation; yet I suggest it is not only representative of more widely-held views, but also elucidates the tensions, silences, and contradictions which surround both self-harm and its representation. In doing so it establishes the threads this introduction will follow in order to lay out: the aims of this thesis and the research project; my particular approach to self-harm; and the themes which guide the subsequent chapters.

At the heart of Wilson's statement is a tension between self-harm and representations of self-harm; Wilson posits a particular relationship between narratives and experiences of self-harm, one which she does not extend to other difficult topics or experiences of mental distress. It is this relationship, and its particularity, which is at the heart of this thesis. Wilson frames self-harm as especially (or perhaps simply specifically) troubling: the thought of a child self-harming is distressing to her, it is something to be avoided at all costs. Therefore self-harm emerges as particularly troubling to *represent*; it is not only that self-harm itself is distressing, but that this difficulty is transformed into a difficulty of narrative or of representation. Self-harm is a problem not only in life but in stories. Yet this difficulty does not just move in one direction: in a 2013 study Emily Klineberg et al. found that adolescents, whether they had self-harmed or not, "indicated some difficulty comprehending self-harm in both themselves and in others" and that those who did have experience of self-harm often "had difficulty constructing a coherent narrative or finding words to explain their experiences" (5). The trouble which self-harm poses to narrative might expand beyond fiction into life, specifically into the lives of people who have self-harmed and their ability to narrate or make sense of

those lives. Wilson's concern is that narrative is too easily acted upon, that it might escape the bounds of story and make its way into people's lives; but in people's lives it seems that what has in fact escaped from the safety of narrative is the silence which surrounds the act of self-harm – its impossibility to narrate.

Unpicking these threads connects self-harm with the conceptual approach which has perhaps most significantly informed my thinking around self-harm. In identifying self-harm's positioning, by Wilson, as an object which is particularly troubling, I echo Donna Haraway's exhortation to 'stay with the trouble'. In her 2016 monograph Haraway explores the difficulty of engaging fully with topics or issues that are politically or experientially thorny, complicated, or discomforting. Haraway notes a tendency for such topics to be dismissed as 'impossible' and to be approached either through a "comic faith" in a simple and totalising resolution, or through a feeling that "there's no sense trying to make anything better" (2016, 3). Both approaches comprise a form of avoidance or refusal, both are a practice of distancing or renunciation. I would suggest that both tendencies, the desire for resolution or safety and the fear of certain disaster, surround self-harm and approaches to its fictional representation. Thus, self-harm's social and cultural location as a particular form of 'trouble', as demonstrated so aptly by Jacqueline Wilson, calls most urgently for a commitment to 'staying with the trouble' (Haraway 2016, 1), to refusing easy comforts or overwhelming fears, to remaining present and engaged in all self-harm's complexities.

I seek to retain the affect of Haraway's formulation of 'trouble', within which sites of trouble are not only upsetting or potentially unjust, but also productively complex, offering opportunities for creativity, for what she describes as "response-ability" (2016, 2), and for thinking that is "both more serious and more lively" (2016, 4). Self-harm's trouble is not solely that it is distressing, or simply bad: rather, this thesis will proceed from the assumption that self-harm's 'bad-ness' is far from self-evident. Instead I will, in this introduction and the thesis, trace self-harm's trouble as found: in the **contradiction** or **ambivalence** which is often present in experiences of (and approaches to) self-harm; in the **uncertainty** which surrounds what self-harm is, what it means, and where its boundaries might be found; in the **oppositional** or horrified response which self-harm often prompts; and thus in self-harm's **challenge**

to social and cultural norms of self-hood and subjectivity. In what follows, I will trace these elements of trouble as they manifest in the definitions of self-harm, in frameworks through which self-harm is understood, in the themes this thesis found to be vital to the relationship between self-harm and fiction, in the existing approaches to self-harm's representation in fiction and media, and in this thesis' overarching argument regarding the difficulty of care.

I will first lay out the scope and aims of the project, which is an attempt to explore the inter-relation between narratives and experiences of self-harm. As Amy Chandler notes:

Cultural narratives about self-harm [...] are undoubtedly powerful – they give us the words and stories through which we make sense of our own practices – but the way that cultural narratives are taken up, how they are used, adapted, responded to by individuals in different social locations, is various, is not straightforward. We cannot assume what the effects are. (2019, para. 6)

This PhD seeks to answer Chandler's call for a refusal to simply assume the effects of cultural narratives, to consider the possibility that cultural narratives do not simply enact obvious effects, but are also responded to or used. It thus attempts a two-fold consideration of both cultural (or specifically fictional) narratives, and of their effects. In assessing this it seeks to prioritise the experiences, perspectives, and insights of people who have self-harmed. Through drawing together both Social Science and Literary Studies methods, the project examined what fictional representations are available to people with experience of self-harm, how those individuals experience or understand such representations, and how these representations might frame the meaning of self-harm. This was accomplished through a qualitative interview study and the close reading of fictional texts, including novels, plays, films, and television series. The project thus attends to the inter-relation between narrative and experience, to how the consumption of narrative might be shaped by particular experiences, while the prevalence of certain narratives might similarly structure how certain actions or practices are both experienced and responded to. These questions are considered through the topic of self-harm, as a practice which might engender (or result from) a very specific relationship between text and life, but which nonetheless remains connected to broader questions around the social impact of

narratives, the depiction of mental distress or madness, and ways that fictional narratives might determine our ability to communicate or make sense of our own experiences.

Defining self-harm: histories and boundaries

To clarify how self-harm has been defined within this research returns us to the question of trouble; even the choice of the term 'self-harm' is not without complexity. As Amy Chandler, Fiona Myers, and Stephen Platt note, "existing research on self-injury is beset by a lack of definitional clarity" (2011, 109). The term Non-Suicidal Self-Injury (NSSI) is used almost exclusively within clinical literature (Glenn and Klonsky 2010; Gordon et al. 2010). At times authors distinguish between self-harm (as a broader category referring to suicide, attempted suicide, and any other deliberate injury of the body) and self-injury (as the more specific category of deliberate bodily harm without suicidal intent) (Chandler, Myers, and Platt 2011, Brossard 2018). While historic studies have often chosen to refer to specific practices of self-harm, such as cutting, this is increasingly less common.¹ In UK literature there has been discussion of whether self-poisoning should be grouped together with other self-harm behaviours such as cutting, burning, and scratching (Millard 2015; Crouch and Wright, 2004). Drawing such a distinction is often complicated by the complexities of delimiting acts of suicide or attempted suicide, and whether such boundaries are drawn on the basis of an act's intended consequences, or whether simply all non-fatal acts of self-harm or self-injury are grouped together, as is common in studies of A&E presentation (Gilbody, House, and Owens 1997; Hawton et al. 2012).

Uncertainty is also found when locating self-harm within wider conceptualisations of mental health. Self-harm is a practice or an action, and not a diagnosis in and of itself; however, self-injury first appeared in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1994 as one of nine diagnostic criteria for Borderline Personality Disorder (BPD). The diagnosis remains a relevant

¹ Some older studies refer simply to cutting, or, somewhat tactlessly, to "cutters" (Pao 1969, Strong 1998); as recently as 2010 Catherine Glenn and David Klonsky refer to a particular group of participants in their study as "skin-cutters" (471).

and important context for experiences of self-harm; Merri Lisa Johnson has advocated for the benefits of “placing self-cutting in the psychoanalytic context of borderline personality disorder” when carrying out cultural analyses (2015, 257). While the association between the two certainly remains, not least in fictional texts such as *Girl, Interrupted*, ‘Non-Suicidal Self-Injury’ is now listed as a separate category in the DSM, in part due to concern that its inclusion solely within BPD criteria might lead to inappropriate diagnosis of adolescents who had self-injured (Chandler 2016, 166). Certainly it is vital to note that the two clinical objects are distinct rather than entirely overlapping,² and that many people with experience of self-harm will not meet the criteria for a diagnosis of BPD (or at least might not receive such a diagnosis), that they might have experience of other mental health diagnoses or conditions, or that they might never have undergone a diagnostic process. Moreover, BPD itself might be regarded as an uncertain or contested object; it has been criticised as individualising and pathologising responses to gendered trauma (Shaw and Proctor 2005) or to deep cultural splits (Wirth-Cauchon 2000), and is currently the subject of much debate and reformulation (Lewis and Grenyer 2009). This thesis does not associate self-harm with any particular diagnostic label or experience, but does hold this potential connection in mind.

Self-harm’s association with suicide is also both important and complex. Epidemiologically, it is possible to find a plethora of research which frames self-harm as associated with suicide or specifically with increased risk of suicide; this is often a key justification for research into and care for self-harm. Hawton et al. state that “an important question is the extent to which method of self-harm may, as found for adults, be used to predict suicide risk in children and adolescents” (2012, 1212). Yet it is often important to people with experience of self-harm to draw a clear distinction between the two acts, noting that practices of self-harm are not just associated with suicide but in fact might be mis-interpreted as being suicide attempts, regardless of

² Rates of self-harm are around 17% in adolescents (Muehlenkamp et al., 2012) and 6% in adults (Klonsky, 2011), while the rate of BPD is estimated to be around 3% among adolescents (Guile et al., 2018) and about 1.5% for adults (Gunderson et al., 2018).

the stated intent behind the act. David Klonsky and Jennifer J. Muehlenkamp note people with experience of self-harm frequently “characterise self injury as a means of resisting urges to attempt suicide” (2007, 1050). In this PhD, participants often commented that they appreciated the ability to make a distinction between self-harm and suicide;³ Blanche (who will be introduced fully in the second chapter) talked about feeling frustrated at the association, noting that “that’s not what [self-harm] means to me,” while Tracey commented “I don’t like links being made between self-harm and suicide [...] they’re different behaviours.” Jon made reference to a text which was important in negotiating his relationship “to mental health, self-harm, suicide, all three of those things,” acknowledging the ways in which those categories and experiences might be both overlapping and separate. For while this distinction seemed to be both evident and important, participants also often noted an overlap, or talked about the existence of a relationship between self-harm and suicidality, or even simply referred to texts or characters as depictions of self-harm when they might easily have been described as representing solely attempted suicide. As Chandler notes, “it would be remiss to suggest that self-harm for some is not tied up with thoughts of suicide, of death” (2019, para. 9). This speaks to the impossibility of making clear distinctions, and perhaps the importance of not doing so, in order to allow people to define their own experiences. Here, certainly, we might note the ‘trouble’ of self-harm: the trouble of definition, the trouble of placing boundaries even around one’s own experiences, and the trouble of suicide itself.

Alternatively, at times, self-harm is presented as aligned with or even analogous to any action which society might deem as ‘self-destructive’ (Jeffreys, 2000). This, too, was a complexity of self-harm which participants discussed. Participants often connected self-harm to experiences of disordered eating, to drug or alcohol addiction, and to particular sexual practices such as casual or unfulfilling sex. These experiences were framed both as practices which were *analogous* to

³ While participants will be introduced fully subsequently, a list of their introductions can be found in Appendix C. I quote here in part to recognise the ways that my approach to the object of self-harm was iterative, that it developed through and in response to the conversations I had with participants.

self-harm and practices which were actually a *form* of self-harm; it often seemed hard to find where the boundary might be. Blanche said,

You wouldn't usually describe an eating disorder as self-harm, even though it's definitely harmful behaviour to the self. [...] There are definitely a few books that I have read [...] where the protagonist goes out and has sex a lot, with strange people they don't know and describing it as you know, this kind of like disembodied experience [...] And I think that's, that's a self-harmful behaviour. Although obviously, no one would go, well you're self-harming.

Similarly, Rosa talked about alcohol abuse and said “no one ever says *oh that's a form of self-harm*, but in some ways, it is. If you're doing it to, most people drink to escape a pain. And it's like, well, that's kind of hurting yourself, sort of,” and went on to apply a similar logic to taking drugs. Here, too, the boundaries of self-harm are difficult to establish not just in research, but in life. There are practices which are harmful to the self which might not be described as self-harm; this raises questions about what forms of harm to the self are more or less socially acceptable, and whether the boundaries of the object of self-harm can be taken for granted. Yet even as participants made connections between self-harm and other practices they still shared a sense that ‘self-harm’ as a term referred specifically to forms of direct and deliberate physical harm. The meaning of self-harm might be seen as unstable or uncertain, but this is not to say that there was no meaning at all.

Further, as Chandler, Myers, and Platt note, it is undeniable that the “typical” self-harming subject “is presented as female, white, young, and middle-class in many different disciplinary literatures, and accepted as such by researchers and commentators alike” (2011, 101). These “disciplinary literatures” undoubtedly include not only popular commentary but also fictional representations. Yet as powerful as this archetype continues to be, it is not straightforwardly supported by statistical evidence. Chandler et al. note that the conception of self-harm as feminine is in many ways self-perpetuating, as initial studies conducted among populations which were more likely to be predominantly female have been inaccurately interpreted as representative of self-harm as a general category, and “used to justify further research focusing on female-only populations” (2011, 102, citing Schoppmann et al., 2007). In contrast the rare studies which include male self-harm suggest that this is

far from anomalous. The evidence regarding social class is mixed and indeed conclusions appear to vary by discipline (Chandler, Myers, and Platt 2011, 103). Although race is mentioned in their initial description, Chandler, Myers, and Platt present no evidence to either support or disprove the claim that self-harm is experienced disproportionately by white women, perhaps representing the extent to which race remains unspoken yet assumed in much of the relevant literature. Certainly the evidence for the predominance of this stereotype is uncertain: while rates of self-harm are high in white teenage girls, self-harm can also be found to a significant extent in other populations.⁴ Self-harm's boundaries and locations remain both fraught and unclear.

Within this project I have chosen to refer throughout to 'self-harm' rather than 'self-injury'; in the UK 'self-harm' is more common in popular usage, and 'harm' carries fewer medical associations than 'injury'. This seemed to be a term that participants were familiar and comfortable with. When quoting from existing research I will naturally retain the terms of the original, recognising that some slippage amongst different terms and usages is perhaps inevitable. I have used the definition of self-harm as "an act, normally a repeated, habitual act, which in some way causes direct harm to the body but one where the focus and purpose of the act is this harm itself and not some other goal" (Steggals 2015, 9). This definition is taken from Peter Steggals, and was chosen because it contained a mention of self-harm as a repeated practice rather than a singular act, because it distinguished self-harm from

⁴ A more recent investigation of statistical evidence does not lend further clarity. McManus et al. found that in England in 2014 prevalence of Non-Suicidal Self-Harm was significantly higher among women and girls than in men and boys, and that prevalence did not differ significantly between ethnic groups (2019). In contrast in a study from Borrill, Fox, and Roger found that ethnicity alone was not a significant predictor of self-harm, but that white and mixed ethnicity students were most likely to report any self-harm and Black participants were less likely to report repeated self-harm (2011). Gender differences were not found in the white and Black ethnic groups but were observed in the Asian group as a result of unusually low rates of reported self-harm for Asian men. In direct contrast Cooper et al. found that across three UK cities (Manchester, Derby, and Oxford) young Black women were at increased risk of self-harm, while older ethnic minority people of both genders had lower rates of self-harm than their white counterparts (2010). These contradictory findings demonstrate both the uncertainty of any population-based data around rates of self-harm and the inadequacy of the stereotypical self-harming subject.

attempted suicide, and because it retained a focus on practices of self-harm where hurt to the body was the primary focus of the act, rather than a secondary result. This definition was printed on all recruitment materials and was also read to participants at the beginning of the interview. Yet as I've noted above, both in my own conceptualisation of self-harm and in the way self-harm was discussed in the interviews, the distinctions which this definition makes were often blurry or uncertain (even as they were important or taken to be self-evident). Here, again, we find the trouble of self-harm and its many contradictions: even as a definition was given it was frequently disregarded, even as distinctions emerged as important they were also challenged. I have not attempted to resolve these contradictions in what follows; rather I have attempted to follow them through, to allow them to exist within my work in their fullness.

Self-harm: frameworks and understandings

Given the complexities of defining self-harm, it is unsurprising that the meaning, structure, or location of self-harm is also subject to multiple interpretations. What follows will explore frameworks through which self-harm has been understood; while noting some of the limitations of different approaches, I will not seek to advocate for one framework in particular. Rather, I will attempt to attend to, and stay with, the multiplicity which self-harm is bound up with. The contingency of current formulations of self-harm is evident from historical research. Sarah Chaney has traced the history of self-harm from medieval flagellants to 19th century 'needle girls', attesting to the many diverse meanings and practices which might be seen as harming oneself (2017). Chris Millard has demonstrated that the construction of self-harm as a clinical object in Britain was impacted by the spaces in which cases were treated and researched and by the control exerted by legal, medical, and psychological knowledge regimes (2015). Barbara Jane Brickman has explored the emergence of the clinical profile of 'delicate' cutters in the 1960s and 1970s, reflecting the particular interest of clinicians in *female* 'self-mutilation' (2004). Brickman concludes that this research was significantly influenced by, and reinforces, myths of gender difference, suggesting the studies reflect the broader trend of "the medicalisation of the female body" (2004, 89). Any social object will engender various shifting perspectives, but exploring self-harm's position within

particular psycho-medical and psychoanalytic, sociological, and cultural discourses helps to clarify this project's approach.

Far from Brickman's analysis of early clinical interest in femininity, passivity, and experiences of maternal deprivation, current psycho-medical research frames self-harm in terms of impulses, emotion regulation, and communication. Matthew Nock proposes that "NSSI functions as a means both of regulating one's emotional/cognitive experiences and of communicating with or influencing others" (2009, 2). Similarly, Klonsky and Muehlenkamp's review of self-harm literature emphasises that people who self-harm tend to exhibit the psychological characteristic of "negative emotionality" (2007, 1048), and that "affect regulation" is "the most prevalent function of self-injury" (2007, 1050). Chandler locates these models within the broader rise of the neurobiological in neoliberal societies (Chandler 2016, Rose 2007); Millard also emphasises self-harm's formulation through "an internal psychopathology which involves intolerable psychic tension" (2015, 190). We might characterise these approaches as individualising and note, as Chandler does, that such a framing encourages an analysis of self-harm not simply as emotional regulation but as both a form of and a response to 'dysregulation' (2016). Self-harm both arises from a failure to appropriately control or manage emotions, but is also an inappropriate strategy for attempting such control; thus, treatment often encourages the substitution of self-harm for *appropriate* methods of 'coping' with negative emotions.

More psychoanalytically inflected or feminist-oriented work emphasises the role of trauma, often seeking to reject the pathologisation of self-harm, or its characterisation as manipulative and attention-seeking. Instead, this work frames self-harm as both a response to trauma and an attempt to communicate trauma.⁵ As early as 1996 Dusty Miller suggested that through self-harm people "re-enact the harm done to them as children" (215), emphasising self-harm as "an adaptation, an attempt to cope" which has "several important functions" (223). Self-harm is re-

⁵ Both aspects might be considered to be relevant or important to people with experience of self-harm, as demonstrated by Marilee Strong's collection of testimony *A Bright Red Scream* (1998).

framed as not a failed form of regulation, but a learned response to extraordinary circumstances. Janice McLane similarly characterises self-harm as “the creation of a voice on the skin” through which “trauma is simultaneously expressed and controlled” (1996, 112). Later theorists have drawn on psychoanalytically-inflected theories of the function of the skin. Jane Kilby claims that self-harm reanimates the skin-boundary, and so through these practices the skin “speaks violently of the failed promise of language to communicate trauma” (2003, 126). David LeBreton similarly suggests the incision made in self-harm “restores the skin’s boundaries” (2018, 37). Echoing McLane, he describes self-harm as “a form of language on the skin” (2018, 46) and “an attempt to confront the suffering and restore meaning” (2018, 39). Finally, Steven Connor draws on the psychoanalytic theories of Didier Anzieu (1989) and Esther Bick (1968) to characterise self-harm as “an assault upon the skin as the bearer or scene of meaning” (2001, 45) and a way to give suffering “somewhere to happen, and somewhere to happen to” (2001, 50).

These framings are valuable, and raise interesting questions regarding self-harm’s relationship to trauma and what self-harm is taken to communicate, and thus to mean. Yet while childhood trauma is often described as a risk factor for self-harm, and meta-analyses suggest that survivors of childhood trauma are two to three times more likely to go on to experience self-harm (Liu et al. 2018), there is little evidence to suggest that *all* self-harm is associated with trauma or abuse, especially when narrowly defined. It seems slightly totalising to theorise self-harm solely in response to trauma when these experiences are not universal within the population of those who self-harm.⁶ This is not to say that there are not broader experiences of cultural or social trauma with which self-harm is bound up; however, the models described above are mostly interested in individual experiences of abuse (although we might locate these experiences within the broader context of gendered or patriarchal violence). They primarily address a question of individual psychology; while this remains both interesting and clinically important, it perhaps aligns them with critiques

⁶ Indeed, such theories might instead result in self-harm immediately (and, at times, inaccurately) being read as evidence of trauma.

made of more bio-medical approaches in their failure to consider broader social forces, structures, and discourses: it is to these social factors that we will now turn.

There has been a vital increase in the last decade in sociological approaches to self-harm. One of the earliest examples can be found in the work of Patricia and Peter Adler, who argue that over the course of the 1990s self-harm “changed from being the limited and hidden practice of the psychologically disordered to becoming a cult youth phenomenon, then a form of more typical teenage angst, and then the province of a wide swath of socially disempowered individuals” (2011, 2). At the heart of this is an argument regarding the de-medicalisation of self-harm (that is, its shift from a medical to a social category of experience), in part due to the rise of the internet and its role in destigmatising self-harm. They suggest self-harm both ceased to be understood as a purely “psychological disorder” (2011, 3) and ceased to function in this way, as it became more common among broader populations. Chandler has made a helpful critique of this work (2016), noting that they take the initial clinical category of self-harm for granted and accept unquestioningly the assertion that self-harm had been transformed in “a trendy fad” (Adler and Adler, 2011, 199), a characterisation which I, too, would certainly contest.

Peter Steggals also approaches self-harm sociologically as a “situated cultural practice” (2015, 14). Through a comprehensive analysis of discourses of neoliberalism, psychiatry, and individualism, Steggals sees self-harm as “characteristic of its culture and a crystallisation of its tensions and discourses” (2015, 194), particularly of the inherent contradiction within late-modern society between discourses of the self-contained psychological individual and of romantic-expressive selfhood. Exploring social discourses and dilemmas such as the expressive imperative, the necessity of control, and technologies of visibility in relation to self-harm allows him to draw broader conclusions about the dominant discourses through which modern sociality is structured. Amy Chandler takes a similar approach in exploring how accounts of self-harm come to be understandable or justifiable, and thus how acceptable master-narratives might restrict accounts of what she describes as “the diverse, socially mediated practices that make up self-injury (2016, 203). In contrast, Baptiste Brossard is more interested in “how social trajectories make self-injury a comprehensible and reasonable practice” (2018, xix).

This is in some ways a useful counter to Steggals' approach, in which self-harm becomes so entirely characteristic of modern society that it almost becomes impossible to determine why some people might not self-harm. Brossard remains interested in sociality at a relational level, suggesting that self-harm relates particularly to the "place he or she holds or believes to hold in his or her family" (2018, 105) and to an early perception of oneself as "fundamentally atypical" (2018, 120). Brossard connects this to Norbert Elias' analysis of broader cultural discourses within which "individuals are increasingly obliged to self-control" (2018, 172), thus suggesting that self-harm is an "extreme form of self-control" through which individuals attempt to successfully respect or respond to "powerful injunctions to self-manage" (2018, 175). Those who self-harm, although framed as deviating from social norms, are in fact attempting to embody them.

Sociological work also explores the social positioning of specific groups of people who self-harm; for instance, Elizabeth McDermott and Katrina Roen have examined self-harm and suicide among queer youth. They, too, critique the individualisation achieved through pathologisation, but tie it specifically to the language of 'at risk' which is frequently applied to queer youth. They suggest, using Judith Butler's framework of recognition as a form of social legibility established through norms, that "queer youth are misrecognised because of their gender, sexuality, age, and rationality, and that for some this is particularly distressing" (2016, 13). They emphasise the toll of self-management in relation to unattainable norms, which is felt particularly strongly by queer young people. Here we see both an awareness that social norms might act unevenly upon certain populations, and that this uneven-ness might result in social circumstances which are particularly distressing. This demonstrates a clear shift from bio-medical ideas of affect regulation to more social and relational questions of the material contexts of people's lives, within which intense distress or discomfort might be more likely. These sociological approaches are collectively extremely helpful in locating self-harm within social and cultural contexts, and in considering self-harm as an embodied and relational process. However, at times this work can seem primarily concerned about what self-harm can tell us about society. The 'trouble' of practices of self-harm is subsumed within analyses of social forces. Analyses which focus solely upon cultural forces, whether those of homophobia or norms of self-management, can slide away

from the family dynamics, psychological processes, and experiences of distress which, while not all-encompassing, remain an important aspect of how self-harm is experienced.

The question of homophobia might bring us to one final category of approaches to self-harm: that of political action. Chris Jingchao Ma has recently drawn on McDermott and Roen's work to analyse self-harm in the context of gender dysphoria, as a response to a body already in pain. Ma suggests that "a form of self-harm may be understood as a silent protest – not a will to harm oneself, but an intervention into the way in which the will of hostile others acts upon oneself" (2019, 432). Ma's approach echoes that of Anna Motz who also conceptualises self-harm in terms of protest, although she is interested in analysing self-harm as a particularly female practice. Motz suggests that self-harm is "a defiant protest against the sentimentalised image of them that others hold" (2016, 140). Motz draws on Susan Bordo's description of "pathology as embodied protest" (2016, 160), which is characteristic of an approach to mental distress, madness, or pathology which sees such practices or experiences as a form of rebellion against constricting patriarchal norms. Susie Orbach, for instance, interprets anorexia as a 'hunger strike' (1993). Both Orbach and Bordo frame such practices as an "unconscious feminist protest" (Bordo 1993, 161), as though the body rebels through self-destruction against cultural norms the mind is incapable of refusing.⁷ In the context of self-harm particularly we might consider Jack Halberstam's brief discussion of cutting as "a feminist aesthetic to the project of female unbecoming", a form of desirable failure (2011, 135).

This is a broad trend: as Marta Caminero-Santangelo notes, following the publication of Sandra Gilbert and Susan Gubar's formative work *The Madwoman in the Attic* (1979) the figure of the madwoman "has come to stand all but universally in feminist criticism for the elements of subversion and resistance in women's writing" (1998, 1). Similarly, Caroline Brown suggests that within Black women's writing

⁷Hélène Cixous suggests "silence is the mark of the hysteric" through which instead "it's the body that talks" (1981, 49). More recently, Audrey Wollen's *Sad Girl Theory* attempts to reclaim sorrow, weeping, starvation, and eventually suicide as "active, autonomous, and articulate" acts of protest (Tunncliffe, 2015, para. 4).

“mental illness serves as an especially resonant metaphor for the disruption caused by oppression” (2017, 8), as well as a tactic through which to solve the “physical and psychic assault” of sociocultural marginalisation (2017, 10). The rhetorical positioning of madness as a metaphor of rebellion has been extensively critiqued: Elizabeth Donaldson argues that “when madness is used as a metaphor for feminist rebellion, mental illness itself is erased” (2002, 102), while in reality “however it is romanticised, madness itself offers women little possibility for true resistance or productive rebellion” (2002, 101). Similarly, Andrea Nicki suggests “it may be used to undermine mental illness as a legitimate illness and disability” (2001, 84), and that “metaphorical ways of describing mental illness preserve its morbidly romantic mystique” (2001, 85). While there may be value to locating self-harm a political context, this is not without dangers.

This final approach highlights that the meaning, function, and cause of self-harm is deeply contested. The various analyses presented above often reflect, of course, the priorities of a particularly disciplinary outlook, yet they act to suggest quite divergent perspectives on self-harm. In what follows, I will draw on many of these frameworks, but this thesis itself offers no theory of what self-harm is. At no time did I ask participants what they felt self-harm was or what it meant,⁸ although in many ways these questions were inevitably threaded through our discussions, and at times they offered their own perspectives or analyses. What was clear to me was that people found different ways of conceptualising self-harm: for some it was important to connect it to trauma; for others it was best framed as a coping strategy; and for others it was helpful to see it as an addiction. Moreover, what I also found was that within individual interviews sometimes participants talked about self-harm through different frameworks, or expressed uncertainty about what exactly self-harm was or what it meant. I’ve tried to leave space for these different frameworks within this thesis, for the way that self-harm might feel like it helps to manage one’s

⁸ In part, this reflected my attempt, to take for granted the authority and expertise of my participants. It also reflected my desire not to expect or require any particular forms of disclosure about their own experiences. Finally, valuable sociological work about the meaning and experience of self-harm has already been carried out, which I do not seek to duplicate.

emotions, while also being connected to the broader limits or structures of society, to the way in which it might be many things all at once. Perhaps, insofar as this thesis does offer an account of what self-harm is, it simply suggests this: that it is complex and multiple, and unlikely to be fully accounted for by any single framing. This multiplicity is a particular form of trouble: I've attempted to see the uncertainty within my approach to self-harm as productive, rather than as a failure.

Self-harm, a study in contradictions: authenticity, sociality, control, positivity, and self-hood

Within this uncertainty, it might be helpful to draw out several specific themes in the critical literature, while noting the contradictions, complexities and ambivalences with which they are bound up. The first key theme is **authenticity**: that this is central within this thesis is unsurprising, given the wide range of literature which associates it with self-harm. This is most clearly laid out by Chandler, whose central argument is that self-harm is “a response to the conflict between a desire for authenticity and the increasing difficulty of embodying or experiencing an authentic self” (2016, 140). This difficulty is contextualised within the broader discourses of late-modern or neoliberal society: drawing on Erickson (1995) she notes the emergence of “an increasing fetishisation of the individual, such that the search for, or articulation of, the ‘true self’ has become an all-consuming project” (2016, 198). Steggals similarly describes the self-harming subject as “a self that is urged to cultivate or discover an authentic self-mastery over itself as a self-contained psychological individual” (2015, 195), a mandate associated with late-modern consumer culture, wherein authenticity has become the ultimate consumer good. Thus, authenticity is of particular relevance to self-harm in part due to its central role in the social context within which self-harm occurs.

Chandler further demonstrates that self-narrativisation of self-harm is frequently structured around a desire to establish authenticity as a self-harming subject. Chandler notes both the “precarious and questionable nature of emotions” in modern society (2016, 103, citing Bendelow 2009) and psychiatry’s “ontological ‘crisis’ due to its continued inability to locate reliable, measurable, visible markers of the disease it treats” (2016, 113, citing Pickersgill 2014 and Whooley 2014). The distress or difficulty which self-harm responds to and is entangled with is often

subject to dubious authenticity: thus self-harm emerges as a form of authentication. As Steggals notes, in a Christian-informed culture while wounds are taken to mean suffering they also mean “repentance, forgiveness, purity attained and a return to authenticity” (2015, 171, citing Bradford, 1990).⁹ Yet Steggals also notes that while on the one hand a wound might serve to validate emotions through a physical manifestation, on the other “it acts as a stigma, as a mark of deviance and shame, as evidence of a defiled, tainted and discredited self” (2015, 161). The claim to validation secured through authentic pain is always already undermined through that pain’s signification of non-normativity and failure.

Moreover, self-harm *itself* is threatened by accusations of inauthenticity. Self-harm’s designation as an attention-seeking behaviour is so culturally ingrained that regardless of the actual prevalence of the belief today, almost any conversation regarding self-harm must begin with a defence against attention-seeking.¹⁰ Chandler suggests that the negative implications of attention seeking are perhaps associated with the negative moral status of ‘drawing attention to oneself’ or ‘causing a fuss’ (2016, 135). This establishes a tension: that through which mental distress is authenticated is itself a practice subject to a constant threat of inauthenticity. As Chandler notes, this is further exemplified through the frequent “charges of copying and fashion” which are laid at the feet of self-harm (2016, 199); just as self-harm secures tangible materiality this authenticity is undercut through its interpretation as mere imitation. In William Crouch and John Wright’s study, those thought to be ‘copying’ self-harm practices “were derided for it” (2004, 193). Accusations of inauthenticity are not only an ever-present threat, but are inherently highly critical. Chandler outlines implications of this regarding the visibility of self-harm, wherein self-harm which remains un-revealed is deemed more authentic, and so attempts to

⁹ While in the history of Christian theology such authenticity is taken to have a less individual meaning, Chaney notes that, in the context of medieval flagellants, inflicting pain on the body was a way in which “faith could be made physically visible”, in which it could be, essentially, authenticated (2017, 37).

¹⁰ The accusation of attention-seeking also aligns with a perception of people who self-harm as manipulative; this is discussed below. At least one implication of both accusations is the withdrawal of care. As Amy Chandler notes, both historically and more recently, caring ‘gently’ for those who self-harm (specifically in the treatment of wounds) was seen as potentially reinforcing manipulative behaviour (2016, 126).

seek medical care can be “subject to moral judgement” (2016, 144). Jonathan Scourfield, Katrina Roen, and Elizabeth McDermott similarly find that “any public display [of self-harm] to peers was thought to undermine its credibility” and thus leave it open to accusations of being ‘attention-seeking’ (2011, 780). Thus, authenticity functions as both a structuring social discourse through which self-harm becomes possible (or necessary), and as a constant uncertainty at the heart of self-harm, wherein any attempt to secure authenticity seems only to threaten to further undermine it. Not only will the question of authenticity be obvious throughout this thesis as a key marker through which participants assessed the quality or acceptability of depictions of self-harm, but the very nature of such depictions, their inherent fictionality, emerges as performing a complex function in both validating and undermining self-harm’s claim to authenticity.

This question of visibility and secrecy highlights a second theme: that of the **personal** and the **social**. Self-harm’s authenticity and legitimacy is deeply linked to its existence as a purely personal act, one which has no social function. In accounts of those with experience of self-harm analysed by Peter Steggals, Steph Lawler, and Ruth Graham “if kept private, cutting suggests serious distress and real psychological and emotional pain. On the other hand, any public display to peers was thought to undermine its credibility” (2020, 780). Similar findings are present in Crouch and Wright’s qualitative investigation of self-harm within an inpatient setting, in which they observed the belief that “secrecy about self-harm was part of the mark of a genuine self-harmer” (2004, 193). Yet this strongly contrasts with the theories summarised above, in which self-harm is deemed to have an important communicative function, and thus a vital social element. Steggals, Lawler, and Graham highlighted “the way that social and communicative elements persistently haunt what is otherwise considered an intensely private matter” (2020, 1). Similarly, Theodora Danylevich suggests that conceiving of self-harm requires a willingness “to dwell in the experience of fissure between the individual and the social” (2016, 509).

Theories of self-harm’s communicative function often address this contradiction: Kilby suggests that “the significance of self-harm testimony is the attempt to generate meaning privately and secretly”, while simultaneously “the desire for testimony is integral to self-harm” which can “speak publicly for the self-harmer”

(2003, 136). This tension is at times particularly connected to the meanings (or function) ascribed to the skin and to the skin ego. David LeBreton characterises the skin as an “ambivalent and ambiguous boundary”, and suggests that “the private and public come together on the skin’s surface” (35, 2018); thus, self-harm becomes not only subject to tension between secrecy and visibility, but a way of negotiating that very tension. Moreover, qualitative research suggests that this tension “between wanting someone to listen but not feeling able to communicate that” (Scourfield, Roen, and McDermott 2011, 782) is part of the felt experience of self-harm. Once again Steggals, Lawler, and Graham frame this contradictory experience as one which self-harm explicitly functions to negotiate. They suggest that through a bodily strategy of expression that is communicative and yet not fully intentional individuals are able to manage “the anxiety associated with both disclosing oneself in the hope of recognition or concealing oneself to avoid a failure of recognition” (2020, 168). Questions of secrecy, of sociality, are inevitably inherent to any attempt to explore representation, which by its nature functions to make visible. In addition to tracing this theme through the PhD, the very method of this study attempts to address this tension, to understand fictional texts and their interpretation as also located at the fissure of the private and the social, and to account for this location through interviews which explored not only individual experiences of literature, but also considered the broader social or relational impact of depictions of self-harm.

Steggals, Lawler, and Wright’s analysis of the social-personal binary suggests it is negotiated through a further ambiguity or contradiction: that of **control** and **agency**, or the absence thereof. As we have already seen, control is seen as a ‘reason for’ or cause of self-harm in both medical and sociological analyses (Gurung, 2018; Brossard, 2018). Here, too, there is complexity: Steggals draws on Charles Taylor’s work on the fetish for control within Western society (1992) to explore self-harm’s ambivalent positioning “as both a coping mechanism and agent of self-control on the one hand or as a symptom of impulse discontrol, impulsivity, and addiction on the other” (2015, 15). This ambivalence is not simply discursive or conceptual, but also appears to be present within the experience of self-harm. Chandler noted the presence of accounts which emphasised needing to be ‘in control’, and self-harm as a method through which this is achieved (2016, 76). Yet Chandler also presents accounts which suggested that “the practice of self-injury itself could be or become

‘out of control’” (2016, 79), a narrative which often drew on biomedical discourses of urges and impulses. Medicalised frameworks often locate self-harm specifically in relation to a disorder of impulse control (Favazza and Rosenthal 1993) while the question of whether self-harm is best framed as an addiction remains an area of clinical interest of concern (Victor, Glenn, and Klonsky 2012; Potter 2011).

Chandler suggests these accounts are underpinned by “broader cultural values which prize rationality over emotionality, and control over chaos” (2016, 111), thus framing self-harm as a legitimate response or practice. Yet as Scourfield, Roen, and McDermott note, ‘serious’ mental illness is often regarded as deserving of sympathy precisely because it causes suffering “beyond the patient’s control,” while difficulties which are both less serious and simultaneously (or consequently) “within the control of the patient” evoke less sympathy (2011, 785, citing McPherson and Armstrong, 2009). Not only might experiences of self-harm hold an ambivalent relation to control, but control itself might hold an ambivalent value. Adler and Adler argue that any opposition to a conceptualisation of self-harm as increasingly “characterised by voluntary choice” functions to “[deny] the ascription of agency to politically incorrect behaviour” (2007, 561). Similarly, Hanna Pickard argues that self-harm “is not an expression of pathology but an expression, at least in good part, of rational agency” (2015, 82). My own work has, elsewhere, argued that such framings fail to acknowledge critiques of agency and choice as governing logics of neoliberalism, and the ways in which cultural contexts might act to constrain or destabilise ‘rational agency’ (Heney, 2020 referencing Gill and Donaghue, 2013; McRobbie, 2004). I suggest that in working from an understanding of self-harm as an embodied, relational, and repeated practice we might refuse dichotomies of the presence or absence of agency, and instead consider agency as messy and uncertain, as continuous rather than discrete, and as existing within contexts of necessity wherein negotiation rather than simple choice might be required. Through such an analysis we might return to ambivalence: experiences of self-harm and their relation to control and agency exist within a framework in which not only the relationship but the concepts themselves function ambivalently or uncertainly. This is an approach which I have attempted to extend through this PhD, wherein questions of control or agency not only interrelate with experiences of interpretation or response to fiction, but also arise in the depiction of recovery.

One further contradiction surrounding self-harm is that of positivity and negativity: this binary essentially raises the question of whether self-harm can ever be considered 'good'.¹¹ In part, this draws on the uncertainty regarding whether self-harm can or should be regarded as a purely pathological act, one which signifies madness and failed functioning, or is instead a form of 'coping' or self-management. While at times de-pathologisation has been regarded as a desirable aim of research and activism, at other times it has been regarded as 'normalising' a dangerous behaviour which should be avoided at all costs (Boyd, Ryan, and Leavitt, 2011). I therefore note with interest sociological approaches which go beyond frameworks of 'coping' (which often carry implications of self-harm being, in fact, an *inappropriate* coping mechanism to which alternatives must be provided and taken up) to instead consider self-harm as a form of, potentially productive, work. For instance, Kesherie Gurung suggests medical literature's classification of self-harm as a symptom has led to a preoccupation with the 'reasons for' self-harm and a focus on cessation (2018). Through reframing self-harm as bodywork, she considers self-harm as a technique rather than an addiction, one which satisfies a culturally-grounded "need for healing and the transformation of pain" (2018, 40). Thus, self-harm is no longer understood as purely destructive but instead can be experienced or viewed "as productive and meaningful for the individual" (2018, 38).

Zou Simopoulou and Chandler theorise self-harm specifically as an act of self-care. In contrast to common psychological and popular framings of self-harm as a violent attack on the body, in the accounts of the young people they talked with they found discussion of "comfort, beauty, perhaps pleasure in the act and the aftermath", including a sense that through the claiming or recognition of the hurt body "as

¹¹ It might be tempting to frame this boundary as one of pain and pleasure. Such a framework might encourage a connection to practices and literatures of masochism, and Emma Sheppard's work on BDSM as a site in which it is possible to "re-engage with pain in ways that are useful [and] sometimes pleasurable" (2018, 64) is certainly helpful. However, this tension emerges, within this thesis at least, less at the level of felt sensation and more as a broader question of pathologisation. Moreover, people with experience of self-harm, including a couple within this study, have expressed concerns that the recurrent association between the two practices might give rise to the assumption that their self-harm indicates particular sexual preferences; it is worth invoking ideas and literatures of masochism with extreme care.

‘something that is theirs only’ [...] self-harming comes to resemble a kind of self-loving” (2020, 114). These approaches are, I would suggest, a helpful corrective to popular and academic conceptualisations which see only the horror or ‘bad’ of self-harm, and have encouraged me to approach self-harm throughout this thesis with an openness to its complexity and its potential productivity. Yet this is not to suggest that self-harm is not associated with deep and meaningful distress; this, too, is a vital theme which I follow through the PhD. Rather, this seems a particularly apt place to draw our meditation on the ambivalences and contradictions of self-harm to a close. Through these themes ambivalence or contradiction is present not solely in contrasting literatures, or in the unreasonable demands of a society: rather it is often present in the experience itself – in our experience of the experience of self-harm, so to speak. There can be trouble in contradiction or ambivalence, particularly within academic argument – they seem to speak of non-sense rather than sense. I hope to embrace rather than resist the non-sense of self-harm, the trouble it brings to rationality, logic, and clarity.

This raises one further aspect of conceptual and experiential trouble within the literature and themes above: that of self-harm’s location in opposition to strong cultural norms, not only of behaviour but of self-hood. I would contend that self-harm not only refuses the imperative not to harm oneself, to avoid pain, but more broadly functions to mark the individual who self-harms as a failed subject. While some of the sociological accounts summarised above frame self-harm as a sort of perfection of cultural ideals of control or self-management, this perfection is almost always read and interpreted by the wider world as a failure. Scourfield, Roen, and McDermott draw on Rose (1989) to establish rationality as “important to the neo-liberal self as responsible and emotionally contained” (2011, 786) and thus to consider both self-harm itself, and particularly the public display of self-harm, as contrary to this imperative. McDermott and Roen extend this point, regarding the rise of the neoliberal capitalist heteronormative subject who is “autonomous, self-governing, and responsible” (2016, 23). Drawing on Halberstam, they point out that when queer young people self-harm “we see a particular material, embodied version of queer failure” (2016, 24). While the failure of queerness is of special concern to their argument, we might note a broader connection to self-harm’s function as a particular form of deficiency or insufficiency under neoliberalism. This, then, is perhaps a

further way of considering the ‘trouble’ of self-harm: the trouble it poses not only to the norm, but to the *ideal* of the norm. The characterisations summarised above do not, of course, encompass the entirety of norms of neoliberal self-hood. Yet they remain productive in highlighting that self-harm is not simply a prohibited or stigmatised practice; it signifies or signals a failure of self-hood or subjectivity. The self-harming subject has not performed an inappropriate or socially non-normative act, they have become an inadequate *sort of person*. It is this failure, not of behaviour but of personhood, that this thesis will trace.

Impossible representations: Self-harm, illness, and trauma

The themes above certainly have clear implications for questions of representation, for instance regarding how texts are judged to be authentic or inauthentic, or how texts consider or frame experiences of distress. This thesis takes up such questions, yet this cannot be done without first noting that with regards to self-harm in particular, and perhaps pain, trauma, or illness more generally, representation itself poses some complexity or difficulty. This was the ‘trouble’ with which this introduction opened: Wilson’s sense that self-harm was dangerous to represent. This is far from a unique perspective: Brigit McWade notes its prominence in popular political discourses around self-harm, proceeding from the logic that “if you don’t see it you won’t do it” (2019, para. 5). Here self-harm is positioned as too easily represented, and through such representation multiplied beyond the bounds of the text. Yet as was noted above there is also, simultaneously, a sense that self-harm is hard to represent or narrate, and that there might therefore be benefits to finding frameworks through which experiences of self-harm can be expressed or accounted for. A similar dichotomy exists in the representation of themes associated with self-harm, such as illness, pain, and trauma. Drawing on work in the Medical Humanities and Trauma Studies, I will explore tensions around representation in these broader fields which might usefully contextualise work on self-harm.

Elaine Scarry’s oft-cited work theorises pain itself as unshareable, suggesting that “physical pain does not simply resist language but actively destroys it” (1987, 4). However, Joanna Bourke productively complicates Scarry’s understanding, suggesting that pain is inherently social, an event rendered public through meaning and interpreted through interactions with other bodies, social environments, and

cultural contexts (2014). Thus, “figurative languages help constitute the pain events” (2014, 21). Again, there is a tension between pain as inherently un-narrativisable, and pain as deeply (although not solely) linguistic. Within the field of illness narratives and the Medical Humanities, work has also explored both the necessity and the difficulty of representing pain. Prominent writing has testified to the value and meaning of storytelling practices in healthcare and in making sense of potentially ‘troubling’ experiences of ill health, disability, or death. Arthur Frank has contended that experiences of serious illness result in a loss of the ‘map’ of accepted narratives: instead, there is a need to tell new stories. Frank speaks of the benefits of narrative not only in terms of creating meaning but also within a moral framework, describing the “narrative ethics” of “thinking with stories” (1995, 158). Rita Charon highlights the role of stories in interactions between doctors and patients, suggesting that “narrative knowledge” is able to “illuminate the universals of the human condition by revealing the particular” (2008, 9) and thus aid in communicating, treating, and experiencing illness or death.

This is later echoed in Lisa Diedrich’s interesting work on memoir, as she considers illness narratives to articulate ‘subjugated knowledges’ (drawing on Foucault, 1980) which “threaten to disrupt the power/knowledge nexus” (2007, 2). In particular, Diedrich seeks to counter the perspective articulated in the much-quoted *New Yorker* review by Arlene Croce, which characterised a dance performance that explored experiences of AIDS as ‘victim art’ which left no space for aesthetic criticism, and thus removed the work from the aesthetic realm. Diedrich instead considers “the creative possibilities arising out of those difficulties” of illness and encounters with the medical system (2007, xxiv). She thus considers what experiences of illness are possible or impossible to narrate or represent artistically. However, Angela Woods has articulated concern regarding the dominance of narrative in the medical humanities (2011). Woods makes valuable reference to existing critiques of the narrative mode as reifying a Western concept as universal

(Schiff 2006) and of the 'confessional' as the dominant mode of medical discourse, one which privileges neoliberal ideals of individual agency and control (Holt 2004).¹²

Following Woods' call for increased criticality, subsequent work has considered a more nuanced relationship between text and reader. Ann Jurecic argues narratives of embodied suffering centre practices such as acknowledgement, care of the self, attention, recognition, and repair, which all "point to the possibility of redefining the relationship of writers and readers to the books in their hands and the worlds they inhabit" (2012, 17). Laura Salisbury provides a valuable reminder that language need not be mistaken for narrative, and contains also modes of "explicitly embodied expressivity" (2016, 456). In illustrating this potential, Salisbury calls upon the example of idiomatic phatic communication, which signifies simply the desire "to inhabit a social relationship" (2016, 456), encouraging us to retain a sense of the relationality at work not only in narrative but also in language more broadly, and thus in non-narrative forms of illness writing. Anne Whitehead articulates a generatively critical approach to empathy with relation to illness narratives, noting the uncertain evidence upon which narrative's claim to inspire rests, the claim's historical relation to middlebrow readers and canonical texts, and the dangers of considering empathy as a competency associated with "the production of profitable affective capital" (2018, 10). Instead, she considers that empathy is not simply inspired or mobilised by modern novels, but is also "complicated, problematized, and interrogated" (2018, 16). These works explore ways of staying with the 'trouble' of illness through narrative, and specifically through the relationship between text and reader.

A similar difficulty is found within Trauma Studies. Cathy Caruth writes of "the inaccessibility of trauma" (1995, 10). Following Freud, she contends that the trauma is in fact experienced in its aftermath; thus "the truth, in its delayed appearance and its belated address, cannot be linked only to what is known, but also to what remains unknown in our very actions and our language" (1996, 4). This leads to the

¹² The benefit of such critiques is illustrated by a return to Frank, who in his typology of illness narratives describes chaos narratives which are distinguished by the absence of narrative order, resolution, or hope (1995). While Frank advocates for the need to honour chaos, these narratives are ultimately written out of his final analysis of the quest to find meaning in suffering.

perception that trauma is opposed to literality, to direct representation, and to linear temporalities; Caruth's approach encourages attention to fragmentation, to silences, and to gaps. Yet simultaneously Caruth privileges narration in the interpretation, experiencing, and understanding of trauma. She deliberately frames texts, rather than case studies, as having the ability to "speak about and speak through the profound story of traumatic experience" (1996, 4). In part, this is precisely because of literature's ability to repeat, to function as that repetition of trauma in which we can observe the imperative "to know what cannot be grasped that is repeated unconsciously" (2013, 6) and perhaps to create, through that repetition "something new" (2013, 7). Thus, trauma's relation to narrative, to recounting, or specifically re-accounting, is both nothing and everything.

Trauma Studies also engages with the role of the reader, of the witness in relation to narratives of trauma. Emy Koopman, exploring the morality of witnessing trauma or atrocity through narrative, suggests that literary texts can productively "confront us with what we would rather not look at in everyday life"; this requires a specific practice of ethical reading, "an oscillation between distance and engagement" (2010, 249). Koopman suggests that such a balance might emphasise the need to consistently refuse to turn away from the pain of others, while retaining a critical perspective on your own response to the other's pain. Similarly, Francis Lieder (2015) echoes Gayatri Spivak's warning against taking the representation and the subject to be the same (1988). Lieder instead draws on Rajeswari Sunder Rajan's refusal of the pained subject as an object to be rescued; instead, positioning her as an equal, whose experience of pain can itself constitute a subjectivity (1993). Again, there is an interest in the possibility narrative holds for staging social encounters, for modelling interactions both with pain and with people in pain, balanced with an awareness of narrative's limitations or even potential harms.

These concerns, of unrepresentability, of urgency, of ethical action, all echo through existing work specifically exploring narratives of self-harm. Many approaches appear to be primarily concerned with the possibility articulated by Jacqueline Wilson: that simply representing self-harm might cause self-harm. Such work often draws on theories of social psychology, often with little to no quantitative or qualitative work exploring their direct applicability in the case of self-harm.

Christopher Trewavas, Penelope Hasking, and Margaret McAllister, citing “social cognitive theory,” claim “media images that depict NSSI as being rewarded or reinforced may increase the likelihood that viewers who are vulnerable to self-injurious behaviour will engage in NSSI” (2010, 91). Having reviewed the representation of self-harm in films they conclude that it was typically “sensationalised, featured prominently, depicted as severe, and repeatedly portrayed as a ritual coping mechanism” (2010, 99) and express concerns that its prominence might particularly encourage imitative behaviour while the sensationalising might lead to stigmatisation. Janis Whitlock, Amanda Purington, and Marina Gershkovich, in a review of films and internet content, similarly draw on sociocultural theories such as emergent norm theory or script theory to express concern that “media and internet use may introduce and reinforce self-injury behaviour” (2009, 152). Upon examining films, they mainly concluded that the films followed the stereotype of the self-harming subject as a young white women, and that characters who self-harmed rarely received treatment. Nevertheless, they suggested that “when self-injury is depicted as painless, effective, and common, inhibition may be lowered,” leading to higher likelihood of its adoption, and also that “perceiving that the behaviour is common and rational may ultimately render treatment or intervention more difficult” (2009, 151).

Lydia Kokkola, writing about young adult fiction, focuses on the novels’ stated purpose to “explain the seeming incomprehensible to bystanders” (2011, 35), while simultaneously offering “solace and guidance along the road to recovery” (2011, 36). Kokkola writes approvingly of the ‘master narrative’ such novels follow. In contrast she starkly criticises *Twilight* (2005), a novel that she deems “valourises self-harm and proffers it as a viable solution” (2011, 40) and in which characters at no point “seek help in ending their acts of self-harming” (2011, 45). Interestingly, Trewavas, Hasking, and McAllister also specifically draw attention to resolution and recovery, noting that “accurate portrayals of NSSI, in the absence of positive problem resolution, may increase the risk of imitative self-injurious behaviour” (2010, 99) and that “films that feature NSSI could be even more powerful if they included a discourse of hope and recovery” (2010, 100). Even when the mere depiction of self-harm is not deemed to be inherently irresponsible, such a representation must walk

a narrow line in which the ‘trouble’ of self-harm is firmly contained within an ‘acceptable’ ending.

Yet as Kokkola’s narrow frame of acceptability suggests, there remains a sense that narrative might have benefits: Trewavas, Hasking, and McAllister suggest that “accurate portrayals of NSSI may also have a positive therapeutic utility”, drawing on the idea of “cinematherapy” to suggest that individuals may “understand themselves better” when they see their lives reflected in fictional characters (2010, 91). Cheryl Cowdy considers two young adult novels in relation to the historical function of fairy tales, suggesting they present self-harm as an “attempt at self-healing” (2012, 50). She considers that through granting ‘cultural intelligibility’ to rituals of self-harm, such texts might initiate readers vicariously “into experiences of empathic transformation and collective catharsis” (2012, 51). Jennifer Miskec and Chris McGee’s thoughtful analysis of self-harm in young adult novels has highlighted the predominance of formulaic, melodramatic narratives, which pathologise the self-harming subject and in which happiness is only made possible through submission to medical authority (2007). Yet they also explore later novels in which genres such as fantasy or science fiction enable a shift away from tropes and towards a greater focus on the “larger cultural context” within which self-harm takes place (2007, 176). Thus, we can see a useful critical consideration of the potentially productive function of narratives beyond the normative, and an instructive focus on genre. The trouble of self-harm might demand silence or narrative resolution, but these are not the only possible approaches: there remains open the question of how self-harm might trouble narratives, and how narratives might attempt to limit but also to engage with or attend to the trouble of self-harm.

Care and cruelty: the problem of response

There remains one final form of trouble with which self-harm is entangled, and which has guided this thesis: the trouble of response. While this introduction has discussed self-harm’s position as signifying a failure of neoliberal norms of subjectivity, it is important to also consider the depth of horror and disgust which has historically, and often continues to, permeate responses to self-harm. Sarah Chaney notes the oft-cited cliché that self-harm is “manipulative of others”, a perception which she traces to 19th century psychiatry and self-harm’s association with hysteria

(2017, 112). She suggests that “the hysterical self-mutilator tended to be described as a ‘motiveless malingerer’” (2017, 123). She follows this stereotype through to the work of Menninger in the first half of the 20th century, and then to self-harm’s more recent conceptualisation as a mild or moderate condition which signalled not the severity of psychosis but instead a “manipulative response to the pressures of modern life” (2017, 202). The endurance of this perception is clearly articulated in Julie McHale and Anne Felton’s review of literature exploring the attitude of healthcare professionals towards self-harm: they note that “where the problems specified leading to self-harm were within the control of the client then higher negativity was shown” (2010, 737). Those with experience of self-harm will likely be unsurprised to note that the literature review struggled to find service users who had experienced positive attitudes, and instead reported incidents of “service users being spoken to in a derogatory manner including being told that they were selfish” (2010, 738). Clare Hopkins’ ethnographic study of nurses in emergency departments compassionately framed nurses’ frustration within the context of over-work and staff shortage, and their sense of being un-trained in responding appropriately to self-harm. But she does note that “people who harm themselves are seen as having a reduced entitlement to care when their needs for treatment are seen to be competing with the needs of what are termed the ‘really ill, poorly people’” (2002, 151).

Angela Failler talks more broadly of the possibility that representations of self-harm “might be difficult or even unbearable to witness” (2008, 12), specifically for those who do not have experience of self-harm; this is particularly interesting to consider in light of some of the analyses of fiction summarised above. Finally, Kay Inckle insightfully observes that “the visibility alone of non-accidental scars is perceived as an aggressive or confrontational act, an ‘assault on the viewer’”; she thus notes that the appearance of such scars “renders the subject culpable for the viewer’s reaction to their body” (2011, 325). These examples and reflections are not intended to demonstrate the universality of unkind or judgemental responses to self-harm, which I’m sure is not the case; rather I think they suggest both the connection between ways of thinking about self-harm and ways of responding to self-harm, and the depth of feeling which self-harm often provokes. This is true even of scholarly work, which often “starts from a position of horror and disbelief” (Chandler, 2016, 2). While the precise ways in which narratives might prompt horror or disgust or

discomfort will be a topic that this thesis addresses in detail, I want to connect these responses to what might be characterised as this PhD's over-arching argument: that the specific construction of self-harm in fictional narratives often (although not always) functions to locate the self-harming subject as beyond or not deserving of care. This was a vital theme throughout the interviews and in my analysis of fiction: the question of how care might be possible through and in relation to narrative, of how often it was absent, and of what its absence felt like. This is trouble indeed.

Summary and structure

This is perhaps an apt aspect of the 'trouble' of self-harm with which to begin to draw this introduction to a close, and to lay out the chapters which will follow: for it is the question of care which has shaped both the practice and the argument of the project, and which I take as my framing for the first chapter. In Chapter 1 I describe the practical and analytical methods through which I attempted to stay with this trouble in an investigation of the relationship between narratives and experiences of self-harm. I first consider my decision to conduct qualitative interviews within Literary Studies, in an attempt to centre the perspectives of people with experience of self-harm. I thus clarify this thesis's positionality as an explicitly interdisciplinary project, bringing together practices from both the Social Sciences and Literary Studies. I then discuss the project's engaged approach and commitment to working in ways which centred (or 'stayed with') the experience of self-harm in its design and implementation. I describe working with an advisory group made up of people with experience of self-harm, and the complexities (or inevitable imperfections) involved in attending to power dynamics within research. I then discuss the interviews themselves, laying out practical details of how they were conducted, sample size, and representability, drawing throughout on feminist literature and trauma-informed practice. I finally discuss the project's analytic approach, emphasising the ways in which I attempted to make space for multiplicity and uncertainty in bringing together qualitative interview data and fictional texts. In light of this uncertain method, I consider the benefits of a 'messy' methodological approach to the study of self-harm in particular.

In Chapter 2 I turn to both interview data and fictional texts, organised around the question of self-hood and identity, drawing specifically on the Channel 4 TV show *My Mad Fat Diary* (2013-2015), Angela Carter's *Love* (1971), and Steven Levenkron's Young Adult novel *The Luckiest Girl in the World* (1997). I use Judith Butler's theory of subjectivity to theorise experiences of reading or viewing as an encounter, through which it becomes possible for self-harming subjects to give a particular account of themselves. I first examine participants' experiences of identifying with self-harming subjects, moving beyond existing conceptualisations of identification as solipsistic or naïve to instead posit identification as relational and transformative. I then explore participants' experiences of being alienated from self-harming characters, of feeling that those characters were portrayed only from the outside and thus were impossible to understand or sympathise with. Finally, I discuss participants' accounts of oppositional reading, of recognising a character's practice of self-harm as ostensibly familiar but refusing the meaning, tone, or nature which the text ascribed to it, particularly when that was one of brokenness or abjection. In each section I attend to the relationship between agency and knowledge which texts establish with relation to self-harm, and how this relationship can dictate or impact a character and a subject's ability to claim or be deserving of care.

From the question of the self I then move outwards: Chapter 3 explores the different meanings associated with self-harm, attending particularly to the frequent disjunction between self-harm's personal meaning to those who experience it, and the myriad cultural meanings (and affects) with which fictional representations imbue it. Thus, the chapter particularly considers self-harm's popular association with white teenage girls and with wider discourses of madness and of femininity, drawing on the Netflix TV show *13 Reasons Why* (2017-2020), the Channel 4 TV show *Skins* (2007-2013), Stephanie Meyer's novel *New Moon* (2006), Sarah Kane's play *4:48 Psychosis* (2000), and debbie tucker green's play *Nut* (2013). The chapter specifically considers form and genre and the way they might both contain and disperse affects associated with self-harm. The chapter first explores the function of self-harm as shock value, through which it is positioned as narratively significant and yet devoid of contextualisation or meaning. Second, the chapter explores critiques of romanticisation or glamorisation, and the visual appeal or desirability associated with

self-harm, both historically and in the present. In both cases, the association of self-harm with narrative or textual pleasures was felt to cast doubt on the authenticity self-harming characters and subjects. The chapter then considers the ways in which texts might structure an experience of closeness to the difficulty and distress associated with self-harm. Through such framings self-harm could be perceived to be connected to both importance and beauty, yet in ways which were not felt to carry the threat of inauthenticity. Finally, I consider participants' hoped-for representations of self-harm's materiality and mundanity, and how fictional texts might not only attend to self-harming subjects typically excluded from the stereotype, but might through this open up meanings and experiences of self-harm which are otherwise marginalised. Throughout the chapter I consider how texts structure reading or viewing experiences of closeness or distance to and from self-harm, and how this might simultaneously function to position self-harming subjects as unevenly deserving of care, often along lines of race, class, and gender.

From the consideration of what self-harm is taken to mean, I then turn to the question of action, of how self-harm is understood to proceed or be resolved. In Chapter 4, I consider narrative structure, plot, and particularly conclusion, thinking about how stories about self-harm end, drawing on Jenni Fagan's novel *Panopticon* (2013), Hanya Yanagihara's novel *A Little Life* (2015), the film *Girl, Interrupted* (1999), Melody Carson's novel *Blade Silver* (2005), and the HBO TV series *Sharp Objects* (2018). I suggest that these narratives generally end in either death or recovery, thus providing self-harming subjects with a stark vision of opposing futures. The chapter first considers the tendency for narratives to end in death, noting the cultural association between suicide and self-harm and the way in which a sequential relationship (in which suicide follows self-harm) might easily become a causal relationship (in which self-harm leads to suicide). I consider how narratives might invest suicide with inevitability and thus associate self-harm with both hopelessness and crisis, a structure which constricts or delimits the possibilities for care. I then explore participants' observations regarding the opposing tendency for texts to end with recovery, and particularly with recovery imagined as cessation of self-harm. Supposed trajectories of hope instead enforced compulsory progression and framed continuing self-harm as failure, in opposition to growth, maturity, and learning. Thus, the supposed care of recovery is instead transformed into frustration, blame, and the

justification of withdrawal of care. Through the chapter, I note that both available futures – of death and of cessation – posit their conclusions as quasi-inevitable. In both cases, this constrained the time available to self-harm on its own terms. In the third section I draw on discussions of scars and embodiment to consider what we might call the ‘afterlife’ of self-harm, and the hope for alternative forms of temporality. Throughout the chapter I explore the association of self-harm with uncertainty, and the starkness of narrative trajectories and endings as a mode through which that uncertainty is contained or expunged; I thus consider whether greater narrative uncertainty might open up opportunities for a better form of care.

This thesis attempts to thoroughly consider not only the intersection of the cultural and the social but their co-construction. Through doing so it explores broad questions about how stories function in our lives, and about how such functions are impacted not solely by narrative content but by aesthetic categories of voice, tone, form, genre, and structure. It also attempts to consider the object and the experience of self-harm, of how self-harm comes to be understood and made sense of. It does so within a particular awareness of the scarcity of self-harm in fiction, of the silence which surrounds it, and of the paucity of available or popular narratives. Yet it also speaks of the hope of alternatives, of narratives which might (and indeed already do) carry great value and significance to people with experience of self-harm. I will conclude by noting Haraway’s contention that “it matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with” (2016, 11). This is, self-evidently, true in the case of self-harm: this project attempts to attend to such ‘mattering’, and to do so by bringing new practices and approaches to bear on the study of texts and textuality in order to stay with, rather than resolve or avoid, the trouble of self-harm.

Chapter 1 - Care in the context of self-harm research: the uncertainty and imperfection of methods of 'staying with'

Introduction: methods in the context of care

As outlined in the Introduction, this thesis takes up the idea of self-harm as an object of 'trouble' which is hard to 'stay with.' The following three chapters therefore attempt to remain with contradictions, nuances, and complexities in the experience and depiction of self-harm. In so doing I respond to Maria Puig de la Bellacasa's recognition of Haraway's own work as a form of care: an attempt to enact a form of knowing that is "not about prediction and control" (2017, 91) but is instead an "engaged curiosity" (2017, 92). In this chapter I will briefly consider my attempts to 'stay with' self-harm not only in my thinking but also in my research practices. A detailed accounting for methods is not necessarily a commonplace element of Literary Studies. In including this chapter I seek to recognise that 'staying with' self-harm requires particular, perhaps uncommon or unexpected, forms of care, and that an attentiveness to method and practice might be in itself a form of care. Further, this chapter will attempt to articulate a necessary inter-relation between care for the conceptual object of self-harm (self-harm as an idea and as a practice) and care for people who have experience of self-harm.

In this articulation I am significantly indebted to feminist writing on an ethics of care, described by Carol Gilligan as a mode of thinking "that is contextual and narrative rather than formal and abstract" (1993, 18). Similarly Joan Tronto calls attention to care as a mode of thinking, acting, and orientation which depends not on principles but on "activity" (1987, 684). Care must be something which is done; this chapter's focus on practicalities responds to such a conceptualisation. These articulations of care's contextual nature resonate with Black Feminist writing on care, particularly Patricia Hill Collins' consideration of care's relation to a gendered form of connected knowing which encompasses a belief that "knowledge comes from experience" (1989, 761). I will at times explicitly note the ways my understanding and practice of care in response to self-harm was informed by my own experiences. Nonetheless I have attempted to heed Louisa Allen's warning against the assumption that a researcher's identity or social positioning "dictates the production

of anti-normative knowledge” (2010, 161), and have contextualised my own instincts within the relevant literature, existing best practice, and consultation with others.

I was also informed by feminist literature and organising around the provision of ‘trauma-informed’ services, given trauma’s significance as a context of self-harm.¹³ I particularly prioritised the principles of maximising an individual’s choices and control over their recovery, of prioritising relational collaboration, of emphasising survivors’ strengths and highlighting resilience over pathology, and of seeking always to minimise the possibilities of retraumatisation (Elliott, 2005). The reliance on such principles somewhat contradicts Gilligan and Tronto’s refusal of moral absolutes: as in other aspects of this thesis I consider this contradiction to be both necessary and perhaps helpful. I locate this contradiction within Care Studies’ shift towards attending to the difficulties of care; Michelle Murphy has called for a “vexation of care” that is attentive to the ways “positive feelings, sympathy, and other forms of attachment can work with and through the grain of hegemonic structures” (2015, 719). Similarly, Vincent Duclos and Tomás Sánchez Criado explore the way in which care becomes “a placeholder for a shared desire for comfort and protection” (153) and thus “mobilised as part of reactionary responses” (2010, 159). This is a vital intervention, and one which this project might not always sufficiently attend to. Nevertheless, I have attempted to both articulate and practice a form of care that is not grounded in the necessity of ease but rather in recognising (in the Butlerian sense (1993)) and responding to difficulty.

¹³ As noted in the Introduction, not only are traumatic experiences considered to increase the likelihood of self-harm (Gratz 2003), but theorising about the nature and origins of self-harm frequently affords a prominent role to traumatic experiences (Kilby 2003; McLane 1996).

Methods of experience: complicating literary authority?

I shall first consider this project's broader methodological approach, particularly my decision to conduct qualitative interviews. Few academic works deal specifically with representations of self-harm as a broad category. Those which do exist almost universally privilege the voice, perspective, and judgement of the researcher or critic, rather than the experience of those who have self-harmed (notwithstanding the possibility that the two might be one and the same). While this work critically and constructively explores depictions of self-harm, it necessarily makes judgements regarding, for instance, what constitutes a "nuanced, sophisticated representation of the act", and how literature might "deal with cutting in increasingly productive ways" (Miskec and McGee 2007, 164). Such judgements might be thoughtfully arrived at, but it is unclear whether people who self-harm would share authors' understanding of what constitutes a "productive" representation. Similarly, in literature summarised in the Introduction, concern was expressed about the potential impact of representations of self-harm, and claims were often made that certain images "may increase the likelihood that viewers ... will engage in NSSI" (Trewavas, Hasking, and McAllister 2010, 91), despite the absence of direct research on self-harm which supports such a statement.¹⁴ Once more, the experience of people who have self-harmed disappears from view; reading or viewing becomes a simple act of transmission which leads to imitation, with little room for complexity, criticality, or response. The figure of the researcher and critic becomes capable of not only determining the value of representations but also of predicting their impact, a judgement which is so privileged and determinative that the figure (and perspective) of the self-harming subject becomes almost irrelevant. Tronto's distinction between 'caring for' and 'caring with' (2013) leads to a consideration of care as a practice which requires 'being with'; is there a way for literary criticism to more thoroughly 'be with' those who self-harm?

¹⁴ As noted in the Introduction, such contentions are often grounded in simplistic understandings of social cognitive theory, in which the potential for 'imitative' self-harm is assumed, rather than explored through qualitative or quantitative sociological studies. Research publications which assess the relationship between media and self-harm, such as work by Whitlock, Purlington, and Gershkovich (2009), tend to extrapolate existing theories or data from other contexts and apply it to self-harm

The disappearance of the self-harming subject is perhaps unsurprising, as Literary Studies has generally not embraced the figure of the reader. This might be seen as one of the legacies of New Criticism, as expressed in William K. Wimsatt and Monroe Beardsley's repudiation of the role of the reader and the emotional effects of texts in their *affective fallacy* (1949). While the stated aim of New Criticism was to centre the text itself, in practice what such a shift effected was the privileging of the voice and perspective of the (academic) critic as authorised interpreter of the secrets of the text. Subsequently, poststructuralist figures such as Roland Barthes and Jacques Derrida placed emphasis upon pleasure, play, and the dispersal of meaning in textuality and reading; Barthes praises that text which is "outside any imaginable finality" (1973b, 52) and for which "the codes it mobilises extend as far as the eye can reach, they are indeterminable" (1973a, 5). However, in practice, methods of literary criticism within the academy have continued to prioritise the interpretations of a somewhat narrow group of academic readers. In praising textual indeterminacy Barthes specifically frames indeterminate or playful texts as writerly, and thus superior to their readerly counterparts which inevitably result in "a kind of idleness" (1973a, 4). This does not acknowledge the ways that supposedly 'readerly' cultural hegemony might, for certain subjects, be inherently discomfiting;¹⁵ it is not entirely clear that the text alone is straightforwardly determinative of a reading experience, and will be encountered identically by different readers. While retaining a poststructuralist sense of indeterminacy, play, and joyful flow of meaning within and through texts, approaches which contest the traditional marginalisation of the figure of the reader might be necessary in centring experiences of self-harm within literary analysis.

The role of the reader has been more significantly considered within Reader-Response Theory in which early works (including those of David Bleich (1975, 1978), Wolfgang Iser (1974, 1978), Stanley Fish (1980), and Louise Rosenblatt (1938, 1982)) attempted to establish a generalised explanation of what happens during

¹⁵ We might connect this to Barbara Christian's criticism of the movement as centred around "texts of the past, primarily Western male texts" (1988, 57) rather than, for instance, the work of Alice Walker. There are political implications to the assumption that certain texts alone prompt disruption or engagement.

reading. These formulations have been critiqued for assuming an unfounded universality; however, more recent work has explored the ways responses are mediated by social and cultural factors. A reader-response approach might offer scope to, as Wanda Brooks and Susan Browne do, depict “the ways readers culturally position themselves when engaging with texts” in relation to culture, community, and ethnicity (2012, 83). This attention to difference, multiplicity, and socio-cultural positioning is an aspect of reader-response theory with which this study certainly attempts to engage. While it has largely fallen out of fashion in Literary Studies, reader-response theory has been more widely used in Cultural Studies, dovetailing with the field’s interest in the potential for consumers to resist ideological meanings within cultural texts (Hall, 1980). However, while reader-response has been productively used within Education Studies to generate methods for teaching both literature and critical reading practice, methods for the *study* of such readerly effects or reading practices have not been developed. As Michael Pickering notes, there has been in general “a reluctance to bring any explicit discussion of methods and methodology into Cultural Studies” (2008, 1). This avoidance of methodological concerns might be seen as a further example of the way in which a ‘troubled’ subject is erased, sidelined, or glossed over rather than thoroughly engaged with. A commitment to the nuances of self-harm may require a similar commitment to ‘sticking with’ other forms of trouble, in this case the issue of methodology.

Work in Affect Studies has at times attended to questions of reading, through its reframing of emotion as not solely an individual experience but rather as fundamentally social. Emotions “escape confinement in a particular body” (Massumi 1995, 96), and thus are deeply entangled in political structures and constructs, forming “affective economies” (Ahmed 2004, 9). The study of affect is therefore interested in the ways texts might act as “repositories” of feelings (Cvetkovich 2003, 7), or might transmit or make concrete certain affects. Through such an attention, Affect Studies has produced constructive explorations of the shifting norms of critical reading. Most notable is Eve Kosovsky Sedgwick’s critique of the hermeneutics of suspicion, through which political or ideological failings are always already present in a text. Sedgwick suggests that such ‘paranoid’ strategies “represent a way, among other ways, of seeking, finding, and organising knowledge. Paranoia knows some

things well and others poorly" (2003, 130). Alongside, or in addition to, this 'paranoid' reading, which Sedgwick sees as characteristic of postmodern and poststructuralist criticism, Sedgwick calls for a 'reparative' reading through which we might be open to surprise or hope. Michael Warner explores the way critical reading is taught to students, noting the historical contingency of these practices and how the focus upon them "blocks from view the existence of other cultures of textualism" (2004, 16). He questions the political implications of teaching one particular form of reading (solitary, private, replicable, meaning-centred), to the detriment of the many sorts of reading in which students might engage (identifying with characters, falling in love with authors). Extending this, Tyler Bradway conceptualises such moments of bad reading as "social transgression", as an "alternate, embodied mode of social agency" (2017, xxxii). These approaches refuse to assess modes of reading as either successful or failed acts of decoding, and instead position it as a social and contextual act, as a moment of "relationality" between "texts, readers, and publics" (Bradway 2017, x).

Affect studies provides valuable context for the recent groundswell (particularly in feminist and queer scholarship) around 'post-critique', a term which is particularly associated with Rita Felski. Together with Elizabeth S. Anker, Felski recounts the "flourishing of alternatives to a suspicious hermeneutics" in which "the intellectual or political payoff of interrogating, demystifying, and defamiliarising is no longer so self-evident" (2017, 1). Postcritical approaches centre the growing recognition within Literary Studies that "the internal features of a literary work tell us little about how it is received and understood, let alone its impact, if any, on a larger social field" (Felski 2008, 9). Postcritical work does not renounce critique, but rather seeks to denaturalise criticality, to contextualise it and examine it as a mode of reading, rather than *the* mode of reading. This aligns with Cultural Studies work rebutting portrayals of lay or popular audiences as passive or uncritical (Hall, 1980); perhaps recognising that such portrayals might simultaneously dismiss or disparage popular audiences and grant authority to the classed, gendered, and racialized figure of the literary critic. As Joli Jensen comments, "to reduce what other people do to dysfunction or class position or psychic needs or socioeconomic status is to reduce others to uninteresting pawns in a game of outside sources and to glorify ourselves as somehow off the playing field, observing and describing what is really going on"

(1992, 26). Yet the postcritical also encompasses an attention both to forms of positive, emotional, or uncritical attachment as valuable and interesting in their own right, and to criticality itself as a form of attachment (Felski, 2020).

Felski is clear in her desire to locate texts in a social context, stating that “the social meanings of artworks are not encrypted in their depths”; rather, “any such meanings can be activated or actualised only by their differing audiences” (2020, xiv). Yet in her own work she seeks primarily to articulate general theories of aesthetic response, eschewing the potential specificity of differing audiences. Felski continues to respond primarily to other critics, to draw on published sources as evidence of aesthetic response, and to perform her own close readings of texts. This is helpful in drawing together a wide range of perspectives, yet to truly answer or explore her commitment to the actualisation of meaning within audiences requires a greater methodological shift. Similarly, the Affect Studies and Queer Theory works cited above generally do not engage with accounts of reading beyond the literary; Bradway takes as his subject instances of reading depicted within literary texts. While he explores non-normative practices of reading, the discussion remains one between him and the texts themselves; his position as interpretive authority remains unchallenged. To explore the full variety of reading practices, and to fully explore the textual meanings enacted and enlivened through such practices, might require a wider engagement than such a methodological approach allows. Specifically, it might require a methodological return to experience, or an attention to epistemologies grounded in the value of experience and experiential ways of knowing. Joan Tronto comments that “caring requires that one start from the standpoint of the one needing care or attention” (1993, 18). Starting from the experience of self-harm might be aided by a methodology designed explicitly to prioritise and to centre experience in research questions.

Epistemologies of experience are used extensively within the Social Sciences, wherein qualitative methods (including in-depth interviews, participant observation or ethnographies, and focus groups) attempt to explore people’s worlds and world-views; their lived experiences within a social and material context; and their perspectives and points of view upon various topics and themes (Mason, 2002). Such qualitative methods might productively contribute to research conducted under

the aegis of Literary Studies. The exploration of literature on self-harm, on theories of madness, on illness narratives, and on practices of reading conducted in the introduction demonstrates a convincing basis for considering textuality, narratives, and experience as intertwined categories. Thus, it might be beneficial to consider methodological approaches which reflect this intermingling; in particular, I contend that it might be helpful to extend the work of Literary Studies to include qualitative Social Science methods in order to more fully account for the role of experience within reading, interpretation, and meaning. In this project, I draw specifically on semi-structured interviews to reflect this project's contention and epistemology, in line with Reader-Response Theory, Affect Theory, and a postcritical approach, that "people's knowledge, views, understandings, interpretations, stories and narratives, language and discourses, experiences, interactions, perceptions, sensations" are "meaningful properties of the social reality" of the process of interpretation and response to aesthetic objects (Mason, 111). The decision to conduct interviews rather than focus groups is discussed in greater detail below; but both are generally taken to align with an epistemological attention to experience.

Qualitative methods, such as focus groups or interviews, are particularly relevant in the context of self-harm. Alison Faulkner describes the tradition of survivor researchers adopting qualitative research methods as a response to "the requirement to hear and respect experiential knowledge" (a requirement that is seen as both practical and ethical, in short a requirement of care), in contrast to research which prioritises biomedical knowledge and diagnostic frameworks (2017, 506). Similarly, Robert Menzies, Brenda A. LeFrançois, and Geoffrey Reaume characterise Mad Studies as a field that is "by its very nature [...] an interdisciplinary and multi-vocal praxis" (2013, 13). While the authors consider such interdisciplinarity primarily as a characteristic of a field with multiple locations, this project seeks to locate it within a single project, bringing together different disciplinary literatures and methods within one body of work and in so doing attempting to perturb or complicate "the neatly bounded landscapes of intellectual labour" (Callard and Fitzgerald 2015, 45). The possibility of such a 'bringing together' aligns with Mel Y Chen's work on cripistemology as a refusal of the traditional academic ideal of "comprehension", characterised by "both finality but also wholeness of grasp" (2014, 172). Chen emphasises the necessary (and beneficial) partiality of both cognition and of

academic knowledge-construction and posits transdisciplinarity as a space in which “canonical vocabularies become gently imperilled” (2014, 180). To bring together both Social Science and Literary Studies methods might gently destabilise the vocabularies and practices of both disciplinary spaces, granting this project a particular form of specificity and partiality. It might be a helpful and particular form of care: one which attempts to stay with both the object of self-harm and with people who experience self-harm, which attempts to position them at the centre of ways of knowing about self-harm’s narratives, and which centres the uncertainty and instability which comes with such an attempt. I will return to this bringing together of disciplines in this chapter’s final section on analysis: first, in the spirit of attending thoroughly to the potential unsettlement of method in Literary Studies, I will recount my work with an advisory group.

Engagement, experience, and power: working with an advisory group

Drawing on the feminist consideration of care as a practice, it was important to consider the need to 'stick with self-harm' not only in my method of data collection, but in how the project was conceptualised and carried out. In doing so, I was informed by a variety of literatures critiquing and exploring the enactment of power in research, including participatory research, Public and Patient Involvement, and engaged research. Participatory research was initially articulated within International Development Studies (Chambers 1983), as a response to critiques of ways in which, within structures of neo-colonialism and cultural imperialism, scholars from the global north carried out programs intended to 'transform' the societies and economies of the global south. Jarg Bergold and Stefan Thomas describe it as being oriented towards "planning and conducting the research process with those people whose life-world and meaningful actions are under study" (2012, 4). Participatory research is often associated with a wide range of methods¹⁶ which speak to the importance of practical steps through which knowledge can be collectively generated and actions jointly agreed upon (Reid, Tom, and Frisby 2006).

In UK health research Patient and Public Involvement (PPI) emerged out of a strong activist tradition around healthcare and disability rights, pithily summarised in the popular slogan 'nothing about us without us' (Charlton 1998). Initially formulated in grassroots campaigns around inequality and decision-making in healthcare and commissioning, PPI was institutionalised by the Department of Health in a 1996 initiative, later renamed 'INVOLVE' (Rose 2014). As a result, PPI is now required for securing funding within the NHS; however, there are significant concerns that the liberationist goals of activist campaigns have been subsumed within a consumerist model. This has led to critiques that PPI is tokenistic, and often unrepresentative of the population it claims to represent (Madden and Speed 2017, Martin, Carter, and Dent 2018). In mental health, an alternative to the purportedly more consultative

¹⁶ These approaches include participatory action research (PAR), community-partnered participatory research, participatory learning and action (PLA), reflect, cooperative inquiry, and dialectical inquiry.

processes of PPI can be found in ‘survivor-controlled research’, which combines a critical approach to psychiatry,¹⁷ and an explicit commitment to placing individuals with lived experience of psychiatric treatment in control of research, rather than simply in a consultative position (Russo 2012, Rose 2014). Finally, an emerging body of literature on engaged research considers the relevance of such approaches in the humanities, articulated in Len Ang’s call for cultural studies to “develop social connections” (2006, 185) and engage with a wide range of collaborators. Engaged research refuses dissemination-focused, deficit-led approaches (in which knowledge is assumed to reside in academic experts), in favour of asset-based partnerships (Durie, Lundy, and Wyatt 2018) centring lay or experience-based expertise and “co-generating meaningful research questions and study designs” (Hinchliffe et al. 2018, 4).

These varied approaches all articulate a means of establishing better forms of care within research practice, or perhaps a means of responding to what has been identified as a previous and existing failure of care. Although often not explicitly mentioned, here care functions as an attention to the practical and epistemological implications of certain methods and as an attention to the social location of research and researchers within axes of power, particularly in terms of gender, race, class, and disability. In this project, I attempted to enact this particular form of care through the formation of an advisory group. While the project originally emerged from my own experiences of self-harm and its fictional depiction, I was very aware that my personal experience could not and should not be taken as representative of the broader category of ‘experiences of self-harm.’ I therefore recruited other individuals with experience of self-harm to form an advisory group for the project. I applied for ethical approval to conduct advisory group meetings in the first term of my PhD and following the success of the application I recruited four members to the group in early 2019. Recruitment took place through my own Twitter page and through the Facebook page of Recovery in the Bin, which is an activist collective that organises around mental health services and policy. The members include: Sarah-Jayne

¹⁷ The absence of such a criticality from current forms of PPI was one of the critiques made by Madden and Speed (2017)

Hartley, who is a CBT Therapist working for the NHS and in private practice, with an interest in self harm and the cultural contexts it presents in; Ashley, who has lived experience of self-harming as a teenager and adult, and works as a mental health nurse; Eleanor Higgins, who is a trainee therapist who has personal acquaintance with the area of self-harm and who would like to see the end of crude pathologisations and lazy formulations that seek to offer a short-hand instead of nuanced provisional understandings of what might be happening for people who make use of self-harm; and Rebecca, who works in a self-harm charity. Some members have chosen to use their own name; others have chosen or been assigned a pseudonym.

Approaches deemed truly participatory or co-produced prioritise total power-sharing, equal participation in the research process, and mutual benefit from the research outcomes. These were all important considerations in constructing a research project which attended to the experience of self-harm; however they were, in part, impacted by the circumstances of the PhD. These included the time-bounded nature of the PhD; that funding had to be secured through a detailed proposal before engagement work could begin; that the PhD must meet the standards of an English Literature department; that the PhD must be single-authored. These circumstances impacted what level of involvement or mutuality was practically possible, or indeed desirable. I attempted throughout to balance my desire for members of the advisory group to be able to contribute to decision-making and to the project as a whole in whatever way they felt comfortable, with an attempt to prevent the research from becoming an unsought burden to them. This was a complex balance to maintain, and I am far from certain that I succeeded. However, Ashley commented upon reading this that “From my experience I think you did this very well - I never felt pressured or that too much of my time was taken up.”

Beyond external circumstances, my own decisions also impacted how power and control functioned within the project. Most significantly, I chose to hold one-to-one meetings with each of the four members rather than meeting, as is more typical, collectively as a group. This was primarily motivated by my concern that members might have very different experiences of and perspectives on self-harm; I worried that conversations might inadvertently become not just uncomfortable but potentially

harmful, not because of any ill intent but because I was unable to effectively manage the group dynamics and the direction or boundaries of the conversation. This would have been my first time conducting such meetings or facilitating conversations about self-harm. I was aware that this lack of experience might put others at risk or might limit my ability to ensure that each individual felt heard and respected. In several ways this decision made participation in the group more convenient: meeting with each person individually meant that we could arrange a time that was convenient for them, often at very different times or days of the week. It also meant that I could meet each member at a convenient place: one meeting was regularly conducted via telephone, however prior to the COVID-19 pandemic the three other meetings were conducted in three different cities members lived in. Meeting collectively would either have meant we were limited to meeting digitally or that several members would have to travel long distances each time.

However, this also limited the extent to which decisions made as a result of advisory group meetings can be described as collective or mutual. Rather than discussing opinions on a particular topic and then coming to a joint agreement, individual members discussed their perspectives with me and I then decided how to proceed. This granted me a greater role and influence in mediating between different perspectives and in making the final decision. In practice this usually meant that, rather than balancing different priorities, I found myself collating different, complementary suggestions and acting on all of them. I cannot recall an occasion in which the recommendations of different members were in direct conflict. Nevertheless, some avenues of either agreement or disagreement might have developed in ways that were vital and constructive had we met collectively. Similarly, meeting members individually meant that I retained more control over each interaction than I might have done had we met as a group and I had been, as the sole researcher, in the minority. This is, perhaps, a helpful example of some of the tensions or contradictions at work in practices of care. It is not always straightforward to separate, for instance, the desire to avoid re-traumatisation, as one of the principles of trauma-informed care, from the more conservative or palliative attempt to work towards the “positive feelings” which Michelle Murphy regards with some mistrust (2015, 718).

Further, I note the tendency, observed by Stan Papoulias and Felicity Callard, for researchers to position the possibilities for engagement as “governed by the anticipated demands” of “conjured interlocutors” such as funding bodies (2021, 813). Papoulias and Callard suggest this is a method through which the barriers to involvement installed by researchers themselves are obscured. Although I tried to make sure that there were time and space for broad dialogue and the articulation of concerns, I tended to come to each meeting prepared with particular areas of discussion or with questions about which I asked advice. These areas were often not completely open-ended – sometimes I presented different options or solutions to a problem and asked which direction to follow, at other times I brought work which I’d already done and asked for feedback. This certainly might have impacted the extent of the influence which advisory group members felt able to exert on the project; although in discussions with Ashley she mentioned that in fact she found this helpful, demonstrating that I wasn’t simply relying on them to solve problems for me, but that I was willing to try to find ways forward myself while still valuing their advice and expertise.

Other practical aspects of the arrangements around the advisory group hopefully also contributed to members’ ability to feel comfortable participating in the project. All participants were paid for their time at a rate equal to that of my own most recent hourly employment; this made explicit the equal value which was placed on all of our contribution, and aligns with existing good practice within participatory research (McCartan, Schubotz et al. 2012; Wöhrer and Höcher 2012; Fields 2016). I have tried to check in with all participants both prior to and following our meetings. When beginning meetings I tried to both make space for difficulty or emotion in our conversations and also to explicitly invite questions to make clear that the conversation was not intended to be one-way, but might rather be discursive, as encouraged by feminist interviewing and action research practices (Egharevba 2001; Wicks and Reason 2009; Campbell et al. 2010; Stevens et al. 2014). I also attempted to be aware that, as Diana Gustafson and Fern Brunger note, “being an insider does not eliminate the potential power imbalance between researcher and research participants” (2014, 1002), and that our shared experience of self-harm did not negate my responsibility to ensure that these meetings were spaces in which care was possible. Upon reading these reflections Ashley commented that “This has

been one of the real strengths/positives of your approach for me because you always gave the impression that you genuinely cared about me as a person and not just as someone advising you. Having it as a more informal conversation and you asking about how things are going personally for me meant we built a good rapport I think!" I also explicitly made it clear that participants would be able to both leave and re-join the advisory group at any moment, recognising both the contingency of consent (Miller and Bell 2002) and the need to avoid assuming that participants at all times desire unbounded involvement in research (Birch and Miller 2002).

As part of the process of evaluating and writing about how the advisory group had functioned members of the advisory group both read this section of the chapter and provided specific feedback on its accuracy and were also invited to contribute any particular writing which they would like to be included. Sarah-Jayne said:

I have been involved in mental health services, both as a service user and a clinician for many years, so when I saw an advertisement on Twitter to be part of a PhD advisory group I was keen to register my interest.

When Veronica explained about the project and what being in the advisory group would involve I knew it was something I wanted to be part of. It felt very respectful and thorough to recruit a group of people with lived experience of self harm to help support and advise her work.

I have advised Veronica every few months since 2019 on lots of different aspects of the project, from good practice in interviews to feeding back my opinion on specific sections of writing.

I have thoroughly enjoyed being a part of the advisory group, Veronica made me feel valued, and supported throughout, her care and attention to the wellbeing of everyone involved in the project was outstanding. I believe this piece of work will be an invaluable contribution to the discourse on self-harm, both in the media and in wider society.

Further to this exploration of practicalities and power-sharing within the advisory group, I will note the many ways the advisory group shaped the project. This is particularly significant given the widespread criticisms of engagement or involvement which functions simply as tokenism (Evans and Jones 2004). If care

functions through practice rather than principle, then it is necessary for those practices to extend beyond interpersonal interactions into material aspects of the research. Initial meetings discussed the proposed research questions and methodology. All members of the group agreed that the topic of cultural representations of self-harm was relevant. In particular, Eleanor mentioned that it was positive to formulate a research project in which those with experience of self-harm were invited to give an expert opinion on a topic, rather than simply to recount or explain their experiences, a comment which went on to impact how I approached the interviews. However, the project was initially framed around 'young people': this was initially questioned by one member of the advisory group with regards to the relevance of their own involvement. I subsequently introduced it as a central topic of discussion with all the members and these discussions encouraged me both to remove the focus on 'young people' from the project's research questions and to take a much more critical approach to the tendency for research on self-harm to focus on youth. The benefit of this criticality was very much borne out in the interviews, and indeed has become a key theme of this thesis (particularly in the fourth chapter). We also discussed the methodology, and whether interviews or focus groups were the best approach. An academic colleague had suggested that interviews might not be sufficiently collective or collaborative; however, I was concerned about participants' wellbeing and my ability to manage group dynamics without any experience. The advisory group echoed these concerns, and suggested that while group interactions could open up new or interesting avenues of discussions, this might happen at the expense of individuals who felt less comfortable contributing in group contexts. These discussions were vital to my decision to specifically conduct interviews.

We also discussed the practicalities of carrying out interviews around self-harm in an ethical and appropriate way; this included members of the advisory group giving feedback on information sheets and consent forms, particularly regarding their wording, clarity, and structure. However, discussions were also considerably more wide-ranging. We collectively spent a great deal of time thinking about safeguarding; several members emphasised the need to discuss this with participants, and to be very explicit about what would necessitate a breach of confidentiality. This prompted me to outline this very clearly both in the information sheet and in the information

which I provided verbally at the beginning of every interview. All the advisory group members emphasised the need to offer different forms of interview (in person, skype, and telephone) so that participants could select the method which suited them best; Rebecca suggested including the option of submitting written testimony, particularly in order to make the study accessible to those who found spoken communication more difficult. This was a hugely valuable suggestion, and in fact made participation possible for one individual who was not currently located in the UK. Rebecca also recommended using coloured flash cards so that participants could signal non-verbally that they'd like to stop or pause the interview, and Ashley suggested that it might be helpful to check in explicitly with participants about whether they had someone to contact if the interview became difficult or upsetting; I put both of these suggestions into practice.

Throughout the process of data collection, analysis, and writing we continued to meet regularly, so that I was able to feedback the key themes which I identified, to discuss recruitment, and to discuss what would become the structure of the PhD. I particularly valued the opportunity to sense-check and receive positive feedback on not only the content and relevance of the themes but also the way in which I was framing them. As we talked about this Sarah-Jayne suggested that I might think about communicating the findings in a less academic style, not only once the PhD was finished (which had been my plan) but also more immediately. This was a helpful counter to the academic tendency to focus on the thesis as the sole meaningful outcome and pushed me to write more accessibly (particularly via blogs) throughout the PhD, and to explore other modes of dissemination such as zines and podcasts.

My own sense is that working with the advisory group strengthened this project immeasurably. This process was one of the most positive and rewarding aspects of the PhD. Much literature about participatory or collaborative processes emphasises moments of discord, difference, conflict or criticality (Oliver et al., 2019); yet what struck me in this case was how positive and constructive each interaction was, regardless of whether perspectives differed or not. I felt strongly that it was easy for different views, suggestions, and approaches to be incorporated within the project because it was evident that each person involved was motivated by a desire

to act with care towards people with experience of self-harm, to ensure the research was conducted ethically, thoughtfully, and sensitively. It was clear that each of us brought our own experiences of self-harm, and our broader life experience and expertise, to bear in such a way that considered not only how we felt but how others might feel, others who might be very different from ourselves. This desire to think with one another, and beyond ourselves as individuals, made it easy and pleasurable to work together. I was deeply moved that the experience was also constructive for members of the advisory group. Eleanor wrote this:

Being on the advisory panel has been an experience of true collaboration, recognition of my expertise in this area, a sense of respect for my input, and a clear willingness to be changed, to have the research potentially altered by our individual suggestions and our discussions. I have felt like my views are honoured and not just paid lip service. It feels like an ethical meeting place in which our mutual investment in research on this topic, which in this case I have found thoughtful and innovative, is taken seriously. To be paid for my involvement legitimises my contribution although I noticed a reluctance to take payment because I am used to giving away my experiences for free such is the current paradox of researching as someone with lived experience: we are said to have valuable contributions to make and yet are rarely remunerated except perhaps with the odd voucher. This process has also enhanced my own research practices in the sense of provoking in me a call to take myself and my experiences more seriously, to embody a sense of my own credibility and author of my own experiences, in my academic life.

I don't want such generous feedback to allow me to regard the process as straightforwardly successful or unproblematic. I recognise the significant limitation posed by the fact that we met individually rather than collectively, and also by the timeframe of the advisory group. The advisory group was established several months after the start of my PhD program, and nearly a year after I submitted my initial application for funding. This meant that by the time I first met with advisory group members I had already formed a relatively clear idea of what shape the project might take, and indeed had been funded on that basis. While this shape did alter in response to our discussions, it is likely there are certain practical and conceptual avenues that this early work closed down; it is undeniable that on the whole the

project was shaped by my own perspective, rather than by a more collective one. Moreover, the practical steps outlined above do not (and perhaps *can* not) easily resolve complex interactions of power and hierarchy. As a result, this project might be considered to have failed to be ‘fully’ participatory; rather, it might fall into what Margaret Cargo and Shawna Mercer describe as a ‘lower bound’ of participatory research (2008). They describe this as research in which “non-academic partners” are involved “at least at the project’s front end, in defining or refining the research questions or otherwise contributing to the study direction, and at the back end, in interpreting and applying the research findings” (2008, 334). I also recognise that the most immediate outcomes of the PhD are conceptual, and further collaborative work will be required before it results in clear interventions, which are often seen as fundamental to the nature of participatory research (Reid, Tom, and Frisby 2006).

Yet this particular description is complicated by the fact that while I am a researcher, I am also somebody with experience of self-harm, and my decisions and actions occur in the context of that experience. In some, perhaps ‘imperfect’, way this research is in the control of someone with lived experience; it might even be described as ‘user-led’ research. In many ways, neither label feels particularly appropriate. Instead, the practices described above might simply be seen as one small way of attempting to hold onto (or stay with) care for members of the project’s advisory group, for interview participants, for people who self-harm in general, and for the way we talk about and act around the topic of self-harm. Donald Winnicott conceptualised ‘good enough’ parenting to avoid the dangers of over-idealisation and to recognise the care already present in families (1988). I was struck by Laura Salisbury’s extension of this to speak more broadly of ‘good enough’ care (2021). In this spirit we might consider the practices outlined throughout this chapter as an attempt at ‘good enough’ care within and through research. This enables my approach to be conceptualised not as revelatory or radical, nor as entirely free from the complex power dynamics of research conducted within academia, but rather as simply a way of doing the best I can, with the more modest hope that it might be better than it would otherwise be.

Interview practice: care-full conversations

I will now extend this to consider my attempt to enact 'good enough' care through the project's data collection. As Maria Puig de la Bellacasa comments, care "as something we do, is always specific" (2017, 90): I therefore include some specificity in these reflections. Alongside interview practice, I will also consider care in relation to recruitment and demographics.

The primary form of data collection in this project was in-depth qualitative interviews, conducted with people with experience of self-harm. The project's description of self-harm, as "an act, normally a repeated, habitual act, which in some way causes direct harm to the body but one where the focus and purpose of the act is this harm itself and not some other goal" (Steggals 2015, 9), was both listed on the participant information sheet and was read aloud to participants prior to the interview. Participants thus all self-selected as having experienced self-harm. Participants were recruited primarily through social media: a recruitment graphic along with a link to the project webpage (which in turn contained links to the information sheets) and my email address was repeatedly posted on my own Twitter page, and shared both by my colleagues and by individuals and organisations involved in activist and charitable organising around self-harm. I had considered alternate modes of recruitment; however, there was significant interest in the project and so I did not pursue them. Together with the advisory group I decided to produce both a full participant information sheet and a version which was edited to use particularly simple language and to include slightly fewer details, in case this was helpful for accessibility. Both were freely available on the project webpage, which was linked in all advertising material. I noted Alison Faulkner's assessment that "the shared identity between the researchers and the researched is a vital element of survivor research" (2004, 4). In both the recruitment graphic and the information sheet I explicitly mentioned that the project had developed from my own experiences of self-harm to ensure participants were informed about the type of research which was being conducted.

I conducted 16 interviews, usually of a duration of 1-2 hours. 15 interviews were conducted in person, and one was conducted over Skype. One participant made a written submission. All participants were paid for their time at a rate equal to

that of my own most recent hourly employment (£15.25 per hour); as with the advisory group this made explicit the equal value which was placed on all of our contribution, and aligns with existing good practice within participatory research (McCartan, Schubotz, and Murphy 2012; Wöhrer and Höcher 2012; Fields 2016). Payment was mostly made by cash. I also reimbursed any travel expenses.¹⁸

In recognition that self-harm might be a complex or difficult topic to discuss, I put a range of measures in place to attempt to avoid re-traumatising participants (following the principles of trauma-informed care (Elliott et al., 2005)), to attempt to make the interview as comfortable or as safe as possible, and to ensure that if any difficulty or distress arose it could be responded to immediately and appropriately. All participants chose the time and location of their interview. In almost all cases I travelled to participants. I checked in with participants by email several days before and several days after the interview. I created location-specific resource lists which I provided to participants in the event of any difficulty during or after the interview. In addition to tangible resources and practical steps, I made an effort to foreground both care and participants' control of the interview in how I framed the space and the process. At the beginning of each interview I emphasised that participants could stop the interview at any time, and also that they could choose not to answer any question. I explicitly noted that talking about self-harm might be difficult and asked if there was anything in particular I could do to make the conversation as supportive as possible. Further, recognising feminist principles of reciprocity in interviewing practices (Egharevba 2001; Wicks and Reason 2009; Campbell et al. 2010; Stevens et al. 2014), I emphasised that participants were welcome to ask me questions and that I would be happy to answer them: several participants took me up on this. Throughout the interviews I prioritised responding to participants above remaining detached or neutral. Several studies have noted the potential benefits of being interviewed by a fellow service-user in the context of mental-health (Faulkner 2000; Rose 2001). Yet I also noted Jackie Abell et al.'s detailed exploration of the role of interviewer self-disclosure, and particularly the possibility that such acts might

¹⁸ I also highlighted in the information sheet that I would also cover any childcare and also the cost of travel expenses for a companion if participants wanted someone to accompany them.

function to “take the floor from the respondent” (2006, 235): I was careful to respond in ways that I hoped would be reassuring but did not offer details or anecdotes about my own experience. In general, I attempted to frame the interview as a space in which the participant’s experiences were prioritised and authoritative.

As a condition of my ethical approval, which I received from the University of Exeter Department of Psychology, I was required to arrange clinical cover for each interview and to follow the Mood Disorders’ Centre Risk Protocol. This protocol involved collecting GP information from each participant, and contacting their GP if particular thresholds were met. While I was very grateful to have professional support available, I was somewhat concerned about the assumptions of risk and the implications of surveillance involved in collecting GP information. I feared that this might feel threatening for participants who had a poor relationship with their GPs, something which can often be the case around complex mental health conditions, and which might also be significantly impacted by power dynamics of race and class. I was also mindful of the pitfalls of care without consent, noting Leah Lakshmi Piepzna-Samarasinha’s insightful consideration of instances in which supposed care might carry negative connotations or consequences, in which “care meant control” (2018, 23), and the experience of receiving offers of care that are “intrusive, unasked for” and “coming from a place of discomfort with disability” (2018, 90). In my own experience, the risk of non-consensual care has been one of the greatest fears associated with my self-harm. Further, I took into consideration feminist and disability studies writing on vulnerability; as Gustafson and Brunger observe there can be a disjuncture between institutional assumptions of vulnerability, and “the disability community [which] regarded itself as capable of making informed choices about the degree of risk that participation might involve” (2014, 998).

I consulted my supervisors and my advisory group, and while they shared my concerns we collectively agreed that if this was a requirement for carrying out the research then a compromise would be necessary. In order to attempt to mitigate concerns around the protocol I tried to take care with how it was framed. I described it in detail on the information sheet, so that participants wouldn’t be surprised by the request for GP information, and could make an informed decision about arranging an interview. I also included it as an item on the Consent Form, and I discussed it

verbally with each participant prior to the start of the interview, describing explicitly the conditions under which I would be obliged to contact their GP, clinical cover, or the emergency services so that they could make an informed decision about what to share during the course of the interview.¹⁹

Trauma-informed care centres the principle of maximising an individual's choices and control over their recovery, while academic literature has discussed the potential paternalism of certain traditional elements of research ethics practices (Miller and Wertheimer, 2007). I thus attempted to prioritise opportunities for my participants to make decisions about their involvement in the research process. For instance, participants were given the choice to be assigned a pseudonym by me (which they could later be informed of, if they wished), or to use a pseudonym of their own choosing, or to use their own name, a practice used in queer and feminist research (Vincent 2018; Newton 2015). In this instance I was mindful of Ulrika Dahl's critique of "the hierarchy of a named author and the unnamed 'informant'" which reproduces the author as theorist and participants simply as illustrations of theoretical points (2010, 158). Participants also chose whether they were sent a copy of the interview transcript, whether they were informed about data analysis, whether they were to be contacted about potential focus groups at the project's close, whether they were happy for their transcript to be archived, and whether they were happy for their transcript to be marked as available for re-use by other researchers. Finally, I emphasised that consent and decision-making was a contextual and ongoing process (Hewer 2019), as participants could not only stop the interview at any time but also could change their mind about both their participation and their anonymity after the interview.

I also attempted to consider with care the way that interviews were framed and positioned within the project, particularly with relation to recruitment and demographics. The participant sample size of 17 is undoubtedly small: this study does not make claims of representativeness or scientific validity. Rather, I recognise

¹⁹ I attended training in the risk protocol at the Mood Disorders' Centre, completed online safeguarding training provided by the local council, and attended a two-day in-person suicide prevention training course and a two-day in-person Mental Health First Aid training course.

that the individuals I met with, and the thinking and writing which was generated from those meetings, is particular, contextual, partial, and limited. I chose to stop recruitment following the 17th participant not because I felt I had reached saturation, but because I recognised that with a topic so wide saturation might not be possible. Continuing to recruit would result in more data than I could meaningfully use in this thesis, doing a disservice to participants who generously shared their perspectives and experiences. While I attempted to interview a wide range of people, the demographics of the sample neither straightforwardly reflect the population of people who self-harm (notwithstanding the uncertainty of attempting to assign demographic characteristics to such a population), or the population of the UK as a whole.²⁰

I collected demographic data from participants prior to each interview (see Appendix A); however I emphasised that they need only provide data they were comfortable with, and were not obliged to answer every section. The form collected data on gender, pronouns, sexuality, race, age, and disability: apart from age, all values were left blank so that participants could use their preferred terms. I spoke to one man, 14 women, and two people who were genderqueer or gender questioning. This is certainly not a balanced sample; I followed several avenues to attempt to directly recruit more participants who were men, but I was not successful. 14 participants were white, white British, white Scottish, white Irish, white Jewish, or white European; one participant was mixed race, one was Eurasian, and one was British Asian. Following initial recruitment of only white participants I attempted to directly recruit participants of colour and was pleased to do so, although I recognise that the sample remains predominantly white. Nine participants were in their mid-teens to early 20s, two participants were in their late 20s, five were in their 30s, and one was in her 60s. While this is a sample that is certainly predominantly young, I was pleased to recruit across a range of ages and generations. 11 participants described themselves as queer (5), bisexual (3), pansexual (1), lesbian (1) or

²⁰ I was aware of the tendency for psychological research to recruit disproportionately either from inpatient settings or university undergraduates, groups which are often disproportionately white and middle class (Graham 1992). While recruiting from my personal Twitter account likely resulted in a slightly higher proportion of participants who were in some way connected to Higher Education, there were also several participants who had no such connections.

asexual (1), while 4 participants described themselves as straight or heterosexual. Three participants were disabled or had a disability: one participant specifically described having a mental health disability, one participant had a chronic illness, one participant had experience of mental health problems, one participant had chronic clinical depression, and one participant listed her mental health conditions as anxiety, depression, and borderline personality disorder. This was a category which several participants explicitly mentioned as being complex to fill out, and it might perhaps be said that participants took a range of approaches in its interpretation.

I did not collect data on participants' economic class, class background, or education level. I was concerned that participants might not commonly answer questions about their class or class background (as it is not usually collected for equalities monitoring), and that therefore such a question might be unsettling or difficult to answer. This choice might obscure class as an important demographic, which is particularly concerning given the history of self-harm as a classed object (see Chapter 3). I have attempted to attend to class and socioeconomic status as a facet of analysis, to ensure that it is problematized rather than erased. I note Sally Hines' caution against grounding an intersectional approach solely in the diversity of participants, without the necessary accompanying analytical work (2010). Furthermore, while several participants did during the course of the interview describe themselves as middle class, others specifically described or referenced their working class backgrounds. Thus, while I cannot provide data in respect of this, I am confident that the sample is by no means made up solely of middle class individuals. Each participant is introduced in this thesis using both their demographic data and some contextualising details from their interview: these introductions were shared with the participants and altered in response to their feedback. A complete list of all participants and their introductions can be found in Appendix C.

Within the interviews I attempted to foreground flexibility and responsiveness as a form of care; indeed, responsiveness is one of the four pillars of care identified by Berenice Fisher and Joan Tronto (1990). This was particularly relevant to how the interview questions were structured. I prepared a set of questions (see Appendix B), however these questions were adjusted in response to individual participants, and I often asked follow-up questions or followed lines of inquiry specific to individuals.

Nevertheless, I generally raised the same areas of investigation in each interview: participants' assessments of texts; participants' responses to or feelings about texts; any connections made between the texts and participants' own experiences; whether participants discussed the texts with others; any relation participants felt existed between texts and broader social trends or structures; and any texts which resonated with self-harm without directly depicting it. I asked no questions specifically about participants' experiences of self-harm; it was important not to expect or request that participants disclose details of their experience or produce an overarching narrative of their self-harm. They were free to bring their experiences into the interview as they chose to; some did so, whereas others rarely discussed their own self-harm. This reflected both my commitment to take for granted participants' position as authorities on fictional texts and my desire to respect the decisions participants made about the boundaries of their participation in the project. Both commitments were guided by my sense of the difficulties of both talking about self-harm and of feeling legitimate in such discussions.

All interviews were audio recorded, and were subsequently transcribed. All participants were sent a copy of their transcript and were able to make any changes they wished. All participants were contacted 6-12 months following the interviews to feedback on the analysis. Each participant was sent a two-page summary of the proposed structure and content of the PhD, and was invited to talk over the phone or via zoom to discuss the likely use of their specific interview material. This, too, follows Faulkner's recommendation regarding good practice in survivor research, of inviting participants to "comment on analysis and interpretation" (2004, 27). Around half of the participants took up this offer, and were both informed about which aspects of their interview might influence the argument and given the chance to ask any questions they had.²¹ Alongside the submission of this thesis I hope to run further focus groups with both participants and members of the advisory group to discuss practical implications of the thesis' findings, how these implications might be best disseminated, and priorities for future research. In these various meetings I

²¹ Once again I both checked in with participants before and after the meetings, and payed participants for their time.

draw on Ted Riecken et al.'s assessment of the movement in participatory action research towards establishing a longevity of relationship (2005). I have tried to establish this within this project, but hope to extend it beyond the bounds of the PhD, while also recognising Maxine Birch and Tina Miller's perceptive refusal of the automatic assumption that "participation in any fully participatory sense is actually desired by those we research" (2012, 100).

This has been a somewhat detailed and varied account of the interviews conducted as part of this project. Yet I am reminded that Tronto posits care as "everything we do to maintain, continue, and repair our world so that we can live in it as well as possible" (1993, 103). This definition productively encapsulates both breadth and multiplicity of care. The practices described above are unified not in their nature or type, nor by a single principle of care, but in their attempted continuous attunement to the object and experience of self-harm. In accounting for the detail of these practices I hope to stay with the myriad and heterogeneous nature of care, both in general and in the particular case of self-harm. Indeed, the question of multiplicity will come into particular focus in what follows, where I will turn to the question of analysis.

Analysis: contradictory, uncertain, collaging

While the need for practices of care in relation to conducting interviews on the topic of self-harm might seem particularly apparent, it was, to me, of equal importance to consider what care might mean in the context of analysis and writing. I connect this again to feminist practices regarding research associated with marginalised communities, locating analysis and theorising as a site of violence or harm (Mohanty 1988; Spivak 1988). Moreover, the process of analysis and writing up was a key area in enacting the project's stated aim to 'bring together' aspects of Social Science and Literary Studies methods.

In analysis I prioritised identifying connections or resonances between the transcripts, responding to the perspectives of participants while also being mindful of my own role in identifying, prioritising, and shaping themes. Initial analysis of all data was guided by Natasha Mauthner, and Andrea Doucet's (1997) extension of Brown and Gilligan's Listening Method (1991), which requires reflexive, sequential readings. Mauthner and Doucet valuably identify analysis as a neglected area of methodology and a moment in which the researcher is confronted with "the subjective, interpretive nature of what we do" (1997, 122). This was helpful to me in framing my analysis and writing as contingent, and thus as partial, connected to Haraway's articulation of feminist knowledge as "about limited location and situated knowledge" (1988, 583). Mauthner and Doucet articulate an approach aimed at identifying particular conceptual aspects of a data set. They recommend a process of multiple readings, in which different aspects of the data are attended to; this both promotes familiarity and attempts to minimise decontextualisation. Decontextualisation is a common criticism of coding practices, particularly software-enabled coding (Bryman 2001); in the context of Social Science, coding (or analytic induction) has been characterised as a system of formalisation which is a condition of social-scientific legitimacy (Pascale 2010). Coding thus becomes a technology through which themes appear to be authorised by an objective method, eliding the reality that the patterns and themes that come to be recognised through coding are those to which researchers and participants are already attuned (Pascale 2010). In contrast, the process of multiple readings, through which I approached the interview transcripts, does not remove sections of the data from their context, and attempts to actively recognise the role of the researcher in making connections between different sections of data.

I performed sequential readings, attempting first to identify key areas of content, noting the fictional texts discussed and the general assessments participants made of them. I then read with particular attention to the analytic frameworks through which participants assessed texts (such as identification, authenticity, glamorisation, or social impact), and next read with a focus on moments of connection between different transcripts (whether connections of similarity or difference). Finally, recognising Mauthner and Doucet's recommendation that the researcher "reads for herself in the text," I attempted to note my own responses or assumptions, which might impact my analysis (1997, 126). From these readings I created a summarisation of the themes, a concise version of which I shared with my advisory group for sense-checking and feedback, and a lengthier version of which I shared with my supervisors. Together with my supervisors and the members of my advisory group I considered the links between the themes, and developed the structure of this thesis.

In making these connections and structuring the PhD, I did not prioritise validating particular themes through their prevalence across the entire data set, given the sample size. Nor did I attempt to reflect the totality of the content of the interviews, as this would be impossible to do justice to within the confines of a single thesis. Rather, taking into consideration relevant academic literature, I attempted to notice and to bring into relation themes which seemed of particular interest, urgency, or specificity. Thus, I attempted to make connections outwards from the data, mindful of the benefits of a grounded theory approach (Charmaz 2006) in which data is not overly constrained by an *a priori* framework. I prioritised areas where bringing together the perspectives of different participants articulated either a felt intensity or some form of contradiction; I sought out areas where it felt that bringing these different perspectives into relation offered insight without requiring agreement. This is an uncertain and perhaps unclear mode of analysis; it has always seemed to me that a willingness to respond to intangibility or to the felt pull of the data might be a strength of the thesis rather than a weakness.

It seemed appropriate to recognise points of connection as an area of analytic interest, in reflection of the project's methodological interest in bringing together different forms of data and different approaches to the question of narratives of self-

harm. Having drawn on my own knowledge of fictional texts in generating the initial themes and structure, I then returned to individual texts as I consolidated each chapter, bringing them together with the relevant interview data. There was no (explicit) method through which I selected the texts; rather, I chose texts which felt, to me, to be particularly resonant with each theme. Often this involved bringing in texts which participants had discussed with reference to that particular theme (for instance identification, or glamorisation, or recovery). Yet this was a somewhat uncertain process of connection, where alignment was not always straightforward or obvious. I had initially planned to take into consideration how frequently different texts were mentioned; this became difficult due to the size of the sample as each participant had often encountered only a small number of representations of self-harm. Indeed on several occasions we either discussed only one fictional text, or talked solely in generalities, or talked about texts which resonated with (rather than depicted) self-harm. Thus, I often discuss texts which only one person referenced, and on three occasions selected texts which were not discussed at all, either because they helpfully connected to points made more broadly about a particular genre (such as Young Adult fiction) or simply because they might provide an interesting complement to the interview data.²²

Throughout the thesis I talk variously about films, TV, novels, and plays: this reflects the invitation I made to participants to talk about ‘fictional representations.’ Several participants also talked about texts beyond the bounds of this definition, such as documentaries, memoirs, poetry, adverts, and music videos. While these discussions remained central to my analysis, I decided to retain the initial definition when selecting fictional texts. Within the texts I have included there remains a wide range of genres, forms, and even periods: it is certainly a somewhat ragtag group of texts. I attempt to locate each text within genre, form, or period, yet I also recognise that there is perhaps an element of displacement or decontextualisation which occurs in this method of bringing together texts solely in relation to content. I am mindful of useful critiques of the political risks of removing objects, texts, or people

²² I am particularly grateful to the members of my PhD Upgrade panel for encouraging me to be open to the possibility of analysing texts which were not directly mentioned in the interviews.

from their context and history (Marvin 2020). Nonetheless, I would suggest that there is something suggestive in this loose connectedness that is particularly apt for a project which attempts to locate texts within the context of lived experience. In our lives we come across texts with a pleasing unpredictability: we rarely read chronologically, a film might be programmed on TV, and we might watch a television series on Netflix. The texts discussed here, and those mentioned by participants throughout this thesis, form a sort of loose archive, one which moves forwards and backwards in time, one which encompasses both great variety and surprising similarities. This is not an archive of feelings (Cvetkovich 2003) but an archive of a figure, the figure of the self-harming subject, an archive which is perhaps self-defeating in its explicit incompleteness. Alternatively, we might consider these texts as a quasi-collage, where there is connectedness without coherence: there might be something of the collage's potency and lively pleasure in bringing texts into new or surprising relation. I am mindful of my sense, shared and discussed with others with experience of self-harm, that there might be value in finding space for levity or lightness alongside self-harm (Make Space 2021). A care-full consideration of the topic need not be a solely solemn one.

Thus, the project's interest in bringing together functions on multiple levels, for this collation of texts were also brought into relation with interview data. This bringing together was explicitly not a comparison: it was not intended to assess either the validity of participants' judgements or the authenticity of texts' depictions. Rather it extended Mauthner and Doucet's methodological approach of 'reading' to the fictional texts; or perhaps applied the literary approach of close reading to the transcripts along with the fiction. The centring of experience in Literary Studies need not mean that experience is treated as a sole or pure source of insight. Within the Social Sciences this has long been a central component of analysis, in particular following Joan Scott's pivotal argument that the evidence of experience "reproduces rather than contests given ideological systems" (1991, 778). Scott contends that an awareness of subjects as constituted through experience necessitates an approach in which experience is not the origin of explanation "but rather that which we seek to explain" (1991, 780). Experience becomes not grounds for authority but rather, through the use of qualitative methods, the space within which analysis might be conducted.

The benefits of such an approach can be seen in the excellent work of Amy Chandler, who approaches accounts of self-injury as “shaped by cultural meanings and structural possibilities” (2016, 16), and thus insightfully explores accounts and discussions of self-harm in relation to various authorising narratives and discourses. This aligns with the broader interest of Mad Studies in “resisting the power/knowledge nexus of the psy disciplines” (Voronka, 2019, 567) and the “biologically reductionist” medical model to instead locate people experiencing mental distress “within the social and economic context of the society in which they live” (Menzies, LeFrançois, and Reaume 2013, 2). Methodologically, Gilbert and Mulkay have attested to the value of discourse analysis in examining interview data (1984). Yet, in situating participants’ comments within a discursive context, I was aware of sociological analysis of self-harm as an experience in which authenticity is fraught or contested (Scourfield, Roen, and McDermott 2011), an analysis that strongly echoes my own experience. I was also alive to the possibility for, and historic prevalence of, epistemic injustice both within experiences of mental distress more generally and self-harm particularly (Crichton, Carel, and Kidd 2017; Sullivan 2019). I attempted to both honour the experiences and insights of my participants and to locate their words within relevant contexts of social and cultural discourses through which power might be enacted (Gilbert and Mulkay 1984; Riessman 1993). I am far from certain that I succeeded, and I am aware that this approach might constrain or limit my analysis in multiple ways.

The process of bringing together the qualitative data and the fictional texts, of reading them alongside one another, was often uncertain, and I am unsure that my analysis followed any clear or consistent pattern. I sought to find insight and interest in both texts, to apply analysis to both data sets, to avoid treating either simply as an example of the other. However, I wonder if this refusal of the systematic might connect productively to the consideration of uncertainty and contradiction in the Introduction to this thesis. Exploring self-harm’s complexity or multiplicity might require a certain messiness, imprecision, or indeterminacy in method. This echoes John Law’s call for ‘mess’ in Social Science research, noting the “hegemonic and dominatory pretensions of certain versions or accounts of method” (2003, 4) and the inadequacy of such modes to respond to a world which is “vague, diffuse, or unspecific, slippery, emotional, ephemeral, elusive, or indistinct” (2004, 2). Law

characterises an alternative approach as “method assemblage” (2004, 13); assemblage might certainly be an apt term here, if we consider Deleuze and Guattari’s work on an assemblage as a structure of “mixture and aggregation” (Nail, 2017, 23) in which there is a “rejection of unity in favour of multiplicity” (Nail, 2017, 22). I am mindful also of Robert McRuer’s insightful critique of the academic practice of ‘composition’; he explores the way in which academic institutions prioritise and elevate a finished, perfected piece of work and compares this to the work of ‘composing straightness’ and the simultaneous production of able-bodied hegemony (2006). He calls instead for a practice of ‘de-composition’ through which standardisation, disembodiment, and rationality are eschewed and which actively works against closure (2006). This resonates with Trinh Minh-ha’s critique of the anthropological conceit of a neutralised language, and suggestion that, rather than being an appropriate academic ideal, “clarity is a means of subjection” (1989, 16).

The analysis which follows mostly aligns with generally accepted standards and practices of academic writing; I certainly do not claim to embody the ideals of McRuer and Minh-ha. Yet on several occasions I have prioritised contradiction over resolution, complexity over clarity, multiplicity over simplicity. While this is not entirely novel in either Sociology or Literary Studies, I do note Kieran Healy’s critique of this turn towards nuance, which he suggests “obstructs the development of theory that is intellectually interesting, empirically generative, or practically successful” (2017, 118). His argument is intriguing and persuasive, yet in this project I have set it to one side, guided primarily by my own experience of self-harm as one which was dominated by complexity, uncertainty, and contradictions which I have had little success in resolving. In particular, I consider it as an experience which was deeply personal and individual, and which retained significance in that specificity – despite sharing valuable connections with the experiences of others. In my analysis I attempted to retain the specificity of my participants’ experiences while also connecting them to others, to highlight contradictions without resolving them, to retain an awareness of the difference and multiplicity which might weaken the clarity of my arguments, and yet I believe must be honoured.

Throughout this chapter I have attempted to make explicit where my own experiences guided my choices. Work within feminist and critical race theory

critiques the assumed neutrality and detachment of academic or scientific work, in line with broader critiques of 'objectivity' as aligned with gendered and racialized binary of reason/emotion. Sandra Harding suggests "the prevailing standards for good procedures for maximising objectivity are too weak to be able to identify such culture-wide assumptions as androcentric or Eurocentric ones" (1992, 334). Patricia Hill Collins extends this critique by emphasising the ways scientific standards of objectivity have led to inaccuracy, and that such objectivity depends on the linguistically associated process of objectification, through which certain people are denied full subjectivity and instead become the "other" (1989, 518). As a result, it has been widely suggested that rather than seeking to erase subjectivity, research should centre it, through practices of reflexivity.

The term 'reflexivity' has been used in the Social Sciences to refer to a researcher's personal reflection on their own social positioning, interpersonal relations and research interactions, and the role of their personal, political, and structural perspectives on research decisions. Roni Berger defines reflexivity as the "process of a continual internal dialogue and critical self-evaluation of researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome" (1989, 220). However, as Kim Etherington notes, reflexivity is not the same as self-awareness; this work is also intended to locate researchers within structures of both power and marginalisation, and to account for the impact of such structures on research projects and the associated 'expert' knowledge (2004). The need for such an account is perceived to be both moral and practical, in its response to both the possibility for research encounters to be exploitative (Pillow 2003) and the possibility for knowledge generated through such encounters to be inaccurate or partial (Cutcliffe 2003, Buckner 2005). Thus, I also note that my experience of self-harm is made particular through my position as a queer woman, and as white and middle-class, and that such particularity is not neutral but is rather implicated and intertwined with complex systems of power and privilege. This positionality might, in different moments, unfairly benefit me or limit my insight, not only within my research practice but within analysis. While I have attempted to be cognisant of this, and to take a critical approach to gendered, racialized, and classed norms with relation to representations and experiences of self-harm, there are undoubtedly moments in which I have failed.

In what follows my own experiences remain mostly implicit, in recognition of the difficulty (or even impossibility) of separating analytic thinking from the life which shapes it, and the limited utility of foregrounding my own experience at the expense of other data or analysis. I have been helpfully informed by the insightful work of Brigit McWade who has discussed her own decision to move away from an autoethnographic approach in writing up her research. She noted that in the context of austerity “choosing to write about how attending the service had begun to open up a space for me to confront my own history of distress seemed highly indulgent” (2020, 128); given her own positionality as white and middle-class, excluding reflections on her own experience seemed “ethically just” (2020, 135). Jijian Voronka has similarly discussed that “essentialised notions of lived experience risk effacing the material, ontological, and epistemological differences among us that matter” (2016, 189). This echoes a broader critique that the narrative and confessional “I” might in general privilege particular modes of subjectivity, positionality, and self-expression that are unevenly available (Woods 2011; Salisbury 2016; Wasson 2018). This more structural argument is matched by my own instinct towards privacy; although as I note elsewhere, privacy is a privilege which can be unevenly claimed (Heney & Poleykett 2021). Nevertheless, perhaps I might recall the offer I extended to my participants during the interviews: that they might disclose as much or as little of their experiences as they chose, that they would not be required to authenticate their positions, opinions, or feelings. I attempted, through this chapter, to consider the role that care might play in my research practices; this is one form of care that I, too, might claim.

Conclusion

In this chapter I have explored how this project's aim of 'staying with' self-harm might be enacted not only in its theorising, but also in its methodological and epistemological approach. I grounded my idea of 'staying with' in feminist literatures of care, including conceptual explorations of the ethics of care and practice-based principles of trauma-informed care. I first considered my decision to conduct interviews, informed by the history of the figure of the reader within Literary Studies and an assessment of the ways accounting for experiences of self-harm within textual criticism might be strengthened by qualitative methods. This suggested that care in research on self-harm, while building on existing practices, might also require new or changing ways of working. I then explored the project's relation to literatures of participatory, engaged, and user-led research and described the experience of working with an advisory group, attending to both practical impacts and the nuances of power relations. This clarified the potential for care in research, particularly in the context of self-harm, to be an imperfect yet 'good enough' practice. I subsequently described the various practical details through which I attempted to take a comprehensive approach to care in carrying out interviews. This multiplicity clarified the variety of research practices in which care might be both invested and absent, from safeguarding practices to participant demographics. I finally considered the project's analytic approach, particularly its attempt to bring together qualitative and fictional data and texts in ways that were often unsystematic, instinctual, or messy.

While care has, I hope, been evident throughout this chapter, it has perhaps remained (or has remained to me) a shifting concept, one that is hard to pin down. One thread which this thesis traces is the complexity of care in relation to self-harm, and how what is experienced as care is not what might be assumed. Care's presence or absence might be known or instinctively felt, but care itself remains, in the context of self-harm, somewhat un-defined. This is not a question which this project, or this chapter, answers; rather I foreground the question of care as an open one. The practices described in this chapter have not constituted an attempt to answer the question of care in relation to self-harm, but rather to feel my way through it, aided by instinct, by shared experience and collective decisions, by feminist literatures, and by existing good practice. The uncertainty remains; but

perhaps this is appropriate. If care, as we have established, is always contextual, then it must also be subject to change, it must be inherently uncertain.

Chapter 2 - Identification and alienation: the text as a space of (mutual) encounter

It is central to this project's theoretical and methodological attempt to bring together experiences and fictional depictions of self-harm that the experience of consuming fiction is not one from which the self can be removed. Thus, it seems logical to take the intersection of self and text as a starting point. In this chapter I consider how representations of self-harm might construct certain experiences and accounts of the self as a subject who self-harms, might structure certain types of textual encounter in which the self participates, to which the self responds, and through which the self comes to be structured or even transformed. This chapter will examine firstly moments of identification with or closeness to a text, then moments of alienation by or distance from a text, and thirdly moments of what might be termed "failed" identification, in which a closeness offered or assumed by the text was instead refused. The analysis will be guided both by an attention to the readerly encounter as in some way an 'account' of the self (Butler 2009), and also a commitment to reappraising or complicating existing analyses of modes of reading.

In framing these processes as meaningful, the accounts below suggest that they might be both particularly significant and particularly fraught in the context of self-harm. Self-harm is culturally understood, and often personally experienced, as being aligned with isolation, unintelligibility, difficulty, and shame; thus, experiences of connection or distance within reading or watching are frequently found to exacerbate or to intervene in existing dynamics. This chapter will demonstrate the ways in which these dynamics, and these particular connotations of self-harm, are repeatedly related within fictional texts to what can be *known* about a self-harming character and to what structures or relations of knowing (and thus of power) texts construct. The participant accounts and fictional texts explored here also suggest an interesting, if complicated, relation between agency and knowledge, between agency and experiences of (dis-)identification, and between agency and practices of self-harm. Finally, these relations of knowledge and agency are consistently demonstrated to align with an ability to claim or to be deserving of care. In all of these aspects of representation what is at stake in these readerly encounters is often

not only a critical opinion of a text but more fundamentally a question of what is possible for self-harming subjects, or whether it is possible to exist at all as a self-harming subject.

Identification, intimacy, and accounting for subjectivity

Uncritical reading, empathy, and the production of reading subjects

The fact of identification in reading is almost taken for granted. Jonathan Culler, in his introduction to literary theory confidently makes the statement that “poems and novels address us in ways that demand identification, and identification works to create identity” (1997, 114). While, as Culler demonstrates, identification encompasses a wide variety of textual processes and responses, at times it has been framed as an inward looking, uncritical response to texts. The discussion which follows will problematise this, suggesting identification might describe a textual encounter which in fact creates rather than limits relationality, and allows for shifts and changes in subjectivity. In the context of self-harm, identification both often occurs in a context of solitude or isolation and indicates a textual encounter through which it is possible to give an account of the self as a self-harming subject. Specifically, this is an account of the self-harming subject as able to be recognised and known, a knowledge which is partial and thus allows for both mutuality and uncertainty within reading encounters. Such a subjectivity can be understood both as an experience of care and as that which creates the possibility of future care.

Literature’s ability to prompt identification has served as the basis for a wide range of theoretical interventions in which power and domination are taken to function through the construction or positioning of subjects by means of texts and discourses. Critical reading has been framed as significant tool in identifying and deconstructing oppressive ideologies. Eve Kosofsky Sedgwick argues that scholarship thus comes to rely on the practice of demystification, of “exposing and problematising hidden violences in the genealogy of the modern liberal subject,” (2003, 139) described elsewhere by Paul Ricoeur as a hermeneutics of suspicion (1970). As Sedgwick notes, “to theorise out of anything but a paranoid critical stance has come to seem naive, pious, or complaisant” (2003, 126). Within such a hermeneutics (or what Sedgwick might describe as a paranoid position), a critical reading is generally one which resists identification in order to make critique

possible. Indeed identification appears to have taken on a role as almost the paradigmatic mode of 'bad reading'. Michael Warner describes students who "read in all the ways they aren't supposed to. They identify with characters. They fall in love with authors" (2004, 13). He goes on to note that through the subsequent training process in the practice of critical reading these modes of reading will inevitably become classified as "uncritical reading" (2004, 13). Such distinctions might easily be seen to reflect gendered binaries, through which identification, or worse the romantic, whimsical 'falling in love,' are delegitimised in contrast to the rational, masculine exercise of critique. Laura Salisbury notes the increased colloquial use of the term 'relatable' in reference to texts, a term which she notes might *feel* like "a critical shortcut" which is "naïve, sticky, and compacted" yet in fact articulates an affective relationship with a text, "names a text as present, available" and "offering reciprocity" (2016, 1156-7). Such a binary, through which feminised "passive consumption" is treated with scorn and suspicion, has been analysed as at work in the cultural devaluing of television (Petro, 1986: 14), and, as Abigail Bray asserts, "privileges distanced critical judgement over a sensual engagement with the object" (1996, 422).

These uncritical readings are understood as not only naïve but also ethically dubious; a solipsistic over-identification, through which the privileged writer or reader luxuriates in their own pain rather than being moved to action or response. Within Trauma Studies Dominick LaCapra states that "unchecked identification implies a confusion of self and other which may bring an incorporation of the experience and voice of the victim" and result in the subject being "tragically incapable of acting responsibly or behaving in an ethical manner involving consideration for others as others" (2001, 28). He goes on to describe the dangerous moment in which "empathy with the victim seems to become an identity" (2001, 47). LaCapra articulates a widespread concern: that certain forms of emotional response fail to act as a starting point or grounding for ethical and political action, moreover that they might even be dangerous, that it might lead to a confusion of positionality, a mistaken sense of self, and a failure of action (whether that is to fail to act, or simply to act unjustly). This aligns with Lauren Berlant's critique of the affective politics of sentimental fiction which involves "witnessing and identifying with pain, consuming and deriving pleasure and moral self-satisfaction, and imagining these impulses will

lead, somehow, to changing the world” (1998, 645). In the context of illness narratives Anne Whitehead describes “the hazards [...] of becoming overly invested in an identificatory relationship” in which “the doctor’s empathetic feeling for the patient can too easily take centre stage, effacing both the patient’s own perspective and the social, cultural, political and structural dimensions of illness and care” (2018, 11). Repeatedly identification is associated with a failure of action and a mistaken sense of self, particularly a mistaken *centring* of the self. This is not to suggest that identification is universally regarded as a personal and ethical failure; rather to note that it is often approached critically, or with wariness.

These forms of ‘bad’ or ‘failed’ reading accomplished through identification overlap with certain understandings of self-harm. This is particularly evident in the oft-repeated concern that any representation of self-harm, or perhaps even any discussion of self-harm, risks *causing* people (usually teenage girls) to self-harm. This echoes Bray’s consideration of the tendency to interpret anorexia as a “reading disease” (1996, 419), no more or less than “the result of consuming too many ideologically unsound representations of women on television” (1996, 420). A similar logic is critiqued by Brigit McWade, as she notes a conservative push to regulate and control representations of self-harm, premised upon the figure of “the digitally naïve teenage girl” and the simplistic logic that “if you don’t see it, you won’t do it” (2019, para. 5). Identification both necessarily precedes self-harm and, in some way, accompanies it; identification makes self-harm an inevitability, they are brought into being simultaneously. The figure of the self-harming subject is presented as a failed reader, one who over-identifies with visual and media representations, one who cannot maintain the appropriate boundary between themselves and what they see or read, one who over-empathises, is over-emotional; the gendered nature of such a figure becomes quickly apparent. This provides an initial indication of the complexities of agency which surround those who self-harm; they fail both as readers and as neoliberal subjects, unable to live up to the ideal of personal responsibility and control, what Shildrick describes as “the notions of independent

agency and self-containment that mark the normative subject” (2009, 144).²³ Self-harm multiplies through bad reading, through identification, through a failure to maintain the logical, reasoned boundaries of the acceptable, normative self.

Similarity and giving an account of the self-in-relation and the self-as-recognised

While I don't seek to make a case for identification and empathy as the site of ethical action, it does seem that this project's attempt to attend to the complexities of self-harm might require an alternative conceptualisation. Judith Butler's exploration of the construction of the subject through the act of giving an account of the self (2009) is productive here. Butler's emphasis on the 'I' as always implicated in context and the available social norms which “condition the possible emergence of an encounter between myself and the other” (2009, 25) is helpfully framed through Hegel's refusal of unilateral recognition. As Butler notes, “in the moment that I give it, I am potentially given it, and the form in which I offer it is potentially given to me” (2009, 26). This introduces the idea that identification (of the self or with the other) or recognition (of the other or of the self) is never a singular movement; rather it is at its heart a doubling, an encounter which acts in two (or in multiple) directions. This understanding of the self as constituted by and within a context allows Butler to understand that the subject is always partial, because “my account of myself is partial” (2009, 40). This partiality is necessitated because the 'I' which makes an account is always bearing witness to those conditions “which are prior to one's own emergence as a subject who can know” (2009, 37). For Butler this partiality and incoherence “establishes the way in which we are constituted in relationality: implicated, beholden, derived, sustained by a social world that is beyond us and before us” (2009, 64). Thus, each attempted narration, each (inevitably inadequate) account which is given, brings a self into being: I “enact the self I am trying to describe; the narrative 'I' is reconstituted at every moment it is invoked in the narrative itself” (2009, 66). This emphasis on the account of the self as a response to

²³ As noted in the Introduction, the question of control remains one of the central conflicts or tensions within both scholarship on and experiences of self-harm, one which is echoed in Nikolas Rose's argument that under neoliberalism mastery over one's emotions is a necessary condition of acceptable adulthood (1989).

previous conditions, on its subsequent and necessary partiality, and on its inherent relationality is significantly productive.

Through such an awareness we might turn to the experiences of the participants in this study, in particular those of Margaret who is a heterosexual white, Jewish woman in her 60s from a working class background. She had lived with chronic clinical depression and talked to me about her own interest in representations of asylums and mental institutions, which followed her own experience of having been sectioned and spending time in asylums in the '70s. She also talked about her horror at how negatively psychiatrists are portrayed in fiction, and how valuable it might be to have representations of self-harm which showed it as a tool, rather than as a sin. Margaret talked about reading Sylvia Plath's *The Bell Jar* (1963) at a time when she was much younger and had been experiencing serious mental illness and had been sectioned. When reading the text she said "my response to that was *oh this is somebody with the same experience, the same worldview, being separated from everything that's going on around one.*"²⁴ So I found it, I found that a comforting book to read. So that was quite, quite positive I think. [...] To see that other people have the same sort of experiences is actually really useful." Margaret didn't use the word 'identification', but it certainly seems to be an appropriate way to refer to what she is describing.

She infused the experience with a range of positive affects – that it was "comforting", "positive", and "useful"; this encounter was in some way meaningful or productive for her, in a way which appears to be related to a sense of closeness and similarity in contrast to distance and solitude. Margaret uses the term "the same" three times, emphasising familiarity while presenting it as established not through simply the act of self-harm but rather the text's representation of the details of what self-harm meant to Margaret. Yet, in contrast to a structure of identification in which the self expands to take over the place of the (fictional) other, as in those described above, in this account the text is understood not as an identical replication of

²⁴ When quoting from interviews I will use italics to identify reported speech or thought within those quotes. Thus italicisation is not intended to convey emphasis, but simply to indicate speech without the use of additional quotation marks which might quickly become confusing.

Margaret's life but rather as a space in which her life is connected to the lives of "other people". Through identification the self is able to exist in relation to the other, or to multiple others, perhaps for the first time; this echoes Butler's consideration of an 'I' which exists in relation. Thus, we might reframe identification as a process not of immobility but of inevitable change: for in giving an account of the self as similar to an other, the utterance constructs or performs a self that was in some way not previously in existence. If what was being identified or recognised as similar was exactly the same then there would be no need for either process, it would simply *be*. As Gilles Deleuze might suggest, "difference inhabits repetition" (1968, 126). To identify or recognise is to reconstitute the self, even in a small way, to re-contextualise the account given of the 'I' as influenced by or oriented towards the object of identification. This is clarified by Hegel who, in Butler's summation, reminds us that recognition is transformative, that "recognition becomes the process by which I become other than what I was" (2009, 27). In understanding this process as one of change, identification becomes not an error through which the other is substituted for the self, as LaCapra worried, but rather a process through which the self is constructed with particular attention to the other, in particular relation to the other.

Sianne Ngai's work on the aesthetic category of 'the interesting' is helpful here. In discussing the potential for aesthetic judgements to call forth certain, often mimetic, responses, she comments that "to find an object interesting is obviously for the subject to feel interest" (2012, 8). Consequently, to declare that an object is interesting is to declare oneself as having been interested. Or perhaps, in a more Butlerian framework, in giving an account of an object as interesting, one is also simultaneously giving an account of the self as interested and thus *bringing into being* a self who is interested, or is capable of being interested. It is this doubleness, as observed by Hegel, this simultaneous act of observation and action, which seems to be most helpful in conceptualising identification specifically.²⁵ For it then follows

²⁵ It might be further pertinent that in this very structure there is something deeply familiar to the experience of self-harm, both as it seemed to me and as it has been recounted by others. Through hurting ourselves we enact a self that is capable of being hurt and also that is capable of hurting. And through bandaging or disinfecting our wounds we enact a self that is capable of caring and of receiving care. It is through self-harm that we bring these selves into being, into existence.

that, in feeling and declaring (even to oneself) an identification the subject is always simultaneously declaring a capacity to identify and to be identified with. The subject is bringing themselves into being as a subject for whom identification is possible. The doubling of “identify and to be identified with” is deeply significant, for it re-asserts the extent to which this process, rather than being solitary and without connection, is fundamentally social.

Other participants’ accounts of identification similarly articulated the significance of relationality. Hattie is a queer, white, cis woman in her late teens to early 20s, with a disability due to mental health problems. She talked to me about feeling that other people were often very uncomfortable talking or hearing about self-harm, and her concern and annoyance that social media sites were taking down pictures of people with visible self-harm scars. We also talked about how important poetry was to her, particularly the poetry of Andrea Gibson, and how going to live poetry readings had been a really positive, hopeful experience. Hattie described watching the Channel 4 TV series *My Mad Fat Diary* (2013-2015) and feeling a sense, almost, of revelation: “I felt like I could definitely relate to it. And it was kind of like, *Oh, shit, I’m not the only person that has experienced this* and stuff.” Sally is a queer, white British woman in her late teens to early 20s who talked to me about how the experience of watching representations of self-harm often overlapped with a broader sense in which she felt she was constantly aware of possibilities for self-harm, that she was constantly attuned to which methods of self-harm were available to her. She also talked about how certain representations of or assumptions about self-harm had made it easy for her to minimise her experience, and not to seek help until she was at university, despite having self-harmed since she was a young teenager. Sally had also watched *My Mad Fat Diary* and commented “When I was watching these things, I really thought that I was the only person that did it. So that’s why it can sometimes be affirming.”

Neelam is a British Asian, Sikh woman in her late 20s, with a chronic illness who talked to me both about *Hollyoaks* and about her experiences using social media to talk about self-harm or to express feelings of difficulty and pain. We also talked about her work in setting up a third-sector organisation which provided support to women with similar experiences of chronic illness and reproductive health

difficulties, particularly in marginalised communities; it was important to her to use her own difficulties to help others. Neelam talked about following a particular storyline on *Hollyoaks*, (Channel 4: 1995-) and having identified with the self-harming character very strongly, despite differences in their situation, their race, and their family's reaction. "It was the fact that her feelings were very matching of what mine were. And actually, it gave me a sense that I'm not the only one that's ever felt like this." In addition to emphasising an orientation towards sameness and lines of connection, all three participants described feeling that they had been very much alone or isolated in their self-harm, that they were the "only person" or the "only one" who had these experiences.²⁶ For these participants a key element of self-harm was the way it marked them apart from society, and how alone this made them feel. Self-harm might therefore prompt a particular form or experience of identification. In these accounts the moment of identification and its shift in perception is clearly a moment of relationality. The participants recognised a practice which they identified with or identified as familiar, and in so doing recognised (and gave an account of) their own practice as existing in relation, as being connected to an other, as the text became a space of encounter. Their sense of themselves as utterly alone is altered. Rita Felski describes recognition as denoting "not just the previously known but the becoming known" (2008, 25); here that becoming known is limited neither to the self nor to the other, but rather applies to both figures (or multiple figures) and the relation between them.

To consider how a text might offer an encounter of relationality I will turn to the Channel 4 TV Series *My Mad Fat Diary* (2013-2015), which both Hattie and Sally referenced, and which was widely received as encouraging identification with its 'unlikely' heroine.²⁷ Loosely based on the diaries of radio broadcaster Rae Earl

²⁶ All three young women were in their twenties, and might have been expected to have encountered self-harm in the news or on social media. However, Amy Chandler notes the absence of a pre-existing model might be a way to defend against accusations that self-harm might have been copied (2016). Thus this solitude might be literal or it might be more broadly experiential.

²⁷ Brian Semple in *The Independent* emphasised the show as "surprisingly honest" (2013, para. 5) and Rae as a "hugely likeable character" (2013, para. 9) Lisa-Marie Ferla in *The*

(2007), the series centres around the experiences and struggles of Rae, a 16-year-old girl who, at the beginning of the first episode, has just come to the end of a four month stay in a psychiatric hospital. While the first episode delays any direct representation of self-harm until the final minutes, it foregrounds her experience of mental illness, of being or feeling “crazy,” throughout. The series retains the diaristic form of its source material, with frequent voiceovers and even visual effects which mimic the scrawls and scribbles of a teenage diary. Anna Kurowicka and Marta Usiekiewicz suggest that the consequence of “employing a diary as the main narrative lens is an easy identification with the protagonist” through its ability to “reinforce[e] the authenticity and immediacy of her experience” (2019, 8). Faye Woods describes the diary as “a structuring device and a filter for the viewer’s experience” (2016, 89) as the series “[weaves] emotion into the fabric of its storytelling in order to tie its audience tightly to Rae’s perspective” (2016, 85). These assessments suggest a doubling effect in which the viewer is invited both to know Rae’s experience through an intimate narrative voice and also to share those experiences with her through the transference or communication of intense emotion.

This is demonstrated midway through the first episode, when a humiliating incident involving a high street changing room and an unexpected fire alarm has led to an episode of binge eating, with Rae sitting at the table with her back to us. As she stands the scene is scribbled over with white pen until it disappears. The diary functions not only narratively but visually, aestheticizing emotion and communicating with the viewers in a way that is easily legible. Rae does not narrate her binge and we mostly see her back rather than her face, but the white scribble narrates it for her, communicating her shame, her self-loathing, her desire to remove herself from the experience and the emotions it carried. The diary doubles in excess; it is layered on top of the visual frame of the camera, exceeding its traditional bounds, just as the emotions it structures or embodies might easily exceed the boundaries of the text and become ensnared in the bodies of the viewers, creating closeness through similarity or sameness. While Rae’s binge remains unspoken she does revisit her

Arts Desk characterises Rae as a heroine “you can’t help but root for” (2013, para. 2), and Sam Wollaston in *The Guardian* praises the show as “honest and painful, real and very funny” (2013, para. 7).

humiliation on the high street, returning to a bathroom cubicle in the psychiatric hospital and recounting the scene to an unseen listener, who we assume to be her friend Tix. She says, tearily, that “it was so embarrassing. My skin feels itchy with it. [...] It's too much out there. I don't even know how to explain it. It smashes up all of your senses. I'm not strong enough to deal with it all on my own.” The short sentences act to contain the intensity of her emotion, allowing it to build through the narration. She alternates “I” with “it”, bouncing back and forth between her feelings and what she sees as the facts of life, structurally replicating the isolation of a subject trapped in an unfriendly world, so similar to participants' experiences of self-harm.

Her words are spoken as dialogue, rather than voiceover; but when Rae looks she finds the adjoining cubicle empty; no one has heard her, except, of course, for us. Thus, in the show's communication of emotional excess, so central to its attempt to draw viewers into Rae's life and narrative, there is also an ambivalence or uncertainty as to our role as viewers, listeners, or readers; are we being granted privileged, intimate access, or are we simply along for the ride? This ambivalence constructs a textual encounter in which *mutuality* might be possible, in which Rae not only reaches out to the viewer but also leaves space within which the viewer might respond, or simply join her. Relationality and intimacy are not necessarily a foregone conclusion in the way critical engagement with the text suggests; relationality emerges not as that to which the reader submits, but as something the reader participates in or shares, a closeness in which both the text and the reader might be said to move towards one another.

Recognition, contested comprehensibility, and care

That relationality is further explicated by an account given by Riley, who is a queer white British gender questioning woman in her late 20s, who talked to me about *Gentleman Jack* (2019-), the *L Word* (2004-2009), Leslie Feinberg's memoir *Stone Butch Blues* (1993), and queerness in relation to self-harm. She discussed how much she wanted to see a depiction of self-harm that felt mundane rather than over the top and what it might mean for a writer to trust a character who self-harmed. She said “I think I'm always expecting people to like self-harm or die by suicide in programs like at the point where there's like a suspenseful bit. [...] Like, *am I gonna*

see myself? No. Not me. Or like am I gonna see myself? Ooooh, aaaah, errrrr, oh no, no, no, I didn't." The quotation captures a constant awareness both of the possibility of self-harm and of its absence; through that absence the self, too, slides out of view or becomes unreadable.

An almost identical experience is described by Sally:

I'm constantly, I remember being like, *Oh, isn't it? Are they gonna, are they gonna do it? Are they doing it?* Reading into a dialogue being like, *are they, do they mean that?* When people say like they've got a secret, that's something I think. [...] But never, but again those narrative don't go there. It just becomes a mystery and it's the absence, but even in that absence it still makes me think about it.

This brings into focus the doubling function, as outlined by Hegel (in Butler 2009, 26), of identification, in which the experience of recognising yourself is simultaneously one of being recognised. Riley and Sally were looking for a representation of themselves, for something that could be recognised as them, for a chance to 'be seen.' Riley's sentence suggests she herself would be performing that visualisation, highlighting the way in which identification requires a form of partiality, in which two selves or forms of the self establish a relation, while yet still inevitably being distinct. However, this seeing might also occur in multiple directions, as suggested by Sally's comment that *My Mad Fat Diary* "caused me to feel seen." An experience in which the subject sees the self is also one in which the self *is seen*. This seeing might in part be understood to be carried out by the text, or by the space of encounter which the text makes possible; through enacting certain forms of representation the text makes possible certain forms of recognition. Thus, the subject which is brought into being through such recognition is, crucially, one which is capable of *being recognised* by the self and by others. It is a subject which exists in relation and within that relationality is comprehensible, can be seen.

The significance of comprehensibility can be elaborated by Margaret, who noted the particular benefit of, in the *The Bell Jar*, "seeing [self-harm] in the first person rather than having the reaction that I'd had from people around me." The narrative voice played a significant role in constructing the space of the textual

encounter within which similarity and identification were made possible. The particularity of this similarity was made evident through her description of the reactions to self-harm she had encountered in reality, as her mother accidentally glimpsed her scars and told her “*they used to hang people for doing what you've done*” while a fellow patient in an emergency room responded to a third woman who had taken an overdose by saying “*I'm frightened of her, that she's going to get up and kill me.*” These responses, too, formed opportunities or frameworks for identification; Margaret was aware of the supposed or assumed similarity between herself and the subjects they referred to. In such a context a textual space within which self-harm is encountered without judgment might provide the opportunity to identify or construct a self that is, even momentarily, also granted freedom from cruel judgement or from social unacceptability, a validation which is not superficial reassurance but a deeper shift in social relationality. In establishing similarity, space has been opened for the self to be comprehended in the same way that the textual other can be. To be able (or more precisely to become able) to consider oneself as comprehensible, both to the self and by the other, is at the heart of how identification functions here.

Thus, recognition and relationality function as a shift away from cruelty or misperception towards something resembling care. In Neelam's discussion of Lilly Drinkwater, a *Hollyoaks* character she particularly identified with, she frequently framed her responses to the program as direct addresses to the character; “And I almost wanted to say, *look, I'm literally you.* It almost felt very real to me. And I was thinking, *you just, if you engage with a counsellor, it will be okay in the end.*” While the response that “*I'm literally you*” appears to echo LaCapra's concern that unchecked identification might result in the self “taking the other's place” (2001, 78), Neelam's identification does not preclude her from recognising that Lilly's similarity is not with herself as she now exists, but with a past self. She seeks to assert a particular sort of knowledge about the character, a knowledge formed through similarity, in order to offer advice, comfort, and reassurance. It does not seem unreasonable to describe this response as caring; in being known and being recognised both Lily and Neelam are accounted for as subjects who can and should receive care.

A similar relation is evident in an account given by Emma, a straight white British woman, in her late teens or early 20s, who talked to me about a very wide range of different representations of mental health which she had been drawn to through her own history of mental health difficulties, including self-harm and disordered eating. She talked a lot about the responsibility which she felt creators held to represent mental health and self-harm thoughtfully, comparing it to the duty of care she herself had felt while working in care homes with people with complex needs. Talking about a particular book, the name of which she'd forgotten, Emma recalled that:

The writer had done it in a way that, it was a supportive way for the, for the person in the book that was self-harming. So that made me feel more comfortable with reaching out to someone [...] I think this person had been, had been bullied, and it kind of echoed my real life [...] And then, they had a school counsellor, which they were talking to. [...] And then through that felt more comfortable to speak to their GP. [Yeah.] Which was exactly the same for me. [...] So them being able to like trust a counsellor enabled me to be able to go and speak to them. [...] Yeah, so that was quite reassuring in that, in that they trusted a person and it kind of pushed me on to, to try trying to do that myself and trying to like, encouragement basically.

The similarities she identified between her own experience and that depicted in the text allowed her to extend that similarity into areas of her life where previously there had been difference; to create a possibility of care, to articulate and construct an account of herself as a subject which might receive care. Significantly, the relationship which Emma describes with the text is one of "encouragement," an affective, supportive encounter. Care is made possible not only through the observation of care, but through the felt experience of care, an experience which occurs within and through the text, not simply in what it depicts but in the encounter it structures.

Thus, we might explore how fictional encounters might be structured to construct a self-harming subject as deserving of certain forms of care. *My Mad Fat Diary* certainly invests value in both the character of Rae and the possibility of identification with her. Rae is immediately presented as the protagonist; the show

opens with a shot in which her face slides into view, close-up, in profile. Throughout the first scene the camera continues to be focused on her expressions and emotions. She takes up space in the conversation and in the text, announcing and naming herself, correcting her new therapist Kester's proffered "Rachel" with an interjected "Rae," a precursor to her narrative authority. However, this presence is balanced by an emphasis on her desire for privacy, her reluctance to be open with Kester, the tight clasp she keeps on her diary. Her body language is defensive but the camera disarms her, cutting off her tightly crossed arms to focus on her face which is constantly expressive. Thus, the access which the camera grants us to Rae is privileged; the audience is structured as fortunate insiders and identification is not only made possible but also invested with value, through a perception of privilege or authenticity.

Woods suggests authenticity is "central to British youth television's sense of self" (2016, 69) and its attempt to distinguish itself as a gritty, irreverent, realist alternative genre to the tropes and traditionalism of its American counterpart. Such a position is established by Rae's voiceover monologue within the first few minutes of the show:

Dear Diary, I'm sixteen, I weigh sixteen-and-a-half stone, and I live in Lincolnshire. My interests include music, vegging out and finding a fit boy... Oh, scratch that, any boy, to quench my ever-growing horn. Unfortunately, I already have a lover that makes me look pregnant. Food. But, well, there is a difference between snacking and bingeing. And I don't binge any more. And if anyone ever finds this diary and reads it and comes to the conclusion that I'm crazy... they'd be spot on.

The monologue serves not only as an effective introduction to Rae's irreverent, bawdy, blunt narrative tone, but also situates her immediately within her social and cultural context. She uses repeated 'I-statements' to foreground her weight, her fraught relationship to food, and her mental health, which immediately distinguish her from the thin, normatively attractive protagonists of US shows, whose neuroses are occasionally explored but rarely to the point of diagnosis or inpatient care. Woods comments that *My Mad Fat Diary* "structures an intense audience alignment with a participant who has the potential to be 'othered' due to her size and mental illness"

(2016, 86). Rae's embodied, lived, difference is thus emphasised and enacted specifically as a response to and awareness of these norms; the figure of the typical protagonist is made present within the text in its refusal, and indeed the act of refusal is valuable in its claim to authenticity.

These markers of difference sandwich themselves around more normative claims; an affection for music, a desire for heterosexual sex and romance, a geographic location which, as is common in British television, serves as a stand-in for both class and authenticity,²⁸ as well as the unspoken similarity of race.²⁹ The monologue's structure itself creates a textual space of identification, in which the bounds of specificity and supposed difference hold within them a core of supposed familiarity and unspoken norms. This double movement between similarity and otherness establishes Rae through a particular sort of knowledge; her madness is both distinguishing and containable, it is unusual but not incomprehensible. Moreover, it is immediately situated within Rae's self-awareness; the text opens the possibility that "crazy" might be a descriptor ascribed to her by others but then doubles back as she claims it for herself, asserting her knowledge of herself and inviting viewers to share in that knowledge. The intimacy which critics and participants alike have noted as an important facet of identification might thus be accompanied by a certain structure of knowing, in which the reader or viewer shares in the character or the text's self-knowledge.

Complexity, partiality, and uncertain knowledge

Yet this is not to suggest that identification requires complete alignment between the knowledges of the participants in the textual encounter. For Neelam, coming across a meaningful representation of self-harm later in her life encouraged her to return to her own experiences with a different perspective. "I like to look back at stuff and think I wonder why I didn't pick up on it then [...] It almost made me be

²⁸ Woods thoughtfully unpacks British TV's "traditions of (social) realism" through rooting programs in "regionality" which "often serves to signify an ordinariness" (2016, 80), in contrast to the "aspirational lifestyles" (2016, 69) of its US counterpart.

²⁹ Rae's whiteness goes unacknowledged in the show, yet is frequently asserted, most notably through her continual, derisive othering of one of the few characters of colour, her mother's Tunisian boyfriend, Karim.

my own historian again.” The encounter between the text and the self encompasses not just the self in the moment of reading, but stretches back to include (and thus bring together or bring into new relation) her past self or even her past selves. Rosa is a white woman with a disability in her late teens to early 20s, who talked to me about one particular book which had meant a lot to her, but also about her own experiences of self-harm both while she was at school and at university. She discussed the ways in which responses to self-harm could be very unhelpful or judgemental, and how institutions such as schools and universities might be better placed to either provide information about self-harm or provide help and support. Rosa had read Cat Clarke’s novel *Entangled* (2011) prior to her own experience of self-harm; the text stuck with her and was brought to mind whenever she discussed her self-harm. She said “I think as I got older, and I started getting sicker, then I started taking note, maybe I was drawn to it because I was sick, I was sick already but didn’t know it. As well as I do now.”

The textual space of the novel has expanded beyond the moment of reading and into subsequent moments of interpretation, through which she is able not only to reorient herself in relation to the text but also to draw her past self into a different form of relationality through an adjusted understanding of her present. Sara Ahmed contends that “identification expands the space of the subject” (2004, 126); such an expansion functions not only laterally, drawing the subject into relation with other subjects, but also temporally, drawing the subject into altered relation with their past selves. This diverges sharply from LaCapra’s concern that identification might lead to unchecked repetition of the past; rather the past itself might be changed through an ongoing or expanded textual encounter. Moreover the stability of self-knowledge is complicated without being displaced. This, again, is a doubling; in allowing for both familiarity and difference, recognition also allows for knowledge and altered knowledge, both existing simultaneously.

A return to *My Mad Fat Diary* indicates how such a simultaneity is established. It is assumed that the diaristic form creates a space of total intimacy and yet there are moments in which the conditionality of that access are brought into focus, particularly through the therapy. While diaries have long been favoured within Young

Adult literature in particular as a device through which to construct textual intimacy³⁰, in television, in which a singular narrative voice is harder to sustain, therapeutic sessions are frequently used to introduce a confessional space.³¹ In *My Mad Fat Diary* the two devices clash and overlap, as the usually intimate, authentic space of therapy is, in the first episode, one of reticence, silence, and partiality, as Rae slides over the events she narrates in detail through her diary. Yet the balance of authenticity and knowledge doesn't only slide one way; later in the series Kester increasingly challenges Rae's narration within their sessions. For May Friedman, this is evidence that the therapeutic relationship "wrests narrative control away" from Rae (2017, 1081), but this is rather overstating the matter; rather the two spaces, the two modes of narrative confession, overlap and intersect, both partial yet both claiming legitimacy, and both offering participation and intimacy to the viewer. This reflects the partiality which Butler emphasises as foundational to the subject, a partiality which is implicitly acknowledged in the temporal shifting of the accounts above.

In one scene Kester insists that the sessions are intended to be "a time when you can open up", and discuss "how you're really feeling." Yet when this offer is met again with reluctance from Rae, Kester changes tack, instead making his own disclosures, actively restructuring or redecorating the office they're sitting in, and eventually reframing his initial offer of authenticity and disclosure. He tells her "if you trust me, if we trust each other ... [that] you'll be all right." The relationship, or the encounter, is framed as one of mutuality; disclosure, self-narration, does not occur within a vacuum, but rather is always interpersonal, as Butler's account of subjectivity suggests. This might be reframed as the offer the text makes to the viewer; it offers a space of knowledge or disclosure which is authentic but always partial, and also mutual. There is room here for the viewer themselves to participate,

³⁰ Emily Wasserman noted that letter writing is "well-suited to the reflection and construction of identity which takes place in young adult literature" (2003), and epistolary and diaristic forms are popular within classic Young Adult works, including Meg Cabot's *The Princess Diaries* (2000), Stephen Chbosky's *The Perks of Being a Wallflower* (1999), Laurie Halse Anderson's *Speak* (1999), and Beatrice Sparks' *Go Ask Alice* (1971).

³¹ Caroline Bainbridge describes "a spate of television drama series in which psychotherapy is given a key place in the narrative" (2012, 54), noting in particular *The Sopranos* (1999-2007), *Frasier* (1993-2004), *Tell Me You Love Me* (2007-2008), and *In Treatment* (2008-2010).

to negotiate these multiple frames of intimacy in all their partiality, to recognise and be recognised, to both place trust in the text, and to understand themselves as capable of trust in return.

Several participants retained an awareness of difference or difficulty while also experiencing identification. Neelam emphasised that when she felt close to Lily “it wasn’t in terms of her being from, like, a minority background or anything like that. It was the fact that her feelings were very matching of what mine were.” Although Lily was white, Neelam was still able to recognise crucial elements of their emotional experiences as being similar, and to be affected or moved by that similarity. Yet later in the interview she slightly re-framed the experience of identification:

I could only relate to Lily because of the emotional side of things. But she still is a white woman, compared to somebody who’s from an ethnic community she still has a level of privilege that we don’t [...] And that, it wasn’t a problem. But it’s something we’re aware of, as ethnic minorities.

It is not that racial difference makes identification impossible, but that such an identification, perhaps like all identifications, is partial. Moreover, an experience of identification does not transcend or erase a desire to see a particular sort of racialized representation (something she’d “love to see”), or a recognition that race is politically and experientially significant. Difference and similarity, recognition and distance, are neither cancelled out nor erased, but rather held in tension.

For Hattie, reading *Girl in Pieces* by Kathleen Glasgow (2016) “wasn’t like the easiest thing to read ever. Because it was like a lot of it I did relate to a lot. So it was kind of, did like, bring up some stuff.” Here an experience of closeness and relationality was far from being unreservedly comforting. Francesca is a queer, mixed race, disabled woman in her 30s who talked about care in a lot of different facets, both in terms of the way in which self-harm might include a desire for care, the way in which engagement with certain texts could be an enactment of care, the difficulties of accessing tangible care or treatment compared with the ease in which these are accessed in fiction, and the way in which many people responded to self-harm with impatience or frustration rather than care. Francesca talked, with reference to Vanessa Ives, on the Showtime series *Penny Dreadful* (2014-2016),

about the difficulty of watching self-harming characters whom she identified with die. She described feeling despairing, and as if the narrative “was saying people like me don't deserve to live essentially. Or that I will never find peace.” It was not that this experience entirely altered Francesca's perception of herself, but through a continued or repeated identification with a character whose circumstances changed over time she found herself articulating a subjectivity which was particularly oriented towards different possibilities or impossibilities. Both accounts are almost an inversion of the concern that empathetic identification might function simplistically to resolve difficulty and difference, or prompt unjustified self-satisfaction, as suggested by Whitehead and Berlant.

Finally, while this chapter has sought to nuance assumptions about the way in which self-harm proliferates through identification, this is not to suggest that identification cannot or does not draw people into unhelpful or unhealthy relations with self-harm. Lou is a bisexual, white British woman in her 30s, who talked to me about the difficulties of simplistic narrative resolution, an element which she linked to her own work with a local mental health trust around service-user involvement and patient stories and to the concept of neorecovery. We also talked about the importance to her of trigger warnings, and the value of being able to make an informed decision about what content she engaged with. Lou talked about Susanna Kaysen's memoir *Girl, Interrupted* (1993) wherein the direct voice of the narrator created a particularly close relationship, and so “at a time in my life when I didn't trust anyone, I trust these characters. And actually, I'm not sure how helpful that was.” The validation she found in fictional characters felt like it might be compromised by engagement with mental health services and “it creates this very closed space between the two of us that actually, probably in some ways, having those connections when I wasn't seeking connections in real life, because I had this secret validation.”

Sally, having talked about seeing a representation in *My Mad Fat Diary* that felt meaningfully familiar, also noticed that the depiction introduced her to a new method of self-harm which she went on to use. She said “I was like, *how does something that literally did cause me to harm myself but also caused me to feel seen?* [...] that's quite a blurred line.” This sophisticated understanding of the textual

encounter holds in tension the way in which representations, the textual encounters which they make possible, and the way in which they become incorporated in relation to our sense of self (or the accounts we give of ourselves), might function in complex and contradictory ways, that might include damage, harm, or pain. She still praised the series for its representation both of self-harm and of body image and fat politics, and didn't suggest that its portrayal of self-harm should have been censored or even changed. She simply attempted to stay with the ambivalence of its impact in her own life, of the ways in which it created space for her to orient herself towards certain practices and experiences.

In considering the function of ambivalence within identification, we might once again turn to *My Mad Fat Diary*, and the moment in the first episode which most directly addresses self-harm. At the climax of the first episode Rae, having gathered up her courage to participate in a pool party, finds herself stuck in a pool slide, all eyes turned towards her. The scene shifts back to Rae's session with Kester before the camera cuts out from her face to show a single shot of her full body, the scars on Rae's legs plainly visible, before returning to intercutting shots of her face and her friends looking back at her, the moment drawn out almost unbearably as the camera moves from face to face. The shot of her body is both brief and extended; the moment seems weighty, drawn out, and yet in fact the camera pauses only briefly, it neither zooms in nor draws out, it simply cuts away, and does not return.

Moreover, the shot is fragmented from the contextual narration; Rae doesn't label her scars or articulate them in the moment, and there had been no previous explicit discussion of self-harm. However, they are not entirely without context; indeed the point of the entire scene is the specificity of Rae's scarred embodiment, the difficulty with which her fat body moves through the world. As the camera returns to Rae, it predominantly gives a close-up of her face, but on one occasion pulls out much wider to show the swimming pool, the slide, and her stuck within-in; the scars are too far away to be visible, and yet we know they are there. And, perhaps most significantly, the show trusts us to know; it doesn't return, it doesn't zoom in, it doesn't articulate. We hold this knowledge through the self-possession and wit which she exerts to resolve her situation and through the openness and joy with which her friends respond. Then, Rae speaks: "The doctors looked at my legs and said *didn't it*

hurt? Didn't it hurt so much when you were doing it that it burnt to breathe? At least they remind me that I survived. But only just." As she speaks, we see her in the pool with her friends; the camera moves and shifts angles underwater in a haze of blue, the viewer held within the changes of perspective as if we too were surrounded by water. The show has trusted us to hold the knowledge of Rae's self-harm, and now, in turn, we might find that we can trust it.

It doesn't rush to narrativise Rae's self-harm, to construct a response of shock, or horror, or derision, or pain. Rae's friends looked at her without speaking, but when she reached out to them in humour they responded in kind, and now they are with her in the water, bodies entangled and voices overlapping. Rae herself gives the only response, yet almost half of the words she speaks are not hers at all, but those of the doctors, who ask a question she never answers, allowing viewers to remain with the uncertainty. So, we are given no model for our textual encounter with Rae's self-harm, no model except the text itself, and its willingness to show without voyeurism, to hold her scars lightly yet with care. In doing so it leaves space for our own reaction or response, space for us to encounter Rae and her experience of self-harm, and to hold it with her, perhaps to hold our own experiences as well and to understand them in relation to hers. In a text in which the intimate narrative voice is assumed to create a close and certain identification, the ambivalence of this space the text holds for self-harm, its movement between specificity and universality, between knowledge and uncertainty, structures a textual encounter in which identification in relation to self-harm might be complex, or contradictory, meaningful without being all-consuming. In short, it offers the possibility of personhood, or subjectivity.

Alienation, estrangement, and distance: a present absence

In addition to talking about closeness or identification, participants mentioned instances in which their experience of a text was one of distance, a distance which might be more theoretically framed as estrangement or alienation. Nevertheless, the descriptions of distance, alienation, or estrangement included elements of recognition, in alignment with Christopher Reed's suggestion that "ultimately alienation and identification are inseparable and complementary" (2016, 24). This section will explore the way in which experiences of alienation within the reading encounter were aligned with the representation of self-harming subjects as lacking subjectivity and interiority and thus as being impossible to know or to understand. This aligns with experiences of social alienation, shame, and othering which often accompany experiences of self-harm, and the association of a lack of subjectivity with a failure of agency. I will then suggest that this failure, both of agency (and thus of the individual as a successful neoliberal subject) and of meaning or comprehensibility, creates conditions in which it is easy for care to be withdrawn from those who self-harm. That withdrawal of care is not only felt and experienced within the reading encounter but also suggested through the treatment of self-harming characters, particularly in the tendency to treat their death by suicide as inevitable.

I use the language of distance, alienation, and estrangement to refer to a group of overlapping yet diverse experiences. This section sets itself apart from Marx's use of the term, to refer to workers as alienated from the product of their labour, a social process which also "estranges man from his own body, from nature as it exists outside him, from his spiritual essence" (Marx, *Economic and Philosophical Manuscripts*, quoted in Knudsen, Rickly, and Vidon 2016, 35). It is similarly distinct from a pure psychoanalytic use of the term which often invokes a Lacanian conception of the subject as "necessarily alienated" (Grosz 2002, 79). This alienation is understood to be fundamental both to the structuring of subjectivity through the mirror stage and to the function of desire in relation to the gaze (Wyatt 2012, 138). Rather, what is described below is less universal and inescapable; it is a specific and socially located experience rather than a structuring element of consciousness. It is perhaps closer to Fanon's description of "the devastating effect

of contact with the objectifying and racializing gaze of the white European, which causes the black man to become alienated from himself” (Craps 2013, 30).

However, this is not to suggest that the particular textual encounters articulated below are in any way identical to the experience of racialised alienation. Rather, we might turn to Kelly Oliver’s more general description of the “double alienation” of oppression which “results not just from finding yourself in a world of ready-made meanings but from finding yourself there as one who has been denied the possibility of meaning-making or making meaning your own without at the same time denying your own subjectivity” (2002, 56). This complicates a view of identification as an uncritical and inward-facing interpellation, as summarised in the previous section and extended in literary theories such as Brecht’s alienation effect which emphasise the benefits of the disruption of identification in establishing a critical perspective towards texts. These frameworks fail to take into account the ways in which alienation might also act as a form of interpellation – that distance might serve not as resistance but as restriction or constraint. This section will suggest that alienation might be helpfully understood as a process in which a subject comes to articulate a sense of the self as constrained, in which new limitations or lacks are made evident or existing ones reinforced.

Observing from the outside: characters at a distance, an absence of internality

This can be elaborated through Margaret’s account of Angela Carter’s novel *Love* (1971) and her assessment that a female character, who she understood as self-harming and who died by suicide, was presented at a distance. Margaret said of Annabel that “we see her largely from the outside, well almost entirely from the outside. So we don’t understand what’s happening.” For Margaret this distance was something which the text actively created. She said “I think she wrote her from the outside as you know, this is something we, we see. And, gosh, you know, *what are we supposed to do about it?*” This description suggests the centrality of both meaning and gaze to the experience of alienation; in emphasising the character as being written and therefore seen “from the outside”, a phrase she repeats, Margaret articulates an experience in which the self-harming character seems to be both

understood and presented as someone who *cannot be understood*, indeed as someone with no internal self at all, who instead can only be seen or observed.

However, while the character of Annabel might certainly be alienated, the experience of alienation as a textual or readerly effect is that felt by Margaret. Within that experience, the feeling of distance was perhaps brought into particular relief by a simultaneous closeness or identification. Margaret twice identified a similarity between her own experiences and those of the character. She commented that “we know that she's self-destructive and unable to live. I mean, I think that's, I guess identified with that.” She also noted that Annabel “was sort of in her early 20s. So she, I did kind of equate it with how people might have seen me at that age as well. And I felt quite lot of guilt and quite a lot of shame... because I saw how people around me perhaps felt looking at me.” This is not straightforward identification; rather than encountering something familiar or meaningful, Margaret has recognised the building blocks or outlines which structured her own experience and yet still felt removed from the experience itself.

Thus, we might see a double movement at the heart of alienation, as recognition must occur in order for (although not necessarily prior to) a feeling of distance or separation from that which has been recognised. The object of alienation is not entirely unfamiliar; it must be recognisable, in order for the distance to be noticeable or significant. Alienation might be framed not as an experience in which it is impossible for a self to be articulated, but as one in which the account given of the self feels limited, partial, insufficient. Sara Ahmed comments that “the stranger is not *any-body* that we have failed to recognise, but *some-body* that we have already recognised as a stranger” (2000, 55). The strangeness or distance of alienation is not that of un-recognition, but rather that of a recognition of distance. Margaret's experience extends Ahmed's formulation, because what has been recognised as a stranger is not purely a figure of alterity, but very evidently a figure that is *her-self*, and yet remains strange. Margaret's reference to shame might be instructive, given Eve Kosovsky Sedgwick's contention, drawing on the work of Silvan Tomkins, that shame is indelibly entwined with identity, with “the place of identity”(1993, 12). Or, as Jean-Paul Sartre might suggest, “I am ashamed of myself as I appear to the Other” (1943, 302); shame involves discomfort with the identification of the self yet without

renunciation of that self. As Sedgwick and Adam Frank argue, shame “is characterised by its failure ever to renounce its object cathexis” (1995, 521). There is an unavoidable link between pleasure and shame, between recognition and distance. Alienation might similarly function as a movement between these two poles.

The text structures an experience through which Margaret felt herself to be a subject whose experiences, or whose very self, was impossible to understand. She could be seen only as a problem which the other characters, the author, and indeed even people outside of the novel, needed to resolve. Again, there is repetition; the empathy denied to Annabel is repeated in empathy that Margaret herself perhaps was denied, but is also denied again through creating a distance or separation between her past and present selves. Through her encounter with both Annabel and Carter’s narration of Annabel as an object, Margaret seems to experience herself as an object, echoing Fanon’s realisation through the perception of the white other that “I was an object in the midst of objects” (2000, 257). Yet Margaret appears to experience an awareness of herself as self and object simultaneously: she both is aware of the absence of meaning (or of being understood as lacking subjectivity) and, in feeling that lack, is aware of what meaning there could be found, in Annabel and in herself, if the text was capable of doing so. Alienation is an experience of ambivalence or contradiction, one in which recognition is countered by distance, in which objectification and an awareness of objectification are brought into being simultaneously. This contradictory doubling recalls an alternative framework for readerly alienation: that of the uncanny, described by Nicholas Royle as that which “has to do with a sense of ourselves as double, split, at odds with ourselves” (2003, 6). Yet it is not doubling alone which might produce an uncanny alienation. What appears to be significant about alienation is the *awareness* of the doubling it prompts: a split or dislocation is *felt*, or indeed recognised. To return to a Butlerian framework, if an experience of identification is one which constructs a self which is recognisable, an experience of alienation is one which recognises the self as unrecognisable.

Fictional texts might specifically structure a reading encounter through which self-harming characters are understood as objects: to explore this I will follow

Margaret's lead in exploring Carter's *Love*. In the novel the self-harming subject is one of a trio of protagonists;³² however this central role does not guarantee readers access to Annabel's subjectivity. Rather, as Lorna Sage notes, it is her husband Lee's perspective which is "privileged by the authorial voice" (1992, 171). Marc O'Day comments that a passage early in the novel, while it describes her, "isn't focalised through Annabel's perception" and instead is "scrupulously distanced, a penetrating analysis of her world and her relation to the real" (1994, 68). In the passage in question Carter declares that:

All she apprehended through her senses she took only as objects for interpretation in the expressionist style and she saw, in everyday things, a world of mythic, fearful shapes of whose existence she was convinced although she never spoke of it to anyone; nor had she ever suspected that everyday, sensuous human practice might shape the real world. When she did discover that such a thing was possible, it proved the beginning of the end for her for how could she possess any notion of the ordinary? (1971, 3)

The passage typifies Annabel's characterisation, including an awareness of her perception of reality as a mis-perception and her tendency to observe the world rather than interact with it. Yet these characteristics are divorced from Annabel's own experience of them, and from her emotions. The shapes she perceives are "mythic" and "fearful" but we experience very little of Annabel's fright or horror. The closing rhetorical question serves both to illustrate the fundamental incompatibility of Annabel with everyday life and the inability of the narrative to have sufficient knowledge of her to imagine her otherwise. "How could she possess any notion of the ordinary?" The point is not simply that she does not, but that the reader is

³² As established in the Introduction, the distinction between self-harm and suicide was both important to participants and often uncertain. Margaret described *Love* unambiguously as a novel depicting self-harm; when I subsequently read the text I found I would have classified it as a novel depicting suicide and attempted suicide, rather than self-harm. Yet I also noticed the way in which the description of Annabel's actions and experiences felt like they resonated with my experience of self-harm, or might function as a metaphor for self-harm. In discussing *Love* I don't want to make any particular claims about what the novel depicts, either explicitly or metaphorically. Rather I recognise the ambiguity and ambivalence of all such categories, and I attempt to take seriously what the text meant to Margaret.

encouraged to align themselves with the narrative's perspective that this must be the limit of our knowledge of her. As Sue Roe suggests, Annabel is (or has been) "marooned in an unnameable position outside the self", she is "not even subject" (1994, 81).

The relations of alienation: distance established through knowledge and agency

This particular experience of alienation and incomprehensibility is interestingly resonant with the experience of self-harm. This is clear both in Margaret's assessment of Annabel as being "unable to participate in the world [...] and unable to live" and in her description of Eve in the play *Absurd Person Singular* (1972) by Alan Ayckbourn as a character who, against the backdrop of a raucous party, was figured as "this desperate person trying to hang herself in the middle of it all." Margaret felt that "reflected very much my experience of life that there were times when I retreated entirely because I couldn't cope with people just carrying on normally, being busy and cheerful." In both cases the experience of self-harm itself is represented and recognised as being one of alienation, a perception reflected in sociological and psychological research on self-harm.³³ These texts, in their depiction of alienation, reflect, reinforce, or replicate that alienation by affirming it as the frame through which self-harm and self-harming subjects are experienced and understood by others. Margaret noted that, when watching *Absurd Person Singular*, "the general response of the audience was that it was extremely funny." She felt unable to discuss the play or her feelings about it, noting that "I'd not long come out of a hospital and I was not a well person," and so "I certainly wasn't up to defending my view. [...] I certainly felt the playwright's view and the audience view was society's view and therefore, there was no justifiable other view." Both the playwright and the audience seemed to understand self-harm and suicidality as something

³³ Peter Steggals frames self-harm itself as "a way to experience and express feelings of personal distress and social estrangement" (2020, 4). Within a more psychological framework the alienation aligned with depersonalisation and dissociation is thought to prompt self-harm as an attempt to end this painful state (Usher and Cook 1994; Crowe 1996). Susanne Schoppmann et al. thus understand self-harm as a mechanism through which someone suffering dissociation might attempt to re-connect with their corporeality, particularly through "the visual and tactile perception of blood" (2007, 592).

utterly removed from their own sphere of experience, something which could be reduced to a punchline with little concern.

Similarly, Francesca suggested:

We're usually in the POV of the non-, you know, the non-crazy person, you know, again, like in *Fatal Attraction*. It's like, *oh, my God, what is this, you know, creature that I now have to encounter? I thought they were a normal human being, but they're actually this*. Whereas, you know, obviously that doesn't feel good when the thing that you're being shown is a thing that you are.

Once again this perspective emphasises the character's distress, pain, or ill health not as a difficulty for the person experiencing it but primarily as a problem for those around them, something that they "now have to encounter."³⁴ Noting again the role of perspective and narrative voice, Francesca's experience is that self-harm or madness is not just understood from a distance but creates this distance in how it is understood and responded to; the imagined dialogue of the "non-crazy person" understands the self-harming person not as someone experiencing distress but as someone who is monstrous, to the point of being no longer human. This uncannily echoes Goffman's classic definition of stigma as that which reduces the bearer "from a whole and usual person to a tainted, discounted one" (1963, 3). This perspective both frames self-harm within the text and brings readers into a particular relation with self-harm and with self-harming subjects, a relationality which emphasises both difference and disturbance. The self-harming subject is correct in their perception of their alone-ness and alienation; those around them, and indeed the very narrator or author of their story, understand them to be almost exempt from the realm of human

³⁴ This experience chimes with the critique made within Disability Studies of the individualistic medical model, summarised by Alison Kafer as the belief that "solving the problem of disability means correcting, normalising, or eliminating the pathological individual" (2013, 5).

subjects, reduced instead to an object, a hindrance, a problem.³⁵ In their depiction of the alienation, which is so recognisable an aspect of self-harm, they re-enact that very alienation within the textual encounter, and its accompanying shame, or guilt, or 'bad feeling'. The self which is recognised is the self that can be discounted as unhuman or separate from the rest of humanity, a self that is inaccessible while still being recognisable, a self that is an object, an un-self; it is this contradiction, this uncanny separation, which structures the experience of alienation within the textual encounter.

The complications of this form of encounter are explored further by Riley who, when discussing Jenny Schecter in *The L Word* (2004-2009) and Anne Walker in *Gentleman Jack* (2019-), noted that the two characters were presented and understood by the audience as being frustrating, or even pathetic. She commented of Jenny that "she's quite dithery and like, she can't quite make up her mind and is always ... There's a sense of being like, *come on, Jenny, come on*, the same as, as Anne Walker it's just like, *ugh come on*." We might note a point of continuation in the positioning of self-harming characters as an inconvenience or a problem. Running through the accounts of all three participants is an association of problem-ness (and thus perhaps object-ness) with a failure to act, a failure of agency, echoing neoliberal norms under which there is an "emphasis upon lifestyle choices and individuals' responsibility for preserving their health" (Lupton 2012, 92). These characters are failing to assert the desired control or rationality over their actions, attitudes, and relations with others; this seems to be both cause and consequence of their object-

³⁵ Not all participants associated seeing themselves from an alternative perspective with an experience of cruelty; for Neelam, the multifaceted nature of the *Hollyoaks* storyline created space for both her strong identification with the self-harming character and for insight into the perspective or experience of the people who were close to that character. She commented that "seeing it was, was almost looking in and seeing what my friends and family were putting up with as well. Because obviously in the moment you can't see yourself. But that gave me a glimpse into how they must have been dealing with it as well." That this was a positive experience was emphasised; I explicitly asked if it had been painful and she responded that "painful" was an inaccurate description, rather: "It really gave me an appreciation for my friends and family like, I really don't realize sometimes how much I've put my friends and family through."

ness, their reduction to a problem which must be overcome by others who can exercise agency straightforwardly, comprehensibly.

However, for Riley the distance which the TV shows constructed between these characters and the audience more effectively or convincingly closed down opportunities for identification;

I don't think I do watch it and am kind of seeing myself [...] when I think now like ... Ok, think about Jenny and what I might've seen with her like, *oh my god*, like, *yeah I know some of that, Oh my god, that must have been so hard* but still my sense is like, I'm sold that [...] Jenny is annoying, Anne Walker is annoying. But if I apply my experience and think of them, maybe as like a peer, I'd be like *oh my God, that's terrible I know exactly what's going on. I'm really sorry, how can I help.*

She identifies the shows' framing of these characters as a process of persuasion or restriction in which the possibilities of response and relationality are closed down or limited. The possibility of recognition, and of empathy, is available only subsequently (with the distance of time), and even then only with effort. This is not the form of alienation found in the aesthetic theories of Bertolt Brecht (1949) and Viktor Shklovsky (1917), which functions to break up established habits of reception and prompt a particular awareness of that which is taken for granted. Rather, the experiences described above call into question any assumed political radicalism or even neutrality of alienation as a device or tactic. The textual structuring of alienation can act unevenly on particular subjects, impacting their relationship with the text and thus their ability to give an account of themselves as being able to claim certain forms of subjectivity and relationality.

The implications of this relationality might be further explored in *Love through Carter's* complex representation of Annabel's lack of agency. It is her parents who prompt her marriage to Lee, as they "refused to let him see her unless he married her", and it is Lee who makes the decision to do so, "out of pride" and because "his puritanism demanded he should be publicly responsible for her" (1971, 29). Annabel's own feelings come into the matter not at all; the narrative emphasises both that "Annabel was quite incomprehensible to him" and that she had entered into

the previously self-contained circle of the brothers “without any conscious volition of her own, by a species of osmosis” (1971, 29). The characteristics are interdependent: as established above, she lacks meaning and therefore her actions lack agency, but simultaneously her actions lack agency or motivation and therefore she remains impossible to understand. Yet Annabel does affect the world around her; she does so by ‘osmosis.’ Thus the text’s perception of the responsibility which she bears for these effects is confused and contradictory. Sarah Gamble comments of Carter’s early heroines that “their very passivity renders them dangerously destructive” (1997, 54).

By presenting Annabel as a subject whose actions and desires are both inexplicable and all-powerful Carter establishes a framework for a textual encounter in which it is particularly difficult to extend to Annabel any form of genuine care. While her distress may be overwhelming it is also cut off from meaning, signification, or even communication, making it difficult to respond to her as a rational or legitimate subject. This is apparent within the text itself; while Lee and Buzz profess great care for Annabel, they repeatedly act towards her with great cruelty. Moreover, a great deal of criticism on *Love* is notable for its uncomfortable or even unkind descriptions of Annabel, and in particular her eventual death. Patricia Juliana Smith surmises that “to punish Lee’s crass and public display of infidelity, Annabel slashes her wrists” (1994, 27). Sarah Gamble describes Annabel’s suicide as “inevitable” and thus “bereft even of the aura of tragedy,” characterising her as a figure who “gets a warped masochistic pleasure from her own victimisation” (1997, 85). Mary Hallab concludes that “Annabel, unable to endure in a world she cannot control, kills herself in a final childish attempt to make Lee sorry” (1995, 181). There is no attempt to consider Annabel’s deep, almost incomprehensible pain; rather, she is ‘warped’ or ‘childish’, her self-harm and suicide is inevitable, and described in lurid, unfeeling terms.

These readings of Annabel surmise the web of contradictions through which *Love* makes empathy or care nearly impossible; Annabel cannot effect meaningful change in the world and therefore is not an intelligible subject within it, Annabel’s death is inevitable and thus meaningless, Annabel’s motivations are childish or simplistic and therefore her actions are risible, Annabel desires her own destruction

and thus is responsible for it. Annabel's very existence is understood as a problem to which her death provides the solution, unerringly reflecting the pattern which Francesca described. Critics recognise Carter as exploring the impossible paradox of female power under patriarchy; Dimovitz describes Annabel as "a passive female who can only attain her agency in suicide" (2016, 52). However, in her representation of madness and self-harm, and of Annabel as a partial subject, Carter constructs a second double-bind from which even suicide is not escape but rather its final act. Annabel is responsible for her death, but her death is made necessary (and thus meaningless) through her inability to act with agency, to enter into the world and take any other meaningful action. We might watch her death, observe her actions, but by consistently divorcing them from feeling or interiority Carter structures a reading experience in which it is difficult to do anything more than simply observe.

Complexity, care, and identifying with impossibility

While stylistic and narrative devices can prompt or even determine an effect of alienation, such effects are also negotiated in ways that feel particular or personal. Sally talked about how age and temporality interacted to create distance from a representation of a young boy self-harming in the film *Mid90s* (2018). She had talked about how watching a depiction of self-harm had previously prompted her to consider whether she would be able to self-harm using a similar method. However, now, when her experiences of self-harm felt temporally distant, she felt she had "maybe even the same reaction as someone who had no history of self-harm would see it. I didn't think about myself self-harming." In this case the distance which she felt from the representation was a reflection of her own altered mental health or relation to self-harm. This was presented as a positive development, reflecting her improved wellbeing, but there was also an ambivalence about this distance. She later considered that she had begun self-harming at a similar age to the young boy, but she "didn't make the link at the time" and it was "funny how my immediate reaction is like, *Oh my god, that is a child doing that.*" Her response encapsulates a sense that the boy's self-harm was especially upsetting to witness because he was young, and thus perhaps deserving particular protection from pain or distress. However, she noted that while the separation of this depiction from her experience might have enabled such a reaction, it also meant that she didn't initially connect the boy's youth to her own youth at the time of her experiences of self-harm. The

implication is that she didn't regard her own self-harm as so concerning and that she was able to perceive him as vulnerable or deserving protection in a way that she might struggle to extend to herself.

Thus, alienation might in certain cases *prevent* the possibility of care. We certainly need not suggest that this is the inevitable outcome of all readerly distance, but it does seem to be at the heart of these experiences: of Margaret's shame and guilt at the thought that she might have been experienced by others as Annabel was; of her fury at the audience laughing uproariously at a character attempting suicide; of Francesca's unhappiness at repeatedly seeing self-harming and mentally unwell characters represented as an object of horror; of Riley's retrospective frustration at her own lack of patience with characters experiencing difficulty; of Sally's subtle suggestion that youth might prompt care, but only for others. Over and over we can see the difficulty of extending care to the self-harming subject, whether that subject is a character, a friend or relative, or yourself. This absence of care quickly multiplies; to identify or be aligned with a character for whom care is not possible can make it difficult to extend care to yourself. Alternatively, establishing distance from a character can in some cases mean that care is possible only unevenly, only to subjects either outside or within the boundaries of the text; the textual encounter is not all-determining and can be ambiguous.

This attention to care might trouble or undercut the idea of distance. It seems obvious that an experience of alienation or estrangement encompasses some sense of distance, some sense of a gap between the self and that which the self is alienated from. Yet the 'distance' referred to is not necessarily literal; rather we are using distance as a metaphor, a placeholder for something less tangible or harder to express. In Lacanian terms it would stand in for meaning or signification: certainly, in the accounts above the characters from whom participants felt alienated were often characters who could not be understood or ascribed full subjectivity. Yet what is significant is that being cut off from meaning, being understood as failing to be comprehensible, is to be cut off from care. Nel Noddings suggests that "the fundamental aspect of caring from the inside" is the attempt, impossible to entirely accomplish, to "try to apprehend the reality of the other" (1984, 14); if the other can contain no selfhood or meaningful experience, then that attempt might be particularly

easily abandoned, or never made at all. And to be cut off from care need not require distance; it can be accomplished at very close quarters. We might more accurately note that a lack of care can *feel* like distance. Moreover, the process of alienation, and the ways texts function to structure an encounter of alienation, is vital to understanding the ways in which people who self-harm might be seen as falling outside of that category of people who can lay claim to care, whom we are capable of caring about, to whom care is owed.

The implication of this absence of or difficulty around care is made particularly clear through returning to *Love* and Annabel's own interrelated processes of identification and alienation. The novel repeatedly shows Annabel transforming and presenting her appearance for the outside gaze. As Christina Britzolakis comments, Annabel is transformed into an "objet d'art", in parallel to her frequent function as "an object in plots constructed for her by others" (1971, 463). Annabel's investment in her outward performance intensifies towards the end of the novel, as Annabel ceases to paint the walls around her and constructs a final portrait of which she is the subject and object. Carter describes Annabel as transformed into a "marvellous crystallisation", one of the "strange and splendid figures" of the baroque period, "fabricated from rare marbles and semiprecious stones" (1971, 101). The impermeability of Annabel's subjectivity has become literal, she is made stone and utterly unreachable. She has become her own final artwork; as Andrew Hock Soon Ng notes she is "acting thing-ification" (2008, 430), able to exert agency only through hollow performance.

Yet the full implications of this performance are drawn out in a previous description of the moment of her inspiration. In a shop mirror "she glimpsed the possibility of another perfect stranger, one as indifferent to the obscene flowers of the flesh as drowned Ophelia, so she had her hair dyed to dissociate her new body from the old one even more" (1971, 100). Annabel's glimpse of herself otherwise, dissociated and estranged, is intriguing, but what is particularly significant is the reference to Ophelia. Carter is known for her "promiscuous use of citation" (Munford

2006, 2),³⁶ yet this reference is not an off-hand gesture towards Shakespeare's archetypal mad girl. Rather the reference is made repeatedly in the novel's second half. When Annabel returns from the hospital following her initial suicide attempt she is "the very image of mad Ophelia" (1971, 69). Then she perceives herself as Ophelia in the mirror, and by the time she is near her death she has almost entirely come to inhabit the character's form: "She knew it would take a long time but, like Ophelia, gladly lay down on the river" (1971, 107).

However, all three references are preceded by an earlier incident; mid-way through the novel, as an apology for brutally beating her, Lee buys her "a print of Millais' 'Ophelia' in a second-hand shop because Annabel often wore the same impression" (1971, 40). Katie Garner thoughtfully argues that this reference must contextualise those which follow, positioning Annabel not only as Shakespeare's drowned Danish noblewoman but as the anonymous muse of the Pre-Raphaelite painters (2012). As Garner notes, their reproductions of female suffering were more than mere creative signs but lived experiences. Millais' model for the painting, Elizabeth Siddall, posed for hours for the portrait; the water cooled, unnoticed by the distracted Millais, and Siddall contracted severe pneumonia from which she never fully recovered (Garner 2012, 152). Garner contends that the repetition of Ophelia, as painting, as character, is not simply a repetition but a staging, a re-performance which is necessarily different from what came before even as it resembles it. This echoes our considerations regarding identification and alienation. For Annabel is presented with a de-contextualised image or figure, with whom she is instructed or assumed to identify; they wear "the same expression". Yet this figure becomes prophetic, a cut-out shape of a mad girl into which Annabel can step, from which there is no return. The object into which Annabel transforms is not only that of unfeeling stone; rather the crystalized baroque gems overlay a tortured muse, who overlays a mad princess, who overlays Annabel. The character, the icon, the object, the girl; none quite complete, all isolated and out of place and yet intertwined.

³⁶ Certainly the whole novel is littered with cultural references to Longus' *Daphnis and Chloe* and Bernardin de Saint-Pierre's *Paul and Virginia* (1971, 26), to Max Ernst (1971, 30), Jack London (1971, 10), and Samuel Beckett (1971, 38), to Bluebeard (1971, 30), and even to Juliet's tomb (1971, 42).

Annabel has demonstrated the dangers of alienated identification, the experience of recognising the shape of oneself in a figure without subjectivity. This absence of subjectivity, this object-ness, brings together madness and suffering, the madness that seeks out suffering, and thus is doubly incomprehensible. The experience of alienation with which Annabel is plagued (and with which she might trouble the reader) is something of a contradiction in terms; the recognition which the text offers is that of incomprehension or incoherence. To give an account of the self in relation to Annabel is to make oneself legible through one's illegibility, much as Annabel does in relation to both Ophelia and to Millais' muse, and thus to put oneself beyond care. Through the experiences of participants and a reading of *Love*, we can note the ways in which self-harming subjects might be repeatedly constructed as hollow - recognisable yet not inhabitable, acting but not agentic, suffering but easily abandoned - and thus the ways in which self-harming readers are offered a textual encounter through which their relation to the text, its characters, and its other readers is predicated on a limited or partial account of themselves. The self-harming subject is constructed, both within the text and within the act of reading, as an impossibility; impossible to understand, impossible to be, impossible to care for. Alienation speaks to the experience of existing within that impossibility; continuing to exist within a textual encounter which is structured on the basis that you should not.

Turning away from the abject: opposition, refusal, and othering

This section now turns to experiences of distance which were understood to be primarily established through readerly attitudes or responses towards a text or self-harming character. It outlines participants' accounts of rejecting connection with a character and constructing or emphasising a sense of their own experiences as in direct opposition to those depicted. In so doing, it explores how this opposition both constructs and responds to a representation of self-harm as characterised and knowable in particular ways, often related to brokenness and abjection. It goes on to consider how this particular form of knowledge might construct or enforce a distance from self-harm, even as it claims closeness to it, and how this simultaneous distance and closeness inhibits or limits relations of care. I examine the way an oppositional relation to a text encourages or constructs a certain account of the reading self, in particular a self that is individualised and agentic. Finally, the chapter considers the construction of an oppositional position as reinforcing a binary which is not always experienced as straightforwardly helpful. Thus, this section explores an oppositional position which both echoes and complicates a view in which a resisting reader is able to "expose and question" the "ideas and mythologies" in literature (Fetterley 1978, 137) or to transform "the problem of passive identification into active criticism" (Diawara 1988, 75).

Refusal, opposition, and locating an object of knowledge in Young Adult problem novels

We might first consider Faye, who is a queer, white European woman in her late teens or early 20s, who talked to me about being very much drawn to some depictions of difficulty while finding that others felt like too much, or like something she wanted to avoid. We also talked a lot about the relationship between self-harm and eating disorders in particular, but also other mental health comorbidities or self-destructive behaviours, and her own experience in which a short period of self-harm led to a longer experience of an eating disorder. Faye said that most of the representations of self-harm which she encountered at a young age were in "a bunch of novels" which claimed to "depict teen life." She described the characteristic approach to self-harm:

I think really strange, foreign, and a little bit gross. [...] It seemed like something really odd. [...] It's very simplified as to why people might be doing it. And so there wasn't a really strong connection as to this being an understandable practice. It was more like a really weird thing that broken people do kind of way in which it's portrayed, that, you know ... is strange and shouldn't be done.

The positioning of self-harm as failing to be “understandable” echoes the previous discussion of alienation; however, for Faye what was significant was that practices of self-harm were described in a way which felt diametrically opposed to her own experiences. She commented that “labelling these people who self-harm as broken is a disconnect with the way I personally felt while I was self-harming because actually was the way for me to not feel broken.” She explained that “when I started self-harming, it was an incredibly controlled process [...] that was very, and I think intentionally, set apart from that sort of messiness that I had associated with it previously.” Rather than describing an experience of distance created by the text itself, she seems to be describing a distance which she herself assumed or constructed. Moreover, these texts aligned with a general “shared feeling” amongst her peer group that self-harm was “a weird thing that other people do”; self-harm was recognisable or could be identified, but only at a distance. Thus, her initial encounter with the text was one in which identification was deemed to be impossible. Yet although alienation is an obvious aspect of this experience, there remains recognition; Faye was able to recognise her own practices as being descriptively or categorically similar to those in the books.

This recognition was, crucially, accompanied by a refusal (I use the word ‘accompanied’ rather than ‘followed by’ to avoid a misleading sequential logic). For she refuses the signification which she feels the texts ascribed to self-harm and instead asserts her own practices to be in diametric opposition to that signification. Thus, she constructs a distance between the account she gives of herself as a self-harming subject and the account of self-harm which the texts make possible or encourage. This refusal of signification and accompanying distance is central to accounts which emphasise opposition as a response to an inaccurate and oppressive representation of a group of which the reader is a member. Jacqueline

Bobo, drawing on Stuart Hall's notion of negotiated and oppositional readings to consider Black women's responses to the 1985 film *The Color Purple*, emphasises that "an audience member from a marginalised group" is likely to have an oppositional stance because of an understanding that "mainstream media have never rendered our segment of the population faithfully" (1998, 181). Similarly bell hooks found that generally "Black female spectators actively chose not to identify with the film's imaginary subject because such identification was dis-enabling" (1992, 122). For Faye distance from an object of identification seems to be accomplished twice over; she is both refusing the signification which the text is ascribing to her self-harm and thus to her, and she is engaging in a mode or practice of self-harm which to her falls outside the bounds of that described by the text. She both asserts and creates the texts as a mis-reading; she refuses that meaning and acts contrary to it. We might say that she asserts a meaning of self-harm from which she is able to give an account of herself and of self-harm and assert her subjectivity in the face of assumed objectification.

Faye described these texts as "novels" which claim to "depict teen life." She did not remember their titles, instead considering them as a homogenous group: from her description they might be assumed to be Young Adult problem novels. Michael Cart describes problem novels as "didactic works of social realism" structured around "problems of the week", a genre which emerged in the 1970s (2001, 96). The problem novel is a subset of the Bildungsroman which Karen Coats describes as representing "the most common plot structure of the [Young Adult] genre" (2004, 204) and which Sarah Graham defines as "a novel about a young person facing the challenges of growing up" which "concentrates on a protagonist striving to reconcile individual aspirations with the demands of social conformity" (2019, 1).³⁷ Yet while a wide range of Children's and Young Adult fiction might fall within the genre,³⁸ the problem novel represents a more particular grouping, which

³⁷ Roberta Seelinger Trites provides a detailed overview of the relation of Young Adult fiction to the Bildungsroman and Entwicklungsroman (2000).

³⁸ Fiona McCulloch's survey of the genre (2019) suggests titles as varied as Charles Kingsley's *The Water-Babies* (1863), Ursula Le Guin's *A Wizard of Earthsea* (1968), and Louise O'Neill's *Only Ever Yours* (2014).

(in addition to the youth, moral growth, and conformity which structure the Bildungsroman) is defined by a particular attention to “taboo” social issues or ‘problems’ (Howard 2017, 331), of which the protagonist’s narrative provides a case study and about which the novels provide information and advice.

Eric Tribunella notes that in an attempt to renounce the traditional sentimentality of children’s literature, “focusing on problems and how to deal with them was adopted as a strategy to produce the appearance of realism” (2010, 52). However, this gave rise to “the lure of didacticism”, through the “temptation to offer solutions” (2010, 53). Tribunella suggests this is a framework which strictly delimits both knowing and non-knowing; the normative maturation to adulthood, along which the Young Adult problem novel (and the Bildungsroman more broadly) guides the reader, involves a process of both learning lessons and of refusing forms of knowledge which might disrupt social relations. This helpfully contextualises the reception of Young Adult problem novels about self-harm. For instance, Kimberley Reynolds’ exploration of self-harm in children’s literature embraces didacticism, suggesting that while it would be beneficial if such texts enabled “learning how to break the habit” even better “would be a prophylactic approach” in which self-harm was prevented before it ever began (2007, 88). She calls for texts which “provide readers with insights [...] about what might cause someone to begin self-harming” (2007, 109), and help to “dismantle the long-standing stigma associated with self-harming” while still conveying “the message that ultimately, self-harming itself is not a solution” (2007, 113).

Thus, these novels are understood to inform readers about self-harm, but the breadth of that knowledge is intended to be strictly delimited. The knowledge is provided in order to make what is assumed to be an unintelligible act intelligible, but the “wrong-ness” of self-harm must remain intact and the act must remain at a distance. Self-harm, and the self-harming subject, is made acceptable and understandable only through rejection; the refusal which structures Faye’s account is also a structuring element of Young Adult problem novels. Such a mobilisation of knowledge creates not only distance but also fixity and hierarchy, in which the reader becomes the knower about the unaware self-harming character, who lacks the ability to see self-harm as “wrong”, as a mistake. This echoes Levinas’ objection to “the

implicit violence in the process of knowledge which appropriates and sublates the essence of the other into itself", as summarised by Robert J.C. Young (1990, 44). This allows us to frame Faye's account as performing a double refusal, refusing both the subject position offered to her by the texts and refusing the text's authority to describe and delimit the object of self-harm as broken or weird.

In considering this refusal we might turn to Steven Levenkron's 1997 problem novel, *The Luckiest Girl in the World*, an explicitly didactic text, described on its promotional page as "demystifying" self-harm (Penguin Random House n.d., para. 2).³⁹ The novel positions the protagonist, Katie, and her practice of self-harm as understandable, both in the sense of being intelligible rather than utterly incomprehensible, and in the sense of being an object about which knowledge is gained through the text's expertise, a double movement of closeness and distance. In the opening pages, following a poor figure skating practice, Katie self-harms:

She pushed back the wrist-length sleeve of her skating dress and looked at the underside of her forearm, which was crisscrossed with dozens of small white and red scars. Quickly, she found a clear space near the elbow, and placed the blade of the scissors against the skin. Then, slowly and deliberately, she cut. The wound she made was really only a nick, but the pain she inflicted on herself steadied her. The wild, out-of-control feeling started to go away. The pain was doing her work. [...] The blood held her gaze, the pain made her mind focus and kept it centered in her body. She knew she wasn't going to space out now. (1997, 20)

Levenkron refrains from passing judgement, instead focusing on clear, neutral description. The act is described carefully, laying out the practicalities and establishing the description as detailed, and thus authoritative. The information regarding her sleeve and her existing scars establishes both that her actions have a logic and that the narrative recognises the need to make such a logic explicit: the

³⁹ Levenkron is a psychotherapist who researched and wrote about anorexia and self-harm, and had published a previous novel, *The Best Little Girl in the World* (1978), on the 'issue' of anorexia. The similarities between the two texts extend beyond the titles; both plot and character are remarkably similar, with ice skating easily substituted for ballet, as if Levenkron is simply filling in the gaps in a paint-by-numbers formula.

narrative itself is thus logical and trustworthy. The passage describes, rather than conveying through poetic language or focalised narration, what Katie is experiencing, and its emphasis on the impact of self-harm emphasises its functionality. This is admirable as an attempt at de-stigmatisation, but what remains significant is that none of this can be taken for granted. By providing a description that is in fact an explanation Levenkron implicitly assumes a reader for whom his expert knowledge is necessary, for whom self-harm is strange and inexplicable; even as he counters this view he simultaneously reinforces it as normative.

Refusing connection: pity, abjection, and judgment

Our analysis can be extended by turning to the account of Marie, who is a pansexual, white European woman in her late teens to early 20s who talked to me about the way in which her experience of self-harm overlapped with both her experience of the social media site Tumblr and a long history of disordered eating habits. We also talked a lot about the iconography of self-harm, including the significance to her of the pre-Raphaelite painting of Ophelia, and about aesthetic or visual decisions which were made in representations, and how they might act to make self-harm appealing in some ways or unappealing in others. Marie felt that the depictions she had seen onscreen, such as in the film *Thirteen* (2003), presented self-harm as something “you should be ashamed of”, an image of a “sad, pathetic little girl or something, and people felt really sorry for her.” This contrasted with the discussion of self-harm on social media blogging site Tumblr, where there was an understanding “that you’re doing this because you choose to and you want to be in control of your life. Whereas on screen depictions were usually like you’ve hit rock bottom and you’re out of control.” She stated explicitly that “I identified more with the kind of Tumblr, like the aesthetic of almost like be thin, and beautiful, and self-harm as [...] a form of release” whereas in the film *Thirteen* she felt it was “definitely a sad film ... and I definitely like felt pity for her. And ... not something that I could relate to, or see myself in, or look up to.” This echoes Faye’s account in its description of refusal and identification, and in the specific binary applied to self-harm. Marie’s reference to pity is particularly interesting; while Faye did not at all use the word pity her emphasis on brokenness and messiness to me evokes an attitude of pity alongside a simultaneous sense of strangeness.

Through these two accounts we might read pity as a result of texts' ambivalence towards self-harm, as an affect which is itself structured through a simultaneous closeness and distance.⁴⁰ Despite historically referring to a deeper, less ambivalent emotion,⁴¹ pity currently reflects a response to a subject who is close enough to the self for their pain to be recognised and yet far enough away to remain utterly separate from the self. Indeed, it is hard to say whether pity responds to that ambivalent movement between closeness and distance or creates that movement. To articulate a feeling of pity is to give an account of the self both as a subject who is capable of magnanimously extending care to those suffering and as a subject who is not just separate from that suffering but is very far from it and from any associated stigma. The refusal of pain is not inherently an ethical act.⁴²

The function of pity and distance is illuminated through a scene in *The Luckiest Girl in the World* when a teacher sees blood on Katie's sleeve. The narration emphasises that this was not the "little speck" of blood which often showed through, but a "big, oval-shaped blotch" which was "still wet, and very red" (1997, 29). Afterwards Katie berates herself:

'Way to go, stupid,' she raged at herself silently. 'You knew that arm was bleeding, why didn't you go to the bathroom and fix it? What are you trying to do? Let everyone know what a wacked-out nutcase you really are? Why don't you just wear a neon sign over your head?' (1997, 30)

Levenkron moves away from the previous muted language and tone towards one more intense and saturated with affect, yet without necessarily structuring a textual

⁴⁰ There is more than an echo in this contradictory movement between closeness and distance of the structure of shame, outlined in the previous section.

⁴¹ As Jesse Geller notes, the contemporary usage of pity to indicate "a condescending, or even contemptuous, form of feeling sorry for another" (2006, 190) is quite distinct from earlier usages, in which it denoted "sorrow felt for another's suffering," (2006, 189), often intermingled with love. We might observe its shared etymological root with piety, the Latin *pietas*, the term for "due respect for Gods and man" (Hainsworth 1991), carrying an inflection of duty or devotion. What remains of this usage is, perhaps, the sense of obligation rather than the original inflections of closeness and love which the term carried.

⁴² This might complicate Dori Laub's suggestion that a refusal of identification allows for witnessing, for a more ethical engagement in the subject's pain (1991); in this case, distance functions explicitly as a refusal of that pain.

encounter through which the reader is encouraged to feel close to Katie or her experience of self-harm. Whereas the previous description referred to a “cut”, to “blood”, and to “red drops” (1997, 20), here we find a description of a “blotch” which is both “wet” and “red”. The language is visceral, focusing on the visual rather than felt sensations, and refuses to glamorise; “blotch” is an unappealing word, the uncommon, almost glottal short “blo” followed by the percussive “tch”, as if to phonetically express its signification of imperfection, something which mars an image, with an etymological history which runs together blot (with its undercurrent of both excess and a visual stain) and botch (with its clear implication of failure). The description carries a sense of the very messiness that Faye ascribed to representations of self-harm in Young Adult fiction; the blood is unappealing, inconvenient, and most importantly it is where it should not be, securely within neither the body nor a bandage.

The subsequent direct narration of Katie’s thoughts might be assumed to provide scope for identification, yet here this very closeness encourages a response of refusal or distance. Katie’s cruelty to herself is upsetting, but perhaps so excessive that a reader might feel it is both unreasonable and unbearable, difficult to remain close to. The four rhetorical questions without pause create an intensity and frustration which builds and perhaps even overflows, escalated through her cruel language, saturated with shame. The narrative’s intimate access to Katie’s thoughts at this moment might encourage exactly the double response explored above; in its immediacy it encourages closeness and perhaps sympathy, yet by granting that immediacy to a moment in which she is especially self-critical it is easy for a reader to share in her frustration and desire distance from her overwhelming pain. As we’re encouraged to understand her self-harm, as it is framed as legible and strategic, the narrative ensures that Katie is still seen as a failed subject, one who cannot exercise the necessary control, and whose physical and emotional messiness provides the reader ample justification for pulling away.

The text’s emphasis on physical and emotional mess, failure, and lack of control both echoes Faye and Marie and indicates the significance of the abject. Julie Kristeva theorised the abject as that through which the subject establishes clear boundaries and a stable identity (1982). Karen Coates draws on this to figure

adolescent fiction as casting off characters representing the abject in order to “bolster the protagonist’s claim on his or her position in the Symbolic order” (2004, 150). Coats emphasises the social process of abjection, through which secure identity requires “pushing away” or dis-identifying with “those people who remind me of difference” in order to maintain “my distance, my benevolence, my pity, my Imaginary ideals” (2004, 155). This can be extended to the relation between characters and readers. Through framing the self-harming subject as an abject object both in the physicality of their wounds and their excessive, unreasonable self-criticism Levenkron’s narrative establishes them as that which must be cast out; that from which distance must be established to secure the boundaries of the self; an object to be pitied and known but not necessarily experienced, integrated, or cared for.

Readers are assumed to know or understand that self-harm is a mistake, it is that which must (and will) be abandoned. That this is central to representations of self-harm in Young Adult fiction is most evident through their narrative structure, in which closure almost always accompanies a renunciation of self-harm and the success of medical treatment. This will be more thoroughly explored in the final chapter, however here we might note that the assumed message of comfort for readers experiencing self-harm was not felt by Marie and Faye. Thus, perhaps the comfort proffered is actually aimed towards the adult reader or even writer, as suggested by Katherine Capshaw Smith (2005) and Barbara Tannert-Smith (2010) respectively; it reassures them that teenagers who self-harm are mistaken, that they will listen to adults and realise their error, and that they will recover and become part of adult society.

It is then unsurprising that Young Adult problem novels invariably include a benevolent figure, often that of a teacher or psychiatrist, to whom the protagonist’s self-harm is confessed, and who guides the protagonist towards health. Leigh Gilmore draws on Gayatri Spivak to suggest that all testimony in some way “evokes legal testimony and its juridical framing as a ready context” (2001, 5). Gilmore goes on to consider the relationship between memoir, confession, and judgement, asking rhetorically “Is the readiness of many readers to render judgement sufficient to make memoir into a confession?” (2001, 37). This question reaches towards the heart of a

consideration of self-harm, didacticism, refusal, and pity: I want to posit that self-harm is understood and positioned as that which anticipates (and thus necessitates) judgement. While the process of obedience and recovery which provides these texts their resolution is a crucial function of power, that process is always proceeded by and dependent on both confession and judgment.⁴³ I am not suggesting a sequential relationship in which judgement follows confession; rather, the very presence of self-harm is at once a confession and a judgement, or perhaps might be understood to compel both confession and judgement. For since the reader is always already assumed to understand that self-harm is a mistake, then the act of self-harm is always a confession (to the knowledgeable, judging reader) of having been mistaken. So, to identify unreservedly with a self-harming character would be to accept judgement upon oneself.

This is clarified through *The Luckiest Girl in the World's* depiction of Katie's initial encounter with medical treatment, when her doctor first sees her arm:

"You have been doing this for a while", he finally said in his flat tone. "You are hurting yourself on purpose out of some emotional need. If you do not wish to get psychiatrically sicker, it will be necessary for you to see a therapist on a regular basis." (1997, 81)

While Levenkron works hard to avoid unprofessionalism, or stigmatisation, there can be little question that here a judgement is being delivered. Indeed, that very absence of cruelty (or indeed any other affect) makes the structure of judgement more explicit; the doctor is neither criticising nor reassuring her but simply pronouncing an unavoidable truth with unquestionable authority.

The facts included within the judgement have already been well established. That Katie has been self-harming "for a while" was clear from the first description of self-harm which mentions her many scars and her first act of self-harm "two years ago" (1997, 20). That Katie has unmet emotional needs is evident from her self-critical internal voice and her hyper-critical, abusive mother. Finally, that Katie risks

⁴³ This is perhaps not unrelated to pity's aforementioned historical connotation of both duty to authority and mercy, a concept which also presupposes both judgement and sin.

getting “psychiatrically sicker” has been demonstrated through the narrative’s repeated signalling that Katie’s self-harm is escalating, as she becomes careless in taking care of and keeping secret her cuts, and starts “breaking the rules” (1997, 51) which she’s set for herself. The only aspect which is not yet explicit is her need for professional psychiatric treatment; by structuring this as the final element of a series of pre-established facts Levenkron presents it both as an unquestionable conclusion and as a fact which is already known by the reader. Katie’s knowledge of herself is corrected by an authoritative adult, but moreover the scene is structured so that the reader must not only assent to the judgement but participate in delivering it.

The significance of judgement was also suggested by participants. Marie described her oppositional identification with self-harm as a form of control and release as being “how I justified it as well, to my friend who helped me a lot during that time [...] Like, *oh well it’s just the same as drinking*, you know?” For her, an alternate framework of self-harm was vital in not only making self-harm intelligible but justifiable, both to others and to herself.⁴⁴ This sentiment was echoed by Blanche, who is a lesbian, white Scottish woman in her late teens to early 20s who talked to me about her frustration with films which showed very graphic scenes of self-harm without any sorts of content warning or trigger warning. She also talked both about her frustration with representations which reduced self-harm to shock value, and about her concern that misleading representations of self-harm might be harmful to young viewers and conversations she had with family members which attempted to correct some of those misperceptions. Blanche criticised a depiction of self-harm in the first season of the TV show *American Horror Story* (2011-):

I was like, *oh my god if people see this. And they think that this is like, this is only what self-harm is [...]* It was like *I don’t want anyone to associate me with this, like, bullshit. [...]* because I knew that people knew that it was something

⁴⁴ Marie thoughtfully explored the tension between her encounters with other people who self-harmed in which there was an “immediate feeling of pity, of feeling sorry for them” and the value or complexity of self-harm in her own life, as she commented that “I feel like almost, because it’s such a taboo thing it’s almost bad to say, like, I enjoy it as well.”

that I, that I did ... It was like, Oh, no, I don't want people to think that about me.

While Blanche is certainly critical of the depiction, she did not present the sort of oppositional identification which Faye and Marie discuss. However, she emphasises, instructively, both the perception that some representations encourage, necessitate, or perhaps even constitute a judgement about self-harm and the understanding that that judgment was in some way social, delivered by another upon her. She seeks to distance herself from the representation, to not be thought of as the same, or rather to not be thought about in the same way, to be judged. In a Butlerian formulation, to respond to a text's judgement in this way is not only to refuse that judgement as applying to yourself, but also to give an account of the self as capable of delivering rather than simply receiving judgement. This structure functions twice over; in refusing identification or association with these self-harming characters Faye, Marie, and Blanche give an account of themselves as capable not only of rational and moral judgement within the social world, but also as capable of delivering critical judgement towards a piece of *fiction*.

They not only assert the inaccuracy of certain fictional representations of self-harm but also give an account of themselves as being able to distinguish fiction from reality, as having an authentic sense of themselves which was not dependent upon depictions of self-harm. The implications of this are elucidated through Sianne Ngai's exploration of anxiety as a form of "thrownness" or projection, drawing on Heidegger's assessment of it as that which reaffirms "the distinction between 'here' and 'yonder'" (2005, 235). Yet Ngai goes further, emphasising that "anxiety emerges as a form of dispositioning that paradoxically relocates, reorients, or repositions the subject thrown," and rather than destabilising performs an 'individualisation' which ultimately "restores" and "validates" the subject (2005, 236). The experience of oppositional reading similarly performs a form of distancing, of movement between here and yonder, which establishes rather than troubles their separateness. Through this movement it performs an 'individualisation', one which affirms the oppositional subject as an individual subject and thus an agentic subject, fulfilling the requirements for neoliberal subjectivity.

The question of agency in relation to subjectivity takes on particular importance with regards to fictional representations of self-harm, given the previously discussed concerns that self-harming subjects are those who over-identify with and passively imitate representations of self-harm. In giving an account of themselves as critical, oppositional subjects Faye, Marie, and Blanche refuse not only the particular fictional characterisation of self-harm but also the much more general understanding of self-harm as simply automatic, identical replication. Their accounts twice-over reject the characterisation of those who self-harm as unable to exert control over their actions, instead making a strong claim to self-mastery and agency.

The construction and deconstruction of impossible binary otherness

This helpfully contextualises the specific conceptualisations of self-harm which Faye and Marie embraced. Marie talked about the understanding of self-harm which she gained from ‘thinspiration’ or ‘thinspo’ blogs⁴⁵ on Tumblr:

What I preferred about the Tumblr depictions was that it felt like ... the narrative there was more of like the strengths. [...] That you're doing this because you choose to and you want to be in control of your life. Whereas like onscreen depictions were usually like you've hit rock bottom and you're out of control. And that's why you're doing it. So I identified more with the kind of Tumblr, like the aesthetic almost of be thin, and beautiful, and self-harm as part of that.

In refusing one conceptualisation she simultaneously identifies (and identifies with) an alternative which articulated an understanding of self-harm from which she was able to give an account of herself as a person who self-harmed. Her description clearly positions the two frameworks as mirror images of one another: strength was positioned contrary to weakness, control was positioned contrary to being out of control, success (thinness and beauty) was positioned contrary to having hit rock bottom. Faye's description articulates a similar binary opposition:

⁴⁵ Blogs in which users posted about their efforts to maintain a very low weight. Marie discussed engaging with such blogs while she struggled with disordered eating.

I was very much impacted, I think, by that narrative of it being kind of, you know, a bit gross. [...] And so when I started self-harming it was an incredibly controlled process [...] that was very, and I think intentionally, set apart from that sort of messiness that I had associated with it previously.

While she does not explicitly describe a process of identification, it does seem that she explicitly created a conceptual space from which she could give an account of herself and of her self-harm. She also asserted that “labelling these people who self-harm as broken is a disconnect with the way I personally felt while I was self-harming because that actually was the way for me to not feel broken.” This not only expresses the rejection of the inaccurate representations she’d read but also suggests a duality in which certain practices of self-harm were not only a rejection of brokenness but were instead an explicit way of both claiming *and achieving* control or wholeness. She achieved control and achieved an account of herself as a person who was in control; these two things are not necessarily the same, but they were certainly mutually reinforcing.

Finally, we might turn to Jon, who is a heterosexual white man in his 30s who talked to me predominantly about representations of self-harm in theatre, which was his field of research and teaching, and about how texts took on particular helpful or unhelpful significance in relation to the biographies of their authors. We talked a lot about how his relationships with certain particularly generative texts had evolved over time and had taken on a lot of meaning through that process, and also about how his understanding of his own self-harm, depression, and suicidality had changed as a result of intellectually engaging with texts. In general Jon asserted that he found identification an unhelpful paradigm through which to structure his own relationships to texts. However, he did talk about the fact that when he was younger he had reacted very strongly against the film *Girl, Interrupted*, finding it “overtly emotional” and having a “tragedian component” that felt like it was participating in an unhelpful trope to which he responded “*no, let's just talk really practically. Let's get it down to the bare bones.*” This communicates that he was positioning himself and his conceptualisation of self-harm at a distance from and in contrast to that of the film. He explained that the desire to “talk practically” was associated with a claim to have “real command over it”, an “emotive neutrality” which suggested a form of “mastery”;

although he doesn't use the word 'control', he describes a very similar binary opposition to that of Faye and Marie.

The Luckiest Girl in the World gestures towards this opposition when, after an upsetting interaction with her mother, Katie pulls off the butterfly tapes which have been holding her wound closed. Later she regrets her actions:

Her shiny new victory was gone. And now she realised how powerless she truly was. She'd rewrapped her hand, so the new wound was hidden. No one ever had to know what she'd done. But she knew. The doctor at the hospital was right. She was crazy. And she was very frightened. (1997, 99)

This passage represents a moment of transformation in Katie's self-conception; a first confession made to herself and to the readers, a precursor to those she will later make to authoritative adults. Within it, Levenkron sets up binaries along which Katie re-positions herself. From being someone who was capable of "victory" she is now "powerless." From being someone capable of keeping a secret "hidden" she now understands the truth of herself as best understood by others, by the doctor who has been proved "right." As a result of this reversal she has become powerless and so is "frightened," she has been mistaken and so is "crazy." Katie comes to understand herself as having failed, a failure to which self-harm condemned her and from which therapeutic treatment will save her. The text is sympathetic to Katie, undercutting her self-criticism, yet in the end she is only affirming what the text has already both demonstrated and assumed. In order to avoid similar failure readers must align themselves with the characteristics which Katie has been unable to achieve, both in their reading of the text and in their reading of themselves; they must be correct in their knowledge and secure in their agency.

This security of knowledge and agency is achieved through oppositional readings which constructed participants in opposition to the Other, a much-examined psychic or social structure. Edward Said's exploration of Orientalism contends not only that "the Orient was created as a binary opposition to the Occident" (1979, 24) but that in its status as an image of the Other has in fact "helped to define Europe (or the West) as its contrasting image, idea, personality, experience" (1979, 1). Said emphasises that this is a relation of power, interrelated with the consideration above

of knowledge as both a form of distance, fixity, and mastery; to know the Other, to have the ability to define the Other, is to have power over that Other. Power might function through disidentification, problematising any sense that adopting an oppositional reading of a text is necessarily politically radical or escapes ideological interpellation. Instead we might consider the ways in which texts create reading encounters in which both identification and opposition pose certain problems or unhelpful simplifications.

This is clarified by the alignment of the binaries described by Faye, Marie, and Jon with the division which Anita Harris, in her assessment of 21st century girlhood, describes as the “‘Can-Do’ Girl Versus the ‘At-Risk’ Girl” (2003, 13). Harris describes a division between models of ‘successful’ girlhood – those who are highly ambitious and “make projects of their work selves from an early age” (2003, 17) – and ‘failed’ girlhood – those who “suffer from ‘misaligned ambitions’” and are simultaneously “the passive victims of circumstances” and “wilful risktakers” (2003, 26). Harris argues that both categories produce both surveillance and individualisation, as ‘can-do’ girls are monitored or managed to ensure their obedience to the “path of success” (2003, 18) while ‘at-risk’ girls are repeatedly reduced to the difficulty of their circumstances, which invites “surveillance and intervention” (2003, 24) and the production of “failure as individual choice” (2003, 27) rather than attending to social and economic structures. Those who self-harm are not all adolescent girls, either in life or in fiction; nevertheless, Harris’ work might give pause to any straightforward embrace of the political potentiality of oppositional subjectivity.

The accounts of participants further attested to the complexity of such binaries. Despite seeming initial certainty about her preferred narrative, Marie went on to say that she had felt “almost like a little bit of inner conflict” over the two different “polar opposite narratives” of self-harm. She later echoed this uncertainty, saying “I’m still not sure how I feel about self-harm, like which of those two like narratives I side with more.” Faye discussed her “general sense of not being like the people represented in fiction which also gives, almost gives you like, the sort of moral high ground in that moment to be like [...] I’m actually fine.” This “disconnect” could delay or disrupt the progress of coming to recognise why self-harm was problematic, not for others, but “for yourself”. Jon suggested that the two binary

approaches to self-harm which were available “formed a sort of dialectic” which he felt was “unhelpful.” In representations of self-harm he wanted to see “the expansion of idioms and by that I mean the expansion of language and concepts” beyond such a binary, the creation of multiplicity in the place of opposition. Even theoretical accounts which position oppositional reading as a political strategy acknowledge potential complexities. Diawara emphasises that the Black spectator is placed in an “impossible position” in attempting to negotiate between their political resistance to the identifications encouraged by cinematic narratives (1988, 74) while Teresa de Lauretis asserts that within cinematic spectatorship “the place of the female subject remains impossible,” simultaneously inhabiting “the look of the camera” and “the image on the screen” (1984, 35). An awareness of this impossibility as a structuring condition for experiences of reading about self-harm as a self-harming subject might allow oppositional readings to be considered not as straightforward resistance, but rather as a way of negotiating impossibility.

Moreover, the complexity and nuance expressed within these accounts is helpfully contextualised by Robert Young who extends Said’s work to suggest that the Orient “signifies the West’s own dislocation from itself, something inside that is presented, narrativised, as being outside” (1990, 179). The treatment of self-harm in Young Adult fiction might not only evidence a dislocation within cultural understandings of self-harm but also structure a reading experience which encourages or necessitates the dislocation of readers who self-harm *from themselves*. The didacticism of Young Adult problem novels structures a reading encounter through which readers feel required to distance themselves from the possibility of their own frailty, pain, and woundedness in order to retain an ability to construct an account of themselves which could exercise judgement and control. I do not at all mean to suggest that those readings constitute any sort of failing or error. Rather, I would suggest that they demonstrate important and inventive ways of negotiating texts or reading encounters which might be inhospitable, unhelpful, or even damaging to readers with experience of self-harm.

Conclusion: space, care, and being with

In light of Jon’s call for multiplicity we might recall that throughout this chapter, experiences of self-harming subjectivity and representations of self-harm have

occurred within contexts that could be understood as limiting or limited. This draws together the experiences of isolation and solitude against which identification and relationality took on such great significance, the experiences of alienation through which a self-harming subjectivity felt impossible to articulate, and didactic texts within which self-harm was presented as such a fixed object of knowledge that the only alternative was binary opposition. To this limitation we might contrast the representation of self-harm in *My Mad Fat Diary*, which the first section of this chapter explored. What was notable in its representation, I suggested, was its willingness to leave narrative space around self-harm, to avoid the temptation to fix it within either knowledge or unknowability. The subsequent discussion highlighted the text's ability to contain multiplicity as particularly valuable; to allow for (inevitably) imperfect identification through an awareness that knowing (and therefore perhaps also being) is an uncertain and partial endeavour.

This chapter has, itself, attempted to attend to a multiplicity of modes of negotiating subjectivity in relation to textuality. It attends to the complexity of these experiences, extending or nuancing existing characterisations of these reading modes. These experiences were often contradictory, and moreover demonstrated the potential for the textual encounter both to act as a doubling (in which textual experience both echoes and constructs experiences lived outside of the text) and as change (in which textual repetition created possibilities not only of re-enforcement but also of transformation). The various textual encounters articulated above might emerge as ways of negotiating both a text and the particular experience of self-harm, an experience which both occurs and is represented within a framework of limitation. All of these modes of negotiation involved the construction of a self-harming subjectivity, a particular sort of accounting for or giving an account of the self. These processes came to signify not only a way of reading but also a way of being as a person who has self-harmed. These possibilities were co-constructed both by the readers and their own experiences and the fictional texts which presented various ways of knowing (or knowing about) self-harm. Frequently, both the (im)possibilities of subjectivity and the structures of knowledge through which self-harm was understood emphasised either the presence or the absence of agency, through which self-harming subjects could claim or be excluded from successful neoliberal subjecthood. Finally, this chapter repeatedly aligned these ways of knowing to

agency and to the possibility or impossibility of care towards self-harm and self-harming subjects.

Thus, we might return a final time to *My Mad Fat Diary*, to the narrative space which it allowed for a partiality and mutuality of knowledge with respect to self-harm. I refer here to narrative space, but the space of a narrative encounter is entwined in complex and uncertain ways with narrative time; space on the page is related to reading time, time on a screen equates to space in the field of vision. Drawing together these concepts brings into focus the relevance of Maria Puig de la Bellacasa's work on care time, in which care necessitates a sort of "making time" (2017, 206), a time which is not oriented towards futurity and "productionist timelines" (2017, 171) but instead produces a sort of suspense; perhaps for our purposes, a suspense of certainty, of knowledges that fix in place. Within such a time (and space) of a textual encounter it is possible to be with (or to wait with, as Lisa Baraitser and Laura Salisbury suggest (2020)) the self-harming subject, in contexts of uncertainty, multiplicity, and partiality, and thus there is the possibility of care. Throughout the chapter themes of isolation, shame, and difficulty reoccur; care is not only often felt to be in short supply, but moreover is vital and much-needed, and thus the ability of texts to make possible or impossible care for self-harming subjects is of great significance. Yet what this chapter has also demonstrated is that care is only possible through a willingness to consider, to be with, to respond to darkness and pain. It is to this topic that the next chapter will turn.

Chapter 3 - Significance and signification: framing and negotiating the meanings of self-harm

Introduction: stereotypes and shared meanings

The previous chapter considered ways participants experienced texts in relation to their sense of *self*, through processes of identification, alienation, and opposition. This chapter broadens its focus to the wider social and cultural effects and affects of depictions of self-harm, also moving from a concern with narrative voice to consider visual imagery, genre, and form. The chapter explores the shared (although not uncontested) cultural meanings which are attached to self-harm, either because of self-harm's popular stereotypical association with white teenage girls, or because of the wider discourses (of madness and of femininity) within which self-harm is located. This chapter also explores the social *effects* of representations of self-harm: participants were acutely aware that fictional representations might shape the way society responded to self-harm. Thus this chapter seeks to attend to both Joanna Bourke's contention that pain is inherently social, "an event that is rendered public through language" (2014, 7), and Peter Steggals, Steph Lawler, and Ruth Graham's suggestion that self-harm is "social not only in its formation but also in its ongoing daily practice" (2020, 12).

Participants in the interview study were highly aware of self-harm's stereotypical association with white, middle class, teenage girls, as outlined in the Introduction. Lou noted that "most of these characters are young, straight white women." Similarly, Rosa observed the general perception that "it's a teenage girl thing." Hattie echoed this critique, suggesting that "there's not much diversity in the representation. It's all like, young white women [...] So I think that's really lacking." Neelam commented that "I don't think self-harm is represented in race and things at all. It really, it irritates me actually a lot because it I think it perpetuates a cycle that brown people don't self-harm, but we do. And I think it's, it's dangerous, isn't it?" These critiques are all grounded in a statistical approach; they suggest the stereotype of the young, white woman who self-harms is undesirable because it doesn't reflect the actual prevalence of self-harm within different populations.

These participants are certainly correct in their assessment of fictional representations of self-harm; the young white woman who self-harms is both the most common character and the one present in the most popular or high profile texts. This is true of the texts examined in this PhD⁴⁶ and while there are some exceptions to this norm, most were not familiar to or mentioned by participants.⁴⁷ Participants connected these demographic characteristics to narrative tropes associated with self-harm. Siobhan is a straight, white Irish woman in her 30s with a mental health disability, who talked to me about a wide range of texts which, while they didn't explicitly depict self-harm, represented something important to her about the human condition. This connection was both extremely important and personal to her, and significant in that it resisted simplistic labelling of experiences, an experience which had been common in her experience of mental health treatment (both as a service user and working in the sector) and was difficult because being misread or misunderstood felt particularly painful. Siobhan contrasted her experience of self-harm to a more common or un-nuanced perception of "crying in my sitting room with my mascara running down my face."

Faye described a recurring figure in teen fiction or TV as "the little girl in the corner of the room and it's always dark, she's turned away from the camera." Jon talked about a composite image of "the figure of the self-harmer," that he had come across "in so many after school specials [...] that they have all blurred into one at this point." These figures were "always a young woman, quite often goth" and fell into two

⁴⁶ Annabel in *Love* (1971), Katie in *The Luckiest Girl in the World* (1998), Hannah in *13 Reasons Why* (2017-2020), Effy in *Skins* (2007-2013), Daisy and Susannah in *Girl, Interrupted* (1999), Isla in *The Panopticon* (2013) and Camille in *Sharp Objects* (2018) are all straight, middle class, white woman, while Rae in *My Mad Fat Diary* (2013-2015) is distinguished by her working class background and the subject in *4.48 Psychosis* is explicitly queer and white only by default. Alternatively Hanya Yanagihara's *A Little Life* (2015) does depict a white, gay, man self-harming, while Ruth, in Melody Carlson's *Blade Silver* is a young, straight woman whom the text describes as having "Native American heritage" (2005, 46).

⁴⁷ The only text discussed by participants which fell outside the prevailing norm was the play *nut* by Debbie Tucker Green (2013), which Jon discussed and which will be explored in the final section of this chapter. After the interview, Blanche came across, and mentioned to me in an email, the character Jackson Marchetti in the Netflix TV series *Sex Education* (2019-): a straight Black teenage boy who injures himself in order to avoid a swimming competition in what the show explicitly labels as an act of self-harm.

different, but evidently related, tropes, as the self-harming character “either is very strong but secretly does this behind, behind everyone’s [back]. Or alternatively is someone who just hates her body.” In these critiques we might see how demographic characteristics (of whiteness, youth, and femininity) function in complex relation to the set of cultural meanings with which self-harm is associated, including youthful disaffection or social alienation, meaningless or decontextualized excessive distress to the point of pathology, overly dramatic acts and extreme secrecy. There is an almost exact alignment with Jennifer Miskec and Chris McGee’s analysis of the “pathological and melodramatic roots” of stereotypical representations of self-harm (2007, 163).

The significance of this alignment is further clarified by the tendency, which will be explored throughout this chapter, for representations of self-harm to be assessed in relation to authenticity and excess. As the Introduction noted, extensive sociological work has explored self-harm as a response to a desire for authenticity, and as itself always already threatened by accusations of inauthenticity, particularly when made visible (Chandler 2016; Scourfield, Roen, and McDermott 2011). While the role of excess has been less studied its relevance is strongly suggested by the frequency with which self-harm is colloquially and officially described as a method of “coping with emotional distress” (NHS n.d., para. 2). We might connect these trends to melodrama’s key associations, which Steven Shaviro distills as “melodrama’s embarrassment and overstatement and weepiness” (2011, para. 9). Just as self-harm is regarded as a response to ‘excessive’ or ‘unregulated’ emotions, so too “melodrama has long been associated with emotion, frequently in a pejorative sense due to its apparent emotional excesses” (Pribram 2018, 237). Just as self-harm is inherently associated with the inauthentic, so Amanda Doxtater describes “melodrama’s dialectic of artifice and authenticity” (2018, 195). And in these two characteristics, its excess and its insincerity, melodrama becomes, as Shaviro notes, ‘embarassing’; just as self-harm, too, is felt to be shameful, something which must be admitted or confessed. We might say that self-harm is socially located within the genre or mode of melodrama; this is not to say that this is how it is *experienced*, but that the association of the practice with the genre is not accidental, but rather inherent to popular social understandings.

The precise dynamics of this relation are difficult to unpick. Is self-harm associated with melodrama and pathetic pathological distress because it is understood to be common among teenage girls? Or do the meanings associated with self-harm (the uncertain authenticity, the excess emotionality, the self-directed hatred) result in self-harm simply being more frequently identified as such in teenage girls, fictional or otherwise? Elizabeth Brickman has traced the “profile” of the self-harming subject (or in her words, “cutter”) as “typically a white, adolescent girl” (2004, 87) to a confluence of psychiatric interest in the late 1960s and 1970s. This psychiatric object was understood as a “delicate” form of self-mutilation, a term which is traced to psychologist Ping-Nie Pao’s 1969 division between ‘coarse’ and ‘delicate’ cutters: his clinical grouping of ‘delicate’ cutters was predominantly female. Brickman comments that the terminology “clearly engenders connotations of frailty, daintiness, and fragility and, after reading description after description of attractive, young females, one begins to wonder if ‘mutilation’ would be used so readily to describe wounded skin on a less appealing body” (2004, 97-98). Here self-harm’s importance as a clinical object is closely related to the cultural meanings associated with young white women (such as fragility, attractiveness, over-emotionality, self-destructiveness). The figure of the self-harming subject is understood to be a teenage girl, therefore that figure is understood to be both melodramatic and attention-seeking. In self-harming she is responding to and expressing an inappropriate excess of emotion. Simultaneously the very act of self-harm exposes such emotions to the accusation of inauthenticity and exaggeration, it positions both the emotions and the response to them as melodramatic.

It is within this context that self-harm is both depicted and experienced, raising questions of how melodrama specifically positions self-harm (or impacts how it is understood) and of whether it is possible to narrate self-harm outside of melodrama. Throughout the chapter I suggest that context and framing (narrative, formal, generic, conceptual) was vital to participants’ negotiations of self-harm’s personal and cultural meaning. This framing both positions self-harm in relation to a set of existing cultural meanings and acts as a container within which self-harm may or may not be productively engaged with. This chapter first considers texts in which participants felt textual boundaries were particularly permeable, and in which self-harm was placed within narrative and aesthetic contexts which were inappropriate,

or gave rise to inappropriate meanings. Participants critiqued 'over-dramatised' representations which used self-harm to create dramatic tension, framing it as a visual spectacle and privileging the experience of the viewer. The second section explores judgements of romanticisation or glamorisation, where the meanings associated with self-harm in texts framed a relation of interest and desire. The narrative pleasures of over-dramatised and glamorising texts were understood to grant excessive and inaccurate meaning and significance to self-harm. This cast doubt on the authenticity of the fictional representation and of self-harming subjects in reality. Through these meanings and textual framings self-harm was repeatedly held at a distance from readers.

In the third section participants discussed the ways representations might alternatively function to appropriately contain both fictional experiences of self-harm and distress and participants' own experiences. In such representations the presence of excess (particularly excessive distress) was seen to guarantee, rather than cast doubt on, authenticity. This framing of self-harm made it possible to attend to its meaning, importance, and even beauty. Such a textual framing was accomplished both through the function of particular genres and through experimental forms or abstraction. These genres and forms displaced or diminished the association of self-harm with the stereotypical figure of the young, attention-seeking teenage girl. The final section considers that the positive or pleasurable potential of such approaches might be unevenly distributed along lines of race, gender, and class, both within texts and within experiences of textual consumption. An alternative might be found in participants' hope for representations grounded in or framed by mundanity and materiality. This framing privileges attending to (or refusing the legitimacy of) shame, renouncing the various excessive textual pleasures explored in previous sections in favour of the discomfort or neutrality of the everyday. This need not be seen as the sole or ideal framework for representation of self-harm. Rather the chapter as a whole demonstrates the complexities and difficulties involved in negotiating the meanings of self-harm (both in texts and in life), in the inescapable context of its historic and current association with limited, devaluing, and inaccurate stereotypes.

Drama, shock, and severity: the spectacle of self-harm

Participants judged that self-harm was frequently positioned by or within texts as significant or important: first through its function as a dramatic and shocking act, and second through its association with glamour, physical attractiveness, and the category of “the interesting”. Participants were concerned that the meanings attributed to self-harm through this framing might spill beyond the boundaries of text and impact the perception of (and response to) self-harm in the wider population. These meanings were criticised as inaccurate and excessive, and thus as undermining the contested authenticity of self-harm. The threat of inauthenticity was associated with the tendency to use self-harm in service of *textual* pleasures such as suspense, spectacle, and attachment. These pleasures might undermine the cultural intelligibility of self-harm. Close readings suggest that this risk is heightened through the ways textual framings, meanings, and excesses distance viewers or readers from self-harm and characters who self-harm.

Narrative tension and dramatization: a failure of context

Participants frequently judged representations of self-harm to be inappropriate or irresponsible in their framing of self-harm as a particularly dramatic act. This criticism was twofold, encompassing both the signification of self-harm as dramatic or particularly serious and the mobilisation of self-harm for the purpose of creating drama within the narrative. Emma said of the 2017 Netflix series *13 Reasons Why*, that “I’m not too keen on that one. Because it drama... it makes it too much. [...] It comes over as really dramatic when in most cases it’s not, self-harm isn’t overdramatic it’s something that’s quite private. And you don’t normally go around telling everyone that you’ve like hurt yourself.” For her, over-dramatization is an inaccuracy; it is a failure to locate and communicate the truth of the experience of self-harm. This inaccuracy is framed within the discourse of privacy, invoking the public-private dualism which Scourfield, Roen, and McDermott’s sociological study suggests is key to young people’s understanding of self-harm. In such accounts public or visible self-harm was not seen as “denoting serious distress” and “public display to peers was thought to undermine its credibility” (2011, 780). Emma’s account invokes this dualism to assert the authenticity of self-harm, to which dramatization is a threat. Contained within the criticism of over-dramatisation is not only a rebuttal of the tone or tenor of the representation (that it is dramatic rather

than mundane) but also of the implication of falsity or exaggeration which Emma felt accompanied it. To dramatise is to make publicly visible, and thus to fail the test of credibility structured by the public-private duality through which self-harm is understood to be authenticated.

Emma further noted that dramatisation removes self-harm from necessary personal and emotional context, without which it ceases to be comprehensible. In fictional representations she noted a tendency for both creators and characters to “go straight to self-harm” in contrast to her own experience in which the most significant aspect of self-harm was “your emotions and how you’re feeling and what’s led you to do that.” Similarly, Hattie referenced the popular British soap *Casualty* and the tendency for self-harm to be presented as “very, like, overly dramatic, and it very much focuses on let's like, do like a close shot of this. And it kind of like just takes away the whole point of it and it very much focuses on like, the harm rather than like, what's behind that and stuff.” The term ‘over-dramatisation’ connotes a narrative meaning which has been ascribed to self-harm; it has been signified as narratively important and intense. Yet in ascribing this significance to self-harm it is cut off from the personal, psychological, and emotional meanings which were seen as important by participants. It loses its true signification, the “whole point” of it. Framing self-harm as primarily a significant or important *narrative* act removes it from its signification and meaning to a *character*. Making self-harm narratively important, by positioning it as an act which looms large within the text, is simultaneously a diminishment of meaning. This echoes melodrama’s dependence on “a series of performative actions aimed at the other” rather than “as in psychological realist drama, a journey of self-discovery” (Pribram 2018, 249). To attest to self-harm’s personal and psychological importance is, in part, to refuse its location within the mode of the melodramatic.⁴⁸ In contrast, in making self-harm excessive these narratives threaten its always already fragile authenticity. It not only functions as drama but comes to *mean* drama,

⁴⁸ I refer to melodrama as both a genre and as a mode, following Christine Gledhill and Linda Williams’ suggestion that “melodrama as a pervasive mode has functioned historically as a genre-generating machine” (2018, 5).

implying that its practice might then be a manifestation of a desire for excessive drama and dramatic acts (a tendency commonly associated with teenage girls).

The text most frequently mentioned in reference to this critique was the Netflix TV show *13 Reasons Why* (2017-2020). The show (adapted from Jay Asher's 2007 novel) follows high school students before and after the death of their classmate Hannah Baker, whose reasons for ending her life are detailed upon 13 cassette tapes which structure the narrative.⁴⁹ The show received extensive criticism for its graphic depiction of Hannah's death, which is the culmination of the entire first season. It is the moment which draws the two simultaneous timelines of the series into relation, serving as the conclusion to the flashbacks and the origin point of the real time narrative. It is constantly referenced and foreshadowed throughout the series. The moment of Hannah's death is a present absence within the narrative, constantly referred to but delayed in its depiction, so that the moment in which it occurs carries the weight both of every previous reference and an anticipation which has been building through 12 episodes.

The scene of her death is immediately preceded by an extended scene in the school counsellor's office. As Hannah departs the room the immediacy of dialogue shifts to her own voice via the tapes, echoing forwards and backwards in time simultaneously: "His door is closed behind me. I think I've made myself very clear but no one's coming forward to stop me. Some of you care. None of you cared enough. And neither did I. And I'm sorry. So it's the end of Tape 13. There's nothing left to say." Each sentence is short and direct, communicating immediacy and urgency. The speech is laden with negatives, 'closed', 'no-one', 'stop', 'none,' 'end,' 'nothing', that underline her sense of desolation while investing the speech with intensity. The language is plain but the pronouncements are grand and totalising, signalling that what is to come is both important and inevitable. Yet she does not

⁴⁹ I would describe the act depicted by the show as one of suicide not self-harm; yet many participants referenced it, and felt that it had become socially linked to self-harm. Blanche commented that "that scene always comes up whenever anyone talks about self-harm. Like, I think, if you were literally going to put like, re-put self-harm into the dictionary, they'd probably put like a screen grab from that scene onto it." In contrast participants did not mention Skye Miller who was depicted as experiencing self-harm in Seasons 1 and 2: this chapter will consider both characters.

state her intentions explicitly; what will happen is again an absent presence, made weightier through its unspeakability. As she talks, she walks down an empty hallway, the dim light brightening until the door to the outside world shines with an otherworldly glow, loading the scene with excessive symbolic significance. The moment reveals the double movement of dramatization; in emphasising the importance of Hannah's act of self-harm the show seems to have extended it beyond her own reach, losing track of what it might mean to her in favour of what it means to the story, shifting the frame from one of character to one of narrative. Self-harm has faded to the distance, as the narrative frame not only invests self-harm with melodramatic significance, but also keeps it at arm's length.

Shock value: self-harm as an object of horror

Participants often critiqued dramatisation alongside the use of self-harm to "shock" audiences. Hattie criticised representations that were "a bit overly like gory and overly focused on like... That sort of like dramatic and just for the point of like, shock value kind of thing." For her 'dramatising' reflects not only an intensity of tone but also a narrative structure in which self-harm is a revelation. These two facets are interlinked; by investing self-harm with a particular dramatic energy texts heighten the shock which the act prompts. Lou talked about the character Camille in the HBO TV show *Sharp Objects* (2018): she disliked the way Camille's self-harm was disclosed to the audience, saying that "it was a plot point. It was a reveal. It was an exotic, kind of shocking, that at the end of an episode, she's in the bath, and that she's laid out and you can see all these words and it's *gasp* and that's the end of the episode. That was so frustrating." The language of visibility is significant; Camille is "laid out", she is made an object of sight, of the audience's gaze. Or rather her self-harm is: the implication seems to be that the character herself almost fades from view as the audience focus attention on her scars. Visibility and surprise align as context, character, and meaning fade away, leaving behind only decontextualized shock. For Lou this is insufficient and inappropriate, denoting importance at the expense of meaning, echoing the previous critique of character's sublimation to plot, action, or gesture (and the association of this with melodrama).

Similarly Blanche talked about a scene of self-harm in *American Horror Story* (2011-), saying "it was almost like *let's think of a shocking buzzword to bring up in*

this scenario. So let's just use the word self-harm [...] just this random like, fling self-harm into the mix with no explanation." The importance of self-harm's ability to cause shock is counterbalanced by the ease or carelessness of its use, without due attention to its meaning or significance. I suggest that shock emerges when surprise and horror combine; even when the surprise is a pleasant one, the intensity of a truly shocked response implies an immediate reaction of fear or horror. The repeated positioning of self-harm as that which generates shock ascribes to self-harm the meaning of an object of horror, that from which one recoils instinctively. The narrative framing of self-harm as a shock both emphasises and relies upon self-harm's meaning as something incomprehensible and pathological. In framing self-harm as something of primarily narrative importance, the text constructs distance from the character, the person who is self-harming. Such distance echoes the concern, once more, with the dislocation of the character and the self-harming individual as the centre of self-harm's meaning and significance.

In *13 Reasons Why* Skye Miller's self-harm is less narratively central than Hannah's death, although it is still both foreshadowed and narratively structured as a moment of suspense and shock. In Episode 2 of the second season, following an attempted sexual encounter with the main character Clay, the pair argue. Skye is on the verge of tears, peppering her speech with expletives to emphasise the emotional intensity of the moment. The scene then becomes filled with action; Skye throws his clothes at Clay, rushing across the frame, and then scrambles out of the room. She is shown running out of the house and riding away on her motorbike, tyres squealing. Each separate burst of movement seems impulsive and unpredictable, building up tension. The implication is that which will follow might be scary and unanticipated, encouraging the audience to wonder, to lean forwards in their desire to find out.

The narrative then shifts to tie up other storylines in quiet yet tension-filled scenes, before we return to rushed movement. Clay cycles helter-skelter down a hill to Skye's house where she lies inside an ambulance. Skye's mother is dismissive, "nothing happened that hasn't happened before," before the ambulance wails away, the sirens echoing the electronic score beneath. The tension has been punctured and the narrative twist revealed; Skye, who had seemingly been presented as a long-term love interest, will barely be seen again. While this representation is

certainly not gory, self-harm functions as a moment of shock for the audience, a cliffhanger at the end of an episode designed to keep the audience invested enough to keep watching. This demonstrates one further function of shock; that it generates contradictory emotions. The surprise or horror which it disperses, in this case through the punctured tension, the sight of Skye's near-lifeless body, and the discomfiting blare of the ambulance sirens, might first prompt a withdrawal, but it also encourage re-engagement. The thrill of pleasure which shock prompts as tension is broken and the plot is revealed generates desire; desire to be thrilled again, to find out what happens next. Skye's self-harm structures a relation of desire and investment, not towards her as a self-harming subject but to the narrative itself. Thus, participants' critique of self-harm's use to 'shock' resists the shift in self-harm's primary context and meaning from one determined by character to one determined by narrative. Through this shift the narrative structures a relation to self-harm which, despite its function as an important act that prompts viewers' desire or pleasure, remains one of distance. This relation of distance has been both structured and elevated through self-harm's positioning as a shocking act.

Excessive meaning and graphic display: the primacy of the spectator

This distance is established not only through suspense but also through the text's use of existing meanings socially and culturally associated with self-harm. Its prior existence as an abject, abnormal practice which must be avoided, ended, and kept at a distance allow its presence to structure narrative tension and shock. Riley talked, in reference to BBC's *Gentleman Jack* (2019-), about the ways self-harm was used to intensify both narrative tension and the association of a character with madness or mental distress. She described self-harm as being:

Like the level-up of like was weird, now really weird, now she's just like fucking mental, like it feels like someone's just pressed the like fucking mental button in the storyline. [...] I'm thinking of like a gig or something where someone's like good gig, good lights show, like *Bang!* the glitter cannon. Just like *sound effect* It's like it's like the depiction of madness version of the glitter cannon.

Her metaphor touches on many of the aspects of dramatization and shock outlined above. Yet she goes further to suggest that it is self-harm's pre-existing signification

as inherently upsetting, weird, and *mad* that prompts its use in this way. She suggests that self-harm is inherently excessive and explosive: it exceeds what falls within the normative bounds even of the non-normativity of madness.

Her choice of a music concert as the setting for her metaphor carries interesting implications of performance. The mechanisms through which self-harm was understood by participants to be both misrepresented and misused were those associated with fictionalisation and narrativisation: suspense, tone, action, plot. In these moments the often invisible or unnoticed mechanisms of storytelling surfaced and became noticeable. Participants felt they were out of step, discontinuous with what they desired from a representation of self-harm, which I speculate might be better characterised by closeness than by the distance which these moments prompted. Participants were jolted into an awareness of the fictionality, the artifice of the textual experience, and thus noticed these devices not simply as having an aesthetic effect but as being manipulative. There is perhaps once more an alignment with melodrama here, in the genre's characteristic evocation of the "sensational" in order to provoke "audiences' visceral responses" (Pribram 2018, 241). Moreover, these critiques align with the frequent accusation that people who self-harm are attention-seeking and manipulative.⁵⁰ This is another aspect of excess: for participants the function of self-harm in a narrative (and the inauthenticity associated with this functionality) might easily break its bounds and become the meaning of self-harm in the wider world, in their own lives, in the lives of other people who self-harm.

It is not only meaning which exceeds the bounds of the text but also practice; *13 Reasons Why* has become perhaps the paradigmatic example of a text which depicts self-harm and thus prompts self-harm. Almost the entirety of academic research on the show has considered not its textuality but its social after-effects; studies demonstrated an increase in hospital admissions for self-inflicted harm (Cooper et al. 2018), a significant increase in messages sent to the Crisis Text Line (Sugg et al. 2019), and increased suicide rates among US children and adolescents (Bridge et al. 2020) in the months following its release. As discussed previously this is a traditional and widespread concern with relation to self-harm (McWade 2019)

⁵⁰ The context and history of such accusations were explored in the Introduction.

and was evident in the ways participants drew together visibility, the graphic nature of depictions, and the severity of injuries. Hattie referenced depictions that were “overly gory,” while Blanche expressed concern over the representation of someone “very visibly slitting their wrists.” She had sort of “trained” herself not to get upset by self-harm scenes, but “I know other people that it would maybe have affected and I was like, *Oh, that's just, that's not okay for them.*” Francesca described the Australian film 2.37 in which a character “self-harms and she like does it too severely and she dies. But it's like really graphic. It's awful. It was really like, it was really awful.” She said that she “found that more exploitative than the, the realistic depictions that felt more mundane. The sort of catastrophizing of it.”

In their graphic depictions of self-harm these texts were understood and experienced as excessive, going beyond what was necessary to simply convey that self-harm had occurred. In doing so the representations themselves had the potential to be harmful. In participants’ comments there is a concern that overly graphic specularisations of self-harm might prompt not just distress but action. In putting forward a depiction that was unrealistic or inauthentic these texts nevertheless had, or were understood to have had, effects which almost amounted to an excess of the real. Emma commented that because *13 Reasons Why* “made it so dramatic, I was like, oh, what's wrong with me then? I'm clearly not doing it right.” This dynamic is echoed in the sociological literature, with Scourfield, Roen, and McDermott expressing concern that the uncertain authenticity of self-harm might encourage a dynamic in which “inflicting more serious injuries and keeping them secret” became a way of laying claim to legitimacy (2011, 789).⁵¹ Within the texts these scenes might function almost as a marker of authenticity, a claim to grittiness or unflinching realism. Yet, for viewers with experience of self-harm they function as a threat to authenticity, to the security of their own experiences and their own wellbeing. This exemplifies the contradictory impact of self-harm’s significance within a narrative. In depicting self-harm as severe texts frame it as important, but that significance might not be in service of people or characters who themselves self-harm, instead serving

⁵¹ A similar dynamic is well-established in literature around eating disorders and anorexia nervosa (Colton and Pistrang 2004).

narrative ends. Moreover, shifting the primary framing of self-harm away from an individual's experience of distress is not only a disservice to the meaning and authenticity of self-harm, but also serves to undermine that very framework, lessening its ability to safely contain self-harm within the narrative itself. The boundaries of the text become inadequate on multiple levels.

13 Reasons Why's depiction of Hannah's death has been characterised or experienced by many as both graphic and upsetting.⁵² The scene moves exceedingly slowly, as each shot lingers, on the bath taps, on her hands, on the razor blades. It is drawn out, elongated, as though the show is encouraging viewers to stare, to pay attention, not to turn away. The scene is narrated, but by Clay rather than by Hannah, and again tension is constructed not by mystery but by knowing anticipation. Cutting to a close up of his face Clay states that "she got into the tub... still with her clothes on... slit her wrists... and bled to death." The statement is pre-emptive; when the scene cuts back to Hannah she is only now in the bath, but the audience knows exactly what will happen next. The fact that the story has already been narrated makes the sight itself more shocking; not because the audience doesn't know what will happen but because good taste, good sense suggests that the camera will, *must* cut away.

Each moment that the camera lingers, on Hannah's face as she sheds a tear, on her body in the bath, on her torso as her arms are laid out, one hand fidgeting with the razor blade, is an opportunity for the scene to end. When the camera focuses in and we see her make a deep cut we are shocked, not because we thought it would not happen, but because we assumed we would not see it. Yet even then the scene continues; the shot pulls out to show Hannah make a longer cut from which blood spurts. Hannah cuts her other arm and then we see only her violently shaking shoulders, hearing her heavy, pained breathing: it is almost hypnotic, as if the audience is drawn into her breathing and we too might find ourselves breathing heavily. Yet the distress that might be transmitted does not seem to be Hannah's distress, but simply the distress of the scene, or rather the *seen*. We are not

⁵² Indeed, the criticism which it prompted was so severe that two years later in July 2019 the scene was quietly deleted from the episode on Netflix.

supposed to share Hannah's experience, we are supposed to watch it, to be shocked by it, indeed to be upset by it. And perhaps that potential distress, which was an object of concern for my participants, necessarily draws focus away from Hannah's own distress, as the audience becomes the true 'victim' of her act.

Her experience fades from view; it is the experience of the audience which assumes primacy, the particular experience of watching something which we should not have, the thrill of the forbidden mingled in with the horror of her injuries. The scene is paradigmatic of Mark Seltzer's characterisation of modern sociality as structured around a "pathological public sphere" (1997, 4) in which publics convene "around scenes of violence" (1997, 3). This constructs a 'wound culture' in which "the very notion of sociality is bound to the excitations of the torn and open body, the torn and exposed individual, as public spectacle" (1997, 3). Hannah's experience, and the visual spectacle of her embodied wounds, have become transformed into a communal experience structured not around the experience of pain itself but the experience of viewing pain, and even the reassuring bravery ascribed to the audience who do not turn away. Excess emotion, spilling over from the inadequate bounds of the text, structures not closeness but distance, in fact a distance so great that the self-harming subject themselves seems to disappear in their moment of greatest visibility.

It is helpful to return to Emma's opening comment and its mobilisation of a public-private dualism. For while Hannah's act of self-harm is ostensibly private, the analysis above suggests that it is its public, visible, viewed nature which is significant. In these representations self-harm becomes framed as a spectacle, a term originating from the Latin *spectaculum*, or 'public show' with its associations of amphitheatres and violent games. Even within critical academic work there is often a perception of self-harm as something which is (or can be) by its very nature spectacular: Chandler has commented that "the act of self-injury can be a dramatic visual spectacle" (2016, 110) while Angela Failer criticised the trend towards "fixating on the outward spectacle of injury" (2008, 14). Once more, we might note an alignment with melodrama, known for its "investment in sensation and spectacle" (Gledhill and Williams 2018, 3).

The notion of the spectacle helpfully brings together several threads this section has traced. First, it emphasises a viewing relation determined by distance, the distance which texts repeatedly established between viewers and self-harming subjects or characters, and the meanings which self-harm held for them. Through such distance the primary subject of an act of self-harm becomes not the person self-harming, but the person viewing that self-harm. The visual and narrative importance of self-harm has served in fact to deny the significance of the self-harming subject themselves. Second, spectacles have historically been understood as functioning to both further and obscure the ends and effects of power (Debord 1967). Participants were often aware of the function of power; as Francesca described 2:37 as exploitative, so too Emma suggested that the writers of *13 Reasons Why* “do stuff like that for the views and the money” and “they don't care” about who might be negatively impacted. Self-harm is being not just misunderstood but misused: for all their affective or emotional excess these depictions are in fact cynical manipulation. Finally, the amphitheatre emphasises the spectacle as pain turned into entertainment, even pleasure. The narrative frame of self-harm is permeable; the drama and shock spill over into readerly pleasure, but risking alongside this less enjoyable or purely textual effects. That self-harm might be pleasurable, whether to witness or to experience, is for many a disquieting suggestion with particular implications for the authenticity or lack thereof of the self-harming subject: critiques of representations as glamorised or romanticised may help us to explicate this.

Glamour and romance: the self-harming subject as the object of desire

Judgements of glamorisation and romanticisation move away from self-harm's narrative function and instead consider its association with particular characters, and their embodied, aesthetic, or affective characteristics. Unlike dramatization, which participants understood to signal the absence of appropriate meaning, glamorisation and romanticisation were seen to *add* meanings and affects to self-harm, thus constructing both the object and subject of self-harm as one of interest and desire. Yet I will suggest that this critique might alternatively be understood as indicating a *mis-framing* of self-harm. Through this framing, meanings historically and culturally associated with self-harm both construct distance between readers and the object of self-harm and structure a relation of desire, or even of pleasure. Once again, these inappropriate or inauthentic framings led to excess, and were thought by participants to be insufficient in their ability to safely contain self-harm within the text itself.

Coolness, suffering, and refinement: the structure of 'the interesting'

Several people talked about representations which had romanticised or glamorised self-harm; for younger participants this was repeatedly discussed in relation to the Channel 4 teen television show *Skins* (2007-2013), a show which was variously understood as representing self-harm or as resonating with the experience of self-harm. Amber is a bisexual, white woman in her late teens or early 20s. She listed her mental health conditions as anxiety, depression, and borderline personality disorder and talked to me a lot about what it felt like to watch or follow celebrities, such as Demi Lovato, who also had experiences of self-harm, and how the dynamics of those relationships might be complicated or unhealthy for both parties. We discussed particularly what it meant to see self-harm in a dramatic context and how difficult it could be to feel empathy, both for people you saw represented and for yourself. Amber commented on *Skins*' message of "*oh these people are really bad and that's how you look if you're that like cool version of unhealthy* and like it's so like, glamorising." Similarly, Hattie felt it was "all very like, weirdly like, *oh look how beautiful this is. And look how like cool this person is because she's like, starving herself or cutting herself or whatever. And it's like, She's so like, edgy and cool.*" Both participants used the word "cool", a descriptor initially associated with moderate temperature, which in the 16th century came to mean deliberation, rationality, and composure, before taking on associations of hipness or style through its use in

African American Vernacular English.⁵³ "Edgy" conveys a similarly socially-approved non-normativity, having extended its initial meaning of nervous or irritable behaviour to take on connotations of the avant-garde and boundary-pushing. These etymological associations with both boundaries and bounded-ness will come to be relevant to their colloquial use here.

Both Hattie and Amber emphasised visibility, the texts' association of a particular "look" or beauty with self-harm or self-destruction. They also highlighted the fraught relation between these two aspects: whether a certain "look" transforms otherwise unhealthy behaviours into a "cool" version of themselves, or whether coolness is itself generated by acts such as "starving herself or cutting herself". Cool is an affect or descriptor which has a vital relation to desire, and in recent years has become almost entirely appropriated by advertising and marketing strategies through which products are invested with social cachet (McGuigan 2007). It is therefore unsurprising that this coolness was also understood to be related to romance and sexual attraction. Hattie described self-harm in *Skins* as:

Very, like weirdly romanticized and weirdly like, let's look at how, like, just making it look like people are really cool and edgy. And, like it's, you know, like, suddenly everyone like cares about you. [...] Like, everyone will care about you more and like the boy that doesn't love you will love you when you're, like, small and vulnerable [...] that seems to be like a common thread through many books and stuff.

The female self-harming subject is positioned as an object of desire, someone who prompts care, love, and attraction from both within and without the narrative's frame. However Hattie foregrounds that desire as conditional. It is not only associated with a sense of being "cool and edgy," and hence invested with social capital, but also being "small and vulnerable". The desire of self-harm is not contrary to but dependent upon its association with (or signification of) a particular sort of pain and distress. Hattie and Amber both critique self-harm's association with what they judge

⁵³ Mike Vuolo (2013) notes the term's use in the 1924 single by singer Anna Lee Chisholm "Cool Kind Daddy Blues", in the early 1930s by Zora Neale Hurston in her short story "The Gilded Six-Bits", and the prevalence of the term "cool cat" in the 1940s jazz scene.

to be a mistaken meaning, or an over-investment with meaning. Through its very association with bounded rationality of 'cool' self-harm carries meaning in excess of its object and is utilised specifically because of that excess.

This meaning draws on the well-documented history of illness in general, and female suffering in particular, as virtuous, interesting, and even desirable. Susan Sontag traces a genealogy of signification to a 19th century Romantic association of an appealing sadness with the wasting disease, tuberculosis; emotional distress became associated with the "becoming frailty" of the physical illness (2001, 34). Sontag states "It was a mark of refinement, of sensibility, to be sad", going on to then note that this meant, of course, "to be powerless" (2001, 31), echoing Hattie's identification of the desirable self-harming subject as "small and vulnerable." Through its association with coolness, glamour, and desire self-harm is simultaneously made palatable or reduced, and the excess (and excessive) experience of self-harm is discarded in service of constructing an object regarded as deserving of attention, care, and desire.

Sontag's identification of suffering's 'refinement' not only echoes self-harm's association with 'coolness,' but also relates to Lou's concern regarding the 1999 film *Girl, Interrupted*. She felt that the film:

Made mental health illness quite appealing that -. And it had this association that she was very intelligent [...] that this person is just too like, very sensitive and very intelligent, and that the world doesn't understand them. [...] those characters are often portrayed as, they're not necessarily smart in a conventionally, but observing society in a way that society isn't observing itself. [...] And so you then align yourself with this kind of knowing, Cool Girl kind of characters.

Lou emphasises that coolness or attractiveness is not only related to physical appearance and style, but also intelligence and criticality. She noted that while the film showed a helpful, trauma-informed approach which took into account what had happened in women's lives, it also seemed to delegitimise mental illness, suggesting "that mental health illness isn't a thing." Even as meaning is invested in the object of self-harm it is also removed or restricted: the "cool version of unhealthy" is one from

which the concept of health has been removed. In this particular form of coolness an attention to ill-health is replaced by the capacity to “be interesting”. Sontag suggests that “the main gift to sensibility made by the Romantics is not the aesthetics of cruelty and the beauty of the morbid [...] but the nihilistic and sentimental idea of “the interesting” (2001, 31). The vulnerability which self-harm implies is not, here, simply a need for material care, but rather the more intangible, affective sensation of a need which appeals rather than repels, a need which is intriguing rather than pedestrian. Sianne Ngai’s work on the interesting describes a double negative at its heart, “a not knowing exactly what we are feeling, and a feeling about this very fact of not knowing” (2012, 165): thus, the positioning of certain self-harming characters aligns with a particular relation to knowledge and mystery. Ngai also sees ‘interesting’ as a judgement involved in ongoingness, one which prompts further dialogue, justification, or discussion (2012, 168); its specific function here might arguably shift just slightly, to one which prompts not ongoing discussion but ongoing investment. Their designation as ‘interesting’ justifies an investment in these characters, on behalf of both readers or viewers and characters within the text.

The Channel 4 TV show *Skins* (2007-2013) and the character of Effy demonstrates how ‘the interesting’ is structured and invested with value. In the opening episode of the third season her father’s car crashes in front of the three male characters, Freddie, Cook, and JJ; the camera observes Freddie’s face as he notices something and then immediately directs our gaze to Effy, smoking a cigarette and looking down before her gaze raises and she stares back. Although she has been observed it is *her* gaze which is the subject of discussion. The boys immediately argue about which of the three she is looking at: already she is invested with both value and difference. As Cook attempts a prank she walks up to him, draws a finger through the pseudo-blood (actually ketchup) running down his face, and licks it. “Sweet,” she says, and walks away. An important dynamic is established around knowing and not-knowing. Effy is knowledgeable - she is mature beyond her age, smoking a cigarette and initiating a sexualised encounter. She is detached – she is unsettled neither by her father’s crash nor by the boys’ attention, and she doesn’t hesitate to walk away. It’s no surprise she is described as cool, which “by its very nature is not caring what anyone else thinks” (Nancarrow and Nancarrow 2012, 135). Her knowingness is emphasised throughout the episode, and moreover

associated with sexual confidence (in contrast to the innocent Pandora) and social distinction (in contrast to the shallow, working class Katie). There is little doubt that Sontag's characteristic of refinement is being established here.

Yet she also leaves the boys (and the viewers) with far more questions than answers: Who is she? Who was she looking at and why? Did she know she was only licking ketchup or would she happily have licked blood? Her detachment functions not only to assert her own knowledge and composure but also to refuse the knowledge of others, or rather their ability to know her. The series repeatedly emphasises her unpredictability in ways that are associated with hedonism and danger. At the end of this first episode she leads Cook into the nurse's office, lights a joint, and then has sex with him, without speaking. She also disrupts the actions or lives of others; when Freddie attempts to strike up a relationship with her she sets all three boys a challenge to break a long list of school rules. This is not only an unpredictable, provocative act but it is one which refuses knowledge; her own desires remain opaque, sublimated to the game. Even when she breaks her characteristic, mysterious silence it is often not to provide clarity. She has a tendency to abstraction; when Freddie asks if he can take the locker next to hers she replies "You can take anything if you want it enough." Again she presents a knowingness which refuses being known, signifying rarification, class, and value. She is repeatedly thoughtful, intelligent, and articulate but in ways that seem designed to confuse or mystify, that hint at internal distress without ever stating or claiming it.

The function of detachment transforms the straightforward vulnerability associated with Sontag's wounded Romantic heroines. Indeed we might consider Effy the paradigmatic 'post-wounded' heroine. Leslie Jamison describes the post-wounded as a voice which, through numbness or sarcasm, "implies pain without claiming it", constantly on guard against accusations of "melodrama or self-pity" (2014, 118). Here the disconcerting excess and inauthenticity of dramatization is not framed within a narrative arc, but within Effy's own detachment, coolness, and ambivalence. *Skins'* presentation of Effy establishes the cool, *interesting* object of desire as a character who is invested with both knowledge and uncertainty, and thus the ability to both draw others to her and to retain the distance through which their desire acts and is established. She remains interesting in her known unknowability;

we remain interested, not in spite of her detachment but because of it. This detachment makes her distress and her self-destruction not only bearable but perhaps valuable, allowing self-harm itself to come to signify distress appropriately masked by and contained within post-wounded affect. She can participate in melodramatic acts and modes, yet remain untouched by accusations of over-dramatisation or excessive emotionality.

Beauty and brightness: the function of attractiveness

The 'interesting' is not a purely intellectual judgement. Part of its function here is that it reframes as intellectual a desire (or an object of desire) which remains grounded in visual aesthetics⁵⁴ and normative beauty standards. Participants often located the glamour of self-harm in embodiment; Amber mentioned "*that's how you look if you're that like cool version of unhealthy*" while Hattie felt texts emphasised "*oh look how beautiful this is.*" Lou talked about the visual appearance of *Girl, Interrupted* (1993), saying "it's not gritty, like it's still very Hollywood, it's very stylized," and that the character Susannah "was very glamorous. [...] Winona Ryder was, I mean, she's always incredibly beautiful and you know this kind of elfin kind of..." She similarly said, of Lee from *Secretary* (2002), "it's that she's very beautiful, slim [...] and I think that these characters often are very skinny, that's, that really, so that's, something about that is glamorising that kind of body image [...] it definitely did give me a message that someone would find that desirable or attractive." These comments all associate a pull towards the character with normative physical attractiveness, and particularly a thinness that signifies not only social desirability but also the sort of intelligent, unstable femininity which constructs a character as interesting. Rosalind Gill (2009) and Angela McRobbie (2009) both see the slender body as a marker of success in postfeminist cultural politics while Debra Ferreday has considered the association of thinness simultaneously with illness and with sophistication: with the haute couture of Europe rather than the working class "white trash" (2011, 13) of US reality television. Through both success and sophistication

⁵⁴ While the aesthetic is a category with a particular history and is often used more broadly (Shusterman 2006), for the purposes of this chapter I will be using it as a way of attending to the complex interplay of tone and meaning communicated through the visual appearance of characters and filmic landscapes.

thinness is particularly associated with a form of control, of self-control in relation to eating signifying an acceptable bounded subjectivity. This aligns thinness precisely with the ability for detachment which is a key aspect of 'the interesting', through which excess is framed, contained and made bearable.

Marie, having previously described the film *Thirteen* as "grimy" and "dirty if you were to touch it", then talked about *Skins*:

I feel like I remember a lot of like, twinkling lights or shining lights and it was very bright, you know? And as well it's the same, obviously very attractive people as well. [...] Yes, so, I think that probably had an impact on me as well just seeing all those very beautiful people, right? And yet they choose to do this. I wonder if I would have felt differently they weren't so beautiful and they were doing this? Like, it's almost like they were advertising self-harm, I guess, in some way? [...] And then like the Tumblr aesthetic [...] I remember a lot of the kind of imagery for anorexia or being thin was that like, *Oh, you should, how beautiful it is to see your bones and your ribs poke out and your spine* and everything like there was this, for some people like very surreal lights and like a fairy, almost. And it was like yeah, all those kind of pastel hues, and nice calligraphy and everything.

Marie describes a very real attractiveness, which for her shaped the significance with which self-harm (and disordered eating) was invested. She, too, foregrounds the function of physical appeal, of both specific self-harming characters and thinness more broadly. Yet this physicality did not stand alone; rather its significance and meaning, beyond simply social acceptability, was associated first with "twinkling lights or shining lights" and then with "surreal lights". The light seems transformative; it takes what might be everyday and makes it significant, interesting, and appealing. The pastel hues and nice calligraphy which for Marie formed a central part of the Tumblr framing of self-harm and disordered eating are both extremely gendered, associated with a femininity which is refined and delicate. Again, this relates to self-harm's fraught authenticity, as particular aesthetic choices make the fictional or simply constructed nature of these texts both prominent and suspect.

Skins constructs Effy's physical appearance as an object of desire, of value, and of interest through choices of style and visual aesthetic which frame her as both inviting and as distanced. There is no doubt that Effy is both thin and intended to be read as such. In the scene described above we see Effy first through a car window, only her face and hand visible, beautiful and distant.⁵⁵ It's only as she walks away that we see what she's wearing; an attractive, faux-chiffon grey dress with a scandalously short hemline, fishnet tights, and chunky black boots. Here, again, there's a balance between the outrageously sexualised (the length of her skirt, the barely-there tights) and the sophisticated signifiers of maturity or a refusal to conform (the dress that's grey rather than a lighter or brighter colour, the short hem balanced by its gentle draping rather than tight fit, and the chunky boots). As always with Effy (and perhaps with the aesthetic category of the interesting), this is an outfit seemingly designed to both draw us in and hold us at a distance. Indeed the cinematography does just that, establishing Effy clearly as an object of desire while also holding her out of reach.⁵⁶ As she turns to walk away we watch the three boys stare after her in near-perfect unison. Then the camera cuts to show her legs and the short hem of the dress, before returning to the boys' watching faces, and then showing her entire figure, walking alone in the middle of the shot, into the distance. While being undeniably sexualising and objectifying, the camera work frames that sexuality within Effy's function as a person who is independent, who turns her back.

Skins was known for investing a wide range of hedonistic, potentially self-destructive behaviour with appeal and cool.⁵⁷ The "twinkling lights or shining lights"

⁵⁵ Given the repeated location of the glamour and romanticisation of self-harm within the bodies of self-harming characters, and thus in the bodies of actresses playing those characters, it is intriguing to note that Kaya Scodelario, the actress who played Effy, also more recently played a second self-harming character: Katarina Baker in the Netflix series *Spinning Out* (2020).

⁵⁶ It might be argued that the scene particularly locates Effy as the object of *male* desire; certainly there is a normative hetero-romanticism at work in the structure of desire surrounding her.

⁵⁷ In fact the show balances this with an attentiveness to more unvarnished, less glamorous details of characters' lives, which in some ways makes the appealing aesthetic associated with Effy even more notable.

referenced by Marie appear strikingly in the episode of the third season which centred around Effy (Episode 8).⁵⁸ Having left Bristol for a night camping in the countryside, organised by Katie, the group's evening intensifies when Effy provides hallucinogenic mushrooms. As the drug kicks in the scene shifts from afternoon to night-time, providing the perfect dark background as everyone dances and waves sparklers. The camera shifts from face to face, all moving and occasionally blurring out of focus, but Effy is featured the most prominently. While others are waving sparklers, Effy is not; rather we see her face lit by the lights that others hold, hands waving sparks of light in the background as she laughs at the camera. This focus on her is significant; she becomes that which is illuminated, both the cause of the light and the centre of it. She walks through the group, weaving her way smoothly through the awkwardly dancing figures, as Katie is left on the sidelines. In investing Effy with beauty and specialness the text emphasises her unattainability, her distance from both fellow characters and viewers. We are drawn to her and to the light she seemingly provides but she remains separate. As self-harm comes to signify coolness and the interesting we remain at a distance from it.

Vulnerability and devotion: the limits of desire

Participants understood Effy as not just being cool or attractive but as prompting a particular response both from characters within the show and viewers. Her framing as interesting encourages not intellectual discussion or even purely sexual attraction but strong emotional attachment. Sally associated *Skins* and particularly the character of Effy with a broader cultural moment; "It was the same generation of the Tumblr thing when Effy was like a big thing on Tumblr, and it's like- And like everyone just loving Effy. [...] I could tell intuitively that she was poorly written and I never identified with the like, that side of Tumblr. So I was like, not my vibe." This aligns with Lou's sense that the self-harming characters she encountered formed an "imaginary clique." They existed not in isolation but collectively, "a group of mythical fantasy women who were also equally misunderstood, that I connected with" as "kindred kind of self-harm role models." These characters gained

⁵⁸ Each episode is named after and focused on one of the cast of characters, with occasional episodes at the start or end of seasons labelled "Everyone".

significance from their connection both to other texts or characters and to a constellation of social investments and interactions through which self-harm was associated with a particular aesthetic ideal, a mode of being interesting, and a form of desire or attraction. These characters play some broader social role, whether in individual lives or in more collective modes of sociality; they prompt strong attachments, they exceed the bounds of the text, they function not just as objects of desire but as ways of understanding what it means to be desirable. Yet we can see in Sally's critique that such desirability was not straightforward or unassailable. In their very desirability, their ability to draw others in, there remains a hint of the accusation of inauthenticity, of a form of popularity which has lost its edge or even distance. The detachment of post-woundedness is not a certain protection, and the boundedness of 'cool' seems to be an uncertain frame.

In the second season desire becomes structured through the show's representation of Effy as not simply hedonistic, but self-destructive. This storyline reflects not the *addition* of distress or ill health, but rather the intensification of the 'post-wounded' characteristics already established: Effy's impulsivity, dissociation, and distance from others.⁵⁹ Yet Effy continues to hold our interest, our attachment, despite or perhaps because of the distance she holds us at. Certainly, this is the case for Freddie and Cook, who since the first episode have become embroiled in a tangled love triangle. Both of the two incidents of self-harm the show depicts are structured through an interaction with one of the two boys. First, Freddie finds her in a bathroom having made a cut across one wrist. Effy is silent and mostly motionless; instead what is communicated is Freddie's care for her, as he runs down the corridor, then as he batters down the door, and finally as he cradles her in his arms. When Freddie bursts in the camera follows him to show Effy, laid out almost as if in a tableau, calling to mind both religious iconography and the pale, silent Pre-Raphaelite romantic heroines: collapsed on the floor, her long legs splayed out in their fashionable knee-high socks, and her hand resting in a pool of blood. She has ceased to be an active character and become simply an icon, the paradigmatic

⁵⁹ That this intensification culminates in an act of self-harm provides a very helpful example of Riley's suggestion that self-harm functions as a "glitter cannon" which raises the level of 'weirdness' or madness.

image of a self-harming girl, waiting motionless for her hero to save her. Even as she acts in a way which might seem inexplicable and distant from those around her she remains both an aesthetic object and a figure who, in her vulnerability, prompts care and attachment. She remains an object of desire, but not one whose desirability exists solely in relation to her detached and mature sexuality. Rather, her intriguing and inviting personification of 'the interesting' is not undermined but complemented by her increasingly evident 'woundedness.'

The second incident is framed through activity rather than passivity; Effy runs into the middle of a busy road and stands screaming "I'm not scared! I wanna be scared! I wanna be hurt. I wanna remember. I'm not scared, I'm not scared, I'm not scared!" Her usually calm pronouncements have become intensified and desperate, but remain unclear, abstract, even poetic, still prompting a desire for understanding. The scene is visceral; the lights of the cars shine brightly against the darkness of the night, lighting Effy's face and wild flowing hair, engines and horns blaring as they race past her, emphasising her fragility in comparison to their speed and size. Cook leaps in to knock her aside, saving her, then she kisses him. Here, too, she is evidently an object of care, of appeal, of desire. The doubling of self-harm reflects the almost excessive desire which the love triangle establishes Effy as prompting. Yet this means she must also be vulnerable twice over, as they both save her in turn as a marker of their devotion; double the desire must mean double the hurt. Sontag suggests that "like the mental patient today, the tubercular was considered to be somehow quintessentially vulnerable" (2001, 63); Effy's interest, her attraction, even her beauty must culminate in, and be confirmed by, her vulnerability and the willingness of those who desire her to save her.⁶⁰ Moreover, this vulnerability does not guarantee closeness or mutuality: whether as a silent icon or a screaming fury Effy remains alone and inexplicable, a figure who must be saved but who cannot act to save her lovers, or even herself.

⁶⁰ This is not to suggest that Effy's is the only vulnerability in which the show is interested: these two episodes chronicling Effy's intensifying self-destruction also explore the emotional and physical vulnerability of her love interests, particularly Freddie's struggles with the memories of his mother's death.

In framing self-harm as that which prompts devotion, desire, and interest the text prompts uncomfortable, fraught questions of authenticity. For Blanche the self-harm in *American Horror Story* associated the character with “edgy, indie teen bullshit” which she found deeply embarrassing. She said “I was like, *I don't want people to, to watch this and associate it with me and think that...* it was something that was so glamorised. Like, in that scene, it was very, very glamorous. It was like, *Oh, no, I don't want people to think that about me.*” This echoes a repeated concern with excess, and with melodrama’s potential to prompt emotional and affective responses; just as Ahmed suggests that emotions circulate “through ‘sticky’ associations” (2004, 347), so the meaning or function of self-harm might exceed its textual bounds and attach itself to self-harming subjects. If self-harm makes a character interesting within a text then it might be assumed to do the same in real life; yet as we can see from Blanche’s embarrassment it is not so straightforward. Removed from the acceptable performance of fiction, self-harm becomes a signifier not of being interesting, but of a desire to be interesting. In this escape from the bounds of the text it no longer constructs desire in which the wounded self-harming subject is the *object* of care and attraction, but instead performs a reversal in which the self-harming subject is themselves also the *subject* of desire; they are not desired but desiring.

In so doing appeal is transformed to embarrassment, or even shame; to be desired is attractive, but to be desiring of desire, to care about being desirable, is simply pathetic. Once more, we might note melodramas’ “reputation [...] for embarrassing their audiences” (Wilson 1999, 198); if over-emotionality is itself shameful, then actively choosing to participate in or engage with such a mode is particularly so. The desiring self-harming subject becomes embarrassing, necessarily held at a distance, and self-harm itself becomes a signifier not of distress, but of seeking to be desired, seeking to be cool. There is an echo of the Introduction’s analysis of self-harm’s visibility, in which to display one’s wounds is to be attention-seeking, to desire unearned care; to be deserving of care is to never ask for it. Effy herself holds off such an accusation through her detachment, her figuring as the post-wounded woman who “conducts herself as if preempting certain accusations: Don’t cry too loud; don’t play victim” (Jamison 2014, 120). Such a defence does not extend to her viewers. Hattie commented of *Skins*’ tendency to

romanticise that “I think that's a really unhealthy representation because it's kind of... I mean, I don't know if anyone's gonna watch that and be like, *Oh, well, I'm gonna go and do this now*, but I don't think it... it's not doing anyone any favours really.” The framing of coolness and desire is an insufficient boundary twice over: not only might it structure or encourage an imitative response, but it might also disperse an implication regarding the authenticity and meaning of self-harm more broadly; that it is simply (even solely) an imitative behaviour, mere copying in the hope of becoming interesting and loveable, unjustified emotions transformed into empty gesture in the mode of melodrama, and thus easily dismissed.⁶¹

In all of these textual devices which participants analysed as glamorising or overdramatising there is an element of pleasure; they are all designed to make the text an enjoyable experience for readers, to prompt continued investment and attention. The pleasurable thrill of shock, the exciting intensity of drama, the visual appeal of style and coolness, the self-satisfaction of interest and mystery. Yet these textual pleasures are not straightforwardly easy to embrace. In part, perhaps, this is because they are the particular pleasures associated with melodrama, and thus tainted by melodrama's common designation as ‘low culture’ through which the pleasures of “escapism, vulgarity, sensationalism, excess, and exaggeration” come to signify a failure of intellect, taste, and even ethics (Landy 1991, 16). Yet alongside (or through) this association, I would suggest that in the case of self-harm such pleasures are particularly suspect because they undermine or cast doubt upon the means through which self-harming subjects have historically found a way to assert authenticity: the association of self-harm with deep, unavoidable, unmanageable, and unadulterated pain and distress.

If self-harm is narratively pleasurable and desirable then perhaps it is also experientially pleasurable, something which people do because they want to, because they like it, rather than because they are suffering, because they are

⁶¹ As I note, this is not what Hattie's quote says; rather she articulates a more nuanced, thoughtful concern which recognises that while understanding a behaviour as straightforwardly ‘copied’ is overly simplistic, a glamorised representation might still have unhelpful effects.

surrounded by darkness. This is not to suggest that this binary holds; as we shall see in the next section the relationship between pleasure and distress in lived and textual experiences of self-harm is often complex. Yet this binary might be seen as playing a significant role in *public discourse* around self-harm. The social deplorability of self-harm has, in recent years, lessened or been repudiated because of its repeated framing as that which accompanies genuine mental pain and distress. It is through pain that the subject can remain whole, can stave off the stigma of self-harm's moral failure; any implication of pleasure threatens this and must be rejected. These textual pleasures are further judged to be threatening because they exceed the text, which functions as an inadequate frame or container for self-harm and its meanings, which escape and might become attached to the lives of those who self-harm. Moreover, these pleasures are repeatedly accomplished through distance from self-harming subjects both fictional and real; desire and appeal do not always guarantee intimacy or genuine connection. Self-harming subjects remain cut off, even in their most socially acceptable form.

Complicated pleasures and attending to pain

While the perspectives above emphasise the need to frame self-harm as devoid of positive affect or effect, this was not a universal or totalising view. As suggested in the Introduction, this is an aspect of self-harm which invites attention to contradiction and complexity. Participants also understood self-harm, within their own experiences, to be a practice which could function positively or effectively within their lives, which was less dangerous or destructive than other comparative practices, and indeed which was sometimes accompanied by particular positive affects. For instance Jon talked approvingly of Sarah Kane's play *4.48 Psychosis* (2000), saying "there's a line where she - *why do you self-harm? Because it feels fucking great.* And I found that really interesting." Siobhan talked about her self-harm, saying that "I think in my head, I've like made this whole ... Like it's been such a part of like my whole life. And it's always been mine. [...] It's like that guilty little secret [...] I think I've romanticized it a bit maybe." This section will consider that the excess of emotion or textual effects, previously framed as a threat to authenticity, was also experienced by participants as securing authenticity. Participants felt that distress or pain was both key to self-harm's meaning and was important, or even pleasurable, to engage with. This section will explore participants' sense that such meanings were sometimes best communicated when removed from a narrative frame. They felt abstraction or universalisation created space for the association of aesthetic textual beauty with self-harm. This framework allowed for textual encounters characterised by intimacy and immediacy, rather than distance.

The textual space: attending to inappropriate excess

That romanticising or dramatising (perhaps we might say melodramatic) texts might be positively experienced was explored in most detail by Amber. Initially she talked about an anti-homophobia campaign video which featured self-harm in a way that was particularly "dramatic" but also was "shot very well" with high production values. She saw the video before she had personal experience with self-harm, but when that changed she found:

[It] weirdly fits with part of the kind of whole thing with self-harm that it's like that indulgent and I don't mean that in a way that self-harming is selfish or whatever, just, I don't know giving those feelings the kind of like appropriate

attention because it is this huge painful dramatic thing. And I think that subsequently felt, that resonated and felt right for me, and I guess maybe added to my feeling of wanting that intensity and that sort of drama, my own version of it to validate how I was feeling.

Amber suggests that the experience of self-harm is bound up in feelings that are deemed or experienced as excessive, feelings of intensity or a dramatic internal life which require a form of validity. Thus, a dramatic (or melodramatic), aestheticized representation did not distort self-harm but instead responded to something urgent and integral about the experience. Indeed, such representations might convey something of self-harm's meaning, a meaning bound up in suffering and intensity. Many other participants described being drawn to depictions of intense distress, particularly when describing texts which resonated with self-harm without directly depicting it. In general, these answers were connected by their reference to self-destructive practices associated with significant mental distress such as eating disorders, alcoholism, reckless sexual behaviour, drug abuse or addiction.⁶²

Amber described a similar response in relation to Bella, the protagonist of Stephanie Meyer's *Twilight Saga* (2005-2008). The novels have been critically appraised as depicting self-harm (Kokkola 2011; Jarvis 2014); Amber described them as resonating with her experiences of self-harm. She said

I'm just always drawn to intensity and feeling Bella's pain and feeling [...] that just like desperation. [...] It resonated and was relatable. [...] And yeah kind of wanting to be Bella, [...] ... how messy it was. Just wanting, just wanting to be the protagonist, in pain, in a messy story, there's always a problem, there's always conflict. [...] It's kind of like the ultimate, again this might sound kind of weird, like the ultimate fantasy in a way to be in that place that Bella was - just letting go. Like letting go of the norms and the pressure to not be self-destructive, like the absolute freedom in just where she was at and wanting to

⁶² This reflected both an awareness that the boundaries between self-harm as it is typically understood and other forms of self-destructive behaviour were in fact blurry (as discussed in the Introduction), and an awareness that the mental distress with which these experiences were associated was similar to their own experience, and thus that this distress was a vital and significant element of experiences of self-harm.

have my own version of that, but having a very strong sense of I'm not allowed to do this.

Unlike the accounts above in which glamour or drama undercut intensity of feeling, here the dramatic context and stakes of the novel function to make a desirable, necessary, and authentic excess possible. The fictional experience acts as a context for those feelings which exist in excess of real life, or which are deemed excessive to real life. Laura Salisbury has described Beckett's writing as a "container for his thinking," a space which creates the possibility for otherwise intolerable psychic material "to hold on to itself for long enough that the world might truly be thought and experienced as such" (2011, 65). While this describes the act of writing rather than reading, we might extend it to consider that what Amber describes is a moment in which what cannot be experienced in the world can more safely be experienced in the text. But this safety is not protection from physical danger. Rather what the fictional experience might protect from is judgement, from the threat of both an emotional and physical response that is seen as *unjustified* and thus as potentially inauthentic. The stakes of the drama, the "problem" and "conflict," make the intensity of feeling within the narrative seem reasonable, rather than easily dismissed.

Katie Kapurch makes a similar suggestion regarding *Twilight's* location as a melodrama, a genre characterised by cycles of suffering (Booth 1964) which act to validate the text's gravity of affect. Responding to melodrama's historic dismissal through its association with both women or girls and emotionality (Modeleski 1982; Vicinus 1981; Brooks 1976), Kapurch suggests that "the melodramatic representation allows Bella to feel deeply and in exaggerated ways" and thus acts to "validate the depth of feeling many girls experience" (2016, 114). The significance of circumstances or stakes are exactly what Amber refers to, referencing problems and conflict. The dismissal of melodrama which the previous section explored is not universal; for some the genre functions both significantly and appropriately, indeed the precise features of excess and emotionality which for others made it a threat to self-harm's social positioning and authenticity here make it a particularly apt mode of representation. Extended through Salisbury's more psychoanalytically-informed framework, the excess feeling or affect which characterises melodrama might not simply validate prior experiences but also function as a space *for experience*, for an

experience in which the strength and depth of feeling can be matched by the dramatic stakes which feel appropriate.

In considering how such a textual space is constructed I will turn to *The Twilight Saga* (although subsequent analysis will be guided by Sarah Kane's *4.48 Psychosis*). Kapurch and Amber both point towards the second novel, *New Moon* (2006), as the scene of Bella's most intense distress and self-destruction. What might be dismissed as a teen break-up is given epic context, first through the novel's vampiric supernatural framing, which allows the break-up to be understood in terms of eternity and everlasting love. The stakes are high, intensity is justified, and yet also contained within a (potentially reassuring and repetitive) narrative structure and generic conventions. This epic context is further accomplished through a naturalistic backdrop in which Bella is alone in the woods, her desolation reflected in a sky that was "utterly black" (2006, 65), and her subsequent feeling that "the waves of pain that had only lapped at me before now reared high up and washed over my head, pulling me under. I did not resurface" (2006, 74). The image of water locates Bella's distress outside her body, making it something for which she (like the reader) cannot be held accountable, while also conveying breadth, inevitability, and finality. The scope of her emotions is elemental, beyond the scope of the simply human, matching the supernatural context. The finality is underscored by the novel's structure: the quasi-diaristic form allows Meyer to immediately leave four blank pages, each titled with a passing month. Kapurch suggests that this exaggerated pause "position[s] the reader to experience suffering alongside the protagonist" (2016, 148). Closeness between the readers and the heroine is established through the breadth of the suffering. Simultaneously this closeness allows the readers' sense of that suffering, or of their own suffering, to feel *significant* because of Bella's privileged position as the protagonist, the protagonist which Amber wanted to be.

The frame of the natural returns in Bella's subsequent risk-taking behaviour, culminating in a cliff dive. Although seen by critics as "valourising self-harm" (Kokkola 2011, 38) or simply "emotional manipulation" (Jarvis 2014, 109), we might instead note that the stakes of the novel grant Bella permission to act unacceptably, to take huge indulgent risks, to express the scope of her desperation with her body as it falls towards the water "like a meteor" (2016, 316). The excess and significance

of her despair has transferred to her own body; she is no longer a girl but a meteor, cosmic and otherworldly. The text's indulgence, in its language, structure, and genre, grants Bella herself freedom from the accusation; her pain and her actions-in-pain are not excessive but comprehensible, or perhaps they are simply comprehensible in or as excess. There is a balance between the narrative's construction of a readerly experience of shared pain and distress, and the narrative's protection of that experience as one which is not unreasonable or unbearable. Supernatural melodrama's function as a genre, with certain conventions and heightened contexts, position it as particularly able to frame and contain a closeness to self-harm.

Closeness to chaos: the importance of distress

Lou, while critiquing tendencies towards glamorisation and dramatization, also noted the real and powerful pull she experienced towards the film and memoir *Girl, Interrupted* (1993). It was "distressing but you're very much held" (an apt use of a term with origins in Winnicott's psychoanalytic work). She commented that "actually I'm not interested when the character gets well, I don't know that woman, it's not, it doesn't relate to me, you know, that girl isn't who I am. So I'm fixated, or I'm very connected to the, the chaotic, destructive, damaging bit." This, again, locates the meaning of self-harm within intensity and distress: yet these painful emotions were not associated straightforwardly with an unpleasant textual experience. Lou was dismissive of the film when talking with other survivors of psychiatric services "while secretly holding that poetry and that kind of, the romance or the sentiment and feeling very connected and have watched that film more than once." She articulated a sense of chaos that is contained, not only within a reassuring narrative structure but within a narrative space and time.

The narrative serves to limit this chaos but also to grant it existence in the first place, to make it something that is possible to engage with and even to return to. This echoes Noreen Giffney's psychosocial analysis of the way cultural objects can become containers for experiences, a process in which "the object holds and metabolises the too-muchness of experience, offering it back to the patient in a modified form, which can then be re-introjected by the patient in a more manageable and meaningful way" (2021, 124). For Lou there is an implication of authenticity to the chaos the text is able to contain; the recovered, healthy character feels

unrealistic and the idealised Hollywood stylings can be separated out to leave “enough that resonates”. She went on to say that “I guess it was just really validating. It’s like having a friend who’s cooler than you, who does these things that society says are shameful or kind of fucked up or kind of too much, too intense. And, you know, she takes this intensity and makes it something desirable.” This is, perhaps, simply a different perspective on the critique of glamorisation. Yet it also attests to something previously unspoken: that there is something vital about the ability to understand and experience self-harm as anything other than shameful. The appealing chaos and distress within the text is notable both because it exists and because it so rarely exists elsewhere.

Sarah Kane’s *4.48 Psychosis* (2000) demonstrates the ways in which texts might structure a particular encounter with distress. Critics are frequently drawn to the text’s structural and textual chaos; Alicia Tycer describes Kane’s “considered experimentation with theatrical form” (2008, 26). The play’s text includes virtually no stage directions and fragments of stream-of-consciousness monologue and dialogue intermingle, as the play appears to shift suddenly in place, time, and tone through quasi-therapeutic or diagnostic dialogue, medical reports, poetic fragments, and ranting repetitive paragraphs of plain language. Elzbieta Baraniecka suggests that the play’s disjointed monologue thus “withdraws from the processes of smooth signification” (2013, 168) as “fragmented, mangled, and cut, words lose their form along with their power to signify” (2013, 171). Gradually these fragments shift further and further apart as Kane leaves large gaps of blank page. For several critics these formal aspects function to bring the audience closer to the play, and in particular closer to the play’s meaning. Tycer suggests that the play’s use of gaps “demands active involvement from its readers and audience members” (2008, 35), as the silences encourage audiences to “include their own personal details” in the play (2008, 26).

While this interpretation is persuasive, I would suggest it might be productively nuanced or extended. The linguistic dislocation and silent gaps within the play might certainly gesture to the uncertainty of signification, and encourage a greater *awareness* of the role of readers and viewers in meaning-making (for of course all textual meaning requires reception and interpretation, even when those processes

go unnoticed). However, this uncertainty occurs within a specific context: that of mental distress and pain. Kane's language and form might recede from the referential, but in doing so perhaps allows a greater closeness to the particular chaos and intensity of madness:

I'm seeing things
I'm hearing things
I don't know who I am

tongue out
thought stalled

the piecemeal crumple of my mind

Where do I start?

Where do I stop?

How do I start?

(As I mean to go on)

How do I stop?

A tab of pain

Stabbing my lungs

A tab of death

Squeezing my heart

(2000, 226)

This passage might be confusing. The subject talks in short phrases, while question marks serve as the sole punctuation; otherwise the lines lie almost abandoned on the page. The speech itself reflects on its disjointed quality, it is "stalled" and "piecemeal." Yet it conveys not simply the *fact* of meaning's uncertainty, but its *effect*. As the speech jumps from phrase to phrase intensity and distress builds; the presence of outside influence ("seeing things"), of internal uncertainty ("I don't know

who I am”), of self-directed frustration, of doubt, of impossibility, of fear. “How do I stop?” encapsulates this uncertain excess of distress, conveyed and heightened through seemingly unstoppable repetition. The second voice’s more descriptive fragment retains the depressive repetitive rhythm of the simultaneous questioning, as the embodied language of “stabbing” and “squeezing” brings brutality and immediacy to what might otherwise seem existential. The reader or viewer might easily be caught up in this desperation; the distress which builds in the text might build in those who receive it.

Tyler draws attention to the play’s gaps and silences, but I would suggest that these are drawn into sharper relief by the excesses of language, by the seemingly unstoppable quality of repeated words, of the restless shifting from phrase to phrase and idea to idea. None on their own are incomprehensible, or even necessarily unclear; it is their proximity to one another which destabilises. This interplay between excess and absence, between intensity and uncertainty, is what one might describe as an experience of chaos. This is not, of course, a straightforward designation; it is possible that any attempt to depict chaos functions only to concretise something which, by its nature, must remain uncertain. Yet here, I would suggest, chaos is not simply narrated, but staged. The audience are not presented with the meaning of chaos, whatever that might be, but rather are invited to participate in an experience of chaos, and specifically the chaos of intense distress and mental pain. The play’s own uncertain processes of signification and absence do not abandon the audience to find their own way; rather they frame an experience with which the audience might engage, an experience of pain and chaotic distress into which the audience or reader is not only invited but *encouraged* inwards. Unlike previous frames of spectacle and desire, here form effectively grants access to both authenticity and excess, away from associations with the stereotype of the self-harming subject. Rather than a relation of distance this text mobilises form to locate self-harm and its meaning in relation to distress and chaos, and to allow or encourage readers and viewers to be close to, and intimately involved with, that chaotic difficulty.

The appeal of abstraction

Other participants described being drawn to texts which resonated with self-harm in a particularly abstracted way. Tracey is a heterosexual white British woman

in her 30s, who talked to me about her experiences while at school of writing poetry and creating zines about self-harm and mental health both by herself, and with friends. We also talked about growing up at a particular moment in music history, the explosion of Britpop, and her own enthusiasm for the Manic Street Preachers. Tracey talked about the poem *Red* by Edward Lucie-Smith, saying that “I definitely identified that as being about self-harm, even though it wasn't”, and going on to explain that the poem resonated with the significance of blood in her own practice of self-harm. “So I think I felt that the poem about red expressed something that was quite a beautiful and personal experience to me, and it did so in a way that wasn't very obvious.” She then talked about visual art:

There are things like Francis Bacon's early work. Or, you know, Lucian Freud. Definitely Jenny Savile [...] Lots of art where you have this kind of very violent brushwork [...] none of that is about self-harm but it is about trying to represent kind of people in movement and what they're feeling and ...that resonates I think because [...] the sense of emotions being overwhelming is tied to the experience of self-harm for me.

Here again the excess of self-harm, the intensity of emotions associated with the practice, is best understood, experienced, or located through abstraction, removed from the frame and constraints of narrative. Such a move allows a positive affect to be associated with self-harm; there is space for a “beautiful and personal experience” to be expressed through language or brushwork, through creative skill which manifests an object that can be easily understood as beautiful and valuable. Indeed, self-harm's association with (or representation through) beauty, and in particular an aestheticized, artistic beauty (in contrast to the perceived shallowness of 'cool') might grant it a significance.

Similarly, Siobhan talked at length about texts which resonated with self-harm without depicting it, and which held a deep significance for her. She framed these texts as having a “certain tone”, talking about Beckett's short monologue *Not I*

(1972),⁶³ saying that “it’s the overall sense of that thing, just this, the darkness, the mouth, this talking [...]There’s like, I suppose again kind of like the romanticisation. Like that starts off, it’s like *Out. Into this world. Tiny little thing before here time*. It’s, um..., and then that battling with identity as well.” She went on to say that “Beckett gets the human condition.” For her the “human condition” was “like everyone, it’s painted by your own experience. So whatever is ... like for me, I’ve, I’ve never been especially happy. So for me that’s, if I read a depiction, or see it, or hear it, or am looking for it, that resonates with me, it’s generally something like people doubting themselves, people being alone, people being misunderstood.” There were a wide range of texts which she associated with this tone, with this sense of elemental unhappiness: she talked about *Don Quixote* (1612), *The Sorrows of Young Werther* (1774), *The Love Song of J Alfred Prufrock* (1915), and the fiction of Clarice Lispector. To her, self-harm was best represented through its connection with a broader range of experiences that were characterised by distress or pain. This pushes back against normative perspectives which stigmatize self-harm and present it as shameful, associated with brokenness, or the preserve only of attention-seeking teenage girls. Yet there also seems almost a contradiction here; that the meaning, the authentic significance of self-harm is best accessed from a distance, indeed that that distance grants authenticity. Self-harm is most true when it is not self-harm at all.

This can be explored through the poetry and beauty which appear at times in *4.48 Psychosis*. Early in the play the subject says the following:

I dread the loss of her I've never touched
love keeps me a slave in a cage of tears
I gnaw my tongue with which to her I can never speak
I miss a woman who was never born
I kiss a woman across the years that say we shall never meet

⁶³ She notes, as has been much critically commented upon, that “Beckett actually put a lot of his actors in positions of pain.” Certainly Beckett’s work resonates with the ideas discussed in this section, particularly his comment that the task of artists was “to find a form that accommodates the mess” (Interview by Tom Driver 1916).

Everything passes
Everything perishes
Everything palls

my thought walks away with a killing smile
leaving discordant anxiety
which roars in my soul

No hope No hope No hope No hope No hope No hope No hope

A song for my loved one, touching her absence
the flux of her heart, the splash of her smile (2000, 218)

The language is laden with significance as simple speech becomes transformed into “a song for my loved one.” The monologue’s opening statement that “I kiss a woman across the years that say we shall never meet” grants the speaker both almost mystical powers of love and the cosmic significance to see her heartbreak and desolation as determined by “the years”. Linguistic features associated with poetry make for pleasant listening or reading, for instance the echoing internal rhyme of “I miss a woman” which transforms to “I kiss a woman”, and the opening line of near-iambic pentameter encouraging a lilting or smooth reading. Yet the skilful, careful use of language serves not to distract from the speaker’s distress but in smoothing it to deepen it. The short stanza “Everything passes / Everything perishes / Everything palls” echoes with desolation: the repeated “everything” adds not only a rhythmic repetition but also imbues the statement with finality, which the short lines intensify. Kane extends the repetition through alliteration, from ‘passes’ to ‘perishes’ to ‘palls’, each verb carrying negative connotations. The line of echoing “No hope” exemplifies Ovaska’s observation of Kane’s tendency towards “repetition that mimics the looping, depressed thoughts” (2016, 8). But what might elsewhere seem formless and strange here is effective within the poetic structure, the repeating rhythmic despair of the entire section distilled into a single line. The line on its own might seem a meaningless drone; here it is poetry, significant and beautiful. Moreover in refusing to separate significance, beauty, and distress the section provides a formal

container or frame for them in which it is possible for the reader or audience to be close to all three, and to their complex interplay.

Yet there are nuances to the move towards the universal or abstract: what might appear to decontextualize self-harm in fact recontextualises it. Here consideration of the play's intertextuality is helpful. Throughout the play Kane makes use of Biblical language: a particularly concentrated passage occurs in a short scene at the middle of the text (2000, 228-9), in which Kane makes reference variously to Zechariah 14:6, Isaiah 8:9, 8:22, 1:18, and 2:2, Chronicles 6.28, Matthew 10:26, Leviticus 13:34, Psalms 35.15, and Jeremiah 11.13. Many of these references might go unnoticed by a viewer or reader unfamiliar with the Bible. Yet the language functions effectively even without this knowledge, particularly in its invocation of pain: the quote from Isaiah is undeniably powerful, the tripartite structure allowing "light of despair" to build towards "the glare of anguish" and culminating in the hollow alliteration of "driven to darkness" (228). Simply by being archaic the language conveys solemnity and weight to the entire passage so that Kane's own pronouncement to "Remember the light and believe the light" sounds like the voice of God. The speaker's words, circumstances, and experiences are now both not hers *alone* – instead echoing with the sounds of prophets and preachers – and also not *only* hers – they are instead elevated to the plane of the spiritual, the communal, the universal.

The passage builds to a final commandment to "Embrace beautiful lies - / the chronic insanity of the sane // the wrenching begins" (2000, 229). Kane encourages the audience to question normative assumptions, proposing a reversal in which those comfortable in their sanity are in fact existing in a state of mad delusion. It is those designated insane who are able to see the truth beyond the "beautiful lies" (2000, 229). As Antje Diedrich notes, the work of Antonin Artaud, and particularly his understanding of van Gogh as a man who was declared insane because his work threatened social institutions through expressing intolerable truths, was "a key reference point" for Kane in *4.48 Psychosis* (2013, 391). Kane's phrase the "chronic insanity of the sane" seems to be explicitly borrowed from Artaud (Van Gogh, 438, cited in Diedrich 2013, 391). These ideas, of the madness of society, the wisdom of the insane, and the value of creative madness (which Artaud not only analysed but

lived), in fact have a long and illustrious history in the “European literary tradition” which as Diedrich notes “Kane clearly aligned herself with” (2013, 376). The abstraction of poetry, the solemnity of religious language, and the authoritative myth of the melancholic genius grant self-harm both significance and a meaning associated simultaneously with intense distress and beauty or artistry. Yet these acts of decontextualisation also separate self-harm from the fraught figure of the white teenage girl.

This decontextualisation depends on culturally legitimate and legitimated forms and rhetorical traditions, unencumbered by the associations with gendered over-emotionality and unboundedness that accompany both melodrama and over-dramatic or glamorised representations. Decontextualisation perhaps emerges as a strategy for negotiating self-harm’s social positioning within a melodramatic mode. The legitimacy of these forms perhaps *depends on* their separation from the stereotypical figure of the self-harming subject; the traditions upon which a move towards abstraction at times depends are not necessarily evenly accessible. The figure of the creative genius has historically been both white and masculine; Juliana Schiesari traces a “symbolic order that privileges the artistic expression of male melancholia and devalues the depression of women as personal failure” (1992, 17) through Renaissance philosophers, Hamlet, and Freud. Joan Busfield notes that “the nineteenth-century exemplars of the mad genius are male” and that even as female instances of this figure emerge in the twentieth-century, she remains “far from convinced that the cultural stereotype of the mad genius is actually feminised” (1994, 272).⁶⁴

Similarly, the High Modernist turn to abstraction and formal experimentation, while certainly not solely the preserve of white, male, artists, does retain, if not straightforward associations with such figures, at least the prestige or legitimacy which such a positionality granted to it. Walter Kalaidijan has notably argued that

⁶⁴ Here I take as read the Bible’s well-documented association with the universalisation of masculinity.

High Modernism “offers a supposedly universalist aesthetic which is actually white, male, Anglo-European, and elitist” (summarised in Roberts 1996).⁶⁵ This is certainly over-stating the case, and indeed Modernist Studies has significantly moved away from such narrow conceptualisations, recognising greater nuance, variation, and diversity in assessments of Modernism and modernist form. Nevertheless, I would contend that while these forms might structure a textual experience in which self-harm can be drawn close to, to do so the figure of the self-harming subject themselves is discarded, as claims to legitimacy and significance are structured through alternative associations. Particularly, the figure of the self-harming subject as a white, middle-class, woman, is discarded (or is rhetorically and formally distanced, even as the figure herself remains, as in *4.48 Psychosis*). The next section will consider both the costs of and alternatives to such a discarding.

⁶⁵ Pamela Caughie (2016) helpfully notes that Peter Nicholls’ *Modernisms* (1995) devotes 12 chapters to western, white, male modernism, while female modernism is limited to one chapter entitled ‘At a Tangent: Other Modernisms’; this is certainly a historical trend, but is not at all the case in current Modernist Studies. Similarly, while the work of writers of colour might have been historically dismissed, this absence is now being addressed, for instance through Alys Moody and Stephen Ross’ recent anthology of *Global Modernists* (2020).

Contested delicacy: whose pain counts?

Having considered the importance of textual forms through which the pain and distress associated with self-harm can be engaged with and granted legitimacy, I have noted that, in their rejection of a melodramatic mode, at times these textual strategies are at odds with self-harm's position as the preserve of the white, middle class, teenage girl. Yet I do not seek to position these two approaches to the significance of self-harm (the universal and the stereotype) as totalising binary opposites, which reflect the only paths through which self-harm can be approached. This would fail to recognise that the figure of the self-harming subject might be one which both is excluded and which acts to exclude. This section will consider how, in discourses around self-harm, white femininity is understood to stand in for all femininity, excluding women of colour from both significance and signification. It will explore whether a refusal of significance and a turn to the mundane might be a frame within which closeness to a more inclusive idea of the self-harming subject might be possible, not solely with regards to race, class, and gender but also in terms of less palatable aspects and affects of self-harm.

An insufficient stereotype: people and practices

The introduction to this chapter outlined the archetypal self-harming subject in relation to Brickman's analysis of the gendered nature of the initial clinical object of self-harm. For Brickman the existence of self-harm as a coherent phenomenon in modern discourse is a pathologisation both of the female body and of femininity. Brickman suggests that the connection of self-harm with "normal feminine masochism" (Burnham 1969, 223) created an analysis in which "the passive 'nature' of the female, her inability to act out, affirms her essential femininity and makes self-mutilation a foregone conclusion" (2004, 96). It has long been a vital aspect of feminist social and literary analysis to note the association of women with madness, and to relate this to social norms and power. Shoshana Felman suggests that "what the narcissistic economy of the Masculine universal equivalent tries to eliminate, under the label 'madness', is nothing other than feminine difference" (1975, 8). Given this it is perhaps unsurprising that self-harm is understood both culturally and medically as a particularly feminine practice, particularly in its association with the diagnosis of Borderline Personality Disorder which is often framed as inheriting many of the 19th century discourses around hysteria (Shaw and Proctor 2005).

Yet these accounts of the relation between madness and femininity refer, whether implicitly or explicitly, to a femininity which is not universal, but instead imbued with racial and class specificity. Pao's original distinction between 'coarse' and 'delicate' self-mutilators erects a binary which, in addition to reflecting a male-female dichotomy, might just as easily reflect a distinction between working class and middle class femininity, or between the feminine roles allotted to women of colour and to white women. Alison Phipps, drawing on both Robin DiAngelo's work on white fragility (2018) and Ruby Hamad's work on white tears (2020) describes the "delicacy" of white bourgeois femininity as "the source of its power" (2021, 4). Katarzyna Szmigiero emphasises that the perception of sensitive nerves as a token of feminine refinement was a limited one; "in contrast, working class women were perceived as robust" (2018, 58). This equally stands in contrast to stereotypes applied to women of colour. Michelle Wallace analyses the archetype of the Strong Black Woman as "a woman of inordinate strength" who "does not have the same fears, weaknesses, and insecurities as other women" (1999, 96). Rebecca Wanzo has argued that "African American women are frequently illegible as sympathetic objects for media and political concern," (2015, 2) and excluded "from stories about proper victims" (2015, 3). As Saidiya Hartman states, it is whiteness and the white body that makes "suffering visible and discernible" (1997, 19). In such a context positioning the 'wounded' or 'delicate' self-harming subject as a white, middle, class woman seems not only unsurprising, but of complex political significance.

This highlights the ambivalence of the stereotype of the self-harming subject, in which the mental distress and non-normative practices of white women are medicalised and fetishized while those of other groups, such as women of colour, are rendered invisible or reframed, for instance as anger. Several participants noted this with regards to gender, but a similar analysis could be applied to race and class. Tracey mentioned her desire to see a fictional representation "where things that are more typically seen as sort of masculine, aggressive behaviour are understood as self-harm." She offered the example of punching a wall, which Blanche also described as an act that was resonant with her experience of self-harm but which she said "I don't think people associate with self-harm very often. [...] Like, no one really cares. No one really notices." This is perhaps the most salient point: in applying and upholding self-harm as the preserve of the delicate white middle class

women, cultural discourses might simultaneously justify the denial of care to those whom this category excludes. This is not in the least to suggest that care is straightforwardly offered or available to those whom this stereotype includes, but that even such limited care is unavailable to those it excludes. We might borrow Dunja Kovacevic's analysis of trauma in Young Adult literature and the predominance of white or white by default protagonists; she argues that "the implication is that illness and victimhood demand innocent (read: white) protagonists to maintain our empathy" (2017, 167-8). Previous sections have noted that the meaning of self-harm often seems determined by the frames through which its significance is established. Here significance is being denied to particular self-harming subjects through a specific framework of self-harm's meaning.

The particular values ascribed to different self-harming practices can be explored through debbie tucker green's *nut* (2013), which was discussed by Jon. The play depicts two young Black sisters, Elayne and a figure simply labelled 'Ex-Sister'. Elayne is shown in the first act to allow two figures to flick hot ash onto her arm and come close to burning her arm with a lit cigarette. In the third act these figures appear to be revealed to be hallucinations, as Elayne's sister is unable to see or respond to them; the implication being that Elayne has been harming herself. Elayne's practice of self-harm is represented not as a form of self-cutting accomplished with razor blades but as self-burning with cigarettes and cigarette ash. Although Favazza's early work on self-harm brings together both self-cutting and self-burning as forms of moderate self-mutilation (1996), Pao's taxonomy constructs the clinical object specifically as "delicate self-cutting" (1969). One might question whether the terminology "delicate" would have been applied as readily to wounds made by self-burning. Francesca noted how rarely self-burning is represented in fiction, and that "when you do see it, it's usually like in *Girl, Interrupted* there's a deleted scene where Lisa burns herself with a cigarette. Lisa the sociopath character. So burning is usually shown as kind of this vibe, you know burning is like *yeah, I'm hard* like, you know, *I'm putting out a cigarette on my own arm* or something."

While the 'delicate' cuts of a razor blade might be plausibly associated with a vulnerable and refined femininity, the act of burning carries different, perhaps even

diametrically opposed connotations. It is associated with being “hard”, with being invulnerable, with outright aggression rather than extreme passivity, and with a more extreme and socially unpalatable form of madness: there are clear echoes in these meanings of the figure of the Strong Black Woman. I can find no data which suggests that self-burning specifically is more prevalent in Black women than white women (although self-cutting specifically has been found to be more prevalent in white women).⁶⁶ However, its use here is suggestive both of the ways in which less glamorised or socially acceptable methods of self-harm might be culturally associated with women of colour, and the way in which the women of colour’s self-harm, no matter the method, is refused the connotations of delicacy and sensitivity which are granted to white women.

While the *method* of self-harm refuses a limited, romanticised perception of self-harm, Tucker Green also positions both self-harm and the cigarettes themselves in a mundane and actively un-glamorous context. Rather than being the specific preserve of self-harm, the cigarettes are a recurring motif throughout the play and are smoked by all the characters. This ubiquity is reminiscent of the attitude which participants at times associated with self-harm, of a constant ever-present awareness or shift in perception: Sally talked about constantly searching for objects in her surroundings which she could use to self-harm, an experience she described as “finding yourself in what is a world full of ways to hurt yourself.” In refusing the symbolic significance of a razor blade Tucker Green is instead able to structure a textual experience of closeness to the everyday, constant aspects of self-harm.

Moreover, Elayne’s cigarettes are established as being low class or lacking in distinction: her sister, asserting that smoking with Elayne is not a relapse, states “I’ve given up. This was real wouldn’t be smoking your shit brand” (2013, 71). This refusal of status or sophistication contrasts with what Francesca described as “the cool,

⁶⁶ In Cooper et al.’s study white females were more likely to present with self-injury (mostly cutting) as a method of harm, compared with South Asian and Black females, who were more likely to self-poison using non-ingestible substances (2010). In Borrill, Fox, and Roger’s study (2011) fewer Black participants reported self-cutting than other ethnic groups, while in McManus et al.’s survey self-cutting was significantly more common in female than in male participants, although no difference seems to have been observed between ethnic groups (2019). Again, the statistical evidence cannot be deemed conclusive.

sexy, razor blade.” Although not literally seen in the play’s script, her wounds are visualised through dialogue: they are described in stage directions simply as “burns”, but her sister first asks if they are sore, and then when Elayne replies in the negative says that “They sore – look sore –” (2013, 65). The sister’s comments on their appearance were preceded by her suggestion that Elayne might want to use TCP or Savlon, because “(You) don’t wanna gettem infected” (2013, 65). When Elayne repeatedly refuses her offer of antiseptics her sister snaps that she’s “sittin there sulkin with your arms lookin like shit” (2013, 66). In stark contrast to the vivid, red blood depicted in *13 Reasons Why* or Effy’s dramatic, bleeding tableau, these wounds are framed as unpleasant, potentially infected (with the term’s undercurrents of disease and uncleanness),⁶⁷ associated with the immaturity and rudeness of “sulkin”. Here, certainly, is pain without appeal or attraction. Instead shame saturates both the encounter and the descriptions, the harsh criticism of “shit” echoing through the scene, her sister’s disgust seemingly apparent simply in her dialogue. In considering the shame that is so often associated with self-harm, we might note where and around which objects or subjects it is particularly concentrated, or for whom it might be particularly hard to escape. In refusing abstraction tucker green’s text offers an ability to be close to the parts of self-harm that are neither beautiful nor pleasurable, and yet remain important.

Exclusions from significance and signification

In considering self-harm itself as a material context within the play, we might also consider the ways self-harm is located within social and material contexts more broadly. For two of the participants who were women of colour the dearth of fictional representations of people of colour who self-harmed reflected their experiences of social understandings of and responses to self-harm. Cat is genderqueer, asexual and Eurasian. They are disabled and in their late teens to early 20s and wrote to me about the differences in representations of, attitudes towards, and stigma surrounding self-harm in Korea and the UK, where they attended university. They wrote about the value of finding representations of self-harm which avoided tropes

⁶⁷ Ann McClintock’s *Imperial Leather* (2013) illuminates the classed and racialized implications of discourses of cleanliness, dirt, and infection.

and which discussed it as a coping mechanism, which was familiar to their own experiences. Cat described moving back to Singapore after spending time in the UK and finding that self-harm “feels more stigmatised than it does in the UK” and that “in some ways it feels like self-harm might be seen as a ‘white people thing?’” Neelam encountered almost an identical response talking to Nigerian friends:

When we’ve spoken about my self-harm and stuff, I actually remember one of them saying *this is a white girl problem Neelam*. It was just like, just like, *it’s not though is it*, it’s like, it’s not white girl problem. And they were adamant it is because you know, we don’t see, you know, Nigerians or people of colour, like having these issues.

Neelam talked about the need to recognise that the experiences of people of colour might be specific:

I think if more people came forward about how they were struggling, and they saw somebody of colour struggling, they might be more willing to speak about it. [...] I would love to see that sort of representation, and how it would be for us and how it would be taken by ethnic minority families. [...] I feel like the media almost portrays a dumb blonde self-harming. [...] And actually that doesn’t look at, it doesn’t look at things like intergenerational trauma, it doesn’t look at all the bigger picture of why someone’s self-harming. And it’s very frustrating for me, especially with a South Asian background.

Indeed, she emphasised the presence of intergenerational trauma, even if within a white family, as a key reason why the *Hollyoaks* storyline resonated so strongly with her and felt like a helpful depiction of self-harm. An absence in representation is associated not only with demographic inaccuracy but with a failure of meaning. Failing to represent the self-harm of people of colour also means failing to consider the ways in which their experiences of self-harm might be racialized, might be associated with experiences of racialized trauma and inequality. Here, again, significance is associated with signification: a failure to recognise the presence (and thus importance) of people of colour’s experiences of self-harm is accompanied by a failure to acknowledge the full range of meanings self-harm can hold.

In *nut* the instances of burning in the first act are framed through embodied interactions with Aimee (listed as “White female”) and Devon (listed as “Black male”), who are apparent only to Elayne. The two figures are accompanied by Trey (listed as “Black boy”) who is more reticent and does not engage in the “party trick” (2013, 32) with the hot ash. Devon drops ash first onto his own palm, then Aimee drops ash onto the more reluctant Elayne. The precise nature of the figures and their relation to Elayne’s psyche is never revealed to the audience in what Deirdre Osborne describes as “a theatricalised dismantling of the totalising limits of Cartesian mind-body duality, by which Black people’s subjectivity has been oppressively constructed as primarily corporeal” (2020, 234). This uncertainty is perhaps appropriate, given the wide variety of experiences which might include the hearing of voices and the contested nature of diagnostic labels such as psychosis. Regardless, it remains interesting that, as Osborne notes, the figures “represent the very people Elayne is not: neither white nor male nor a boy” (2020, 246). I was interested by Jon’s suggestion that “it’s a white woman and a Black man so as a result it’s dealing very expressly with intersectionality, invisible violence. i.e. we see social violence and microaggression and then we actually realize that’s become internalized.”

The relationship between the three is undoubtedly somewhat adversarial, a constant bickering that verges from humorous and light-hearted to something darker and underpinned with bitterness. Elayne is certainly capable of answering back on her own behalf (for instance declaring to Aimee that “I juss think you’re arrogant” (2013, 10)). Yet there is something particularly discomforting about, for example, Aimee’s declaration that “being you means not being me, see, a deficit there already – before you even started we running at a loss” (2013, 14). The play leaves ample opportunity to read structural inequalities and repeated trauma into the interpersonal exclusions. Indeed, Elayne’s response to Aimee’s declaration quoted above is perhaps instructive:

Elayne Being me is –

Aimee what?

Elayne Being me –

Aimee what?

Aimee

Elayne

Aimee Is what?

Elayne Is . . .

Aimee See my point.

Aimee

Elayne

(2013, 14)

Elayne's silence, her inability to articulate her sense of self, as she is pushed, perhaps interrupted, by Aimee, might certainly reflect the ways in which, politically and interpersonally, Black women's perspectives, politics, and priorities are marginalised and silenced in the intersection between white women and Black men (Crenshaw 1990; Combahee River Collective 1983). Three times Aimee demands something of her, granting her little space to answer. However, this is only one interpretation of the figures, and the relation between them: the text is certainly not determinative. Alternatively, Osborne notes the fraught relationship between Elayne and her sister, who she describes as "marooned from any sense of any earlier generation" (2020, 246). For Osborne this silence encourages the audience to engage in "what underlying reasons might fuel this psychic despair in a context of black people's migratory heritages" (2020, 246). The play also repeatedly locates the characters in the context of poverty or working class experience, as they worry over the cost of batteries and discuss avoiding named brands. Certainly, their relation prompts consideration of intergenerational struggle and its impact on mental health. The play's present silence on their wider family might also be a way of both acknowledging and bracketing off a psychoanalytic approach to mental distress as located primarily within nuclear family relations and roles. Thus, Tucker Green refuses the entanglements of debates about causation, instead emphasising the significance of experiences as contextualised, and particularly the intertwining contexts of race, gender, and class in enacting, exacerbating, and surrounding trauma and mental distress. Through an array of both formal and linguistic devices Tucker Green brings us within this social and material context with all its complexity and uncertainty, literalising unspoken dynamics, bringing the internal into the round or perhaps into

the play's surrounding, its frame. Once again, this attentiveness to social location structures a particular experience of closeness or intimacy.

Turning to the mundane: accounting for shame

Many participants, when asked what sorts of representations of self-harm they would like to see, described a representation grounded in mundanity. Riley talked about wanting to see “really boring depictions that are just like deeply uninteresting. It’s possible for it to go unnoticed or be a bit of a side story.” This reflected her own experience, that “in the past when I’ve self-harmed or when I do now, it feels very boring. Like, I think that’s the thing that is missed is that it’s actually very mundane.” Marie also described wanting a depiction that was “more boring,” that might reflect “the average person who self-harms [...] just in like their parents’ bathroom with like a razor or something” or “just like sat in bed eating peanut butter all day.” Blanche thought highly of the representation of self-harm in a documentary on Scottish prisons which included no visual depiction at all, but instead a straightforward, factual voiceover, communicating a sense that “*some prisoners do this. And that’s, that’s okay, we can get them help. We don’t have to show them doing it.*” She felt she’d like more similar representations, saying “I would like less of the graphic side of it but like to continue to make reference to it.” All three accounts articulate a desire for representations of self-harm which refuse the excess (and thus exceptionalism) of self-harm; which are capable of integrating it within a character, a life, and a narrative without reflecting its assumed excess in the devices through which it is narrated.

Other participants articulated a seemingly similar wish, but one which was grounded in the sense that the mundane reality of self-harm was also unpleasant or messy. Siobhan commented that the experiences which most stood out to her were occasions “when I’ve either been scared as a result or ashamed as a result of self-harm.” She said “I think to represent it, it’s all those, those things. It’s the walking to A&E, you know, at 3am in the morning because you can’t stop a cut bleeding. Or it’s like developing disgusting rashes because you’re not like watching your wounds or you’re deliberately like not taking care of them. It’s the kind of ... It’s not as clean as it comes across.” This resonated with what Lou said of *Girl, Interrupted*, that while she appreciated its ability to capture the ways self-harm was precious to her she also

Elayne I ent obtained nuthin I ent already / got
 Ex-Wife Alright alright 'getting', 'taking' fuckin hell take your fuckin meds
 Beat.

Elayne . . . I have. (2013, 78)

Here we see tucker green's tendency to take a word and toss it back and forth, as 'get' is passed between the two women until it is almost defamiliarised. Yet there remains a second implied meaning, the signifier's slippery association with the signified is emphasised as Elayne's claim to have obtained "nuthin I ent already /got" echoes the possibility that one of the things she may have "got" is a mental health diagnosis or a mental health condition. 'Get' functions simultaneously to refer to someone who has "become", who has temporarily entered into the state of "like this", and also someone who has "always had", as mental health diagnostic labels so often function as a particularly permanent designation. The fraught nature of this temporal relationship is emphasised by the Ex-Wife's instruction to "take your fucking meds." Here is another example of wordplay, as Elayne's term "obtained" forms a double internal rhyme as "getting" shifts to "taking". The subsequent pause emphasises Elayne's response "... I have": a final wordplay, as she both suggests she already has taken her medication and shifts the language of claim from something she's 'got' to something she 'has'. We might certainly wonder what Elayne has; the exchange highlights her desolation, isolation, and distress, her sense that she is being mis-seen or even unfairly accused through the rising, affective pain which passes between the two sisters. We might find tucker green's language familiar or prosaic but it is certainly significant: a significance which builds throughout the dialogue, slowly drawing the audience into intimate relation with tucker green's lively language, with the two sisters, with Elayne's distress and her self-harm.

Yet this closeness is not necessarily comforting: the dialogue's ability to contain might also act to stifle as Elayne's rising distress seems inescapable. This inescapability reflects both the structure of the dialogue's repetitive back and forth and Elayne's own sense of her situation. Her frustration is understandable: the implication of the exchange seems to be that despite having 'taken' her medication, which is intended to negate the impact of what she 'has', she is still seen as 'getting

like this'. The desired state of normality and acceptability to others has not arrived: whatever she 'has' remains with her. This ceaselessness is central to the text's approach to Elayne; Aston comments on the "circular formation" of tucker green's work in which the text is organised as "a crisis that is difficult to resolve" (2020, 154). This refusal of resolution is important in its framing of self-harm, of self-harm's meaning and significance, without recourse to abstraction, or to symbolism, or to the melodramatic. Instead tucker green focuses on the here and now. Moments after this dialogue, as the play ends, Elayne repeatedly asks for her sister's hand, with the phrase "Can I hold your hand" one of the last lines of the play (2013, 82). Initially a teasing invitation to join in the game (or self-harm) involving cigarette ash, the request eventually exceeds the initial frame, becoming simply a request for touch. Her sister does not respond, however much we in the audience might wish she would. This is not the care of saving – the dramatic rescue which awaited Effy. It is simply a request for touch, for companionship.

Given this we might return to the two frames of the mundane (the boring and the unpleasant) which participants suggested. Both speak to the difficulties of navigating the shame and stigma of self-harm through an intensification of its ideal form, the interesting self-harming girl. Instead participants articulated approaches which either attempt to reframe self-harm away from an assumed shame or to locate self-harm more firmly within that shame, to face it head on. Although neither approach necessarily aligns exactly with the positive sense several participants articulated of forms of aestheticized approaches to pain and distress, I would suggest that they all share a willingness, in fact a desire, to be close to self-harm. That closeness is accomplished in different ways, and is associated with different aspects of practices of self-harm: the excess emotionality and distress, the embodied difficulty and shame, the mundanity and its existence as a part of our everyday lives. Yet in making a case for that closeness participants push back against framings which might place self-harm at a distance, or suggest that it ought not to be seen at all. They attest to both the significance of self-harm and to its signification: to its validity as an experience in the world, and to the multiple meanings which it can hold.

Conclusion: contradictory desires and uneven care

This chapter has explored the ways participants understood and experienced fictional representations as mobilising or responding to the broader cultural meanings associated with self-harm, meanings which are often structured through self-harm's social positioning within a melodramatic mode. It first noted that self-harm's function as a shocking act from which one might withdraw was seen by participants as being unhelpfully used to create drama, suspense, and narrative intensity. Similarly, self-harm's association with the interesting, with characters seen to be 'cool', situated the self-harming subject as an object of desire, while still being positioned at a distance from both readers and other characters. In both cases the narrative pleasures which self-harm accomplished were seen as a threat to the authenticity (and authentic meaning) of experiences of self-harm; yet this is not to suggest that there could be no pleasure to be found in depictions of self-harm. Participants identified depictions of intense distress and excessive pain as important and meaningful, and as *granting to self-harm* both importance and appropriate meaning. For some, these aspects of significance and signification were best accomplished through more abstract texts, or through more seemingly universal contexts, which moved away from melodrama. Yet re-framing self-harm away from the figure of the teenage girl often meant appealing to other forms of aesthetic authority. Thus, the chapter considered the ways in which the stereotypical self-harming subject both constructed and resulted from a confluence of demographic characteristics and cultural meanings, in which white, middle class girls were seen as delicate and thus interesting, desirable, or deserving of care in their suffering. As a result, a politics of exclusion functions in representations of self-harm. For some participants it seemed that these difficulties might be negotiated through turning to the mundane, through grounding the meaning of self-harm in its everyday boring or unpleasant experience.

Throughout the chapter I have attempted to explore the complicated relationship between the significance and the meaning of self-harm in fictional texts. This relation was negotiated or understood by participants through frames within which texts located and held self-harm: frames of genre, form, character, narrative structure, language, and social context. While participants made a range of insightful critiques of or appeals to these frames, I have suggested that their comments often

coalesced around the possible intimacy with or distance from self-harm these frames structured. I have attempted to attest to the complexities of self-harm, of its meaning and its representation, without entirely moving away from the pleasure, joy, or release which is to be found in reading or watching fictional media. I do not wish to suggest that the experiences articulated at the heart of this chapter, of the need for excess in representations, of the need for beauty and aestheticism even in the context of difficulty, of the need for validity and space for a pain which is stigmatised and often secret, are mistaken or incorrect. Certainly, I do not believe that it is a moral or political failing to find it possible for our experiences of self-harm to be beautiful, or precious, or important. Rather I want to recognise these contradictory desires, the desire for excess and the desire for mundanity, the desire for glamour and beauty and the desire for raw unpleasantness, the desire for huge significance and the desire for the boring and routine. I would note the impossibility of ever satisfying these contradictory and contrasting needs in a single text or textual experience, and would question the wisdom of attempting to assign such desires to a hierarchy of virtue. Rather we might simply recognise that they exist, and through such recognition attend to the complex politics at work in depictions of self-harm and our attachments to (or encounters with) such depictions.

For the contradiction and complexity of our desires for representation is intensified by self-harm's historical location within a complex of cultural and social meanings associated with white femininity, as something which is simultaneously fetishized and stigmatised. The figure of the ideal self-harmer seems to offer dubious privileges, even to the middle class white women who might best align with it; yet even such dubious benefits are unevenly accessible. Moreover, in the context of current inequalities in mental health care we can be certain that the stakes of such exclusions are high indeed. There is value in being attentive to the ways in which both the assumed and the experienced meanings of self-harm might function to limit or to facilitate the possibility of care, and particularly how they might be mobilised to

deny care to those who self-harm who are not white, middle class women.⁶⁸ What the results of that care might be is a question which the next chapter will consider in more detail.

⁶⁸ A review of the broader evidence of stark health inequalities along class and racial lines is beyond the scope of this chapter. I will simply note that Cooper et al. found that “females in both ethnic minority groups were considerably less likely to be referred for psychiatric out-patient or in-patient care following self-harm compared with White females. Black females were also less likely to be referred to their general practitioner (GP) or receive formal follow-up arrangements. Compared with White men, following self-harm, Black males were less likely to be referred to their GP and South Asian males were less likely to be referred to any other service” (2010).

Chapter 4 - Endings and ongoingness: finding the time for self-harm

This thesis first examined how self-harm (and self-harming subjects) comes to be *known* within narratives, and then considered how self-harm is *felt* and *framed*. This final chapter explores what is *done* about self-harm in fictional narratives: or, to take the imagined tone of oft-exasperated onlookers, what is *to be done* about self-harm. I turn now to plot and structure, with a particular focus on endings. Through this the chapter will consider chronicity, treatment, care, and the normative trajectories of growth and development with which narratives of self-harm might align, and thus the stark futures with which the self-harming subject is presented.

This turn to plot and structure is not an abandonment of meaning; the chapter examines the intersection between structure and meaning which is often brought into particular relief at a narrative's ending. Peter Rabinowitz summarises the rule of conclusive endings to mean that readers often read assuming that "the author intended us to take the ending of the text in a special way ... as a summing up of the work's meaning" (1989, 122). While the previous chapters certainly go some way to confounding Peter Brooks' truism that readers read for the plot (1992), the participant perspectives discussed here illustrate the power of the ending in determining the felt or understood meaning of a text. Paul Ricoeur emphasises the configural dimension of plot, wherein the story is "governed as a whole by its way of ending"; meaning is reconfigured through an alternative temporality, in which events are not simply read forwards through time but are brought into alignment through "a backward look" which assesses the conclusion as "acceptable" in relation to what has occurred before (1980, 174). This chapter explores the narrative coherence accomplished through conclusion as a form of containment, through which the meanings of self-harm, and their location within a normative and socially acceptable narrative trajectory, are secured.

The chapter will first explore the fraught relationship between self-harm and suicide, and questions of narrative hopelessness, failure, and timeless iconography. The chapter will then explore the inverse trajectory, which was considered to be self-harm's most frequent, or even compulsory, conclusion: that of recovery and cessation. This raises questions regarding the social and narrative function of medical treatment or care, and the implications of self-harm's association with

adolescence. These two trajectories function as binary oppositions, one socially desirable (or acceptable) and the other very much not so, but both legible as endings to self-harm. The chapter then explores how these binary endings, and the stark uncompromising futurities they offer self-harming subjects, might be mediated. Such mediation encompasses participants' desires for recognition of continuity and contingency in the futures imagined for self-harm, through attention to embodiment and impasse.

The two dominant narrative trajectories serve to manage uncertainty surrounding self-harm, by investing their conclusions with inevitability through the narrative structure. The endings to narratives of self-harm function not simply to resolve the events or ideological tensions of the story, but to compress, such that self-harm is not only resolved but is substituted for other objects and meanings. Through certainty and compression the (moral and social) failure associated with self-harm is resolved or absolved. Finally, if we conceptualise neoliberal subjecthood not simply as progression but as appropriate movement through time, self-harm becomes a failure *to move through time*. Taken together these trends suggest the difficulty of finding time for self-harm within narratives, or of finding self-harm's time.

Suicide and self-harm: a fraught association

The relationship between self-harm and suicide is often uncertain. As I have noted, participants often described texts which I judged to primarily depict suicide or attempted suicide as instead depicting self-harm. As explored in the Introduction, both objects are slippery and hard to pin down, with the boundary between them often unclear both in fiction and life, even as it remained important. This section will consider how this association is narratively structured, and invested with inevitability. I will first explore the ways in which self-harm's narrative and social signification as a warning sign for suicide might compress the two objects, locating suicide as the inevitable conclusion of self-harm. Even extended narratives, supposedly containing great uncertainty, might invest self-harm with a particular hopelessness when the narrative concludes with suicide. In structuring an inevitability through timelessness and iconography, suicide is invested with virtue, and serves to resolve the moral or social failures of self-harm. Finally, I will note that close association with suicide might endow self-harm, and responses to self-harm, with urgency and crisis.

The risk of self-harm: a warning sign for suicide

Suicide and self-harm are not simply difficult to distinguish from one another; socially and clinically self-harm is seen as a risk factor for suicide, and much epidemiological research has been aimed at clarifying this relation (Muehlenkamp, Xhunga, and Brausch 2018; Klonsky, May, and Glenn 2013; Whitlock et al. 2013). This associative relationship often seems to be taken for granted as having a temporal dimension. Since suicide is both seen as the negative outcome most vital to address, and is also an act which, when completed, is without successive actions, the focus lies on what occurs, temporally, prior. Thus, self-harm becomes *valuable* as a warning sign of future suicide, and simultaneously becomes concerning or objectionable as a potential *cause* of suicide. To call self-harm a 'cause' of suicide certainly overstates both the epidemiological research, and indeed the arguments which generally accompany statistical evidence: I am deliberately overstating, to draw attention to a potentially unstated implication of this framing. This is not to suggest that suicide itself necessarily exists as a single act, without its own chronicity, including suicidal ideation or chronic suicidality (Paris 2002; Chalfin & Kallivayalil 2017; Nair-Collins 2021); rather I seek to clarify its *framing* as a single act, within such a paradigm of 'risk'. Self-harm is understood to lead to suicide: this is

not the same as causation, but it is easy for the boundaries between the two ideas to blur, particularly since the temporal relationship (of actions in succession, first self-harm and then suicide) remains the same.

Francesca commented on the fictional association of self-harm with death and its function as a warning. She recalled a low budget film which concluded with the death of a high school student:

It was called something like 13:18 or something.⁶⁹ [...] It transpires that the name of the movie, it's the time that the character dies at. [...] All I remember is that the way that it ends is that at the end a girl, she, she locks herself in the bathroom [...]. And she self-harms and she like does it too severely and she dies. [...] I think it's [...] meant to be a deterrent. Like I got that sense that the film was trying to, like, you know, sort of show, like, *show what can really happen*. [...] It definitely is the kind of thing that pops into your mind like when you want to be conscious of being careful. [...] I think I kind of found that more exploitative than the, the realistic depictions that felt more mundane. The sort of catastrophizing of it [...] like those things where they sort of suggest that like, if you have a puff on a joint that you're gonna be like a heroin addict, you know?

Francesca felt acutely aware of the film's possible intention to act as a "deterrent", to emphasise the dangers of self-harm, dangers which are signified through the character's death. For Francesca this was a form of catastrophisation: such a severe outcome was unlikely. It not only simplified the broader range of outcomes and experiences associated with self-harm, but specifically simplified the causal relationship. This move towards simplicity is in some ways reflective of the film's explicit educative purpose, reminiscent (as Francesca notes) of education material around drugs and alcohol. In such contexts severe outcomes are emphasised to highlight the risks certain behaviours carry; simplicity of cause and effect serves to underline seriousness, to encourage certain behaviours above others. The simplistic, iron-clad link is further established through the gimmick of the

⁶⁹ The film in question is in fact 2:37, directed by Murali K. Thalluri (2006).

film's title, in which the significance of the ostensibly random numerals is made clear only at the moment of the character's death. This certainly encourages a reading of the film governed by Ricoeur's backwards look; its role in 'decoding' the significance of the title establishes this conclusive act as holding the entire significance of the film. This functions almost paradoxically: as the film's intent to serve as a 'deterrent' seems clear, the implication is that future deaths are preventable. Yet in order to communicate that message in this film the death is established as inevitable, so certain that in fact (as a result of the title) we in the audience know it was coming all along, even if we didn't know we knew.⁷⁰

Death is not simply a possible outcome of self-harm, but is almost guaranteed, a constant presence in every act of self-harm, no matter how likely or unlikely it might in fact be. For Francesca this association did seem to escape the bounds of the text and become part of her life or practice of self-harm; it "pops into your mind like when you want to be conscious of being careful." This is not necessarily to suggest that it actually prompted the cessation of self-harm: Francesca made no suggestion that this was the case. Moreover, she felt strongly that nevertheless it was "exploitative", that it was uncaring. Another irony: for Francesca the film might have prompted a consideration of being "careful" in particular acts or practices of self-harm, yet the film itself was deemed to be distinctly lacking in care.⁷¹ The self-harming subject must be sacrificed, must face a certain future and a certain death, to protect the innocence of those who might, in some precarious not-yet-certain future, be drawn to self-harm. This further clarifies the slipperiness and the strength of the association between suicide (or simply death) and self-harm. Francesca felt that the character's death occupied a liminal space in which its status as suicide was blurred through its association with self-harm; the

⁷⁰ There is a notable link here to *13 Reasons Why* (2017-2020), in which the existence of suicide as that which is explained, that for which there were warning signs that were missed, is also made explicit within the title (and through the narrative structure, with its thirteen tapes).

⁷¹ This recalls the earlier discussion of Young Adult fiction, in which self-harming characters served as a warning or example for those readers who did not self-harm, while in fact prompting more complex or contradictory responses from readers with experience of self-harm.

death seemed to be accidental, yet for all this lack of intention its certain futurity only seems to be increased.

We might turn to two fictional examples to consider further the ways texts mobilise self-harm's association with self-harm as a warning. While this section will primarily explore Hanya Yanagihara's *A Little Life* (2015), the chapter as a whole will include references to the 1999 film *Girl, Interrupted*, which I will pair with Jenni Fagan's 2013 novel *The Panopticon*, due to a striking structural similarity in their narratives. Both texts follow the experiences of a young white girl (Susannah and Anais, respectively), who at the beginning of the narrative is forcibly confined within a mental health hospital of some sort, who bonds with a supporting cast of other inmates, and who by the end of the text has left the institution in some way recovered or able to take up a different sort of life. In both texts one of the supporting cast is a woman who self-harms; in *The Panopticon* this is Isla, a young mother of twins from whom she has been separated, while in *Girl, Interrupted* this is Daisy, a young girl who experiences difficulties with food and eating.

Although neither character is treated entirely without sympathy, both narratives position their self-harm as a central aspect of their characterisation and a fundamental signifier of their mental distress or madness. Daisy's self-harm is revealed in a conflict with the compelling Lisa. Lisa reaches out and grabs Daisy's arm as the camera zooms inward and Susannah turns to look: even as Daisy pulls away Lisa's words call attention to the sight of the wounds, that she is "cut up like a god-damned Virginia ham," obvious evidence that her "so-called recovery" is a mere fantasy. The invocation of recovery is significant, implying both that her current pretence at a normal life is a sham and that any recovery at all is far beyond her reach, not only because of her illness but specifically because of her self-harm. The women resolve the conflict and go to sleep, but the next morning Daisy is found, dead, having hanged herself. Lisa's renunciation of her recovery is at once analysis and prognosis, highlighting that Daisy's self-harming present makes her unrecovered future (or more specifically, lack of a future) a certainty. In *The Panopticon* Anais' narration repeatedly calls attention to the severity of Isla's wounds; her first description of her asserts that "Her tummy's cut tae fuck. That's beyond normal ..." and that there are "slash marks [...] right across [her] stomach. There's fucking

hundreds of them, then there's thick white ones under the fresh ones" (2013, 19). Her scars are her most defining feature, and most subsequent descriptions or mentions of Isla refer to her wounds: for instance, that "Isla cut herself again last night" (2013, 103), that "she has fresh cut marks right across her stomach" (2013, 197), that "she almost cut an artery yesterday" (2013, 231). Here, certainty is constructed through consistency and repetition. Making self-harm ever-present in our perception of Isla locates it as the string which traces her appearances in the novel through to her eventual death, as if it were a path laid out before her.

Structurally, both characters die by suicide towards the end of the narrative, providing a turning point, an opportunity for self-reflection or change for the protagonists. Their deaths are the beginning of a movement towards the narrative resolution of the protagonists' progression outside of the institution. The deaths are endings only for the characters themselves (and the social, personal, and narrative 'problem' of self-harm), not for the texts as a whole. The 'warning' of the death is directed not only to readers or viewers but also acts within the text itself, almost as a model of the desired readerly response. Self-harm functions as a prophecy of death, associating the two experiences with a totalising certainty. The problem of self-harm and its minor intrusion upon the narrative is resolved, and the protagonist is able to set herself apart by moving towards a resolution of her own difficulties, a resolution which was not possible for Isla or Daisy. The severity of their distress or pathology is the marker by which we assess the protagonist's stay in the institution as temporary, making possible a narrative arc of progression with a return to 'normal' society as its desired and inevitable endpoint. The foreclosed futurity of self-harming characters is what makes futurity itself possible for others. As self-harm and suicide are thus compressed, this narrative structure positions self-harm as that which serves to define the limits of acceptable temporal movement through its own failure and early ending.

Hopelessness and inevitability

While Francesca seems partly to have dismissed the teen film, she also described instances where the death of a self-harming character (or a character associated with self-harm) had a much more profound effect on her. She discussed Vanessa Ives on the Showtime series *Penny Dreadful* (2014-2016), a character

whose supernatural powers were associated with a range of risk-taking or self-destructive behaviour, which Francesca perceived as analogous to self-harm.

Francesca said:

In the end she, she dies in this really like depressing like tragic way that kind of, the kind of meaning behind her death is a sort of like ... someone like her can't live. [...] The way that her character is early on, we are always meant to be on her side. [...] You know, she's beautiful, she's sexy, she's cool. She's like, in control, but also she has all this batshit stuff going on. [...] But then that felt even more of a betrayal, like I was really upset. [...] Like I was really like I cried at the way that it ended. [...] it was a very hopeless ending. It was like it felt very much like it was saying, it felt very much like it was saying people like me don't deserve to live essentially. Or that I will never find peace. And so, you know, there's, there's no hope.

While the instrumentalisation of death as a deterrent is frustrating or exploitative, when such instrumentalisation is less evident then the concluding death feels more emotionally devastating. Francesca's words are loaded with despair and desolation: suicide and death might provide a neat conclusion to three seasons of "a melodramatic and tragic Victorian show", but this closure does not act as the sort of psychic container it might be assumed to. More particularly, it does not function in this way for her; the specific context of her own experiences and her identification with the character gives the ending implications and the potential to exceed the bounds of the text, which others might not share in. The text's efficiency in concealing the end which was to come, in fact made that very death seem more inevitable. Francesca emphasised her positive assessment of Vanessa, that framing her character in the context of the supernatural seemed to depathologise her self-destructive acts and allowed her to both act with agency and to be an object of desire and admiration. Yet even such a character is doomed by her association with self-harm. These are qualities of character established over time, over many episodes, storylines, and scenarios in which Vanessa was frequently in moral peril but survived through her own actions and those of her friends. This might be assumed to make her eventual death seem more coincidental, or unlikely: rather this

drawn out temporality, through the power of the ending's backwards glance, seemed to Francesca to be leading only in one direction.

Through supernatural machinations Vanessa's death is contextualised as necessary to secure the continued survival of the world; yet it remains in effect a suicide. She both chooses to die and her death seems entirely necessary because it is the only way for others to live. This is a particularly cruel double bind, which might have implications for provision of care; that individuals who are self-harming and suicidal have agency over their actions, and thus are responsible for them, and yet that their death remains inevitable, something which they cannot avoid.⁷² We can almost see that slippage in Francesca's words that "people like me don't deserve to live essentially": the act of suicide and its potential inevitability are not only tragic, but carry a moral component. In part this is a conundrum of interpretation; Vanessa's death is necessary for narrative purposes, it operates on a level of practicality to provide both solution and resolution, but in watching Francesca interpret it on a personal level, as a social and moral message. This aligns with Rabinowitz's description of conclusive endings, in which narrative function becomes meaning. In dying by suicide Vanessa has failed, she has demonstrated her inability to be part of her world and this very failure has made her death deserved. That her death was required by the narrative itself fades away. Because she did not deserve to live she would always die: she is doomed, not by an accident of circumstance, but because of something inherent to her character, her personhood, her self, perhaps even her self-harm.

Turning to Hanya Yanagihara's *A Little Life* (2015) might demonstrate the ways narrative structure associates self-harm with a particular hopelessness. The novel is notable for generating intense praise and criticism in equal measure. Much of both has been concerned with both the suffering (including self-harm) endured by the novel's main character, Jude, suffering which both perspectives agree is characterised by excess. This excess is multifaceted: Jude endures many horrors over the course of the novel including sustained physical and sexual abuse as a

⁷² Indeed, this was the very dynamic described in Chapter 2's exploration of alienation, through examination of Angela Carter's *Love* (1971).

child, an abusive relationship as an adult, and chronic physical pain resulting from this abuse. These horrors are described in introspective, immersive detail; thus, the novel itself is excessive, sprawling over seven sections, focalised by five different characters, and extending to over 700 pages. The structure seems explicitly designed to reflect and replicate the effects of trauma. We meet Jude in his young adulthood, and gradually learn the horrors which comprised his childhood in flashbacks interspersed through the narrative, as the past comes to intrude upon the present story, mimicking the traumatic memories which haunt Jude even as he practices “forgetting” (2015, 380). The flashbacks are scattered through the text seemingly at random; they appear unpredictably and not in chronological order. The constant dislocation in combination with the recursivity of the flashbacks constructs a seeming endless-ness to this parallel timeline. It often seems that Jude’s past must have been entirely accounted for only for us to find further suffering both awaits and has preceded us. There is no formulation for how the flashbacks appear, sometimes with no prompting or introduction (2015, 370), sometimes as a direct response to something Jude is thinking or experiencing in the present (2015, 187), sometimes as a tale he’s recounting to another character (2015, 537). The past is both ever-present and surprising, there is too much of it and it is too prominent.

Critic Daniel Mendelsohn describes this gradual revelation of Jude’s past as a ‘striptease’ (2015). Such a structure certainly seems to set up a tightly wound relation of causality, in which Jude’s past irrevocably determines his present and perhaps even his future. The structure functions almost as a continuous ‘backwards glance’, encouraging readers to understand Jude’s present (generally his present suffering) as determining and encompassing the meaning of his past, a past which inevitably leads to suffering and self-harm and then to death, a past which *signifies* suffering and then death. Yet the metaphor of the striptease is itself revealing. In part it hints at exactly what Mendelsohn disavows, that the presence of pain or cruelty does not itself make a narrative unpleasant. Indeed, not only may there in fact be particular pleasure in consuming such narratives (the pleasure, for instance, of a weepy melodrama, or gory horror film), but in some ways this pleasure is inherent to all narratives. Teresa de Lauretis notes that “story demands sadism, depends on making something happen” (132, 1984); in all but the mildest of children’s literature

at some point that 'something' will involve suffering. That this pleasure might be regarded as socially disreputable does not lessen its cultural predominance.

Further, the metaphor hints at the way in which Jude's past feels provocative but also out of place or inappropriate. It is not so much that what happened to Jude is unbearable, but that it has failed to be contained or covered. Alternatively, returning to the sadism of spectatorship, it is not so much that Jude's past exists, but that its presentation foregrounds (or simply refuses to elide) the reader's position as voyeur. Mendelsohn notes that while the text is often analysed as melodrama, "the structure of [the] story is not the satisfying arc we associate with drama" but is instead "a monotonous series of assaults" (2015, para. 20). The continuous movement between time periods, through which the narrative both moves endlessly forward and seems to go nowhere, perhaps structures this sense of serialisation. Yet Mendelsohn's sense of the novel as monotonous pain is a misperception; abject cruelty and pain is interspersed both with the increasingly "famous or prestigious" lives of Jude and his friends (Batuman 2015, para. 7) and with the recurring "love and care and tenderness" (Thomas and Thomas 2019, para. 25) with which characters in Jude's present respond to him. The structure is not one of unrelenting horror, but one of recursive horror. It is the very recursivity, this repeated *movement* rather than simply continuity, which heightens our sense of the novel's excess.

This structure simultaneously heightens and complicates causality and inevitability within the text. For in its constant shifting between suffering and relief,⁷³ the causal relationship between abuse, self-harm, and suicide becomes blatant and unavoidable. Yet it also becomes seemingly less determinative; even as it seems impossible for Jude to survive or endure successive acts of cruelty, he does in fact do so. His death, when it comes, seems both inevitable and surprising: it is here that I want to return to Francesca's suggestion of hopelessness. The structure and temporality of *A Little Life* suggests we might see such hopelessness emerging not from simply the presence, or abundance, of suffering, nor the straightforward

⁷³ A full consideration of this is beyond the scope of this chapter, however it is interesting to note that Thomas & Thomas (2019) insightfully locate *A Little Life* as influenced by the popular fanfiction genre 'Hurt/Comfort', which is inherently structured by a movement between difficulty and care.

(perhaps causal) association of self-harm and suicide, but from the hope, extended over and through time, which these texts do in fact sustain. These conclusions seem more determinative not because they were certain, but because they were not. Thus, extending the temporality of the fictional narrative of self-harm only seems to more certainly foreclose the future of the real self-harming subject. That the narrative ends, and ends particularly in suicide, speaks to the impossibility of self-harming futurity.

Iconographic connection and dislocation: virtue out of time and space

This hopelessness is related to the indelible connection between suicide and self-harm, as we can see through a consideration of imagery and visuality. Marie talked about an image of self-harm that she couldn't necessarily place in one single text, but instead associated with self-harm more generally:

One thing that comes to mind is just someone slitting their wrists in the bath tub. With intention though always of killing themselves right? [...] not like to hurt themselves, like you know, to kill themselves. But like that's ... it's difficult because then is that just suicide, attempted suicide, or is it still self-harm? [...] I think that's another like representation of it that I can't really place but I've probably seen in a few different places.

She later mentioned one further image that kept occurring to her:

That pre-Raphaelite painting of Ophelia in the river. I just like always associated that with self-harm as well. I think that's probably to do with you know, those, when you see depictions of like women in bath tubs, right? With their wrists up, and then like, I know Hamlet, I mean, Shakespeare didn't depict self-harm in that sense, but like I do.

The previous chapter explored the historic cultural association of self-harm with female fragility, romance, and beauty; those narratives, characters, and images were

frequently associated with tragic ends.⁷⁴ In both comments Marie makes a primarily visual association: the image of the woman in the bath-tub, or the woman in the river, is one of a woman who has self-harmed or who is connected in some way to self-harm. Again, the boundary between self-harm and suicide is blurred. Self-harm and suicide are associated not only because they look the same in practice, but because the image or the archetype through which they are depicted or imagined is the same.

This is an image seemingly out of time, detached from context. Yet such detachment is not total, for in its very ability to move smoothly through time, from Shakespeare to the Pre-Raphaelites to a modern film or TV trope, the image acts to connect these instances *through* time. Blanche also connected two similar images, describing a music video where a woman “climbs into the bath, very *13 Reasons Why* style.” Each scene of a woman lying in the water is instantly reminiscent and thus instantly communicative.⁷⁵ The image both acts backwards and projects itself forwards. It indicates a present event while communicating a possible or likely future, not only for one specific character but all self-harming subjects. Each scene is both inevitable itself and also confers inevitability on scenes yet to come. Marie insightfully contrasted the female figure in the water with the typical male suicide by gunshot, noting that “it seems a bit more passive, doesn't it? And always in like, that's always in water or like, drowning? I guess there's a connection there like, between femininity and water.” Much has been written on the fraught connection between female suicide and agency (Spivak 1988; Noh 2007). Here the passivity implied imagistically in a particular scene or image is never singular, but rather multiple and temporal; it is passivity not only in the face of a particular individual's circumstances but in the face of a social and cultural legacy. The image or figure of

⁷⁴ Marie invokes Millais' painting of Ophelia, which this thesis discussed in relation to Angela Carter's *Love*; indeed within that very text it functions not simply as art but as iconography. In that chapter it was noted that Elizabeth Siddall, who served as the model for the painting, suffered severe ill health due to the conditions of its creation; she later died of an overdose which, although evidence remains unclear, might have been a deliberate attempt to end her life (Orlando 2009, 629 see n25)

⁷⁵ We have seen in the previous discussion of Angela Carter's *Love* how such iconography might act to detach self-harming characters from self-hood and subjectivity

the self-harming suicide might easily pass through time, but might also easily be suspended from time.

This passivity not only accompanies the image of the romanticised self-sacrificing beauty of the woman in the water,⁷⁶ it also extends beyond desirability to virtue. In the sentimental tales typically associated with such images, suicide is, as Richard Bell notes, widely presented as the “tragic consequence of a lapse of virtue” (2011, 104). I would suggest that suicide not only responds to the loss of virtue but acts to reclaim it. In identifying the severity of their failure, and in taking the ultimate action to atone for it, these women affirm their allegiance and submission to the moral framework within which their actions are positioned as deserving of punishment. They thus can be safely “depicted as entirely deserving of young readers’ sympathies” (Bell 2011, 104). Turning to *A Little Life*, one of the criticisms made of the novel is that Jude is both portrayed and treated as overly virtuous; Frankie Thomas comments on the “constant celebration of Jude” as creating a “moral narcissism” within the novel (Thomas and Thomas 2019, para. 47). While characterising Jude’s treatment as “constant celebration” is a significant simplification, it is certainly true that the characters surrounding Jude in his adult life are convinced of both his value and his virtue. The novel’s final section is narrated by Harrold, Jude’s adopted father, after Jude’s death. In the closing paragraphs he wishes that Jude might still exist in another universe:

Or maybe he is closer still: maybe he is that gray cat that has begun to sit outside our neighbour’s house, purring when I reach out my hand to it; maybe he is that new puppy I see tugging at the end of my other neighbour’s leash; maybe he is that toddler I saw running through the square a few months ago, shrieking with joy, his parents huffing after him; maybe he is that flower that suddenly bloomed on the rhododendron bush I thought had died long ago; maybe he is that cloud, that wave, that rain, that mist. It is not only that he

⁷⁶ Michele Aaron has written convincingly on necromanticism in the depiction of “self-sacrificial femininity” (2014, 76), how such a figure “embodies a romance with death” (2014, 77)

died, or how he died; it is what he died believing. And so I try to be kind to everything I see, and in everything I see, I see him. (2015, 719)

The items and figures Harrold associates Jude with signify both innocence and pleasure; all locate Jude within the natural world of alive-ness and growth, and within community. The passage is filled with action, but the actions have a quality of stillness, folded within the unchanging normality of a quiet neighbourhood. Harrold sees Jude in “everything”, yet this list is far from universal. In this interplay between the specific and the universal each vignette stands in for something greater, for (supposedly) universal values and virtues of small pleasures and simple care. Through them Jude seems removed from the specific context of his life, from his place in space and time. This is not specific to this passage; as Kellermann notes, the entire novel is “strikingly out of time and place” (2021, 340). Although Jude and his friends live in New York, the city remains noticeably unrealised, and there is neither any reference to any date, nor to any historical events or trends; the novel unfolds in a never-changing present. This closing passage is the culmination of the novel’s tendency to both particularise and abstract Jude, allowing him to become a conceptually (if not visually) iconographic figure.

Jude comes to stand for innocence, and specifically for innocence in the face of suffering: for what we might call victimhood. Even amongst the pristine innocence of his imagined future Harrold invokes his abuse, mourning “what he died believing”, an echo of his previous sorrow that Jude had “died still stubbornly believing everything he was taught about himself” as a child (2015, 719). The phrase both invokes the relationship between suffering and virtue (Bradford 1990) and carries implications of passivity. It emphasises that Jude “was taught”, and subsumes his own activity or agency (communicated through the vitality of his “stubbornness”) within the act of holding on to the cruelty which was done to him. The phrases emphasises Jude’s suffering as undeserved, and Harrold invokes the concept again as he asks rhetorically whether Jude had been happy, “Because he deserved happiness. We aren’t guaranteed it, none of us are, but he deserved it” (2015, 719). Once again, the text moves between specificity and universality; the uncertainty of happiness is a universal fact, but Jude’s deservingness is specific, particular to him,

so obvious it need not be explained.⁷⁷ The framing of Jude's death at the novel's conclusion intensifies trends throughout the novel: Jude is dislocated from space and time, he is associated with innocence and purity, he is associated with undeserved suffering, and with passivity in the face of that suffering. Suicide not only makes these things final, but in a way perfects them, reflects and enacts the ultimate dislocation, innocence, suffering, and passivity. As Jude takes on iconographic significance, the certainty of his ending is indissoluble from the distance the narrative places between him and self-harm's implications of failure. Jude's virtue is secured, made certain through his death which both confirms and is necessitated by his dislocation from time, his inheritance of a tradition of death as the conclusion to virtuous suffering.

Crisis temporality

Many participants mentioned a desire for self-harm to be distinguished from suicide, often premised on the connection that the elision of the two objects was inaccurate. Tracey stated that "I don't like links being made between self-harm and suicide", feeling strongly that they were "different behaviours". Sally talked about the need for representations which showed "something that isn't just like, the first time you self-harm is to, to attempt suicide." Cat similarly felt that representations of self-harm would be better if it wasn't "so readily connected to suicidal intent" but also went further, suggesting that this was (along with romanticisation) something that might "actively undermine and prevent genuine acts of care or concern". Cat didn't elaborate on exactly how this might be the case, but their perspective certainly aligns with some of the arguments I've made above. I felt it aligned with Blanche's critique of the TV show *American Horror Story* (2011-) and other "embarrassing depictions" of self-harm, that:

I don't want this situation to be misunderstood [...] in a way that people were going to be so concerned that they would like, maybe like, tell a guidance counsellor or like try and contact like a family member. Because I was like,

⁷⁷ This is not to suggest that the novel grants Jude innocence or virtue only after he dies, or necessarily that his actions within the text are always straightforwardly defensible, which I would suggest is not the case.

No, this is not, this is not a suicide attempt. It's like these, we have to distinguish these.

This is a helpful elaboration of one way in which this fraught relationship, often framed through a desire to provide care (specifically the early intervention which might prevent suicide) is instead felt to impede care. For Blanche the potential for self-harm to be misread as suicide would likely prompt an inappropriate (or 'over-')reaction, here reflected in the breaking of confidentiality. This chapter has observed a tendency for the social and narrative concern or crisis of self-harm to be narratively resolved and contained through suicide or death. However, this closure is also the ultimate crisis, one whose temporality is not ongoing (as lived experiences of suicidality might be) but singular. Janet Roitman suggests that when crisis is "posited as an a priori" it serves to "obviate" possibility rather than to illuminate it, to close down avenues of thinking or acting (2013, 13). That is to say, both the 'crisis-ness' of a particular situation and the structures through which it arose become taken for granted, rather than a site of questioning; she suggests that "the term 'crisis' serves as a primary enabling blind spot for the production of knowledge" (2013, 13). The crisis itself becomes the locus of investigation, and what lies around it fades from view; just as the 'crisis' of suicide might close down avenues of imaginative or open thinking around self-harm. The singularity of suicide is perhaps read backwards, to the point at which the ongoing, repetitious temporality of self-harm's 'crisisity' is subsumed into the urgency of immediate death. Self-harm cannot be considered, or responded to, as its own object, in its own time.

A Little Life once more exists in complex relation to this trend. The text cannot be accused of straightforwardly mistaking self-harm for suicide or of too easily eliding the two objects. Self-harm itself is frequently described, is discussed between characters, is a source of narrative conflict, and is clearly delineated from Jude's attempted suicide, and from his eventual death. Yet they are also strongly connected, through the novel's association of Jude's death with a sense of 'ongoingness', as we noted above in Harrold's descriptor "stubborn". The question of Jude's self-harm as ongoing, as chronic, rather than resolvable, is much discussed throughout the novel, for instance by his friend and partner Willem:

He knew Jude would keep cutting himself. He knew he would never be able to cure him. The person he loved was sick, and would always be sick, and his responsibility was not to make him better but to make him less sick. (2015, 570)

In many ways this helpfully acknowledges self-harm's potential chronic-ness. Yet we might also connect it to the novel's end. In reducing the entirety of Jude's difficulty to self-harm, Willem also then expands self-harm to become the entirety of Jude's sickness; it is implicit but entirely clear that for Willem to "cure" Jude means to stop his self-harm. Even within what is framed as acceptance of the chronic nature of Jude's self-harm there remains a movement towards better, towards "less sick", towards recovery even if an adjusted form of recovery. Jude's self-harm might not have to cease, but it does need to change in some way in order to successfully attain the status of "less sick". Self-harm in general, and in particular through its association with suicide, is posited in opposition to recovery. Amy Rushton notes that "At the time of [*A Little Life*]'s publication, I read and heard readers expressing anger, disgust even, that Yanagihara ends with Jude's inability to 'get over' his trauma and eventual suicide" (2019, 203). Temporality might function to tighten the association between self-harm and suicide: Jude's self-harm is ongoing, and in this ongoingness represents an inability to "get over" his trauma. Through the novel's ending this ongoingness, the extended "inability to get over" is transmuted or compressed into suicide, into permanence; the ending's finality becomes represented in every moment of what was previously an extended temporality, indeed that extension itself becomes a sign of closure.

Kellermann describes the text's eventual trajectory as "that of Jude's failed recovery" (2021, 343). We have previously considered Jude's death as a form of perfection, however there is no doubt that it might also be seen and experienced as a form of failure. The many years which Jude lives, his successes and his joys, seem to fade from view beneath the totality of his death. Kellermann positions suicide as a failure not in a moral sense, but as an unsatisfactory or undesirable outcome, one which recovery could have and should have avoided. Thus the 'failure' of this ending might be also easily compressed with Jude's self-harm. It is his 'failure' to recover, to cease self-harming, which guarantees his suicide. As this chapter will go on to note,

this invests the process of recovery with both urgency and necessity. Yanagihara does not depict Jude's suicide; it is left to Harrold to relay Jude's death, which he does not do immediately but instead delays over several further pages of narration. Having been intimately aware of Jude's every thought for 700 pages, we are now in the dark. In many ways this refuses the crisis temporality of suicide (or at least the temporality of suicide as the singular act of narrative closure); Jude's death is barely depicted, more gap than presence. Yet it also, in so doing, casts the crisis temporality backwards over the whole book, as we fill the gap with what came before, with every moment of Jude's "failed recovery", signified by ongoing self-harm.

Mendelsohn's critical review identifies the novel's lack of closure as one of its failings. For Mendelsohn closure is "what gives stories aesthetic and ethical significance" (2015, para. 18). The absence of closure is, for him, bound up with the novel's "gratuitous" depiction of Jude's suffering, a suffering that performs no necessary aesthetic function and therefore has no significance (2015, para. 24). Mendelsohn provides no evidence for his assertion that the novel lacks closure – rather he assumes it because he cannot locate its significance. This is a little strange, given the long and storied literary tradition in which death is taken to provide closure (Benjamin 1986). Yet here, too, compression is at work. Suicide (and its aesthetic and social failure) is read backwards to characterise the meaning of Jude's suffering: would the suffering be less "gratuitous" if it had resolved more hopefully or definitively? Mendelsohn implies but does not say. Yet in refusing to characterise the ending as a form of closure he also demonstrates the way in which the double absence at the novel's ending – the absence of Jude from his life and the textual absence of his death, a literal gap on the pages – structures a particular emphasis on what came before. The novel's final shift might not only encourage but necessitate the ending's habitual 'backwards look', the backwards look in which ongoingness and closure become the same, in which responding to self-harm might seem, indelibly, inevitably, to be responding to suicide. Such a compression fills each moment of response to self-harm with an urgency; an urgency which might easily, as participants note, foreclose the possibility of care, specifically the care

which might come from and through time.⁷⁸ It is not unreasonable to consider that such urgency might equate, both narratively and socially, to a necessity for the self-harming subject to recover: it is to this narrative trajectory that we will now turn.

⁷⁸ There is unquestionably a strong resonance with the contention by Maria Puig de La Bellacasa that care necessitates a sort of “making time” (2017, 206).

Securing success: the arc of recovery

Many narratives in which self-harm is the primary object end with recovery, usually signified through the cessation of self-harm. In what follows I will first consider the structure of the arc of recovery: such a narrative trajectory is often considered to be a reassuring form of certain closure. I will then turn to participants' sense that the hegemony of the recovery narrative could also be unhelpful or even distressing, enforcing a sort of compulsory recovery in which self-harming subjects were required to make smooth progress, acting as a responsible individual, and in which recovery was indelibly linked to the cessation of self-harm. I will then suggest that this progression structured a particular account of medical treatment, limiting or even erasing the possibility of articulating structural critiques of existing models of care. I will contend that the smooth progression of recovery is aligned with the association of self-harm with youth or adolescence, in which recovery occurs naturally as one grows older. This positions the cessation of self-harm as a condition of successful adulthood, leaving little time for a consideration of self-harm on its own terms.

The arc of recovery: certainty and closure

The arc of recovery was most clearly described by Lou:

We tell these narratives, the person was very unwell and chaotic and difficult [...]. And then there's an intervention, something very, very, you know, classic, three-act structure, worst case scenario, everything's falling apart. And then there's a shift and, and things are if not resolved, but then moving forward, and we leave that film with the hope that, you know, the rest of her life, it'll be very different. And there is something appealing about that, especially having been a person who at 20 was sort of very chaotic, lots of impulsive behaviours, lots of self-harm and some admissions and various things actually, having a film or, that gives you [...] That is distressing, but you're very much held, that the filmmaker is telling you a story and that there will be resolution at the end.

What Lou describes is an accurate summation of the most common narrative structure with which self-harm is associated. Miskec and McGee, exploring self-injury in young adult fiction, note the overwhelming tendency for self-harm to have ceased

by the novel's end, usually prompted by the intervention of a wise and authoritative medical professional (2007, 177). Melanie Goss outlines a similar trajectory, emphasising the tendency for the protagonists in Young Adult novels to spend time in a rehabilitative facility, before they "make progress" and are "released into the outside world" (2013, 26). Such a recovery 'arc' extends beyond Young Adult fiction; it is one of the dominant scripts across a large body of literature dealing with illness and mental distress, as for instance Abigail Gosselin outlines in relation to psychological problems such as addiction (2011). Alternatively, Arthur Frank, in his typology of illness narratives, describes a restitution narrative in which the interruption of sickness is "finite and remediable" (1995, 89), while Angela Woods, Akiko Hart, and Helen Spandler describe the recovery narrative within mental health as so widespread (if not without divergences or multiplicity), that it functions as a genre (2019).

In this section I will consider Melody Carlson's 2005 novel *Blade Silver* alongside the 1999 film *Girl, Interrupted*. Bringing these two texts together hints at the hegemony of this trope not only in Young Adult fiction but also in critically acclaimed, mainstream work. In both texts the protagonist (a young girl in her late teens, Ruth in *Blade Silver* and Susannah in *Girl, Interrupted*) is depicted as experiencing emotional difficulty and as self-harming. They are then admitted to inpatient treatment, where they are initially reluctant to engage, but after a turning point begin to improve. At the end they return home, having ceased self-harming. In both narratives there is a clear arc of recovery, in which both recovery and departure from inpatient treatment is the desired and natural end. In *Girl, Interrupted* not only does the structure follow this arc, but its function as an arc, indeed almost as a circle, is emphasised. At the film's opening, following an initial session with a psychiatrist, Susannah leaves the office and is ushered into a taxi. As the taxi pulls away the camera shifts from Susannah's face to show a close-up of the taxi's registration, and the taxi driver's name, 'Monty Hoover'. The camera predominantly focuses in closely on Susannah's face, as through the car's rear window behind her we see a road lined with trees. Then the camera cuts away to show the sign for Claymore House, the institution at which she is arriving, and then the building itself with the head nurse standing outside. The final shots of the film almost exactly reverse this sequence; Susannah hugs the nurse, and climbs into the taxi which pulls away, once again with

the camera tightly focused in on her face with the trees behind her. The camera cuts once more focuses in on the taxi's registration, revealing that it is the same taxi driver.

This circularity, not only in the narrative but also in the composition of shots, locates recovery both as return and repetition. In concluding with Susannah's taxi ride the film aligns her time in the institution with the time of the film: just as Susannah prepares to re-enter reality, so too do the audience. This alignment posits recovery as both necessary and natural: just as the film must end, so must Susannah's madness. Institutions in such texts function structurally and socially as a barrier, one which contains both the text itself and the madness depicted within it. Simultaneously, this structure positions madness as dislocation, as separation from society, which can be ended once recovery has been accomplished. This is emphasised by Susannah's voiceover as she departs the institution: "Declared healthy and sent back into the world. My final diagnosis: A recovered borderline." To be recovered is to be returned: to oneself but also to one's (allotted) place in the world. The emphasis on the unlikely coincidence of the taxi driver's return locates recovery almost as akin to destiny. The relation between the structure and the conclusion creates certainty in the face of the uncertainty of self-harm. There was never any ending but recovery, the story could have concluded neither sooner nor later, this was the only possible resolution.

For Lou there was a strong sense of the emotional benefits of this structure: it both suggests something reassuring about the possibility for distressing experiences to be resolved, and it is a reassuring textual experience in which depictions of distress are mitigated by the certainty that this distress will end. Lou went on to associate the psychoanalytically-inflected sense of being 'held' with a happy ending rather than simply with closure, noting that "it's chaos but it's contained chaos. Because we know [...] that that character is not going to die [...] even if something horrendous happens that they're held in the story". Emma, talking about the 2019 Netflix series *Unbelievable*, also talked about closure and a happy ending leaving her with a positive feeling. The film was based on a true story, and Emma was pleased that the woman upon whose story the show was based was "okay with how they had shown it" and had "gone on to have two children and she'd moved on with

her life. And that was really good to see. And obviously with the last episode that was her moving on from everything because she had had closure.”

For Emma this seemed to be closure proliferated, in which the character’s own sense of closure within the text allowed for a “moving on” which itself provided a sense of satisfaction for the viewers, something that was “good to see.” This was then repeated again in the paratextual material that suggested the real person herself had been happy with the text and with her life.⁷⁹ This is a popular view, especially among those who are arguing for the potentially beneficial social impact of narratives. Trewavas, Hasking, and McAllister suggest that films that depict non-suicidal self-injury are “more powerful” if they include “a discourse of hope and recovery” (2010, 100), while Margaret McAllister et al., arguing for the therapeutic potential of eating disorder memoirs, suggest “the decisive moment when the person moves towards recovery” could be “powerful for readers who are struggling with an eating disorder” (2014, 557). Even Gosselin notes that such recovery structures might act to “safely contain the pain, messiness, and monotony of actual experience” (2011, 133).

That the closure of recovery might be pleasurable is unsurprising. In *Blade Silver* this pleasure, this experience of closure, is not only provided but narrated. In the novel’s final paragraph Ruth narrates:

By the end of the day, I feel tired but good. I imagine it’s the way you’d feel after climbing a mountain. Even better than that, I feel peaceful. There’s a new calmness inside me that still takes me by surprise. (2005, 190)

The passage not only conveys Ruth’s own feelings but also ties her contentment with both the broader sense of closure an ending provides, and the particular reassurance of recovery. The satisfaction is clearly associated with ending, located specifically at “the end of the day.” Ruth uses the metaphor of a mountain, an

⁷⁹ I’m not certain the transcript entirely conveys it, but I was very struck by Emma’s care for the woman. This wasn’t simply a question of closure or containment, but the joy that someone, rather *this specific person*, who had suffered deeply, could have a life in which she was happy. This troubles, perhaps, the tendency to focus on what promises closure might make to the reader about their own life, rather than the reassurances it provides about the continued wellbeing of characters (indeed, of people) towards whom we might feel care.

imagistic reflection of the narrative arc which the reader, too, has just completed. This echoes *Girl, Interrupted's* emphasis on return: the mountain is only successfully climbed if the climber returns to the bottom once more. The passage is repetitive: Ruth says she is “tired but good”, “peaceful”, feels “calmness”. It seems to dwell in the closure, giving it a sense of certainty despite Ruth’s assertion that her recovery will “need to be maintained” (2005, 190). Moreover, this closure is not superficial: it is an *inner* calmness. This is closure as totality, and through totality reassurance. The reader need no longer worry about Ruth and can safely put away the text. Certainty has been achieved through totality; a totality which self-harm’s presence in the narrative makes necessary.

Cessation and compulsory recovery

Yet the association of endings with recovery and the cessation of self-harm was not always experienced as straightforwardly positive or hopeful. Lou said:

I can’t think of a film actually where there’s a character who uses self-harm who then by the end of the film, normally they have stopped. [...] There’s something quite comforting about that as a bit of storytelling, as a person who self-harms. [...] But actually, that’s not particularly helpful because it’s, it’s fantasy. And the flip side of that is that sense of potential shame and kind of confusion around not fitting into what the story is telling me.

The resolution, the ‘moving forward’, which Lou initially described more broadly, is in practice quite a narrow range of outcomes all of which involve self-harm ceasing. Through, or alongside, this trend the care which such narratives are assumed to deliver is instead experienced as shame or judgement. Here, as with suicide, closure acts as a form of compression: the cessation of self-harm, rather than being something which might accompany recovery or an improvement in wellbeing, instead comes to *stand for* or signify that recovery. I was reminded of a comment Faye made, discussing the difficulty of locating the ‘problem’ of self-harm within the act of self-harm itself, rather than within “the reason you’re doing it [...] And by saying it’s only about self-harm, I mean in my case, what it resulted in was that I stopped [...] and immediately switched into an eating disorder.” Even in narratives in which self-harm is strongly associated with broader psychological difficulty, the significance attributed to a text’s conclusion might allow the cessation of self-harm to assume

primacy. Here we can see that self-harm itself, as an object which prompts particular disturbance or uncertainty, must be specifically resolved, contained, and made certain. Once again, we see the difficulty of attending to, giving time to, self-harm on its own terms.

Blade Silver undeniably equates recovery (and closure) with cessation of self-harm. The treatment Ruth receives is explicitly aimed at preventing self-harm, specifically through the introduction of “good habits” (such as journaling or drawing) which can replace the “bad habit” of self-harm (2005, 164). This seemingly self-evident relation is associated with closure twice over. The final paragraph of the penultimate chapter signals the end of Ruth’s time in the inpatient facility. She says “I have a feeling that some of the scars will be with me always. Maybe they’ll be a good reminder. A reminder of two things: (1) I don’t need to hurt myself anymore, and (2) by his stripes (not mine) I am healed” (2005, 186). The novel’s particular Christian emphasis notwithstanding, here her future outside of inpatient treatment is explicitly characterised as one in which “I don’t need to hurt myself anymore”. The same themes are repeated almost identically at the close of the entire book. Ruth associates her calm with her relationship to God and says “And just as my commitment *not* to cut will remain a daily thing, so will my commitment to him. One day at a time. I think I can handle that” (2005, 190). Again, Ruth’s future is defined by the absence of self-harm, emphasised in italics. Just as her knowledge that “I don’t need to hurt myself anymore” is what allows the literal and metaphorical chapter of her time in the institution to close, so Ruth’s “commitment not to cut”, extended into every single day of the future, is what allows the novel to close. Twice over cessation becomes closure, becomes ending.

In *Girl, Interrupted* Susannah’s final voiceover, quoted above, in fact does not explicitly describe self-harm. However the film uses its visual language to associate its ending and Susannah’s recovery with the cessation of self-injury. In the film’s opening we see flashbacks to her treatment in the Emergency department, where her bruised wrist is revealed and the medical staff label her “A wrist banger”; as we return to the psychiatrist’s office we see that her wrist is bandaged. In the film’s circular ending, as Susannah gets into the taxi to leave the institution we see that her hand is bandaged once again. However, viewers know that this injury was not

deliberate but accidental, shut in a door while trying to escape Lisa. It was not a self-directed injury, it signifies not pathology but the strength and individualism Susannah showed in resisting Lisa, who she had previously been entranced by. It becomes a symbol of recovery, of Susannah's decision to leave Lisa and return to the world. In the final scene, therefore, the presence of the bandage highlights what is absent: self-harm. Recovery, closure, and cessation remain indelibly interlinked. Even when barely present self-harm must be contained, it must be safely distanced and left behind. We might thus distinguish between the general necessity for narratives to end, and the specific necessity for self-harm to be given narrative closure, a certain and totalising ending.

In Lou's comment the possibility for the narrative resolution to be helpful was undercut by the sense that since her own self-harm was not so neatly resolved she had in some way failed. This demonstrates the interrelation of normativity and totality; the hegemony of narrative closure extends beyond the text as a requirement self-harming subjects must fulfil. That recovery might act as a normative force has been widely considered. Lou herself referenced neo-recovery, a concept articulated by the survivor-activist collective Recovery in The Bin (RITB). In a 2019 conference keynote they traced the concept of recovery in mental health from its initial, user-led contention that those with serious or chronic mental health conditions could live "a satisfying, hopeful, and contributing life, even with the limitations caused by illness" (Anthony 1993) when appropriate support was provided. They argue that the concept has been institutionalised and politically neutralised such that "we are now blamed for our failure to recover within prescribed timescales and our inability to conform to the neoliberal ideals of self-sufficiency that are embodied in recovery" (2019, para. 50). Brigit McWade, exploring the UK's Care Programme Approach, similarly notes that recovery becomes an act of appropriate responsibility "and this means madness and distress continue to be understood as a consequence of

mismanagement of the self” (2016, 73). When recovery becomes mandatory, to be ill is to fail, and more specifically to be responsible for that failing.⁸⁰

This echoes Eli Clare’s broader critique of cure as functioning to medicalise and individualise illness and disability and to seek always to return individual body-minds to “an original state of being”, disregarding the possibility that such an “original nondisabled state of being” does not exist for everyone (2017, 15).⁸¹ For Clare, “cure always operates in relation to violence” rather than the care which it claims to offer, indeed perhaps makes care less likely or more difficult to access (2017, 28). Echoing Lou’s reference to fantasy, Clare specifically critiques cure’s influence on investment into eradication of disease rather than measures aimed at improving current standards of living, which for Clare serves “to devalue people in the present” (2017, 86). To draw on Lauren Berlant’s framework, there is a ‘cruel optimism’ implicit in the question of recovery, the affective investments it encourages in a future that might never materialise (2011). Further, such investments might not be solely affective but also material and financial: it is key to RITB’s conceptualisation of neo-recovery that its incorporation within national health policy has been accompanied by a reduction in services. McWade also connects the rise of recovery discourses in mental health care to a reduction in state welfare, contending that “under neoliberal target-setting people are afforded less time to rebuild lives and impelled to conform to normative temporal orderings that are likely to be impossible” (2015, 257). People with mental health difficulties are set up to fail, and to be responsible for that failure.

Blade Silver’s depiction of responsibilisation and self-management through recovery is notable. Within the novel self-harm is presented as straightforwardly analogous to any other form of addictive behaviour: recovery from self-harm thus follows the precise steps of recovery from, for instance, alcohol addiction. This

⁸⁰ There is an echo here of other social norms, and perhaps particularly Adrienne Rich’s formulation of compulsory heterosexuality (1980), or Robert McRuer’s broader extension of this formulation to describe compulsory able-bodiedness (2006). Indeed, as I will go on to mention in the Conclusion to this thesis, participants’ accounts suggested that at times compulsory recovery aligns with compulsory heterosexuality, as self-harm’s resolution or cessation becomes folded into heterosexual romantic fulfilment.

⁸¹ Arthur Frank similarly aligns his typology of the restitution narrative with a “culture that treats health as the normal condition that people ought to have restored” (1995, 77).

association is made explicit through the inclusion of “The Cutter’s Twelve Steps to Recovery” (2005, 171), an almost exact replica of the 12 steps associated with Alcoholics Anonymous (AA). While the AA website indicates that newcomers need not follow the steps in their entirety (Alcoholics Anonymous, n.d.), there is no doubt that in the context of *Blade Silver* they function to construct recovery as a linear progression, with stages which might be moved smoothly through. Part way through her stay in the institution, Ruth comments “I haven’t really made it much further than the first step” (2005, 173). The steps construct a rigid and pre-ordained structure of recovery, and progression through them is easily equated with achievement. Ruth has to ‘make it’ past the first step, or else she has no hope of being well.

The twenty-second chapter opens with the statement: “During my fourth and final week at Promise House, Nicole tells me that it’s time to write my ‘emancipation letter’” (2005, 181). This immediately locates this letter within the aligned structure and temporality of recovery; Ruth must not only follow the steps assigned to her, but she must follow them on schedule. When Ruth asks if the letter is her “ticket out of here” Nicole, the leader of the facility says that instead it represents her freedom from her “destructive lifestyle” (2005, 181). This illustrates the potential double movement of recovery: you are understood to be freed, or saved, from ‘self-destruction’. But that freedom requires submission, an understanding that this obedience is itself true freedom. You are free to recover, but only to recover in the way and at the time that is prescribed. Before Ruth leaves the facility the letter, which opens as follows, will be sent to her family and friends (2005, 182):⁸²

To Whom It May Concern:

I, Ruth Anne Wallace, admit to being a cutter. A cutter is a person who self-mutilates her body (in my case with a razor blade on my arms) in order to escape the pain in her life. Unfortunately, cutting, an addictive behaviour, does not solve your problems. In fact, it only makes them worse. That’s why

⁸² If I can be briefly indulged in a moment of personal reflection, I will note that of everything I read over the course of this PhD, both fiction and non-fiction, I found this letter by far the most upsetting.

I'm being treated at Promise House, and because of that treatment, I am now ready to face life without giving in to this destructive behaviour.

Addiction is often suggested as a useful framework which extends understanding and minimises judgement (Chandler 2016, 178). Yet in this case self-harm is explicitly framed as a moral and personal failing. It is something that Ruth must "admit to", something which is not only a behaviour but an identity (she is a "cutter"), something that is ineffective, and something which Ruth herself must take responsibility for and no longer "give in to". While addiction is certainly a medicalised framework, drawing on understandings of brain chemistry (Chandler 2016, 168), the solution is not medical but personal: it is an exercise in self-discipline. The letter aligns, exactly, with our previous characterisation of the way in which Young Adult problem novels position self-harm as an error in judgement, to which the self-harming subject must first confess and then renounce. It reduces recovery to this exercise in self-abasement and self-management, through a highly public act of confession. Ruth must not only change in her self-knowledge but also publicly declare her previous error to all her family and friends. The letter is framed as 'freeing', but in my reading it felt shaming. This is part of her treatment, her care, but it felt almost cruel. At the letter's close Ruth states that "I'm sorry for anyone that I've hurt when I was hurting myself" (2005, 183). To recover is to apologise, to apologise for having been ill, and through being ill having disrupted the flow of society.

That such a recovery is individual is highlighted through the complete absence of any mention of peer support meetings or the collective support and fellowship which is at the heart of traditional AA.⁸³ Such individualism and the equation of recovery with responsibility is thrown into sharp relief by the letter's impact, which is revealed when Ruth's supportive school counsellor picks her up from the facility. Although Ruth's self-harm is repeatedly framed as a response to her abusive father, Ms Blanchard tells Ruth that "I had some problems convincing Protective Services that it wasn't in your best interest to be returned to your previous

⁸³ For an interesting examination of how that communality is present in both the structure of AA and in the very structure of AA narratives of recovery I recommend Leslie Jamison's *The Recovering* (2018).

home” (2005, 188). However, the arrival of Ruth’s emancipation letter “changed some things” (2005, 188), and meant that her grandmother intervened and agreed Ruth and her brother could live with them. Ms Blanchard at no point suggests that there might be some systemic failing occurring. Rather it is straightforwardly accepted that Ruth herself needed to effect change, that she was required to recover, and by recovering in the prescribed way (by sending the letter) she was able to resolve the circumstances which were making her unwell. It is not care which is needed, but more effective self-management. In aligning these two forms of resolution the novel suggests that it is recovery itself which can solve the social and material difficulties experienced by those who are mentally unwell. Her father’s abuse, her living circumstances, her recovery: it has all become Ruth’s responsibility. Thus, the ending contains the potential failure of self-harm, returning Ruth to movement through time and to responsibility, and thus to success or to virtue, which of course within a neoliberal framework are one and the same.

Temporalities of treatment: obeying the timeline

Francesca commented on this norm of obedience when discussing the TV show *Crazy Ex-Girlfriend* (2015-2019), a text which to her was associated with self-harm even though it was not explicitly depicted. She said

I really liked it in the first couple of seasons because it was kind of a very savvy and very kind of unapologetic deconstruction of that, the *Fatal Attraction*, the crazy ex-girlfriend. But [...] once they diagnose the character with Borderline Personality Disorder, then it becomes about like her kind of, you know, prostrating herself. It's all very like, her like making amends for her [...] They talk about DBT, she has to go to group and like they show her doing her work books. [...] She goes through recovery. [...] It was kind of, it was like she had to sort of, kind of beg to be loved or something. It was like she had to change to be, you know.

This explicitly frames (or responds to a framing of) recovery in terms of submission and obedience. Francesca articulates clearly a sense that recovery is something one “goes through”, a process, a movement through time in which one only has to obediently follow the steps laid out before you. For her the introduction of recovery signalled a shift: while before the show had felt capable of exploring the character on

her own terms, refusing stereotypes and tropes, now those very terms were exposed as not only mistaken but immoral, something that must be made amends for. The (quasi-)self-harming subject cannot remain, she must “change” in order to be acceptable, to be loveable, to be bearable.

This aligns with concerns in the previous section about self-harm representing a form of stubbornness, a refusal to “get over.” Elizabeth Freeman contends that being normatively modern is a matter of living “a co-ordinated, carefully syncopated tempo” (2010, xii); within chrononormativity time organises individual human bodies toward maximum productivity (2010, 3). Through her work we might suggest that the neoliberal subject (a figure always inflected with race, gender, and class) is one who not only appropriately lives ‘in time’ but also *moves* through time. Thus, the self-harming subject is one whom is stuck, one who repeats, an echo of Freud’s melancholic (1984). To be forgiven this failure requires submission not only to authority but to time, to movement – a movement which is always imagined to be travelling forwards, as if it simply inevitably follows the movement of time.

There is an interesting contradiction between forms of repetition: to self-harm, to continue self-harming, is to be stuck endlessly repeating, denied subjecthood and the possibility of meaning-making. Here repetition achieves no end, it is wasted energy, outside the normative trajectory to which the neoliberal subject should attend. Yet recovery itself is a form of repetition, a trajectory so oft repeated that it seems inescapable and pre-determined. Here repetition is desirable, is even required. This contradiction, between repetition as necessary survival and repetition as pathological, is one which might be traced through psychoanalytic thought more broadly; for instance, Lisa Baraitser skilfully negotiates between futurity-oriented reproduction and meaningless repetition in the context of maternal time (2017).

Neelam commented that she appreciated that “they didn’t cloud the *Hollyoaks* storyline into: she self-harmed, she got better, family was okay.” I was struck by the seeming ease of the trajectory she outlined, that the story might slip along as the sentence does. “She self-harmed, she got better, family was okay.” A straight movement from one to the other, repeated so often that the grooves through which subjects move are worn smooth. This is a final complexity: when recovery as an end point is inevitable, then the movement towards that recovery must be easy, the

difficulties encountered must represent our own wilfulness or mistaken self-management. Or at least this is how it seems in retrospect; what is initially framed through tropes of heroic struggle appears to be exposed through the conclusion's certainty as a less-than remarkable achievement. Here, again, we can see the power of the backwards glance, in which the significance of what came before is established not as the seriousness of the difficulty but as the possibility of its resolution. If self-harm requires a narrative closure characterised by certainty then the passage towards that certainty must be one of relative ease; for, if it were more complicated, then it might be less certain.

This is an individualising framework, one which is evacuated of structural and material context, echoing the concerns articulated by RITB and others. Several participants did mention or critique the depiction of services in narratives of self-harm. Francesca mentioned an annoyance that in fictional depictions the long-term resolution of self-harm is an inpatient stay, treatment which in the UK is subject to high thresholds regarding the severity of self-harm. She wondered “so, what does it do when you watch these TV shows where you see the thing that you were experiencing [...] And then it's like, and then the next chapter is something that you can't access.” The supposed necessity or inevitability of recovery easily escapes the bounds of the text, while social and material support is not so easily translated into reality.⁸⁴

Francesca also discussed the ways in which the *forms* of treatment depicted might prove to be unhelpful or even harmful. She talked about the “fantasy” that “the father figure substitute psychiatrist who takes an interest in you and like, you know, really turns your life around is like not real.” In the case of inpatient treatment, she remembered feeling that she'd happily “give up all of my like, agency and autonomy” in return for a structure that would “somehow turn me into a different person.” She had internalised an idealised perception of these treatments, hoping for something

⁸⁴ We might also connect the fraught experience of such thresholds to the earlier discussion of the association of severity with authenticity and legitimacy.

which could never be realised; fantasy might not be inherently unhelpful, but in this case it had been misleading. Now she was more wary, having heard a lot about iatrogenic harm and “people getting traumatized by the things that are supposed to be the interventions.”⁸⁵ But as she then said, this shifting perspective “does sort of leave you thinking, well, what am I supposed to do then?” Here a further contradiction: the smooth forwards movement of the recovery narrative might actually leave self-harming viewers with a heightened feeling of being stopped in one’s tracks, of being not on a path but a cliff edge. Movement is both required and impossible. The very structure of the recovery narrative requires, on some level, that treatment is both available and effective. Such a structure makes systemic critique impossible, or at the very least unlikely.

This has already been illustrated through Ruth’s ‘emancipation letter’ in *Blade Silver*, but a structural similarity between *Blade Silver* and *Girl, Interrupted* might further explicate this point. Both Ruth and Susannah are initially sceptical about whether they require treatment, and whether the solutions offered in their facilities will be effective. Ruth initially dreams of “getting out of here sooner” (2005, 153) and her involvement in the group sessions is minimal, declaring “I don’t think this place is helping me. I think I’d do better on my own” (2005, 158). When Susannah first arrives she says “I won’t be here that long. I’m just here for a rest.” Talking to the psychiatrist she asserts “I’m puzzled as to why it is I have to be in a mental institution,” and is reluctant to take her medication, listening to Lisa’s dismissal of Freud and psychoanalytic therapy. We might connect these two tendencies: the doubts that both characters feel about the severity or the nature of their own difficulties are associated with the possibility that the forms of treatment are pointless or superficial.

⁸⁵ Accounts of poor treatment experiences, in relation to both mental health generally and self-harm in particular, are common (Mitten et al. 2016; Lindgren, Svedin, and Werkö 2018). It is interesting to note that Margaret’s primary recollection of *Girl, Interrupted* was that “the hospital seemed a lot freer and easier than the one that I was in.” In her experience “there was no freedom, there was no privacy” whereas the characters “seemed to have plenty of privacy to talk” and “it was quite nice in there really”.

For both characters the narrative crux, the moment in which their recovery and move towards narrative resolution begins, involves the renunciation of both beliefs. Ruth starts “sharing a little better during the group sessions” (2005, 163) and eventually admits that “they’re helping” (2005, 168); this is accompanied by accepting “my problem” and the fact that “I don’t pretend like I don’t belong in Promise House anymore” (2005, 168). Susannah embraces her ambivalence about her diagnosis, saying “Crazy? Sane? Whatever I was, I knew there was only one way back to the world and that was to use the place to talk. So I saw the great and wonderful Dr. Wick three times a week and I let her hear every thought in my head.” Her misgivings about the validity of the diagnosis are swept aside and she recognises the truth of the recovery narrative’s structure: there is “only one way.” The totality of this pathway is emphasised twice over – not only is it the “only” way, but it requires total co-operation, Susannah must reveal “every thought.”

The texts introduce doubts about the treatment only in order to contain and resolve them; structurally this scepticism is associated with illness and misperception, while self-knowledge is equated with submission to treatment and thus with recovery. This structure perfectly aligns with Woods, Hart, and Spandler’s analysis of the recovery narrative’s two-fold confirmation “first, that the narrator does indeed possess insight into her own mental distress, and second, that this insight has been hard-won through the shedding of false (erroneous, delusional, ideological or otherwise unhelpful) beliefs” (2019, 11).⁸⁶ Thus, the recovery narrative functions as both evidence and enactment of recovery. In this precise case, the stuckness of self-harm becomes the stuckness of refusal, which is introduced within the narrative only to be resolved and thus to emphasise the necessity of movement. Again, the narrative structure and conclusion function to manage uncertainty and instability associated with self-harm.

⁸⁶ It further aligns with Frank’s critique of the restitution narrative as bearing witness “not to the struggles of the self but to the expertise of others; their competence and their caring that effect the cure” (1995, 92).

This aligns with this thesis' previous consideration of narratives which position self-harming subjects as fundamentally mistaken, and with broader discussions about epistemic injustice in the context of mental illness or disability. Margaret Price has notably argued that people with mental disabilities (including mental distress or madness) are excluded from rhetoricity, and therefore lack "the freedom to express ourselves and the right to be listened to" (2011, 26).⁸⁷ If the premise of knowledge about self-harm is that those who self-harm are inherently mistaken about the practice of self-harm itself, then they might naturally be thought to be mistaken about the nature of treatment as well. Is there any way that a self-harming subject could express doubts about a treatment (or about a medical practitioner) and be believed? In a reflection of the dynamic of oppositional reading observed in Chapter 2, whereby participants established distance between themselves and stereotypes of self-harm through textual critique, here all self-harming subjects are unified in their mistakenness precisely through their inability to express legitimate criticism. Critique has become not only conceptually but structurally impossible.

Age, maturity, and growing out of self-harm

If the recovery narrative is a structure which requires smooth forwards movement of progression, it might be unsurprising that this carries implications regarding age and maturity. Several participants expressed concern that self-harm was presented as experienced only by young people. Blanche talked about this generally, and with reference to a music video for the artist P!NK:

When I do see self-harm depicted it is never adults that are shown doing it. [...] It's literally, it's only ever like a teenage scandal kind of scenario. And it does frustrate me, like it, it really frustrates me because I'm like *oh my god, adults still do this*. Like it's not some, it's like not something you grow out of. And that is kind of how it is depicted, especially like that music video. This girl grew, grew out of it, and went on to have a really happy life and I'm like, that's good for her. But that doesn't happen to everyone else. [...] At the age of 20

⁸⁷ A broader explanation of potential epistemic injustice in relation to self-harm can be found in Patrick Sullivan's article *Epistemic Injustice and Self-Injury: A Concept with Clinical Implications* (2019).

plus, self-harm doesn't exist anymore. Which is very frustrating, and I can't even imagine what it's like to be someone even older than me?

Blanche is not mistaken: while there are one or two exceptions, there is no doubt that most self-harming characters tend to be teenagers, or at least in their early 20s. Her comment helpfully explores how self-harm's association with youth, or specifically adolescence, might function to trivialise the experience. I was struck by her association of self-harm with "teenage scandal," given the previous chapter's discussion of the association of self-harm with melodrama. Melodrama has been described as a "central mode of narratives built around the intensities and introspection of teenage experience" (F. Woods 2016, 88). Yet it might not simply be a genre that fictionally reflects or represents teenage experiences; rather, we might consider it as the genre through which teenage experiences are narrativised or understood in reality. Through this frame teenage experiences are easily dismissed, are seen as *melodramatic* rather than simply *dramatic* or important. A "teenage scandal" might be intriguing or shocking, but it might also be easily removed from the complex social and material realities within which self-harm might exist: it might be both simplified and trivialised.

Blanche described both a fictional representation and a broader social perception that self-harm was "something you grow out of." The phrase carries interesting temporal implications: it once again aligns recovery with forwards movement, with the expansive, directional progress of 'growth'. But it also locates the process as something which is natural and inevitable; this is certainly a stark contrast to the anxieties which seemed to be present around self-harm's association with suicide.⁸⁸ There is an echo, once again, of ease: if the process of ceasing to self-harm is simply one of 'growing up' then it no longer requires struggle, or difficulty, or even support. Recovery here is taken to come with maturity, and thus

⁸⁸ The implications of such a stark contrast will be explored in greater detail in the subsequent section; here we might simply note that there is a somewhat fraught relationship between these two imagined futurities, and the ways in which each negotiates the imagined risks of self-harm.

perhaps comes to *signify* maturity, a further instance of compression. If self-harm is a 'teenage' behaviour then the adult self-harming subject is one who is stuck in adolescence, one who cannot be integrated within neoliberal adult subjectivity.⁸⁹

Self-harming adults are subjects out-of-time, out-of-pace. They have failed to maintain the rhythms, the forward movement of neoliberal subjecthood: their timeline is 'elongated.' That immaturity might be pejorative is highlighted by Neelam's comment that "the media almost portrays a dumb blonde self-harming, this playground attitude, and she doesn't know what she's doing. And she just needs to grow up." Self-harm comes to represent, to signify, ignorance and childishness. Here self-harm's failure of knowledge, which is significant in both Young Adult novels and recovery narratives, is specifically a failure associated with youth. The 'stuckness' of self-harm becomes not only unnatural but wilful, an active refusal to simply be pulled along by natural processes of growth, a failure of 'responsible' adult behaviour and subjectivity.

Blanche's description of the absence of representations following adolescence seemed to convey the sense of a void, a bleak gap of nothingness. Self-harm isn't merely less visible, it actually "doesn't exist," despite demographic data which suggests that self-harm occurs beyond age 25 in around 30% of cases (Klonsky 2011).⁹⁰ We understand the recovery narrative as providing closure or psychic containment for the difficulties depicted in the text, allowing them to remain within the time of reading or watching. Yet it might perform a double temporal containment; in confining self-harm to the teenage years, self-harm is time-bound

⁸⁹ This precise critique was made by Lou, who noted that "I can't think of any stories about adults" which she felt was "a damaging message" in part because it was simply inaccurate, but also "because it means that anybody over a certain age feels like there's a sense of shame. Or either that you're in this elongated childhood or that you didn't grow up or that you haven't, you know, sorted your shit out or whatever."

⁹⁰ As always, the demographic data is somewhat uncertain. Rates of self-harm are much higher among adolescents, then decreasing from the early twenties. A recent UK-based study found that the prevalence of self-harm in adults aged 65 years and older was 4.1 per 10,000 person-years (Morgan et al. 2018). However, the absence Blanche identifies is also present in research; there are very few studies exploring non-suicidal self-harm in adults in the UK, and community-based studies are especially rare. Such studies that do exist often investigate adults older than 50 or 65 years, leaving adults aged 30-50 almost entirely excluded.

twice over. I wondered about the sense of frustration Blanche talked about, a feeling which I would suggest might precisely be structured around a sense of anticipated-yet-denied movement: frustration requires an awareness of both the expected possible and the literal impossible, a feeling of being stalled. What happens when the anticipated path is not before us, and there seems to be no way forward? Repeatedly narrative closure, specifically recovery, is understood as that which provides satisfaction or comfort: here it does the opposite. When the totalising certainty of narrative conclusions to self-harm positions specific forms of forward movement as both virtuous and necessary, anything outside of this path becomes failed movement, indeed the absence of movement through both space and time.

Blanche's concerns weren't simply linked to a sense that self-harm might be less socially acceptable in adulthood. Rather she felt that this narrative trend might be tied to the material support available for adults who self-harmed. She'd noticed that in her own experience, once she'd turned 18 and started to attend university, she felt that there had been no noticeable services aimed specifically at self-harm. An almost identical point was made by Rosa:

Especially as you get older, you're seen, self-harm as just a teenage thing. [Yes.] So I think as you get older and you're still self-harming, people are like, *you are really doing it for attention now*, because you're supposed to, it's just a teenage thing. [...] I think if a child is self-harming people are like *oh my gosh, maybe she needs help, or he needs help*. But then I think if you turn 18, and [...] that help goes away pretty much, is halved.

Self-harm beyond the appropriate temporal bounds of adolescence is seen as particularly inappropriate. Rosa imagines the criticism "you are really doing it for attention now": the timer on acceptable distress has run out. Perhaps just as drama was established as somewhat more acceptable within the bounds of adolescence, so too is finding oneself the object of attention. The association between the cessation of self-harm and the entry into acceptable maturity is striking. In a child self-harm signifies intense distress, and thus a genuine need for help, which Rosa felt might be matched by offers of care. In an adult self-harm signifies immaturity, and such help is less likely to be forthcoming. Interestingly RITB suggest that the introduction of 'recovery' as an organising concept within mental health services has

been accompanied by a shift away “from services and research that meet the needs of those with severe and long-term conditions” (2019, para. 33).⁹¹ Similarly Woods, Hart, and Spandler suggest that the recovery narrative, as promoted and disseminated by national mental health campaigns, “frequently prioritises [...] younger voices and photogenic faces” (2019, 13).

Age, duration, acceptability, and recovery all intersect. For while the figure of the self-harming subject remains a teenager there is hope that the “problem” of self-harm might be resolved within an acceptable timeline, that “normal” life might be returned to. As Lou said, in the dominant narrative in which self-harm is ‘recovered from’ during youth “there’s a fantasy there that I can think, it’s almost having a time travel, [...] a hope that those behaviours would have been past-tense.” Cindy Patton has analysed the ways in which science and society both configure adolescence as a time of change (1996), while Angus Gordon has suggested that in adolescence the “subject is still to be fully predicated” (1999, 8). This conception of teenage subjects as constantly-in-change allows for adolescence to be constructed as a temporal period within which difficulty, disruption, and non-normativity might be both bearable and containable.⁹²

In *Girl, Interrupted*, Susannah’s movement towards recovery is subtly associated with age. Following a discussion with the head nurse, Valerie Owens, we hear Susannah speak in voiceover, as camera pans over shifting scenes in the institution. She says “When you don’t want to feel death can seem like a dream. But seeing death, really seeing it, makes dreaming about it fucking ridiculous. Maybe there’s a moment, growing up when something peels back. Maybe, maybe I...” This could be described as the first moments of Susannah’s recovery. Suicidality and self-harm become dismissed as “fucking ridiculous” – not just mistaken, but absurd,

⁹¹ There is little practical investigation of the care available to adults who self-harm. A recent study found that 36% of adults aged 60 years and older were referred back to their general practitioner after self-harm without onward referral to specialist services, contrary to the NICE guidelines; however, this study did not distinguish self-harm from attempted suicide (Murphy et al. 2012).

⁹² The function of containment might be vital: Kirsty Liddiard and Jen Slater have noted the way in which disabled bodies become sites of containment with regards to bodily function, leading to the infantilisation of those who cannot be contained (2018, 321).

laughable, almost shameful. Not only does the expletive convey a forceful derision but the specific dismissal of 'ridiculous' carries associations of something small, petty, and childish. This impression is strengthened by the immediate subsequent reference to "growing up". It is unclear whether Susannah is describing the experience of madness as one in which "something peels back", or whether that in fact is reflective of her experience of recovery. Regardless, the movement into and through such a stage, the 'stage' that is mental ill health, is associated with youth, growth, and the movement towards clear or accurate perception. The voiceover is accompanied by shifting scenes and overlapping speech, deliberately conveying the passage of time and a strong sense of forwards momentum. Here, again, recovery is a process which moves through time. The preceding conversation with Valerie Owens concludes with the nurse instructing Susannah "Do not drop anchor here": it is clear that she means do not stay still. To be ill is to be stuck, but only because you have chosen not to move. Susannah makes the correct choice, she chooses recovery, she puts away the 'childish things' of her illness.

Eli Clare suggests that "cure is inextricably linked to hope" (2017, 10), and to hope's future-oriented temporality. If adolescents are thrust into a "mode of waiting" (2016, 24), as McDermott and Roen suggest, then we might consider adolescence to be normatively configured as a future-oriented life stage. Once this is no longer the case, the disruption self-harm poses to narratives of progress, health, and acceptable conduct become more severe and less acceptable, both within the framework of available narratives and within the current provision of services. This is brought into particular clarity through a return to Anita Harris' dichotomy of the 'Can-Do' girl and the 'At-Risk' girl. While we might assume the self-harming subject to fall automatically into the 'At-Risk' category, in fact Harris is at pains to note that a great deal of attention is focused on the potential psychological conditions which might prevent the 'possible can-dos' from reaching their potential. Harris suggests that "it is not that can-do girls are imagined as problem-free, but rather that their problems must be quickly dealt with to ensure their success" (2003, 31). In the time of adolescence the self-harming subject (particularly when also white, middle-class, and female) can still be safely located in an anticipatory orientation, in which the future, the desired future of normative adulthood, is still accessible beyond the

liminality of youth. These self-harming subjects are not abandoned to the category of 'At-Risk', but they are required to recover and to do so within the given timeline.

Adolescence, through its anticipatory nature, is a moment in which there is still time, both now and in the future. But this time runs out, and with it the care permitted to those for whom a normative adulthood is still possible. Self-harm's presence, within narratives and within lives, is possible so long as that presence is contained within the certainty of eventual cessation and progression to adulthood: self-harm is bearable so long as it stops. When it is ongoing it becomes unfit, unfit for a narrative arc, unfit perhaps even for care. Or, to once again return to our previous frame, self-harm can be given some time, but not time of its own. Self-harm (and the non-productive repetition, the stubborn stuckness it signifies) is not only resolved through the closure of recovery, but it is made bearable, acceptable, through recovery: recovery is the means through which subjecthood can be retained (or, indeed, recovered). The totalising certainty of this form of closure positions recovery as easy, natural, and necessary. Through the compression performed by this closure recovery (and any potential complexity the term might in fact carry) is displaced to instead simply stand in for maturity, knowledge, and cessation. Self-harm itself comes to be that which both must not be given time, and which needs no time: it is both resolved and replaced.

Ongoingness and uncertainty: undermining the ending

I have laid out a bifurcation of narrative trajectories in stories which depicted self-harm. On the one hand, recovery took place following medical and therapeutic treatment. Alternatively, characters died, either explicitly by suicide, or as a result of an act of self-harm. Participants experienced both trajectories as in some way difficult. This bifurcation represents a somewhat stark vision of futurity for self-harming subjects: they must either recover or die, there is little to be found in between those two possibilities. Not only is the range of futures very narrow, but the stakes in successfully negotiating them (both in fiction and in life) seem heightened: anything short of full recovery seems then to inevitably signify death. Most notably, regardless of which of the two narrative trajectories a text follows, they obey a single determining principle: self-harm must have ceased by the end of the narrative. The time of self-harm and the time of the narrative must align.

In exploring speculative fiction Alison Kafer argues that even in otherwise radical visions of the future “the value of a disability-free future is seen as self-evident” (2013, 3). This tendency is evident most strikingly in recovery narratives, but even in narratives which end in death the implication is the impossibility of imagining a future in which self-harm is ongoing. Or, to be specific, the impossibility of imagining an ending which is not simultaneously the end of self-harm. It is to this possibility, the possibility of what self-harm might mean beyond (or without) an ending, that I will now turn. First, I will explore participants’ frustration that embodied after-effects of self-harm, specifically scars, were often written out of narratives. I will then connect this to participants’ desires for alternative forms of chronicity and for textual genres or forms that might represent ongoingness or resist containment through totalising conclusion. Thus, the chapter explores what it might mean to want an ending, both in fiction and in life, and the deep contradictions which such a desire might engage with.

Scars and healing: an embodied temporality

Participants themselves did not connect scars to the question of narrative conclusions, but they were frequently discussed in other contexts. Hattie described a university seminar on the tendency for scarred bodies to be represented only in the context of horror films or villains, saying how true she thought that was. She

commented “I don't think, I can't think of a single thing, like fiction or otherwise, where it's like talking about people with scars and stuff.” When I wondered if this might be connected to the tendency to end narratives with cessation of self-harm, Hattie said:

I think it looks at like the recovery and it's like *oh you stopped self-harming, now you're recovered*. But it doesn't look at the fact that like, even though I'd say that I'm recovered from self-harm, I still have to deal with the rest of my life the fact that I have like a lot of scars and I have to deal with people's, like, reactions to that. [...] And I've never like seen or heard anything about that.

For Hattie, the particular form of closure which accompanied recovery in narratives was not reflective of (or perhaps possible in) real life. While recovery might be complete and the practice of self-harm has ceased, this does not mean that the experience of self-harm has finished, particularly when self-harm has resulted in permanent or long-lasting changes to the body. For Hattie, the scars associated with self-harm remained not only as part of her body or part of her sense of herself but as part of her social interactions. Hattie emphasises the permanence of this experience, it will be something that happens for “the rest of my life”. Recovery might provide a form of closure, but it is not the end. Narrative endings have an inherent form of permanence simply because there is nothing that comes after them. Yet in life there are other forms of permanence, the permanence that is not an end but an endless ongoing, one to which the rhythms of life must adjust.

For Hattie this meant that fiction often failed to represent an important aspect of her experience of self-harm. While such comments were not always strictly tied to fiction, it was clear across several interviews that Hattie was not alone. Neelam mentioned that “I wouldn't go on holiday with my friends for years because I was really worried about my scars on my legs.” Rosa told me that “I used to love swimming, I used to love it, but I haven't been swimming since I was 17” and talked to me about how hard it was to find long-sleeved swimsuits, especially ones that were affordable. She said that “I became very conscious about changing, like in the changing rooms at school.” Tracey also talked about summer being a “nightmare,” and choosing to get a tattoo which covered up her most visible scar. Lou talked about:

Having been a bridesmaid and all, you know, thinking about the, navigating those kind of scenarios. And not wanting to get changed in front of friends and swimming pools and at parties and somebody saying *oh just try this on* and thinking, *Oh, God*, you know, that's a whole different, you know. Or in a relationship navigating intimacy, getting to know someone and what point do you share and, you know, all those kind of things.

I didn't ask any questions specifically about scars: while each of these comments had their own context, it was notable to me how often the topic came up, how significant scars were to negotiating both self-harm and its afterlife, and thus how great a gap their absence might be in representation. Moreover, these comments together suggest a resonance between the topic of scars and the idea of rhythm. Scars as something which shaped the rhythm of your day, of your life, present in every changing room, impacting your daily or weekly routine as you stop going swimming. Scars as something which became part of the rhythm of your intimate relationships, which impacted other rhythms such as decisions about when to have sex. Scars as something which impacted the rhythm of the year, in which summer brought not just warmer weather but a daily heightened awareness of your body and its social implications. An intrusion on the social rhythms of holidays, booked in March and collectively anticipated until July. These were all difficulties which certainly might, in fiction, provide a moment of narrative tension, instances of disclosure or reveal. But in the context of a life they were not singular one-offs, they formed no neat progression: instead they were rhythmic, caught up in endless repeating days, weeks, months, seasons. These are the rhythms that make up a life, but they might be a poor fit for the rhythms that make up a narrative. The difficulty of giving self-harm its own time might mean not only granting it sufficient time, or time on its own, but its own *form* of time.

To consider the representation of scars, the 2018 HBO TV series *Sharp Objects*, (an adaptation of Gillian Flynn's 2006 novel) is useful. Both the novel and the TV series follow Camille Preaker, a journalist who returns to her childhood town of Wind Gap where her mother still lives with her much younger half-sister, to investigate the murders of two young girls. Both texts are notable in their foregrounding of scars resulting from self-harm: in fact, her scars might be Camille's

defining characteristic. Camille is represented as having scars which form words, covering almost the entirety of her body. There is certainly a point to be made, as Lou did, about the dubious realism of such a depiction. Yet there are interesting aspects to the text's framing of Camille's scars. In the TV show we first see Camille's scars at the close of the first episode: the images of Camille are the last the viewer sees. It might certainly be structured as a moment of revelation; that Camille's scars are a secret the show is keeping from the viewer. Throughout the first episode we see Camille only in her characteristic dark long-sleeved top and jeans. Thus, in many ways the eventual depiction of Camille's scars functions as the classic conclusive 'backwards look': viewers are invited to reconsider the episode which they've just watched, reinterpreting Camille's clothes (which distinguish her from the brightly dressed figures around her), her alcoholism, her evident distress, in relation to this new knowledge. So, too, we might subsequently project this knowledge forwards, carrying it with us such that every shot of Camille's distinctive clothing is in fact a shot which signifies the absence of the scars which we know her clothing covers. Thus her scars are constantly visually present, even though they are rarely shown: they become, so to speak, part of the fabric, perhaps even the rhythm, of the show.

Yet because of the show's form as episodic TV, this is not the sole function of the narrative positioning. For here an ending is not in fact the end. Placing Camille's scarred body as the final shots of the first episode establishes her self-harm not as the end of a story but as the beginning of one. Moreover, the specific cinematographic nature of our introduction to Camille's scars serves to unsettle their stability as a form of narrative conclusivity and as a clear signifier of distress and difference. The light in the bathroom is low and warm, Camille has laid out flickering candles, seemingly intimate in contrast to the episode's previous scenes of bright, open sunshine. Camille moves slowly through the frame, not rushing but never still and never quite in focus. As she sits and turns to close the faucet we see the back of her shoulder and can, in the low light, begin to pick out the scars. The lighting continues to be low, and the camera is mostly still: it doesn't zoom in on her skin, it doesn't pan across her body. We see that there are scars across most of her body, across her arms, her shoulder, her back, her legs; but the scars (and the words they form) aren't brought into clear focus. The movement of the scene, of both Camille and the camera, is constant but not urgent; there is rhythm but no rush.

In this moment, perhaps for the first time in the episode, Camille seems relaxed; in our final image of her she is the picture of nonchalance. The scene is dramatic in its structural positioning but not in its tone. This is a stark departure from the source material, in which Camille introduces her scars with a litany of description, overwrought imagery, and details about her psychological history, all of which foreground self-harm's pathology, its strangeness and disturbance.⁹³ On the screen, Camille says nothing, giving us no explanation, no exploration. In one sense the scene's location within the narrative structure positions her scars and her self-harm as the answer to our questions about Camille, yet the scene's tone and composition positions them as that which refuses to be explained, labelled, or even described. We, as viewers, might be disturbed by Camille but the show itself does not model this disturbance. Specifically, it does not construct a temporality of disturbance or of urgency: here time moves smoothly, slowly. Here, there is time for self-harm.

Complicating the meaning of recovery through alternative temporalities

Scars were not only tangible material forms of embodiment which had to be frequently negotiated. They also held meaning: a meaning which might complicate the narratives of recovery discussed above and their neat closure. Tracey discussed scars in the context of the sort of recovery she'd like to see depicted:

I would like some sort of sense of continuous narrative [...] I think something that is about a sort of aftermath and a recovery that is not about something being gone and over and just a ... you know, like a terrible thing that was in the past. But something that is about integrating the behaviour with somebody's entire personality and life, but also showing how they can go on and be happy.

⁹³ Camille introduces her scars to readers by saying "I am a cutter, you see. Also a snipper, a slicer, a carver, a jabber. [...] My skin, you see, screams." Camille's body is not described but labelled, a litany of descriptors, followed by an almost overwrought image of her skin 'screaming.' This introduces a long passage in which Camille talks in detail about the particular words which are cut into her skin, the history of her affinity with particular words, the beginnings of her self-harm, the constant presence of her desire to self-harm ("most of the time that I'm awake, I want to cut"), and her time in an inpatient facility (2006, 76-79).

When talking about strangers seeing her scars she said she didn't want to "deny" her past self but that "I also don't want that sense of an impression of who I am to wipe out everything I've been since." Here we can again see the way that narrative closure (and attendant certainty) might serve not only to close but to foreclose or foreshorten. For Tracey there was something interesting to be said about the afterwards, about the way that self-harm might continue to be a part of who you were, of your life, without being the determining factor. Here scars seem to draw into relief the complex temporality of the self. Moreover, when the temporality of the self is more complex we can see a recovery that exists with more nuance, recovery in which "a good life" is entirely possible without denying or even straightforwardly leaving behind the experiences and significance of the past and of past distress.

I was struck by the resonance with something Lou said, after discussing *Sharp Objects's* tendency to treat scars as a source of narrative tension:

I think if I had seen more fictional presentations of characters, of scars, so there's something healed. That would have changed one, my perspective on the capacity that those things could heal, you know. But not the pressure for it to be past tense, but actually, yeah I don't think I've seen, I can't think of any fictional representations of scars, and then whether it's relevant or not, if that person was still using self-harm currently, that would have been a healing experience for me to see that in a character.

Once again scars might signify healing without ending, in contrast with the stuckness associated with ongoing self-harm. For Lou scars might both signify and embody the possibility that even amidst self-harm time continues onwards, that self-harm and healing are not incompatible; in some way they are inextricably linked. Wounds always heal into scars, and scars themselves change and fade, even amidst the presence of new wounds, new scars. The self-harming body, in which individual scars and wounds might each have their own complex temporality, belies the fiction of one single narrative path towards the closure of recovery: there is always both hurt and healing, the two existing simultaneously rather than exclusively. Lou talks about the "capacity that those things could heal," and this in itself being "a healing experience". In some ways this is deeply reminiscent of the perspectives on recovery narratives cited above: that seeing recovery might prompt recovery. Yet she did not

seem, to me, to be suggesting that seeing representations of scars might cause her to stop self-harming. Rather, by considering a different relationship between self-harm and healing, a different temporality of self-harm or healing, the two concepts might open themselves to new meanings which felt less punitive or less totalising than the trajectory and certain closure of recovery.

Lou said “So it'd be interesting to see a character on screen who had scars, but the film wasn't about self-harm. And it wasn't about that person stopping or starting and that intensity of that, you know, and that wasn't the focus of it.” This seemed to precisely describe a desire to fill the absence caused by the bifurcation outlined above: when self-harm must be narratively contained either by recovery or by death there can be no “after” self-harm. To even depict the scars associated with self-harm is to depict something which causes anxiety, something which must be narratively contained. Thus, for self-harm to be present at all it must not only be narratively relevant but narratively necessary: it requires an arc of its own. Lou's comment echoes earlier discussion of mundanity or ‘boring’ depictions of self-harm. Perhaps mundanity is not simply a tone or tenor of representation: it might also be a rhythm or a pace, our sense of movement (both our own and that of other subjects or objects). Lou talks about “stopping and starting and that intensity of that,” the way in which when self-harm becomes the “focus” of a narrative it must also determine the structure of that narrative; or perhaps conversely, that self-harm must be structured through narrative. The aesthetics of narrative require suspense, building and release of tension, beginnings, middles, and ends, closure and containment. For self-harm to become a narrative the rhythms of narrative must become the rhythms of self-harm. Lou seems to be seeking an alternative, a way to reflect the temporalities which self-harm carries in her own life, temporalities not captured by the arc of recovery: for Lou the solution is to shift self-harm's position in narrative representation, to grant it presence but not centrality. Granting time to self-harm need not be the same thing as granting it more time: it might simply mean granting it its own time, a time less dependent upon narrative conventions or aesthetic requirements.

Here we might return to *Sharp Objects*, which is distinguished through its location predominantly in the ‘post-institution’, the ‘post-cessation’, the ‘post-recovery’. Initially this post-ness is signalled solely through the faded, pale nature of

Camille's scars. Through the structural significance ascribed to Camille's *scars*, rather than to any act of self-harm, the narrative foregrounds the possibility for self-harm as a broader category of experience to continue to be a structuring force in one's life regardless of the particular temporality of any individual act of self-harm. Camille's continued position as an 'unwell' woman, a wounded woman, is foregrounded throughout the episodes through her drinking, her difficult relationship with her mother, and repeated flashbacks both to the fatal illness of her sister, and to previous traumas such as a violent sexual assault. The inpatient treatment she received has not brought an end to Camille's difficulties, and its presence in the heart of a narrative about ongoing distress (it is featured in the third episode) functions structurally to foreground an uncertainty around simple or easy forwards movement and progression through time.

Moreover, the narrative troubles the suggestion that the end of inpatient treatment, and thus an initial cessation of self-harm, equates to a resolution of self-harm itself, or indeed to a permanent ending. For while Camille's scars are noticeably old, following the funeral of one of the murdered girls (during which we see a flashback to the funeral of Camille's sister) Camille purchases a needle which she seems to be about to use to hurt herself, before being distracted by a noise outside her car. While the moment in which we see Camille's scars for the first time is afforded structural narrative significance, this moment is not. It is placed mid-way through the second episode, it is neither a turning point, nor a conclusion, nor a climax. Its contextualisation amidst Camille's evident distress at the funeral positions it in relation to both past and ongoing difficulty, to which self-harm is an understandable response, but which the cessation of self-harm will not resolve. Simultaneously that Camille does not self-harm is understood to be mostly a matter of chance, rather than choice, realisation, or self-control. Camille's self-harm may be understood, through her scars, to be something that is 'past', but the show troubles the possibility of any clean break, exploring the ways in which self-harm might continue forwards into the future or might be a site of return. If, as I suggested through Elizabeth Freeman's idea of chrononormativity (2010), the ideal neoliberal subject progresses smoothly through time, Camille's movement is more jerky, more uncertain, undermining the temporal stability of the recovery narrative.

Camille's scars do not only signify her inner darkness or distress; they also cause trouble, cause her to be treated as troubled.⁹⁴ In the fifth episode, Camille, Adora (her mother), and Amma (her sister) are shopping for dresses. Amma, in a fit of pique, steals Camille's clothes from the changing room; Camille is left only with strappy dresses picked out for her by a sales woman. Camille asks them to pass her clothes, asks Amma to wait in the car, but Adora is impatient; Camille opens the door wearing only her underwear. Unlike the previous scenes her scars are clearly visible in the stark light of day. Moreover, the camera is no longer reticent, it zooms in and moves jerkily across her arms, her chest, her stomach, her legs, each image intercut with her sister's staring face. Gone is Camille's languid comfort: now she stands awkwardly, ashamed. The contrast to the earlier scene is significant, establishing that the meaning of Camille's scars is not inherent but contextual, relational, socially determined.

Her mother stands aghast and says "It's worse than I remembered." Again, temporality is at work; we assume that recovery and cessation means forward momentum, means "better," but for Adora this is "worse". For Adora, Camille's self-harm and the scars it resulted in are something to be safely left in the past, to only be remembered; in contrast to the show's emphasis on her scars as part of Camille's everyday reality. For Adora, Camille's scars are doubly out of place: they are a remnant of the past now unexpectedly present, and they are a signifier of social abjection, which have no place in public. Adora asks "So it's over?" When Camille replies "Yes," Adora responds "It hardly matters, you're ruined". Camille's past cannot be left behind, it is indelible.

This is not to say that the show positions Adora as authoritative on this matter: she is understood from the beginning to be unkind, demanding, and unreasonable, and is gradually exposed as abusive. Yet her view is not insignificant; whether true or not this is what she believes of Camille, it is the response Camille might expect to her scars, it is a response which she might project into her future, might anticipate. Indeed, she does just this at the episode's close, having sex while refusing to

⁹⁴ As I have argued elsewhere (Heney, 2018), the show is sensitive in its ability to separate the reaction of others to her scars from Camille's own feelings about her body.

remove her clothes. Here is an ending that is both conclusion and ongoingness: we see the natural implications of Adora's response to her body, the ways in which this constant hiding might impact every aspect, every rhythm of her life. Yet this is an ending which is not a resolution, it is simply a continuity. Camille says "yes", that it's over, but when her mother leaves she goes into the changing room and tries to muffle her screams. Very little seems to be meaningfully "over." This is an ending which, rather than resolving the failure of self-harm through forwards momentum or through death's abstraction out of time, instead recognises movement as arbitrary and failure as socially enforced rather than personally responsibilised.

Extending self-harm

Participants also talked about the importance of understanding self-harm as an experience which extends through time, and perhaps even into the future. With reference to Lily from *Hollyoaks*, Neelam talked about the benefits of "seeing her journey and relapse as well [...] I always know that I'm always going to struggle with an element of self-harm. And she did, and she did relapse and she did cover it up from partners. And I, I remember going through that journey." It might be easy to think of the concept of the 'journey' as a form of the arc of recovery, encompassing difficulty but also overcoming. Yet I would suggest that here Neelam is referencing not an arc or a trajectory but something more recursive, constantly looping back on itself. For Neelam it was important to recognise that the cessation of self-harm wasn't necessarily a clear or definite ending: that there might be many endings, many occasions of 'relapse.' Indeed the return to self-harm might be something with particular dynamics, particular valences of secrecy or 'covering it up'.

When I asked about what it was like to see the storyline play out over several weeks on the soap Neelam went on to say that she felt "that was very relative of real life, wasn't it? Because self-harm isn't every single day, it's, it's good and bad. [...] I can have a really good week, or a really bad week. And, and that's how it is, it's up and down. And that's what I think worked." In previous chapters we have considered participants' desires to see self-harm appropriately contextualised within a character's life; there is perhaps a temporal aspect to this. In many ways Neelam seems to be praising exactly what was criticised about *A Little Life*: a text's ability to return to the topic of self-harm, to convey its movement through time without

requiring that movement to have a clear or direct trajectory. The length of the narrative, which in *A Little Life* was thought to be so excessive, here is appropriate, is reflective of something that Neelam recognises in her own life, and which avoids the misleading ease which swift resolutions seem to attribute to recovery.

Yet there's also a sense that self-harm itself is an experience which requires time, which extends over time; a temporality distinct from the 'crisisity' with which self-harm is invested elsewhere. It seems significant that self-harm is not a single act, a crisis, but something by its nature chronic. Through this we might consider the (potentially unspoken) significance of capturing, in narratives of self-harm, not the impact of singular, isolated crises represented by individual acts of self, but instead what Luran Berlant might call "crisis-shaped subjectivity" (2011, 54). In expounding a theory of 'crisis ordinariness', Berlant talks about Colson Whitehead's novel *The Intuitionist* (1999), suggesting that it "puts catastrophe back into the ordinary" and "refuses the exceptionality of the traumatic event" (2011, 73). This seems to be what is being called for here: a refusal of the temporal arcs with clear trajectories of recovery which might shape desirable or acceptable subjecthood, and a move towards alternative forms of subjectivity which recognise the potentially endlessly extending difficulty of the everyday and thus the possibility of a movement through time which is not a progression but something more uncertain or hesitant.

In considering this recursivity, Neelam articulates a different sort of futurity, saying that "I'm always going to struggle with an element of self-harm." I didn't interpret this to mean that Neelam felt she would necessarily *be self-harming* throughout her life, but rather that the idea of self-harm, the feeling of self-harm or the desire to self-harm, would be something that would remain with her. This certainly complicates any sense in which recovery or cessation might function as a point of ending, or even of separation between subject and self-harm. Other participants considered practices of self-harm to be more concretely part of their futures. Blanche, when talking about the dearth of representations of older adults self-harming, said "I think that's something that's just gonna piss me off more and more as I get older. Because I've kind of just come to the conclusion that this is maybe something that I'm never going to be able to 100% break away from and I'm okay with that." If the recovery narrative seems to mandate a disconnection from

past selves, here it also suggests a disconnection from future selves, an assumption that the futurity of self-harming subjects will in some way be radically different. Yet for Blanche the necessity of representations of older adults who self-harm is not just a fidelity to the experiences of other people who self-harm but a fidelity to her own potential future. This is a particular sort of 'staying with' self-harm, a staying with which extends through time and which articulates the benefits of taking time for self-harm, of allowing uncertainty in a vision of the future.

Blanche and Neelam refuse the framing of continuing self-harm as failure or failed subjectivity. Rather they articulate the possibility of a self-harming futurity which is an openness to the complexity of life, an acceptance of the many ways in which they might come to exist in the world. A desirable futurity is no longer one from which self-harm, specifically, is absent, but rather is simply a future that is livable, or is more livable than the past has been. Riley talked about a desire for a "hopeful" depiction of self-harm. They said "I don't think the hope is like, *Oh, this person stops self-harming* I don't - I'm like, that doesn't feel very interesting to me. [...] But the hope of like, how people can respond to each other and be like, like, tender and playful and silly or like some black humour." In the logic of the recovery narrative hope is accessed through cessation and thus closure: yet perhaps there can be hope without ending. Or rather, a hopeful *narrative* ending can be accomplished without the promise of a futurity from which self-harm is absent.

It was the ending of *Sharp Objects* which provoked the most comment, and indeed criticism. The series is, at its essence, a crime or detective show. Thus, the central mystery and plot is the death of three young girls. This seems to be resolved approximately two-thirds of the way through the final episode: it is made clear to both viewers and eventually law enforcement that Adora suffers from Munchausen by proxy and has been harming her daughters. The pliers used to remove the murdered girls' teeth are found in her house, with obvious implications. The episode then proceeds to allow viewers to relax into the comfort of resolution. The show lingers for nearly 10 minutes on Amma and Camille's new life together in St. Louis. Yet in very nearly the last minute of the show, Camille's goes to Amma's much-treasured dollhouse and searches through the rooms until she discovers, inlaid in one of the

floors, rows of teeth. Amma appears in the doorway behind her, she says “Don’t tell mama”, and the credits roll.

The twist is so sudden that (at least for viewers not familiar with the source material) it might easily be bewildering. Critic Sonya Saraiya characterises the cut to black as functioning “abruptly and violently” (2018, para. 6). For Saraiya, as for many viewers, such an ending is “definitively unsatisfying”: she suggests that “It’s hard to tell if *Sharp Objects* concludes, or simply just stops” (2018, para. 6). She compares it unfavourably to the book’s more evenly paced ending, in which Camille describes exactly how Amma and her friends carried out the murders, and even converses with her sister about her motives. It seems clear that what Saraiya is objecting to is a lack of closure, a feeling that the fun of the twist is undermined by the show’s refusal to contextualise it, to explain it. Instead of emotional comfort we are left with confusion and uncertainty, which is only heightened by the *structural* uncertainty of the ending. Not only is it sudden and abrupt, but its very function as an ending is undermined as, after about 30 seconds, the credits are interrupted with a jerkily-cut-together series of shots depicting Amma carrying out the murders. The shots are almost entirely close-ups of her face, and the faces of the victims: upon reflection what they depict is clear, but the immediate effect is hardly explanatory, rather they might simply serve to heighten confusion. If viewers watch to the very end they will see a final shot of Amma at the edge of the woods, turning away from the camera. Here endings multiply almost endlessly, and yet none provide satisfaction.

Endings also proliferate before the twist. Elements which in the novel follow the revelation of Amma as the murderer are instead located in the drawn out scenes of happy closure prior to the episode’s final reveal. In the novel, after her discovery Camille suffers a breakdown and is cared for by her editor and his wife: in the TV show we see her interacting with them before the revelation, sharing her final article and eating dinner together. The article itself is read aloud by Camille’s editor; its words are taken from the novel’s final lines. “Am I good at caring for Amma because of kindness? Or do I like caring for Amma because I have Adora’s sickness? I waver between the two, especially at night, when my skin begins to pulse. Lately, I’ve been leaning toward kindness” (2006, 321). This shift allows the episode to introduce various forms of closure (caring healthy quasi-familial relationships in contrast to the

dysfunction of Adora's mothering; professional success; personal reassurance about the implications of Adora's illness for Camille's own ability to show care) only to disturb or unsettle them in the final minute. Camille herself has supposedly authored the ending to the story: the conclusion is both written and read aloud, it duplicates itself, and yet it is not the end. It is not just that the ending fails to provide closure, but that the structure of this final episode suggests that closure might not be possible, that forms of closure are always subject to potential future unsettlement, that we might be mistaken about where our own ending can be located.

The article serves as the conclusion's only reference to self-harm, and it is an oblique reference: in the novel Camille feels the scars of particular words pulse at salient moments. This does not appear in the adaptation; while a keen reader of the novel, or a particularly astute viewer, might link the reference to 'pulsating skin' to Camille's scars, such a connection is not guaranteed. In the novel Camille responds to Amma's arrest by returning to self-harm. She is found by her editor who moves her into his home where "all sharp objects have been locked up," and she recovers (2006, 321). In the adaptation this is entirely removed: indeed one of Saraiya's criticisms of the conclusion is that "we never see how Camille comes to terms with this world-shattering stuff" (2018, para. 11). Lisa Baktin similarly felt the show's conclusion undermined the series' previous interest in "solving Camille" or "determining why she is the way she is" (2018, para. 16) in favour of "solving the murders" (2018, para. 18). Yet I wonder whether the show's refusal to explain or expound upon Camille's reaction is necessarily a betrayal of it. Even as it affords primacy to the resolution of the crime the show simultaneously de-emphasises this conclusion, both compressing and fracturing it. I have suggested that the show refuses to take a simplistic approach to self-harm; it is perhaps appropriate that its conclusion leaves viewers to make their own peace with the complexities and uncertainties of self-harm, the ways it might be experienced as ongoing, the ways in which it might defy closure.

Conflicting conclusions: the complexities of ongoingness

This is not to suggest that there is a particular ethicality to a depiction of endless self-harm, or that valorising such a narrative structure is without risks. I felt that a particularly subtle view of the complexities of both repetition and futurity was articulated by Amber, who talked about watching documentaries made by popstar Demi Lovato.⁹⁵ Amber referenced a particularly arresting opening to one documentary, in which Lovato told viewers that they'd in fact been taking cocaine during previous documentary interviews in which they'd given an account of their sobriety. Amber said that

I feel like they're not through their stuff, and that's completely fine. [...] But I feel kind of fed by certain things and certain like, like their stuff, they're kind of being fed by the public nature of their own stuff and that there's less incentive for them to get to a point where they can kind of put this behind them and like really be, you know to not have to make another documentary and to not have more to say.⁹⁶

In part this is a very insightful comment on current media dynamics in which trauma, difficulty, or distress serve as valuable forms of content. Yet Amber is also reflecting on a dynamic which is a common part of self-harm, and perhaps other experiences of mental distress. She had earlier described a sense that "I wanted to be in this messy, painful place and I wanted someone to get that, but I kind of wanted them to only get it piece by piece because I didn't actually want help. I still wanted to be in the mess but I needed to be heard and seen so badly." In part this inverts the previous critique of the ease which narratives often invest recovery with. If recovery's ease can seem to belittle the severity and authenticity of experiences of mental distress and self-harm, then that authenticity must be secured through longevity, through recursivity, through endlessness.

⁹⁵ In the documentaries they talked openly about their struggles with mental health difficulties (including disordered eating and self-harm) and addiction.

⁹⁶ I have changed the pronouns used in this quotation to reflect Lovato's own wishes, which were made public after the interview took place.

The distress and difficulty we experience can feel permanent, and to recover can feel like an admission that we were never ill to begin with. Moreover, the distress and difficulty we feel can seem inevitable and thus unending; this is part of the logic and experience of that very distress. It is difficult, perhaps impossible, to separate out the distress with which we can or should make peace, should integrate into our lives in ways that nevertheless allow for a meaningful future, and the distress which we might hope to lessen, however unlikely that currently seems. There is no doubt that narratives of compulsory recovery are not helpful. Yet that need not mean that we valorise our endless distress. I can offer no clear solution or resolution to this tension. I will only note that participants' accounts outline above offered a variety of ways of thinking about the potential ongoingness of self-harm, its potential futurities, which need not require continued distress but instead an openness to the complex, uncertain temporalities of self-harm.

Through this chapter I have traced the various ways in which endings to narratives of self-harm were felt to indelibly both characterise self-harm and delimit the futurities available to self-harming subjects. On one hand self-harm was often associated with suicide, both narratively and visually, creating not only a sense that self-harming subjects were in some way doomed, but also a crisis temporality around self-harm, in which the urgency of potential future suicide might be present in responses to present self-harm. On the other hand the most prevalent narrative trajectory with regards to self-harm was that of recovery, in which recovery was associated with cessation of self-harm, with individualisation and responsabilisation, with obedient progression through the clear steps of medical recovery, and with maturity and adulthood. In both trajectories these conclusions, and the narrative structures within which they were located, invested the ending of self-harm with certainty and virtue in contrast to the failure of ongoing self-harm. Through their emphasis on progression and their tendency towards compression they limited the time granted to self-harm as an object in its own right. Through both trajectories self-harm becomes the failure to follow the smooth movement through time which is required of the neoliberal subject: self-harm represents and is signified by stuckness. Participants complicated this view, articulating a temporality of self-harm in which recursive movement need not be the same as standing still, in which both self-harm and its embodied effects might have their own rhythms, and in which the meanings

associated with recovery and with healing might be both more complex and more uncertain, undermining the totality of forms of closure and conclusion. If we are to articulate more nuanced, less stark, and perhaps more caring forms of futurity for self-harm this might begin with finding time for self-harm in the present, in our lives and in our narratives.

Conclusion: the stakes of shame

This thesis has, at the most straightforward level, been an attempt to consider the intersection between narratives and experiences of self-harm. In so doing, and in bringing together both interview data from people with experience of self-harm and fictional texts, it has considered the ways that experiences of self-harm both shape and are shaped by responses to or experiences of fictional texts. One of the early aims of this project was to consider the ways that fictional texts might impact the way that people were able to talk about self-harm, or ask for support. This early focus has both broadened and been supplanted, as I simultaneously found urgency in questions of care, and took a more critical approach to the idea of help or helpseeking. Nevertheless, the question of how fictional depictions of self-harm functioned not only in the lives of people who self-harm but also in their relationships and interactions with others remained alive and of interest within this project.

While it has not structured a specific section of this thesis, the question of how texts function in social interactions ('the social lives of fictional texts' so to speak) has threaded through the chapters which have preceded this conclusion. In various moments, participants have felt (or feared) that fictional texts might shape other people's responses to self-harm, and found that their own relationships and social interactions impacted their experiences of texts. Yet I want to briefly consider this a little more specifically. In particular I will turn to Riley, who was talking about the sort of stories they might want to see told about self-harm, the sort of stories that opened up new possibilities for how we might talk about or approach self-harm. They said that this felt important, because currently conversations often felt difficult or limited:

I think I know that when I'm doing work talking about self-harm I'm often starting from zero. Or, I'm starting like ... what's the metaphor? Like? Almost like halfway up the wrong hill. So I have to like, turn round, pedal back down the hill, then peddle up the hill! [...] Yeah, I'm not even at the bottom of the hill, I've got to get down the first one.

This felt like such a helpful metaphor for conveying what it can feel like to try to communicate with people around self-harm, especially when trying to work from the

perspective of experience. It conveys both the frustration, but also the scale of the difficulty. It is not simply that people often have a limited knowledge of self-harm; it is that so much of our society and our culture, and implicated within them the stories we tell, lays the ground for encounters and interactions around self-harm to be hard or even unpleasant. To have a conversation about self-harm, to try to attend to self-harm in any way whether interpersonally or politically, is to first have to undo years, or decades, or centuries of unhelpful, limited framings and narratives. This is, in part, the experience which this PhD seeks to contextualise and explain. Yet it also, I hope, speaks to the importance of this work, to both its urgency and its hope. Self-harm can be a difficult and lonely experience; talking about it can be the hardest thing of all. It seems a shame to make it any harder than it has to be. This thesis has attempted to think through some of the ways that fictional narratives might fail those who experience self-harm, might mandate, re-enforce, or popularise unhelpful, limited, or even cruel ways of understanding self-harm. Yet it also explores some of the ways that fiction helps us to both understand and experience self-harm otherwise, or the ways that we might hope this could be possible.

There is much that this thesis has failed to include or engage with in depth, due primarily to considerations of length and space. Several themes present within the interviews were not discussed in detail, or even at all, despite their importance and their interest. Most notably, while I talked more specifically about gender, race, and class, the question of sexuality was explored in less detail; this was not because it was unimportant, but rather that to do it justice required separate attention and space which was not possible here. Participants made interesting and important comments, particularly about the association of recovery with heterosexual romantic fulfilment, and thus the implication that self-harm might in some way both be 'healed' by romance or male attention, and that recovery was necessary before romantic happiness was possible. Alternatively participants commented on the association of self-harm both with non-normative sexual practices more broadly (including BDSM practices), and with queerness specifically. Such comments resonate not only with this thesis' attention to norms and normativity, but also its problematisation of notions of 'woundedness'. Participants also noted self-harm's association with trauma and vulnerability, both of which might be experienced in relation to sexuality in both life and fiction. These varied comments establish a fascinating dynamic around the

interrelation of self-harm and sexuality, which I hope to explore in more depth in the future.

Furthermore, several participants commented on the potential significance of authors' own experiences of self-harm, and how such experiences might both authenticate and improve texts. A couple of participants discussed the question of trigger warnings, opening up questions about what responsibility creators or distributors hold for allowing readers and viewers to make an informed decision about engaging with a text or topic. This thesis addresses only texts written or filmed in English, primarily those produced in the UK or North America, and even within that limited grouping several interesting texts (such as the film *Secretary* (2002), or Eimear McBride's novels *A Girl is a Half-Formed Thing* (2013) and *The Lesser Bohemians* (2016), or Akwaeke Emezi's novel *Freshwater* (2018)) were not addressed. Participants were all living in (or had at one point lived in) the UK; this study is geographically, culturally, and socially limited and partial and the arguments I make are situated rather than global or universal. Yet within the bounds of such limitations, I have attempted to draw certain conclusions both about the broad category of fictional representations of self-harm, and about the experiences of reading and structures of social relationality which they might engender.

I have first suggested that modes of subjectivity and identification through and in relation to fictional texts are bound up with knowledge and agency. Self-harming subjects are frequently understood as failed subjects precisely because they fail to exert agency appropriately, and because they fail to both be knowledgeable and to be known. They are thus hard, or even impossible, to care for. Readers or viewers with experience of self-harm often find encountering characters who are framed in this way to be disconcerting or distressing, and respond in ways which distinguish them from these forms of failed subjectivity, articulating their own agency and knowledge through alienation and opposition. In contrast texts which frame self-harming characters as both agentic and as knowable or knowledgeable (or which at least have space for uncertainty and the co-creation of knowledge around self-harm) allow for encounters of identification and relationality, and perhaps even for care.

I then argued that the meaning, affect, and significance of self-harm within texts is bound up with fraught questions of authenticity, with the negotiation of textual

pleasure, and with the stereotypical figure of the self-harmer as a young, white, middle class woman. Self-harm is always-already threatened by accusations of inauthenticity; thus, texts in which it functions to structure textual pleasures of suspense, of aesthetic appeal, of romantic desirability, or of visual spectacle, are subject to particularly harsh criticism, or are felt to present a particularly damaging understanding of self-harm. Self-harm's ability to function in these ways is associated with its historic framing as a form of specifically feminine self-destruction, passivity, and interesting fragility. Yet this is not to suggest that depictions of self-harm must be unpleasant experiences. Framings of self-harm which were seen as more legitimate (either due to their perceived seriousness, their quality, or their effectiveness) structured a reading experience in which distress might be both acknowledged and engaged with, sometimes through aesthetic appeal and sometimes through genre or form. Alternatively, the meanings of self-harm which were present within participants' experiences but were excluded from the stereotype of the fragile, young, white woman, might be engaged with through attention to materiality and mundanity, allowing also for a broader acknowledgement of experiences of race and class.

Finally, I argued that narratives of self-harm tend to resolve or end with a stark dichotomy of recovery or death. In both cases narrative structures function to cast such resolutions as certain or inevitable, which to people with experience of self-harm can feel determinative and unhelpful. Potential narrative futures reflected backwards and outwards to impact responses to and care for self-harm. The association of these narrative futures with progression, movement, growth and maturity resulted in a sense of self-harming subjects as stuck and thus as failed or failing. These dichotomies, and the forms of care which they engendered, left little room (in fiction or in life) for the complex, uncertain, embodied temporalities of self-harm and for the contradictory and multiple meanings of recovery. In contexts in which recovery is both socially and narratively mandatory, any reminder of self-harm, even healed or healing scars, can serve to position those who self-harm as bodies out-of-time and out-of-place. To find time for these embodied experiences might require alternative narrative forms or narrative approaches to both self-harm and to closure or conclusion.

Through these arguments I have produced an extensive and original critical analysis of self-harm's existence as a cultural object, understanding such an object to have both an experiential and a textual dimension. This extends existing critical sociological work regarding self-harm's discursive location, to understand that such discourses function not only within policy, healthcare, or popular understandings, but also through fiction and narrative. Thus the thesis makes a contribution to medical sociology, and to debates around meanings and experiences of self-harm. Simultaneously it contributes to work within Literary Studies and Mad Studies exploring the representation of mental health, mental distress, and madness. Through drawing on a wide variety of texts I was able to consider the potential impact of genre or form upon representation, the norms of representation in relation to self-harm, and the ways such norms might be resisted or reconfigured.

Throughout these different themes I have demonstrated that, in the case of self-harm at least, the relationship between fiction and experience is more complex and more uncertain than any simple assertion of copying or transmission. Texts are alive in our lives; they impact our sense of ourselves, how we understand and frame our actions, and what possibilities we see for ourselves. Beyond this they impact how we're seen by others, how we communicate with and relate to others, how we're treated or responded to. To complicate or refuse frameworks of 'copycat behaviour' or 'social contagion' is not to argue that representations of self-harm do not have an impact or effect. For this thesis attempts to argue for the *inter-related importance* of both narratives and experiences of self-harm. It attempts to demonstrate that frameworks for understanding experiences of self-harm are weakened by a failure to consider self-harm's cultural context, the narratives, genres, forms, affects, histories, and characters through which it is made sense of. Simultaneously it suggests that any assessment of narratives of self-harm is strengthened and nuanced by centring the perspectives and lives of people who have experienced self-harm. Thus, the thesis contributes to sociological work concerned with the potential for representations of self-harm to encourage or structure certain acts or practices. It responds critically to existing models and suggests alternative ways of conceptualising this relationship, in particular extending it beyond simply a question of individual impact to a more social or relational model. Simultaneously, it responds to work within Literary Studies around the role or experience of the reader,

attempting to account for the impact of particular personal characteristics (such as the experience of self-harm) upon practices of textual interpretation and affective response.

Finally, through taking this inter-related perspective, this thesis has attempted to argue for the centrality of practical and conceptual questions of care in considering narratives and experiences of self-harm. It has done so by attending to the way in which self-harm is and has been constructed as both signifying and signalling a failure of rational, contained, self-controlled neoliberal selfhood. Through this failure self-harming subjects are constructed as either unknowable or as unknowing, as over-dramatic and excessive or desirably distanced, as doomed or as simply growing up. Through all of these constructions care, particularly the forms of care which people with experience of self-harm describe wanting or hoping for, is placed out of reach. The benefit of understanding these processes is to see the ways that they might be countered or refused, to find the ways we might make care possible, for ourselves and for others.

Here, once more, we might return to fiction and to narrative, or more specifically to data and to text. I want to consider something which Francesca described, when talking about the character of Jenny in the TV show *The L Word* (2004-2009); in the final episode of season 2, Jenny is discovered in the bathroom, having self-harmed, by another character Shane. Speaking of this scene Francesca said:

I used to look that scene up online and like watch it over and over [...] I think I like it because it captures the balance between it being a private act that is for you. [...] But also that receiving care from others is valuable. [...] I think I would watch it when I was in the same kind of state that I would be in if I was going to actually self-harm. So I think in a way, it was a way of kind of going through that process without having to actually do it, you know? [...] It kind of became like, the, the kind of platonic ideal, you know, of like, what, of what a self-harm experience could be. [...] And like, I don't know, I think, I think in some ways, like, it probably was a bit of like a replacement for it, you know? [...] I think if it was just a scene where someone self-harms, and that was the end of it, then I don't think I would watch it again and again. I think it's

because someone self-harms and then someone comes in and cares for them. [...] Because obviously, I have had moments like that with people who care for me, but I've also had, like the whole spectrum of reactions that were nowhere near as, you know, helpful. [...] And because Shane was the most favourite character [...] it was like, she was saying, *No, look, she's okay. We can care for them. We can love her.*

I quote here at length (although our conversation about that scene also extended beyond what is replicated here), because I think this particular instance illustrates, with nuance but also urgency, the way in which texts can 'come to life' so to speak, or come into our lives at least. Throughout this thesis I've attempted to draw attention to moments where the affects and meanings of texts multiplied beyond their bounds. This is, in fact, the assumed model of self-harm's relationship to fiction that Jacqueline Wilson was so frightened of at the opening of this thesis: that self-harm in a story immediately becomes self-harm in the life of a reader. Yet what this thesis has suggested is that it is not only the act of self-harm which multiplies, it is also a myriad of other things. In this instance, I would suggest that what multiplies is care: in the world of the show Jenny is shown care, opening up a space in the world beyond in which care for those who self-harm is possible. It allows Francesca herself not only to feel that care (and that possibility) vicariously, but indeed to actively turn that care towards herself by returning, over and over, in times of difficulty, to this small sliver of care or of hope for care. The scene, removed from its wider context in a show about multiple other characters, becomes almost an object or a technique in her life, a tactic through which she can introduce the possibility of care in moments where it feels far away. What a perfect example of the 'alive-ness' of a text, of its radical uncertainty, of the way we can make fiction our own.

For even within this one small project *The L Word*, and Jenny in particular, stands helpfully for the ambiguity both of self-harm and of fiction. We might recall that, earlier in the second chapter, Jenny was listed by Riley as one of the self-harming characters whom she found frustrating and difficult to empathise with. As Francesca herself emphasised, Jenny's unlikeability is one of the most notable aspects of the show's popular reception. If we turn to the text itself we might note its location at the heart of a constellation of ambiguities. For instance, Jenny as a

character wavers, often seemingly self-pitying, self-involved, and selfish, and yet also, as the season progresses, someone who has experienced trauma and abuse, and is living in its wake.

The scene itself is positioned ambivalently; it is located, as we might expect, towards the end of the episode, perfectly poised to deliver suspense or shock. Yet it is neither spectacular nor dramatic; there is no soundtrack heightening the moment, no slow pan of the camera over her wounds. Jenny is topless and wearing small shorts, as if to emphasise her normatively attractive, thin body, laying out an expanse of pale skin upon which the red blood is especially vibrant. Yet she is not cared for or rescued by a suitor or a lover; rather she has been found by a friend. Finally, although the scene is positioned towards the end of the episode, functioning somewhat as a climax, it is not the end. For while Shane says to Jenny “we’ll get you help”, there’s no call to an ambulance, no immediate cut to a psychiatrist’s office. In the next season, Jenny will indeed find herself in a treatment centre, but for now Shane holds her, and cares for her wounds, and that is enough. Then they do go to the hospital, but not for Jenny. Instead they join the rest of their friends to meet Tina’s newborn baby, each woman holding the child in turn, their heads crowding together into the frame, all surrounding one another. There are many ways in which Jenny is, indeed, positioned by the show as broken and wounded; but in this moment she is not indelibly so. She can still be one among many, the episode can end in friendship, the story of self-harm ongoing but fading into the background.

As evidenced by the responses of both Riley and Francesca, this is a text which might prompt multiple interpretations, all of which could be easily justified. There’s ample opportunity to suggest that the episode draws on existing limited tropes or understandings of self-harm and self-harming subjects, while it’s also possible to suggest that the episode leaves open space through which understanding, response, and a closeness to Jenny’s distress become possible. Throughout this thesis I have attempted to balance an interest in the ways in which texts might prompt, encourage, or make likely certain responses or interpretations with an openness to the uncertainty of this process, and the way it might be impacted by the lives and experiences of readers and viewers. In many ways this has been an attempt to recognise a similar dynamic at work in the experience of self-

harm; the Introduction noted tension, contradiction, or ambiguity at the heart of the themes which run through this thesis, and also through academic theorisations and experiential assessments of self-harm itself. Thus, I suggested that the experience of self-harm is bound up with this sense of tension and contradiction; more specifically, I might suggest that the experience of self-harm (and any attempt to narrate or account for this experience) requires that we *navigate* these tensions or ambiguities.

This need not mean that we are mandated to 'take a side', to characterise our self-harm as entirely functioning to exert self-control or as entirely signalling a loss of control, for instance (although we certainly might do that). Rather, the experience of self-harm requires engagement with the question of control, but also with questions of authenticity, of selfhood, of distress. Similarly, we might consider the experience of reading or viewing representations of self-harm to require a form of navigation or negotiation, perhaps from all readers but particularly from self-harming subjects. Engaging with self-harm's presence in fiction requires, or seems to require, a form of navigation which goes beyond the act of following a plot or comprehending dialogue but which instead brings into play questions of identity, of meaning, of futurity. In this thesis I have not attempted to assess the accuracy or validity of the paths of negotiation participants followed; rather I have attempted to move through this negotiation with them, to understand both its processes and its stakes.

The question of stakes is perhaps a valuable one to return to, closing the circle from our initial engagement with Riley's metaphor. In her comment, Riley discusses the social and relational impacts of texts or narratives of self-harm; in attending to ambiguity and multiplicity, we might turn to another comment which highlights the more personal stakes. When I asked Margaret what sort of representations of self-harm she might like to see, she said:

I think I would like, and actually this is kind of a new way of looking at things for me, since hearing you talk actually. I have never seen self-harm as anything except some dreadful, shameful, hideous thing to do that you hide from other people. But actually, when you talked about it being a means of coping with pain, I thought, *well yeah*, you know, bloody obvious really. [Yeah,] You know, the times I've taken an overdose and I've slept for three days. Well, you know, what else could you do that would be better in those

circumstances. So I think it would be good if there were stories, if there were fictions of, of self-harm, which showed it as a, as a tool, rather than as a sin.

This comment brings together several interesting threads. One is that although many participants made critical comments about dominant or popular modes of representing self-harm, many also expressed hope for something different, or even felt such texts already existed. As Margaret's comment suggests, and I've noted throughout the thesis, these hopes were often not simply tied in with different aesthetic choices, but were often connected to a desire for (or a belief in) a different way of understanding self-harm. Jon expressed this almost exactly, when he suggested that "what would be really useful for me is, is the expansion of idioms and, by that, I mean the expansion of language and concepts [...] and that's one of the best things that we can do, Right? The, to join up, to create a new apparatus by which we can go oh actually this might be a bit more helpful." The modes through which self-harm is narrated are intimately connected to the ways in which self-harm is known and conceived of: often participants hoped for a change in both.

Margaret's comment also illustrates the personal, lived cost of those limited narratives. Margaret said "I have never seen self-harm as anything except some dreadful, shameful, hideous thing to do that you hide from other people." I feel like I've thought about that every day since I spoke to her. Her words convey the depth of the cruelty of popular conceptions of self-harm, of the way they can turn us against ourselves, can twist our best efforts at survival into evidence of our inadequacy. Earlier I mentioned some areas which this PhD had not been able to entirely follow through or do justice to; to those I might add the idea of shame. For while shame has reoccurred with marked frequency through this PhD, I have not drawn these occurrences together. Yet it seems important, here at the close, to attempt to note them explicitly. To note that self-harm, as a mode through which difficulty or distress are attended to, responded to, or managed then results in the cultural imposition of guilt, shame, and abjection. This is such an unspeakable, unnecessary cruelty, to heap further difficulty atop of those already struggling. There is an urgency to any attempt to make changes in our understandings, our narratives, our framings of self-harm. In the opening to this thesis Jacqueline Wilson talked about the dangers of narrativising self-harm, but chose to think only of the dangers to those who did not

yet have experience of self-harm. This thesis is an attempt to shift focus; to resist the sense that prevention must be our greatest mandate, that once self-harm has occurred the worst has happened and any further harm is subsequently deemed less important.

This thesis does not attempt to create a set of rules for representation, or even for the social framing of self-harm; as I've discussed extensively there is too much ambiguity and contradiction for any simple resolution. Moreover, I would not seek to generate such recommendations alone; rather, such outputs form the basis for further collaborative, communal work. Yet this, too, is a final thread which we might note in Margaret's comments. She referred, explicitly, to something that I had said, to a short video of a talk describing my research which was posted online. It might certainly be possible to see this as dangerously undermining the validity of the research, as evidence that in scientific terms the 'sample' had been impacted by my own views to the point of creating a circularity in which I found myself simply researching what I had in fact disseminated. This might be true; but there is something else to be taken from this anecdote. It could, instead, point us towards the value of community and relationality in responding to experiences of self-harm. Through this I do not mean that every person who reports self-harming to their GP should immediately be sent off to group therapy and a peer support session. Rather, I note the frequency with which self-harm was established throughout this PhD as an experience of isolation. Connection need not require sitting together in a room; at every step of this thesis the potential fiction holds to imagine and establish relationality has been clear. There are many different ways to feel less alone, to find the benefits and strengths of shared experience and shared insight. This thesis does not suggest simple answers but, through both its analysis and its methods, it considers the benefits of attending to experiences of self-harm, to seeing those experiences as multiple and yet not unconnected.

In one of the first texts I read as part of this PhD, Armando Favazza (often referred to with various degrees of seriousness as the 'grandfather' of self-harm research) declared that "put simply, no one loves self-mutilators" (1996, 288). The comment comes towards the end of his field-defining monograph, and is intended to demonstrate the need for practitioners to extend themselves to try and find empathy

for those who self-harm, despite their instincts. Yet the assumptions embedded in the comment undergird his entire approach to self-harm. He is writing a medical, academic text, but he is telling a story; a story which, through our study of fiction, we can now better contextualise and understand. This thesis has, in part, reflected an attempt to trace this attitude. However, it has also reflected, explicitly, an attempt to refuse it: to suggest that this response to self-harm is not natural or innate but emerges from particular histories, discourses, and narratives. Through doing so I have attempted to note places where participants have found fictional and social spaces to respond to and imagine self-harm otherwise, but have also attempted to begin my own work from the assumption of care, of care's presence and even care's ease. Care and its practices can be complicated and difficult in any context, towards any object. But it can also be easy. I don't think it's hard to love self-mutilators at all, and I won't be told it is, even by the eminent Prof Favazza. There is much more work to do to make such care evident in the world, in our lives, in our relations; this PhD opens up many more questions about self-harm, about representation, about our selves and our stories. This conclusion has attempted to establish the importance both of the work that has been done, but also of the work that is still to do.

Total word count: 98, 200

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Appendix A: Ethics Forms

Consent Form



Participant Identification Number:

CONSENT FORM

Title of Project: Fictional Representations of Self-harm

Name of Researcher: Veronica Heney

1. I confirm that I have read the information sheet for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my legal rights being affected.

3. I understand that data resulting from my participation will be deleted at my request, and will not be used in any publications after my withdrawal, but that completed, submitted, or published work will not be able to be altered.

4. I understand that following publication the anonymised transcript of my interview will be archived in the UK Data Archive following submission of the thesis, and that if I would prefer that this not happen then I can request this at any time prior to submission.

5. I understand that the anonymised transcript will be made available for future re-use by other researchers, both academic and non-academic, following publication of material from the thesis, but that if I would prefer that this not happen then I can request this at any time prior to such a publication.

6. I understand that relevant sections of the data collected during the study, may be looked at by members of the research team [Veronica Heney; Prof Laura Salisbury; Prof Manuela Barreto, and members of the advisory group], where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

7. I understand that taking part involves meeting with the primary researcher for an interview, which

is likely to last between one and two hours.

8. I understand that taking part will also involve providing information for a GP, but that a GP will only be contacted if the researcher feels that there is a serious danger to my life.
9. I understand that I can request for my contribution to the research project to be anonymised and that this request can be made at any point prior to the submission of the PhD.
10. I understand that in addition to the interview, the researcher will collect basic demographic data, and that this data will be used both to contextualise my interview and to assess whether the entire sample of interviews is representative.
11. I consent to the audio recording of the interview and I understand that this recording will be transcribed and may be quoted or referenced in the PhD and other publications or outputs (such as presentations) arising from the project.
12. I understand that I can request for extracts from the transcript of this interview not to be shared with other participants in the study who participate in data analysis,
13. I understand that all contact information and project data will be retained securely for a period of up to 15 years following the completion of the project.
14. I understand that I can request to be given a copy of the transcript of the interview for approval and that I can request the deletion of any sections prior to publication.
15. I understand that I can request to be involved in the analysis and interpretation of the data and in subsequent activities related to the work of the project.
16. I understand that the researcher will contact me in the week following the interview to ensure my continued wellbeing, and that if I prefer not to be contacted I can request this.
17. I understand that if I choose to be contacted for the reasons listed in items 11-13, my contact details will be kept for up to 7 years subsequent to the interview, but that this will not impact the anonymisation of my interview transcript and that I can request for these details to be deleted at any time and that all contact will then cease.
18. I agree to take part in the above project.

Name of Participant

Date

Signature

Name of researcher
taking consent

Date

Signature

Information Sheet



Participant Information Sheet - Detailed

Fictional Representations of self-harm PhD Project

Researcher name: Veronica Heney



Invitation and brief summary:

You are being invited to participate in a research project on fictional representations of self-harm. Self-harm is not frequently represented in books, TV, and films. It is possible that this may impact the way people talk about self-harm and how people seek help or support. The project aims to explore what representations are currently available to individuals who self-harm. It will also examine how individuals who self-harm feel these representations impact the way they understand their own experiences and the way they discuss them with others. The project will consist of an interview study and subsequent analysis by the researcher of fictional texts. The selection of these texts will be guided by the interviews, and will likely include books, television shows, films, comics, and other fictional media.

Please take time to consider the information on this sheet and to discuss it with family or friends if you wish, or to ask the researcher questions.

This information sheet will offer further details about:

- [How the interviews will contribute to the project, and what the discussion might cover](#)
- [The practicalities of the interview, including where it will take place and what might happen after the interview](#)
- [Benefits and disadvantages; this is a chance to contribute to hopefully useful research, however it may at times be distressing or difficult](#)
- [Anonymity; you can choose to be anonymised in any writing which discusses the project, or to be named, or to select your own pseudonym](#)
- [Payment for your time; you will be compensated for participation in the project either in the form of cash or a voucher as you prefer](#)
- [Leaving the project, and withdrawing your data](#)
- [Keeping your data confidential; all data will be stored securely and backed up](#)

Purpose of the research:

This project takes as its starting point the possibility that fictional representations in some way may impact the conversations that it is possible to have around self-harm. It works from the belief that the way we talk about self-harm matters, because such conversations can influence, positively or negatively, the experience and lives of people who self-harm.

Despite efforts to reduce stigma around self-harm, people who self-harm rarely seek help or support. Research into young people who self-harm suggests that they are more likely to initially approach informal contacts rather than to disclose to a medical practitioner. Talking about self-harming to friends, parents, teachers, colleagues, or partners can be an important step in the

process of accessing support or help. But it is possible that this could be made more difficult by the lack of available representations of self-harm.

The project aims to examine existing fictional representations of self-harm and to explore how these might or might not impact disclosure and help-seeking, and if so in what ways. The results from the project will form the basis for a PhD thesis, and also for papers, presentations, and other work on the topic of representations of self-harm. This work may contribute to public policy and advocacy in a number of areas.

It is likely that between 20 and 30 people will be interviewed. The interview will probably involve discussion of:

- What fictional representations you are aware of or have consumed
- Whether they were important to you and if so in what ways
- Whether you enjoyed them or not
- Whether they had any impact on your experiences or understandings of self-harm
- How you think existing fictional representations might be improved

This project was originally designed as a result of the primary researcher's own experiences of self-harm, and the design has been further refined in consultation with an advisory group made up of individuals with experience of self-harm.

Why have I been approached?

You have been approached because of your response to an advert for research participants with experience of self-harm, which may have distributed on a facebook page, on twitter, by a mailing list or other network, on an e-bulletin, on a webpage, through personal contacts or by relevant charities, or on the University of Exeter campus.

For the purposes of this research self-harm is defined as "an act, normally a repeated, habitual act, which in some way causes direct harm to the body but one where the focus and purpose of the act is this harm itself and not some other goal."⁹⁷ This definition therefore includes a wide range of practices, but is not intended to include attempted suicide (although we know that the categories overlap, and such experiences would not exclude you from taking part in this study).

It is entirely your decision whether you feel your experiences fit within this description. You will not be asked to define or describe the specific practices of self-harm which you have experienced, nor will you in any way be asked to authenticate or 'prove' your experience.

What does taking part involve?

Taking part in the research involves participating in an interview on the topic of fictional representations of self-harm. The interview will be conducted by the primary researcher, whose own experiences of self-harm provided the original idea for the research. The interview will probably last between 1-2 hours. The interview would take place in a location of your choosing, such as in a café, a library, an office, or in your home; if you would like the researcher to arrange a space or a room for the interview then this will be arranged. As far as possible the researcher will travel to you, to ensure that you are not inconvenienced.

⁹⁷ Page 9, Steggals P. (2015) Making Sense of Self-harm: The Cultural Meaning and Social Context of Nonsuicidal Self-injury. 2015 New York; Palgrave Macmillan

If you prefer not to be interviewed in person, then it will be possible to conduct the interview via skype or via the telephone. If you find verbal communication difficult then you may request to submit written responses, to ensure that your perspectives can still be included in the research.

The interview will be audio-recorded, and later transcribed, after which the audio file will be deleted. This transcript will be used to answer the research questions outlined above. It will be used alongside the transcripts of other interviews and the researcher's own interpretation of various fictional representations of self-harm. Along with the interview participants will also complete a short (optional) form regarding demographic characteristics (race, gender, sexuality, disability, and age) which will be used to contextualise interview data.

What will happen after the interview?

Participants will be offered the choice to request a copy of the transcript of their interview for approval, and they can amend this transcript or request sections are deleted. You will be offered the choice to be contacted for a follow-up interview if this might be useful. If you would prefer not to be contacted later then this will not in any way affect your participation in the first interview.

You will also have the choice to participate in and contribute to the analysis of your interview. This means that you can discuss with the researcher what you think your responses might mean, in the context of other interviews and the researcher's own interpretation of various representations of self-harm. While publications and the PhD thesis will inevitably be driven by the researcher's interpretation, this process will allow you to decide if you're comfortable with the direction that analysis is progressing in, and to contribute additional insight if you want to. This time will also be compensated (see below).

You will also have the choice to participate in follow-up activities, such as focus groups that explore the results of the project and what actions or interventions might be recommended based on those results.

What are the possible benefits of taking part?

For yourself in particular, you might find it interesting to discuss fictional representations of self-harm. You might also find it meaningful to contribute to the research which might benefit others experiencing self-harm in the future. However, the potential benefits of the research are uncertain and far from guaranteed.

What are the possible disadvantages and risks of taking part?

The main possible disadvantage is that discussions of self-harm can be difficult or even triggering. This can't be completely avoided, but the researcher will work hard to conduct these discussions sensitively and with care, and to always signpost any possible sources of support.

No one will be questioned about their particular experiences, and every effort will be made to avoid questions that might be upsetting; you won't be asked to back up your opinions on the representations with descriptions of experiences of self-harm. If you give permission, the researcher will check in with you after the interview, to make sure you're able to access the support you need.

How will I be supported during the interview?

During the interview it will be emphasised that you can stop the interview at any time, that you can request to skip any question that you would prefer not to answer for any reason, and that you

can request to take a break at any point in time. None of these choices will impact your participation in the study. You will also be provided with traffic-light cards (red, amber, green) that you can use to request to pause or stop the interview, if you feel it would be easier to do this non-verbally; you can choose to use the cards to signal other meanings if you prefer. If you have an object that is comforting to you in distressing situations, such as a fidget spinner, then please feel free to bring it.

You will also be asked if you would like to provide a phone number for a preferred contact. If the researcher feels you might have been distressed by the interview and might need some support she will ask whether you would like her to get in touch with this person. You will also be asked to provide the details for a GP or GP practice; the researcher will use these details to contact your GP only if she feels that your life might be in danger in the near future. If the researcher feels that there is imminent danger to your life or limb then she will contact a Crisis Management team or the Emergency Services. If you have any questions about the exact circumstances in which such a call would be made you can ask the researcher to discuss this in detail with you.

If knowing in advance the broad questions that might be asked would make taking part in the project easier, then you can request a copy of the interview topic guide prior to the interview. Your health and wellbeing is what's most important, and we're keen to take any steps to support that.

What will happen if I don't want to carry on with the study?

You can leave the interview at any time without giving a reason. You can request that your interview recording and transcript be deleted. This request can be made at any time, although data will not be able to be erased from outputs (such as the PhD thesis, articles, presentations) that have already been completed, submitted, or are close to deadlines. Your data won't be used in future outputs once you have withdrawn.

Will I be anonymous, and what will happen to my contact details?

If you choose, your involvement in the project will be completely anonymous; however if you prefer to be named this will also be possible, or you can elect to be referred to by a pseudonym of your choice.

If you choose, your contact details will be deleted immediately after the interview. However, in some cases you may prefer for your contact details to be retained:

- If you decide that you are happy for the researcher to contact you in the week following the interview to check in on your wellbeing
- If you would be open to a follow-up interview
- If you would like a copy of the transcript of your interview,
- If you would like to participate in interpreting the data,
- If you would like to participate in follow-up activities

If you select any of the options above your contact details will be kept securely until the relevant participation has been completed, for a period of up to seven years after the interview.

Your contact details will initially be securely held on an encrypted laptop, and will be transferred as soon as possible to a secure password-protected university server. Your contact details will be deleted at any time if you request that they are. Only the primary researcher (Veronica Heney) will have access to your contact details. To protect your anonymity while still allowing for the withdrawal of data, an anonymization key will be kept in a password protected document, separate to your transcript. This document will be stored on a secure university drive. Only the primary researcher (Veronica Heney) will have access to the anonymization key.

How will my information and transcript be kept confidential?

All contact information will be kept securely on a secure password-protected university server for no longer than seven years. Consent forms will be scanned and stored on a secure university drive, and hard copies will be shredded. Audio recordings will be stored on an encrypted laptop and then will be deleted once they have been transcribed. Transcripts will be anonymised and stored, along with associated anonymised demographic data, initially on an encrypted laptop. The laptop will be stored in a locked university office, or will be in possession of the researcher. They will be transferred as soon as possible to a secure password-protected university server for the duration of the research project. Transcripts and demographic data will be retained for up to fifteen years following the completion of the PhD, to allow for articles and books to be written up over that period of time.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

Who will access my interview transcript and will it be archived?

Following completion of the PhD interview transcripts will be archived in the UK Data Archive, as a result of funding requirements. However, you can choose for your transcript not to be archived and publicly available. Demographic data will not be archived. Archived transcripts can also be labelled for future re-use by other researchers in relevant projects. However you can also choose for your transcript not to be made available for re-use.

The supervisors [Prof Laura Salisbury; Prof Manuela Barreto] of the PhD project will have access to the transcripts in order to maximise the potential for effective supervision, and members of the project's advisory group will also read transcripts as a part of their contribution to analysis. If you choose, your transcript may also be shared with other participants who choose to participate in analysis, but this is entirely voluntary. If you choose to remain anonymous your identity will not be shared beyond the primary researcher. The transcripts will be backed up using OneDrive.

Will I receive any payment for taking part?

All participants will be compensated for their time, as a reflection of your expertise and your vital role as co-creators of research knowledge. As an indication of the equal value placed upon the time of all contributors in the research process, you will be compensated in line with the primary researcher's most recent paid employment (as a Research Assistant). Therefore, all participants will be offered compensation for their time at the rate of £15.25 per hour. Payment will be made in cash or in the form of a voucher; you can choose whichever form is more convenient, and this preference can be changed at any time.

You will also be compensated for all expenses incurred by participating in this study: this includes travel expenses (which can be booked for you in advance, rather than claimed back subsequently), childcare expenses, and the expenses for an accompanying adult if this would be helpful for travel purposes.

What will happen to the results of this study?

The results of this study will, in the first instance, be analysed alongside relevant fictional texts and used in the writing of the primary researcher's PhD thesis. The PhD thesis may form the basis for other publications and activities including books, journal articles, presentations, blogs, teaching, and outreach. If appropriate, the results of the study may also form the starting point for future research projects or for the development of interventions or actions.

Who is organising and funding this study?

The project is primarily organised by Veronica Heney, a PhD student at the University of Exeter. The PhD is supervised by Prof Laura Salisbury and Prof Manuela Barreto, who will be involved in the project's design and implementation.

The project is funded by the Wellcome Trust, through the University of Exeter Wellcome Centre for Cultures and Environments of Health.

Concerns and care

This project aims to be careful and caring towards people with experience of self-harm. If you have any feedback about how these aims might be better achieved please don't hesitate to contact Veronica Heney (details below). Furthermore, if you can think of any measures which might specifically help you to feel comfortable participating in the study, please don't hesitate to let us know.

This information sheet aimed to be comprehensive, but if you have any further questions we would be very pleased to answer them.

Who has reviewed this study?

This project has been reviewed by the Ethics Committee of the Department of Psychology, College of Life and Environmental Sciences at the University of Exeter.

Further information and contact details

If you would like to receive further information about this project or have any queries at all, please don't hesitate to contact Veronica Heney:

Wellcome Centre for Cultures and Environments of Health
University of Exeter
Queens Drive
Exeter

vh291@exeter.ac.uk

If you are not happy with any aspect of the project and would like to complain, please contact the following individuals:

Nick Moberly, Chair of Psychology Ethics Committee
Washington Singer Laboratories, University of Exeter, Perry Road, Prince of Wales Road,
Exeter, EX4 4QG, UK
N.J.Moberly@exeter.ac.uk

Laura Salisbury, primary supervisor of this project
L.A.Salisbury@exeter.ac.uk
01392 725480

Thank you for your interest in this project

Demographic Characteristics Form



Participant Identification Number:

DEMOGRAPHIC CHARACTERISTICS

Title of Project: Fictional Representations of Self-harm

Name of Researcher: Veronica Heney

Please fill in the following demographic data, to help us to contextualise the data appropriately.

Please feel free to use the language you feel is most appropriate, or to leave the answer blank if you prefer.

Gender:

Pronouns:

Race/Ethnicity:

Sexual orientation:

Disability (Y/N):

Age: (Please tick)

18-24	24-30	31-40	41-50	51-60
<input type="checkbox"/>				
61-70	71-80	81-90	91-100	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B

Topic Guide

Prior to asking any questions, the researcher will establish the following:

- That for the purposes of this discussion, self-harm is defined as “an act, normally a repeated, habitual act, which in some way causes direct harm to the body but one where the focus and purpose of the act is this harm itself and not some other goal”. Therefore the term self-harm is intended to include a broad range of self-harming practices and acts, but not attempted suicide.
- That the term fictional representation is intended to encompass a wide range of media, including depictions of self-harm in books, TV shows, films, and comics.

Questions

1. Did you ever look for representations of self-harm, or did you just come across them?
2. What fictional representations of self-harm have you come into contact with?

[Pick one text]
3. Can you tell me about watching/reading it?
 - At what point in your life did you come across it?
 - What did you think of it? Did you enjoy it or not?
 - How did it make you feel? Did it feel meaningful?
 - Did you feel like it related or relevant to your own experience in any way?
 - Did it impact your experience of self-harm?
 - Did it feel helpful in any way?
 - Did you ever talk about it with anyone?
 - What was that discussion like? Did you get a sense of what other people thought of it?[Repeat with other representations]
4. Did you ever read/watch something that wasn't explicitly about self-harm but still felt relevant to that experience?
5. Do you feel like there are sorts of representations that you would have liked to have read or watched, but couldn't find?
6. Did you ever feel like representations of self-harm impacted the ways you asked for help around self-harm or how people responded to you?

7. Do you think there are things that could be done better in representations of self-harm?

Appendix C

Participant Introductions

Amber is a bisexual, white woman in her late teens or early 20s. She listed her mental health conditions as anxiety, depression, and borderline personality disorder and talked to me a lot about what it felt like to watch or follow celebrities, such as Demi Lovato, who also had experiences of self-harm, and how the dynamics of those relationships might be complicated or unhealthy for both parties. We discussed particularly what it meant to see self-harm in a dramatic context and how difficult it could be to feel empathy, both for people you saw represented and for yourself.

Blanche is a lesbian, white Scottish woman in her late teens to early 20s who talked to me about her frustration with films which showed very graphic scenes of self-harm without any sorts of content warning or trigger warning. She also talked both about her frustration with representations which reduced self-harm to shock value, and about her concern that mis-leading representations of self-harm might be harmful to young viewers and conversations she had with family members which attempted to correct some of those misperceptions.

Cat is genderqueer, asexual and Eurasian. They are disabled and in their late teens to early 20s and wrote to me about the differences in representations of, attitudes towards, and stigma surrounding self-harm in Korea and the UK, where they attended university. They wrote about the value of finding representations of self-harm which avoided tropes and which discussed it as a coping mechanism, which was familiar to their own experiences.

Emma is a straight white British woman, in her late teens or early 20s, who talked to me about a very wide range of different representations of mental health which she had been drawn to through her own history of mental health difficulties, including self-harm and disordered eating. She talked a lot about the responsibility which she felt creators held to represent mental health and self-harm thoughtfully, comparing it to the duty of care she herself had felt while working in care homes with people with complex needs.

Faye is a queer, white European woman in her late teens or early 20s, who talked to me about being very much drawn to some depictions of difficulty while finding that others felt like too much, or like something she wanted to avoid. We also talked a lot about the relationship between self-harm and eating disorders in particular, but also other mental health comorbidities or self-destructive behaviours, and her own experience in which a short period of self-harm led to a longer experience of an eating disorder.

Francesca is a queer, mixed race, disabled woman in her 30s who talked a lot about care in a lot of different facets, both in terms of the way in which self-harm might include a desire for care, the way in which engaging with certain texts could be an enactment of care, the difficulties of accessing tangible care or treatment compared

with the ease in which these are accessed in fiction, and the way in which many people responded to self-harm with impatience or frustration rather than care.

Hattie is a queer, white, cis woman in her late teens to early 20s, with experience of mental health problems. She talked to me about feeling that other people were often very uncomfortable talking about or hearing about self-harm, and her concern and annoyance that social media sites were taking down pictures of people with visible self-harm scars. We also talked about how important poetry was to her, particularly the poetry of Andrea Gibson, and how going to live poetry readings had been a really positive, hopeful experience.

Jon is a heterosexual white man in his 30s who talked to me predominantly about representations of self-harm in theatre, which was his field of research and teaching, and about how texts took on particular helpful or unhelpful significance in relation to the biographies of their authors. We talked a lot about how his relationships with certain particularly generative texts had evolved over time and had taken on a lot of meaning through that process, and also about how his understanding of his own experiences of self-harm, depression, and suicidality had changed as a result of conceptually engaging with texts.

Lou is a bisexual, white British woman in her 30s, who talked to me about the difficulties of simplistic narrative resolution, an element which she linked to her own work with a local mental health trust around service-user involvement and patient stories and to the concept of neorecovery. We also talked about the importance to her of trigger warnings, and the value of being able to make an informed decision about what content she engaged with.

Margaret is a heterosexual white, Jewish woman in her 60s from a working class background. She had lived with chronic clinical depression and talked to me about her own interest in representations of asylums and mental institutions, which followed her own experience of having been sectioned and spent time in asylums in the '70s. She also talked about her horror at how negatively psychiatrists are portrayed in fiction, and how valuable it might be to have representations of self-harm which showed it as a tool, rather than as something shameful.

Marie is a pansexual, white European woman in her late teens to early 20s who talked to me about the way in which her experience of self-harm overlapped with both her experience of the social media site Tumblr and a long history of disordered eating habits. We also talked a lot about the iconography of self-harm, including the significance to her of the pre-Raphaelite painting of Ophelia, and about aesthetic or visual decisions which were made in representations, and how they might act to make self-harm appealing in some ways or unappealing in others.

Neelam is a British Asian, Sikh woman in her late 20s, with a chronic illness who talked to me both about Hollyoaks in particular and about her experiences using social media to talk about self-harm or to express feelings of difficulty and pain. We also talked about her work in setting up a third-sector organisation which provided support to women with similar experiences of chronic illness and reproductive health

difficulties, particularly in marginalised communities; it was important to her to use her own difficulties to help others.

Riley is a queer white British gender questioning woman in her late 20s, who talked to me about *Gentleman Jack*, the L Word, Leslie Feinberg's memoir, and queerness in relation to self-harm. She discussed how much she wanted to see a depiction of self-harm that felt mundane rather than over the top and what it might mean for a writer to trust a character who self-harmed.

Rosa is a white woman with a disability in her late teens to early 20s, who talked to me about one particular book which had meant a lot to her, but also about her own experiences of self-harm both while she was at school and at university. She discussed the ways in which responses to self-harm could be very unhelpful or judgemental, and how institutions such as schools and universities might be better placed to either provide information about self-harm or provide help and support.

Sally is a queer, white British woman in her late teens to early 20s who talked to me about how the experience of watching representations of self-harm often overlapped with a broader sense in which she felt she was constantly aware of possibilities for self-harm, that she was constantly attuned to which methods of self-harm were available to her. She also talked about how certain representations of or assumptions about self-harm had made it easy for her to minimise her experience, and not to seek help until she was at university, despite having self-harmed since she was a young teenager.

Siobhan is a straight, white Irish woman in her 30s with a mental health disability, who talked to me about a wide range of texts which, while they didn't explicitly depict self-harm, represented something important to her about the human condition. This connection was both extremely important and personal to her, and significant in that it resisted simplistic labelling of experiences, an experience which had been common in her experience of mental health treatment (both as a service user and working in the sector) and was difficult because being misread or misunderstood felt particularly painful.

Tracey is a heterosexual white British woman in her 30s, who talked to me about her experiences while at school of writing poetry and creating zines about self-harm and mental health both by herself, and with friends. We also talked about growing up at a particular moment in music history, the explosion of Britpop, and her own enthusiasm for the Manic Street Preachers.

