

Safe with self-injury: a practical guide to understanding, responding and harm-reduction

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Safe with self-injury: A practical guide to understanding, responding and harm-reduction, by Kay Inckle, Monmouth, PCCS books Ltd, 2017, 265 pp., £23.99 (paperback), ISBN 978-1-910919-16-3

Self-injury is traditionally framed as a result or indication of a mental health condition and therefore it is an individualised and pathologised 'problem' within western societies. This book moves away from those narratives, applying a critical social perspective influenced by feminism and user/survivor perspectives to understand the phenomenon whilst also framing it within other societal contexts and understandings of the power of marking one's body to express extreme emotional turmoil. Included within the book is a section which explicitly talks about self-injury and disabled people alongside other minority identities such as race and sexuality. The last two chapters are dedicated to illustrating how a harm-reduction approach to treating self-injury is preferable over cessation and provides service providers good examples of effective policy development.

Throughout Inckle stresses the importance of understanding self-injury and the context it is happening in, to be able to support those who harm themselves successfully and without causing more trauma. The book starts by giving some basic information including clear definitions of self-injury and self-harm. It gives the reader an excellent conceptualisation of both, pointing out that although self-injury is seen as abnormal, it is a small subset of behaviours which would fall under the self-harm umbrella, many of which are common and accepted 'ways to cope with negative feelings and experiences and to find a degree of comfort and relief from them' (p15). Inckle points out the contradictory nature of the demonisation of self-injury when some behaviours which could be deemed harmful to one's body (and therefore a form of self-harm) are indeed compulsory and expected within western societies (such as waxing and plucking for women). Self-injury functions in the same way as all other forms of self-harm 'but at a more intense and immediate level, because the feelings and experiences are much more difficult than the day-to-day stresses and conflicts that these forms of self-harm mediate' (p16).

Once the basics have been established the book moves on to talk about the functions of self-injury, using an embodied perspective to explore the topic. Inckle argues that 'recognising that direct pain and injury to the body are universal human phenomena' and once this is accepted and the reasons understood 'much of the fear, confusion and misperception around self-injury' dissipates (p33). Furthermore without understanding of how the behaviour benefits each individual it is impossible to help them effectively and this lack of understanding easily leads to more psychological damage often re-enforcing the damaging attitudes and experiences that have already been experienced.

Her theorisation is punctuated throughout by a variety of extracts from interviews with people who have previously self-injured, which serves to validate the stance that she takes. The qualitative nature of this brings to life the complex nature

of the topic and clearly supports the notion that no two people self-injure for the same reasons or experience the practise in the same way.

Readers of *Disability and Society* may be interested in this book because not only does it move away from a pathologisation of self-injury but also because Inckle speaks about many issues which are relevant to disabled people, including the potential impact of forced medical procedures and lack of autonomy and control over their lives and destinies. Forced hospitalization and medical procedures which occur during childhood and adolescence have been specifically linked to future self-injury (Babiker & Arnold, 1997), however institutionalisation of all kinds is a common backdrop to the stories of those who harm themselves (e.g. Birch et al, 2011). Inckle brings to our attention how many enforced treatments carried out on/to disabled children often violate and dehumanise and yet are expected and accepted as the right thing by doctors, parents and society. Due to this acceptance, disabled childrens objections are often ignored and their emotional turmoil downplayed and invalidated, sometimes surfacing years later or immediately in self-injury.

Similarly, Inckle also addresses directly 'the experiences of disabled people which is rarely addressed in self-injury literature' (p 102). In particular she highlights issues of disablism and abuse and how these interact with self-injury and the treatment of it. She suggests that disabled people experience, in much higher numbers, many of the risk factors for self-injury (such as abuse, powerlessness, marginalisation etc.) and goes on to show that experiences of abuse in disabled people are often disbelieved and treated negatively purely because of the persons disability status. This serves to further invalidate the person and can lead to self-injury, especially if the person is unable to communicate their feelings, either due to a lack of language skills or a lack of people who they trust to talk to. This book also brings to our attention more recent research which is moving away from the idea that people with learning disabilities self-injure as part of their conditions, and towards the understanding and acknowledgment that the functions of self-injury are the same in this group as in those who do not have learning disabilities (e.g. Heslop & Macaulay, 2009; Jones, Davies & Jenkins, 2004).

The book is especially useful as throughout we are not just being fed information. At the end of each chapter there is a section entitled "Learning into practice" where activities are provided which help us to reflect on what we have read, and apply this new knowledge to our own personal experiences. This really helps to cement the theory into real life.

The last two chapters of the book are dedicated to showing how our enlightened understanding can be used within a clinical and service setting, whilst also acknowledging that services will be constrained by health and safety rules and other legal requirements for example to take all possible steps to prevent harm to come to individuals. For Inckle it is vital that services are user led/informed and that an open minded, non-judgmental stance to self-injury is taken. She also highlights the importance of not forcing people to stop their self-injury and supports the idea of harm-reduction approaches to treatment.

I recommend this book to anyone who would like a different perspective from the dominant psychological discourses which are often employed when speaking about self-injury. This book would be useful for anyone from a parent who wants to know how best to help and support their child who has self-injured to service providers who want to give a holistic and practical service to those they support.

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