

Managing Self-Harm. Psychological Perspectives, edited by Anna Motz, Hove, Routledge, 2009, 232pp. £60 ISBN9978-1-58391-704-6 (hbk), £20.95 ISBN 978-1-58391-705-3 (pbk).

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With the usual optimism of the writers of cover ‘blurbs’, we are told that this book “will be essential reading for all mental health professionals, including clinical psychologists, psychotherapists, psychiatrists, psychiatric nurses, counsellors and social workers”. Whether this prediction comes true remains to be seen, but it will be a great shame if it does not, for this is an excellent book. It is scholarly, thoroughly grounded in clinical practice (evidenced in numerous case-studies and vignettes), has a clear and logical structure, and is uniformly well-written. It would most certainly provide an excellent text for the continuing professional development of mental health and social work practitioners, whether as part of a course or in one’s own reading. It would also, I think, be of great value for those in initial training for such roles, although it would need to follow a sound grounding in psychodynamic theory and the range of approaches to therapy and care derived from it. It is above all, a book which challenges simplistic notions that self-harm is easily defined, inexplicable, wicked, irrational or without benefit to the person concerned, and that the sole objective of carers must be to stop it as quickly as possible.

In summarizing the contents, it is tempting to quote at length from the 12-page Introduction, for this provides a comprehensive account of what is to follow. Here, the structure of the book with its three sections - *Understanding self-harm; The wider context: systemic issues and self-harm; Women and self-harm* - is set out, the range of theoretical and clinical perspectives of each of the contributing authors are described, the particular focus of each chapter is identified, and the key concepts developed throughout (such as the communicative function of self-harm and the significance of poor or absent attachments in infancy) are sign-posted.

To establish that self-harm needs to be understood in terms of the positive functions it performs for the one who harms and not seen simply as pathological, is the thrust of the first Part. Anna Motz, herself a distinguished forensic psychotherapist (and at the time of editing this book, embarked on training in psychoanalytic approaches), opens the campaign with a chapter entitled “Self harm as a sign of hope”. She argues that

...self-harm is a communication to oneself and others that serves several functions for the individual by offering them a variety of ways of relating to themselves and enacting certain essential roles. In this sense, self-harm reflects a split and divided self, and its enactment offers a sequential series of rewards and compensations. There are a series of splits, both psychic and physical, underlying self-harm; these splits require integration before a self-harmer can give up what has been an effective strategy for survival” (p. 18)

For these reasons, treatment of self-harm must avoid removing the means of survival without providing the client with both an understanding of the roots and functions of the behaviour, and some alternative means of expression and integration. The

complexity of self-harming motivations is further developed in the following chapter, by Anna Motz and Heather Jones (a musician and artist who self-harms). This chapter explores the paradoxical nature of self-harm as permitting self-care (in self-soothing and tending the wounds), as a defence against intimacy, as a means of creative expression as well as an attack on beauty, and as a means of reintegrating the fractured self.

In Part 2, the focus is on the institutional or systemic responses to self-harm, and the need for a greater appreciation of the subtle (and not-so-subtle) ways in which the care and treatment given may inadvertently precipitate further harm and/or confirm the individual in their identity as a 'self-harmer'.

In Chapter 3, Christopher Scanlon and John Adlam attack the idea of self-harm as *deliberate*, a matter of simple choice by a rational person and thus inviting condemnation and little sympathy, as is often the case when (for example) presenting at a hospital Accident & Emergency Department. The over-simplicity of the rational/irrational distinction leads them to reject the word 'deliberate' altogether, and while they have good grounds for doing so, they are wrong to say that "the words 'deliberate' and 'intentional' are in effect synonymous" (p. 61). This overlooks the practice of harming *with deliberation* (forethought, preparation, organization and so on) which describes the behaviour of some patients but not others, and is not the same thing as intending to *harm*. That said, they make a persuasive and hard-hitting case that a reciprocal relationship of violence between carers and harmers is established within the institutional structures and practices of the systems by which self-harmers are processed.

In the following chapter, Vivien Norris and Michael Maher examine the experience of young people in foster care and residential settings. This includes an essential ambivalence on the part of the child who wants their self-harm to be both secret yet noticed, and the self-defeating interpersonal relationships between harmer and carer which unintentionally re-create the unstable attachments which have led to the behaviour in the first place. The harm-care-relationship breakdown cycle becomes self-perpetuating. This is echoed in an excellent discussion of self-harm and attachment by Elizabeth Grocutt in chapter 5. She outlines the seminal work of Bowlby and others and establishes the need to be able to 'mentalise' one's own emotional states and to de-centre in order to separate one's own experiences from those of significant others to whom one is dysfunctionally attached. The relational features of the patient's experience in the restricted mental health setting are again shown to be capable of repeating the experiences of abuse and abandonment which lie behind much self-harming behaviour.

The final Part contains four chapters all of which focus on the experiences of women. In chapter 6, Pamela Kleinot draws on her experience of working with inmates in a women's prison to develop a psychoanalytic approach to dealing with the traumas which underpin self-harm. The several vignettes she presents represent the truly horrendous experiences of the women she tries to support, many of whom have been exploited in drug-running and prostitution from an early age. She elaborates the symbolic and communicative functions of self-destructive acts, examines the significance of the attacked skin as a (psychic) 'container', and explores the way the body 'stands in' for the abusive or neglectful Other (often the mother). The challenge

of sustaining and deepening a therapeutic relationship with deeply damaged clients, often interrupted or curtailed by institutional demands or sudden transfers to other prisons, is enormous and one can only admire the commitment and courage of those who take on this work.

Lynne Greenwood's chapter is one among several where eating disorders are included in the category of self-harm. Attachment theory is again important for the analysis of the capacity for the treatment - with the 'absences, transitions and endings' which give the chapter its title - to reproduce the loss and deficit for which self-damaging behaviour (such as binge-eating) seeks to compensate. In the following chapter, Rebecca Lawday advocates a 'treatment stage' model of support for self-harmers adopted in a unit for women in a regional secure hospital. Supported by the 'user' perspective of one of her clients (Wendy Ifill), the model (which owes something to Marsha Linehan's dialectical behaviour therapy) is outlined and evaluated.

In the final chapter in this Part (chapter 9), Elizabeth Grocutt reports her doctoral research into the cessation of self-harming behaviours in secure settings. Her phenomenological analysis of interviews with seven women identifies three themes in cessation narratives: the significance of relationships; incentives and events which trigger and sustain cessation plans; and the self-esteem and motivation resulting from 'taking control of your life'. These are important ideas and the research was clearly of value, so it is a shame that there is some unnecessary repetition in the final section.

The book is brought to a satisfying conclusion in which Anna Motz re-positions self-harm in the 'big picture' of what it is to be human, highlights some key themes from all that has gone before, reminds us of the importance of training and supervision for health care professionals, and underlines the recurring argument for a more positive and inclusive perspective on this perplexing issue.

As I said at the beginning, this is an excellent book. If it has a significant weakness, it is that there is no chapter which directly addresses issues of self-harm among *men*. While it is no doubt true (as Motz establishes on page 9) that the prevalence of self-harm amongst women is a great deal higher than it is among men, and has, I am sure, attracted much more research and publication, it is no less true that the number of males who self-harm is far from negligible, especially in secure settings of one sort or another. It is also likely that the forms and patterns of self-harm enacted by males are significantly different from those of women, and a failure to address these is a deficiency which I hope will be made good in future editions. If the imbalance in the first edition is due to a lack of research focusing on men who self-harm, then this is a research need which cries out to be met, and a research opportunity which the contributors to this book would do well to take up.