



“They can’t cope”: Youth Self-injury and Risk Discourse in Canadian News Media

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ABSTRACT *Epidemics of self-injury are increasingly framed as public health crises and risk facing youth in Canada. This article examines the discursive construction of youth self-injury as risk in mainstream Canadian news articles through a neoliberal governmentality framework. It argues that self-injury risk discourses are consistent with neoliberal mental health paradigms, which individualize and depoliticize distress while responsabilizing individuals for recovery and wellbeing. The construction of youth self-injury in terms of risk simultaneously undergirds the surveillance, regulation, and coercive control of self-injuring subjects. Based on a critical discourse analysis of Canadian news articles addressing the problem of youth self-injury, this article identifies and discusses three interrelated themes from study findings: social (media) contagion, failed resilience, and system overwhelm. Ultimately, it suggests that the construction of self-injury in terms of risk frames self-injuring youth as failed neoliberal subjects. Risk discourses are therefore incompatible with social justice paradigms in mental health.*

KEYWORDS self-injury; youth; risk; news media; neoliberalism; neoliberal governmentality; social justice

Introduction

Self-injury – the practice of directing injury to the surface of one’s own body through socially stigmatized practices such as self-cutting, burning, or hitting, without intent to die – is increasingly labelled a public health crisis facing youth in Canada (Skinner et al., 2016). Reported “epidemics” of self-injury have been accompanied by a proliferation of media attention framing self-injury in alarmist terms of “risk” and “danger.” Despite the role of news media in constructing popular understandings of self-injury, little scholarly attention has been granted to the discursive construction of youth self-injury as risk in Canadian news media (Bareiss, 2014; Staniland et al., 2021).

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This article examines mainstream Canadian news articles reporting on youth self-injury from 2011 to 2019 (n=19) through a neoliberal governmentality framework. Mobilizing a critical discourse analysis, which examines how discourse produces and circulates power and power relations, I consider the role of risk discourses in the production of self-injuring youth in Canada as failed neoliberal subjects. I suggest that self-injury risk discourses are consistent with neoliberal mental health paradigms, which locate the problem of poor mental health within individual bodyminds while obscuring the social and structural contexts of suffering and distress. Neoliberal paradigms in mental health individualize and depoliticize expressions of distress (such as self-injury) and responsabilize individuals and families for “recovery” and wellbeing (Morrow, 2017, p. 43-44). Further, self-injury risk discourses legitimize the surveillance and control of “at-risk” subjects while undermining efforts for safe, supportive, and non-coercive engagements with self-injury amongst youth.

A central tenet of my argument is that media constructions of youth self-injury as risk exist alongside, and inform, the hyper surveillance, coercion, and control of self-injury as a psychiatrized behaviour. As an expression of mental and emotional distress, the largely private and mostly non-life-threatening practice of nonsuicidal self-injury is subject to involuntary psychiatric incarceration, treatment, shame, and stigma, all in the name of patient safety and suicide prevention (Moon, 2000; Morrissey et al., 2018; Slemon et al., 2017). I suggest that the construction of self-injury in terms of risk not only forecloses meaningful engagement with a distressing behaviour, as well as the conditions informing such distress, but fosters the conditions wherein self-injuring subjects are policed, surveilled, and curtailed, often to the point of human rights violations in mental healthcare settings (Slemon et al., 2017).

The article begins with a brief overview of self-injury as a site of analysis and outlines relevant theoretical scholarship at the intersecting sites of neoliberal governmentality, youth, and mental health. I then move to an explication of my methodology and article selection criteria. Following this, I present three interrelated themes from study findings which implicate self-injury risk discourses in the production and pathologization of neoliberal citizenship: these include *social (media) contagion*, *failed resilience*, and *system overwhelm*. Following my analysis and discussion of findings, I briefly explore what a social justice engagement with self-injury might look like and consider how such a framework may disrupt the “riskification” of self-injury and invite more caring engagements with youth self-injury.

Self-injury and Self-harm: A Note on Terminology

The field of self-injury research is riddled with a lack of definitional clarity (Chandler et al., 2011). Varying use of terms, as well as inconsistent definitions

of said terms, lead to muddled understandings of the nature and prevalence of self-injury across research contexts. For my purposes, I use the term self-injury to refer to the non-socially sanctioned practice of directing injury to the surface of one's body, through acts such as self-cutting, self-hitting, head banging, or self-burning, without intent to die. By focusing on practices which are directed towards the surface of the body, I am excluding practices which may accrue harm over a longer term, such as disordered eating, incessant exercise, overwork, reckless spending or driving, or substance use. Moreover, by focusing on non-suicidal self-injury, I work to emphasize the survival function of self-injury. This assertion draws upon critical feminist and psychiatric survivor approaches which take up self-injury as an embodied signification of distress, as well as a coping strategy, and, for many, a means of survival (Elliott, 2001; Inckle, 2010, 2020; Pembroke, 1996; Shaw, 2016).

Notably, the articles examined overwhelmingly use the term self-harm to refer to various behaviours, including self-poisoning, strangulation, suffocation, self-cutting, and self-burning, with and without suicidal intent. While the term self-harm tends to evoke colloquial understandings of nonsuicidal self-injury, particularly self-cutting, the term self-harm is increasingly used to refer to “a broad category of behaviors encompassing any deliberate damage caused to oneself regardless of intent” (Staniland et al., 2021, p. 2) and is thus considered to be inclusive of suicide attempts. This definitional slippage leads to the misconception that all self-injury is suicidal in intent and informs inflated statistics and alarmist interpretations of cutting epidemics, when in fact, the term self-harm is inclusive of a much broader range of behaviours. While I primarily use the term self-injury throughout this article, I occasionally use the term self-harm to reflect the language used in the articles selected for analysis.

Background

In these next sections, I contextualize the problem of self-injury among youth in Canada, particularly as self-injury has been framed in clinical research, and briefly engage with psychiatric survivor accounts of self-injury. Following this, I outline my analytic framework of neoliberal governance and risk before moving into my methodology and study findings.

The “Problem” of Youth Self-injury

In contemporary clinical and psy-research,¹ self-injury is dominantly conceptualized as a maladaptive coping mechanism and technique of affect

¹ “Psy” is an umbrella term used to refer to the professionalized disciplines of psychiatry, psychology, psychoanalysis, and psychotherapy. Throughout this article, I use clinical and psy

management undertaken in response to the stresses of modern life (Chaney, 2017, p. 207). Psy accounts have tended to favor individualist and biomedical explanations for self-injurious practices, such as high levels of emotional reactivity or an inability to verbally communicate negative feelings (Gratz, 2007; Klonsky, 2007), and primarily advocate cessation of self-injury *at all costs*. In mental healthcare settings, self-injury cessation and risk management can include “confinement from the outside world, seclusion and restraint, observation and surveillance, denial of leave and removal of personal belongings including clothes” (Slemon et al., 2017, p. 3); in informal and outpatient settings, particularly for youth, self-injury risk management can include “no harm” contracts between clients and practitioners, the removal of bedroom doors, restriction of movement, room inspections, and unrelenting supervision (Pembroke, 1996, 2006). Therefore, psy-accounts of self-injury research tend to locate the practice within individualized realms of deficit and pathology, with a harmful emphasis on cessation.

In addition to pathologized understandings of self-injury, psy-accounts have tended to position self-injury as a problem of white women and girls in the global north. The bulk of contemporary psy- self-injury research focuses on western, white and female subjects (Gholamrezaei et al., 2017), and prevailing stereotypes of self-injury, specifically self-cutting, define it as a “‘White, middleclass problem’ that occurs nearly exclusively among privileged young women” (Abrams & Gordon, 2003, p. 431). Although intersectional research on self-injury is increasing (Angoff et al., 2021), gendered and racialized assumptions of white girls as typical self-injuring subjects remain deeply embedded in clinical and popular understandings of self-injury. These dominant frames inform who is understood as at risk of self-injury, as well as whose self-injury is framed as concerning or in need of intervention. For example, drawing on UK accident and emergency department data, Cooper et al. (2010) found that although white women and girls were more likely to self-cut, scratch, or use methods of self-injury involving blood, Black women and girls were more likely to self-poison, yet *considerably* less likely to receive a psychiatric assessment, in- or out-patient care, or be referred to a general practitioner compared with white women. Batsleer et al. (2003), in a qualitative study examining mental healthcare provision for South Asian women who have self-harmed or attempted suicide, found that care providers perceived self-harming South Asian women as emulating the behaviour of white women. Thus, white girls and young women remain well inside the frame of dominant understandings of self-injury and tend to constitute the typical subject of self-injury discourse, to the exclusion of racialized and multiply-marginalized subjects.

somewhat interchangeably to encompass accounts of self-injury that frame it as pathology in need of correction, cessation, and cure.

Given these limitations, clinical self-injury research offers a highly limited picture of the prevalence, nature, and presentation of self-injurious practices across different racial, ethnic, geographic, and cultural contexts. Because definitions of self-harm and self-injury vary so greatly across individual studies and research contexts, prevalence rates generally fail to provide an accurate picture of the scope and nature of self-injury practice. In a systematic review of western self-injury literature encompassing the United States, Canada, Australia, and European countries, Gholamrezaei et al. (2017) found that suggested lifetime self-injury prevalence rates range from 13.9 to 35.6% among adolescents, 11.67 to 17% among university students, and 5.9 to 23% among adults. Although these numbers indicate that self-injury is a common practice among youth, claims of self-injury epidemics are ultimately difficult to quantify. In Canada, estimated prevalence rates for self-injury are largely unavailable. Most existing studies use a framework of self-harm, inclusive of suicide attempts, and do not offer a clear picture of nonsuicidal self-injury prevalence. An exception is Nixon et al. (2008), who in a longitudinal population-based survey of youth in British Columbia aged 14-21 (n=568), found a lifetime self-injury prevalence rate of 16.9%, with an average age of onset of 15.2 years. These figures are generally consistent with international self-injury prevalence estimates (Gholamrezaei et al., 2017).

Contra individualizing and pathologizing psy-framings of self-injury, psychiatric survivor accounts suggest that self-injury is both a manifestation of distress and a means of survival best supported through harm-reduction methods, which seek to minimize permanent damage and death while recognizing the purpose or benefit of self-injury (Inckle, 2020; Pembroke, 1996). As a manifestation of distress, self-injury is intimately linked to broader sociopolitical contexts of intersecting oppressions (that is, the interaction of multiple forms of oppression, such as gender, race, sexuality, class, ability, and more, which converge to produce particular experiences of power and privilege within interlocking structures of domination; see Crenshaw, 1991; Hill-Collins, 1990). Kay Inckle (2010) argues that:

The individual experiences connected with self-injury (including neglect, physical, emotional, and/or sexual abuse; grief; loss; displacement; and chronic illness) alongside the broader social context (poverty, racism, homophobia, ableism, and gender prejudice) and the immediate life situations in which they are experienced intersect and compound one another in deeply wounding ways. *Self-injury becomes the embodiment of and the coping response to these experiences.* (p. 161, emphasis added)

In this reading, distress and self-injury are socially structured phenomena which cannot be understood outside of the everyday conditions of oppression, harm, and risk which inform them. For example, low-income areas in Canada tend to have higher rates of self-injury hospitalizations than affluent areas (Eggertson, 2013), while disproportionate rates of self-injury among queer and trans youth exist within structural conditions of heterosexism and transphobia

(McDermott & Roen, 2016; Saewyc & Veale, 2015). This is not to pathologize marginalized groups, but to underscore that distress and self-injury are “bound up in issues of inequality, oppression and violence” (Inckle, 2020, p. 229). As such, self-injury demands social justice engagements, broadly understood as “the extent to which a society ensures an equal distribution of resources and opportunities in the political, economic, institutional, and social realms” as these impact mental health and wellbeing (Rimke, 2016, p. 6). I return to the implications of a social justice engagement with self-injury in the conclusion. From here, I move into a discussion of the neoliberal governance framework employed in this study.

Theoretical Framework

As a multifaceted political project of economic transformation and capital accumulation, neoliberalism works to “render the social domain economic and to link a reduction in (welfare) state services and security systems to the increasing call for ‘personal responsibility’ and ‘self-care’” (Lemke, 2001, p. 203). Applied to questions of mental health, neoliberal ideologies of privatization, individualization, and biomedicalization responsabilize individuals “to carve a personal path to recovery rather than addressing the structural conditions in which they live” (Van Veen et al., 2019, p. 68). This individualization of complex social problems is enabled by biomedical paradigms which obscure social and structural determinants of health, while positing pharmaceutical medical interventions as stand-alone solutions to the problem of poor mental health.

As neoliberalism’s “key administrative form” (Brown, 2016, p. 6), governance “operates through isolating and entrepreneurializing responsible units and individuals, through devolving authority and decision-making, and through locally implementing norms of conduct” (Brown, 2016, p. 5). A neoliberal governmentality framework explores such locally implemented norms of conduct through the regulation, administration, and management of populations in diffuse ways, including at the level of discourse (Rose et al., 2006, p. 80). While a governmentality framework is not reducible to the operations of discourse (Rose et al., 2006), discourse, defined here as “a group of statements which provide a language for talking about – i.e., a way of representing – a particular kind of knowledge about a topic” (Hall, 2019, p. 155), remains a key site of the operationalization of power and the production of neoliberal subjectivities in late-stage capitalism.

As technologies of neoliberalism, risk discourses work to individualize complex social problems and responsabilize individuals and families to mitigate risk. Scholarly explorations of the social construction of risk underscore that risk “is not a static, objective phenomenon, but is constantly constructed and negotiated” within power-laden social contexts (Lupton, 2013,

p. 44). Risk mitigation is highly moralized and fiscalized: individuals who choose to pursue risky behaviour are interpreted as placing themselves in danger of illness, disability, or disease, which “removes them from a useful role in society and incurs costs upon the public purse” (Lupton, 1993, p. 429). Expert discourses play a key role in the definition and dissemination of risk, whereby expert knowledges “have the power to identify and draw public attention to particular understandings and phenomena, often at the expense of alternative explanations and interpretations” (Vickery, 2017, p. 8). With regards to self-injury, this risky practice is framed through reference to psy-expertise paradoxically as both crisis in need of surveillance, as well as a public health expenditure and drain on the healthcare system. As will be discussed, youth are constructed as needing *more* surveillance and guidance. At the same time, they are presented as overwhelming the healthcare system through their requests for support.

Young people are incorporated into contemporary neoliberal governance projects as future citizens in particular ways (Harris, 2004; Shields-Dobson, 2015; Vickery, 2017). Under neoliberalism, the production of “good” citizen-subjects (as self-sustaining, self-managing, flexible, and resilient) is closely tied to patterns of moralized consumption and abstinence (Tsaliki & Chronaki, 2020). Youth must be *managed* towards appropriate consumption, often under the guidance of experts. For example, on the regulation of girls and girlhood, Anita Harris (2004) underscores that “female adolescence has typically been represented as a risky business that must be carefully navigated, usually with the help of professionals, to ensure that girls make a successful transition to normative adult womanhood” (p. 15). This successful transition hinges on the role of parents, teachers, counsellors, and doctors “in the surveillance of [white, middle-class] girls who may be at risk of crises of identity and self-esteem, or who exhibit suicidal or depressive behaviours” (Harris, 2004, p. 33), including self-injury. Risk discourses therefore play a central role in the regulation and management of white, middle-class youth towards proper neoliberal citizenship, as well as in the mitigation of self-injury as risk or threat to normative adolescent development.

Methodology

This article is part of a larger study which explores lived experiences of self-injury in Canada through an intersectional feminist framework, which resists single-axis analyses of gender-based oppression (attending to the interactions of gender, race, class, sexuality, ability, etc., as they converge at the site of lived experience) and situates self-injury within social and political contexts. This study mobilizes critical discourse analysis (CDA) as a methodological approach which surfaces the operationalization of discourse in the production of power and power relations (Cheek, 2004, p. 1142). Discourse analysis “is concerned with the way in which texts themselves have been constructed in

terms of their social and historical ‘situatedness’” (p. 1144) and makes explicit the values, meanings, and investments underlying particular constructions and representations of reality. As discursive texts, news articles operate to convey new or noteworthy information to readers (Van Dijk, 1988) and thus “can have an important influence on shaping public policy and setting the agenda for the public discussion of risks. They are interested in attracting a large audience or readership and tend to over-dramatize and simplify information about health risks accordingly” (Lupton, 1993, p. 431). News media therefore constitute a rich site of analysis for the construction and mobilization of self-injury-as-risk in neoliberal contexts.

Method

Thematic analysis was undertaken of English-speaking Canadian newspaper articles reporting on self-injury among Canadian youth between 2011 and 2019. In an attempt to capture mainstream distribution of self-injury news articles from reputable sources, articles were retrieved from Google News using search terms “self-injury” or “self-harm” and “Canada,” as well as “youth” or “teens.” A total of 19 articles were selected for analysis based on the reputability of the source, article’s inclusion of search terms, and focus on the problem of youth self-injury among the general population (i.e. non-incarcerated youth, whose experiences with self-injury in the context of incarceration were determined to be beyond the scope of this article). News articles and outlets selected for inclusion included *CBC* (10 articles), *The National Post* (1 article), *The Globe and Mail* (1 article), *TVO* (1 article), *Ottawa Citizen* (1 article), *The Edmonton Journal* (1 article) *The Calgary Herald* (1 article), *The Star Phoenix* (1 article), *The Vancouver Sun* (1 article) and *CTV* (1 article). Initial codes were developed through multiple readings of selected articles and reflect grounding in the language of the texts themselves (e.g., coping, social media, technology, contagion, vulnerability, role of parents and teachers, overburdened healthcare system, recidivism, suicide). Once an initial qualitative coding template was established, it was applied to selected articles through close readings. From here, codes were combined into broader categories and analyzed mobilizing a governmentality framework attentive to the mobilization of youth, risk, and self-injury in textual news media.

A few general observations can be made here of the data set analyzed. Firstly, virtually all 19 articles selected for analysis reported on academic research findings related to youth self-injury, signalling a dissemination of expert knowledge to a mainstream audience (generally targeting the parents of youth and teens). Additionally, all articles included a form of direct expert testimony: most commonly, articles included direct quotes from psychologists, psychiatrists, researchers, social workers, and counsellors offering

explanation, insight, or advice for parents. A total of six articles included youth interviews, all of which featured white girls, with the exception of one white boy (CBC, June 18, 2014). Moreover, despite links between self-injury and experiences of marginalization – for example, Indigenous youth and youth in Northern communities are more likely to present and be hospitalized for self-inflicted injuries than non-indigenous youth (Fantus et al., 2009; Newton et al., 2015), and trans youth in Canada have higher rates of self-injury than cisgender youth (Saewyc & Veale, 2015) – only one article (Bethany, 2015) reported on disproportionate rates of self-injury among trans and nonbinary youth. Self-injury among Indigenous youth was largely underreported by mainstream media outlets. This is not to reify the pathologization of trans and Indigenous youth who self-injure (McDermott & Roen, 2016; Murdocca, 2013), but to point out the differential distribution of concern for white youth as future citizen subjects in mainstream news media. From here, I move to an exploration of study findings.

Findings

Social (Media) Contagion

In and across many of the articles reviewed, self-harm epidemics are suggestively linked to the rise of smart phone and social media use. In this rendering, self-harm is framed as a behaviour that spreads through digital networks, reifying assumptions of pain – and self-injury – as highly contagious (Shields-Dobson, 2015). Digital networks, namely YouTube, Instagram, and Facebook, are discursively positioned as sites of corruption where youth learn about self-harm and are encouraged to practice it. Online self-injury communities are consistently framed as contagious and corrupting, evidenced by the following:

The worry is it provides a sense of community and allows you to feel that it's more acceptable to just keep doing this. (CBC, Feb. 21, 2011, para. 2).

Of particular concern, both doctors said, is the “contagion factor” that can arise through group chat sites and websites on the internet. “It's really concerning for us because we know that our youth are very vulnerable. They are constantly in touch with each other.” (Paquette, 2016, para. 9).

Here, “community,” and the maladaptive behaviour which self-injury communities engender, are pathologized as inappropriate help-seeking practices (Shields-Dobson, 2015). Youth are framed as simultaneously vulnerable to contagion (via peers in digital networks) and as promoting harm through risky behaviour. An additional article titled “Self-harm Advice for Teens Turning up Online” (CBC, March 28, 2012) contains an instructive sentence: “Videos on YouTube and photos posted online by teens give advice

on how and where to cut, and how to hide the cuts and scars from adults” (para. 9). The concern is that online content positions youth beyond the reach of adults – parents and professionals – who can guide them to appropriate coping mechanisms, and, by extension, appropriate citizenship:

She said kids seek related advice online without parents or teachers knowing, contributing to a contagion effect for those struggling to cope with stress or, sometimes, to fit in with others who are cutting. (CBC, March 15, 2014, para. 23)

“They're posting pictures of their self-harm and doing it in groups,” she said. It's a symptom of other problems in the youths' personal lives, “and it's something we need to figure out.” (Kaufman, 2016, para. 13)

“It has become almost a fad to cut now,” St. John said. “And many of the young people that I see that cut do it to belong to a group or to stay within a group. They post it on Facebook.” (CBC, March 15, 2014, para. 27)

The discursive positioning of self-injury as a contagious fad enmeshed in social media practices reveals the devaluation of young people's distress and bolsters stigmatizing conceptualizations of self-injury as attention-seeking and manipulative. The problem becomes one of a young person requiring surveillance and control, rather than engagement with the emotional distress of youth who practice self-injury. This is evidenced by one psychiatrist's comment that “personally, I would love to see that access to social media was significantly restricted until adulthood” (CBC, March 15, 2014, para. 29).

By discursively locating the risk of self-injury primarily in social media practices, youth are denied the possibility of support, connection, and harm reduction potentially found online (Vickery, 2017). While scholars have examined links between social media consumption and emotional distress (Keles et al., 2020), as well as negative aspects of online self-injury communities (Arendt et al., 2019), others foreground the benefits of online communities. Shields-Dobson (2015), in her review of digital self-injury communities, suggests that self-injury websites and online self-injury communities allow “participants the possibility of connecting and interacting with others who self-injure or are suicidal (Adler & Adler, 2011; Lewis et al., 2012; Murray & Fox, 2006; Rodham et al., 2013), and foster a sense of ‘belonging’ to a community (Baker & Fortune, 2008, p. 120)” (Shields-Dobson, 2015, p. 152). Such sites provide the possibility for understanding and commonality of experience, harm-reduction and safe self-injury education, emotional support, and a sense of belonging. Some members of online self-injury communities have suggested that “such sites supported their recovery ‘better than any therapy could’” (Baker & Fortune, 2008, p. 121). By offering radical peer-based support, online self-injury communities signal the emergence of antipsychiatric “counter-publics” (Shields-Dobson, 2015, p. 158) and are thus invaluable: many who come into contact with psychiatry

experience violence and harm, as well as barriers to access (Burstow et al., 2014). The figuring of self-injury in terms of social media risk denies youth the possibility of community and connection found online, while discursively bolstering the primacy of psy-expertise in understandings and responses to self-injury.

Failed Resilience

Across the articles reviewed, self-injury amongst youth is consistently framed as a maladaptive technique of coping with stress, anxiety, or undesirable emotions. The *failed resilience* discourse took two major forms: the first, that self-harm is a “bad” form of coping in need of correction (primarily through parent and healthcare provider intervention); the second, that youth themselves lack the capacity to cope with difficult feelings (as a result of social media use and busy parents unable to provide proper socialization). While the positioning of self-injury as a coping mechanism is consistent with clinical findings which posit affect management as a primary function of self-injury (Klonsky, 2007; Nock, 2010), the inability to cope with bad feelings is rendered pathological in neoliberal contexts which demand that youth are able to successfully navigate the pressures, risks, and dangers of modernity (Harris, 2004; Shields-Dobson, 2015).

As a form of bad coping, youth who self-injure are consistently positioned as lacking knowledge of “healthier” coping mechanisms and are thus in need of better tools. The following quotation illustrates the emphasis on youth learning more useful ways of coping with stress:

“One of the primary goals here is that we want young people to understand there are good ways, positive ways, useful ways of coping,” he said. “And there are ways that are not. And self-harm behaviour is one of the ways that is not useful.” (Paquette, 2016, para. 26)

By developing coping mechanisms which are more useful – that is, more consistent with neoliberal imperatives for individualized self-sufficiency, and productivity – youth can be brought closer to “good” neoliberal citizenship via their capacities to self-regulate. The blanket classification of self-injury as “not useful” both overlooks self-reported accounts of the uses of self-injury for those experiencing mental distress and trauma (Elliott, 2001; Pembroke, 1996; Shaw, 2016) and denies meaningful engagement with self-injury as an embodied practice situated in social and political contexts (Inckle, 2010).

In addition to framing self-injury as a maladaptive coping mechanism in need of correction, youth *themselves* are framed as lacking the resilience needed to field the risks of late-stage capitalism. Youth are positioned as lost, evidenced in the following quotation: “[kids] seem to be suffering an existential crisis that is sort of, ‘I’m empty, I don’t know who I am, I don’t know where I’m going, I don’t have any grounding and I don’t know how to manage

my negative feelings” (CBC, March 15, 2014, para. 11). The distress experienced by youth is positioned as a result of “soft” or “spoiled” adolescents and is discursively linked to modern hazards such as busy parents (who lack the time and energy to properly supervise their children) as well as social media (which, as discussed, is framed as contagious risk and threat to psychiatric authority). The following quotations illuminate the concern over the incapacity of youth to cope with otherwise comfortable, normal lives:

“They don't actually experience a lot of adverse events in their lives,” he said of those who enjoy increasingly affluent upbringings with supportive parents. “When something does go wrong – like a breakup, a death or poor grades – many young people are completely thrown,” Gandy said. (CBC, March 15, 2014, para. 14-15)

They kind of go from pretty average, functioning kids to suddenly they can't cope. They can't manage. They're depressed. They're presenting to emergency departments, hopeless. (CBC, March 15, 2014, para. 16)

They really have trouble handling negative emotions like fear, sadness, anger or despair. It just bubbles up inside them ... and they have not developed the coping strategies to deal with them. You will see kids whose arms look like railway tracks or have done a very deep cut or in a serious place... The question then is, why are these kids not picking up better ways to reduce stress? (Crawford, 2014a, para. 16)

By framing youth as unable to cope with the pressures of modernity, teens and young adults are denied authority over their own experiences, minds, and bodies. This pathologization of vulnerability and pain-expression reflects neoliberal investments in self-regulating, individual, and empowered subjects and informs the extent to which self-injury amongst youth is surveilled, policed, and managed.

System Overwhelm

The third theme I discuss here is that of *system overwhelm*. This theme is constructed in terms of the *mass* of the problem – that there is an “epidemic of young people who are struggling” (Rodriguez, 2019, para. 5), constituting a “disturbing” and “worrisome” trend which is alarming professionals – as well as the *impact* of youth self-injury on the healthcare system itself, which is itself unable to cope with an influx of self-injuring teens in emergency rooms. This *system overwhelm* is consistently constructed in fiscalized terms – youth who self-injure (and thus fail to manage their feelings appropriately) are construed as financial drains on the system.

In an article titled “Canadian hospitals stretched as self-harming teens seek help” (CBC, March 15, 2014), mental health services are characterized as “strained” as “growing number of teens show up at emergency rooms across Canada with self-inflicted injuries and suicidal thoughts.” The use of the term

“self-inflicted” is instructive here – youth are positioned as *at fault* for self-inflicted harm, and, effectively, at fault for overwhelming the healthcare system, evidenced in the following:

The fallout [of self-injuring youth] includes crowded wait rooms and longer waiting lists for outpatient care, doctors say. (CBC, March 15, 2014, para. 30)

“It has a huge effect on waiting lists and on the case loads of providers,” he said. “We don’t have the resources to cope with the demand and it’s really important that people look at that.” (Loriggio, 2019, para. 18)

The discursive construction of self-injury in terms of *system drain* is reflective of the moralization and fiscalization of risk, underscoring that those who fail to properly self-regulate fail as neoliberal subjects (Lupton, 1993). This moralization has been explicitly addressed by survivors of self-harm. Louise Pembroke (1996) writes:

When resources are limited and services defined by finance as opposed to need, self-harm looks expendable. Smokers have been refused treatment for smoking-related illnesses. It’s self-inflicted. I have been refused essential treatment for an injury. Told that I should not be treated anymore as there was no point... As financial pressures will force doctors to choose who gets treatment, presenting moral judgement in the guise of clinical judgement will be easier. (p. 3)

While Pembroke is writing in U.K. contexts, the moralization of self-injury as a waste of time and resources echoes throughout the articles reviewed and positions self-injury as a modern affliction in need of surveillance, control, and regulation. Throughout the articles reviewed, the impacts of youth-self injury are articulated in financial terms, as seen in the following excerpts:

In economic terms, repeat visits are expensive for the system to manage. Compared to teens who do not have mental health challenges, the researchers estimated that teens who self-harm incurred \$11,000 more in health-care costs over a five-year period. The authors say that cost estimate is conservative. (Goldman, 2019, para. 14).

Teens who had self-harmed were also five times more likely to have repeat emergency-department visits or hospitalizations, and cost, on average, \$11,000 more in health-care bills than the other teen group. The findings are part of a global trend that has researchers wrestling to answer why the behaviour is increasing, and health-care systems are struggling to cope with demand when there is already a traffic jam at the emergency department front door. (Andersen, 2019, para. 4).

In addition to incurring financial cost and crowding emergency rooms, youth engaging in self-injury are positioned as highly recidivist and “destined to become repeat visitors” (Goldman, 2019, para. 2). An article titled “Teens who Visit ERs with Self-harm Injuries Likely to Repeat, New Study Suggests” (Goldman, 2019) frames teen recidivism as a problem requiring algorithm-

based solutions as researchers “call for better tools to predict and prevent repeat self-harm injuries” (Goldman, 2019, para. 1). By advocating for increased use of surveillance technology to manage the problem of teen self-injury, the underfunding, privatization, and commodification of Canadian healthcare – the root cause of overcrowded emergency rooms and overworked staff – are effectively obscured.

I have examined three interrelated themes which frame youth self-injury in terms of risk: *social (media) contagion*, which links increased rates of self-injury to the use of social media as a site of contagion and corruption; *failed resilience*, whereby youth who self-injure are positioned as failing to meet neoliberalized demands of self-regulation, self-management, and resilience; and *system overwhelm*, where self-injuring teens are positioned as “at fault” for overwhelming healthcare systems and incurring public health expenditures. Across these discursive themes, youth self-injury is framed as a pathological problem in need of increased surveillance, regulation, and management. Such discursive positioning individualizes the emotional distress experienced by youth who self-injure. By disproportionately centering concern for the wellbeing of young, white, and primarily female subjects, self-injury risk discourses reify whiteness, youth, and femininity as quintessential features of self-injury. Importantly, the “riskification” of self-injury denies the possibility of meaningful engagement with self-injury as an embodied practice embedded in social and political contexts – that self-injury is a potentially useful and adaptive response to distress, and for many, is a means of survival in the wake of emotional pain (Shaw, 2016). Ultimately, the construction of self-injury in terms of risk denies self-injury – and its practitioners – meaningful engagement. From here, I move to a brief consideration of what a more *meaningful engagement* with self-injury may look like as attuned to social justice paradigms in mental health.

Conclusion: Towards a Social Justice Engagement with Self-injury

I have argued that the riskification of self-injury exists in neoliberal contexts which individualize, privatize, and biomedicalize complex social problems as individual – or familial – responsibilities. Such frameworks proffer self-injury as a problem of overexposed and under-supervised youths who must be *managed*, rather than a practice embedded within broader conditions of social inequity, distress, and precarity. A meaningful engagement with self-injury demands frameworks more attentive to the role of social justice in mental health outcomes (Morrow & Malcoe, 2017; Morrow & Weisser, 2012; Rimke, 2016).

Outlined by Kay Inckle (2020), a social justice engagement with self-injury locates self-injury within the social and structural contexts of mental health. Viewing self-injury as a *response* to experiences of oppression, violence,

trauma, and distress complicates accounts of self-injury as an individual pathology or as a fad brought on by social media. Instead, such an approach situates self-injury within social and political contexts which inform distress and suffering, thus opening up space to identify and *challenge* harmful social and political structures. A social justice approach to self-injury is therefore linked to political action in service of anti-oppressive futurities, which can include, but are certainly not limited to, equitable access to high-quality healthcare, food, education, housing, and childcare for all, regardless of citizenship status, income, or geographic location; improved conditions for workers and living wages for all; environmental and climate justice; an end to gender-based, racial, and colonial violence; and much more. What I hope to indicate with this admittedly cursory list is that the alleviation of emotional distress is a political endeavor; “as such, any meaningful response to self-injury, or the harm that precipitates it, must be grounded in a social justice perspective, otherwise we simply recreate the conditions of harm” (Inckle, 2020, p. 232). The improvement of conditions for life (which shape and distribute distress) are therefore central to a social justice engagement with self-injury.

Secondly, a social justice engagement with self-injury incorporates insights from harm reduction approaches, which recognize “the need to self-harm as a valid method of survival until survival is possible by other means” (Pembroke, 2007, p. 166). Harm reduction orientations to self-injury involve knowledge of safer methods of self-injury, clean implements, and wound care, and have longstanding histories in psychiatric survivor movements (see Inckle, 2020; Pembroke, 1996). In clinical settings, harm reduction approaches underscore that “some self-injury may occur on an individual’s trajectory towards wellness” (Slemon et al., 2017, p. 7), and that this is not a sign of failure or relapse, but an embodied way of negotiating distressing feelings, experiences, and circumstances which is worthy of compassionate response. Such an approach moves away from punitive cessation logics engendered through focus on *risk*, and promotes the integrity, dignity, and bodily autonomy of self-injuring subjects.

Ultimately, a social justice approach to self-injury challenges constructions of self-injury as risk in favour of models of compassionate engagement and contextualizes self-injury within harmful social and political structures, systems, and institutions. While the riskification of self-injury is frequently used to justify coercive treatment practices in formal and informal care contexts, a social justice approach to self-injury recognizes and seeks to improve social and political conditions of distress, while promoting harm-reduction principles for the problem of self-injury. While more work is needed to flesh out the implications of such a compassionate reading, locating youth self-injury within the landscape of social justice paradigms offers more promising, and less harmful, ways forward.

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