



Gentle Activism- Episode 2

“Making it easier for them than it has been for us”

Transcript

(0:00)

Host- Marnie: This episode contains discussions of self injury, childhood sexual abuse and suicide. If you're troubled by any of the issues raised in this podcast, please visit the self injury support website at www.selfinjurysupport.org.uk where you can find more information about self injury and how to access support. You can also call the Samaritans at 116123.

***Phone rings three times* Hannah:** Women's Crisis Service, hello?

Intro music- Eirlys Rhiannon, Mother's Daughter

Marnie: In 1986, a pioneering group of women founded Bristol Crisis Service for Women or BCSW. At the intersection of the feminist and survivor movement. These women rejected the damaging diagnoses and treatments offered by mainstream services, they began to find their own solutions. Ultimately, they wanted services that listen to them, that saw beyond the surface of their self injury, and uncover the personal and societal roots of their issues. 35 years later, with a name change to self injury support, their legacy lives on. Gentle Activism records the voices of women past and present, who made self injury support what it is today. And captures the ground-breaking history of Bristol Crisis Service for Women. This episode dives into the history of the service, to understand how they put lived experience at the heart of their organisation and how this changed understandings of self injury. Bristol Crisis Service for Women amplified the voices of people that mental health services hadn't been ready to listen to.

Sal, collective member, volunteer, freelance trainer and staff, 1996 to 2021: Services were awful. Women were being doubly hurt, firstly by their experiences that led them to self harm, and then by the responses that they got when they tried to get some help for themselves.

Clare S, mental health activist: I'd self-injured since I was maybe, certainly since I was 10. And it got worse and worse through my teenage years. And you know, up to the point that by 21, I was admitted to a psychiatric ward. And I've kept myself injury completely secret. I was really, really ashamed of it really afraid that if people found out they think I was a mad, mad in a bad way, deliberately, deliberately mad and certainly, you know, when I came into contact with psychiatry that that expectation that fear was borne out, people did think I was mad and bad in a bad way. It was... My self injury was positioned as crazy at best, or

attention seeking at worst, you know, attention seeking was, was behind all sorts of hostility and judgement. That I was I was I was doing it because I was manipulative, I was doing it to bring about certain results, I'm not sure. Or I was doing it because I was crazy. I had some kind of illness.

Sal, collective member, volunteer, freelance trainer and staff, 1996 to 2021: It tended to be the kind of sink diagnosis of borderline personality disorder. But what we heard quite a lot and what we've still see quite a lot is people being given either a formal or an informal formal diagnosis around borderline personality disorder, purely on the fact that they hurt themselves. It's just sort of feels like a horrible stigmatising shitty diagnosis that largely women, increasingly, some gay men, and also some men and people across genders, but largely women just get given when they are perceived as self harming, or difficult. It feels like what you're expected to be is to show your distress in a socially acceptable way. So don't be angry, don't be psychotic, don't be suicidal, don't self harm. But if you could just cry a bit, then it's palatable. But we're talking about people in so much pain and so much rage and so much hurt and desperation.

(4:45)

Jenny, staff 2008 to 2012: You know, there is a fragility of if somebody is having to hurt themselves to get by in life, there's obviously stuff happening that's really difficult, and that that creates some fragility, but it takes huge strength to, to use that strategy to get by, you know, to because it is a survival strategy. More than anything, it's a survival strategy. And it takes enormous courage to to find your way through using that.

Jess, support services volunteer and staff, 2018 to present: There's just a sense that you know, people we just don't quite understand even though it is, it's something that can be completely understood. It's not an alien concept. It's not. We all do things that harm us in ways that we know it, whether that's it might be something like, you drink an extra glass of wine, like, you know, that night or, you know, you feeling like, I'm just gonna order some junk food because I feel rubbish. You know, we know what that is. We know what those feelings are, those feelings are the same feelings.

Sal, collective member, volunteer, freelance trainer and staff, 1996 to 2021: I am just equally passionate today I was when I started about kind of the way society damns people for being in distress and self harming, rather than maybe taking steps to change what experiences people have that lead them there in the first place. And I love the fact that I did some training and the guy who's the head of the course said "Gosh, your way of approaching things is so radical." And I'm like, is it? I just think we're sensible. But apparently, you know, not stopping people from hurting themselves and trying to understand why people hurt themselves and being more concerned about the emotional distress than the acts themselves, apparently is quite radical.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: And I think this is at a time when there was a huge amount of prejudice, stigma, misunderstanding. I think that's putting it mildly. Some quite punished in some really quite punishing attitudes towards in people who use self harm, particularly women who use self harm. And that's within the

statutory agents, you know, mental health services. I'm going back a long time, I know it's really changed. But I think in the 1980s, I don't think people were really understanding at all, I think in the 1990s, I think there was still, there was just still such a huge amount of discriminatory attitudes and prejudicial attitudes and punishing attitudes towards people who self, you know, women who self harmed using those services. So BCSW was definitely an oasis amongst all of that

Marnie: Bristol Crisis Service for Women listen to the voices of women who self injured. They utilised their work by sharing their knowledge with other women struggling in psychiatric care.

Clare S, mental health activist: So, coming across this little pamphlet, that when you know you're not crazy, there's there's there's nothing crazy or bad about what you're doing. Lots of other people do it too. And actually, we could see this as being part of the spectrum of behaviour that everybody engages in, you know, that's actually socially sanctioned, or even socially encouraged. It was absolutely, you know, it was it was mind blowing, it was transformative, a complete game changer to go, I'm not crazy. What I'm doing speaks about the experiences that I've had, and it speaks about the society that I'm living in. It doesn't speak about my strangeness or my weirdness or my faultiness, that that was an extraordinary thing. And to get that from, you know, this very kind of simple, simple, accessible, short resource as well was was, was a very, very powerful experience.

Marnie: Two of the founders Diane Harrison and Maggie Ross took a different tack in advocating for better understanding of self injury. They appeared in glossy magazines such as Elle and cosmopolitan. They were interviewed by news outlets like the Guardian and the Bristol Post, they even made several TV appearances on chat shows like Killroy.

Anonymous, collective member, 1993 to 2000: Because at first when I told people what I did, they go oh, what people cut themselves just like I had gone, because there was one or two, you know, articles in magazines if you were lucky, you know, in a year. So, it was starting to be written about a bit, I think, the self injury while in my time there did start to be understood a bit more as a way of people coping with very distressing feelings.

(9:58)

Marnie: However, the coverage was not always helpful. Many of the articles were sensationalist, using graphic language to describe self harm, with titles such as women who cut themselves, describing self injury as an awful thing to do.

Jenny, staff 2008 to 2012: BCSW have moved through having a lot of kickback they had a lot of kickback in the early days. I know that and had some really difficult experiences with press got really exploited. And there was still sensational reporting. Just a bit kind of drama-y. You know when things reported there was a kind of drama sensational element.

Marnie: Nonetheless, the boldness of Maggie and Diane to share their stories not just of self injury, but of depression, sexual abuse and trauma, fought to break the stigma around self injury. They demanded services do better, and in the absence of that created their own.

This is an excerpt from letting out the big scream inside from The Guardian in 1988. BY Michelle Hanson. The typical risk cutter is young, attractive, female, intelligent, talented, and on the surface socially adept, says the Journal of Medical psychology. Maggie, Diane and Ellie, more or less fit this description. They are articulate, witty and pleasant company. And they either cut themselves with razors, Stanley knives and broken lightbulbs, they have done so repeatedly, some of them since childhood. What do they want? What do they think would help to be in a very safe place, says Maggie and look at my anger and be able to scream. I want someone who's going to be with me all the time and strong enough to handle it and let me work through all this anger because I'm so afraid of it. I think that's why I cut myself. someone to cuddle you and let you talk and cry. Let that all out. Sometimes it takes people who do it themselves to understand.

In 1990, Maggie Ross rang the helpline she had created. While externally her advocacy had been extraordinary. Privately she had been struggling. A week later, Maggie Ross took her own life.

Rosie: Maggie Ross a tribute from Louise Pembroke.

Marnie: Louise Pembroke, is a writer and educator and is a towering figure in the survivor movement. Like Maggie, she used her own personal experience with psychiatric care to speak out and improve the lives of others.

Rosie: Maggie Ross died recently, she was co-founder of the Bristol crisis service for women, a strong self-advocate and a friend of mine. Maggie did much work in the very misunderstood field of self harm. Last year, she spoke at the self harm conference and many people were touched by her presentation. She made people think some quotes from her talk.

"I'll tell you what self injury isn't. It's not masochistic. It's not attention seeking. It's very rarely a symptom of so called psychiatric illness. It's not a suicide attempt. It is not silly and definitely not selfish. I know because I've been accused of all these things. It's a silent scream. It's about trying to create a sense of order out of chaos. We must destroy the myths and destroy the silence. We must do it for the women who like us will turn to self harm in the future, or we must make it easier for them than it has been for us."

Maggie battled with herself in the system for a long time, and sometimes the struggle to be human and free too hard. But Maggie did not lose her battle. She made a choice and it was her choice. It was a positive choice for her which I respect. Although I deeply miss Maggie, I know that she empowered others to stand up and speak out to not be ashamed. She did more in her 30 years to bring the subject out of the closet and to help others than any professional has done in a lifetime. Maggie was a beautiful, wonderful human being, and I know her spirit is with us fighting. I love Maggie, and we'll never forget her. Louise, Secretary of Survivors Speak Out.

Marnie: Diane Harrison and Maggie Ross were not alone in speaking out about their experience. In 1995. Princess Diana was interviewed by Martin Bashir in an interview that is

infamous for his exploitative practices, but renowned for Princess Diana candidly speaking about her own mental health.

Tessa, helpline volunteer and staff, 1994 to 1996: The Diana interview that came out was during the time I was there. So that prompted so I remember being in the office with Hillary, making sure that we have felt statements in case we were asked to comment. Remember that being a busy time.

(14:49)

Marnie: In 1996, The Guardian released an article entitled cruel to be kind by Bernard Davies. When Princess Diana publicly acknowledged for the first time last November, she had been believe Mick responses were widespread. ButdDid anyone notice when earlier in her BBC panorama interview, she said...

Hannah: Well, I've just hurt my arms and my legs.

Marnie: The article goes on to say this most photographed Women had achieved a breakthrough. She had asked millions across the world consider that people do deliberately cut into or burn their own skin. In fact, she did more than this. She tried to get them to see that what she had done was actually a reasoned response to what was for her an impossible situation."

Hannah: She spoke of inflicting upon herself, the feelings of shame of being unable to cope with the pressures of the press, and royal life.

Marnie: The impact that this coverage had on the organisation was huge. The call log show pages and pages of callers responding to the articles. Some of the women said that they hadn't even known there was a name for self injury, let alone there were others in the same situation.

Lois, staff, 1994 to 1996: And also, it was probably very shocking because women were mutilating bodies that are supposed to look beautiful, you know, so they're supposed to be we're supposed to kind of please, please people by our appearance, so it probably horrified them. That women were very much stepping outside that that kind of, you know how you're supposed to look your best for the world of two men.

Marnie: While Diane Harrison and Maggie Ross, were tackling the media head on Bristol crisis service for women began to create research from their user led perspective. They amplified the voices of people who viewed themselves as survivors, not just of self injury and trauma, but of the psychiatric services themselves.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: I was very much aware of BCSW. Yeah. And their reputation for being led by people with lived experience that shaped all of their services. I think I also knew or certainly begin began to know that they were a bit of a local service, a gem, a little gem, but actually with a vote which which punched way above their waist. I mean, they are, you know, we're know, nationally. And they were also known internationally lead. So I think when I yeah, I began to know that in terms of the research that they that they've done over the years, and the resources that

they produced, as well as the services that they were directly running the the telephone support lines and so on.

Lois, staff, 1994 to 1996: It was to ask women what you know what, how do you understand your, your, you're using self harm.

Narrator 1: This is Lois, staff, 1994 to 1996 who conducted the groundbreaking research women in self injury, a study of 76 women, so often happens over the internet, Wi Fi betrayed us. So the audio is a little fuzzy.

Lois, staff, 1994 to 1996: And women would say it was a way of dealing with the pain, their emotional pain, or kind of expressing it or, or turning it inward. Maybe they'd be so angry that and afraid, turning their anger outwards on the world. So turn it in upon themselves, you know, or away feeling control of something in their life. But then, the other question, or one of the other questions I asked was, what what experience they had in services, they'd approached for help. And again, sort of broke my heart really was made me so angry was when women would talk about being being told by services off workers approached that they were just wanting attention or that they were doing something, you know that they were doing something terrible and wrong, and that they couldn't have any help.

Voice of woman: I wanted to go to the day hospital, but they said they wouldn't take me until I'd sorted out my eating and my cutting. I thought if I could do that, then I wouldn't need to come here...

Lois, staff, 1994 to 1996: Until I stopped this silliness or, or being, you know, actually being treated kind of harshly and unkindly.

Voice of woman: I used to see a clinical psychologist, but she was very unsympathetic. She thought I was cutting myself in an attempt to manipulate her and that it was disgusting. She used to make me sure how my arms to prove I hadn't hurt myself, which is when I started cutting my legs.

(19:54)

Lois, staff, 1994 to 1996: I just felt, how can how can you? How can that be the case, that here's this person in agony and trying to cope in some way and then somebody says to them, I'm going to punish you for that you're wrong to do that. You've got no right. The other thing I felt, you know, what, how could a doctor or a nurse or social worker or an ambulance person or anyone there to say, you haven't got the right to do what you like to your own body. And sometimes those those women had already had lots of that, you know, other people taking control of their bodies or abusing their bodies. No, you're not even allowed to do this thing that actually helps you.

Voice of woman: When I was a child cutting was safe, reassuring, consistent, something that would be there for me, whatever happened. Now, once I've cut myself, I go into nurse mode, and can enjoy taking care of my wounds.

Lois, staff, 1994 to 1996: But I'm getting really angry and upset talking about it. But it just for myself and my own experience in psychiatric services and self injury as a teenager, I've

had a bit of that I've had kindness from some people definitely. And then I've had kind of dismissal and misunderstanding from other people. But it wasn't absolutely terrible other than mixture, that I heard a lot worse stories from, from the women that I some of the women that I was in touch with, through the research,

Voice of woman: I still hurt myself in lots of ways really. Worrying, blaming myself for things, doing too much. Not letting myself sleep. They're just as bad for me.

Clare S, mental health activist: I think back to I think there was a major piece of research done in 1995 by personal crisis service for women. And we you know, that was that was huge to read, you know what 100 other people that said about their self injury and to see myself reflected there was was massive. And the central core there was just ask people. Just ask what's going on. Just ask what's needed. And if you listen you behind stories of kind of despair and distress and and the kind of complexities that individuals need. I think you will hear that just about everybody wants to be treated with warmth and respect and have somebody to, to believe in them and be alongside them in the way that feels safe and right.

Marnie: Bristol Crisis Service for Women continue to amplify the voices of those most marginalised people who self injured. In 2005, Fiona McCauley carried out 'The Pain Inside' looking at the experience of women in prison.

Fiona, staff, 2004 to 2018: There's a there's a big need because self injury in women's prison is huge. Absolutely huge. And the the access to support is, is really minimal. So there are a lot of there are a lot of workers going yes, please produce something that would be amazing if you can, because we need we I think we produced about I want to say about 1000. I might be plucking that out of the air. I might be totally incorrect. But we printed a lot. And they were gone. They were distributed to women's prisons within about three months. I think they were just gone. And I think that's because we've made the links as well in the in the whole production of the book that we could say, Would you like some? And they'd say, Yes, we do want this many. And off they go. And, and I know that I think they did get through we had a couple... and we actually had some feedback letters. Somewhere I haven't, but they might be on the file somewhere actually saying they're good. They're saying thank you. And that was really nice. Just having a few of those because you think well for every woman that hasn't written back, you know, we hope that that got through to some people. So, and it was and it was tricky because the reading level of women in prison is very low. And then trying to kind of be informative around issues of injury and what helps in one booklet was was quite tricky.

Marnie: Then in 2009 BCSW published Hidden Pain.

(24:49)

Anonymous, researcher and facilitator, 1999-2009: And there was a very clear perception that people with learning disabilities, self injury, because they had learning disabilities, not for any emotional loss. or mental health support leaves that they might have. We wanted to challenge that perception really, because both of us felt that emotional, emotions and life

experiences had a very clear relationship to self injury in people with learning disabilities, just the same as with anyone else.

Fiona, staff, 2004 to 2018: If you look at the lowest or piece of work, you know, there's definitely definite similarities between the findings. You know, even though they were 25 or 30 years apart, so I also think, if you look at the lives of people with learning disabilities, they're much more vulnerable of being subjected to being disempowered, much more vulnerable and much more likely to be abused. So absolutely. It's such an important. It's such an important way that people learn with learning disabilities are dealing with difficult emotions.

Marnie: In 1996, Bristol Crisis Service for Women began to use their wealth of survivors voices, and gave training to external organisations, including the psychiatric services that so many of the women had been re-traumatised by.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: It might sometimes be, I think we did quite regularly deliver to NHS staff, so in NHS settings, but also we would have been delivering not just locally, I mean, we've been up to I've been up to Glasgow, to deliver training for BCSW over the years, Edinburgh, I've been to the Isle of Wight, it really has been a jet setting life *laughter*.

Sal, collective member, volunteer, freelance trainer and staff, 1996 to 2021: When we started, we would quite often go in pairs, because it would be quite hostile. Because people feel that self harming is just attention seeking or manipulative. And why are you asking me to be, think kindly about these awful people? You know, a lot of kind of resistance. I don't know that that much has changed. I think maybe people have learned to be a little politer, about how they do quiet people. But we still have the same old kind of ding dongs about attention seeking.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: Again, it just had that lived experience voice right at the heart of it. So we always start off our training. Really getting people to just step back a moment and and just think about what, you know, what do we mean by this term self harm, and acknowledging, encouraging people to really think about all the different ways that each of us might do things that are actually or potentially harmful. So this, not normalising but this encouraging people to get that understanding from their own life experience. That all of us do things, especially when we're stressed and distressed that aren't good for us, but, but they tend to be our default places to go. For all the complex reasons they are. I really liked that sort of way into the topic. So, it's not about other, it's about us. It's not about separation, it's about coming together.

Lois, staff, 1994 to 1996: It's fantastic for those organisations to hear people say, I self-harm, I have self injured. And I've been in psychiatric services. And this is what my experience is. Right? That's really, really important. It's also really important for those workers, in whatever organisation to be able to say, for themselves: I find it very, very hard to cope with helping people who self injure.

Sal, collective member, volunteer, freelance trainer and staff, 1996 to 2021: And also I mean, I see as a part of this another, another training that I used to deliver, was a three day personality disorder course. Which obviously is kind of like got some of the worst kind of stigma around it that you can imagine. And I think for me, what's also really important to bear in mind as a trainer as is it's wonderful when when you delivering that that three day course and at some point somebody goes, You know what, I think I've been a bit of that you're kind to them about that realisation because workers support workers, whoever they are, they just don't know, because nobody's given them the information they need to understand.

Marnie: Bristol Crisis Service for Women didn't just give training to providers. But Bristol crisis service for women also inspired a new generation of feminist mental health activist. This is Clare shore, a poet and performer, tutor and trainer.

Clare S, mental health activist: Yeah, I literally remember Louis Arnold, I've got my mind's eye. They say, you know, I would have been in my early 20s, Louis Arnold running the training me sitting there, like some little keen thing, write it all down. And remember seeing Lois's wrists. And you know, just that sense of identification here, somebody who's older, and seems really grounded and safe and capable and professional who's got charisma, it's you who's doing it, and they have wrists like me. You know, they have arms like me, and they're not recent, you know, that that's somebody with with scarring, that tells a long, long, long, long story. It was really, really important for me to have that sense of identification.

(30:12)

Lois, staff, 1994 to 1996: I think I, if I did, if I was to do it again, I would much more strongly say, shut up and listen, instead of seeking to psychiatrist and instead of thinking that you're the you've got the right to dominate the conversation, you know, that. And, of course, that's what survivors groups we're doing a lot. But having said all that, I think actually, the, the work that we did at the crisis service in the crisis service, oh, what any self injury support, they're called, now carried on to do, you know, made a huge difference over the years to understanding of self harm and attitudes.

You know, I've talked a lot, because I've talked a lot about changing and all that kind of thing. It's like, have you made a difference to the huge outside world, but there was also the, the difference that we made to individuals, you know, women who said, nobody has ever listened to me before. You know, nobody's ever understood me before. Nobody's ever been on my side before, or stood up for me before, you know, the kind of the wonderfulness of that, I think.

Clare S, mental health activist: Yeah, I think that's what I took over and over from, from what Bristol Crisis Service were doing. the helpline, the support groups, the text support, but, you know, just the very fact of it. And I think there's something really, really profoundly hopeful about that, that that, you know, think there's something very profoundly hopeful about the act of self injury, it's often about a desire to survive. It for lots of people is about trying to reach out it's about trying to be validated or trying to validate yourself it's about

trying to get through the moment, trying to get through times of distress, it's you know, it's a very... It can be quite an outward and forward looking act for all that it is rooted in distress and has obvious risks attached to it. And yeah, so that was something important in that message that maybe I've taken and run with that I got from Bristol Crisis Service. This makes sense what you're doing make sense. You're okay.

(32:29)

End credits

This podcast was produced as part of women listening to women, and all history at the Bristol crisis service for women produced and edited by Marnie Woodmeade. Music by Eirlys Rhiannon and Rowan Armes. Special thanks to Elin Dukes, Ellen Hammett, Jessica Milton, Hannah Horan, Rosa, Tyhurst, Ellen Wilson, Dr. Rosie Wild, and Sophie Saunder for their wonderful interviewing skills. Thank you to all the women who gave the time to be interviewed and to all of the others who've given their time to Bristol Crisis Service for Women and Self Injury Support over the years. Without you none of this would have been possible.

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You can find the full interviews with transcripts on the www.womenlisteningtowomen.org.uk, to hear more of the voices from the Bristol Crisis Service for Women.