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Narrative Skin Repair: Bearing Witness to Mediatized Representations of Self-Harm Angela Failler

At a recent academic conference I attended a presentation on Marina de Van's 2002 film *Dans Ma Peau* ("In My Skin"). From the outset, the presenter cautioned that this "dermatological horror" contained graphic imagery of self-harm including the protagonist tearing at, sucking on and eating her own, self-inflicted flesh wounds.¹ She then proceeded to show clips from scenes she felt were "least explicit." Upon the first, three members of the already small audience sprang out of their seats and hurriedly left the room. The rest of us stayed in rapt, if uneasy, attention. Subsequently, I became curious about what happened in these moments before the presenter's discussion had even gotten underway. What compelled the three to leave? What motivated the rest of us to stay? Moreover, beyond simply staying to watch, what could it mean to "bear witness" to expressions of self-harm in a highly mediated context such as this? Is there a distinction to be made between curious voyeurism and ethical witnessing here? What kinds of spectator identifications or dis-identifications are incited by mediatized representations of self-harm? And how do these shape possibilities for intellectual engagement and understanding?

I recall this instance as a point of entry into a specific, two-fold discussion concerning, first, how and why visually mediated or "mediatized" representations of self-harm are especially complex sites of spectatorship and, second, the implications of this for the potential to cultivate empathic understandings of self-harm and those who practice it in the "real world."² What conditions, in other words, might be necessary for thinking critically about the dilemma of self-harm when mediatized representations—whether fictionalized or so-called documentary—serve as the primary objects of analysis or means of engagement? In her recent work on the politics of terror and loss in media and literature, E. Ann Kaplan (2005) argues that it is important to pay attention to representations of trauma as well as people's responses to these representations given that the majority of encounters with trauma are, in fact, experienced "vicariously" through mediatized accounts rather than direct witnessing (p. 87). Kaplan is mainly concerned in her work with large-scale events such as war, the Holocaust and terrorist attacks, but her observations are also useful for thinking about encounters with self-harm since, outside of mediatized representations, self-harm—as a symptom or sign of trauma—is still mostly hidden from view. As such, these representations not only offer rare glimpses into a rather private suffering, they operate pedagogically; that is, they operate to inform spectators' understandings of self-harm in the absence of other kinds of encounters.

The proliferation of self-harm imagery in recent mainstream media and popular culture gives an impression that there is a growing recognition of the significance of self-harm.³ But popular recognition often comes at the cost of deeper understanding since mainstream accounts are

rendered visible through dominant frames of recognizability that, in turn, are structured according to normative codes and categories of intelligibility.⁴ Consequently, most portrayals of self-harm that circulate in mainstream mediatized form are sensationalized, reductive and/or anaesthetized. Thus, cultivating empathic understandings from such occasions depends at the very least upon seeing past dominant frames which produce self-harm typically as a destructive behavior with solely negative consequences. In contrast to this limited framing, I argue that self-harm is more productively understood as a means of survival in the wake of psychological trauma. Upon this understanding, representations or mediatized accounts of self-harm may then be explored not merely for their capacity to make self-harm visible, but for their reparative potential. By “reparative” I do not mean that the experiences underlying self-harm can somehow be undone by media representation or by the occasion of empathic witnessing in this context but, rather, that the conditions necessary for making sense of these experiences and for articulating otherwise unexpressed pain might begin to be imagined.

In order to complicate dominant frames or framings of self-harm, I turn in my discussion to an object relations “psychoanalysis of skin” for insight into what is psychically accomplished through self-harm enacted on and through the surface of the body. It is here that self-harm is understood not simply as destructive or counter-productive, but as a means of protection against further emotional rupture following a devastating event, or even (paradoxically) as a means of caring for oneself in the face of ongoing emotional turmoil. Moreover, in its attention to countertransference—that is, in its attention to the analyst’s affective responses to his or her analysands—psychoanalysis is helpful for thinking about the relationality of self-harm, including the significance of empathic responses by others. Extrapolating from countertransference in the psychoanalytic context to spectatorship in the context of media encounters, my paper mines both possibilities and resistances to empathic witnessing by asking how it is, exactly, that representations of self-harm get under the skin of onlookers/spectators with such force. And finally, to animate some of these ideas, I introduce Winnipeg artist Hope Peterson’s video *Surface Damage* (1992).⁵ While taking advantage of its symbolic potential as the body’s most visible organ} Peterson represents skin as more than an impressionable surface; indeed, skin becomes a site whereupon the present and the past are brought into dynamic relation with one another in the struggle to create meaning out of a traumatic experience of violence. The aim of this chapter is thus to explore the significance of mediatized representations for cultivating empathic understandings of self-harm, and to insist upon the importance of reception in this process. In other words, I argue that bearing witness to mediatized representations of self-harm can play a crucial role in fostering their possibility as sites of what Maggie Turp calls “narrative skin repair” (2007, p. 239).

The term “self-harm” is used most commonly to refer to injuries administered directly to one’s own body such as cutting, burning, pulling out hair, scratching, hitting or bashing, and swallowing dangerous objects. Substance abuse and eating disorders are sometimes included in this category as well. Notably, injuries that result from neglect or significant lapses in self-care (rather than direct actions like cutting) are often not recognized as self-harm, nor are injuries or illnesses that result from activities such as over-working, over-exercising, participating in extreme sports and smoking—all of which enjoy a level of cultural acceptability, even encouragement (Turp, 2007, pp. 229-31). The primary basis for distinction here, between what

does and does not constitute self-harm, seems to be whether an injury is understood to have resulted from a deliberate or intentional effort to damage the self. Injuries due to lapses in self-care or to certain culturally accepted high-risk activities are generally not understood in this way but considered inadvertent or “accidental.”

In addition to underestimating the potential health risks of lapses in self-care and culturally accepted high-risk activities, defining self-harm strictly in terms of deliberateness or intentionality creates limitations when it comes to understanding motivations for self-harm. Namely, defining self-harm according to intentionality renders both the practice of self-harm and persons who self-harm largely unintelligible by inviting the question, “who would do something like that to themselves on purpose?” In turn, this unintelligibility becomes the grounds upon which to disregard self-harm or the self-harming subject as beyond sympathy or not warranting genuine interest. Such has been the reported experience of many women, for example, who present themselves in emergency rooms with serious self-inflicted injuries only to be treated by frustrated care staff as “time-wasters” or to be dismissed for “attention seeking” (Pembroke, cited in Kilby, 2001, p. 128; Elmendorf, 2007, p. 87).

Further to this, defining self-harm in terms of intentionality forecloses the possibility of understanding it as anything other than destructive or counter-productive since this definition takes the practice of self-harm literally; that is, by assuming that the purpose of self-harm is solely to cause damage, its significance as an attempt to articulate or work out internal suffering is missed. In other words, the unconscious motivations or conflicts that may find their expression in self-harm are overlooked by fixating on the outward spectacle of injury and the action in the most recent past that caused it. Basically, I am arguing that a view of self-harm which is preoccupied with its destructiveness—evident in the synonymous use of terms such as “deliberate self-injury,” “self-inflicted violence,” “self-mutilation” and “self-attack” (Kilby, 2001, p. 126)—closes off the occasion for understanding what self-harm accomplishes psychically and, thus, why it might be undertaken in the first place. It is precisely for these reasons that a turn to the psychoanalysis of skin is imperative.

Esther Bick, a lesser-known but notable figure in British psychoanalytic circles whose work informed Didier Anzieu’s subsequent writings on the skin ego, developed a conceptualization of the skin now referred to as “skin containment theory,” which has also influenced psychotherapeutic understandings of self-harm.⁶ Through observing infants, Bick came to believe that our capacities for relating to and communicating with others are founded upon our earliest experiences of feeling held together by a containing, skin-like object (1968, p. 484). Initially, the mother (or primary caregiver) functions as this object, holding her infant’s instinctive fear of “falling to pieces” through her touch, voice, gaze and care of the infant’s body. With consistent care, the infant eventually internalizes the mother’s capacity for containment as its own and in doing so establishes a psychic skin boundary, that is, a sense of the boundary between self and (m)/other as well as the distinction between internal and external space (Bick, 1968, p. 484). The psychic skin boundary, then, is the correspondence of a bodily experience of containment with a mental and emotional one, and is subsequently relied upon to mediate the relationship between inner and outer worlds, allowing the two to interpenetrate while maintaining a “suitable degree of ... resilience” (Turp, 2007, p. 235). When the psychic skin boundary operates in relative equilibrium, an individual feels at once held together and open to

exchanges with others, and is able to notice and communicate internal states of being without feeling unbearably exposed. If, however, the psychic skin boundary is compromised due either to the caregiver's inability to contain her infant's anxieties for reasons of her own, or to some later violation of his or her sense of cohesion or bodily integrity, a protective, unconscious "second skin" forms (Bick, 1968, pp. 484-6). This second skin, meant to shield the self from further harm, nevertheless has the effect of inhibiting a fluid or balanced exchange between inside and outside, ultimately inhibiting relationality and communication with others (Turp, 2007, p. 235). In plainer terms, because of its defensive function, the second skin makes it hard to let others in or to allow feelings out.

For Bick and company, it is no coincidence that conflict with respect to the psychic skin boundary manifests at/on the material skin, the physical border between inside and outside. This can be seen in self-cutting, for example, where injuries result in a tangible, protective layer—a literal "second skin"—as scabs and scars form over top of wounds. Although enacted corporeally and on/near the body's surface, cutting and marking the skin in this way bears deep emotional significance as an attempt both to represent psychical trauma and to compensate for it. As an attempt to represent psychical trauma, self-harm enacted upon the skin makes visible the otherwise invisible violated psychic skin boundary (Elmendorf, 2007, p. 83). In this sense, self-harm cites or repeats an earlier violation whose full impact has otherwise been rendered unconscious and inexpressible due to the stifling force of trauma itself (including, as is common in situations of abuse, the violator's enforcement of silence upon the one violated).

To be sure, however, the repetition enacted by self-harm is not a straightforward or literal one. It is a repetition with a crucial difference. By this I mean that unlike the violation which compromised the psychic skin boundary and trust in the "skin-container" (Bick, 1968, p. 484) in the first place, subsequently inflicting a wound upon one's own physical skin provides an occasion to control the interpenetration of inside and outside, to re-establish a sense of boundary on one's own terms. Compulsive or repetitive cutting, for instance, tests and re-tests the skin's capacity for containment: will it hold this time? Thus, cutting and marking the skin may be understood as an effort to define the self or the boundaries of the self, especially when one feels under threat of emotional disorganization, of "falling to pieces" (Elmendorf, 2007, p. 83). Moreover, while it may seem paradoxical, inflicting a wound upon one's own skin may create an occasion to care for the self, whether by cleaning or subsequently trying to secure the wound, or merely by witnessing the wound as it appears and begins to heal. The self-inflicted flesh wound, in other words, makes an opportunity to recognize and be with one's own pain when perhaps no one else did or could. It is in this sense that self-harm not only represents psychical trauma but is an attempt to compensate for it—that is, to compensate for an earlier, traumatic loss of a resilient-enough psychic skin boundary.

Freud observes in his studies on mourning and melancholia that traumatic loss is often, unconsciously, "turned inwards" in the form of self-reproach (1957 [1917], p. 248). That is, when one has suffered a deep loss, or has been deeply or repeatedly disappointed by something or someone, the associated pain can start to feel like one has done something to deserve it. Aggression meant for the disappointing or lost other is subsequently redirected onto the self, sometimes onto one's own body, where self-abuse feels warranted. Self-harm can be understood in this light—as an instance of displaced aggression and an effort to manage the pain associated

with trauma locally (at the site of one's own body) and relatively independently (without the direct involvement of others). Notably, being involved with others risks being vulnerable and being vulnerable, for some, might feel like risking a re-violation.

With this dynamic in mind, imagine how self-inflicted flesh wounds can have the effect of keeping others at a distance, even turned away. And yet, many who have written about self-harm also describe self-harm as a language, like Janice McLane who calls it "a voice on the skin when the actual voice is forbidden" (1996, p. 107). To describe self-harm as a voice or a language is to suggest that despite its relative privacy and/or aggression, self-harm may still be an attempt at articulation and, thus, a gesture toward communication. So herein lies the paradox: while self-harm performs a resistance to relationality, it is simultaneously "a plea to be witnessed" (Hewitt, cited in Kilby, 2001, p.124). Indeed, self-harm may be a means, however ambivalent, of seeking much-needed attention and acknowledgment from those who might not only bear to look, but also to listen.

In raising the significance of "bearing witness" it is necessary to explore what experiences and feelings arise when people encounter others who self-harm or, given the aims of this chapter, when people encounter mediatized representations of self-harm. Obviously there are differences between these two kinds of encounters—the stakes of a "real life encounter versus an encounter with mediated imagery are not necessarily the same—and yet they are worth considering alongside one another since they are both sites where the significance of interpretations and responses can be noticed, and where empathic understandings may or may not be cultivated. In fact, Kaplan (again, not speaking specifically of self-harm but of the effects of trauma nonetheless) draws a parallel between these two kinds of encounters when she argues, "viewers of the media, like therapists working with trauma victims, are often vicariously traumatized" (2005, p. 21). Adapting Martin L. Hoffman's (2000) research on trauma and empathic witnessing in the therapeutic context, Kaplan goes on to consider whether being vicariously traumatized as a media spectator blocks the potential for empathic response or whether it might actually propel empathic response in the form of "responsible witnessing," witnessing motivated not simply by voyeuristic curiosity but by a wish to better understand the conditions out of which trauma arises and a desire to act toward changing those conditions (2005, pp. 22-3).

Vicarious trauma, as Kaplan loosely defines it, is experienced to greater and lesser degrees and can include everything from temporary discomfort to feeling overwhelmed, profoundly disturbed, shocked, numbed or even having the sense of being "changed forever" by a second-hand encounter with trauma (p. 91). Further, she suggests, while the degree to which vicarious trauma is experienced depends partly on the context of the encounter (where, when, why) and the construction of the representation in the encounter (how trauma is narrated, coded, framed), it also depends in large part on the history of experiences brought to the encounter by the spectator. Citing Hoffman once more, Kaplan points out that the term "vicarious" is really a misnomer then, since it is not the pain of the *other* that is experienced here but, rather, the pain aroused by the intermingling of the representation of the other's trauma with one's own history of trauma and/or loss (p. 90). In other words, in vicarious trauma, witnessing is painful or difficult because the witness's own wounds and vulnerabilities are triggered by those of the other.

I argue that a primary reason encounters with self-harm get under the skin with such force is precisely that they open us up to our own wounds and vulnerabilities and because, to borrow Judith Butler's observation, "Let's face it. We're undone by each other" (2004, p. 19). Echoing Kaplan's concerns about the outcomes of vicarious traumatization then, I am interested in what kinds of understandings and responses are possible when people are undone in this context of "shared" vulnerability; namely, how can responses other than turning away from self-harm, other than defending against or disavowing shared vulnerability, be cultivated? That is, how might we endure the triggering of our own wounds and vulnerabilities in order to recognize and contemplate the suffering of another who self-harms? What could come of staying with one's own feelings of discomfort in the midst of (a representation of) another's pain? How might we bear not only looking at but listening to accounts of those who self-harm, and what becomes possible when we do?

Psychoanalysts are trained to recognize their own affective or emotional responses to their analysands and to consider these responses important resources for understanding their analysands' suffering, ultimately toward creating the best conditions for healing possible (see Heimann, 1950; Pines, 1980; Turp, 2003). In other words, analysts are encouraged to pay attention to how their own wounds, vulnerabilities and desires may be triggered by their analysands' transferring of particular feelings onto them in the analytic encounter. How analysts subsequently negotiate this "countertransference" can either hinder or assist in their ability to think about the analysands' needs. Thus the challenge for the analyst is not simply to be an audience for the analysand's painful feelings but, at least to some degree, to notice and stay with his or her own feelings as a way of being present to the intersubjective work of therapy.

In "Containment and the Use of the Skin" (2007) psychotherapist Donna M. Elmendorf describes the transference-countertransference dynamic she has with her patient "Christine." Christine violently and repeatedly damages her own skin which, on several occasions, results in hospitalization for the treatment of her wounds. Through the course of therapy, Elmendorf comes to understand Christine's self-harm as an effort to "grapple somatically" (p. 90) with her traumatic history of sexual and physical abuse suffered at the hands of various family members during her childhood and into adulthood. Although a toughened second skin prevents Christine from adequately expressing the pain of her trauma in words, Elmendorf interprets her physical skin-breakthroughs as an attempt both to communicate her experience as a "damaged container" (repeatedly violated by others), and to signal a desire to no longer keep her pain strictly inside herself (p. 87). Notably, Elmendorf arrives at this understanding by paying attention to how Christine's horrifying and intolerable experiences find their response in her own feelings during their interactions:

Christine's experience of being "asked" to bear more than she could tolerate was repeated in her early interactions with me. I felt filled with feelings that she did not experience. Her affectively bland descriptions of her sliced skin, her perforated cheek, the smell of burned flesh, her ten—twenty—fifty sutures, all left me feeling sickened by her words and "done to" by her process. Through our interchanges, she induced in me the experience of being filled with an unnameable horror and sadness. Tacitly, she asked me to resonate with her horror I came to see that I had to use restraint in disclosing what she stirred in me so as not to destructively re-enact the early dynamic of turning her into a receptacle for feelings that were difficult for me to contain. (p. 88, emphasis added)

Drawing on Saul Friedlander's (1994) discussion of the difficulty of encountering traumatic representations of the Holocaust, Deborah P. Britzman captures what I see as similar to the work Elmendorf undertakes in therapy with Christine: "Part of what must be worked through [in encountering another's trauma]," Britzman writes, "are the projective identifications that impede our capacity to make an ethical relation to the stranger, to encounter vulnerability as a relation and thus move beyond the impulse of repeating the trauma by placing helplessness and loss elsewhere" (2000, p. 35). What Britzman refers to here as "projective identifications" (after Melanie Klein [1994]), or, as part of what must be worked through in order to make an ethical relation to the stranger/other, is basically the difficulty of feeling "done to" by the other's suffering and the subsequent urge to either return these difficult feelings "back" to the other or to somehow cast these feelings outwards—as if they did not belong to us or the relationship in the first place. Sickened, horrified and saddened in the face of Christine's wounds ("vicariously traumatized," as Kaplan might put it), Elmendorf is subsequently wary of becoming a leaky or damaged container herself in response to Christine's unspoken request to have her pain recognized and "held" by Elmendorf in therapy. That is, in order to act as a resilient or "good-enough container" for Christine's therapeutic process, Elmendorf must notice her own feelings of being "done to" and resist projecting them onto Christine in a repetition of the injurious dynamics of Christine's familial relationships.

But how might this kind of psychoanalytic listening and response, or "bearing witness," be mobilized in the context of media spectatorship as a framework for engagement? In their book *The Image and the Witness: Trauma, Memory and Visual Culture* (2007), Frances Guerin and Roger Hallas note that the psychoanalytic model of bearing witness has been fundamental to the development of the interdisciplinary fields of Holocaust and trauma studies. In particular, they cite the influential work of Shoshana Felman and Dori Laub (1992) who draw parallels between the address of the analysand to the analyst in the psychoanalytic encounter with the address of the writer to the reader in the mediated context of Holocaust literature. Bearing witness to trauma in both scenarios, argue Felman and Laub, is not about the revelation of an experience whose truth is already known; instead, the "knowing" of an experience of trauma is produced in the very process of its externalization, or re-presentation, by the survivor to the listener through narrative. In this way, the listener (or, in the case of literature, the reader) not only facilitates the possibility of testimony, but becomes part of knowledge creation and sharing in the burden of trauma itself by bearing witness to experiences otherwise unnamed or unacknowledged (Felman and Laub, 1992, p.57). Thus, for Felman and Laub, just as meanings generated in the intersubjective context of therapy are crucial to healing for the individual survivor of trauma, meanings generated in the intersubjective context of Holocaust literature studies have the potential to facilitate a "working through" of trauma more broadly in the formation of collective memory by acknowledging and bearing witness to this particular past.

It is upon Felman and Laub's extension of the psychoanalytic model of bearing witness to the context of Holocaust literature that Guerin and Hallas then argue for a similar extension to the context of mediated visual culture. For Guerin and Hallas, although each medium (psychoanalysis, literature, visual culture) necessarily has its own nuances of representation and reception, visual images that undertake to re-present trauma nevertheless function similarly to oral testimonies in psychoanalysis and written testimonies in literature by "bringing into form of presence that which is absent" (2007, p. 12). The presence of the image, that is, creates a space

for “secondary” or “retrospective” witnesses who did not directly observe or participate in the traumatic event to nonetheless contemplate the experiences and losses of others who did (p. 12).

Guerin and Hallas’s image-based conceptualization of bearing witness, extrapolated from a psychoanalytic model of listening, is essentially the framework I am espousing for thinking about spectatorship in the context of mediatised representations of self-harm; for this framework at once offers an appreciation of the traumatic underpinnings of self-harm and takes seriously the role of mediated witnessing for its potential to contribute to a broader context of understanding and meaning-making. Moreover, this framework facilitates what Jill Bennett (2005) calls “empathic vision.” Empathic vision takes its cue from the spectator’s own experience of affect in relation to a mediated image or artwork of trauma as a starting place for understanding. In other words, it asks that we notice the force of feeling that the image provokes in us—how our vulnerabilities and defences might be triggered—as a clue to the stakes of the image/artwork itself. De-emphasizing visual culture’s representational capacity, empathic vision focuses instead on art/image-making as a relational dynamic where meaning emerges in the intersubjective space between artwork and spectator. With such a focus, the relevant question shifts from simply “what does this image represent?” to “how does it work?” (Bennett, 2005, p. 41). Further, empathic vision relieves the image/the image producer of the impossible task of faithfully translating an experience or event of trauma, and alleviates spectators of the need to know the “truth” of trauma in order to empathize with its sufferers. The aim of empathic vision is, instead, to make use of the energy produced in and by affect as motivation for critical thought and understanding. It is through this framework that I undertake a brief reading of Hope Peterson’s video artwork *Surface Damage* (1992).

Video, as a medium, has been used by artists to critique main-stream productions of moving imagery as well as conventions associated with traditional forms of art (Rush, 1999). One of the ways it does this is through the deliberate use of self-reflexive editing techniques and esthetics, which remind the viewer of the constructedness of the image and the presence of the image-creator, distinct from productions that attempt to represent an objective “truth” or create a seamless sense of “reality.” Moreover, as artist and critic Martha Rosier notes, by using participatory and relational strategies aimed at implicating audiences in the work itself (for example, having a video-player triggered by the action of a spectator stepping into the physical space where the image is projected), video art poses a challenge to the “passivity of reception” built into more conventional modes of art and media presentation (1990, p. 31). It is in light of this attention to the implication of the spectator and the notion of challenging the passivity of reception that I am particularly interested in how *Surface Damage*, as a representation of self-harm, may also be understood as an occasion for bearing witness.

Surface Damage is a short experimental video art work that exhibited as a single-channel installation at the Winnipeg Art Gallery in 1992. Found footage of mountaineers facing an ominous snow storm is juxtaposed with images of skin damage and a performance of self-cutting. Through a sparse but evocative narration, the video’s central metaphor takes shape: an avalanche comes to symbolize the overwhelming, traumatizing experience of domestic violence (Plate 7.1). In the first of three short monologues, the narrator recites, “Your small word or laugh brings down something so enormously out of scale, the last thought you have before the terror is one of complete shock.” A scene of the mountaineers struggling in the snow storm cuts

to images of scars and skin irritations on women's bodies variously labeled "surgical," "self-inflicted," and "other" (Plates 7.2, 7.3, 7.4), followed by a woman carving into her leg with a razor blade (Plate 7.5). The moving triptych of snow storm, skin damage and self-cutting repeats to suggest that violence, especially violence that is hidden or silenced, returns by speaking through the body in various ways—particularly through its surface. Here, scars and scarred bodies serve as indexical signs (material evidence of "having been there")—in and of themselves witnesses to trauma.⁷

Although Peterson has explored difficult themes in other works, reactions to *Surface Damage* were especially mixed and charged. Some critics lauded the tape as a reclaiming of women's bodies, rather simplistically equating self-harm with "empowerment" and subsequently failing to recognize how the artist addresses the lingering effects of trauma that self-harm and its resultant wounds would seem to make evident (see Noble, 1992). Other spectators, however, felt *Surface Damage* was manipulative and worried that it promoted violence against women.⁸ Interpreting the tape as manipulative suggests that these viewers indeed felt "done to" by Peterson's work, or as if they had to defend against it rather than take up a position of empathy in relation to it. Perhaps these spectators also saw no moving beyond or outside of trauma in *Surface Damage* (punctuated by Peterson's use of repetition and the video's lack of narrative closure), leaving them with a sense of helplessness. But to interpret the video itself as actually promoting violence against women fails to recognize how, as an attempt at articulating the relationship of self-harm to a specific experience of violence, it is a repetition with a difference—that is, it is not simply a re-making of trauma, but a means of working through it, a "voice on the skin when the actual voice is forbidden," to repeat McLane (1996, p. 107); for what Peterson accomplishes here is to transform a previously unspeakable event into a representable experience mediated through her artistic practice.⁹ It is precisely this transformative potential, the potential to transform silence back into the pain that was unjustly refused expression in the first place, that the narrator insists on in the video's third and final monologue: "When someone says, 'don't cry or Jill give you something to cry about,' you must continue to cry as hard as you can [T]he injustice of the phrase which indicates your participation in your own pain is precisely why you must continue to cry."

Undeniably, Peterson's video is difficult to watch. Her stark editing refuses any impulse toward an aestheticization of suffering. To similar effect, through the use of inset images and lingering close-ups, her intimate framing of self-inflicted wounding refuses the spectator a safe distance from which to look (Plate 7.6).¹⁰ But most fundamentally, the work is difficult to bear witness to because Peterson invites the viewer to resonate with the horror and sadness of a traumatizing experience of violence. Thus, spectators who feel manipulated or "done to" by the video are conceivably responding in the way those vicariously traumatized would. Whether this response might then be mobilized into empathic vision, or critical thought, depends of course upon a host of variables that can neither be generalized nor guaranteed in advance. In any case, the artwork can be appreciated for its efforts to make visible and articulate the often invisible, unspoken, interior projections of domestic violence, and for drawing attention to self-harm's "voice on the skin" as indicative of something more than surface damage.

Psychotherapist Maggie Turp believes that, in the therapeutic context, a crucial aspect of the healing process for the individual who self-harms is to gradually construct a "narrative skin"

through the use of words, rather than articulating or marking internal suffering by inflicting wounds upon one's own body (2003, p. 206); for while inflicting wounds upon one's own body may produce a number of important effects—an opportunity to witness one's own wounds, to be with one's own pain, to distance and/or be acknowledged by others—these effects do not necessarily lead to healing. The role of the therapist, then, is to encourage and receive the analysand's narration and meaningfully reflect back his or her experiences, thereby helping build a sense of continuity previously missing on account of the shattering effects of trauma. A narrative skin, in other words, is constructed in the relational or intersubjective space between the analyst and the analysand to provide a sense of enclosure or containment within a history of experiences which helps hold the analysand together well enough to re-embark upon trusting relations with others beyond the therapist (Turp, 2007, p. 238).

Media witnessing, I argue, is a context in which a kind of narrative skin repair is also possible. Peterson's video, for instance, while itself not a "narrative" in the conventional (linear) sense (given its repetitions and lack of closure), is nonetheless an example of "bringing into form of presence that which is absent" (Guerin and Hallas, 2007, p. 12), namely, a traumatic experience of past abuse. In doing so, it provides the artist a creative means of expressing a painful history, and spectators a chance to consider self-harm as a specific and complex suffering. The potential for narrative skin repair here might then be cultivated in the intersubjective space between the video text and the spectator, particularly if the spectator, like the analyst in the context of therapy, is able to remain porous enough to absorb the re-presentation of the other's pain; that is, to let it get under the skin. Instead of turning away or solely feeling "done to" by the testimony that accounts like Peterson's make available, bearing witness to representations of self-harm necessitates that the spectator remain open to a sense of shared vulnerability and to becoming, in Jill Bennett's words, "a spectator of one's own feelings" (2005, p. 23); for herein lies the possibility of moving beyond vicarious traumatization toward a better understanding not only of the other's pain but maybe even of one's own.

Notes

1. The phrase "dermatological horror" comes from Denis Lim's review of the film (see Lim, 2003).
2. I use the terms "visually mediated accounts" or "mediatized representations" in this paper to refer to narratives or images that re-present traumatic experience, including self-harm, through a communications medium such as television, film, video or art. These are distinguishable from re-presentations of trauma that are constructed "in-person," such as in the psychotherapeutic context where traumatic experience is narrated in and through the relationship between the patient and the therapist.
3. While it is beyond the scope of my discussion to chronicle popular representations of self-harm, see Erica D. Galioto's chapter in this book wherein she cites mainstream television shows and, more extensively, recent young adult literature on the phenomenon.

4. I have drawn the phrase “dominant frames of recognizability” from Judith Butler’s discussion on the representation of war, terrorism and violent conflict in public debate and the media (see Butler, 2009).

5. Special thanks to artist Hope Peterson who met with me to talk about *Surface Damage* and generously permitted the reproduction of images from the video to accompany this chapter. Thanks also to Video Pool Media Arts Centre in Winnipeg for lending me Peterson’s work for my research.

6. Anzieu cites Bick and reproduces some of her findings in his chapter on “The Second Muscular Skin” from *The Skin Ego* (see Anzieu, 1989).

7. I have borrowed the notion of indexical signs as evidence of “having been there” from Joan Gibbons who, in turn, borrows this idea from Roland Barthes’s theorizing on the photographic image and Charles Sanders Peirce’s distinction between indexical, symbolic, and iconographic signs (see Gibbons, 2007, p. 30).

8. Personal interview with Peterson, April 22, 2008.

9. Thanks to Julia Emberley for lending me these terms to describe Peterson’s work.

10. I have borrowed the phrase “aestheticization of suffering” from Lilie Chouliaraki’s (2006) article by the same name. Chouliaraki analyzes BBC news footage of the bombardment of Baghdad, Iraq by the American-led military coalition in March and April of 2003. She argues that the potential for empathy on the part of the spectator here was tempered by the sublime esthetics constructed by the BBC’s framing of events through various spectacular-yet-sanitizing production techniques including panoramic views of the sky lit up as if by fireworks. The effect of this, according to Chouliaraki, was to keep spectators at a safe distance from the suffering on the ground and thus less inclined to act upon or even feel an ethical obligation to real and specific suffering subjects (2006, p. 270). In other words, a passivity of reception was encouraged here, which foreclosed opportunities for empathic witnessing. In contrast, by allowing such a close and personal view of self-harm and refusing to over-aestheticize the experience, Peterson’s work invites the spectator to feel implicated in a real and specific suffering. Perhaps this implication is exactly what makes *Surface Damage* unbearable for some, while for others it may serve as an incitement or invitation towards understanding.

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Plate 7.1 Video still from Hope Peterson's *Surface Damage*



Plate 7.2 Video still from Hope Peterson's *Surface Damage*



Plate 7.3 Video still from Hope Peterson's *Surface Damage*



Plate 7.4 Video still from Hope Peterson's *Surface Damage*



Plate 7.5 Video still from Hope Peterson's *Surface Damage*

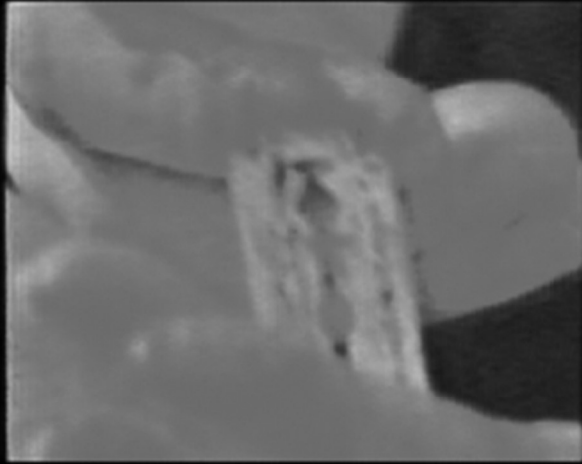


Plate 7.6 Video still from Hope Peterson's *Surface Damage*