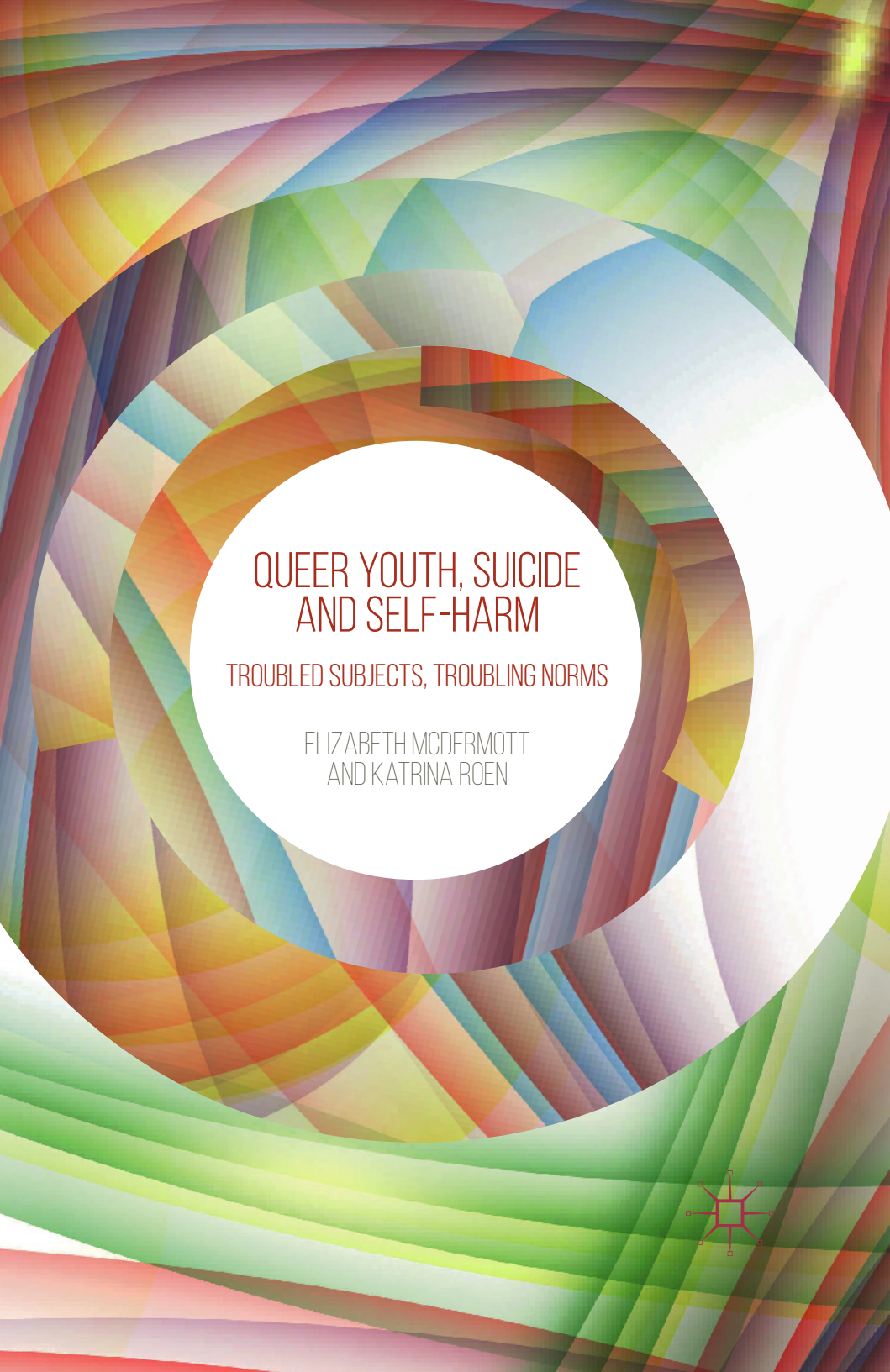
QUEER YOUTH, SUICIDE AND SELF-HARM
TROUBLED SUBJECTS, TROUBLING NORMS
ELIZABETH MCDERMOTT AND KATRINA ROEN

Queer Youth, Suicide and Self-Harm

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Troubled Subjects, Troubling Norms

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1
Reframing Queer Youth Suicide and Self-Harm

This book addresses the fundamental question of why young people whose sexualities and genders are marginalised may become distressed and sometimes harm themselves. Youth who are minoritised in relation to sexuality or gender identity can face a range of embodied, emotional, discursive and material challenges. These challenges are sometimes evoked in explanations for suicide and self-harm among queer(ed) young people. Previous studies in this field have often asked, how many lesbian, gay, bisexual and transgender (LGBT) youth self-harm? Many have asked, what are the risk factors for LGBT youth suicide and self-harm? We take the inquiry deeper, focusing on a wide range of queer(ed) youth, and addressing questions about norms, emotions and embodiment. We are specifically interested in both the material and the discursive conditions through which it comes to make sense to some queer(ed) youth to harm their bodies. We are concerned with the 'incredible weight of cultural obligation that makes specific claims on the subjectivities of young people – to act in accordance with certain norms, to make a "success" of one's life and avoid "failure" at all costs' (Fullagar, 2003: 292).

The long-standing psychopathologisation of 'deviant' sexualities and genders, where a person is labelled as mentally ill by virtue of their sexual and/or gender non-conformity, serves to remind us of the role psychiatric diagnoses have in defining social 'deviance' and social norms (Rogers and Piligrim, 2010). Despite the removal of homosexuality from psychiatric classification in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973, there remains a dangerous association between certain gender and sexual characteristics and pathology (Davy, 2011). Queer(ed) people continue to encounter this pathology model in mental health services (Welch

et al., 2000), including gender identity clinics, and queer youth continue to be psychopathologised through the association of sexual and gender non-normativity with the *risk* of mental illness (Harwood, 2004a; Cover, 2012). This persists despite research evidence that discredits the pathologising of homosexual and transgender identities as inherently unstable and suicidal (D'Augelli, 2003).

Resisting this 'at-risk' discourse, moving the terms of debate and reframing the parameters of the field of study are among the aims of our book. A major argument of the book is that LGBT youth suicide research is largely stuck in an at-risk, psychopathological frame of explanation. If researchers persevere in this fashion, it will continue to be difficult to create the understanding required to *prevent* self-harm and suicide becoming plausible responses to pain, anger, failure, self-hatred and shame for some queer youth. To this end, we are interested in the emotional lives, and the subjectivities, of queer youth.

We aim to provide an alternative way of thinking about queer youth suicide and self-harm. We depart from the dominant psychomedical paradigm by moving beyond the focus on individual risk factors and variables and thinking about subjectivity and becoming. Through our analysis, we draw attention to agency, meaning and the emotionally invested embodiment required for neoliberal heteronormative subjecthood. We locate our analysis in relation to the discursive, structural and material circumstances in which such subjecthood comes to be possible. Our approach to researching and trying to understand queer youth suicide and self-harm aims to dislodge, theoretically, methodologically and epistemologically, the entrenched intellectual boundaries of the dominant research paradigm. Our alternative way of thinking has been developed through three empirical studies that have been conducted over a period of ten years and that have each taken a qualitative approach, placing a premium on young people's own perspectives and experiences. It is through this engagement with young people themselves that we have begun to understand the 'weight' of expectation regarding becoming a 'successful' normative subject, the nexus of vicious emotions that accompany efforts to position oneself as normative and the courage with which queer(ed) young people attempt to resist being positioned as 'abnormal', shamed and failed.

In this chapter, we first provide an argument for why we need an alternative way of thinking about queer youth and suicide and self-harm. We then critique the body of research which furnishes current understandings of LGBT youth suicide, and suggest there are methodological and theoretical limitations to developing meaningful explanations of

why some queer youth may become suicidal and self-harm. In the subsequent section, we present a summary of our own approach which draws from this critique, and on queer feminist thinking. The penultimate section describes the three empirical studies which form the bedrock of our analysis, and lastly, we present a chapter outline for the rest of the book.

Moving beyond the 'at-risk' subject

There is now a substantial body of international research from Western developed countries demonstrating a relationship between marginalised sexual desire and gender identity, being young and increased chances of feeling suicidal, attempting suicide and self-harming (see for example Bagley and Tremblay, 2000; D'Augelli et al., 2001; King et al., 2003; Skegg et al., 2003; Fergusson et al., 2005; Chakraborty et al., 2011; Bailey et al., 2014; Bostwick et al., 2014; Ellis et al., 2014). Leading researchers in the field have found that the factors consistently associated with elevated suicide and self-harm rates in queer youth are psychiatric morbidity (for example depression), homo/bi/transphobic victimisation and discrimination, gender atypicality, substance misuse, social isolation, identifying as LGBT at an early age, conflict with family or peers about sexual or gender identity and being unable to disclose sexual or gender identity (D'Augelli, 2003; D'Augelli et al., 2005; Hegna and Wichstrom, 2007; Haas et al., 2011; Marshal et al., 2011; Baams et al., 2015). The most clearly demonstrated link with respect to suicide and self-harm among queer youth is between experiencing homo/bi/transphobic abuse and suffering negative psychological consequences (Rivers and Cowie, 2006; McDermott et al., 2008; Ploderl et al., 2010). The accumulation of evidence over the last few decades conclusively and rigorously demonstrates the overwhelmingly disproportionate prevalence of suicide and self-harm among LGBT youth. Marshal et al.'s (2011) recent meta-analysis found that 28 per cent of sexual-minority youth reported a history of suicidality compared to 12 per cent of heterosexual youth, and this disparity increased as the 'severity' of suicidality increased. For young trans people, the prevalence rates are even higher (Grossman and D'Augelli, 2007; Bailey et al., 2014; Nodin et al., 2015).

Concerns about such statistics have generated explanations that concentrate on 'gay-related stress' (Meyer, 1995, 2003; Rosario et al., 1996; Rosario et al., 2002). The minority-stress conceptual framework is a preferred explanation among some working in this field, in the United States in particular, and posits that young people's sexual identity and

gender 'atypicality' itself is not a risk factor, but that 'environmental reactions to homosexuality, such as family, peer and institutional harassment and discrimination' (Savin-Williams and Ream, 2003: 510) contribute to significant distress. However, few studies have investigated the mechanisms linking young queer(ed) people, suicide and self-harm and these 'environmental' factors (Diamond, 2003). Consequently, there is only a scant understanding of why being young and having a marginalised sexual or gender identity increases the risk of suicidal distress and self-harming (Savin-Williams, 2001; Cover, 2012; McDermott and Roen, 2012). What is unclear is the nature of the relationship between being young and queer, and the emotional distress leading to suicide and self-harm. We know that sexual and gender non-conformity are associated with a greater likelihood of suicidal feelings and self-harm, but not all queer youth, despite being 'at risk', actually self-harm or become suicidal. Why do some queer(ed) young people, who experience known 'risk factors', hurt themselves, while others do not?

Our view is that there are opportunities to significantly expand understanding of queer youth suicide and self-harm by working beyond the narrow psychomedical paradigm which frames much research in this field. Our concern is that the authority of the psychomedical scientific discourse dismisses other ways of thinking which may shed light on the processes underlying why a young person's non-normative sexuality or gender may cause suicidal distress. In the subsequent section, we outline our critique of the substantive knowledge on queer youth suicide and self-harm. We pay particular attention to the disciplinary frameworks employed in this field and their epistemological and methodological prejudices. One of our main critiques is that the legitimisation of psychomedical expertise used to understand the topic excludes queer youth experiences and perspectives, which in our view are crucial to moving beyond a 'risk' factor analysis.

Moving beyond individual psychopathology

There are three major components to our critique of the psychological and psychiatric models used to frame LGBT youth suicide and self-harm research: first, that the problem and 'risk' is individualised; second, that emotional distress is pathologised; and third, that this conceptualisation excludes the complex interconnecting social, economic and cultural factors which may influence young people's suicide and self-harming as well as their help-seeking (Chandler et al., 2011). We now move on to elaborate on each of these points.

The medicalisation of suicide, and its reformulation as a question of pathology (rather than a crime or a sin), underlies contemporary suicide research, policy and intervention, and firmly anchors both suicide and self-harm within the 'interiority' of an individual subject (Marsh, 2010). Suicide and self-harm are largely conceptualised as problems located within the individual and linked with psychiatric morbidity (Bourke, 2003). Foucault (1976) argued that madness is defined within society by its oppositional relationship to reason, and most research on suicide assumes a unitary, rational subject who makes calculated choices, of which one may be to engage in suicidal behaviour. Implicit in this is a presumption of neoliberal selfhood where the autonomous individual is responsible for their own wellbeing (Rose, 1989).

Marsh (2010) argues that the contemporary study of suicide is welded to the 'compulsory ontology of suicide' whereby it is assumed, and we would argue there are similar tendencies in self-harm research, that suicide has an individual pathology (it is caused by mental illness) and is best explained through psychomedical science (using positivist research methodologies). The overwhelming dominance of psychomedical discourses in explaining suicide and self-harm leads to a focus on individual pathology. The presence or absence of individual psychiatric morbidity is presented as the most important factor in understanding LGBT youth suicide and self-harm, to the exclusion of other explanatory factors. In Marshal et al.'s (2011) study, for example, the authors state: 'The overwhelming majority of youth who make suicide attempts demonstrate mood psychopathology, with depression being the most prevalent disorder' (p. 115). Marshal et al. (2011) found, unsurprisingly, significantly higher levels of depression and suicidality in sexual-minority youth compared to heterosexual youth, and they attempt to explain these findings using the minority-stress framework. But these explanatory risk factors were not a feature of the meta-analysis inclusion criteria. Why, given the very many studies we have demonstrating that depression is a risk factor for suicide, were these 'causal' factors not the focus of the study? The research does not provide any additional knowledge or understanding, and illustrates how the field has become too narrowly focused on *individual* pathology.

The pathologising of certain emotions and feelings partially restricts the generation of new understanding about the processes underlying suicide and self-harm. Marshal et al.'s (2011) recent meta-analytic review of suicidality, depression and sexual-minority youth exemplifies an approach that explains LGBT youth suicide as arising from mood psychopathology. This is conceptualised as an individual event

occurring within the minority-stress framework. These authors speculate that 'causal' risk factors such as victimisation, conflict with the family and high-risk sexual behaviour may account for the high rates of suicidality. They state, 'one or more of these risk factors can promote feelings of helplessness and hopelessness that may develop into depression and suicidality' (p. 116). This medicalisation of sadness (Rogers and Piligrim, 2010) and the pathologisation of emotion stop us asking the vital and more pressing question: why do young people feel sad, angry and shamed?

Mainstream LGBT youth suicide research reduces young people's emotions to scales and measures and 'contains' them within a psychomedical rationalist paradigm. Within this disciplinary approach, emotional distress is conceived as an indicator of psychological 'abnormality' requiring diagnosis and treatment. What would happen if emotional distress were conceptualised in another way, as affect, feeling, as part of a range of meaningful human sensations that guide living? Our studies were bursting with the strong emotions queer youth were feeling – pain, anguish, anger, shame, self-hatred, feelings of failure. In our view, understanding suicide and self-harm requires a focus on the ways in which young people embody, negotiate and manage these emotions; and the discursive and material contexts that make these emotions and their management possible. However, LGBT youth suicide studies which examine how an individual experiences, negotiates and copes with issues of social justice, practices of exclusion and relations between people, emotions and power are rarely conducted (Fullagar, 2005).

Proponents of the minority-stress framework rely on the idea that victimisation causes this abnormal psychological state (depression) which leads to suicidal feelings in the individual LGBT youth. Within this conceptual framework, a social cause of the 'disturbed' psychology is identified, but once this discrete event has occurred, the investigation remains firmly centred on the individual's psychopathology – helplessness, depression, hopelessness and suicidal feelings. The focus of enquiry becomes the individual's psychology at the exclusion of all else. Could there be some clues about the processes and mechanisms which link experiences of victimisation and suicidality which are beyond the individual mind? Where does all the emotion go, according to such an analysis? We are working with the idea that the emotional is not figured as solely residing in the individual (in the form of sadness, for example), but instead is understood as relational and implicated in the production and maintenance of norms. If we reconceptualise emotion as being in relation to the social, rather than exclusively as psychological

or psychobiological, we might come to think of self-harm and suicide differently.

We are concerned that a focus on individual pathology excludes the complex interconnecting social, economic and cultural factors which may influence young people's suicide, self-harming and help-seeking. There is a tendency in the psychomedical approach to rely on, and indeed generate, a linear cause-and-effect reasoning in mainstream LGBT youth suicide research. Studies using the minority-stress conceptualisation posit that victimisation causes hopelessness, which causes depression, which in turn causes suicidal feelings. This produces a unidimensional model and overlooks a plethora of complex social and economic factors involved in suicide and self-harm. It casts all queer youth as 'at risk', disempowers them and provides no clues as to why some queer youth who are victimised do not self-harm (Cover, 2012).

We, like other critics, argue that an individual's 'emotional state of mind' cannot be maintained independently of the society in which they live and the people they may be connected to or disconnected from. That social connectedness appears crucial for maintaining a desire to live is also suggested by Fullagar (2003: 300), who argues that 'suicide is not so much a desire for death, but rather occurs in the absence of desire or where connectedness is severed'. Social connectedness has long been understood as important in relation to suicide research and was central to Durkheim's (1952 [1897]) groundbreaking comparative work on suicide rates. Heidi Hjelmeland (2011) argues that suicidal behaviour is always embedded within a cultural context and no suicidal act occurs without reference to the current normative standards and attitudes of a society. Similarly, Cover argues, using Edwin Shneidman's (1968) theorisation of suicidal behaviour as constituted within sociality, that 'a suicidal queer youth does not seek out death *per se*, but seeks to *escape* from the complex tensions that are produced in subjectivation' (Cover, 2012: 10). If we were to step away from a psychopathological frame of understanding and approach suicide as a social, cultural, economic and political phenomenon that impacts on whole communities, we might be in a better position to understand how suicidal possibilities appear to queer(ed) young people.

Furthermore, dominant psychomedical perspectives have deeply influenced suicide and self-harm prevention. Debates about preventing suicide and self-harm focus upon the identification and management of individual risk (White et al., forthcoming), leading to suicide and self-harm prevention practice and policy being centred on the detection and treatment of mental illness through psychotherapy and pharmaceutical

intervention, and the improvement of mental health services. So, for example, in Marshal et al.'s (2011: 121) study, they frame the implications of the results through '[c]linical implications for adolescent mental health services'. The solution to preventing queer youth suicide and self-harm is often presented in mainstream LGBT youth suicide literature as improving mental health services by paying close attention 'to the early signs of suicidality among sexual-minority youth and . . . [by intervening] early to prevent more serious suicidal behaviour from developing' (Marshal et al., 2011: 121). A major problem with this approach is that the psychomedical claims around the aetiology of suicide and self-harm are weak (Marsh, forthcoming). It is difficult to see how it is possible to identify those at risk when there is an absence of observable clinical signs or objective tests. Marshal et al. (2011: 121) recognise this and state: 'The biggest challenge facing mental health service professionals is identifying adolescents most at-risk for suicidal events.' This challenge is made greater when, as we will show throughout the book, a feature of young queer(ed) people's emotional distress is withdrawal and secrecy, especially from adults in authority such as parents, teachers and health professionals. In Chapter 7, we specifically argue that queer youth are reluctant to ask for help from adults, especially mental health professionals, when they are distressed.

Moving beyond positivism

> As the field becomes further enmeshed in practices of categorising, measuring and counting it risks losing the means to understand and engage with the complex and changing contexts within which suicidal individuals are formed and suicides occur.
>
> (Marsh, forthcoming: 34)

For nearly a decade, we have been arguing that existing quantitative methodological approaches, especially those relying on positivist understandings about the nature of the subject at hand, conceal subjective experiences (King et al., 2007) and offer little insight into how emotional distress, suicide and self-harm are actually encountered and lived by young queer(ed) people (McDermott et al., 2008; Roen et al., 2008; McDermott and Roen, 2012; McDermott et al., 2013a; McDermott, 2014). Quantifying methods usefully document patterns and risk factors, but they tend to overlook the interpretations that young people themselves have of their emotions and circumstances (Fullagar, 2005; Cover, 2012). Such approaches minimise the agency of those who feel

suicidal or self-harm (Redley, 2003) and 'flatten' the relational and meaning-making aspects of queer youth's emotional lives.

We are not the first to contend that the study of suicide and self-harm needs to be 'liberated' from the statistical methodological regime (Fullagar, 2003; Hjelmeland and Knizek, 2011; Cover, 2012). Hjelmeland (forthcoming) critiques the continuing focus on quantitative studies and the exclusion of other research methodologies which, she explains, has led to a proliferation of risk factor studies. The concern is that such studies do not usually help us understand *how* particular risk factors relate to suicide and *why* the majority of people who display one or more risk factors do not kill themselves. This exclusionary (and reductionist) methodological approach is evident in a recent longitudinal study of victimisation, suicide, depression and sexual-minority youth (Burton et al., 2013). Burton and colleagues use a different quantitative methodology from Marshal et al.'s (2011) study but the epistemological approach and 'minority-stress' explanatory framework are the same. The authors state (p. 394):

> Sexual minority youth ... report significantly higher rates of depression and suicidality than heterosexual youth. The minority stress hypothesis contends that the stigma and discrimination experienced by sexual minority youth create a hostile social environment that can lead to chronic stress and mental health problems. The present study used longitudinal mediation models to directly test sexual minority-specific victimization as a potential explanatory mechanism of the mental health disparities of sexual minority youth.

The results of the study confirm (again) the established association between victimisation, depression and suicide in sexual-minority young people:

> Compared to heterosexual youth, sexual minority youth reported higher levels of sexual minority-specific victimization, depressive symptoms, and suicidality. Sexual minority-specific victimization significantly mediated the effect of sexual minority status on depressive symptoms and suicidality. (p. 394)

Numerous studies, especially from the United States, demonstrate that same-sex victimisation mediates LGBT youth suicide. Instead of carrying out more studies that produce the same findings, it could be useful to ask, why do queer youth who display one or more of these

risk factors not kill themselves? (Hjelmeland, 2015). It is also worth investigating variables that may be significant but are not typically included, for example ethnicity, socio-economic circumstances, social support, educational experiences and expectations, and family connections. As Hjelmeland (2015: 56) points out, 'models are linear, suicidal process is not.' We have focused on two examples from the literature, although there are many more that we could have cited. Marshal et al.'s (2011) meta-analysis and Burton et al.'s (2013) longitudinal study both come to the same conclusion – that victimisation may account for the increased prevalence of depression and suicide in sexual-minority youth.

The reduction of complex and dynamic human lives to manageable, well-defined variables which can be subject to statistical techniques can set rigid limits on the questions that are asked in research on LGBT youth suicide. Socio-economic status, for example, is rarely included in research, yet it has been shown that there is a strong association between socio-economic status and suicide and self-harm in young people (Jablonska et al., 2009; Page et al., 2014a; 2014b). In the studies we are concerned with, the individual queer youth is reduced to their sexual and gender non-normativity and other potentially important factors are excluded from the investigation (Cover, 2012). Queer youth are, for example, school pupils, family members, friends, workers, consumers, they are online, have a variety of ethnicities, cultures and faiths, they are from rich, poor and middle-income backgrounds, some are looked after, some care for others or live in fragmented families. Youth suicide research needs to take into account their complex and interconnected lives. The continuing dominant quantitative research practice of statistical manipulation of risk variables detracts from engaging with the complex and changing context within which some distressed queer youth feel self-harm and suicide are their only options.

Some of the approaches we critique may unwittingly contribute to the idea that suicide and self-harm are fixed phenomena that are immune to history, culture, economic and political change. By using qualitative, interpretative approaches, we seek to understand how queer youth make sense of suicide and self-harm, and we conceptualise suicide and self-harm as discursively and materially produced phenomena, rather than primarily as a mental health concern (Roen et al., 2008). Part of the strength of our methodological approach is that virtual and conventional qualitative methodologies allow for fluidity, nuance, change and discursive uncertainty and ambivalence. A small number of qualitative studies with queer youth participants, including our own, have shown

complex relationships between being young, experiencing distress in relation to sexuality or gender identity and engaging in self-harming or suicidal acts (Valentine et al., 2002; Fenaughty and Harre, 2003; Alexander and Clare, 2004; McDermott et al., 2008; 2013b). This work indicates that young people are active agents in the construction of diverse sexual and gender identities which the 'fixed' categories used in survey research do not capture (Hillier and Harrison, 2004). Qualitative research suggests that young people actively attempt to position themselves as positive sexual and gendered subjects, and, when they are unable to do this, they try to manage the complex emotions of failure, shame and anger which *may* make self-harm and suicidal feelings appear unavoidable (Fullagar, 2003; McDermott et al., 2008). The processes by which some distressed queer youth self-harm or feel suicidal, and others do not, are complex and multiple. It is for this reason, we argue, that research must be designed which epistemologically prioritises young people who are marginalised by their gender, sexuality, age and mental health status and their perspectives, experiences and 'ways of knowing'.

Subjugated knowledges: Moving beyond a suicide and self-harm 'truth'

> When a singular form of evidence is privileged as superior or more 'truthful' others get lost.
>
> (White et al., forthcoming: 6)

It is crucial to find other ways of thinking about emotional distress, suicide and self-harm that refrain from linking marginalised sexual and gender identity categories directly with mental illness. We think there are two important areas to consider: (i) that suicide and self-harm are conceived as phenomena that are both social and individual, as well as being multiple and changing; and (ii) that young people who are queered by their sexuality and/or gender have 'ways of knowing' that are crucial for researchers to access and appreciate if we wish to understand queer youth lives and their distress.

We concur with White et al. (forthcoming) that suicide cannot be understood in 'singular, static, acontextual terms' (p. 94), and that suicidal feelings and self-harming are deeply embedded within specific social, political, ethical and historical contexts. The heavy reliance on particular ways of understanding the relationship between mental illness and suicidality may mean that few alternative understandings are

available to young people. Research by Bennett et al. (2003) shows how young people deploy, first, a medical discourse and, second, a moral discourse, in talking about the relationship between suicide and depression. Both of these discourses propose cause-and-effect relationships between depression and suicidal behaviour, and construct depression as a slippery slope at the bottom of which is, inevitably, suicidal behaviour. The relations of power which contribute to the production of distress and suicidality such as homo/bi/transphobia, racism, sexism and poverty are obscured within this kind of cause-and-effect thinking (Roen et al., 2008).

We want to shift responsibility from minority subjects to the broader field in which the subject experiences categorisation and, in this way, we hope to avoid positioning queer youth as inherently fragile. We follow Simone Fullagar's (2003, 2005) call for more attention to be paid to the social relations that shape young people's emotional distress. This necessitates disrupting discourses about risky individual behaviour that are normalised within literature on suicide and self-harm. As Fullagar explains:

> Power relations that shape the way that young people are socially positioned and come to feel about themselves are rendered invisible through risk discourses that reify identity and mobilise mental health discourses to explain suicide.
>
> (Fullagar, 2005: 37)

Challenging individualising at-risk discourses involves, as White (forthcoming) suggests, conceptualising risk differently. Risk should not be thought to exist exclusively *within people* but, rather, as inherent in institutional racism, patriarchy, homo/bi/transphobia 'or any other limiting social practices that create and sustain narrow notions of the good, right, normal and true' (White, forthcoming: 336).

In addition to utilising a social understanding of suicide and self-harm, we argue that we require an 'undisciplined' (Halberstam, 2011: 6) emphasis on subjugated knowledges (White, forthcoming). This signifies that we wish to refrain from privileging scientific forms of knowledge over queer(ed) young people's knowing; a knowledge set which has been dismissed and ignored due to their status as not-quite adult subjects. Our approach follows Halberstam's (2011) call for the creation of knowledge that is detached from 'prescriptive methods, fixed logics, and epistemes' and 'orients us toward problem-solving knowledge or social visions of radical justice' (p. 17). We want to think about how suicide

and self-harm become possible forms of action for some queer youth in terms of negotiating living in a world where they are marginalised, stigmatised and potentially pathologised on the basis of their sexuality, gender, age and emotional distress.

We want to inject emotions and emotional work back into researchers' understanding of the lives of queer youth who become distressed. How can we prevent suicide and self-harm if we do not adequately comprehend, and theorise, the anguish, despair, anger, shame, pain, failure and self-hatred which young people in our studies told us were a feature of their difficulties? We have heard and read stories about queer youth struggles to carve out a space to live, despite youth discourses through which their emotional distress is minimised; heteronormative discourses through which their identities and desire are marginalised; psychomedical discourses through which their embodiment is pathologised and their self-harming is read as a sign of mental instability or lack of emotional control. We will show throughout this book that queer youth are not passive 'at-risk' individuals but, instead, they try to refuse, avoid, confront, camouflage, negotiate and resist a 'failed normative subjecthood'. We will also argue there may be an affective cost to such manoeuvres and strategies.

Troubling norms: Reframing queer youth suicide and self-harm

Throughout this book, we consider how emotions and norms are entangled, and embodied, at the intersections of youth, sexuality and gender. We draw on understandings of subjectivity, becoming and subjecthood in order to provide an alternative to individualising and pathologising discourses. We work with questions about how agency, meaning and emotional embodiment are required for normative subjecthood, a positioning that can seem impossible for those who do not 'fit' within particular normative strictures. At the heart of our analysis is the idea, drawn from Butler (2004), that queer youth are misrecognised because of their gender, sexuality, age and rationality, and that for some this is particularly distressing. We also consider the material and structural constraints that influence what kinds of (queer youth) subjects are possible in contexts of economic dependency. This dependency hinges on normative beliefs about the place of youth in the family structure and normative understandings about youth futures. We examine how these material and structural conditions impinge on the emotional wellbeing of queer youth.

We investigate the symbolic violence within sociocultural contexts where the norms being policed concern not only sexuality and gender, but also norms of age, emotion and ways of viewing one's future. The symbolic violence we refer to here is more subtle than may be considered if one focuses primarily on heteronormativity and homo/bi/transphobia. Age-related and developmental norms may be bound up with symbolic violence insofar as, for example, young people are cast as *not yet knowing* themselves, not yet being clear about their attractions or identifications and not having feelings that should be taken too seriously. Popular notions such as 'puppy love', having a 'crush' and going through a 'phase' are examples of the ways in which young people's feelings and identifications are not taken seriously.

Normative ways of thinking about development and the future may be interwoven with symbolic violence insofar as youth who are suffering in homo/bi/transphobic situations at home or school may be exhorted to wait it out, with the expectation that this situation will inevitably pass with time: things will get better by virtue of the presumed fact that one will become an adult and therefore independent. The taken-for-grantedness of this particular developmental trajectory and vision of adulthood leaves some youth suffering for years in situations that may be invalidating, humiliating, silencing and fear-inducing: situations that are more or less unendurable. The popular notions that things will get better, that one will get over it, that the troubles of youth are just a phase to be passed through may lead to a tendency to wait and do nothing – neither seek help nor recognise what kind of support could be available. These notions do a kind of violence to young people who wait it out – tough it out – in the belief that there is nothing else that can be done and that these challenges (living in an unsupportive family context, studying in an intensely norm-policing school environment) are simply inevitable.

Symbolic violence is also done through the way that young people's emotions are understood. Popular notions of moody, irrational, irresponsible, risk-taking teenagers put young people in a precarious space when they are dealing with severe distress. These notions do a kind of violence insofar as they lead to some level of distress being overlooked, some difficult emotions being dismissed as just an inevitable part of adolescent experience. While young people's distress is sometimes overlooked in this way, there is also a kind of violence done when youth distress is hastily labelled as pathological. The tendency to assume that psychomedical services are needed, rather than to improve the emotional support available in a distressed young

person's day-to-day life, leads to unnecessary stigmatisation of young people.

We seek to engage with the sense-making processes of minoritised youth who self-harm, and draw from their experiences and understandings to help create space for alternatives; alternatives where suicide and self-harm do not become a near-inevitability for a proportion of queer youth. We pose various questions to examine the realities of youth who are queered in various ways to draw attention to the taken-for-granted and normative aspects of subjectivity, embodiment, emotion and development. To what extent is it possible for a queer 15-year-old to live away from the family home? Under what specific conditions is trans-friendly medical care accessible and affordable for trans and gender-questioning youth? What degree of freedom do queer youth have to seek queer-friendly school contexts? It is impossible to address such questions without considering the economic, structural and geographic specificities which condition each young person's experience. In Chapter 2, we outline in greater detail the specific theoretical approach we have developed through an empirical engagement with researching young queer(ed) people's lives.

Our approach has obvious limitations. We aim for an intersectional approach, keeping in the frame sexualities, genders, age and social class. Disability has not been an overt analytical thread, although we acknowledge the importance of the body, and the possibilities of physical (dis)ability, to the workings of normativity. Similarly, our analysis does not fully incorporate race, ethnicity and culture in an intersectional framework, though we do acknowledge that whiteness is the currency through which success and normativity are made. Those queer youth who have contributed to our research have been overwhelmingly white, or we do not know anything about their cultural identities (because this is one of the constraints of online ethnography). We do, however, draw out culture and ethnicity in Chapter 2, where we outline our approach, Chapter 6, where we present some data from culturally diverse queer youth regarding relationality, and Chapter 8, where we discuss ways of preventing youth suicide and draw on community interventions with indigenous populations.

Empirical studies

The analysis and argument we present draw from ten years of empirical qualitative research concerning queer youth, queer embodiment, distress, self-harm and suicidality. There are three empirical studies

that we draw from repeatedly throughout. The first of these ('the Face-to-Face Study'[1]) involved a general population sample of participants, including LGB and straight youth, aged 16–25 years ($n = 69$). This Face-to-Face Study addressed questions about what participants do, and what they think other young people do, when very distressed, as well as exploring their views on suicidal and self-harming behaviour. This was a UK-based study that used interviews and focus groups, and that we have written about elsewhere (McDermott et al., 2008; Roen et al., 2008; Scourfield et al., 2008, 2011). The second study ('the Online Pilot Study'[2]) engaged a small sample ($n = 5$) of queer-identified youth in an online dialogue about gender, sexuality, distress and the body. This study involved a UK-based sample in one-to-one interviews with the researchers and enabled us to develop an online methodology (McDermott, 2011; McDermott and Roen, 2012). The third study ('the Online Ethnography'[3]) involved an analysis of blogs and discussion forums where a diverse range of LGBT and queer-identified youth ($n = 290$) wrote about their own experiences of self-harm and suicidality (McDermott et al., 2013a, 2013b; McDermott, 2014). In the chapters where we present aspects of our empirical work, these three studies will be referred to as the 'Face-to-Face Study', the 'Online Pilot Study' and the 'Online Ethnographic Study'.

We have utilised qualitative methodologies that sit comfortably with our social constructionist (and to some extent poststructuralist) approaches to research. In addition, we are taking a critical epistemological approach and using interdisciplinary theory, especially from feminism, queer theory, critical psychology and sociology. Our development of qualitative virtual methodologies arose from the need to find an ethical way to draw from queer youth perspectives and experiences of suicide and self-harm. It can be challenging to talk face-to-face about such difficult topics with a group who are marginalised by their sexuality and gender, and an age group who frequently have their distress dismissed. We found, like others who research sensitive topics, that the virtual environment was seen to provide a safe space for anonymous and detailed discussions (McDermott and Roen, 2012; McDermott et al., 2013b).

The young people's quotations have been anonymised and special precautions have been taken with data from the Online Ethnographic Study so that some of the data we draw from are given as a précis rather than a direct quotation. We use pseudonyms in some chapters in order to create narrative coherence, while in other chapters we attach demographic descriptors to each piece of data quoted. In some instances, drawing from the Online Ethnographic Study, it is impossible to offer

demographic descriptors because the young people writing online chose not to disclose such information about themselves. In a few instances, we use the same piece of data in different chapters, each time exploring the data from a different analytic angle. In all the substantive chapters (apart from Chapter 4, which focuses on research and clinical publications), we draw from one, two or all three studies. In part, the motivation for writing this book came from a desire to draw out and develop an analysis of the repeated themes we saw across the three studies.

Chapter overview

In Chapter 2, we outline the key theoretical approaches we have employed to make sense of young people's perspectives and experiences of their self-harm, suicidal feelings, sexuality and gender. We foreground the material and discursive workings of normativity and the embodied nature of the distress experienced and expressed by (some) queer(ed) youth. Our perspective is postmodern and draws heavily on Foucault and Foucault-inspired scholars. At the centre of this approach is a notion of neoliberal subject-making, where the affective life of human beings must undergo various forms of self-discipline in order to become the rational subject. This neoliberal adult becoming is shaped through the inter-related normative dimensions of adolescence, sexuality and gender, race and class, where adolescence is a technology to produce 'right' kinds of sexualities and genders (Lesko, 2001). We suggest that there is an emotional cost to this normative subject-making. We work with the idea of emotions as relational and implicated in the production and maintenance of social norms, and via the concept of embodied distress which intertwines emotional distress and corporeal ways of being and doing.

Chapter 3 is the first chapter offering empirically based analysis. Here we foreground the economic and material circumstances that can frame queer youth distress. Youth suicide rates are significantly higher among those living in impoverished conditions but the socio-economic aspects of queer youth suicide and self-harm are rarely addressed. The young people in our studies were potentially marginalised by their age, mental health status, sexuality and gender identity but some were normalised through their class position, while others were specifically marginalised by their class position. Our analysis is tentative, and we acknowledge this is complex terrain, but we ask questions about the difficult emotions involved in navigating both heteronormativity and social class

inequality. We highlight the emotional cost of attempting to fit within neoliberal expectations of successful subjecthood. In particular, we focus on shame which, we argue, has an insidious role in the embodiment of failure and the possibility of self-harm and suicide.

In Chapters 4 and 5, we draw attention to gender non-conforming, transgender and genderqueer youth. In Chapter 4, we consider the existing research and clinical publications where the topics of gender non-conforming youth, self-harm and suicide are raised. Here, we develop an analysis of how the possibility of harming the body can become imbricated in the very process of *becoming* in relation to gendered becoming, youth becoming and embodied becoming. We consider how gender non-conforming ways of becoming may be pathologised or dismissed. We seek out alternative understandings of the relationship between being gender non-conforming and self-harming in order to disentangle these modes of distressed, queered embodiment. In Chapter 5, we present an analysis of online data where trans and genderqueer youth write about their bodies, their distress and their self-harming and suicidal feelings. Here, we show how trans and genderqueer youth dialogue online produces a kind of low theory that resonates with Halberstam's (2011) writing on queer failure. This helps to develop queer embodied ways of understanding self-harm and suicide, and to work towards protective opportunities. We specifically point to online communities as offering opportunities for emotional support and productively norm-critical thinking among some genderqueer and gender-questioning youth.

In Chapter 6, we focus on the extent to which suicidal feelings and self-harming are inherently relational, and we argue that viewing them in individualising terms leads to persistent misunderstanding. We present an analysis of online data showing how queer(ed) youth describe a vicious cycle whereby difficulties connecting with other people, a sense of being isolated and alone with difficulties and self-harming practices feed into one another. We argue that there is much potential in working with the relational nature of suicide and self-harm: using connectedness with supportive others as a protective factor. Here we give examples of the kinds of interventions that are typically intended to support queer youth and to address self-harming and suicidality, and the extent to which individualising interventions tend to be prioritised over more relationally based interventions.

In Chapter 7, we work with online data from participants aged 13–16 years to address questions about why and how young people are asking for help online. Here, we emphasise the adult/youth power imbalance

and the institutional setting of the school. We also take up a thread introduced in Chapter 4 on what queer(ed) youth do in order to present themselves as plausible subjects, that is, being both intelligible and deserving of adults' help. We argue that self-harming queer youth have the particularly onerous task of positioning themselves as subjects worthy of help because they transgress the intersecting social norms of adolescence, rationality *and* heterosexuality. We underline the importance of understanding the affective nature of help-seeking relations and we point out that current systems of support are typically not designed to address the overwhelming *feelings* of failure, shame and fear which some queer youth are experiencing. However, we show that help-seeking online creates space for troubling hegemonic norms, for being agentic subjects and for resisting the pathologising of emotions, sexuality, gender and youth.

Chapters 5, 6 and 7 work with the concept of recognition, with many young people's experiences revolving around how to be recognised as the kinds of sexual, gendered subjects they want to be recognised as, in addition to being recognised as coherent yet in need of help. Chapters 6 and 7 work with the concept of secrecy, with many young people's stories revolving around the question of whom, what and whether to tell. This draws attention to the daily emotional and practical challenges of managing 'secret' information about oneself and the psychological burden of that emotional and discursive work. In the final chapter, we expand on what our alternative approach may mean for preventing suicide and reducing self-harm. We suggest that recognition, belonging, becoming and material safety may be key to facilitating liveable lives and promoting queer youth wellbeing. We highlight the value of online interventions that might provide support for young people in distress, and we point to the importance of interventions that reach across a wide spectrum of queer(ed) youth, not just a privileged few.

2
Troubled Subject-Making

In this chapter, we outline the theoretical framework we are using to understand the relationship between being young and queer(ed), and being suicidal or self-harming. We argue in Chapter 1 that we are aiming to reframe the parameters of the field of study because they rigidly adhere to an at-risk, psychopathological frame of explanation which limits understanding and leads to missed opportunities where prevention is concerned. Our emphasis, in developing an alternative mode of enquiry and explanation, is on the interdependence of emotions and norms in relation to bodies, an emphasis which requires us to engage with subject-making through discourse and materiality. Our approach highlights the way norms and emotions are embodied at the intersection of youth, sexuality, gender and mental health. In this chapter, we set out key theoretical investments and ask questions that resonate throughout the book.

At the centre of our theoretical perspective is a notion of neoliberal subject-making, where the affective life of human beings must undergo various forms of self-discipline to allow for the becoming of rational (that is, sane) subjects. This neoliberal adult *becoming* is shaped through the inter-related normative dimensions of adolescence, sexuality and gender, race and class, where adolescence is a technology to produce the 'right' kinds of sexualities and genders (Lesko, 2001). We suggest that there is an emotional cost to this normative subject-making. We work with the idea of emotions as relational and implicated in the production and maintenance of social norms, and we develop the concept of embodied distress which intertwines emotional distress with corporeal ways of being and doing. Our analysis draws on a substantial body of Foucault-influenced feminist and queer theorising and works

from the understanding that, 'The subject is inseparable from his/her embodiment' (Youdell, 2006). We pay particular attention to the body and its place in structural conditions such as school, family and wider economic circumstances.

We are concerned with improving understanding about why some queer(ed) young people self-harm or experience suicidal feelings. Our points of inquiry are about the material and discursive workings of normative subject-making and the embodied nature of the distress experienced and expressed by (some) queer(ed) youth. Questions we pose, intended to 'trouble' established approaches, include: What kinds of queer youth subjects are made possible through contemporary discourses and within certain material and structural conditions? What happens when queer youth do not 'fit' the normative conditions of existence, perhaps because they are the *wrong* gender, sexuality and age? How do queer youth make life liveable (Butler, 2004)? How do they negotiate the emotions associated with failure?

We intend to disrupt the queer youth dualism of 'at-risk' subjects and 'proud' subjects (Talburt, 2004) and to look more closely at the emotions and processes through which young people negotiate a mesh of norms in relation to heterosexuality, binary gender, youth and the rational neoliberal self. It is the negotiation of these norms, that is, the emotional work involved in trying to become the 'proper' subject, that is at the heart of our interpretation of why some queer(ed) youth harm themselves. What we are proposing is that harming oneself may appear as an embodied 'resolution' to some young people's painful and distressing experiences of sexual and gendered misrecognition. The emotional effort of trying to become a normative subject is a psychological, bodily and social process that is key to our reframing of queer youth suicide and self-harm.

This chapter is divided into four sections. The first concentrates on the discursive and material production of the rational neoliberal subject; the second considers norms surrounding youth, sexuality and gender (that is, heteronorms); the third presents our conceptualisation of emotion and discusses some specific emotions (such as hate, disgust, anger, fear and shame) which we argue are significant in the making of sexual, gendered and youthful subjectivities; the final section suggests how the embodiment of emotions and norms can make self-harming or suicide a viable possibility or an apparent solution to distress for some queer(ed) youth. The theories we outline have been put to 'work', enabling us to analyse and interpret the experiences of the young people involved in our three empirical studies.

Making subjects

What kinds of queer youth subjects become possible in sociocultural contexts infused with heteronormative imperatives? What opportunities for (queer) embodiment, agency and emotional wellbeing are there in the context of such subject-making? Our work comes from a queer feminist perspective and pays attention to how subjects become more or less viable; more or less intelligible (Butler, 1993). We build on a now-substantial body of feminist poststructuralist research and theory where the subject is conceived of not as 'a natural . . . self-evident individual' but as a 'discursive constitution who appears to be abiding and natural . . . because ongoing discursive practices create this illusion' (Youdell, 2006: 34). We are working with an understanding of subjectivation as a discursive, material, normative and ongoing process. As Youdell explains, using the subjectivation of girls as an example: 'The girl is inaugurated into subjecthood through gender discourse – she at once becomes a girl and subject to the rules of being a girl' (Youdell, 2006: 44). Thus, coming into being as a subject comes at a psychic cost, particularly insofar as it involves the transgression of norms.

We argue, and demonstrate in the coming chapters, that the material conditions under which subjectivation takes place also impinge on the possibility of sexual and gendered intelligibility and recognition for young people. There has been a long-standing critique of queer theory's overwhelming focus on symbolic power and neglect of the material and structural aspects of sexuality and gender (Seidman, 1996; Fraser, 1999; Hennessy, 2000; McDermott, 2004). Jackson and Scott (2010), for example, argue that queer theory in general (including Judith Butler's work) suggests that meaning is solely dictated by cultural norms. They emphasise the way gender and sexual norms are also produced and made sense of through everyday 'mundane' interaction. Empirical studies that theorise gender and sexuality as discursive, cultural, material and embodied have drawn upon queer/feminist theory but investigated the construction of sexual and gender identity and subjectivity within the regulatory socio-economic contexts within which they are produced (Skeggs, 1997; Hennessy, 2000; Taylor, 2007; McDermott, 2010, 2011). An example of this conceptual approach is research, which has investigated how social class mediates access to higher education for queer youth. Research indicates that queer youth from more advantaged class positions can evade some of the more punitive aspects of heteronormative regulation by going to university where there are possibilities for safer symbolic and bodily recognition (McDermott, 2011). We argue in

Chapter 3 that there can be serious affective outcomes for those young people from poorer backgrounds unable to avoid, or cope with, the more severe heteronormative disciplinary strictures of compulsory schooling.

There is still, in our view, a propensity within queer research and theory to concentrate on the discursive construction of gender and sexuality and to give less emphasis to the material, economic and structural. This is puzzling given that Foucault's (1976: 36) analysis of sexuality, which heavily influences queer theoretical work (and our own), clearly identifies the close relationship between sexuality, the economic and the political:

> All this garrulous attention which has us in a stew over sexuality, is it not motivated by one basic concern to ensure population, to reproduce labour or capacity, to perpetuate the form of social relations in short, to constitute a sexuality that is economically useful and politically conservative?

We draw from queer theorists who work with the idea of heteronormativity as embedded in the wider neoliberal capitalist mode of subjectivation. One such theorist, Halberstam (2011: 2), points out that 'success in a heteronormative capitalist society equates too easily to specific forms of reproductive maturity combined with wealth accumulation'. Cover (2013: 335) argues that although there has been increased tolerance of diverse sexualities and genders within Western societies, this tolerance is shaped by 'narrow norms that fit within neoliberal economization of subjectivity'. Critics suggest that this neoliberal tolerance creates homonormative categories of acceptance which are most readily applied to white, male, gay, wealthy citizens (Brown, 2006). Queer youth have trouble fitting with heteronormativity but they may also, as Cover suggests, have trouble conforming to homonormative categories of the successful gay person. They are positioned, by virtue of their age, as economically dependent, and the tolerated version of successful gay subjecthood may seem unattainable or, indeed, undesirable.

Our approach works with the understanding that neoliberal capitalism requires a certain type of heteronormative subject, one who is autonomous, self-governing and responsible for their own life (Foucault, 1977; Rose, 1989). We are concerned with the emotional cost of this neoliberal self-governance where success 'appears' to happen to good people, and failure supposedly occurs because an individual has the wrong attitude, or has not tried hard enough, rather than being due

to social and economic inequalities (Halberstam, 2011). Research on (mainly) heterosexual young people (Walkerdine et al., 2001; Harris, 2004; Henderson et al., 2007; MacDonald and Shildrick, 2013) has illustrated the negative impact of managing the social and psychological demands of neoliberalism; the apparently limitless opportunities, the uncertainty of employment, the requirements for self-invention while simultaneously ignoring constraints. We, too, are disturbed by the affective demands on young people attempting to comply with neoliberal expectations. We are disturbed by the individual psychic anxiety that seems to be embedded in the contemporary mode of subject-making for young people.

Neoliberal success, we are led to believe, is achieved by those who become free, responsible and autonomous, but this is not available to all, as some are already framed as irresponsible, deficient, sick and needing help. Tyler (2013) argues that particular categories of people such as asylum seekers and economically disadvantaged youth are 'laid to waste' (p. 8) by the neoliberal state. This means some people's success is dependent on others' failure and, for those who fail, that failure is always constructed as their own fault (Halberstam, 2011). Like Halberstam, we want to 'dismantle the logics of success and failure' (2011: 2), we want to investigate the underbelly of a neoliberal heteronormative politics which positions as failed those, for example, who are poor, black, young, without a planned future, who flunk school, who don't have a job, who live in the 'bad' part of town, and who desire the same sex, both sexes, or no sex. Failing 'is something queers do and have always done exceptionally well' (Halberstam, 2011: 3). What happens when young people feel they have failed? The young participants in our studies had trouble conforming to the normative demands of neoliberal subjecthood and may never be able to aspire to particular ideals of material accumulation or economic achievement. It is when the queered, failed subject becomes a self-harming subject that we see a particular material, embodied version of queer failure.

Halberstam (2011) suggests that failure can have benefits such as allowing one to maintain a safe distance from norms which would otherwise be punishing, but that failure comes with a 'host of negative affects, such as disappointment, disillusionment, and despair' (p. 3). For queer(ed) youth, the 'being what you want' ideal is almost impossible to live up to, hence, they may 'read their own failure as personal pathology' (Walkerdine et al., 2001: 178). We view failure as being tied to vast everyday inequalities in heteronormative capitalist economies rather than as being attributable to personal blame. We put the neoliberal subject at

the heart of our reframing of queer youth suicide and self-harm precisely because this helps to understand how failing to conform to norms can be felt to be one's own fault. We detail, in the next section, heteronorms and norms of adolescence in the context of which some youth are constituted as queer. We focus on how these norms may be embodied to produce self-harming and suicidal subjects.

'Is this normal?'

> they always say 'its just a teenage thing'
> -self-harm/cutting, punching walls
> -suicide attempts
> -isolation/ no friends
> -revulsion of who i am/ im gay so you know
> do these behaviours sound like a normal 15 year old?
>
> (Online Ethnographic Study)

Throughout our research on suicide and self-harm, the young people who have contributed have raised the question: what is normal? As the above extract from an online forum illustrates, it has been hard to ignore the multiple ways in which our participants have had to engage with normative discourses of youth (*it's just a teenage thing*), discourses of rationality (*suicide attempts and self-harm*), discourses of emotion (*revulsion of who I am*) and discourses of sexuality (*I'm gay*). Struggling against all these normative discourses simultaneously means there is the possibility of failure on many levels. In this section, we concentrate particularly on norms of adolescence and heteronormativity.

Adolescence

> The soul of the young citizen has become the object of government through expertise.
>
> (Rose, 1989: 134)

The process of becoming an adult is too often reduced, in LGBT youth research literature, to biological and psychological development paradigms, with scant attention paid to the social, economic and cultural aspects of youthfulness. From a developmental perspective, adolescence is typically understood as a transitional period, between childhood and adulthood, marked by physiological change, bodily development and identity experimentation (Hall, 1904; Erikson, 1968; Kroger, 1996). It is taken for granted as naturally occurring and biologically

determined (Lesko, 2001). We are all familiar with the prevailing, commonly held notions of the teenager being at the mercy of 'raging' hormones, mood swings and difficulties communicating with adults (Kehily, 2007).

However, critics across a number of social science disciplines (for example, Walkerdine [1984] in psychology, Rose [1989] in sociology and Lesko [2001] in education) have shown adolescence is far from being a 'natural' biological stage in the human life cycle. They argue that the term 'adolescence' appeared in the late nineteenth and early twentieth century in the West as part of wider concerns regarding children, the future of the state and the concepts of race and nation (Rose, 1989; Lesko, 2001; Burman, 2008). Lesko's (2001) analysis indicates that the problems and potential of adolescence came into focus in the early part of the twentieth century because it became pivotal for thinking about social change and in efforts to create modern social order and citizenship. Both Lesko's (2001) US analysis and Rose's (1989) UK analysis highlight the anxieties and concerns in this period over both the threat of children and young people to social order and morality, and the need to produce docile workers, healthy soldiers and model citizens. As a result, a plethora of government organisations, social agencies and legal powers grew up around addressing the troubled and delinquent child, and shaping future citizens.

Developmental psychology was central to establishing the emerging concept of adolescence. Psychologists supplied the technical means (clinics and research) to observe, measure, describe and classify human subjectivity, and hence provided ways of judging the 'normal' child (Walkerdine, 1984; Rose, 1989; Burman, 2008). The intelligence test, one of the first psychological instruments used for this purpose, was intended to discover the 'feeble-minded' child as feeble-mindedness was considered a symptom of degeneracy in the 'race' (Rose, 1989). At this point, childhood and adolescence were conceptually being created within the framework of recapitulation theory which was based on evolutionary thinking. It was thought that the evolution of 'man' was replicated in the development from (savage-like) child to (civilised and mature) adult (Rose, 1989; Lesko, 2001). Lesko (2001) argues that adolescence was created as a crucial divide between the most evolved (that is, rational, autonomous, white, male and bourgeois) and the least evolved (that is, the emotional, immature and irrational). This notion of emotionality and irrationality was associated with 'primitives', animals, women, the lower classes, youth and children. Lesko's view is that the modern concept of adolescence is gendered, raced, classed and defined

by its opposition to adulthood. Adolescence is everything adults are not: uncivilised, over-emotional, immature, peer-orientated and irrational. The bourgeois, white, male body became the 'natural' embodiment of the rational mind. So rationality (as opposed to primitive, less evolved and uncivilised ways of being) became naturalised and was crucial to the civilising process (Elias, 1994; Walkerdine et al., 2001). Adolescence became, and remains, a technology to produce certain kinds of persons (Lesko, 2001).

We are not denying that there are biological and psychological changes taking place during the teenage years. We do, however, object to the ways that young people's needs and experiences can be dismissed (for example, as being hormonally driven and just a phase) during this life stage, and we are concerned about the normative expectations embedded in the developmental understanding of adolescence. Understanding how this perspective on young people was legitimated via developmental psychological discourses is crucial to deconstructing adolescence and especially important for unsettling the idea of adolescence as biologically based. It was developmental psychologists' production of a new systematic knowledge of childhood which, for the first time, linked characteristics (that are now taken for granted as features of adolescence) along the dimension of time in a unified sequence (Rose, 1989). The standardisation of developmental stages created a normalised trajectory from childhood to adulthood. The developmental norm that was established was based on the average abilities or performance of children and enabled psychologists and educators to assess children through comparison with the norm (Walkerdine, 1984). Today, adolescents are still ranked according to their placement in time in relation to physiological and psychological processes. Contemporary anxieties about puberty, sexual activity, sexualisation and parenthood all coming too 'early' are modern manifestations of the perception of normal adolescence as a slow, linear, developmental movement towards adulthood. As Erica Burman points out, it is through these orderly steps that social control is achieved and 'normative descriptions provided by developmental psychology slip into naturalized prescriptions' (2008: 4).

Within contemporary psychomedical literature on LGBT youth and mental health, time is central to the way in which problems are conceptualised. One of the key areas of investigation are sexual and gender identity models which present a series of stages through which queer youth are supposed to progress in order to reach affirmative gay adulthood (Cass, 1979; Troiden, 1998; Rosario et al., 2001). Thus, those who do not follow this developmental process – perhaps in that they come

out 'early' – may be pathologised (Harwood, 2004a). Such frameworks, drawing on developmental psychology, produce a normalised, unified, ahistorical, linear sexual identity development process which best 'fits' wealthy, white, gay men and pathologises those who are queerer, blacker and poorer (Harwood, 2004b; Talburt, 2004; Clarke et al., 2010).

Not only are some young people pathologised or otherwise marginalised by developmental discourse, but all young people are potentially thrust into a mode of waiting. Lesko (2001) describes this as an 'expectant time modality' where young people are positioned as passively waiting for future adulthood and others have described it as a 'liminal process of becoming' (Rasmussen et al., 2004). Being constantly in-waiting, or in-process, means that 'youth cannot live in the present, they live in the future, that is, they exist only in the discourse of "growing up" ' (Lesko, 2001: 137) or maturation (Burman, 2008). In this sense, adolescence is defined by expectation: expectation of maturity, of self-discipline and of well-planned futures (Walkerdine et al., 2001; Harris, 2004; Burman, 2008). The emphasis is on the ending, that is, on achieving adulthood.

The expectant nature of adolescence means that it readily becomes a site of society's anxieties and hopes for developing subjects and for its future (Talburt, 2004). Adolescent bodies are a site on which battles over what 'counts as an adult, a woman, a man, rationality, proper sexuality, and orderly development' (Lesko, 2001: 50) are played out. We argue that the normalising discourses of adolescence are crucial to understanding how self-harming and suicide come to appear as viable for some queer youth. It is important to consider the combined effects of (i) dominant 'developmental' discourses that produce adolescence in relation to immaturity, over-emotionality, lack of autonomy and failure to take responsibility; and (ii) structures which institutionalise 'time', giving young people's lives a stage-wise quality (for example, through compulsory schooling). In conjunction, these discursive and structural elements combine to powerfully influence youth subject-making. In order to develop into 'proper' future well-socialised, productive and responsible adult citizens, young people must rationally govern themselves through the 'right' sexual and gender identities (Lesko, 2001; Harris, 2004): they must become the 'heteronormative good future citizen' (Robinson, 2012: 257). Queer youth transgress multiple norms – they are everything they are not meant to be – desiring the wrong sex, being the wrong gender, being 'over-'emotional and needing help. We ask ourselves, how do queer youth cope with the complexity of their social

positioning as subjects who transgress the norms of adolescence in multiple ways?

Heteronormativity and recognition

> I may feel that without some recognizability I cannot live. But I may also feel that the terms by which I am recognizable make life unlivable.
>
> (Butler, 2004: 4)

Drawing on Butler's work, we ask what makes queer youth lives liveable (or unliveable). In *Undoing Gender,* Butler states (2004: 2–4) that making a life liveable involves the negotiation of norms which can ignore, marginalise, or, alternatively, confer recognition. Thus, norms of recognition function to 'produce and deproduce the notion of the human' (p. 32). For the young distressed queer(ed) subject, recognition is problematic because they transgress the prevailing norms of what it is to be human; norms of gender, sexuality, adolescence and rationality. Butler suggests that a person's desires may conflict with these norms and then 'one's sense of survival depends upon escaping the clutch of those norms by which recognition is conferred' (p. 3).

Butler's idea of intelligibility allows us to think about the difficulty of *being* young, queer and rational within a nexus of norms about how a subject should *be*. Current thinking about queer youth suicide and distress does not appreciate how difficult it is to *be* human when an individual feels outside the norms of recognition in terms of gender and sexuality, is young so has not had 'adult' status conferred and has 'irrational' feelings that may lead to suicide or self-harm. As Butler (2004: 39) states, 'when we ask what makes a life liveable, we are asking about certain normative conditions that must be fulfilled for life to become life.'

Sexual and gender norms do not just exist, they regulate, they coerce and they enforce narrow modes of sexual and gendered existence. These norms frame what it means to be a rational adult and they 'operate as a condition of cultural intelligibility for any person' (Butler, 2004: 52). We are concerned with what happens when the young queer subject cannot find a way to fulfil heteronormative conditions for a liveable life. We are not the first to draw from Butler's work on misrecognition, intelligibility and liveability to consider the topics of queer youth suicide. Rob Cover (2012) uses Butler's concepts to explore the cultural conditions of queer youth suicide (not self-harm), focusing mainly on young

gay men. He wonders whether it is not becoming so common for 'queer' youth to kill themselves that it may be impossible to 'imagine queer lives untouched by suicide' (Cover, 2012: ix). His critique aims to help shift the understanding that queer youth suicide is almost expected and that queer youth are inevitably vulnerable. In envisaging a poststructuralist Butlerian understanding of queer youth suicide, Cover (2012) refers to the importance of rejecting essentialist ideas of sexuality where young people align themselves with a distinct identity category and the importance of thinking about 'fluid, complex and changing self-perceptions of sexuality' (p. 55).

Our departure from Butler and Cover's work comes through our central concern with the cultural and material circumstances of intelligibility. We are interested in how queer youth negotiate the norms of youth, sexuality, gender and rationality; what they *do*, how they *feel* and what they *do* when they *feel* intensely distressed. Queer youth subjects are embodied and located in specific socio-economic spaces, so what they do and feel is to some degree mediated by resources and privileges of class and race, for example.

Understanding how heteronormativity makes various forms of sexual and gendered existence seem implausible is important for gaining insight into young queer(ed) people's distress. Scholars have produced an extensive body of work which examines how heteronormativity (or heterosexuality) is produced and disciplines, regulates and coerces narrow modes of sexuality and gender. A variety of terms have been used to refer to the ways those who transgress heteronorms are punished and the ways transgressing bodies are disciplined, for example Epstein and colleagues use the term 'border controls' (Epstein and Johnson, 1998). Others have done useful groundwork, demonstrating the extent to which policing gender and sexuality norms is part of the production of young masculinities (see for example Frosh et al., 2002; Oransky and Marecek, 2009). McInnes (2004) also offers useful insights into the construction of heteronormative masculinity among boys.

The various forms of policing sexuality and gender norms are often described in terms of homophobia, biphobia and transphobia. Public discourses of homophobia have become more prevalent in the light of equality legislation. Some critics believe these new public discourses of homophobia have reinforced a polarised dualism regarding young LGBT people's wellbeing, that is, we view queer youth as either 'victims (and sad)' or as 'accepted (and happy)' (Talburt et al., 2004: 2). Ahmed (2010) argues there is a risk with equality legislation that promotes the 'happy'

and accepted queer, in that the unhappiness of queer people's experiences could be elided and forgotten. This is what she writes about the price of state recognition:

> The happy queer is a form of social hope, a sign of 'how far we have come' or hope for a world where discrimination has been overcome. The risk of this hope is that it reimagines the world *as if* there is no discrimination.
>
> (Ahmed, 2010: 113)

While they have provoked substantial critique,[1] transphobia, biphobia and homophobia are useful terms in relation to the work they do, critically exposing particular kinds of emotion that circulate around queered sexualities and genders. Transphobia has been defined, albeit functionally, by a European Commission report whose focus was on discrimination, as 'negative cultural and personal beliefs, opinions, attitudes and behaviours based on prejudice, disgust, fear and/or hatred of trans people or against variations of gender identity and gender expression' (Agius and Tobler, 2012: 89). What is valuable about this definition is that both the 'cultural' and 'personal' are foregrounded, and the emotions of disgust, fear and hatred are identified explicitly. We return to these emotions later in the chapter. Similarly, the term biphobia, which is used with reference to the more substantial body of work about homophobia, is often not defined or examined in academic literature. However, there is a small thread of studies that report on the stigma and prejudice against bisexual people (Eliason, 2001; Herek, 2002). A useful extensive understanding of biphobia is set out in the Bisexual Report (UK), where forms of biphobia are identified as including bisexual denial, invisibility, exclusion, marginalisation and negative stereotypes of bisexuals (Barker et al., 2012).

Homophobia, and to a lesser extent biphobia and transphobia, have been established in the psychological literature, and are widely accepted by the LGBT movement and activists, as major factors in explaining elevated rates of suicide and self-harm among queer youth. Explicit homo/bi/transphobia (such as being forced to leave the family home, being beaten up in the street, experiencing harassment at school and being verbally abused for using the 'wrong' toilet) may certainly contribute to queer youth distress. However, it is not enough to focus only on such explicit homo/bi/transphobia. We agree with Cover's (2012) argument that focusing on homophobic bullying as a key causal factor in queer youth suicide is an example of failing to attend to the wider

problem of heteronormativity and allowing concern to centre on 'a few bad apples' (p. 73) who bully queer youth. Furthermore, presenting bullying as the key problem for youth draws attention from the multitude of ways in which heteronormativity has to be negotiated. On an everyday basis, practices of silence and secrecy, performances that camouflage and hide queer possibilities and the endless surveillance of the self and others are more or less subtly underway as young people seek to negotiate their heteronormative sociocultural worlds. Such negotiation takes an emotional toll through means that may be harder to detect than bullying, but whose effect is no less destructive. It is important to appreciate the more subtle aspects of 'misrecognition' or 'unintelligibility' because these exclusions are implicated in the emotional distress, self-harming and suicide of some queer(ed) youth. We need a much more nuanced understanding of misrecognition and of the silence and absences surrounding queer subjectivities. We need to weave through our analysis of queer youth self-harm and suicide more detailed understandings of how emotion circulates around difference, exclusion and failure.

Troubling emotion

Researchers have repeatedly linked depression – associated with feelings of persistent sadness and hopelessness – with self-harming and suicidality. We seek to rethink suicide and self-harm so that the emotional is not figured as solely residing in the individual (in the form of sadness, for example), but instead is understood as relational and implicated in the production and maintenance of norms. That is, emotion is located in the psychological and the sociopolitical. Regarding emotion as relational, as involved in both the production of shared meanings and as being used for the policing of norms, is crucial for understanding the relationships among normative sexuality and gender, adolescence, self-harm and suicidal feelings.

When we think about young people and emotional distress within the adolescent development paradigm, young people's emotions are considered to be unruly, immature, out of control and often 'unreasonable'. The process of moving from the over-emotional teenager to the emotionally contained adult is part of the normalised development process. Being able to master one's emotions is considered a feature of adulthood with which young people must comply if they are to become 'mature' (Rose, 1989). As Norbet Elias (1994) suggests, 'the regulation of the whole instinctive and affective life by steady self-control' (p. 365) is crucial to civil society. Loss of self-control is dangerous to the self and

others – the unrestrained are feared and the ill-disciplined are considered weak-minded – but the strain of self-control can be overwhelming and can also be dangerous. For young people, normative developmental discourses frame the display of disordered emotions (including articulating distress) as an absence of emotional restraint and confirmation of one's immaturity.

In this discussion of emotions, we draw heavily on Ahmed's (2004) analysis which works with the idea that 'emotions are not "in" the individual or the social, but emotions are vital to the constitution of the psychic and social as objects' (p. 10). She critiques both psychological and sociological models of emotion, pointing out that psychology works with a model of emotion as interiority where an individual has feelings that belong to them. In this sense, emotions are centred internally as subjective feeling and are figured as solely psychological (p. 8). Her critique of sociological conceptualisations of emotions as social and cultural practices (see for example Hochschild, 1983) argues that emotions are viewed as coming from outside the individual and moving inwards. Ahmed (2004) reminds us that we must understand 'emotions not as psychological dispositions, but as investments in social norms' (p. 56).

Because our focus is on youth subjects, and on the way youth do not fall into neat categorisations, we are interested in how emotion circulates around difference even while it may not be easy to articulate the nature of that difference. We ask, what role do emotions play in the production and maintenance of norms through which some youth are constituted as queer? How can we articulate the relationship between the emotions that constitute queer youth and the emotions involved in distressed embodiment? In the next section, we specifically examine hate, fear, disgust and shame in relation to the disciplining of sexual and gender normativity.

Hate, fear, disgust and shame

Emotions such as hatred and disgust contribute to the constitution of some bodies and some subjects as non-normative. We are not suggesting that emotion and discourse are all that is involved in this constitution, for that would be overlooking the material and structural production of social norms. We are, however, suggesting that closer engagement with emotion and discourse will help us to better understand the constitution of queer youth as non-normative, distressed, suicidal and self-harming subjects.

To consider the role of emotion in constituting subjects as non-normative, it is useful to draw on Ahmed's (2004) ideas about

boundaries between self and other. She describes how demarcations between the *me* and the *not-me* 'come into existence through hate' (p. 51), an emotion that 'is involved in the very negotiation of boundaries between selves and others, and between communities' (p. 51). Both hate and disgust work very effectively to produce borders between self and other, or our own imagined community (us) and outsiders (them). What happens at the border is often telling, as the border is not natural or inevitable but must be produced again and again to prevent slippage between self and other, a slippage that may be experienced as threatening to the very ontology of the self. Ahmed explains how 'borders need to be threatened in order to be maintained, or even to appear *as* borders' (p. 87), and she describes border objects as disgusting, at the same time that 'disgust engenders border objects' (p. 87). That is, 'the subject feels an object to be disgusting . . . and then expels the object and, through expelling the object, finds it to be disgusting. *The expulsion itself becomes the "truth" of the reading of the object*' (p. 87).

Let us take an example of a boy who likes to dance and wear purple and pink clothes. Let us then imagine the hostility that this boy is likely to experience. The boy's embodied, gendered performance positions him as a border object: his very existence threatens the border between masculinity and femininity. The hostile emotions that some others will likely express towards him will be directed both at excluding him (*he is not one of us, not normal*) and at policing his gender performance (*he must learn to act like a boy*). Thus, the border object threatens those who are heavily invested in the boundaries between masculinity and femininity and they respond to that threat with hostility. The expression of hostility functions both to exclude the boy, keeping him at a safe emotional and physical distance so that his gender queering does not *infect* those who are threatened by it, and to mark out his behaviour in the hope that maybe he will stop dancing and wearing such outrageous clothes. Through his persistence in dancing and wearing pink and purple clothes, he becomes definitively constituted as an outsider, thus apparently justifying and naturalising the distance that has been established between him and other boys, a distance that may get repeatedly and ritually reinforced through verbal and physical abuse. He *is* the embodiment of otherness.

To extend this example, we need to build in the concept of stickiness. Ahmed (2004) suggests that 'signs become sticky through repetition; if a word is used in a certain way, again and again, then that "use" *becomes* intrinsic . . . This repetition has a binding effect' (p. 91). Thus, not only has the boy in our story become constituted as queer, but the

repeated use of terms (gay, faggot, queer) to refer to him as different ensures that these are sticky signs. These signs have become stuck to him and serve as a repeated reminder to others: *beware, they may stick to you too*. Hatred and disgust, homophobia, biphobia and transphobia work partly through the notion of contagion. Association between oneself and the border object is necessarily dangerous, as signs are sticky, as we see through terms like fag-hag and nigger-lover.

The repetition of emotional-discursive othering strategies is, on its own, not enough. In addition, what are needed are witnesses. The speaking of disgust, the performativity of disgust, involves witnesses if the attribution of disgust is to stick. Indeed,

> the demand for a witness shows us that the speech act, 'That's disgusting!' generates more than simply a subject and an object; it also generates a community of those who are bound together through the shared condemnation of a disgusting object or event. A community of witnesses is generated, whose apparent shared distance from an event or object that has been named as disgusting is achieved through the repetition of the *word* 'disgust'.
>
> (Ahmed, 2004: 94)

The school, or the family, for example, serve as witnesses to the ritual othering of queered youth: the jokes that are shared, the looks that are exchanged, the facial expressions that are displayed and copied, the multiple daily attempts of an imagined community to reproduce its members as normal, as 'us', as not-queer, as not-like-him.

Remember: we have no idea whether the boy we are imagining will ever identify with any kind of LGBT identity. But he has nevertheless been queered, through emotional-discursive strategies carried out in the context of an affective community. Drawing from Wetherell (2012), we might see this as an illustration of how 'affective practices build small worlds' (p. 81), where social norms are produced and policed. The concept of affective practice is useful because of the resonance between 'practice' and ideas of repetition, reiteration and the performative. Here, affect is 'embodied meaning-making' (p. 4) and emotional expression is intimately involved in defining such things as 'proper behaviour' and 'fitting in'. Wetherell also usefully offers the concept of 'affective-discursive loops' (p. 7) that can operate as emotions get involved in the production of shared meanings and the maintenance of social norms. She draws from scenes of school-based humiliation to demonstrate 'affective practice unfolding' over

time and clearly being a 'joint, coordinated, relational activity' (p. 83). Like Wetherell, we consider that 'affective-discursive practice is joint inter-subjective activity' (p. 83) and in addition, we argue that such practice is deeply implicated in the embodied distress of queer(ed) youth.

Just as disgust and hatred stick to particular bodies, so those bodies become shamed. We discuss shame because it has been noted by many queer theorists as intricately bound up in queer affective life and historically associated with the marginalisation of non-normative sexual and gendered identities (Sedgwick and Frank, 1995; Munt, 2000, 2007; Probyn, 2000, 2005; Sedgwick, 2003). Shame is intensely social and reflexive, arising from the self viewing the self from the point of the other (Scheff and Calhoun, 1994) and it 'goes to the heart of who we think we are' (Probyn, 2005: 13). Shame is highly effective in maintaining social norms because it is a human reaction to 'rejection or feelings of failure or inadequacy' (Scheff, 2000: 96). The power of shame to inscribe social norms is that:

> Shame becomes the most social of negative affects because it modulates, regulates, impedes, contains, the interest and enjoyment that powers all sociality. Just as the experience of shame pulls us from social interaction, it calls attention to and helps define social interaction.
>
> (Nathanson, 1992: 251)

For young people, it is the increasing consciousness that their sexual desires or gender may be transgressive that may generate feelings of exclusion, inadequacy and perhaps failure. Ahmed (2004: 107) explains that shame can 'be the affective cost of not following the scripts of normative existence'. In this way, shame remains 'stuck' to queer youth's negotiation of everyday life, as Sedgwick (2003: 64) states: 'I would say that for at least certain ("queer") people, shame is simply the first, and remains a permanent, structuring fact of identity.' Shame is intensified when it is witnessed and therefore social disapproval or humiliation is particularly effective as an enforcer of norms. McInnes (2004) demonstrates how shame works to police behaviour in relation to the gendered body in his examination of 'sissy boy shame' in schools, where boys who do not conform to notions of masculinity are told publically, in front of others, not to 'act like girls'. As we have argued above, this emotional-discursive enactment of norms becomes

embodied: the 'sissy boy' feels wrong, feels inadequate and feels like a failure.

When shame is experienced there is a desire for concealment, a turning away, a wish to hide. Goffman (1959, 1963) described the everyday, virtually unconscious ways in which people's interactions are shaped by the need to avoid positions of embarrassment (or shame) in order to maintain 'face'. Research suggests that shamed subjects act to avoid the witnessing of their inadequacy and this is related to young people's suicidal behaviour and self-harming (Fullagar, 2003, 2005; Hillier and Harrison, 2004; Cover, 2012). Fullagar's work connects shame to the failed or shamed self and suggests that suicidal thoughts enable young people to escape those pressures which make them feel that they are unworthy or that they have failed. She gives an example of a young woman who is bullied at school for the 'fluidity of her sexual identity', suggesting that shame is connected to cultural norms producing feelings of self-hatred and disgust. Similarly, in our own research (McDermott et al., 2008), we found that young people were reluctant to report homophobia partly because they wanted to avoid being shamed by asking adults for help, leading to that adult becoming witness to the young person's shame.

To specifically address queer youth suicide and self-harm, we need to think more about the embodiment of emotional distress. It is useful to consider emotions such as hatred and disgust as pressing upon us (Ahmed, 2004), insofar as the 'other' effectively 'presses against me, threatening my existence' (p. 51). Both bodies – that of the hater and the hated, the disgusting and the disgusted – are pressed upon by emotion. Ahmed quotes Matsuda's (1993: 24) description of the psychophysiological effects for those who are victims of hate propaganda: 'physiological symptoms and emotional distress ranging from fear in the gut to rapid pulse rate and difficulty in breathing, nightmares, posttraumatic stress disorder, hypertension, psychosis and suicide' (Ahmed, 2004: 58). If these were read solely as symptoms, without the sociopolitical context (of, for instance, homo/bi/transphobia), then one would easily conclude that these emotions are simply happening within the individual, and one might conclude that it is the individual who needs to be treated. If, however, we understand 'emotions . . . as investments in social norms' (Ahmed, 2004: 56), if we consider hate, disgust, fear and shame as particularly effective emotions for maintaining social norms, then we can start to read Matsuda's list of 'symptoms' differently. These are, indeed, 'part of the production of the ordinary' (Ahmed, 2004: 56).

Feelings of terror, shame and fear – terror at being subjected to acts of hate, fear and shame of being the object of disgust – are a quite 'ordinary' part of what must be negotiated in the process of being constituted as queer.

Embodied subjects, embodied distress

To what extent is it possible to embody 'queer' without simultaneously embodying distress? Here, we are working with an understanding of embodied distress where embodiment is a *process of becoming* (Braidotti, 2002), that is, a process through which a future subject may emerge, such as an adult subject, a gendered subject, a sexual subject. We understand the embodiment of the subject as 'neither a biological nor a sociological category, but rather as a point of overlap between the physical, the symbolic and the material social conditions' (Braidotti, 2003: 44).

Given that we are considering queer youth subjectivation as occurring through discursive and material practices, what kinds of queer youth subjects are produced through suicidal and self-harming practices? Under what discursive and material conditions may self-harming and suicidality seem almost inevitable to some youth? Self-harming and suicidality lend themselves to being understood via the concept of embodied distress insofar as they refuse to be categorised according to a body/mind dichotomy: they clearly reflect an intertwining of emotional distress and corporeal ways of being and doing. Through self-harm and suicidality, particular types of distress get mapped onto the body. In the case of queer youth suicide and self-harm, it is particularly useful to understand embodied becoming as a process (coming out, becoming adult) and to understand emotions as investments in norms.

How might the embodied distress of queer youth usefully be read via an understanding of emotion as implicated in the production of norms (Ahmed, 2004)? Our conceptualisation of embodied distress is influenced by the way Ahmed (2004) refigures the relationship between bodies and emotions when she writes that 'emotions do not positively inhabit *anybody* or *anything*', suggesting instead that the subject is 'simply one nodal point in the economy, rather than its origin and destination' (p. 46).

The concept of embodied distress needs to be worked through with an understanding in mind of how some emotions are considered appropriate, while other emotions are read as a sign of weakness. This means working with an awareness of the way 'emotions are bound up with the securing of social hierarchy: emotions become attributes of bodies

as a way of transforming what is "lower" or "higher" into bodily traits' (Ahmed, 2004: 4). The body that is indented after self-injury and the body that is indented from 50 years of wearing the same wedding ring, for example, could be read as having traits that are associated with emotions, through which attributions of status may be made. Both of these examples speak to the way bodily surfaces 'take shape through the repetition of actions over time' (Ahmed, 2004: 4). Importantly, however, the emotions concerned (possibly pride, pleasure and/or painful memories) can usefully be understood not to 'reside in subjects or objects', but rather to be 'produced as effects of circulation' (Ahmed, 2004: 8). The point here is to challenge both psychological and sociological approaches to emotion, where the former considers emotion as something that comes from within the individual (psychological state) and moves outwards (expression), while the latter may explain emotion in terms of social and cultural practices, such that emotions may come from without and move inwards. Instead of supporting either of these approaches, we are following Ahmed in our examination of how 'emotions create the very effect of the surfaces and boundaries that allow us to distinguish an inside and an outside in the first place' (p. 10). That is, we are interested in how distress, and particularly distress that is embodied as self-harm and suicide, creates surfaces and boundaries, and what implications this might have for queer youth.

It is worth considering how suicidal and self-harming queer youth might appear differently according to the discursive work that can be done through understandings of self-harm as embodied practice (Inckle, 2007) or embodied emotion work (Chandler, 2012). It might be possible to reconfigure queer youth suicide and self-harm by asking not just who is at risk and why, but how it is that distress gets mapped onto queer bodies in particular (Roen, forthcoming). While Braidotti and Ahmed do important theoretical groundwork for our understanding of emotion, embodiment and ultimately embodied distress, it is Inckle's (2007, 2010, 2011) work that helps us locate queer, feminist thinking around embodiment specifically in relation to self-harm. Throughout her work, Inckle privileges the perspectives of women who self-harm and she struggles against feminist readings that position some women as being other than empowered, agentic subjects. She eventually settles on the work of Kathy Davis (1995) as an example of a feminist text that allows for women to be agentic, embodied subjects, while engaging in practices that would seem to run counter to many feminist understandings (cosmetic surgery being the case in point in Davis's work). Inckle (2007) highlights the inconsistent, historically

contingent and heteronormative understandings of what counts as self-harm, proposing various sanctioned activities (such as depilation and wearing high-heeled shoes) that could equally be considered self-harming. She points to normative assumptions operating in the context of a psychiatric ward where women's willingness to work on their appearance in gendered and heteronormative ways is read as evidence of psychological wellbeing. Similarly, LeFrançois (2013) has demonstrated in an ethnographic study of a UK adolescent mental health in-patient unit, the ways heteronormativity controls young people. She found, for example, that 'inappropriate' signs of affection and support between two young women were reprimanded as 'overt lesbian behaviours' which were offensive to others.

In this book, we are particularly interested in the processes of knowledge production through which some youth are produced as 'at-risk' subjects and some forms of embodied distress are read in terms that pathologise and stigmatise. We are interested in exposing the ways in which (hetero)norms and embodied distress operate in tandem with one another, offering some youth extremely limited opportunities for *becoming*, as queer embodied subjects, and as young adults, without also *becoming* pathologised, 'at-risk' subjects.

Conclusion

In the following chapters, we use the conceptual framework outlined in this chapter to explore how suicide and self-harm become a possibility for some queer youth. Our point of departure from a psychomedical paradigm is to move beyond the focus on individual risk factors to thinking about subjectivity, becoming and subjecthood. The conceptual framework we are establishing here focuses attention on agency, meaning and the emotional embodiment required for neoliberal heteronormative subjecthood. Throughout this work, we aim to hold in view the discursive, structural and material circumstances in which such subjectivation becomes possible.

The distinctive aspect of our theoretical frame is that we have problematised emotions, norms, embodiment and adolescence. Much research on LGBT youth suicide and self-harm either ignores or pathologises emotion, and relies on unproblematised normative developmental frameworks. In addition, heteronorms are crudely understood, and operationalised, most often as measures of victimisation or discrimination. The far more subtle ways in which heteronormativity regulates subjectivation are not countenanced. The interdependence of norms,

emotions and bodies, which is central to our theoretical approach, has not, as far as we are aware, been used previously in explanations for queer youth suicide and self-harm.

The theoretical perspective we have developed arose from interpreting empirical data, in other words, from the direct experiences of queer youth. We wanted a theoretical approach that could engage with the weight of expectation burdening young people, as they are required to comply with a nexus of norms and to succeed at all costs. We put the neoliberal subject at the heart of our reframing of queer youth suicide and self-harm precisely because this helps us to understand how failing, in relation to norms, can be felt to be one's own fault. The ongoing emotional, psychological, social and bodily work involved in *becoming*, or subjectivation, takes place over and over again in the context of unattainable ideals of heteronormative neoliberal subjecthood, and this plays a central role in our understanding of queer(ed) youth, suicide and self-harm. In each of the following chapters, we use this framework, with varying degrees of emphasis, to unearth important understandings which we hope can contribute to preventing and reducing self-harm and suicide.

3
Social Class Inequality, Heteronormativity and Shame

Investigations of LGBT youth suicide and self-harm very rarely engage with the idea that queer youth who are poor and have few resources might have greater difficulties coping with hostile (homo/bi/transphobic) environments. One exception is a recent UK study which suggests that low income is a predictor of suicide attempts and self-harm for young LGB and heterosexual people (Nodin et al., 2015). While this is generally not addressed in LGBT studies, in the wider self-harm literature there is a strong association between socio-economic status and suicide and self-harm in young people. Numerous studies have found indicators of socio-economic disadvantage, such as long-term parental unemployment, low family income and single parent households to be independent risk factors for self-harming behaviours in young people (Jablonska et al., 2009). Australian research has found that socio-economic factors had a similar magnitude of attributable population risk to psychiatric disorders (Page et al., 2014a). In the UK, analysis of a longitudinal birth cohort study found lower socio-economic position (measured through occupational class, maternal education and household income) during childhood to be associated with a risk of self-harm with suicidal intent in adolescence. The cumulative effects of low income were also apparent, with those adolescents of parents reporting low incomes consistently during childhood, having a higher relative risk of self-harm than adolescents of parents who never reported having low incomes. In other words, the risk of self-harm is greater the longer the young person is exposed to poor living conditions (Page et al., 2014b). This means, in public health terms, the burden of suicide and self-harm is borne by those young people at the lower end of the socio-economic spectrum.

In the main, LGBT youth suicide and self-harm research focuses upon risk factors specifically associated with sexuality and, to a lesser degree, gender identity, and consequently tends to exclude socio-economic factors. But if we reframe suicide and self-harm as an issue of social justice, inequality and social exclusion, it is easier to imagine the possible connections between sexuality and gender non-normativity, social class and distress. Our studies do not provide the population data that could demonstrate how social class might be associated with self-harming and suicide among queer youth. Nor does epidemiological research often include questions on sexual or gender identity that might give us the data needed to investigate this relationship more thoroughly. However, we do not find it difficult to empirically theorise the relationship after a decade of research during which we have listened to stories of abuse and marginalisation, feats of staggering resilience, lives that are weighed down with disadvantage and lives given possibility through advantage and privilege.

We are suggesting that a key reason some queer youth harm themselves is because of social and cultural unintelligibility (misrecognition), but we cannot ignore other aspects of recognition and inequality that may shape subjectivity, emotions and hopes for the future. Imagining a future is tied to imagining a life worth living: imagining that this is a possibility. Let us take a hypothetical example of a 15-year-old young white woman, Josie, who is attracted to boys and girls. She attends a school that is 'failing', she lives in an area of high unemployment with her mother and siblings, her father died five years ago, money is scarce, her mother works three jobs and Josie looks after her younger brothers. Some people at school have found out that Josie has a girlfriend. She has become a figure of ridicule and sometimes this hostility becomes physical. Josie cannot tell her mother because she does not want to add an extra burden of worry. Her best friend, who knew she was bisexual, moved out of the area when her father got a job elsewhere. Josie feels scared, alone and distressed. She begins to self-harm and feels life may not be worth living.

How does self-harm become a viable course of action for Josie? How might social class be implicated in self-harm and suicidal feelings? We want to think about the emotions that are connected to living as a young queer(ed) person and how this may be influenced by social class position. We draw here from analysis of the ways class, gender and race are involved in a young person becoming a neoliberal subject. Both Walkerdine et al. (2001) and Harris (2004) provide a detailed examination of how young heterosexual women are investing in the ideal

neoliberal subject. They both argue that neoliberal success and failure are widely understood as the result of personal effort and making good choices. Therefore, the economic, social and cultural class-based (and race-based) resources that are required to become a successful subject are hidden. This suggests that some young people may be unaware of the widening inequalities in opportunities, education, employment, wealth, housing and health. As a consequence, they come to understand their own success or failure as determined by individual effort, choice and responsibility.

In this chapter, we explore how distress experienced by queer youth may be connected to navigating heteronormative neoliberal subjecthood. Queer youth struggle on many levels to fit within the neoliberal frames of the successful subject. We want to sensitise our analysis to the emotions that are bound up in heteronormativity and social class inequality. In particular, we focus on shame because of its involvement in perpetuating and living inequality. Shame is an emotion subjects feel when they have failed to live up to social ideals. How might it feel to inhabit a body that fails to reproduce neoliberal heteronormative ideals? Returning to the example of Josie, we might imagine she feels shame because she desires men and women, or because of school peers' biphobia. She may also feel shame because her family is poor. She may feel shame because others highlight the inability of her family to live up to the bourgeois middle-class ideal – she has no father, her mother does not own a home or car, they don't have holidays or money or plans for her to attend university. Josie has difficulties being heterosexual, difficulties being successful, difficulties imagining a future. Here, we highlight the multiple ways queer youth can fail and, significantly, the affective cost of not fitting within the neoliberal heteronormative middle-class conditions of success.

Being successful requires economic, social, cultural and symbolic resources and opportunities but these are distributed unevenly and hierarchically within Western capitalist nations. Social class categorisations such as working, middle and upper (for new class categories see Savage et al., 2013) have been developed as a way of capturing these inequalities and trying to understand their reproduction, but as Bourdieu (1985) proffers, these categories are not real: social class schemata are theoretical classes constructed for explanatory purposes, not actual 'realities'. In this chapter, we use the categories working class, intermediate class and middle class to indicate how queer youth are positioned unequally in social space by their differing access to resources and opportunities (Bourdieu, 1984). We also focus on the subjectivities that are constituted

within those spaces; class-based and queer subjectivities. We are working with the idea that social class operates at an objective level, structuring access to resources, knowledge and opportunities, but it is also about 'ways of being': class is configured into subjectivity through social processes (Walkerdine and Lucey, 1989; Reay, 1998; Lawler, 2000). Skeggs (1997: 6) explains, in relation to the white working-class women in her study, that:

> Categories of class operate not only as an organising principle which enable access to and limitations on social movement and interaction but are also reproduced at the intimate level as a 'structure of feeling' in which doubt, anxiety and fear inform the production of subjectivity.

After a decade of research, we *know* that both class-based resources (for example education, linguistic skill, Internet access, employment, finances) and class-based subjectivities (for example confidence, self-worth, feelings of fear, shame, ambivalence and entitlement) are significant to understanding why queer youth may want to harm themselves. The young people in our studies were marginalised in numerous ways (including their age, mental health, sexuality and gender identity) but some were normalised, while others were further marginalised, by their class position. In our research, it was the young people themselves who made it obvious to us that class mattered in understanding suicide and self-harm. In a focus group with queer youth (Face-to-Face Study), for example, the researcher asks the participants what makes queer youth distressed:

Josephine: I think if, with regards to gay people I think that is one of the, one of the issues why you've got a higher instance of mental health things because you've got um (pause) conflict basically.
John: I think that's true and also inadequate money, cause the less money you have the less you can do really and the less you can socialise and
R: Yes
John: The less friends you have.
R: Yes
John: And you just become more and more upset really.

Throughout this chapter, we examine how social class and being queer(ed) may require young people to negotiate difficult 'transgressive'

emotions, such as shame and fear, which potentially may increase their vulnerability to suicide and self-harm. In the next section, we discuss in more detail how failure and shame may be embedded in, and constitutive of, social class *and* queer subjectivities. In the subsequent discussion, we consider how shame may become embodied. We suggest that shame is felt in/on/through the body, showing that the body can be a source of shame and a vehicle to punish the shamed subject through self-harm. Lastly, using the example of education and homo/bi/transphobia, we outline a tentative analysis of how class-based resources and subjectivities may be implicated in self-harm and suicide coming to appear as viable options for some queer youth.

We must note that there are some limitations to the empirical basis for our analysis. Social class was only included as a specific topic of research in our Online Pilot Study (see McDermott and Roen, 2012). In the Face-to-Face Study, we collected demographic data to provide social class indicators (for example, education and employment) but we did not ask young people to talk about class specifically. In the Online Ethnographic Study, it was not possible to collect data on social class unless this was referred to by the participants themselves. We have attributed social class categorisations to the study participants in the chapter, but the definitions are ours, not the young people's.

Class shame

In Chapter 2, we argue that shame is bound up in queer affective life, but it is also deeply embedded in maintaining social class inequalities. Shame, as a relational and judgemental emotion, repeatedly appears in cultural, psychological, sociological and epidemiological work attempting to explain class-based inequalities. Wilkinson and Pickett (2010: 40), in the widely read book *The Spirit Level*, argue that shame arises though social comparison, maintains social conformity and can go some way to explaining why working-class people have poorer health outcomes, they state: 'the further up the ladder you are, the more help the world seems to give you in keeping the self-doubts at bay.' Critics contend that the least advantaged have to withstand repeated exposure to numerous minor and major incidences of disrespect, misrecognition or symbolic violence, starting in childhood and running throughout the lifecourse (Sennett and Cobb, 1972; Bourdieu, 1991). Sayer (2005) suggests that this persistent low-level shame is part of a 'structural humiliation' where without the resources of the middle class, working-class people are more likely to fail, to be seen to have failed and to experience themselves

as failing. These feelings of failure are made worse because neoliberal ideologies of personal blame and responsibility not only legitimise the destructive consequences of economic restructuring (unemployment and poverty), but (re)produce malicious stereotypes of the poor as feckless, dangerous and contemptible (Jones, 2011). This manifests itself in the poor being objects of derision and either the targets of dominant classes' attempts to 'improve' them, or the recipients of sentiments that constitute class contempt about, for example, defective lifestyle choices, inadequate parenting and reluctance to take up employment (Lawler, 2008; Jones, 2011; Skeggs and Loveday, 2012). These discourses stigmatise working-class people, depicting them as deficient and lacking in the requirements for success and positioning them as the 'other' against which middle-class norms are established (Finch, 1993; Skeggs, 1997).

As this implies, the power to judge and shame lies with the advantaged (Skeggs, 1997; Sayer, 2005). Those living with socio-economic disadvantage are never free of being measured and measuring themselves against dominant neoliberal (middle-class) norms which position them as inferior and inadequate (Walkerdine, 1996). Resisting this positioning requires resources (psychological and material) which many, especially the young, do not have. What could it mean to recognise yourself as deficient – living in the 'wrong' place, having jobless parents, being young, queer, poor and hopeless? This feeling of failing may become an intrinsic form of subjectivity, of never getting it right (Kuhn, 1995), or perhaps an enduring form of hopelessness because future success seems unattainable. In a neoliberal era that places the responsibility for success in life firmly on individual shoulders and hides the mechanisms and process that confer individual advantage, the failure to meet the standards of neoliberal bourgeois subjecthood may produce a shameful recognition of the whole self as inadequate. Skeggs (1997: 123) writes, in relation to the working-class women in her study, that 'shame is one of the most insidious means by which women come to recognize, regulate and control themselves through their bodies.'

Shame informs subjectivity (we feel bad) *and* practice (we want to find ways to avoid feeling bad). Humans are not passive generators and recipients of shame. As Munt (2000: 544) asserts, '[s]hame puts us in our place, but the spaces of subjectivity are not wholly fixed or pre-determined.' Those who have difficulties fulfilling neoliberal normative ideals (the young, distressed, poor and queer) attempt to protect themselves and resist these shaming positions (McDermott et al., 2008). However, what we do to avoid shame may not promote emotional well-being and may be dependent on the resources available to an individual.

For example, in the post below from our Online Ethnographic Study, a 16-year-old lesbian discusses her treatment in a psychiatric unit:

> I don't want to pretend and hide anymore, but I'm so scared of being judged and stereotyped and eventually that led me to a week in a psych ward for cutting [it was terrible], but even in there I wouldn't admit that I couldn't accept my sexuality because I was ashamed and afraid.

This contributor described receiving treatment in a psychiatric unit, and as such she was already positioned as irrational (she harms herself) and a failure (she could not control her emotions or cope with life). She was not open about her sexuality because she wanted to avoid, and was fearful of, her 'shaming' sexuality being 'witnessed' by the mental health staff. We argued in Chapter 2 that to have your shame witnessed is to have your feelings of inadequacy intensified. This young person wrote that she hid her sexuality (and her problems) in an effort to avoid further feelings of inferiority. The unintended negative consequences of this strategy are that she was unable to be open about her difficulties and access appropriate care. Let us remember she was 16 years old and in a psychiatric unit, her resources and options would have been severely restricted. The inability to avoid shame has been found to be a significant factor in youth suicide (Allison and D'Souza, 1996; Cottle, 2000; Fullagar, 2003; McDermott et al., 2008). Hillier and Harrison (2004: 85) found that, for the LGBT young people in their study, 'the worst outcomes occurred when young people did not resist being positioned negatively.' We argue in Chapter 7 that part of the reason queer youth are reluctant to seek help for their emotional distress is due to the affective nature of help-seeking, where young people describe feelings of shame, embarrassment and a sense of failure in asking for help (Fullagar, 2005; McDermott et al., 2008; McDermott, 2014). We have come to focus upon shame because it involves a recognition of the judgements of others and an awareness of social norms. Shame is coercive because it is the affective recognition of the inadequate self as measured against the external construction of superiority. Queer youth may feel shame because they are young, because they are unable to control their emotions, or because they are the 'wrong' sexuality or gender. They may also feel shame because they fear they are not good enough, that is, they are from the 'wrong' class. In the next section, we explore how the lived embodiment of shame may be linked to self-harm and suicide in young queer(ed) people.

Embodied shame

We are working with the idea that bodies are the physical sites where relations of class, sexuality, gender, race and age manifest, and are embodied and practised. We can usefully explore the relationship between the body, emotion and social norms through shame. Shame, which is corporeal and psychic, is a way in which our body tells us that we have transgressed norms; that the self is inferior and diminished. Shame can be experienced in, on and through the body, it is intense, and felt physically by pressing against the body through, for example, burning and blushing of skin (in the light skinned), or through the churning of the stomach (Ahmed, 2004). Shame is also a bodily practice, so we turn away or lower the eyes in the desire for concealment, to hide shame, or what is shameful such as hidden scars, secret suicide plans, unspoken desire, late-night 'cross-dressing', silent self-loathing. In our studies, shame was a persistent feature of young people's descriptions of their self-harm and suicidal feelings. Cherie (17, lesbian, white working class), interviewed for our Face-to-Face Study, stated 'cutting is something, a lot of people are ashamed of…I hate using the word but it's not really the normal thing to do, you are not supposed to hurt yourself.' She went on to explain how self-harm, the body and difficult emotions could be linked:

> I know a lot of people that self-harm and myself, it's an anxiety feeling, being worried, not really knowing. And you cut yourself on your arm or on the outside to divert your attention over to the pain in your arm rather than the pain in your inside. It's like a twisting feeling in your stomach that you can't get rid of. You think you are hungry, so you eat and you think you are tired, so you sleep. You think you need to cry, so you cry, but it doesn't go away and it's there 24/7. Every morning when you wake up it's still there because at the time you usually don't know why you've got that feeling, it's like a sub-conscious thing. So you cut yourself to get rid of the feeling.

Shame is often unrecognised or unspoken, and it can suffuse and consume the subject without being named; as Cherie suggests, 'it's like a sub-conscious thing.' Shame is about something (social) and it is felt psychologically (intraphysic) and physically (bodily). The pain of shame is felt in/on the body and at the same time it overwhelms the subject (Munt, 2007) and intensifies the subject's relation to itself (Ahmed, 2004). The body can be used, as Cherie describes, as a way to 'get

rid of' the pain of shame through self-harm. The body can also be a *source* of shame because of self-harming or suicidal feelings or having the 'wrong' desire or the 'wrongly' gendered body. Ahmed (2004) reminds us that compulsory heterosexuality is corporeal; it is through accumulative repetition of the 'right' desire and gender that we come to understand what it is possible for bodies to be and do. When bodies do not fit within heteronorms, they can become the focus of mistreatment. In the following extracts, both Paul (16 years old, gay, white working class) and a young bisexual trans person describe how bodily desire and the gendered body can be sources of shame, and how the body can be punished for these transgressions through self-harm and suicidal feelings:

> I've seen that happen to people where they are confused and they've cut themselves thinking that there is something wrong with them, thinking that they are ill and they need help, when they don't. . . . And I was like that . . . I got to the point that I was so confused that I was blurred, I couldn't see properly, I was like oh my god, what is going on in my head. And I couldn't think straight and when people were talking to me I couldn't hear them properly, that's how confused I really was in my head.
>
> (Paul, Face-to-Face Study)

> It is torture to be in a body I completely despise and to know I can never get to my true self. I 'punish' my body by self-harming. I hate my breasts, so I cut them. I hate my feminine hips so I try and rip off the flesh. I can't ever become completely me so my life is a lie. I don't see any point in life.
>
> (Trans person, Online Ethnographic Study)

Paul's account of his self-harm (through cutting) was constructed as a response to his unhappiness or confusion with same-sex bodily desire, and for the young trans person, self-harm was related to loathing the 'wrongly' gendered body. Both were unhappy with the recognition that they desired the 'wrong' sex or that their own body was the 'wrong' sex. Here we see shame as deeply corporeal; it is when the body begins to speak for itself (Tomkins et al., 1995). Paul clearly described his 'confusion' (or his recognition of same-sex desire) as manifesting within his body – he could not see, hear or think properly. For the young trans person, their shame and self-hatred was focused on 'female' parts of the body – breasts and hips. We view this as the intense corporeal

self-regulation of sexual desire and the gendered body; the embodiment of heteronormativity. We can see that the shamed self/body has become a site of punishment through self-harm because it cannot, or fails to, fit within heteronormativity. For these two young people, self-harming is a way to devalue the body (as failed and worthless) and to punish the self. Self-harming marks the body (or makes visible the 'stigma' on the body) as that of a morally polluted person (Goffman, 1963). In this way, self-harm and suicide can ameliorate and/or externalise what is unendurable: the inferior and inadequate self.

In our view, all queer youth must, to some extent, find ways to cope with symbolic violence, misrecognition and being positioned as shamed subjects (Sedgwick, 2003). Shame operates visibly by stigmatising particular groups and, for some, this stigma produces shamed subjectivities (Ahmed, 2004; Munt, 2007). Some queer youth (not all) struggle intensely with feelings of shame and, for some, the body becomes a vehicle for punishing the shamed subject. The young people in our studies consistently made a strong link between experiencing non-normative sexuality and gender identities and harming the body. In the following interview excerpt, Cherie (17-year-old lesbian, white working class) explained why she thought her young, gay male friend self-harms and, in doing so, demonstrated the discursive manoeuvring required to position non-normative sexuality as *without* shame:

> I know [male friend] has self-harmed because he gets so upset about the way he is that, I think some people are gay because of circumstances, things that have happened to them when they are younger, maybe they can't stand men or women being near them or whatever. And some people, I think it really is like a birth thing, you are born with more testosterone or whatever it is. And with [male friend] I think that's what it is, he is gay and he can't get rid of it, no matter how hard he tries. So he cuts himself because, to punish himself because he thinks, why am I like this? Why can't I change it?
>
> (Face-to-Face Study)

Cherie constructed self-harm as an act of self-punishment for transgressing heteronormativity and failing to 'make' the sexual self heterosexual. She stated later in the interview, 'they believe that they have to punish themselves because nobody else, there's nobody else to blame but themselves.' However, she felt the need to explain and justify same-sex desire by drawing upon discourses of psychological childhood development and biology (genes and hormones). Cherie's articulation of

psychological and biological discourses was used to counter the shaming discourses of homosexuality. She engaged these authoritative discourses to 'undo' symbolic violence or make acceptable what is universally portrayed as dirty, immoral and shameful. Self-harming, of which she has a history, was then rationalised as an understandable response to same-sex desire which is beyond individual control. In this discursive construction, she avoids positioning herself, and her friend, as failed, shamed subjects.

'Failed' subjecthood

In this final section, we attempt to tentatively explore some possible ways that social class – objectively and subjectively – may be implicated in self-harm and suicide coming to appear as viable options for some queer youth. We use education as an example to examine the relationships between queer youth, class and suicide, mainly because of the lasting impact of class, sexuality and gender on the educational trajectories and life chances of young people. Schools are sites of intense sexual, gender and class (and race) regulation, they both discipline the boundaries of heteronormativity and put people in their 'place' (Nayak and Kehily, 1996; Hillier et al., 1999; Epstein et al., 2003; Talburt, 2004; Youdell, 2004; McDermott, 2011). This regulation occurs structurally and therefore, it is probable that middle-class queer(ed) students will attend high-performing educational establishments, while working-class queer(ed) students are more likely to attend those that achieve poor educational outcomes. This regulation is also discursive and emotional. Reay (2005), drawing on a decade of education research, argues that the affective aspects of class are important in understanding how class inequalities are reproduced. She suggests middle-class families have emotional assets of confidence, security and entitlement in the field of education. They have knowledge of how the education system works, they and their offspring expect to be educationally successful and they have the finances and knowledge to support this success. Reay (2005) claims, therefore, that some of the stress, anxiety and fear of failure are alleviated for middle-class students compared with students from working-class backgrounds. This is not to deny the anxiety and worry young, white middle-class women endure in trying to succeed (Walkerdine et al., 2001; Harris, 2004; Reay, 2005). But we suggest that shame, anxiety and fear are particularly 'sticky' emotions within the affective lives of those who are young, queer(ed) and working class. These shameful feelings arise from knowing you do

not fit the ideal, knowing you may fail, fearing you may not be good enough.

We are concerned here with the subjectivities formed in these educational spaces of regulation and control. We ask questions about the emotions connected to social class and heteronormativity, and the types of subject that are made possible. We want to think about the suffering, anxiety, anger and shame that may come from misrecognition, from low social standing, from living on the 'wrong' side of town and going to the school that has a 'bad' reputation. How does this emotional life compare to that of queer youth with well-resourced lives, who go to high-achieving schools and live in comfortable and low-crime environments? There must be a difference surely in what can be expected from a life which is born of survival and a life born into comfort and ease. What type of hope and future can be imagined? What type of life becomes not worth living?

Our starting point is that all queer youth must navigate heteronormativity, which positions them as failed and shamed; some have difficulty with these emotions and become distressed, and many do not. In our studies, queer youth across the social hierarchy were mostly navigating their way to minimise and avoid distress, shame and failure; they were trying to evade failed subjecthood. Managing their dissident sexual and gender identities/subjectivities and avoiding potential homo/bi/transphobia was a major way in which they protected themselves and kept troublesome emotions at a distance. An example of a protection strategy that emerged across our three studies was the use of entry into higher education as a way of circumventing difficulties regarding sexual and gender non-conformity. Going to university was a way of both 'escaping' already existing hostility and surveillance, and avoiding any further 'trouble'. Research has shown that university can be a space for queer youth to explore the sexual and gendered self away from the peer and family 'gaze' (Epstein et al., 2003; McDermott, 2011). For example, Andrew and Rosie (Face-to-Face Study) were both university students, from white, middle-class, professional family backgrounds who quite clearly used their educational trajectory to facilitate their sexual identity and sense of safety:

> I decided before I went to Uni I was going to be quite open about it for the first time and to just see what I felt like just to be this person without any kind of past to him. And no one from my school was coming here so it was a completely fresh start, which was so nice.
>
> (Andrew, 19, middle class, bisexual, white)

> I mean a lot of people just see it as an escape when they go to University they can actually be themselves.
>
> (Rosie, 19, middle class, lesbian, white)

As Andrew's extract suggests, he decided *before* he went to university that he was going to be open about his bisexual identity. Rosie clearly articulated in her interview that she only chose to apply to universities that demonstrated a commitment to LGBT equality (for example, having student LGBT officers). Both Rosie and Andrew were from middle-class families and expected to go to university. Reay (2008) argues, drawing on Bourdieu, that the dominant middle-class educational experience is 'like a fish in water', a seamless transfer from school to university. This educational trajectory is expected by the young person, their family, school and social networks. The middle-class students' assumption that they will inevitably attend university, suggested they were able to anticipate and plan for university as a safe strategy to 'manage' transgressive sexual and gender identities. They were able to, quite literally, put some distance between themselves and the complications of 'shaming' disapproval and hostility from those close connections of family, school and peers. Consequently, they created for themselves some breathing space to think about who they wanted to become. Joker (24, queer transsexual, white, intermediate class) from our Online Pilot Study explained:

> It wasn't until I moved to the city for university that I was truly able to explore just who I was, now able to search the Internet without worry that someone else would see the browser history, I searched the web for information, and at around this time I came out as gay.

In this online interview, Joker described how university provided the means and time, without scrutiny, to safely explore non-normative sexual and gender feelings, and this helped to minimise the worry and anxiety. In addition to lessening fear and worry, this strategy allowed a future possible queer life to be imagined, because despite transgressing gender norms, Joker's educational trajectory was not disrupted. Joker was able to remain on a pathway likely to deliver success in life rather than failure. Our studies indicate that using entry into higher education as a protection from, or avoidance of, surveillance and disapproval, was not a strategy available to all participants. This was a tactic which relied on middle-class resources such as educational knowledge, good schooling, family-based expectations and feelings of entitlement and confidence. Compare the higher education strategy of

these middle-class queer youth with Lorraine's (17, gay, white, working class) account of her young, working-class gay friend who lives at home while studying:

> One of my friends is a performing art student . . . he really enjoys his course and loves acting and dancing and whatever but he gets beaten up every time he walks across his estate because he's a poof or a queer . . . They've graffited the side of his house they put um a stink bomb through his letter box . . . . He is completely comfortable with who he is he's not bothered by what people say but . . . doing things to his family home and stuff it is very distressing for him.
>
> (Face-to-Face Study)

Lorraine's friend could not avoid neighbourhood homophobia and was distressed by the impact on his family. Research has shown that young working-class people make 'choices' about further and higher education that are hampered by economic factors (for example, fees, living expenses, debt) and social factors (for example, family support and responsibilities). This contrasts with middle-class young people who do not have the same degree of financial concern, are comfortable with the idea of studying away from the family home and are less likely to have family caring responsibilities (Reay et al., 2001). In other words, moving away from home, usually for education, as a way to manage sexual and gender non-normativity and reduce emotional distress, may be more problematic for those queer youth from less advantaged backgrounds (McDermott, 2010, 2011). One example is offered by Storm, an 18-year-old, white trans person from a less affluent, intermediate class position. Storm writes about the worries and fears of higher education which are complicated by both class and gender identity:

> I'm on a gap year now, supposedly to go to uni next year . . . but now I'm considering not going . . . A. because I'm scared I won't be accepted and will spend what could be the three loneliest years of my life there, B. Transition is expensive. I don't want to come out of uni with 20K debts when I need a good few grand for surgery and hormones and everything, and C. I've built up a good network here. My friends, and the trans community in [City], are the most supportive people I've ever met, and I don't think I'll be able to cope being moved away from them.
>
> (Online Pilot Study)

Storm's feelings about going to university – the anticipated fear, rejection, loneliness and not coping – were mutually shaped by gender identity and a less affluent class position. As the first person in the family to go to university, the type of knowledge about university life available to queer youth from middle-class families was missing. Based on previous experience of transphobia and the absence of any family knowledge about university life, Storm logically presumed a higher education environment would be hostile to trans people. This was interwoven with concern about acquiring a large debt and the impact this would have on the ability to finance future gender reassignment treatment. Storm's online interview was full of ambivalence, uncertainty and fear about both 'fitting in' at university and an imagined future life as an adult trans person. It did not make obvious sense to Storm that going to university might be a strategy to manage the situation (leave home, gain a degree, make new trans-friendly networks).

Those queer youth in our studies who came from working-class backgrounds had very different accounts of their education. Their stories were often about educational trajectories cut short or disrupted because of homo/bi/transphobia, homelessness, family problems and rejection. For example, Stuart, 19 years old, white, working class and gay, from our Face-to-Face Study, was attacked while attending his further education college and then subsequent family problems forced him to leave home. He stated, 'I was down and that. I had to drop out of college and that due to me going homeless.' In a similar situation, David, 18, white, working class and gay, from our Face-to-Face Study, described the emotional distress caused by family homophobia, homelessness and being unable, as a consequence, to pursue his education:

> I can remember lying back on my bed in October thinking oh my life's all sorted out, and the next day I get kicked out of my house so I had to leave college, the course that I loved more than anything em . . . and then I had to come down [City] and I was in the [hostel] and it was just the people in, in the [hostel] weren't very nice people as well so on top of all that, you know, being kicked out, not speaking to your mother.

David lived with his family while he was attending college because he did not have the means to leave home. His family rejected him while he was part way through his course. As a consequence of this homophobia, he had to find somewhere else to live and his life took a dramatic downward spiral. He explains clearly in the above quotation that he went

from envisaging a clear future to believing that he did not have a future and described later in his interview that he had contemplated suicide. David did not have the resources such as finances, family support and a safe home, to continue with his education and, as he said, 'my college was too far away and I didn't have the cash to actually get to college.' He explains in the following quotation the way his distress and shame were embodied and describes his destructive coping mechanisms:

> At the time I was . . . getting really bad chest you know like bad chest pains. It was like as if I was holding my breath and then all of sudden just letting go of it and it would be a sort of rush from my chest. Like a rippling feeling or something. Em, and I used to have that quite a lot. And I, I think that was sort of related to it. Em . . . I drank a lot . . . I didn't, I didn't have the money to drink a lot but I, I did. Whenever I found it I would drink.

Cherie was 17 years old, white, working class and defined herself as a lesbian. In her interview, she described the sustained homo/bi/transphobia she suffered at school and in her local neighbourhood. She left school to escape the abuse and as a consequence her education was prematurely halted. In addition, Cherie's family had many problems such as poverty, illness, unemployment, bereavement, drug addiction and disability. She was often supporting members of her family despite her own problems. She explains below how she coped and the impact on her education:

> I used to get beaten up on the way back and like, are you a boy as well? So I got in a lot of fights at school for that, obviously, which messed up my GSCEs. I self-harmed um, if you are asking me how I coped with it, I've got scars all up my arm because I self-harmed for about five years, I only stopped just recently, about four or five months ago.
>
> (Face-to-Face Study)

It is important to think about how Cherie might have felt about the abuse she had suffered, the consequences with respect to her self-worth and to her thoughts about the future. Cherie endured frequent homo/bi/transphobia in school and in her neighbourhood, and the shaming of her perceived gender and sexual non-conformity would be difficult to cope with even for the most resilient (although many queer youth do cope). Her unwillingness to stay within the boundaries of heteronormativity was quite brutally punished, and this meant being

positioned as 'something wrong with you', as 'not normal'. Throughout her interview she described feeling, for example, 'angry', 'ashamed', 'anguish', 'guilty', 'stupid', 'failed', 'anxious', 'suicidal', 'unhappy' and having to 'cope alone'. Self-harm, as Cherie acknowledged, was the way she coped.

What kind of subjecthood comes into being through the experience of being punished because you failed to be heteronormative, failed to participate in further education, failed to control and cope with your emotions? As Cherie reflected, 'a lot of people get this sort of psycho nametag because you harm yourself.' Cherie felt that she had no one to blame for this failure but herself and she took responsibility for herself (and her family). Tomkins et al. (1995) suggest shame 'is the affect of indignity, of defeat, of transgression, and of alienation'. For Cherie, with low attainment at school, low income, fragmented difficult family relations and suffering physical and verbal abuse, the self is overwhelmingly positioned as inferior. She does not seem to have what is required for future life success, and this failure hurts, emotionally and physically. We argue that this embodied distress is the result of the affective regulation of the social order. Cherie's transgression is disciplined and she is made unintelligible. She is not recognisable as the right type of subject because she is the 'wrong' sexuality and unable to conform to neoliberal expectations of success (she is the wrong class). We can see then how it becomes possible for the 'defeated' shamed self to be a site of punishment and pain. In a sense, self-harm becomes a viable resolution to the embodiment of this symbolic violence.

Cherie was intelligent and articulate but had very few resources except her remarkable ability to survive, as she stated, 'I wouldn't go through what I've been through and then just end it all' (although she had previously attempted suicide). What was striking about her interview was that Cherie did not offer any strategies of hope, change or improvement for her life. She did not *imagine* her life improving. This is captured in her assessment of where she lived:

> If you live in [this town] and you are the slightest bit different, people get terrified and people in [this town], I would say [this town] is one of the worst places to live if you are gay or transgender, you are just screwed because everybody, the way they deal with things they don't know, they get very aggressive because a lot of places in [this town] are quite rough and people learn how to fight at a very young age, so you get a lot of um, homo-bashing, that sort of thing, especially in schools and things like that, it's a pretty bad place to live considering.

The causes of Stuart's, David's and Cherie's educational disruption were all related to homo/bi/transphobia. Across our studies we found homo/bi/transphobia within families, neighbourhoods and schools regardless of social class and geographical location. Stuart, David and Cherie did not live in more homophobic environments than their middle-class counterparts, but the impact of homo/bi/transphobia on their life circumstances was affected by their disadvantaged class position. All three understood quite clearly the importance of education to their future life opportunities and this added to their distress. Their responses to homo/bi/transphobia were defensive and more a matter of survival (rather than to do with their aspiration towards a future imagined life). There was little choice: both Stuart and David were homeless and were unable to continue with their education and Cherie left school at 16 years old with poor educational qualifications. They were all unable to find ways of overcoming the hostility they faced and their education suffered. Without the advantages of economic, social and cultural resources, their ways to cope with hostility, rejection and shaming were more harmful. Self-harm, suicidal feelings and alcohol abuse became possible courses of action to manage their anguish and pain.

We are not suggesting that class advantages eradicate the distress, shame and difficulties homo/bi/transphobia can cause for middle-class queer youth. We are suggesting that the negative impact of homo/bi/transphobia on the education and life chances of queer youth from more privileged backgrounds can be lessened by access to social, economic and cultural resources (such as high-achieving schools). The harmful effects of homo/bi/transphobia are also moderated by the intimate understanding that they are from the 'right' class (Reay, 2005). For example, Andrew, who we met earlier in the chapter, described in his interview a homophobic experience he had while staying in university student accommodation, 'one of the guys was drunk, and he was quite violent anyway and he started grabbing a chair from the kitchen and banging it against my door telling me that he wanted to . . . kill me, because, like, "you gay fucker." ' He explained how he coped:

> I'd made contact with LGBT Association, I was already friends with those people and I'd heard a lot of worst things that had happened to those people that I don't think, and I had seen how strong they were, reacting, it gave kind of an idea, I think I was OK.

Andrew was distressed by the incident and frightened at the time and, fortunately, he was able to draw on the support of the university student

LGBT group, though he did not report the incident to the university authorities. Through his relationships with other LGBT university students he was able to contextualise his experience – it happens to others, it is not just me, you can cope, there is nothing wrong with you, you can resist their shaming. Through the support of the group, Andrew was able to position himself as a worthy human rather than a failed subject. He may still be worried, anxious and defensive, but as he said, 'I think I was OK.' Andrew had no history of self-harm or suicidal feelings, and he had the self-worth and confidence through which, despite being told, quite violently, that he was abnormal, he could maintain self-esteem and envisage that he could cope.

Conclusion

We ask at the beginning of this book what happens when young people do not 'fit' the contemporary notion of neoliberal heteronormative subjecthood. The self-loathing we have encountered in queer youth across our studies suggests that discourses of heteronormativity and neoliberal individualism make possible a queer youth subject who is ashamed, self-hating and who feels fundamentally 'wrong'. This queer youth subject, we observe, may want to punish their body for this transgression, or may use harming the body as a means to endure emotional pain, or may at times feel s/he no longer wants to live.

We argue that emotions such as shame are part of the 'affective' ordering of social hierarchies – they are emotions that keep people in their place. In fact Munt (2007) goes so far as to suggest that shame is necessary for the moral conduct of human societies. In this chapter, we show how shame is implicated in the lived experience of heteronormativity and social class inequality. The negotiation of the shameful recognition of a desire which is deemed 'abnormal', or a gender expression which is judged 'unnatural', is the fate of all young queer(ed) people. Of course, not all young people are distressed by this recognition but some are. In addition, we suggest that distress arising from failure to be a successful neoliberal subject, that is, the fear of being deficient, inferior, of not being from the right background or class is, for some queer youth, a further source of shameful recognition.

We demonstrate how access to economic, cultural, symbolic and social resources can help queer youth make a life more liveable (Butler, 2004). For example, middle-class queer youth used these resources to protect themselves from potential homo/bi/transphobia and to keep

troublesome emotions at a distance. They used their entry into higher education as a way of avoiding or minimising hostility and shame regarding their sexual and gender non-conformity. This allowed for a level of emotional ease and kept their educational trajectory and imagined future intact. This was in contrast to those from less privileged backgrounds, where the young people concerned did not have the resources to cope with the detrimental effects of homo/bi/transphobia on their education and where, in this case, both their educational pathway and imagined future were disrupted. This added to their distress, and their lives, we argue, were made *less* liveable.

Research evidence indicates that youth suicide and self-harm are strongly associated with both marginalised sexualities and genders, and socio-economic status. This chapter provides for the first time empirical evidence on the ways in which these two dynamics of inequality may intersect, discursively and materially, to produce the possibility of self-harming and suicidal young subjects. In Chapter 8, we consider what this evidence means in terms of policies and interventions which aim to prevent queer youth suicide and self-harm.

4
Troubling Gender Norms: Gender Non-Conforming Youth

Research on gender non-conforming, or transgender, youth and suicide and self-harm has been relatively sparse until very recently. Most research on youth suicide and self-harm does not mention transgender youth at all. When suicide and self-harm research takes gender as its focus, gender is usually treated as a binary, allowing researchers to report, for instance, that young women self-harm at higher rates than young men (Zahl and Hawton, 2004; O'Loughlin and Sherwood, 2005; Hawton and Harriss, 2008). Such research does not address gender identity as a more complex issue, nor does it address gender diversity. Some research on self-harm, suicidality and attitudes towards suicidal behaviour considers gender roles or gendered attitudes, but does not include mention of transgender identities (Canetto, 1997; Dahlen and Canetto, 2002; Fitzpatrick et al., 2005). While the topic of youth suicide and self-harm and the topic of transgenderism have both attracted substantial research attention for some years, it is only recently that researchers have begun focusing in detail on *both* self-harm *and* transgender, or gender non-conforming, youth.

There is now a small but growing body of work pointing to transgender youth suicide and self-harm as an issue of concern. This research has seen significant development over the past two decades. In the mid-1990s, Rodgers (1995) stated that transgender youth have a higher likelihood than their non-transgendered peers do of experiencing severe distress, experiencing homelessness, dropping out of school and attempting suicide. Five years later, Xavier (2000) reported on a survey of 252 transgender people, finding that 35 per cent experienced suicidal ideation, more than half attributing that to gender issues. Of the whole sample, 16 per cent reported having attempted to kill themselves. Another survey, this time including 176 transgender people, indicated

that 30.1 per cent had attempted suicide (Kenagy, 2005). Once again, the majority attributed this to being transgendered. Other studies have shown elevated rates of suicide attempting among transgender research participants (Mathy, 2002; Clements-Nolle et al., 2006), sometimes only by including a suicide or self-harm question in a questionnaire that is otherwise focused on other issues (Operario and Nemoto, 2005; Whittle et al., 2007). These studies tend to focus on transgender people generally, not primarily on transgender youth.

There is a small body of research focusing on gender non-conformity and suicidality in relation to LGB youth. In 2007, Grossman and D'Augelli reported on a study of 55 transgender youth with sexual-minority status, finding that almost half of the sample had thought seriously about killing themselves and a quarter reported having attempted suicide. Some studies of LGB youth suicide have shown that gender non-conformity or atypicality is a risk factor for LGB youth suicide (Remafedi et al., 1991; D'Augelli et al., 2002). Further, researchers examining the psychological outcomes for sexual-minority youth who experience homophobic abuse have pointed out that gender non-conformity can lead to homophobic abuse, regardless of whether the young person concerned considers themselves to be gay. Thus, research examining the relationships between LGB youth, homophobic abuse and self-harm is relevant to gender non-conforming youth insofar as some gender non-conforming youth may be read as – and bullied as – gay (Valentine et al., 2002). Or, read another way, gender non-conforming youth are likely to be susceptible to abuse, leading to negative emotional outcomes, further leading to self-harming behaviour, just as LGB youth are.

In the past three years, there has been a flurry of studies that have produced data specifically on transgender youth and self-harm or suicidality. The US National Transgender Discrimination Survey (Herman et al., 2014) reported that 41 per cent of the 6456 transgender and gender non-conforming respondents indicated they have attempted suicide, and they broke this down by age, reporting that 45 per cent of respondents aged 18–24 years indicated having made a suicide attempt. The Youth Chances UK Survey, with a transgender sample of 955 respondents aged 16–25 years, included 25 per cent who reported that they were currently self-harming and a further 47 per cent who reported having self-harmed in the past. Of this same group of transgender respondents, 27 per cent reported having tried to kill themselves (Metro, 2014). A year later, a UK-based survey of 120 trans people reported that 48 per cent of trans youth had attempted suicide at least once compared with 26 per cent of cisgendered youth (that is, young people

who identify with the gender they were assigned at birth) (Nodin et al., 2015). In the same year, in the United States, a study done within a community-based clinical service analysed the mental health outcomes for 180 young transgender people compared with a cisgendered control group and reported that transgender youth were at two to three times greater risk of depression, anxiety, suicidality and self-harming (Reisner et al., 2015). What started as a trickle of studies 20 years ago is now turning into a body of literature consistently showing high rates of suicidality and self-harming among transgender youth and there is a clear increase in the rate at which studies with this focus are being published (for further examples see Simons et al., 2012; Yadegarfard et al., 2013, 2014; Clark et al., 2014). While this is a growing body of research, there has not yet been much conceptual development in this field, with the studies here tending to quantify the phenomenon of concern but doing little to examine it in further detail.

In this chapter, we approach the topic of gender non-conforming youth, self-harm and suicidality with a view to conceptual development. First, we characterise existing research in relation to the conceptual frameworks being drawn upon. We then consider the issue of gender non-conforming youth and self-harm in relation to (i) the context of the clinic and requests for medical intervention, (ii) the experience of pubertal development and distress that may accompany that experience, and (iii) the discursive production of youth and the particular implications this has for gender non-conforming youth. Finally, we explore the potential of a framework that is informed by discourse analysis to consider ways in which self-harming can come to make sense in relation to gender non-conforming youth. We ask what kinds of discursive and material interventions might help to disentangle the relationship between being gender non-conforming and being suicidal or self-harming.

While little work has been done to interrogate this relationship at a conceptual level, there are some clinical studies that potentially have something to offer. Clinicians working with transgender and gender non-conforming youth have repeatedly reported on the risk of, and instances of, self-harm in connection with the distress that can be associated with gender non-conformity, uncertainty about gender identity, or gender transition (Di Ceglie, 2008; Edwards-Leeper and Spack, 2012). In the UK, at a clinic specialising in work with children and adolescents with gender identity issues, 125 clients' clinical notes were audited (Skagerberg et al., 2013). It was found that 24 per cent of the clients'

notes referred to their self-harming and 10 per cent had some indication of suicide attempting prior to coming to the clinic. Self-harming and suicide attempts were found to be more common in those over 12 years of age. While the most common form of self-harm was cutting (mainly wrists or arms), some young people reported thoughts of specifically harming their genitals. The authors link the high rates of self-harm and suicidality among gender non-conforming youth with the harassment and abuse they experience, as well as their distress at pubertal bodily changes. We are interested in how self-harm features in the context of gender identity clinics, but before turning attention to this, we would like to step back and consider this field of research, what is already known and what future studies might usefully offer.

We particularly want to examine the frameworks of understanding that underpin research on gender non-conformity, self-harm and suicidality, and consider how future studies might move understanding forward. We focus on this separately, in this chapter, because we see that issues of gender identity can easily get lost within a broader LGBT focus, where sexuality typically comes to the fore. We also consider it important to examine the frameworks of analysis brought to bear specifically in relation to transgender and gender non-conforming youth because of the persistent psychomedicalisation of this group of young people.

We have identified four broad frameworks that researchers and practitioners have begun using for thinking about this issue. The first of these is a psychomedical framework. Research taking this approach (Kenagy, 2005; Clements-Nolle et al., 2006) tends to quantify transgender self-harm, measuring the proportion of a transgender sample who report having engaged in self-harming behaviour, or having attempted suicide. Such an approach is useful for demonstrating that trans people report suicidal and self-harming behaviour at much higher rates than the general population. Extending this work in the direction of suicidology, Fitzpatrick and colleagues (2005) have reported on a small empirical study demonstrating that cross-gender role is a predictor of suicidal risk and suicidal symptoms. Although these authors based their research on a small sample of university students identifying as heterosexual, lesbian, gay, or bisexual, they were able to assert that gender-crossing at the level of personality traits (as assessed by the Bem Sex Role Inventory) accounted for more of the variance in suicidal symptomatology than did sexual orientation. Such an approach prioritises psychometric testing and a pathologising approach to say something about gender-crossing and does not specifically draw from transgender people's experiences. It is important to move beyond approaches which primarily

quantify the extent to which transgender self-harm is an issue, as well as research that describes gender-crossing and suicidality in relation to psychopathology.

The second framework we observe is a minority framework. Studies taking this approach typically consider gender non-conforming youth alongside LGB youth in investigating self-harm and suicidality (for example Remafedi et al., 1991; D'Augelli et al., 2002; Russell, 2003). In the context of LGB research, some researchers (for example DiPlacido, 1998; Meyer, 2003; Kimmel and Mahalik, 2005) have developed the idea of minority stress, suggesting that people who belong to minority groups, such as LGB youth, exhibit higher rates of risky behaviour such as self-harming, because of the psychological (di)stress that can come with living minority identities. Such a framework of understanding places this phenomenon in a sociopolitical context and lends itself to consideration of what kinds of practical support, or sociopolitical interventions, might reduce minority stress. This research tends not to directly address transgender or gender non-conforming youth, though it would seem that many of the claims made about LGB youth in this context could also be applied very readily to transgender youth.

The third framework we notice is an abuse framework. Studies that take this approach (for example Devor, 1994; Nuttbrock et al., 2010) focus on transpeople's experiences of abuse; that is, gender-related abuse, psychological abuse, physical abuse and sexual abuse. Within this research, we find clear attention being paid to suicide and self-harm and the possibility that the (transphobic) abuse experienced by transpeople is one of the factors leading to higher rates of suicide and self-harm. This research does not take self-harm as its primary focus, but it may offer insights into the mechanisms through which repeated and distressing life events contribute to self-harm and suicidality among some transgender youth.

Finally, in searching literature in this field, we find clinically oriented frameworks. This includes the work of clinician-researchers (Wren, 2000) who have presented individual cases of gender non-conforming youth who have engaged in self-harm. The ways in which these cases are interpreted vary from one clinician to another, with some reading cases through psychoanalytic understandings. Such an approach tends to individualise the issue and focus on intrapsychic aspects, rather than helping us understand the phenomenon in its wider sociopolitical context. Nevertheless, it is possible that a different reading of the material offered by clinical cases could provide an interpretation that works beyond the level of the individual.

Taken as a whole, these frameworks offer us opportunities to understand self-harm and suicide among gender non-conforming and transgender youth both at the level of the individual and intrapsychic experiences of distress, and at the sociopolitical level where the effects of marginalisation and transphobia are taken into account. Collectively, these frameworks allow us to document the prevalence of self-harm among transgender people and to understand something of the experiences of young people who identify as transgender and engage in self-harm.

What these frameworks do not offer, however, is a sound, theoretically grounded understanding of how suicide and self-harm affect a diverse range of gender non-conforming youth, and how this might be tackled simultaneously at psycho-sociopolitical levels. It may be that a single framework of understanding will not achieve all of this, but we would like to explore what might be offered by an approach that is queer, material and informed by discourse analysis. Following the framework we set up in Chapter 2, we are particularly keen to move forward from the individualising and pathologising tendencies of some psychological approaches and to work in a more sociopolitically informed way than a psychomedical approach would allow. We also want to extend the social, economic and cultural critique beyond what is offered by the idea of minority stress and to develop a framework that makes sense for a wide range of gender non-conforming youth, irrespective of whether they have particular kinds of experiences of transphobic or other abuse. The remainder of this chapter will focus on developing such a framework.

In order to move thinking forward on the issue of transgender youth, self-harm and suicide, we first need to address a number of conceptual issues relating to (i) the paradoxical situation of gender non-conforming youth seeking clinical intervention, (ii) self-harm and transgender embodiment, (iii) youth subjecthood, and (iv) discourse and sense-making.

Gender non-conforming youth seeking clinical intervention

Gender non-conforming youth who seek hormonal intervention or complete reassignment, and who present clinically as being at risk of self-harming, are in a complex position. First, they face the possibility of being multiply pathologised: both being diagnosed with gender identity disorder (DSM-IV, 1994) or gender dysphoria (DSM-V, 2014)[1] and found

psychologically unstable in relation to any self-harming behaviour. Second, the possibility of self-harm could potentially operate for or against the claim for reassignment.

It is worth unpacking 'self-harm' and 'suicide attempting' a little in order to understand how this may operate in relation to a request for reassignment. The terms 'self-harm' and 'suicide attempt' are typically defined in the research literature in such a way that intention is what distinguishes one from the other. If one intends to kill oneself, then 'suicide attempt' is generally considered the appropriate term. If one does not intend to kill oneself, then 'self-harm' is the appropriate term. But these terms may relate to the same behaviour. And intentionality is a slippery thing: one's intentions might change from one moment to the next. In a state of extreme distress, one may not be very clear about one's intentions at all.

To unpick this further, it is important to consider the experiences of people who self-harm. Self-harming has been claimed to be a way of coping with difficult life events, a way of dulling emotional pain, a way of surviving psychological trauma. Self-harm, therefore, is the opposite of wanting to die; self-harm is a way of staying alive. But we must also keep in mind that people who have a history of self-harming have much higher suicide rates than people who have not self-harmed (Hawton and Harriss, 2008). So, although there are strong and valid reasons to keep self-harm and suicide attempting conceptually distinct, there is clear empirical evidence that experience of self-harm may suggest increased suicide risk.

Finally, it is important to consider the perspectives of young people who have experienced self-harm. Research tells us clearly that self-harm has a communicative effect, at least in some cases. Those who study youth self-harm explain that it can function as a 'cry for connection' (Bettridge and Favreau, 1995). Further, surveying young people who have self-harmed has produced the following findings:

Reasons for self-harm among 15–16 year olds:

> 40.7 per cent 'I wanted to show how desperate I was feeling'
> 31.3 per cent 'I wanted to find out whether someone really loved me'
> 24.0 per cent 'I wanted to get some attention'
> 21.1 per cent 'I wanted to frighten someone'
> 14.3 per cent 'I wanted to get my own back on someone'
>
> (Hawton et al., 2006: 53)

Thus, one way to make sense of self-harm is to consider it as a communicative event: a way of crying out to others, a way of expressing psychological pain to others. This idea of self-harm as a communicative event is central to Chapter 6, but here we note that it is a communicative event that a clinician is bound to listen to. A mental health professional working with gender non-conforming youth is likely to be listening for any reference to self-harm, any reference to suicidal intent, and will be bound to take steps to reduce that risk, to provide health care that reduces the likelihood of self-harm. This is where the complex interface between a request for reassignment and a threat of self-harm emerges.

Clinicians working with gender non-conforming youth have explained that there is a risk of self-harm and suicide and that risk may potentially be averted by an offer of treatment in the form of puberty suppression or steps towards reassignment (Edwards-Leeper and Spack, 2012). Clinicians are bound to offer care that reduces harm, yet they are also bound by diagnostic processes, practice guidelines and resource constraints, which means that not all gender non-conforming youth will be offered intervention. Puberty suppression and early transition are by no means straightforward or accessible to all who might want such interventions (Roen, 2011): it is likely that some clinicians will tend towards seeing puberty suppression or transition as a way of addressing a young gender non-conforming person's distress, while others will not. Therefore, although for some a threat of self-harm may seem to speed the process towards the desired clinical intervention, this is by no means always the case. In some cases, self-harming behaviour could be read as further evidence of pathology, potentially discrediting a young person as a viable candidate for reassignment.

This is what we are referring to as the paradoxical situation of gender non-conforming youth seeking clinical intervention: to be a plausible transsexual subject, the young person must present clinically in a way that is convincing. Being convincing appears to require both a degree of coherence and a degree of distress. Self-harming (the threat or the action) may be dangerously woven into the performance of convincing coherence and distress, insofar as self-harm among youth is currently read and experienced as a plausible way of expressing distress.

Pubertal change and embodied distress

Here, we would like to work with the idea that all processes of sexed embodiment are potentially troubling or distressing: all young people

are confronted more or less uncomfortably with the reality of their bodily changes. In order to think this through, we work further with the understanding of embodied distress that we began developing in Chapter 2 and that appeared in Chapter 3 in the context of the embodiment of shame. Embodiment offers a way of thinking across the material, corporeal aspects of a person's lived experience and their emotional wellbeing. Self-harm lends itself to being understood via the concept of embodiment insofar as self-harm itself refuses to be categorised as a bodily ailment, or a mental state: it clearly reflects an intertwining of emotional distress and corporeal ways of being.

Feminist and transgender researchers have contributed usefully to thinking about embodiment and, in particular, young people's experiences of bodily development. Both feminist and transgender work on this topic makes the issue of embodied distress very clear indeed. Liz Frost, for example, examines 'how unhappy embodiment may be subjectively experienced' (Frost, 2005: 64), taking young women's embodiment as her focus. She points to research illuminating the issue of young women's embodied distress, in the form of body dysmorphic disorder, self-harming, body-hatred and other appearance-related concerns. Frost explains how girls and their bodies are produced via psychomedical discourses of adolescence that depict a period of instability and hormonal imbalance, and how girls' adolescence can be explicitly pathologised via psychomedical understandings of menstruation and eating disturbances. Thus, according to Frost, as girls encounter the physical changes of puberty, and as they attempt to gain control over their bodies by dieting, they are medicalised and suggested to be suffering from mental illnesses. The drafting of the DSM-V sought to extend the potential pathologising of girls with a new diagnostic category: non-suicidal self-injury disorder (NSSI). This proposed new diagnostic category was developed with the explicit understanding that by far the greatest incidence of self-harm occurs between the ages of 10 and 29, and that, particularly during the teenage years, the higher proportion of young people engaging in self-harm are girls and young women. Various commentators argued against the inclusion of NSSI in the DSM (Straiton et al., 2013) and the decision was, ultimately, not to include NSSI as a new diagnostic category in DSM-V.

A number of feminist researchers have written about girls' experiences of pubertal change in general, or menstruation in particular, highlighting the particular salience of shame about their bodies and the effect of 'imperatives to "police" their bodies' (Frost, 2005: 81). Martin's (1996)

research with adolescent girls highlights the shame they experience in relation to their bodies and pubertal development, while Lee and Oinas describe young women's sense of fear, shame and disempowerment in relation to menstruation (Lee, 1994; Oinas, 1998). One may well conclude that, for girls and young women, learning to 'interpret [their] body as shameful and potentially shaming . . . may be part of the experience of becoming a woman' (Frost, 2005: 81).

If girls who are maturing as expected towards womanhood have such a bumpy road to bodily transformation, there is little wonder that young trans people can find pubertal changes unbearable. Rubin writes about transgender embodiment from a female-to-male (FTM) perspective, based on qualitative research with transmen. He writes of the research participants' sense that their

> bodies . . . had betrayed them. As their bodies underwent adolescence, they were no longer recognizable to others (or even sometimes to themselves) as boys or men. In an unparalleled act of treachery, they had lost their androgynous, prepubescent bodies. After the treacheries of puberty, most of my participants experienced an extraordinary sense of discomfort with their bodies.
>
> (Rubin, 2003: 10–11)

It is particularly relevant to consider research relating to female puberty, and to FTMs' recollections of adolescence, given that a proportion of young gender non-conforming people who undergo early transition are FTM. It is also important to consider research on youth subjectivities in general, as the very understanding of youth distress is predicated upon ideas about what it means to be a 'young person'.

Youth subjecthood

In Chapter 2 we put forward a critical way of thinking about adolescence, youth and development. Here, we develop that thinking with particular regard to its implications for gender non-conforming youth. The construction of adolescence as a naturally occurring developmental period is maintained through psychomedical discourses which depict a biologically based phenomenon involving 'hormone-induced growth spurts' that create 'psychological, emotional, and interpersonal problems' (Lesko, 2001). Thus, interwoven with the biologically based construction is the understanding of adolescence as a psychological period of 'Sturm und Drang' (storm and stress), a period of 'anti-social

conduct and emotional turmoil . . . invoking notions of an "identity crisis" ' (Bucholtz, 2002: 101).

Researchers who have worked with more critical understandings of youth subjectivities have examined the intersections between, for example, masculinity, youth and emotional distress (Bucholtz, 2002); gender, sexuality and youth (McQueen and Henwood, 2002); ethnicity, gender, sexuality and youth (Staunaes, 2005); homophobia and shame (Hillier and Harrison, 2004); and suicidality and shame (Fullagar, 2003). What characterises this kind of research on youth is both its attention to intersectionality and its deployment of poststructuralist understandings of subjectivation. Drawing from such research, it is easy to understand youth 'sex-gender-sexuality [as] necessarily bodily . . . but . . . also [as] discursive' (Youdell, 2005: 253). It is this very relationship between embodied distress and the discursive production of youth subjectivities that holds potential for reframing the ways in which gender non-conforming youth, emotional distress and self-harm are researched and understood.

Considering adolescence as a period of transition and disturbance leads dangerously easily to understandings that discount both gender non-conformity (*you'll grow out of it*) and emotional distress (*you'll get over it*), thus leading to extreme constructions of self-harming trans youth. These extremes, examined later in this chapter, relate to denying or ignoring the issue (*my child cannot be transgender*) and regarding it as a disciplinary issue (where refusal to conform to gender norms is read as anti-social or delinquent behaviour), and considering the issue extreme enough to require psychiatric attention. Moving away from psychomedical understandings of adolescence and identity crisis allows us to establish a critical distance from understandings that discount young people's emotions.

In addition, we may usefully understand gender non-conforming young people's embodied distress in relation to concepts of intelligibility and liveability, as theorised by Butler (2004) and introduced in Chapter 2. Drawing on Butler, Mitchell explains how 'certain norms (essentially norms of recognition) make life "unlivable" for certain people (making them abject rather than subjects), and the ways in which a resistance to those norms can involve an attempt at "greater livability" ' (2008: 418). Read with gender non-conforming youth in mind, this offers a particular way of thinking about the subjecthood of young people in relation to the norms that may be making their lives unliveable, in some cases. According to the argument developed by Butler, personhood implies intelligibility and those who are not intelligible may be

denied recognition to such an extent that it is only possible to speak *as if* one were human. Research aimed at understanding self-harm among transgender and gender non-conforming youth can usefully draw on poststructuralist and discourse analytic understandings, and build on this thinking about subjecthood and intelligibility with particular regard to the lives of young people.

Discourse and sense-making

In proposing an alternative framework for researching and understanding gender non-conforming youth, suicide and self-harm, we are thinking of research as one of many processes of knowledge production through which self-harm comes to make sense – both to gender non-conforming youth and to people working with youth. We understand these processes of knowledge production and sense-making through a discourse analytically informed approach that offers critical leverage with regard to the production of youthful gender non-conforming subjects and the understanding of self-harm as embodied distress.

The approach we take to discourse analysis is informed by Willig's description of Foucauldian discourse analysis (Willig, 2003) and Hook's critique of so-called 'Foucauldian' discourse analysis (Hook, 2001). This is an approach we have developed over several years and forms the basis for some of our previous work (for example Roen et al., 2008). Aspects of the analysis we present in chapters 4–7 take this analytic approach, allowing us to address questions regarding the youthful subjectivities that become possible, the actions or feelings that are possible according to the discourses that are mobilised and what might be the structural and material implications of the sense-making processes we observe. In the following case description, reported by a clinical psychologist working with gender non-conforming youth, we apply this analytical approach.

> Alex is a 15 year-old who has, in the last two years, spent time in an adolescent unit and in a number of foster homes and children's homes because of her disruptive behaviour. *The onset of this disturbing behaviour was at puberty.* Always a 'tomboy', *she identifies as a male* and refuses to attend school or socialize unless she is recognized and addressed as a boy. Six months ago *she took a serious overdose* after an argument with a girlfriend. Her parents do not accept her gender identity problems as genuine. Currently she is calmer and wants to spend time 'putting value into being male'. *She feels she would*

> *be greatly helped by being offered hormone treatment* to consolidate her male gender identity.
>
> (Wren, 2000: 223, our emphasis)

In this description, we see many features typical in such case descriptions and common in trans youth narratives: a young gender non-conforming person whose claims to a male identity are not taken seriously by others, puberty as a time of particular distress and a shift to behaviour described as 'disruptive' and 'disturbing'. The reference to a 'serious overdose' suggests a possible suicide attempt, or at least a one-off event, rather than ongoing self-harm. And finally, we see the claim for hormonal intervention – for the beginning of reassignment. Let us not consider this as an individual case; this is a familiar story, after all. We will consider this in terms of what kinds of understandings it can offer – what kind of sense it can make – about suicide attempting and about gender non-conforming youth. We want to consider what kinds of subjects are produced discursively as viable subjects in this context.

Our analysis reveals two possibilities for youth subjecthood that run through this text. The first is produced through a discourse of bad behaviour. Rather than foregrounding emotional distress, or gender non-conformity, this excerpt begins by referring to behaviour. The behaviour is described as disruptive and disturbing, involving a refusal to participate in ordinary activities such as school and socialising. Given that this refers to a 15-year-old who has been institutionalised, it is easy to read this behaviour in terms of understandings of delinquent, naughty, unruly young people. This discourse of bad behaviour sets a moral tone, passes a judgement against the young person, provides no space for thinking about them, or their perspective; provides no space for thinking about their emotional wellbeing or distress. The focus of this discourse tends towards discipline, regulation and punishment.

Simultaneously, a second possibility for youth subjecthood is produced through a discourse of gender identification. This excerpt draws on a discourse of gender identification through which gendering is understood as an emotional, psychological process of identification. This is presented as a process that takes time and reflection and can be actively carried out by the young person concerned. According to this discourse, the young person actively 'identifies', chooses to 'spend time' on the process and considers what would help to 'consolidate' the desired identity. The focus of this discourse is on acknowledging and respecting the young person's own process without presuming to know what the outcome of the process might be. It will take time and

reflection. It is emotional and psychological, relating to how the young person feels, what they value and how they identify.

It is clear how these two discourses construct entirely different subjects. One subject is a delinquent youth who should be disciplined. The other subject is a young gender non-conforming person who may need support and respect as they work through a psychological process of becoming. But *becoming* what? We don't know what kind of subject may emerge out of this familiar scenario. Discourses of youth are saturated with imagined becomings. Adults who work with youth – whether as patients, as students, as research participants, or as sons and daughters – are continually negotiating these imagined becomings, these discourses of possible successes or failures that are imbricated in the way we think about young people, their identities and their futures. Halberstam's notion of 'queer time' is useful here, challenging traditional understandings of youth and maturity, considering youth as a time of 'not yet'; a time for that which is not fully realised (Halberstam, 2003). In order to work with the idea of imagined becomings, let us consider a second case description.

> Louise (formerly Andrew), *frustrated at the reluctance of her clinicians to provide hormone treatment, began to self-harm* through cutting and one para-suicide attempt. When she was 16 she *obtained oestrogen illegally* in doses whose size concerned her therapist and family doctor. *Reluctantly the endocrinologist at her local hospital prescribed similar medication* at a lower dosage and *Louise has accepted this safer route to changing her body*.
>
> (Wren, 2000: 224, our emphasis)

Once again, considering this excerpt in terms of the kinds of youth subjecthood that are made possible suggests at least two discourses working in tandem with one another: a discourse of service provision and a discourse of risk. One of the oft-repeated discourses pertaining to reassignment is a service-provision discourse through which people seeking reassignment are produced as dissatisfied service users, and clinicians are produced as hostile, ignorant or irresponsible service providers. We see this discourse in full swing in the above excerpt. This discourse allows the young gender non-conforming subject to be, especially from their own perspective, right. They are right in their demands; there is no question about their demands. They simply want to be provided with a service and this is produced as an entirely reasonable expectation. One discourse that is most frequently mobilised in relation to suicide and

self-harm is a discourse of risk. Self-harm presents risk to the young person – risk of the immediate harm and of any greater harm that might be inflicted in the future. Here, the young person is produced as a subject at risk, and within this discursive frame, the clinician is produced as an agent of risk aversion. The clinician is bound to the task of providing an intervention that reduces risk to the young at-risk subject.

It is clear that the risk discourse and the service-provision discourse work neatly together to make sense of this situation such that the 'obvious' solution is for the clinician to facilitate access to reassignment. These discourses work together to ensure that only one outcome makes sense; only one interpretation is valid. The gender non-conforming young person's self-harming is interpreted as indicating that steps towards reassignment should proceed right away.

So far, we have indicated how particular discourses construct gender identification, youth and self-harm; and we have pointed out how some of these discourses are working in opposition and some are working in conjunction with one another. What we want to focus on now is what this might mean for young gender non-conforming subjectivity: what kinds of subjects are possible within these discursive frames and what kinds of opportunities are open to these subjects? Our purpose in asking these questions is quite different from the purpose of clinicians who present case descriptions like the ones we've just seen. We are not interested in analysing the individual and we are not thinking in diagnostic terms. Our purpose is also different from other researchers who write about suicide and self-harm among trans people. We are not primarily interested in making claims about the minority identity status of gender non-conforming youth, or about the extent to which they may experience abuse or transphobia. What we are interested in doing is posing questions about what kinds of gender non-conforming lives are viable for young people today. How do gender non-conformity, genderqueer, transgender and transsexual identities currently feature in the repertoire of youthful imagined becomings? As a young gender non-conforming person considers their gender identification, what kinds of embodied distress become imaginable, or even inevitable?

We are interested in thinking about the role of self-harming as one of many possible ways of embodying distress. Most importantly, we are interested in considering what interventions – discursive and material – might be needed to challenge the place of self-harm in the repertoire of viable options for embodying distress. It appears that to successfully demand hormonal intervention, the young gender non-conforming person is required to manage a performance of risk and distress, while

also presenting as an *otherwise-able-to-cope* subject. How might self-harm be understood differently so that it is no longer read as a route into getting the desired health services? How might self-harm be understood differently so that it is no longer read as a plausible way to express gender-related distress?

The four discursive frames we have mentioned construct the gender non-conforming young person, variously, as right (as a service user), wrong (as a young person behaving badly), at risk (as a self-harmer), or to be respected and supported (as a gender non-conforming young person). These are just some possible subjects produced through two short snippets of text from clinical case studies. Those texts are just illustrations. They are useful for thinking about the various ways in which young gender non-conforming people are produced, constructed, interpellated and represented in their day-to-day lives. This happens through interactions with classmates, with siblings, with parents, with health service providers, as they engage with ideas about gender identification and gender non-conformity online, through fictional representations, through documentaries, or through people they know. And as we think of the myriad ways in which a young gender non-conforming person is produced through discourse, we may begin to imagine the level of discursive tension they must negotiate: Am I crazy? Am I wrong? Am I a girl? Am I a boy? Are my claims and desires valid?

We may think about such discursive tensions as an inevitable part of youthful processes of identification. But then we must ask ourselves what is a useful intervention here – not to remove discursive tension, or interrupt the process of reflection and identification, but to support the young gender non-conforming person in negotiating this discursive tension, to provide time and space for them to reach conclusions that are relevant to them, not presuming what the outcome will be, and to provide ways for the emotional distress (of negotiating discursive tensions and of working through gender identification questions) to be worked with, rather than it becoming unbearable. We are not proposing solutions here; we are suggesting a way of thinking about processes of becoming. We are suggesting a level of responsibility on the part of adults (and young people) who are instrumental in producing discourse about transgendering and transition. We are suggesting that shifting discursive practices is part of what is needed to address self-harm among transgender youth.

What interventions – discursive and material – might be needed to challenge the place of self-harm in the repertoire of viable options for embodying distress? Queering gender offers opportunities for gender

non-conforming youth to become viable subjects, indeed subjects who can make demands on health services, but there is a challenge to be met in not constructing self-harm as a step along this path. There are also challenges for adults – family members and service providers – to better recognise and respond sensitively to queer embodied youth distress, and this issue is taken up further in Chapter 7.

Conclusion

Researching the relationship between gender non-conforming or transgender youth and suicide and self-harm necessarily means confronting conceptual and methodological dilemmas. Surveys of people who self-identify as transgender and as suicidal and/or self-harming offer one way of generating data on this issue. Clinical case studies offer another. There is a great deal of room for improvement in empirical research surrounding this issue and we have tried to offer a framework for approaching it differently. We seek to trouble taken-for-granted understandings that may have begun to become normalised in the study of the relationship between gender non-conformity, youth suicide and youth self-harm. We consider that the kinds of questions needing to be addressed here are not only *how many* young transgender people self-harm, but also *how does self-harming make sense* to young people in relation to processes of gender transition, gender uncertainty and transgender embodiment.

We suggest approaching gender non-conforming and transgender identity, among youth, with a critical understanding drawn from youth studies and queer theory. Here, the focus is on *becoming*, with an understanding that all youth undergo processes of becoming, both in relation to a transition to adulthood and in relation to sexed embodiment. The goal is to understand diverse processes of becoming (including those that involve gender transition) without falling back upon models that pathologise (as gender disordered or dysphoric) or minimise (as just going through a phase) young people's processes of becoming.

Importantly, contemporary young people are often *becoming* in a sociocultural context where self-harm is understood as a valid way of expressing, or coping with, distress (Thorslund, 1992; Russell et al., 2000). The challenge that we face, in undertaking research on transgender youth self-harm, is both to increase understanding and to make an intervention. Increasing understanding means having an appreciation for queer and transgender embodiment and identification,

and better theorising the relationship of this to self-harm. This means interrogating the discursive investments of queer and transgender perspectives on embodiment and examining the extent to which those discursive investments can pave the way for the young transgender subject to also be a self-harming subject.

5
Trans* and Genderqueer Youth Online

Some young people, who write online about embodied distress, self-harm and suicidality, write specifically about transgender, genderqueer, or other aspects of gender diversity. This chapter presents an analysis of such online posts, with a view to considering the role of both bodily intervention and online posting in the production of agentic, queer subjectivities. What emerges from this analysis is an understanding of embodied, genderqueer ways of knowing, which opens up the space for complex and diverse combinations of gendered feelings and identifications. Here, gendering is understood as an ongoing and interpretative process that is not bound in any fast way to bodily sex. Some online contributors are mobilising a genderqueer discourse which may open up for various sense-making possibilities, but to succeed in this, it is necessary to work against dominant discourses relating to gender dysphoria and heteronormative mind–body concordance. The discursive work being done here is a struggle and it is clear, from what is being written online, the toll it takes. Part of the struggle gets worked through via self-harming and writing about suicidal possibilities. The emotional struggle and the discursive work being done are not taken lightly, or taken for granted, by contributors. Some are very consciously and proactively doing something discursive, to intervene in both trans-normative and gender-normative approaches, and to forge a queer alternative. Doing this work is an ongoing project that can take years (a lifetime) and in the process, as we will see, self-harming may take place.

The terms trans and trans* are used as broad and inclusive terms intended to encompass a wide range of gendered possibilities, including but not limited to transgender and transsexual.

In Chapter 4 (on gender non-conforming youth), we showed that there is so little detailed, qualitative research into self-harm among trans and gender non-conforming youth that individual clinical reports can contribute to understanding. Here, we develop an analysis of online posts (from the Online Ethnographic Study), asking questions such as, what kinds of (gendered, embodied, agentic) subjects are figured as (im)possible through what young people write online? What kinds of knowing become possible? And, what role does bodily intervention (including intervention that is self-harming) play in the process of becoming agentic, gendered subjects? The threads or individual posts that are central to this analysis include detailed individual narratives concerning (trans)gender identity, gender-related distress and self-harm. We also draw from some more brief or generic exchanges among trans-identified, or gender non-conforming, youth. The contributors whose posts are analysed here use numerous terms to describe themselves with regard to gender and sexuality, including genderqueer, transgender, FTM, androgynous, crossdresser, trans guy, neutrois, trans, no-ho (not taking hormones), non-op (not operated on), gay-male identified, pansexual FTM and heteroqueer polyamorous.

The contributors whose posts play a significant role in this chapter include two who specifically write about having self-harmed in the past and having moved through a time of intense gender-related or sexed-body-related distress. These two are 'Kerry', who describes hirself as genderqueer, appears to be in hir early 20s and describes having self-harmed during hir teens; and 'Sam', who is 15 at the time of writing and gives an account of pubertal changes and clothing choices (including breast-binding) as markers of the transition into, and out of, periods of distress and self-harming. This chapter also refers to three contributors who wrote of current self-harming. Two of these appeared to be writing for the immediate purpose of calling for help. These two were 'AJ', who is school-aged and describes hir distress and attempts to find trans-friendly support; and 'Jan', who describes not having a gender and wanting to appear less feminine, appears to be in hir early 20s and writes in detail about fear of coming out to family and at work. Finally, the analysis includes material from one contributor, 'Toni', who describes hating hir feminine body enough to cut it. There are other contributors whose writing was part of the overall analysis, but these five appear in detail. They are, importantly, diverse in terms of their ages, their engagement with identity terms, the way they currently relate to self-harming and the way they express the relationship between their gender-related distress and self-harm. These differences help to reflect

a complex picture, extending the analysis beyond any straightforward consideration of 'genderqueer' or 'transsexual' possibilities. We must note, however, that there are some limitations to what these data offer. The data available here do not give us any detailed picture of the experiences of male-bodied youth. Nor do these data refer to suicidality in enough detail for this to be explored in the analysis, so the focus of this chapter is on self-harm. We note, also, that the use of gender-neutral pronouns (hir and hirself) in this chapter is ours and not that of the contributors.

This chapter is structured in five sections. In the first of these, we build on understandings we have set out in chapters 2 and 4 to consider how genderqueer and trans youth might come into being as sexed and gendered subjects, and how embodied distress comes to play a role in that process of gendered subjectivation. In the second section, we focus on the extent to which genderqueer and trans youth writing online present themselves as agentic subjects, and consider the roles of self-harming and writing online in that presentation. We then, in the third section, explore the idea that trans and genderqueer youth are engaging in bodily and discursive interventions, thus locating self-harm as one among many possible kinds of intervention. We then examine the data in relation to questions of temporality and queer youth futurity and, finally, we comment on the community-building work that is being done by trans and genderqueer youth online.

Gendering and subjectivation

> We assume our position as subjects in a normative social world and therefore *it is in us* as a structuring condition for apprehending anything, and our literacy in normativity constitutes the measure of our competence at being humans. Most important, our sense of reciprocity with the world as it appears normatively, our sense of what a person should do in the world and expect from it, saturates what becomes our visceral intuition about how to manage living.
>
> (Berlant, 2009: 263, italics in original)

The question of how to manage living is central to what gender non-conforming youth are addressing online when they write about their struggles with their (adolescent, developing, sexed) bodies and their (uncertain, unruly, non-conforming, gendered) identities. The visceral intuition of how to manage living is inextricably bound up with

the social reality of normative, binary gender. The extent to which competence at being human is structured by competence at reproducing norms is a measure of the challenge facing youth who are finding out how to live outside of binary gender norms. Whether or not gender reassignment appears as a solution, and whether it is a transsexual norm (the body is wrong) or a genderqueer challenge (the binary is wrong) that emerges as a meaningful framework, the struggle to achieve understanding is necessarily embodied. It is precisely that embodying of (trans)gender distress that we read in the online posts. This is, read through Berlant's text, the process of assuming a *position as subjects in a normative social world* and adjusting one's *sense of what a person should do in the world and expect from it*. So what needs to change for self-harm and suicide not to readily be a part of that struggle? Or, are we to concede that self-harm is, after all, a less perilous means for working through the struggle than other means that could come to hand?

Youdell (2006) writes about processes of (gendered) subjectivation in the school context, drawing on Butlerian notions of the intelligibility and performativity of gender. She explains how girls become girl-subjects at the same time as becoming subject to particular gender rules and how being intelligible as a girl means continually citing those rules. This resonates with how some gender non-conforming youth write online about social reminders (from family and peers) and bodily reminders (pubertal development) that they were supposed to be aspiring to subjecthood as teenage girls when, in fact, they may have spent childhood considering themselves as boys. Sam, writing at the age of 15, describes this:

> As a child, I wore boys' clothes but my mother stopped letting me do that. For me, body dysphoria started when I was around 9 or 10. When I was about 12, I started dressing androgynously and that made the dysphoric feeling worse. It got even worse around 14. I tried wearing 'feminine' clothes – not that feminine, but feminine for me. That is when I started self-harming.

And:

> When I was a child, I thought I was a boy, but as I got older people constantly said 'you're a girl'. I had thought I would go through male puberty so it took me a while to accept it when the monthly cycle started. I didn't tell my mother or anyone for about a year after it started.

Sam also wrote:

> I have learnt that talking with people I can trust helps with the dysphoria. I also bind and wear boys' clothes. That really helps a lot, but I'm still not comfortable in my body.

We can see that Sam engages in a variety of discursive and embodied practices to cope with the challenges of gendered subjectivation. The embodied practices have included wearing boys' clothes, trying slightly more feminine clothes, breast-binding and self-harming. The discursive and relational practices have included denying the existence of a menstrual cycle by not telling anyone about it, trying to make sense of others' assertions that 'you're a girl', constructing the feeling of distress using psychomedical terminology (dysphoria), identifying and talking with trusted others about gender distress and articulating a temporal relationship between pubertal development, gender distress and self-harm. We see what Sam presents as a fairly typical story for female-bodied youth who are trans or gender non-conforming.

While Youdell is not writing specifically about trans youth, it is useful to read Sam's story through Youdell's (2006: 44) text which we first introduced in Chapter 2:

> The girl is inaugurated into subjecthood through gender discourse – she at once becomes a girl and subject to the rules of being a girl. She must continually cite . . . these rules if she is to remain intelligible as a girl, and so as a subject.

Here, we see that Sam's persistent 'failure' to cite the rules of being a girl brought hir perilously close to unintelligibility, leading hir mother to discourage hir from wearing boys' clothes and leading others to remind hir of being a girl. Sam, like many other female children who are used to being tomboys, was completely at odds with the new reality of being subject to the rules of being a girl and was distressed by hir body's apparent signs of development towards womanhood. But how could this be read differently? Does the development of breasts, for instance, have to be experienced as feminine?

To address this question about the relationship between breast development and femininity, we consider the diverse possibilities for embreastment: the professional bodybuilder whose breasts are dwarfed by pectorals; the lean sportsperson whose breasts may be sculpted to relative flatness by fitting clothes; the butch dyke whose breasts in no way

detract from the way she does masculinity; the woman whose breasts have been removed so she can survive cancer; the trans person who binds hir breasts; the chubby pubescent boy and the ageing man who start developing breasts. Are all breasts really feminine? Do breasts have to be such a potent marker of femininity that they are necessarily the site of intense gender-related distress for female-bodied trans youth? Under what circumstances can embreastment be claimed as androgynous, as masculine, or as genderqueer?

Toni describes the extent of hir distress and the way in which breasts are a site of that distress:

> It is torture to be in a body I completely despise and to know I can never get to my true self. I 'punish' my body by self-harming. I hate my breasts, so I cut them. I hate my feminine hips so I try and rip off the flesh. I can't ever become completely me so my life is a lie. I don't see any point in life.

In no way do we wish to deny the distress being expressed here and the fact that this kind of embodied distress is very much a part of many trans people's experiences. For many gender non-conforming youth, embreastment is intensely distressing. In asking whether embreastment might also be claimed as androgynous, masculine, or genderqueer, we are not proposing to magically erase trans-embodied distress. But we are opening up the possibility that, for some, the specific distresses of female pubertal development could be reframed. There could be space made for breast development to signify something other than subjection to the rules of being a (normatively gendered) woman. There could be more cultural spaces – in schools, online, in the context of sexuality education, in film, in fiction – for the diverse possibilities of embreastment to be explored. At present, it seems that generation after generation of female-bodied children are expected to go through the (at best) peculiar and sometimes intensely distressing experience of breast development with absolutely no cultural or discursive resources for making sense of that experience. No resources, that is, other than the appalling representations, of breasts and what it means to have breasts, that are offered by mainstream media, through school playground talk and, in more recent years, within online porn.

It is no wonder that research with cis-girls and trans youth alike reveals ongoing awkwardness around the issue of visible breast development. Various studies have examined the way breast development can be accompanied by shame, in relation to sexual harassment (Lindberg

et al., 2007), the cultural meanings assigned to breasts (Millsted and Frith, 2003) and the typical experience of embarrassment in relation to signs of breast development (Brooks-Gunn et al., 1994).

Both breast development and the menstrual cycle can be experienced by female-bodied genderqueer youth as an unexpected bodily betrayal (Rubin, 2003). Youdell's image of the struggle between the material body and the speaking subject seems appropriate here: 'The material body . . . elbows its way into any discussion of the speaking, discursively constituted subject. At the same time, this speaking subject shouts over any discussion of the material body. The subject is inseparable from his/her embodiment' (Youdell, 2006: 47). So, puberty elbows its way unexpectedly into the lives of some gender non-conforming children, pushing them to start more assertively finding ways to articulate their refusal to fit in with expected gender norms, producing speaking subjects who may eventually find it necessary to shout about their distress (or to quietly start self-harming). How could this scenario be different if the discursive resources to negotiate gender non-conformity and the awkwardness of pubertal development were made readily available to children and youth? Instead of waiting until gender non-conforming youth find a language for their distress and learn to shout over the bizarre changes that are taking place (simultaneous changes in their bodies' sex markers and adults' expectations of them as gendered subjects), perhaps adults could be more proactive in making discursive resources, and embodied practices, available, so that youth who are more comfortable with alternative modes of gendered subjection have a route into that.

Currently, it seems that many youth struggle alone, perhaps for years, to find ways to articulate the disjuncture they experience between the gendered performance expected of them, their own sense of themselves and the bodily changes occurring. It is not clear whether puberty-suppression programmes offer a diverse range of discursive resources and bodily practices, facilitating a range of possible genderqueer understandings, or whether those programmes primarily offer the trans-normative vision of medical reassignment (Roen, 2011). This presumably depends on the adults who happen to be supporting the young person through their late childhood and early teens.

Emotional, agentic embodiment

> I've burnt my finger . . . – the burnt skin is rough and it hurts now – it was numb before. I do other things too, cutting, burning, beating,

> erasing myself – but I don't open the skin. I have loads of suicidal thoughts and have attempted suicide (more than once). I am seeing a counsellor but not one that knows about gender identity issues, because I am not completely out. . . . I need support like crazy. I need somebody that understands the pain and struggle I am going through. . . . I just want to say . . . Help! Before it is too late . . . (crying).
>
> (AJ – school age)

Emotions have been viewed historically as 'irrational, crucially embodied, part of our animal evolutionary past, and often particularly feminine' (Campbell et al., 2009: 9). Yet, as these authors go on to explain, the role of emotions 'in directing attention and motivating action has been an undeniable dimension of agency' (p. 9). It makes sense to examine in tandem the role of emotions and the workings of agency. If self-harming acts are expressions of, and ways of dealing with, intense emotions, then what role might self-harming play in being an agentic subject? Some would explain that they self-harm as a way of avoiding suicide, as a way of surviving and coping emotionally. Here, self-harm becomes bound up with self-care. This is consistent with the way Inckle (2007) writes about harm reduction: the point is to provide discursive and material spaces where it is possible to see self-harming respectfully, as part of a process of coping and, ultimately, self-care. Here, self-harm is a way of acknowledging and managing emotions and being an agentic subject. This is a radically different picture from a self-harming subject who has lost control, become irrational and can only be helped through psychomedical intervention.

Self-harm is often described as a last resort, when other courses of action have been exhausted or thwarted. This would suggest a severely limited range of available options; nevertheless, each contributor could be said to emerge as an agentic subject in some way through what they write. Some, such as AJ (above), show that they have been able to enlist professional support and that they know when things are bad enough to call for help. Others present themselves as agentic subjects in terms of their clothing choice and breast-binding, engagement with a community of similar others, choosing distracting activities to take their mind off self-harm, entertaining the possibility of future agency, finding articulate ways to describe their gender identification and through deployment of psychomedical discourse to validate their concerns. Despite these examples of agentic action, it is clear that for many who are writing about self-harm online, agency may hover in a space of potentiality and hope, while what is written is more explicitly

characterised by forced choices and hopelessness. While AJ describes hir involvement in networks of similar others and hir progress at getting professional support, it is clear that the main focus of the above post is a call for help.

Not all painted such a constrained picture. Kerry, for instance, highlights the importance of searching (online and elsewhere) for words, meanings, narratives that help one to make sense of one's own experiences of gendering and embodiment. In this way, s/he is agentic in negotiating meanings, making sense out of distress and contradictions, and things that do not seem to have made sense for some years, but eventually can be made sense of. This resonates with the work of Meynell (2009: 11), who points out that 'paying attention to embodiment . . . is an important and fecund ground for theorizing agency.' Meynell writes about how trans subjects may 'come to be at home in their own bodies; thus, genderqueer transformations are seen to be deeply personal transformations that are also political' (p. 13). This personal and political process is evident in the way Kerry actively negotiates a complex gendered, embodied sense of self, and communicates about this long-term sense-making process online, sharing reflections on the process, sharing the words and labels that have been helpful and sharing hir own narrative. S/he is agentic in searching for similar others, searching for some kind of community or communality, and eventually contributing to producing such community (or, at least, sharing of ideas) by sharing hir own sense-making process online and in interaction with similar others.

Ultimately, for some, opting not to seek medical reassignment may be seen as an empowered choice: Kerry recognises the wrong-body discourse as a dominant and possible way of making sense of hir trans experience, but ultimately refuses this discourse and instead develops a genderqueer framework of understanding which does not feature reassignment as a likely course of action (though this could change in the future, for all we know). In sum, Kerry presents hirself as agentic in the process of meaning-making and coping with the complexities of female embodiment and a genderqueer sense of self. Self-harm features in this process of meaning-making and coping, as does a refusal of dominant transsexual understandings. Here, the process of meaning-making and the possibilities of bodily intervention are intricately intertwined. Indeed, bodily intervention via self-harm and bodily intervention via hormones and surgery sometimes walk the same tightrope. As Toni writes:

> I would guess that nearly all the trans community self-harm. Our bodies just are not our real bodies, so harming them does not seem wrong. Cutting doesn't bother me, although I know it should. Cutting just leaves scars and my body will be scarred whether I cut or not.

The wrong body, the scarred body, the unwanted body appear again and again across trans narratives, and these aspects of trans embodiment are deeply bound up with questions of agency. Shotwell (2009) tries to conceptualise this relationship, taking into account the possibilities of bodily transition and political challenge. Shotwell (2009: 69) poses some questions that help to focus attention on what is going on here:

> How to 'have' gender in ways that acknowledge its socially stabilized nature, destabilize it, and yet be safe enough? How to find comfort within or despite a gender binary system that one is awkwardly situated in relation to? How to find deep, physical comfort in transitioning and passing yet fight gender-normativity?

So embodied agency may involve a continual (re)negotiation of tensions and relationships around the need to challenge binary gender and the need to feel at home in one's body.

Inckle's (2007: 143) writing about women and self-harm focuses on body-marking as intervening in, shaping and 'articulat[ing] the embodied and gendered self'. To do this, she refigures 'the notion of agency and the gendered social context of body practices' (p. 143); a reconfiguration that works from an embodied position and 'enables a move beyond the binaries of agency and mutilation and opens up an understanding that is empathic, holistic and intersubjective' (p. 143). What is important about the embodied reading that Inckle produces is the way it transforms understanding, not only in relation to self-harming practices, 'but also in terms of the very processes of knowledge-production that claim to define them' (p. 150). This is the kind of transformation we are proposing: one that shifts thinking about the relationship between self-harm and gender non-conforming youth, one that works critically from the understandings of gender non-conforming youth to refigure self-harm and look anew at the role it plays, and at the possibilities for agentic trans embodiment.

This transformative work of knowledge production cannot be done alone and is, as such, collectively embodied. Shotwell captures this, as

he weaves relationality and sociality into the picture. He reminds us that finding similar others is so important to managing the negotiation of these tensions in an agentic way: 'stitching together sociality and embodied experience . . . [is] one aspect of the complex, agentful living implicit in flourishing' (Shotwell, 2009: 73). The word 'flourishing' suggests that Shotwell sees a picture that is sharply juxtaposed against Toni's feeling of being inevitably scarred, inevitably damaged at both the emotional and corporeal levels. What might we achieve by expanding upon and conceptualising the flourishing of genderqueer and questioning youth? How would this field of research look different if the focus were on flourishing rather than on risk factors, for example? Could flourishing become more likely if the focus were on gender euphoria rather than gender dysphoria (Benestad, 2009)? Under what circumstances might diverse gendered possibilities be a site of flourishing rather than a site of distress? Within what sociocultural contexts would it be possible for queered bodies not to slide so readily into becoming self-harming bodies?

Opportunities for intervention

> Many people write about the work of making their bodies homeplaces, though the explanations for how this happens vary from needing to make the outer body match a coherent inner self to needing to find social spaces for ambiguous, queered bodily expression of gender.
>
> (Shotwell, 2009: 67)

Bodily intervention is a recurrent theme in the data, both in the form of self-harm and in relation to sexed or gendered appearance. What contributors have written suggests that bodily intervention can address corporeal sites of distress (breasts, hips); it can come in the form of punishment (inflicting deserved agony); it can be a means of becoming comfortable (binding and wearing boys' clothes); it can be part of future possibilities (considering taking testosterone). The express wish to undergo reassignment does not appear in these texts and is only sometimes hinted at speculatively, not framed directly as a response (or solution) to current distress. Bodily intervention is produced as central to the process of becoming a gendered subject and managing the distress of unwanted bodily developments and features. As far as it is described in these excerpts, intervening with respect to the body only seems to offer limited opportunities for agency, and those who suggest that they

are now feeling less distressed, do not primarily cite bodily intervention as a route to that but, rather, point to supportive relationships (with partners, friends, or therapists, for example). Non-harmful ways of intervening in relation to the body (via exercise, for instance) are highlighted by some as worthwhile alternatives to self-harm. Others, such as Toni (cited earlier in this chapter), describe the body as something that is wrong and deserves to be harmed.

There are opportunities for other kinds of intervention here. Well-informed support people (whether health professionals, educators, parents, or peers) could usefully talk about different kinds of bodily interventions – we all engage with and intervene with respect to our bodies in various ways – and this could be infused with an awareness of the wider range of possibilities, rather than just focusing on popular and normative interventions (for example, those to do with dieting, fashion and sport). Making diverse possibilities visible – normalising them and opening them up as a topic of conversation – may make it more viable for youth to take a more informed and agentic approach to how they relate to their bodies. Without proactive discussion of more diverse types of bodily intervention (including those that alter gender presentation, those that relate to marginalised identities, those that impact on emotional states and those that may be an alternative to self-harm), many young people have few sources of information about bodily interventions other than those that are aggressively marketed and/or are the focus of popular culture, that is, those that are almost inevitably normative and excluding of many youth.

Here we are considering interventions that work across the material and the discursive: interventions into embodied ways of knowing and embodied practices. Some online contributors intervene by doing discursive work that relates to queer-embodied ways of knowing. As Kerry wrote:

> This is an account of how I have come to describe myself as genderqueer. . . . I now realize that aspects of one's identity can be fluid or fixed, and that it is a life-long process to understand oneself. This may be less tough if you can find not only the concepts but also the people and communities that have a similar quest for self-understanding.

Mobilising a genderqueer discourse, as Kerry does, may open up space for various sense-making possibilities, but to understand oneself in relation to genderqueer discourse, one must be able to work against

dominant discourses. The dominant discourses at play here propose a binary framework where one must either be gender dysphoric, and want to transition, or experience mind–body concordance. What is emerging from some of the data offers an alternative to this binary and suggests a process of queer embodiment where embodied becoming (coming into being as a genderqueer youth) is made possible through embodied ways of knowing (things that make immediate sense) in tandem with the discursive work of genderqueer (norm-critical discursive framings of gender). The discursive work being done here is a struggle and it takes its toll, a fact that contributors are clearly aware of and not taking lightly. They are very consciously and proactively doing something discursive to intervene in both trans-normative and gender-normative approaches, and thereby forging a queer alternative. Self-harming can become interwoven in this ongoing project, according to what contributors write.

The analysis presented here is intended to open up new ways of thinking about intervention. It provides support for a harm-reduction approach as well as harm-prevention measures. Reframing the way bodily intervention is conceptualised in relation to trans youth may act as a preventative measure: many different ways of relating to the body are possible, none is inevitable and these will not necessarily provide a solution to gender-related embodied distress. Acknowledging that self-harm is one kind of bodily intervention that some genderqueer youth engage in, but not positioning that as inevitable, may open possibilities for a respectful understanding of the role that self-harm (like other bodily interventions) can play for some people at some points in the lifecourse. Contextualising self-harm in relation to other bodily interventions, deemphasising its value as a coping strategy and destigmatising it may all be useful elements of a harm-reduction approach.

As we saw in the previous chapter, self-harm and suicidality are, alarmingly often, an issue for trans youth, with up to 45 per cent reporting having attempted suicide (Herman et al., 2014). Following Ahmed's (2004) suggestion, introduced in Chapter 2, that particular kinds of emotions 'stick' themselves to particular kinds of bodies, the possibility of self-harm could be said to be 'stuck' to trans youth. That is, processes of gender-questioning and genderqueering, and intense feelings of embodied distress, are discursively/emotionally stuck together. The wrong-body discourse, and the repetition of trans narratives about medical reassignment as a solution to trans-embodied distress, has ensured that particular kinds of emotion stick to trans and genderqueer bodies. Labels such as 'trans' may stick to some bodies, opening the way for

particular emotional trajectories and bodily practices, and closing the way for others.

Just as Ahmed describes the word 'terrorist' sliding into other words, such as fundamentalism, Islam and Arab (Ahmed, 2004), so we must notice what kinds of sliding take place from words such as transgender, gender-questioning, genderqueer. There is a potential slide towards wrong body, hormonal intervention, surgical intervention and transsexual. There is also a potential slide towards dysphoria, depression, self-hatred, self-harm and suicidality. These are pathways of association that have been traced again and again by generations of people who question assigned gender, who question binary sex, who question the taken-for-granted truth of bodily sex and who feel at odds with normative gendered performance. But these pathways and associations are not inevitable; these particular emotions and bodily practices do not need to be stuck together, or slide into one another, like this.

Suicide prevention and harm-reduction strategies can involve breaking the apparent inevitability of these pathways, promoting, instead, multiple possible associations and (queer-embodied) practices and interventions. The young people contributing to online discussion about their gendered ways of being and their self-harming offer a glimpse of alternative associations, practices and interventions. What is needed is to develop these alternative possibilities and to articulate more fully the material and discursive interventions that can make the slide from gender non-conforming to embodied distress to self-harm seem much less inevitable than it may currently seem for some. Articulating more fully a range of genderqueer possibilities, genderqueer ways of being and knowing, is one approach to making visible alternatives to a wrong-body discourse and to the imperative of body alteration.

We are not advocating an approach that would do away with transsexuality. We are not arguing against bodily intervention or minimising the embodied distress that many transsexual people feel. We are examining how embodied distress may be framed differently; as not inevitable for all trans people. We are opening up a space within which to consider how embodied distress may be lived with differently – as not always leading to self-harming or medical reassignment. The point of this analysis is to highlight the extent to which queer-embodied distress is a product of societal norms (norms that discredit youth, norms that frame difficult emotions as pathological and norms that insist on binary gender, among others) and may be experienced and expressed differently by different people. The point is to open up space for a range of alternatives: genderqueer alternatives, non-self-harming

alternatives, harm-reduction alternatives, empowering and community-building alternatives. We think in more detail about self-harm reduction in Chapter 8.

Youth and futurity

While some of the posts analysed in this chapter draw attention to genderqueer possibilities, many draw out themes of temporality and futurity. This is consistent with academic and popular writing about queer and trans youth. Queer youth are repeatedly told that things will get better: discourses of neoliberal subjecthood and developmental discourses are mobilised to produce the idea that the struggles of youth will be superseded by a mature, proud, confident, autonomous state of 'out' adulthood. Such a vision of adulthood is predicated upon assumptions about class (educational attainment and socio-economic privileges that may temporarily enable such security and autonomy), assumptions about health and ability (for the possibility that queer youth may become adults who are mentally unwell, chronically ill, or physically disabled is not entertained within this discursive framing) and assumptions about the desirability of particular kinds of white homonormativity. Such a vision of adulthood, in other words, is only going to appeal to, and be viable for, a subset of queer youth. So what of the rest? What of those who do not or cannot aspire to socio-economically privileged, white, homonormative futures? Are they to disappear into the shadows and accept that, actually, things won't get better? And what of gender non-conforming youth who may or may not fit into a kind of trans-normative pattern of acquiring meaningful subjecthood via surgical and hormonal reassignment?

In this chapter, where we examine the roles that self-harm can play for trans and gender non-conforming youth, visions of a future self are central: possibly a future self who has transitioned or who has found a community of similarly gender non-conforming others. The sense of not-yetness is palpable in the writing of gender non-conforming youth online. The contributors whose posts are analysed here refer to the possibility of being able to come out to family *later*, of being able to find similar others *in time*, of being able to access specialist gender-identity services *in the future*, of considering medical reassignment *eventually*. And during this time of the not-yet, self-harm seems to become a way of getting by.

Jan describes hirself as neutrois and as not having a gender. S/he writes about experiencing dysphoria and wanting to make hir body as sexless

as possible. As Jan describes it, self-harming seems related to anxiety and includes hitting the wall and scraping hir hands, which s/he writes about doing 'often'. At the time of writing, Jan feels bad enough to want to buy some razors, but doesn't have any way to get to the shop. Jan says s/he just needed to tell someone and thanks the reader for listening to hir. While Jan is writing at a time of very immediate present distress, much of what Jan writes points to the future: to what is desired, what is possible and what is impossible. Jan's writing about present distress is oriented towards future possibilities: what might happen in the future and what is feared. Jan writes of being: 'terrified of coming out, terrified of being disowned, ignored, hated'; 'terrified of trying to find a job in [this] super-conservative [city] while I transition'. Jan also writes that 'hormones are not an option. Not right now' and 'taking Testosterone . . . requires coming out to my mom . . . coming out to my grandma, and . . . I don't think she could handle it.' Through these statements, Jan is projecting hirself into a terrifying future: a future where s/he is disowned, ignored, hated and jobless; a future where s/he has come out to family members who respond badly and is transitioning without support from anyone. The sense of terror that is associated with this future leaves Jan considering cutting hirself with a razor s/he does not have. Although these ideas about the future are associated with frightening emotions for Jan, s/he seems able to calmly describe how s/he sees hirself – as neutrois, as not having a gender, as wanting to make hir body sexless.

Jan's writing very clearly posits self-harm as a way of getting through the years of waiting for an imagined future when it may be possible to come out/transition. The way self-harm functions here, in relation to gendered 'failures' and gendered futures, deserves our attention. Halberstam (2011) offers a useful critique of the kinds of successful futures supposedly available to youth and develops a kind of low theory to show how failure may actually be more appealing – more viable and more freeing – than success. Halberstam explains, 'gender failure often means being relieved of the pressure to measure up to patriarchal ideals, not succeeding at womanhood can offer unexpected pleasures' (p. 4). Halberstam draws from Foucauldian understandings, encouraging the reader to pay attention to subjugated knowledges, that is, forms of knowledge that 'have not simply been lost or forgotten; they have been disqualified, rendered nonsensical or nonconceptual or "insufficiently elaborated" ' (p. 11). This resonates very strongly with much of what is going on with queer youth and trans people, and within intersex politics too. Being able to elaborate and articulate more fully – and

as epistemologically valid – various kinds of queer-embodied knowing seems like a useful project. Halberstam explains that 'we have to untrain ourselves so that we can read the struggles and debates back into questions that seem settled and resolved' (p. 11). What kinds of untraining are needed to shift thinking about the role of self-harm for queer youth and the role of medical intervention for trans and intersex children/youth?

Halberstam describes low theory as 'theoretical knowledge that works at many levels at once . . . seek[ing] not to explain but to involve' (p. 15). S/he draws from Stuart Hall's idea that 'theory is not an end unto itself but "a detour en route to something else" (1991: 43)' (p. 15). Low theory, Halberstam explains, is 'a kind of theoretical model that flies below the radar . . . and that refuses to confirm the hierarchies of knowing that maintain the high in high theory' (p. 16). The work done by youth online, as they negotiate genderqueer possibilities, is a productive example of low theory. To see how this is working, we will consider a post from Kerry who had been searching online, apparently over a period of years, trying to find similar others, or references to people who had experienced what s/he was experiencing. Kerry wrote:

> I would find accounts of people who were female-bodied but who identified with a male gender, and who felt like they were 'born in the wrong body'. That fitted how I felt some of the time. But it was difficult to find stories of people who didn't really experience childhood dysphoria.

Then, s/he wrote:

> The more I read, the more concerned and confused I became about my feelings. I had felt quite a lot of discomfort about my physical form, yet the idea of hormones or surgery was scary. Am I 'less trans' if I don't want to take those steps?

Kerry explains how s/he observed some young male musicians wearing makeup and s/he liked that look. S/he also started wearing makeup, but this made hir wonder further how to define hir identity. She wrote:

> I wasn't able to find information about FTMs who appreciated a feminine aesthetic in their own appearance. I knew that one could want to pass as male . . . but what if I feel like I am part female and part male?

Kerry described feeling 'maleness' inside, yet wondered what that could mean if s/he also enjoyed some 'girly' things. Eventually, through some years of searching, struggling and exploring ways of explaining and describing hir own configuration of attractions and identifications, in hir early 20s, Kerry started to find similar others and to craft identity terms that seemed to fit. S/he wrote:

> I found numerous stories of people who were like me with regard to identity and attraction. But I still wondered: did I feel part male and part female? And was I so uncomfortable about my body that I would want to change it, as I had as a teenager?

Kerry describes the concept of genderqueer as one of the turning points in hir process of self-discovery and came to describe hir process of self-discovery as a highly individualised and ongoing process, involving 'common threads' from others' stories. So it was, through a detailed and lengthy investigation of sexual desires and attractions, gender aesthetics and bodily experiences, that Kerry found a way to think of hirself that resonated with others' descriptions and for which s/he could find or create terminology. S/he wrote:

> Over time, I increasingly found terms and communities that clicked with what I was thinking about myself – I was not crazy afterall!! It was about this time that the self-harming I had started as a teenager started to lessen markedly.

S/he went on to write: 'I couldn't help but make the connection between my self-harm and the sense of frustration I had experienced about my identity.' It seemed clear to Kerry that self-harming happened less the more s/he came to understand hir gender and sexual identity, find terms to describe it and find similar others online.

At the conclusion of hir post, Kerry presents the reader with a list of gender and sexuality terms that currently works as a description of how s/he feels. Together, the terms open up space at the intersection of female-bodied/gay man/androgynous/feminine. This is clearly a space that has been crafted through some years of searching and struggle; and, having crafted this space, Kerry shares this online with the expressed hope that others may benefit from it. Others may find this space gives them room to breathe, makes life liveable, makes genderqueer embodiment make sense, and Kerry is mindful of the importance of people doing this for one another in the context of a virtual genderqueer

community. In doing this, Kerry is very much participating in the production of low theory: engaging in subjugated knowledges, unsettling questions that may previously have seemed settled or resolved and working with theory that not only explains but, crucially, involves. By articulating hir ideas online and writing explicitly to an imagined audience of gender-conforming youth, Kerry invites involvement and treats the production of genderqueer knowledges as participatory, engaged, multiple and ongoing.

Read in this way, the online posts are a work of low theory or subjugated knowledges that are being produced and negotiated by young people. Their understandings are often built in opposition to the dominant (psychomedical) understandings about queer youth and about self-harm. These subjugated knowledges are flying under the radar – they are not impacting on the dominant understandings. They are also not an end unto themselves – the point for the contributors is not to produce theory but to survive, and they do this by seeking others who can help them articulate their struggles and make sense of the specificities of queer-embodied youth struggles at a particular historical juncture. Many of these youth will have had access to visible LGBT icons: there is a discourse of LGBT pride, it is understood that one can 'succeed' as LGBT by coming out and being proud. But this is not a path that is viable or appealing to all. As Jan's writing suggests: this future vision of being 'out' as a particular kind of trans subject may contribute to feelings of fear, feelings that one must wait for this imagined future, that one is a failure and that one might reasonably resort to self-harm to cope.

Halberstam (2011: 23) presents notions of failure that are concordant with some directions within queer theory, writing about failure in relation to 'modes of unbeing and unbecoming' which open up for different ways of knowing or relationships to knowledge. In Halberstam's terms, some of the young people we are interested in (those who are on an alternative path rather than being the poster youth of LGBT movements or puberty-suppression programmes) are engaging in creative failure. And that failure opens up spaces for uncertainty (they are having to map out their own path, work through their own struggles) and spaces for creativity (they are crafting a body of knowledge). They do this through blogs, forums, social media sites, Wikipedia, YouTube and so on. Of course, the idea of 'success' is an illusion; this is an illusion that has been crafted by previous generations of LGBT activism that have made it possible (for some) to come out and be proud. And there is a price to pay, as Halberstam makes clear, for sticking with a path towards

(normative) success. There are risks either way. So what can be offered by a theorising 'that finds purpose in its own failure' (p. 128), in offering productive re-readings of minoritised youth's self-harm?

While previous generations of LGBT activism and thought have provided certain kinds of 'freedom' (freedom to identify, to be out, to marry, to transition), queer youth may experience these 'freedoms' precisely as 'new modes of imprisonment' (Halberstam, 2011: 130). What might it mean, alternatively, to imagine freedom as 'a not yet realized social order' in which the subject's incoherence provides an escape route from a path leading 'inexorably to fulfillment, recognition, and achievement' (p. 130)? Rather incoherence than 'successful' trans subjecthood: subjection to the poster trans-youth narrative. What alternatives are open to gender non-conforming youth other than poster status (persistence in a puberty-suppression programme and 'successful' transition), failure (desistance, changing one's mind during adolescence and not continuing with transition), and incoherence (self-harm)? How can we trace incoherence as it plays through both possibilities (success and failure)?

Reading queer youth self-harm in relation to Halberstam's analysis, we might see it as minoritised youth's attempts to remake themselves 'as something other than a repository for their LG foreparents' dreams (to be out and proud), late capitalist demands (to consume), and the normative (classed and racialized) imperatives of "success" (or the endless potential of "youth" as future successful subjects)' (p. 135). We might consider self-harm as a way of reconfiguring 'the relationship between self and other, . . . self and power' (p. 135), self and the normative (political) imperatives that are faced by youth. While previous generations of trans people have rightly pointed to the trauma of pubertal development as a significant and unnecessary psychological burden, the idea of presenting puberty suppression, hormonal reassignment, then surgical reassignment as an approved pathway to follow leaves many other possibilities underexamined. Contemporary youth who strive to formulate genderqueer, or genderless, identities, do not necessarily want to follow the desires of their transsexual forbears, but if that is the primary pathway that is made visible via trans-friendly health services, they may face little choice. As the options are constructed, the possibility of failure looms large: failure of genderqueer youth to achieve adulthood within any recognisable gender framework. Relative to the possible failure to be legible as human, the possible failure to avoid self-harming might seem less daunting.

Gender-questioning youth community

We are arguing that the practice of writing about genderqueer and trans identities and embodiments online, negotiating and refining understandings and terminology, crafting words and spaces that make it possible for previously unintelligible bodies and uninhabitable spaces to become intelligible and inhabitable, is an example of low theory. It is an example of the collective and ongoing production of subjugated knowledges among queer youth (and not only youth). This provides an interesting counterpoint to the more familiar representations of (i) youth as subject to peer pressure, and (ii) the Internet as a place where young people get dangerous ideas (for example, ideas about online suicide pacts). Let's think critically about these two familiar representations in turn.

In the context of youth self-harm research, it is not uncommon to read of youthful peers as bullying, rejecting, homophobic and unsupportive. It would be easy to get the impression that young people have great capacity to harm one another and little capacity for productive relationships in the face of normative pressures. Lesko (2001) writes usefully about the way peer pressure is figured within the construction of adolescence. She questions taken-for-granted understandings about adolescence and adolescents, examining how adolescents have come to be viewed as 'peer-oriented' (p. 4) in a context where individualism is valued. She explains that to 'demean peer pressure also has the effect of privileging an individualism that is historically associated with middle-class, white males and is largely alien to the experiences of many people of color and women' (p. 4) and, we would add, many queer people. Lesko also explains how less-individualistic ways of being have repeatedly been associated with lower levels of development, pointing out how gender, cultural and age groups have been characterised in this way. The fact that queer youth have a valuable resource in one another, and are perhaps most likely to encounter one another in online spaces, is discounted within models that depict individualised, medicalised solutions to severe emotional distress and cast peers as almost inevitably either indifferent or part of the problem.

The data we have generated through our online searches show many examples of queer youth being very proactive and thoughtful towards one another, repeatedly reaching out to offer support. Some specifically seek to offer support to one another as trans youth, such as the following excerpt shows:

> I thought I'd pop in and let people know I'm here for those who feel in need of support over Christmas. I will be here, online, everyday up to New Years. I'm mostly here for transpeople, but if anyone else feels depressed coz of family or just coz of this time of the year, drop me a line.
>
> (Posted on a youth support website)

Others have also written about the idea of trans community as a kind of home, where the possibility of being 'at home in one's body is shown to be entwined with being at home in one's community' (Meynell, 2009: 13). Clearly, from the above post, Christmas time is not necessarily a time when trans people feel 'at home'. Different kinds of home need to be constructed to provide a sense of safety and support. Importantly, for our thinking about the way some trans and genderqueer youth are creating community in online spaces, Shotwell writes: 'Having these collective spaces – discursive and actual – fuels individual and collective political transformation. They become the space into which we can *enter* as someone we feel at home being' (2009: 71).

That some trans and genderqueer youth do find one another online, do maintain supportive contact, sometimes helping one another to stop self-harming, suggests that the usefulness of this peer group, and of online spaces, cannot be overlooked in any analysis of queer youth self-harm. It is very likely that a trans or genderqueer youth will not be at school or in families with similar others, but they may find similar others online. The productive opportunities this offers, for promoting trans/queer-friendly spaces and non-harming (or harm-reduction) alternatives must not be overlooked. These opportunities are worth exploring for those who seek to work well with gender non-conforming youth and to address self-harm.

Conclusion

This chapter highlights some of the opportunities and challenges emerging from an analysis of genderqueer and gender non-conforming young people writing online about their self-harming and embodied distress. Opportunities we see include the development of gendered ways of knowing that step outside of the trans-normative/gender-conforming binary and that circulate around the concept of genderqueer. This concept seems to provide a place of agency and empowerment for some. Challenges we see include the tendency for the concepts 'transgender', 'gender dysphoric' and 'self-harming' to slide into one another, as

though it is almost inevitable that trans youth are 'at risk' of self-harming. We have sought to develop an analysis pointing to discursive and material interventions that could interrupt this slide towards self-harm as an almost-inevitability.

We continue disrupting this notion of at-risk youth in the following chapter by taking a relational approach. We examine queer youth, trans youth and genderqueer youth experiences of connection with others or isolation from others, and the affective and embodied role this plays. We focus on examining how relating, connection and isolation feature in the lives of queer youth who might be self-harming or feeling suicidal, and the opportunities this may create for lessening distress.

6
Connection and Isolation: A Relational Perspective

Research on suicidality has often engaged with themes of connection and isolation, and these themes were taken up in our earlier work too (Roen et al., 2008). It was Durkheim (1952 [1897]) who first theorised suicide in relation to social context and social bonds, with the understanding that many instances of suicide can be attributed to people feeling lost or alone (anomic suicide) or to a weakening of social bonds (egoistic suicide). In more recent decades, Pritchard has suggested that a person who is experiencing suicidal distress may feel rejected. The person then rejects the unresolved pain and rejects the immediate world with its troubles. The family shares this ultimate rejection, because the person did not apparently value them sufficiently to want to live (Pritchard, 1995). Here, Pritchard presents social connectedness as key to understanding and preventing suicide. Fullagar also indicates that social connectedness seems to be crucial, suggesting that suicide may be understood as something that happens 'where connectedness is severed' (Fullagar, 2003: 300). The idea that a suicide attempt is a cry for connection has also been developed by some researchers (Bettridge and Favreau, 1995; Canetto, 1997). Based on our own previous research concerning young people's understandings of youth suicide, we have come to understand that it is not primarily psychological states (or mental illness) that are the key to understanding suicide. Rather, suicidal acts may be understood as ways of responding to a psychosocial dilemma. This dilemma concerns 'the desperate need for connection with others in tension with the inevitable difficulties inherent in that connection' (Roen et al., 2008: 2096).

With regard to queer(ed) youth in particular, the association between suicidality and isolation and loneliness has been established repeatedly through decades of research. In the 1980s, for instance, Martin and Hetrick reported that over 95 per cent of gay and lesbian youth

felt alone and unable to find others with whom they could share their feelings (Martin and Hetrick, 1988). Numerous other researchers have presented similar findings, which are aptly summarised by Sadowski and colleagues (2009), who write that gay and lesbian youth have been reporting isolation consistently through research that has been published during the past two decades. Sadowski and colleagues' detailed research with a small LGBTQ[1] sample shows how some youth are specifically 'subject to isolation, rejection, and relational violation for reasons associated with their LGBTQ identities' (Sadowski et al., 2009: 191).

The present chapter addresses queer youth self-harm and suicide from a relationship-oriented perspective. The focus, then, is on young people's experiences of connection with, or isolation from, others, and the affective and embodied role this plays. To examine how relating, connection and isolation feature in the lives of queer youth who might be self-harming or feeling suicidal, we explore the way emotions and relationships are intertwined in the process of managing queer sexualities and genders. We read the emotional and relational work being done by queer youth through theoretical understandings of how norms work: heteronorms, developmental norms and neoliberal norms. The analytical work we are doing in this chapter focuses mostly on narratives about specific relationships that seem implicated in self-harm and suicidality in some way, from the perspectives of the young people involved.

This chapter is structured in four main sections. In the first of these, we focus on how queer youth talk about connection with others and the related emotions, exploring shame in particular. The second section extends thinking about emotion to develop the concept of emotional norms that are inevitably bound up in heteronormative sociocultural contexts. The third section offers an analysis of online data where queer youth write about how they experience particular relationships in their life as implicated in self-harm and in suicidal feelings. This includes relationships that cause distress, leading to self-harm, and relationships that play a protective role, helping to reduce self-harm. Finally, we develop the analysis of the online data, exploring its discursive workings with a focus on the roles of secrecy, hiding and failure in the relational worlds of queer youth who write online about their self-harming and suicidal feelings.

Connection and emotion

Our existing empirical work has demonstrated how relationships and social connections are embedded in young queer(ed) people's accounts

of their non-conformist sexual/gender identities (McDermott et al., 2008). This is significant in two respects: first, in relation to the importance of continuing support and love from close relations such as family and friends; and second, in relation to the need to connect with similar others via spaces where young people 'try out' their emerging sexual/gender identities such as queer groups, the Internet and the commercial scene.

However, forming relationships with other human beings involves emotions; it is not, as our studies made clear, a simple dynamic, and may involve the negotiation of difficult emotions. In particular, social connection has been associated with shame by psychoanalysts (Lewis, 1992), psychologists (Tomkins et al., 1995), cultural theorists (Probyn, 2005; Munt, 2007) and sociologists (Scheff, 2000; Fullagar, 2003). In chapters 2 and 3, we introduced shame as an emotion that is central to the kind of distress experienced by queer(ed) youth and here we develop our thinking about shame with an eye to its role in social and emotional (dis)connection. Probyn (2005: 13) draws extensively on the work of American psychologist Silvan Tomkins in suggesting that '[s]hame marks the break in connection' and that we must 'care about something or someone to feel ashamed' when the sense of connection is not reciprocal. Similarly, Munt (2000: 541) writes that 'shame is based upon separation and loss.' If we understand shame as 'aris[ing] when there is a threat to the social bond' (Scheff, 2000: 95), and if we agree that everyone 'fears social disconnection, being adrift from understanding and being understood by the other' (Scheff, 2000: 95), then we may begin to understand the role that shame and social disconnection play for some young people in the process of becoming queer subjects. We may, then, understand the potential vulnerability to distress. In the following extracts, young people (in our Face-to-Face Study) explain:

> As long as you have somebody to talk to so you don't end up thinking oh my god I'm just the strangest person on the entire planet I'm totally fucked, I don't deserve to be alive, ahhhhh kind of thing.
>
> (Lily, 24, transsexual/bisexual)

> Yes it's where you get your role, your role, main role models normally your parents and if they treat, mistreat you it's it you know, you should feel sort of safe around your parents and if they're a problem then there is nowhere to turn to.
>
> (Simon, 17, gay)

> Researcher: Do you think that kind of issues around sexuality are enough to drive people to . . . you know?
>
> Rosie: I can see how they could be, I mean it depends on how your family takes it, how your friends take it and where you live I suppose it's a combination of all those factors.

Lily's comment reflects the shame and alienation of being 'strange', linking it with suicidal possibilities. Simon and Rosie reflect on the importance of relationships with family and friends for feeling safe, supported and able to cope. In our Online Pilot Study, we explored how queer youth described their emotions and connections with others. This gives us an opportunity to explore how connections with others can help young people to deal with sexuality- and gender-related distress. The following two excerpts come from an online interview with someone who described herself as queer, pansexual, bisexual and 16 years old. These excerpts are interesting in that they highlight the way emotions and relationships are intertwined in the process of managing queer sexualities.

> Researcher: How did it make you feel when you began realising you liked girls? Happy? Frightened? Stressed? Excited?
> Ally: When I began realising I liked girls I was very scared, but only of the fact that I was going to have to tell other people. I was also quite relieved, like something had suddenly fitted into place.
>
> Researcher: Think of someone you have talked to about your feelings about your sexuality or gender. What kinds of things did you say to that person?
> Ally: At first I talked about being unsure about my sexuality and how I felt really confused and really lonely and there would be hardly anyone who I could talk to and would understand. When I was more sure of my sexuality I talked about how I was scared of losing my family and friends because my friends were very homophobic but also how I was much happier because everything fitted into place.

In the first of these excerpts, we asked about *emotion* and the answer went directly to the *relational*: the first emotion Ally mentions (being scared) concerns the process of having to 'tell other people'. In the second excerpt above, we asked what Ally has *said* about her *feelings*,

and her answer focused very heavily on how she felt in relation to issues of isolation and connection: she said she felt 'really lonely' and 'scared of losing . . . family and friends'.

Ally also makes the link between the relational, the emotional and the positive effects of connecting with others:

> Researcher: Can you tell me why you think talking to friends makes you less scared or worried about your sexuality?
> Ally: I think it makes me feel less alone and like I've got people to support me no matter what. It also helps me realise that other people are going/have been through the same thing or that they have worse problems than me.

Similarly, another online interview (with someone who described himself as a genderqueer transboy aged 18 years) shows how a question about emotion and gender identity prompts a response that is totally focused on relationships. When we asked: 'How would you describe your feelings (or emotions) about who you are in terms of your gender now?' Storm responded:

> It really depends on who I'm with. If I'm at home with family, it's often scary thinking about having to come out. I spend a lot of time thinking 'why me?' or worrying because I know I will lose one brother when I come out, possibly my mother and possibly my other brother. My Dad is really the only person I can count on still being there for me. And at eighteen, imagining being without my Mum and family is a scary prospect.
>
> If I'm with people who don't know, I quite often get down about hearing the wrong pronouns and names, but now I'm coming out to more people, and have had positive responses, I feel absolutely awesome.

So the very question of *how one feels about one's sexuality or gender identity* is interpreted, not unreasonably, as inherently relational. The question becomes, how do you feel *in relation to others*? The ongoing process of *becoming* (an agentic queer youth subject) is bound up in the management of relationships and emotions and normative expectations. And this is an embodied process. Storm explained how he had written a letter to friends and workmates to come out as trans and ask that they change their use of name and pronoun accordingly. In response, he received

some wonderfully touching and supportive replies, after which, as he explained to us:

> I spent the rest of the day with my heart fluttering, this excited/nervous feeling in my stomach (which I still get now just re-reading those responses) grinning like crazy and just feeling like I wanted to scream or sing or run or do something. I've never had such a physical reaction to anything like that before.

Here, we see how the emotional work of managing one's own gender expression in relationships with others is powerfully embodied and can be embodied in pleasurable and exciting ways. But the pleasure of relating to others around issues of gender and sexuality is heavily contingent on *who* those others are and *how* they respond – whether they offer respect and recognition or rejection and ridicule. Storm explains this contingency:

> With other queer people, I feel safe. If I'm on my own I panic that people might question my gender, or I might pass to some and not to others, resulting in awkwardness. But when I'm with other queers I feel invincible. If we get stares in the street 'cos people can't quite work us out, I don't care, because, as I put it in my diary the first time I went out with them 'trannies en masse is safe and secure'.

While some of the data, like this excerpt from Storm, reflect the powerfully positive emotions associated with connection and community, much of our data reflect intense difficulties around connection, emotion and the management of sexuality and gender identities. Across our various studies, participants have described the distress that arises from the ways 'others' respond to their sexuality and gender. Hostility, abuse, misunderstanding, ridicule, undermining, ignorance, disbelief and fear may emerge in the context of social relationships with friends, family, teachers, neighbours and strangers. This not only removes a source of support from the young queer(ed) people's lives but also shames them further – people that are significant to them can confirm the shame of their sexuality or gender identity by rejecting and/or refusing those aspects of their identity. This disconnection from people who matter and places that matter (for some are forced to leave home when they come out), as well as dislocation from heteronormative contexts, can cause a great deal of distress (this disconnection and shaming also have implications for young people's abilities to reach out to others and ask for help, as

we will discuss further in Chapter 7). The disconnection from people that matter means that 'alternative' connections become very important, where young people can safely and positively make meaning of their sexual and gendered feelings, such as the queer commercial scene and queer youth groups. In the following focus group in a city in Wales, the participants discuss the scene:

> Jack: For someone who's not, never been on the scene before the scene can be quite dangerous as well because um everyone thinks ah they're gay or you know they've gotta be nice.
> John: Evil.
> Jack: There's a lot of evil gay people on the scene that's how I see it.
> (Face-to-Face Study)

The role of urban spaces in the constitution of dissident sexual and gender identities has a long history. Valentine and Skelton (2003) argue that coming out on the scene can be a more important marker of a young person's independent adulthood than traditional transitions. It may be that the scene has greater importance in the formation of queer adult identities because of the lack of other opportunities for young people to access safe spaces in which to 'become' queer adults. However, they describe the scene as a less-than perfect 'alternative framework of identity, social allegiance and support' (Valentine and Skelton, 2003: 853). And clearly, the possibility of coming out and of engaging in the scene hinges very much on class-, cultural-, religious- and homo-norms. The commercial scene is certainly not for everyone and not everyone can or would like to come out in that environment.

While little of our data offers insight into the working of cultural differences and minority cultural groups in the context of the shame and social (dis)connection of queer(ed) youth, the following excerpt does just that. This excerpt was embedded in a long online discussion among many contributors and reflects one person's attempt to offer advice to a peer on the basis of their both being positioned as cultural Others, and as children of migrants, in a Western society. This post presents the idea that it is worth maintaining secrecy from parents, according to the cultural and religious backgrounds of those parents. The contributor is responding to an earlier post where a young gay woman described the difficulties she was having at home after coming out to her parents.

> Hey I can relate to that! My parents are also from a different culture. Where they come from, homosexuality is taboo. It is really tough

> for children of immigrant parents, because they may fear that you are becoming 'westernized', and then they become even more strict. And reputation is of greatest importance for them. I have learnt to keep my 'differences' to myself.
>
> Now, you need to change how you act in front of your family. Tell them you now realize being gay is detrimental to your mental health, and that you will 'stop' being gay.
>
> I know it sounds absurd, but just tell your parents what they want to hear. Try throwing in religion too. Say that you have found God. Say that you don't want to bring shame to the family. Parents, like mine, are in denial that their kid is gay or they hope to convince their kid that it's just a phase. Half the time, if you tell them what they want to hear (that it is just a phase and you're not gay), they won't push it any further.
>
> (Jay, contributor to queer youth forum discussion, Online Ethnographic Study)

What is reflected in the excerpt above is a fundamental disconnection between the young person concerned and their parents, a disconnection that is wilfully maintained in order to achieve some kind of family harmony, albeit at the expense of a genuine, trusting familial relationship. This disconnection is figured as unavoidable in the context of particular intergenerational differences in culturally based beliefs about sexuality and particular cultural norms relating to family shame.

The implication of this post is that parents who are 'Western' do not consider homosexuality as taboo and do not experience family shame when a son or daughter comes out. Neither of these assumptions is entirely true. The effects of familial shame and homophobia stretch across cultural contexts but, arguably, may be expressed differently in relation to understandings that are marked as 'cultural'. It would require a different dataset than we have to examine the cultural specificities of the workings of familial shame in the production of social disconnection that some queer(ed) youth experience. Nevertheless, Jay's post works at the intersection of culture, heteronormativity, shame and self-harm.

In the post that Jay is responding to, a young woman had described her parents coming from a Middle-Eastern cultural context and severely curtailing her activities once she came out to them as gay. Jay's solution is: don't come out, lie to your parents, pretend you are conforming to the sociocultural (hetero)norms that are important to your parents. This makes sense, as a suggestion, if we agree with the assumptions it is based

on. One assumption is that being a daughter or son is time-bound and there will be a later point when one is independent from parents and can come out. Another assumption is that cultures are clearly bounded and the norms of the parents' culture belong to them and are not also woven through the wider cultural context and the very subjectivity of the young person concerned. A further assumption is that secrecy and pretending do not enmesh one in relations of shame that can be unbearable. All of these assumptions are problematic: the constitution of the neoliberal subject is bound up in familial and cultural relations in ways that undermine these assumptions. Since none of these three assumptions is really tenable, the solution Jay proposes, while pointing to a course of action that many queer youth attempt to make work, is ultimately highly problematic and may be dangerously distressing. The solution Jay proposes may leave the young woman concerned alone in her room, self-harming and feeling unable to seek help other than writing online about her distress.

So far, we have begun to explore shame and (dis)connection in relation to queer youth and self-harm and suicidality, and we have pointed to the significance of cultural specificities. To develop the analysis further, this needs to be contextualised in relation to theoretical work on sociocultural and emotional norms.

Troubling sociocultural and emotional norms

> I'm such a failure. Mum suddenly came in when I was cutting. She thought I was better – I'd been saying that everything was ok now and I was happy. I didn't want her to know that I had slipped back, and to be disappointed in me. Now she's crying, and I'm worse than ever. I don't know what to do about it.
>
> (Fiona, contributor to a queer youth forum, Online Ethnographic Study)

To examine the role that relationships can play in emotional wellbeing and distress, it is worth considering the social locatedness of emotion. Here, we look to researchers who have sought to theorise queer, youth and marginalised subjectivities in relation to sociocultural and emotional norms. One of these is Ahmed, who writes, in her book *The Promise of Happiness*, that she is 'suspending belief that happiness is a good thing' (Ahmed, 2010: 13). She examines the extent to which happiness is about maintaining norms, describing, for example, the child as having a 'happiness duty' (p. 59) insofar as their parents have given

up happiness, deferred their happiness to the next generation, in the process of raising the child. 'The duty of the child is to make the parents happy and to perform this duty happily by being happy .... Going along with this duty can mean simply approximating the signs of being happy – passing as happy – in order to keep things in the right place' (p. 59). The child's happiness duty is displayed clearly in the piece of data at the start of this section. Here, Fiona foregrounds her wish for her mother to believe she is happy and her mother's disappointment at discovering Fiona self-harming. The happiness duty of the child is also clearly reflected in the previous section where Jay suggests that young people in migrant families might best lie to their parents and hide their sexuality in order to maintain harmony within the family. Promoting such hiding works on the assumption that it is better for queer youth to live in secrecy than to embody queer failure: the failure of a son or daughter who does not live up to parents' heteronormative expectations.

Like Ahmed, we wish to suspend the idea of happiness as a good thing and failure as a bad thing. In this way, we might be able to consider the benefits of queer failure, as Halberstam (2011) does. Halberstam points out that 'failure allows us to escape the punishing norms that discipline behavior and manage human development with the goal of delivering us from unruly childhoods to orderly and predictable adulthoods' (p. 3). We bring this critical perspective on norms, success, happiness and failure to our examination of how queer youth engage in relationships with others and the role played by self-harm and suicidal feelings.

> I have this wonderful girlfriend who is always there for me, but my self-harming is not something I can share with her. She sees me as a really strong person and I don't want to show her how weak I am. I don't want her to know how weak I feel right now because it would make her feel helpless. There is really nothing she can do for me.
>
> (Alena, gay, 20 years old, Online Ethnographic Study)

Here, Alena writes about her relationship with her girlfriend whom she cannot tell about her self-harm because the girlfriend 'sees me as a really strong person'. Alena is performing a particular kind of adult success: being in a relationship with a girlfriend and maintaining the impression that she is just fine, even though she is self-harming and writing about it online. Alena may be read as aspiring to some kind of 'orderly and predictable adulthood' but, in doing this, is subject to the 'punishing norms' Halberstam refers to. Self-harming and putting on a happy

face may enable one to skirt along the edges of queer failure, but in the process one may be co-opted into happiness norms such as the imperative to be out and proud and emotionally self-sufficient as a young queer adult.

No matter how hard one tries, individually, to be proud, confident and happy, one is subject to the sociocultural environment where homo/bi/transphobia is unavoidable. Heteronorms ensure that any venturing outside of binary gender or heterosexual desire positions one as Other and as a likely target for norm-policing. Relating in the heteronormative sociocultural context means finding ways to accommodate one's status as Other; it means being vigilant for and able to respond to norm-policing incidents; and it means striving to find ways of relating at all despite the perpetual challenge of homo/bi/transphobia.

We have written elsewhere about how queer youth construct homophobic interactions as ordinary and routine, thus normalising a homophobic relational mode. In this sense, homophobia can punish queer(ed) youth at a psychological level, producing shamed, isolated subjects who may respond by self-harming (McDermott et al., 2008). The shaming, isolation and homo/bi/transphobia are all inherently relational; these cannot just reside in the individual. While participants in the Face-to-Face Study alerted us to the workings of homo/bi/transphobia and shame, the Online Ethnographic Study gave us a much more detailed understanding. Through the Online Ethnographic Study, we saw clear examples of the role played by relational contexts, that is, the ridiculing homo/bi/transphobic relationships that sometimes go on for years and are experienced as underlying at least some queer youth self-harm.

Relating to others in one's day-to-day life means potentially being subject to homo/bi/transphobic abuse. Relating means potentially being abused. Even not relating – practising strategies of avoidance, possibly isolating oneself – does not serve as protection against the negative effects of homo/bi/transphobia. In this context, it is very easy to understand how some queer(ed) youth become isolated, self-harm and possibly feel suicidal.

The norms we are concerned with here – emotional and relational norms, heteronorms, developmental norms and neoliberal norms – present queer youth with a constrained range of possibilities. What emerges from our data analysis are possibilities that are shaped by the imperative to be a happy son or daughter, to be a successful and happy individual, to be a confident, loving partner and to be emotionally strong enough to cope with the threat of homo/bi/transphobic

policing or abuse. Bound up in this is the dual imperative: to be out and proud (having somehow already crafted a successful queer subjecthood), or to pass selectively (successfully containing and hiding all that is transgressive and waiting for the day when it is possible to be out and proud). Drawing out these normative pressures highlights the extent to which queer youth are navigating in a constrained space: having to manoeuvre around and constantly orientate towards normative pressures (who and how one should be) in the process of trying to articulate a developing sense of self (who and how one is). The emotional challenge of this norm-management and manoeuvring in some instances feels overwhelming, distressing and unmanageable. The process itself is almost inevitably isolating and disheartening. The tensions presented – being out or passing, aspiring to a successful subjecthood or crafting a transgressive, queer, failed identity – are persistent and do not come with ready answers. This working with norms is a process of emotional management over time.

We have argued that self-harm and suicide must be understood as relational – not as individualised phenomena. Here, we are also arguing that the process of *becoming* (queer, youth) must be understood as a relational process too. It is this very relationality that helps us to understand the connection between queer youth and self-harm. Research that treats sexuality and gender as (binary, individualised) 'variables', and misses the dialogic, discursive, relational nature of these phenomena, is unlikely to be able to explain queer youth self-harm and suicide.

The very emotions (fear, shame, hurt, desperation, hopelessness) that play a role in self-harm coming to appear as a viable course of action – as a meaningful way out or coping strategy or way of communicating distress – are inherently relational. They are bound up in sociocultural contexts and are inherent in the way norms function in the lives of queer(ed) youth. These emotions do not reside in or simply emanate from an 'individual' (in a neoliberal, positivist sense). They are produced in sociocultural contexts where queer(ed) youth are required to learn a raft of discursive, embodied strategies to manage their identities in relationship to others and to social norms. This process – which is a life-long process of management, manoeuvring and negotiation, but which generally starts in childhood/youth – inevitably involves doing emotional work. We see, in online interactions, how young people negotiate pathologisation, marginalisation and stigmatisation, while figuring out how to articulate queer identities. That is, we see how some queer youth use online spaces to do emotional work and strategic identity work. We see how some use online spaces to respond to being positioned as mentally unstable, young and queer (McDermott et al., 2013b).

This work on the self is, therefore, inevitably relational; it is work on how the self is (mis)recognised by others and it is the work of managing difference. Much of this work involves the body – managing the expression of bodily desires, physical appearance, preferences for particular bodily ways of being and doing – just as any emotion work is embodied. Importantly, this emotional, relational, embodied work, for some queer(ed) youth, involves harming the body. Self-harm becomes part of the repertoire of strategies for managing the emotions that are tied up with having to relate in a social world dominated by heteronorms.

Relationships implicated in self-harm

Our Online Ethnographic Study produced data where contributors wrote about their relationships with others, primarily parents, partners and school peers. The next chapter examines how contributors engage in supportive and support-seeking relationships. This chapter examines contributors' writing about relationships more generally, with a particular focus on their repeated articulation of disconnection, isolation and difficulty relating to others. One of the threads running through this material concerns the feeling, or fear, of failure: failure as a son or daughter, failure as a friend or partner, failure to fit in with social norms, failure to connect with significant others, failure to be happy and to avoid self-harm. This is evidenced in the data presented at the start of this chapter. Not only do the young people writing online repeatedly refer to their fears of failing to be the heteronormative son or daughter they imagine their families want them to be, they also write of their fear of disappointing loved ones by self-harming.

While many of the posts in our Online Ethnographic Study referred to relationships with others in terms that indicated those relationships were a (potential) source of distress, there are also many contributors who wrote about relationships in a way that was markedly different: some contributors wrote about close relationships that they consider to have already played a direct role in the reduction of their self-harm. These relationships were with partners, mothers, friends and, in one case, a pet. Some referred to school teachers as potential sources of support.

> I self-harmed from when i was about 10, maybe younger. I didn't even think about stopping until i met my girlfriend. She was trying to stop. Sometimes we slip up, but, I am clean for a month today.
>
> (Contributor to a queer youth forum, Online Ethnographic Study)

> I used to self-harm but I don't anymore . . . [when I had to go to hospital for other reasons,] they saw cuts all over my legs and my mother was so devastated – it nearly broke my heart to see. I vowed I'd never do it again and i haven't.
>
> (Contributor to a queer youth forum, Online Ethnographic Study)

> I cut myself because of severe depression but then i stopped because of one really awesome friend who helped me through it.
>
> (Gay youth, Online Ethnographic Study)

These glimpses of relationships that facilitate harm reduction are crucial for understanding the potential of relating and connecting: meaningful personal relationships can offer turning points for youth in distress. These meaningful connections can be with a wide range of people, not only with professionals who have specific expertise in working with self-harm and suicide prevention (psy-professionals or other health professionals).

The research of Michael Sadowski and colleagues (Sadowski, 2005; Sadowski et al., 2009) offers a useful framework for understanding the relational aspects of queer youth suicide and self-harm. These authors draw on research within feminist psychology and work with concepts of power, voice and (dis)connectedness. They take a 'relational assets approach' to LGBTQ youth, focusing on ways of creating 'opportunities for LGBTQ young people to form authentic, affirming relationships with peers, adults, and institutions' (Sadowski et al., 2009: 176).

Sadowski and colleagues point to research that has repeatedly and consistently shown how supportive relationships play a protective role for children and adolescents. In developing their relational analysis, these authors build on the insights of Jean Baker Miller and Irene Pierce Stiver (1997) who 'observed that human development is enhanced most richly by relational *connections*, whereby human beings interact with the people and institutions in their lives in ways that are genuine and mutually rewarding' (p. 177). Sadowski and colleagues also build on the research of Taylor, Gilligan and Sullivan (1995), who described how adolescent girls 'dissociate from their thoughts, feelings, and knowledge – in a sense losing relationship with themselves – in order to maintain relationships with others, especially those who are part of dominant social groups (such as boys and adults)' (Sadowski et al., 2009: 178). This 'relational paradox' (Miller and Stiver, 1997: 81) involves members of socially subordinate groups effectively 'silencing themselves in

order to be with other people' (Gilligan, 1996: 245). As Sadowski and colleagues explain, this 'dissociation from aspects of the self is clearly observable among today's LGBTQ youth, many of whom respond to cultural homophobia and heterosexism by "acting straight" ' (p. 178).

These threads of understanding that run through the work of Miller and Stiver, Gilligan, Sandowski and their colleagues offer useful insights for our project in that they highlight the tension that queer(ed) youth manage daily as they learn how to *be* in relation to other people: peers, parents and teachers, among others. Being young, queer and possibly self-harming puts one in quite a particular (disem)power(ed) relationship with others. Seen in this light, it should come as no surprise if some queer(ed) youth dissociate from themselves by hiding aspects of their identities in order to try to maintain relationships with others, possibly using self-harm as a way of managing the discordance they experience. And it should come as no surprise if some queer(ed) youth dissociate from others – isolating themselves – possibly embodying emotions such as shame, fear, hopelessness and loneliness through self-harming. Either way, disconnection becomes integral to queer youth self-harm, and Miller and Stiver's 'relational paradox' provides a good way of conceptualising this disconnection with regard to power relations.

Within our online data on relationships and self-harm, the largest proportion of the posts consisted of young people's descriptions of relationships that caused them severe distress. They wrote about their fear of rejection after coming out as L, G, B or T; they wrote about the feeling of being rejected by family members, friends, loved ones and peers upon coming out; they wrote about the loss of, and feeling rejected by, intimate partners and close friends (unrelated to coming out); and some wrote about having experienced persistent rejection, abuse, bullying, or neglect over a period of years. In addition, when young people wrote about distress and their relationships with others, some wrote about having difficulty trusting others at all. Some wrote about their sense that other people simply do not understand self-harming and described how this makes it difficult to be honest and open in their relationships with others. Some wrote in detail about feeling alone, feeling isolated, feeling that no one cares about them.

> From the moment I figured out I was gay, I was afraid Dad would disown me. I know he hates gays. This was really mind-blowing and scarey. I knew I had to go through this on my own. There was no one who could help me. So I just locked it all away in the deepest, darkest part of me, for the longest time. And it made me really sad.

> Then it happened, one evening after dinner, he looked at me and said 'I know what you are and I don't approve.' I left the table feeling stunned. After that, he just ignored me. That was really hard to go through. He was my family yet he threw me away like a rag doll.
>
> ('Neil', gay male, under 14 years, Online Ethnographic Study)

While most of the descriptions of rejection leading to distress related to homophobic rejection, and fear of coming out as L, G, B or T, this was not always the case. Some young people described how they had self-harmed to deal with distress that had followed the loss of an intimate partner or close friend, under circumstances which did not necessarily involve homo/bi/transphobia. Jenny, 15 years old (Online Ethnographic Study), wrote, 'I am madly in love with a girl, but she won't speak to me. We used to be best friends and spend all our time together. Now I just sit alone in my room all weekend.' For some, the description of relationships that caused distress did not relate to individual instances of rejection or loss but, rather, long-standing and cumulative effects of interactions that may be better described as abuse or neglect. Young people whose stories involved such abuse or neglect were typically talking of painful home and/or school situations that extended well back into their childhood.

> I am bisexual and people just make fun of me all the time. I hate it! I self-harm (I started when I was 9 and my parents broke up), and have thought about suicide. I realised that I liked both girls and boys when I was 10 – I kept it secret and started self-harming more. At 11, I decided to try telling my friend about my secret and I found that I did less self-harm. But the next year, I told lots of friends and they started saying mean things about me, and I started harming myself more. Now, the only time anyone pays any attention to me is when they are spreading rumours about me. I am cutting deeper and deeper, and closer to my veins. My life is just horrible – I feel I'm almost at my breaking point.
>
> (Alex, 13 years, Online Ethnographic Study)

This post, by Alex, is one where the relational paradox (proposed by Miller and Stiver) seems clearly to be in play: Alex wants to relate to others; Alex acknowledges liking girls and boys; Alex has tried talking with friends about this. But these attempts and wishes to build genuine relationships have led to intense distress and disconnection, leaving

Alex with the undesirable 'option' of withdrawing from relationship, retreating into isolation and self-harming. The alternative would be to rupture the genuine relationship with the self – to present a heteronormative self to the world – in order to try to form (necessarily less genuine) relationships with others.

Perhaps unsurprisingly, some young people described having difficulty trusting others at all. Some felt that it was difficult to find others who understood their self-harming, and this became a barrier to relationships. Some felt that they simply did not have close connections with other people at all; they felt isolated, alone and as though no one cared about them.

> It's not just that I feel alone, it's that I AM alone. Completely alone. Nobody notices me. I'm just the 'weird' kid at school. Noone is there for me when I have problems, no one is there for me when I self-harm. I hate school with every cell of my body. It is 12 hours a day when I just hate myself and wish I could die just to get the hell away from school.
>
> (Terry, Online Ethnographic Study)

While most of the posts concerning relationships and self-harm feature relationships as either causes of distress or sources of support, a small number of posts engage in other ways with the concepts of relationality, connection and isolation. These posts also have something useful to offer our understanding of how young people experience and understand self-harm and suicide. One described self-harm as a way of not taking out distress on other people. Another described self-harm as reminding them that they are human. And some referred to self-harm as something that they do not want other people to find out about.

These posts reflect the simultaneity of connectedness and isolation that emerges through young people's posts on self-harm: one may be in supportive relationships yet still prefer to keep one's distress secret for fear of disappointing loved ones. The point has been made elsewhere that it can feel important to hide one's self-harm but this also has risks (Straiton et al., 2013), especially insofar as it can lead to disconnection from relationships. The data excerpts quoted here speak to the fact that, regardless of what kind of role relationships play, self-harming and suicidality are inherently relational.

The data on disconnection, distress and self-harm suggest that these three aspects of some young people's lives are experienced as tightly interwoven and feeding into one another. Feeling isolated, alone,

rejected, disconnected feeds into feelings of intense distress, which feeds into self-harming and suicidal urges, thoughts and actions. Self-harming, as described here, can feed back into a sense of distancing and disconnection from others. Thus, disconnection, distress and self-harm may be experienced as a vicious cycle.

Most of the writing about relationships mentioned not only this vicious cycle, but also the numerous different ways that the contributors felt they had got into this cycle. They described the possible entry points with clarity and detail. Some described feared rejection or actual abuse leading to distress and then described the cycle proceeding from that point. Some described the cycle starting from a disconnection from others that had come about through secrecy (not coming out to loved ones) and fear of homo/bi/transphobic rejection. Some described long-standing abuse or neglect that fed into a world-view where no one could be trusted, that is, a world-view that leaves one fundamentally disconnected from others. This finding resonates with, and extends, what was reported by Valentine and colleagues whose analysis of interviews suggests that the 'isolation and lack of support available in most educational institutions and youth services can . . . contribute to [young people's] self destructive behaviours' (Valentine et al., 2002: 15).

Secrecy, hiding and failure

In this final section, we examine the discursive work that is being done by queer(ed) youth writing online. Our focus here is on what becomes possible, and what possibilities seem to be closed down, in the relational aspects of the online data. Key discourses at play in this analysis concern secretiveness, family and disconnection. We examine what is taken for granted in the data in relation to these topics. We will also consider what kinds of relating and what kinds of agency become possible, based on the discursive framing suggested by the online posts. The goal is to figure self-harm and suicidality into a relational understanding of queer youth subjects and to then think about how a relational approach can be used to work towards the reduction of distress and harm.

The things that contributors wrote of keeping secret from loved ones and peers included sexuality, sexual relationships, desires, gendered identification and self-harm. That is, the very aspects of experience and identity that are of central interest to our research were all potential 'secrets' in the lives of marginalised youth writing online about their distress. It is worth noting – rather than taking for granted – that sexuality, sexual relationships, desires, gendered identification and self-harm

are imagined to be able to be hidden and possibly worth hiding. What is understood about sexuality and gender identity that they are imagined to be able to be hidden and worth hiding?

While there is psychological research making a direct link between keeping secrets and psychological distress among youth (Frijns and Finkenauer, 2009), this is not the primary purpose of our analysis here. We are not highlighting the significance of secrecy and hiding in order to suggest that one ought to come out, or that being *out and proud* would offer a solution for the youth who write about their distress and their hiding. The purpose of this analysis is, rather, to expose what is taken for granted and what is experienced as specifically distressing. The purpose is also to expose the role of norms (sexual and gender norms, emotional norms, age-related norms and mental health norms) in the production of self-harming and queer(ed) youth.

The discourse of secrecy and hiding makes sense in relation to normative prescriptions. Hiding one's queer identifications and desires, and one's self-harm, allows one to pretend (or aspire) to fit into an imagined happy, heteronormative, successful, neoliberal subjecthood. The possible negative consequences of coming out – with the feared shaming and sense of being a disappointment and failure – are in ongoing and irresolvable tension with the possible negative consequences of secrecy. So secrecy may be necessary to maintain a toehold in (hetero)normative success. Paradoxically, however, secrecy and hiding may also represent a failure in relation to honesty, which is often mentioned by contributors and seems to be highly valued. So there seems to be ongoing tension between secrecy and openness. This, again, reflects Miller and Stiver's relational paradox: hiding an aspect of oneself in order to stay in relationship with others means breaking away from genuine and honest relationship.

So, what kinds of understandings about relationships with significant others are likely to be in play if it makes sense to hide such things from them? The decision to keep information about sexuality and/or gender identity secret from significant others tells us about how significant others are seen by the youth whose online posts we are analysing. Significant others are seen as actually or potentially failing to offer queer(ed) youth the recognition they seek: recognition as valid human beings, recognition as young adults, recognition as complexly gendered and sexual beings, recognition as desiring beings, recognition as thoughtful and reflective beings, recognition as something other than a normative prototype. Given the actual or imagined rejection that is feared, it seems safer to confide with a wide, but anonymous and like-minded, online

audience than to confide in the people to whom one is supposedly closest.

We are interested in considering what kinds of possibilities are opened up, and what gets closed down, in the discursive work that is done by online contributors as they write about their self-harm in relation to their sexuality and gender identity. Specifically, what kinds of agency become possible? And, what kinds of (emotional) relationships and (relational) subjects become possible? The online posts are striking in terms of the severe limitations that they reveal with regard to these questions.

Only very limited opportunities for agency are made apparent: young people can decide to come out or not (though that decision may be overridden by others); they can decide to disconnect from others (though they may be doing this under duress, feeling forced into isolation); they can decide to self-harm (though this may feel like the only way to cope). Clearly, these 'decisions' are more or less forced and reflect a very restricted agency. There is also very limited scope for relating and relationships, yet there is a great deal of emotional intensity around relating and disconnection.

Interestingly, what is possible or impossible in relation to coming out to people who are supportive and respectful appears to be dynamic. On one hand, *coming out is possible* – the contributors all come out online. On the other hand, *coming out may feel impossible* – some would withdraw from close relationships and would self-harm rather than come out to family/peers. Some have come out and experienced rejection; some are terrified of coming out, yet the *possibility* is clearly there (and may be a source of fear, shame and hurt). This resonates with Valentine and colleagues' findings about the emotions associated with coming out. They describe, as an effect of homophobia, how the fear of 'coming out or a bad coming out experience can alienate young lesbians and gay men from a range of institutions and forms of social support' (Valentine et al., 2002: 13).

One possibility that is opened up through the online posts is the possibility of imagining and finding an online space where it feels safe to come out. Based on what contributors wrote online, it seems plausible for many to imagine real-world spaces where it is safe to come out but it may be impossible to cultivate such spaces in the context of existing family and peer relationships. There are significant structural challenges – economic dependence on parents, long-standing emotional ties with family, schooling requirements – that make it extremely difficult to cultivate a queer-friendly space to sustain one emotionally

day-to-day. In the absence of such a space, the Internet provides a significant resource, but the day-to-day emotional struggle may still leave one feeling desperate and engaging in self-harm and/or suicidal thoughts.

Through the online data, the family and school are repeatedly produced as the sites where norms are policed. It is absolutely taken for granted, in the data, that it is the family's aspiration to an imagined norm that makes young people's queer positioning potentially worth hiding and that renders that positioning shameful and terrifying to expose. Such thinking assumes a particular role for youth in the family: that is, a role of conforming to adults' expectations (the 'happiness duty' that Ahmed writes about), with the view that one will soon be independent. It assumes extremely limited agency on the part of youth, but what is implied is an adult future where total agency becomes possible.

In the face of normative family expectations and extreme emotions, disconnection from others is produced as a reasonable option, or in fact the only way to go. At the moment of writing online, it may seem impossible to refigure one's immediate relationships to provide a sense of support and connection. It may seem impossible to imagine there could be enough supportive others nearby. It may seem impossible to find, connect with and trust real-world sources of support. This issue resonates through Chapter 7, where we consider why it is difficult for queer youth to reach out to others for support. One may feel so rejected or be so committed to maintaining secrecy that connecting with others comes to feel impossible. Such a way of thinking posits a kind of self-sufficiency and radical individualism where emotional connection and sharing with others are not needed. According to the discourses at play here, it makes sense to be isolated and disconnected, and there may be little real-world opening for alternatives. Though, clearly, there is an opening for connection in online spaces, as we have seen in Chapter 5, where some genderqueer and trans youth explicitly form a sense of community and mutual support online.

For many, however, it seems extremely possible that the current emotional situation will simply be overwhelming, intolerable and extremely difficult to manage without self-harming. It may not be possible to imagine that current relationships will change to become supportive of a queer young person. It seems possible to imagine (as least for some) that current relationships will become unimportant and the future will bring queer-friendly people. In this context, it may make sense to distance from people in one's immediate surroundings – to isolate oneself in the present – with a view that the future will be different. It may be possible to imagine that things will get better.

Rather than encouraging queer(ed) youth to simply wait until things get better, it is more useful to explore what kinds of relating currently seem beyond imagining, or what kinds of relating would present constructive alternatives. Instead of rehearsing the patterns of relational breakdown in the face of homo/bi/transphobia and heteronormativity, it is worth considering discursive, practical and structural interventions that could open up alternative opportunities for relating and building meaningful connections with others (rather than disconnecting and isolating oneself).

Conclusion

In this chapter, we are pointing to the need for queer(ed) youth to be able to make meaningful connections with others – to feel valued in relationship with others – to be able to *be in relation* rather than being in hiding, in isolation, in shame and in distress. We have also explained how some queer(ed) youth suggest they fall out of relationship, and this involves shame, rejection, distress, self-harm and sometimes suicidal feelings. We have given examples of relationships that have been experienced as facilitating harm reduction. Our analysis here is framed by the understanding that queer(ed) youth are necessarily subjects-in-process: in the process of becoming young adults, in the process of becoming particular kinds of sexual and gendered subjects; and these processes involve emotional work. We have focused on the emotional work that is required to negotiate sociocultural norms: neoliberal norms, developmental norms, heteronorms and emotional norms. In this context, we take a critical approach to assumptions about children and youth being expected to become particular kinds of neoliberal subjects. We also take a critical approach to the punishing requirements of any kind of success, including varieties of homonormative success that require one to be out and proud and that ensure feelings of fear and shame come to be experienced as signs of individual weakness. In this chapter, we also examine the relational paradox which leaves many queer youth grappling with the dilemma of coming out in order to try to establish genuine relations with others, or keeping aspects of one's sexuality or gender identity secret in order not to disrupt existing relationships. Throughout these considerations of emotions, norms and relational dilemmas, we can see the persistent presence of homo/bi/transphobia and the enduring heteronormative sociocultural context that structures all of our lives to some extent. So, the question remains, given the potential for particular kinds of relationship to feed into wellbeing, and to protect against

self-harm and suicidality, what needs to happen for queer(ed) youth to be meaningfully in relation with others, without necessarily having to hide (as shameful) or champion (as a source of pride) their emerging sexuality or gender identity?

There are already some interventions intended to support queer(ed) youth: gay–straight alliances in schools, youth counsellors, online and telephone-based LGBTQ support, LGBTQ youth groups, and mental health professionals with specific expertise in working with queer youth and/or youth self-harm, and we say more about such interventions in Chapter 8. In some places, such interventions are present and, in many places, they are absent. What we feel is missing, however, is focused attention on precisely the relational aspects of the support that is available. All too often, with regard to queer youth self-harm and suicidality, the support that is available is intensely individualised in its focus: school counselling, mental health services, telephone helplines; all of these are likely to work at the level of the individual and that individual's distress. When a young person is self-harming and/or feeling suicidal, all too often, the adults in that person's life (school staff, family members) feel insufficiently skilled to address the issue of self-harm (Simm et al., 2008), and this may be one of the barriers to seeking help, as we discuss in Chapter 7. In some contexts where a young person may be self-harming or thought to be suicidal, understandings of self-harm and suicidality come to be individualised. Among responsible adults, feelings of inadequacy and fear come to the fore, and psy-professionals are brought in. The very people who could provide the supportive context for a relational approach – the adults and youth who are already involved in that young person's life – may step back and hope that a psy-professional will provide the support that is needed. Self-harm and suicide may persist as taboo topics, to be tiptoed around, while the psy-professionals do their work with the individual in question. This approach neglects to address the key points that have come out of our analysis: that queer(ed) youth, self-harm and suicidality are inherently relational and any harm-reduction or suicide-prevention interventions must therefore be developed from a relational perspective.

In arguing for a relational approach to queer youth self-harm and suicide, we are disrupting dominant understandings about who knows best and what kind of knowledge should be prioritised. Is it centrally important to know how to diagnose a young person using psychiatric taxonomy? Is it centrally important to provide clinics where a young person can be treated away from their day-to-day environment? Is it important to provide spaces where queer(ed) youth can experience their

ways of being and relating as valued, as enjoyable, as meaningful? Is it important to refigure the existing spaces of school and family to ensure that those spaces make meaningful, respectful, loving relationships possible for queer youth? Potentially, all of these approaches have some value, but currently some of these approaches (the more individualised ones) are vastly over-valued relative to others (the more relational ones).

Of course, what we are pointing to is not new: there are many youth workers, psy-professionals, friends and family members who undoubtedly work hard to help distressed queer youth to build and maintain connections, and to feel that they are a valued part of a network of relationships. And there are existing queer initiatives – online and face-to-face – that are explicitly focused on building communities of resilience, based on relational rather that individualising understandings. In terms of what is prioritised by policy and funding directed at reducing youth distress, suicide and self-harm, however, the focus is all too often on individualised approaches that potentially have the effect of further isolating, pathologising and stigmatising the young people in question.

The interventions that we see deserving higher priority than they currently seem to enjoy are those that work relationally, with queer youth in the context of their day-to-day lives (that is, not removed to a clinical setting) and that produce shared understandings about the valuing of being queer and young, offering norm-critical thinking that works against homo/bi/transphobia. Sadowski and colleagues are making a similar point when they argue that 'School officials must honestly assess their institutions to determine if they are places where LGBTQ youth experience genuine relational connection with peers and adults' (Sadowski et al., 2009: 194). This awareness – about the need for day-to-day social settings that facilitate genuine relational connections – would ideally be foregrounded in initiatives to address self-harm and suicidality among queer youth, and we take this up in further detail in Chapter 8.

7
Help-Seeking: Recognition, Power and Affective Relations

> i was just hoping someone out there would have some advice, or understand how i feel? Any comments would help.
>
> (Contributor to online queer youth forum, Online Ethnographic Study)

Throughout our work, we have been concerned with the ways queer youth may seek help when they feel they have failed to meet normative expectations of adolescent heterosexuality. We are interested in whether they request help and when, how and why they seek help and support from youth organisations, adults and peers, mental health services and queer communities. We know that distressed queer youth have difficulties accessing help (Grossman and D'Augelli, 2006; Lucassen et al., 2011; McDermott, 2014) but we know practically nothing about how they might search for assistance, who they look to for help and whether this support is successful. The scant evidence we have about distressed queer youth's help-seeking indicates that they may be reluctant to use mainstream mental health services (PACE, 2010; McDermott et al., 2013a) and school-based services (Williams and Chapman, 2011) and rely on LGBT voluntary organisations for support with respect to suicidal distress (Johnson et al., 2007; McDermott et al., 2008; Scourfield et al., 2008). Lorraine (17, gay, white), for example, from our Face-to-Face Study, spoke about the importance of the LGBT youth group she went to for help:

Lorraine: My support definitely came from (LGBT youth support group). I've been coming here since I was 15.
Researcher: Right.
Lorraine: But until then the only reason I didn't kill myself is because when I got bullied I started taking drugs and I was so high off

> cocaine I just didn't care what people said about me anymore and then came off it when I met Sandra.
>
> (LGBT support worker)

Lorraine's experience suggests the provision of appropriate support for queer youth who are struggling is vital to them finding a way to live well. We argued in the previous chapter that there is a crucial need for queer(ed) youth to be able to form meaningful relationships, where they feel valued rather than being isolated and alone with their distress. However, worldwide research demonstrates that young people are reluctant to seek help for mental health problems (Gulliver et al., 2010) and those who self-harm are particularly disinclined to seek help for their emotional distress. In a representative sample, Evans et al. (2005) surveyed over 6000 15–16-year-old school pupils in England and found that young people who self-harmed were most likely to feel the need for help but not to try to access it. School surveys show that young people who self-harm are less able than their peers to talk to their family or teachers and have fewer categories of people they can talk to (Hawton et al., 2006). For all young people, the most frequent sources of help were friends and then family, with far fewer seeking help from formal services or health professionals (Evans et al., 2005; Fortune et al., 2008). These studies show that there were also 'attitudinal barriers' and young people described not wanting help, thinking their problems were not serious enough, or that you should sort your problems out on your own (Fortune et al., 2008; Curtis, 2010). Furthermore, young people stated they found it difficult to express their distress and ask for help (Hawton et al., 2006; Fortune et al., 2008; McDermott, 2014). Overall, these studies reveal that the factors which influence whether a young person in mental distress chooses to talk are extensively under-researched (Evans et al., 2005; Fortune et al., 2008).

One explanation for young people's reluctance to seek help for mental health problems has been the fear of mental health stigma (Hawton et al., 2006; Biddle et al., 2007; Moses, 2009; Gulliver et al., 2010). Research demonstrates that young people are fearful of being considered 'weird' or 'crazy' or labelled an attention seeker if they approach mental health services, and they want to avoid social disapproval (Biddle et al., 2007; Fortune et al., 2008; Curtis, 2010; Scourfield et al., 2011). Studies also indicate that the emotions involved in asking for help such as shame, fear and embarrassment, can contribute to young people's hesitancy (Fullagar, 2005; McDermott et al., 2008; McDermott, 2014). In our Face-to-Face Study, for example, some queer youth were unwilling to

seek help due to shameful feelings regarding their non-normative sexuality and, as a consequence, they tried to cope alone by minimising the importance of their distress (McDermott et al., 2008).

The difficult emotions involved in asking for help, or what Fullagar (2005) describes as the affective nature of help-seeking, may partly explain why young people are hesitant about seeking help from mental health services but are willing to use the Internet to find support and advice. There is now a body of evidence that shows young people are going online for information and support about their mental health problems and part of the attraction is the anonymity a virtual environment provides (Edwards-Hart and Chester, 2010; McDermott et al., 2013a). We found in our studies that significant numbers of queer youth use the Internet to seek help for self-harm and suicidal feelings. Participants wanted help with, for example, confusion about sexuality and gender, dealing with homo/bi/transphobia, how to stop self-harming and coping with suicidal thoughts and emotional distress (PACE, 2010; McDermott and Roen, 2012; McDermott et al., 2013a; McDermott, 2014).

As we suggested in Chapter 5 with respect to trans youth, the Internet creates spaces for troubling hegemonic norms which enables resistance to the pathologising of emotions, sexuality, gender and youth, and importantly, allows for agentic help-seeking. Cyberspace creates opportunities for new discussions (Mann and Stewart, 2000) and we have found queer youth discussing their emotional distress, suicidal thoughts and self-harm via websites, blogs, forums (and more recently, Twitter, Tumblr and Facebook). We would suggest that this form of help-seeking enables young people to interact without the surveillance and judgement of adults and their peers (although social media can also be used to bully, regulate and close down dissent). Webb et al.'s (2008) research on the potential of online forums to provide support to youth with mental health difficulties concluded that online spaces play a unique role, where young people actively challenge stigma attached to mental health problems and encourage their peers to seek professional help. These authors describe support forums as giving participants access to 'crises in progress' and an opportunity to get helpful responses quickly.

The use of the Internet by young people who self-harm or feel suicidal has been at the centre of much public, media and academic attention. These debates are mainly concerned with the negative effects of going online and are based on the presumption that young people's Internet use will 'encourage' them to self-harm or attempt suicide. Our view is that these discourses reflect the ways in which young people are

positioned as 'risky' whenever they are seen to be outside 'adult' control. These discourses assume young people are reckless and incapable of making decisions which will promote their own mental wellbeing. Baker and Fortune's (2008) investigation of young people's use of self-harm and suicide websites found that their accounts of these websites were strikingly different from professionals' and wider public understandings. In keeping with what we wrote in chapters 5 and 6, young people described the websites as sources of empathy and understanding, as communities and as a way of coping with social and psychological distress. In a recent systematic review of research on the influence of the Internet on self-harm and suicide in young people, the authors found that the Internet was most commonly used for constructive reasons such as seeking support and building coping strategies (Messina and Iwasaki, 2011; Daine et al., 2013).

Despite a substantial quantity of LGBT youth suicide research having been conducted over the last few decades, we know worryingly little about young queer(ed) people's help-seeking for self-harm and suicidal feelings. This chapter aims to address this gap in the literature and continues our 'undisciplined' (Halberstam, 2011) emphasis on the subjugated knowledges of young people. Without queer youth experiences and perspectives on help-seeking, it will be harder to put in place the appropriate support measures that may prevent distress, self-harm and suicide. For the remainder of this chapter, we focus on help-seeking online because our studies show that the virtual environment is a space where queer youth *are* seeking assistance. By focusing in depth on cyber help-seeking, we may gain some insight which can be utilised to develop suicide and self-harm prevention interventions. We ask three crucial questions: (i) why do distressed queer youth look for support and guidance online? (ii) Why may they be reluctant to seek help from adults and formal services? (iii) Why do they find it so difficult to ask for help? We highlight the emotional dimension of help-seeking and the heteronormative neoliberal environment in which asking for help takes place. We suggest that, once again, emotions and norms are at the centre of why distressed queer youth feel reluctant to ask for, or expect, support from adults such as teachers, parents and mental health service staff.

The argument we present is, like the book as a whole, informed by our empirical and theoretical work, but we have supplemented this investigation of online help-seeking with a specific Foucauldian discourse analysis (FDA) of queer youth aged between 13 and 16 years old (from our Online Ethnographic Study) (see Chapter 4 and McDermott

et al., 2008 to read about our approach to FDA). We focus on this age group because they are still under the legal guidance of an adult carer and are required by law, in most Western countries, to be in compulsory education. This age group in many ways has fewer opportunities for independence and autonomy than those aged over 16 years. The family or care environment and school are both major institutions which govern their lives and they are spaces of intense sexual and gender regulation. Perhaps as a result of having less autonomy and fewer surveillance-free spaces to articulate themselves, we have found that, in a similar way to trans youth, as examined in Chapter 5, the Internet is essential to this age group as a platform for asking for help.

We turn first to the question of why young queer(ed) people might use the Internet for support and advice regarding their distress, self-harm and suicidal feelings. We suggest that online help-seeking is important because in contrast to the offline world, it is a space away from the adult gaze which allows for the recognition of sexual and gender diversity, disorderly emotions and youthful subjectivities. Secondly, we address the question of why distressed queer youth may be reluctant to seek help from adults and formal services. We propose that the power and authority of adults, and the minimal autonomy afforded to those under 16 years old, restricts the type of help-seeking possible and cyberspace is one of few options. We also show that emotions are powerfully bound up with adult authority through heteronormative developmental discourses and structures (particularly school and family). An in-depth analysis of the ways in which queer youth are asking for help online reveals both their desire for autonomy and a complex negotiation of regulatory heteronormative developmental discourses and material constraints. Lastly, we address the question of why queer youth might find it so difficult to ask for help. We argue that queer youth who self-harm or feel suicidal have a particularly onerous task of positioning themselves as subjects worthy of help because they transgress the intersecting norms of adolescence, rationality *and* heterosexuality. Transgressing neoliberal heteronormativity, we contend, contributes to the immense difficulties queer youth have asking for help and, furthermore, it narrows their expectations of help and support.

Virtual recognition

> my mum and dad think i am straight. i want to tell them im gay because i am fed up of lying about it. some friends know my secret

> but no one knows i sometimes self-harm because i have no one to talk to. please help?
>
> (Gay, 16 years old)

This young person's post exemplifies the web of lies, silence and deceit which circulates around *both* self-harm and sexuality. They write that they must hide their emotions and sexual identity from their family and some friends. However, as this post makes clear, queer youth were willing to disclose their sexual and gender non-conformity, write about their mental health difficulties and ask for help in cyberspace. Another online contributor posted, 'I've self-harmed for like a year and I can't stop, theres no way I'm telling anyone . . . please help; self-harm help, gay help advice whatever' (16 years old, lesbian). This young person is asking for help online but they also write 'there's no way I am telling anyone'; that is, they are prepared to communicate their sexuality and self-harm online but not directly to helping professionals or other adults. Across our studies, we have found that queer(ed) young people look for help, advice and support when they are emotionally distressed from online spaces which are specifically designed for queer youth, or social networking applications which can be used to connect exclusively to other queer youth.

We know from the evidence that young people who self-harm or feel suicidal are generally reluctant to seek help from mental health services and this is also replicated in our data. Queer youth wrote in ambivalent and contradictory ways about seeking professional adult help, sometimes writing about being 'sent' to therapy or counselling but this being of little, or no, use. There were some accounts of helpful services and, paradoxically, despite many writing that they were scared of approaching mental health services, they encouraged others online to seek professional help. What we have not found, and neither is this reported in the research literature, are significant numbers of queer youth who are distressed and feeling suicidal successfully using mainstream support mechanisms and services, or generic online support. The broader point here is that the spaces in which queer youth feel they can ask for help seem restricted both in face-to-face and online settings. We want to look in more detail at the question of why queer youth are going online to seek help from other queer youth. Let us consider the post below from AJ, a 16-year-old young trans person requesting help:

> I've burnt my finger . . . I do other things too, cutting, burning, beating, erasing myself – but I don't open the skin. I have loads of suicidal

> thoughts and have attempted suicide (more than once). I am seeing a counsellor but not one that knows about gender identity issues, because I am not completely out. My straight friends don't understand. My gay friend sort of understands, but doesn't understand my constant battle . . . I need support like crazy. I need somebody that understands the pain and struggle I am going through. . . . I just want to say . . . Help! Before it is too late . . . (crying)

AJ asked for help in this post by articulating distress, self-harm and suicidal feelings in relation to gender identity struggles. AJ constructs getting help and support as a problem because of the necessity of disclosing gender identity to a variety of people – a counsellor, a gender specialist, straight friends and gay friends. Simultaneously, AJ wrote that gender identity is something that cannot be comprehended by others; it is unintelligible. The silent, dominant discourse at work here is the hetero-gender binary which is so powerfully embedded that it makes any gender outside the 'natural' categories of 'man' and 'woman' unimaginable and unspeakable. The problem for AJ is that in order to get help for self-harming, suicidal feelings and gender difficulties, AJ's gender non-normativity must be 'told' to different audiences and institutions (for example, the clinic, school, family, or peer networks) who may not recognise AJ's gender identity. In the context of widespread transphobia and symbolic violence, this then opens up a vulnerable subject position whereby AJ must reveal her gender-transgression to obtain help. Within this discursive framing of help-seeking, AJ's options seem extremely limited; either take the chance of trans disclosure and ask for help, or remain silent.

We demonstrated in the previous chapter that maintaining secrecy is a solution that makes it feel impossible to connect to others and therefore to get appropriate help. Young people like AJ, who are under 16 years old and positioned outside the heteronormative gender binary, have very few outlets for symbolic dissent because they are still attending school and are dependent on family/carers. Maintaining secrecy and silence about their distress means they do not have any form of support or connection, and their everyday misrecognition and suffering goes unnoticed. As a consequence, the Internet can be a crucial space for counter-hegemonic gender discourses in which to find support and relief. Asking for help through a queer youth virtual environment allows space in which to be recognised, safely, without the danger of ridicule, abuse, violence and rejection that can occur at home or school. In the online setting, with an audience of like-minded queer youth,

there is a possibility to be recognised as queer, to be recognised that self-harm is a way of coping with emotional distress and recognised that you need help. The Internet opens opportunities for different ways of being, doing and knowing youthful sexual and gender subjectivities; and importantly, it enables a request for help.

In our view, it is the tension between anonymity and recognition in cyberspace which is so attractive for queer youth. Queer web spaces are settings where you can choose not to be *seen*, but you can be *known*. Online queer environments allow young sexual and gendered performances that are not so easily susceptible to the hetero-gendered scopic regime; they are under less surveillance, the body is not being measured against sexual and gender norms and therefore, the disembodied performance, in some way, can be intelligible. This contrasts with the face-to-face setting, where you can be *seen* to be failing. This possibility of visual judgement intensifies the emotional distress for young people partly because they can potentially fail on many levels; they lack maturity, they lack emotional control, they are not a 'natural' man or woman. Ahmed (2004: 102) explains why being seen to fail can be so devastating: 'To be witnessed in one's failure is to be ashamed: to have one's shame witnessed is even more shaming. The bind of shame is that it is intensified by being seen by others *as* shame.' It may be that in cyberspace, it is easier to tell another about your anguish, pain and hopelessness, and this is because there are no visual witnesses to your transgressions or failures. What is significant here to understanding queer youth preferences for online help-seeking is the centrality of emotions, norms and their management. It is the affective nature of asking for help which is, in our view, underacknowledged in the literature on help-seeking for mental health problems. Understanding when and why young people ask for help requires an appreciation of the complex entanglement of emotion, norms and subjectivity involved in talking to someone about self-harm and suicide (McDermott, 2014). Our analysis also suggests that adult/youth power relations are significant to queer youth hesitancy in asking adults and formal services for assistance.

Power, autonomy and emotion

Our exploration of the experiences of the younger age group (13–16 years old) has strongly highlighted the adult/youth power imbalance evident in young lives and the impact this has on their emotional distress and help-seeking. We argue that both the power and control adults wield over young people, and young people's own efforts to position

themselves as autonomous subjects, are implicated in their reluctance to get help from adults and their preference for peer online help. In this analysis, we pay attention to the normative and emotional dimensions of queer youth help-seeking. We work with the idea that the imbalance in power and autonomy between adults and young people is partially produced through normative developmental discourses that define adults as mature and able to control their emotions, and youth as emotionally immature and unable to control their emotions. Through these normative developmental discourses, young people's emotions are produced as immature and often 'unreasonable' (Lesko and Talburt, 2011). The underlying tone is that these disorderly emotions are not to be taken seriously; they are a product of hormonal changes and a common phase of the adolescent years. The participants in our studies clearly understood that their emotional distress was stereotyped as 'teenage'. In the post below, the contributor asks for advice:

> they always say 'its just a teenage thing'
> -self-harm/cutting, punching walls
> -suicide attempts
> -isolation/no friends
> -revulsion of who i am/ im gay so you know
> do these behaviours sound like a normal 15 year old?
> if they do when should i expect them to stop?
>
> (Gay, 15 years old)

As this online request for help made clear, the contributor's own experiences suggested he was failing to be a 'normal' teenager. He questions his 'normalcy' because he was harming himself and had made multiple suicide attempts, he had failed to develop friendships, and he was gay and he hated himself for it. These experiences do not seem to fit with the mainstream view of successful teenage development. This contributor framed his transgressions and failures through two key elements of the normative adolescent development discourse; the characterisation of the teenage years as hormonally emotional (*it's just a teenage thing*) and the notion of an adolescent linear development chronology (*when should I expect them to stop?*). As a result, he was then able to construct his emotional distress, self-harm, sexuality and self-hatred as a possible phase that he will outgrow. This discursive framing of help-seeking enables the possibility of the 'normal' adolescent subject position but it closes down options for help-seeking, apart from waiting and the

passing of time. In other words, to be a 'normal' teenager, this young person must endure a continuation of anguish, isolation, self-hatred and most likely, self-harm.

The tendency for young people's emotions to be demeaned and temporalised ('it's a phase', 'they will grow out of it') serves to reproduce a hierarchical division between the rational adult and the emotional adolescent (Lesko, 2001; Burman, 2008; Wyn et al., 2012). It is one of the ways that adults are able to position themselves with authority in relation to youth. Our analysis suggests this is deeply implicated in what adults do when queer youth reveal emotional distress and how queer youth ask for help. Queer youth who are self-harming or feel suicidal and want help are in a contradictory situation. On the one hand, in order to ask for help, queer youth must disclose their emotional distress, self-harm and suicidal feelings (and sexuality/gender) but, on the other, widespread discourses characterise the open expression of 'teen angst' as attention-seeking behaviour and over-dramatic (Scourfield et al., 2011). In our studies, young people were well aware of the propensity to dismiss emotional displays by teenagers as 'hormonal' and their emotional 'outbursts' as immature. The consequences of framing youth distress as 'developmental' are that adults may not consider distress as 'authentic', and troubled youth may be reluctant to ask adults for help because they fear being belittled, or told they are attention seeking.

In this context, virtual spaces become important to distressed queer youth who want help but feel unable to ask the adults in their lives because they are frightened of not being taken seriously, of being ridiculed, or worse. As we argued in the previous chapter, rather than fail to be the son/daughter/young person that fits with parents' and significant others' heteronormative expectations, many queer youth seek help and support online from other queer youth. In addition to normative adolescent developmental discourses, our analysis suggests that adult control of young people's lives, and young people's lack of autonomy, has a significant role to play in the difficulties of distressed queer youth. In the post below, for example, 15-year-old Jenny, living with her homophobic parents, explains her situation and asks for help:

> Most people don't know it, but I am a lesbian. The people who do know are just constantly taking the piss. They say they will tell my parents. My parents are really homophobic and would kick me out. Because I am 15, I have nowhere else to go. And that's not all that gets me down. I don't want to be gay but I can't help it and I am madly in love with a girl, but she won't speak to me. My parents are annoyed

> with me and sent me to counselling but it didn't do anything I want help. I am not an emo.

In this post, discourses of sexuality and age are used to legitimise emotional distress and authoritise asking for help. Jenny describes her lesbian sexuality as potentially leading to ridicule, hostility, homelessness, rejection, isolation, sadness and fear of exposure. Lesbian sexuality is also, she writes, drawing on essentialist biological discourses, something you cannot help, but you may not want. In this way, the transgression of heteronormativity is produced as a source of pain, for which the young person cannot be blamed. Simultaneously, discourses of age are deployed to reject normative developmental discourses of the over-emotional teenager (*I am not an emo*) and thereby authenticate her distress. Age is also used in a discursive manoeuvre to position herself as *genuinely* requiring help because of parental homophobia which may cause rejection, homelessness and enforced therapy. The subject position of a genuine help-seeker is discursively produced through the combination of essentialist notions of sexuality (*I can't help being gay*), pervasive homophobia from parents, peers (and perhaps her love interest), and parental power and control over her. This could be read as a victim subject positioning but this would elide the agency and courage required by queer youth to reject the notion of personal failure, to legitimate their emotional distress and to position themselves as authentic help-seekers. Jenny's post highlights the enormous amount of resistance work that is required to ask for help.

Lesko (2001) argues that the 'raging hormones' discourse also underpins the commonly held idea that adolescents are naturally rebellious and rule breakers and that they will challenge authority. In our studies, queer youth were 'rebelling' in response to adults' homo/bi/transphobia, the threat of being thrown out of home (and the accompanying loss of security, warmth, food and the Internet), being forced to see a clinician, online and offline surveillance, restricted movement and access to friends, and silence about alternative sexualities, genders and emotional wellbeing (especially in school and at home). We prefer to reframe this idea of 'natural rebellion' and instead think of queer youth 'disobedience' and 'insubordination' as an agentic rejection of the restrictive and normative conditions which some adults in their lives impose. Within a complex negotiation of regulatory discourses, economic dependency and material constraints, distressed queer youth may not be rebelling but, instead, struggling for autonomy. Autonomy is commonly understood to be important to developing into a rational

and mature subject ('s/he has got to learn to stand on her/his own two feet') (Walkerdine et al., 2001), and it is defined as a growing independence from parents and carers with free will to act. The problem for some queer youth is that their struggle for autonomy takes place in circumstances which can be hostile, where life is dependent on adults. This creates a tremendous pressure and conflict between wanting to be a mature, autonomous young person but being unable to cope with emotional distress and needing help. In the post below, the contributor writes about the multiple problems of adult censorship, surveillance and control:

> I am cutting because my parents can't find out I am lesbian.
> I tried to tell them a year ago, but they are so narrow minded and religious such that they freaked out and put me in therapy to 'correct me'.
> So just to stop going to therapy I told them it was a phase and now they let me out of the house, and over friends that are girls houses.
> Well I currently am feeling really strongly about my sexuality (and am even more open about it at school) that I feel the need to tell them to just STFU and accept it, but I can't or else I get kicked out (and Im only 16).
> So I started cutting again (yes I did before on my wrists, and they seen it and I also went to therapy for that), but now I am cutting on my shoulders so they won't see it, but I can't seem to stop . . . can you help me?
>
> (16-year-old lesbian)

This post showed a determined discursive resistance to, and rejection of, homophobic parents and religion, 'corrective' psychological therapies and the unequal adult–adolescent power dichotomy. Strategically, this young person negotiates these unequal power relations by subverting the adolescent development discourse and telling her parents that her lesbianism is a phase. As a result, she claimed she was able to stop going to therapy, evade parental control and position herself positively as lesbian (*feel really strongly*). However, she asked for help because she could not stop self-harming. Writing online, she discursively framed her self-harm as an outcome of the emotional strain involved in resisting homophobia, outwitting parental control and avoiding the psychopathologisation of her emotions and sexuality. In this discursive framing, it is adult control (her parents) and authority (her therapist) she

aims to refuse. Unfortunately, this rejection of control, and positioning as autonomous, has involved a discursive manoeuvre which closes down any expectation of getting assistance from other adults and mental health services. Asking for peer support and advice online appears to be her only option. This young person can feel positive about her sexuality but she self-harms. While she can go online for support, she still lacks the power to challenge parental and psychomedical authority for fear of rejection, homelessness and further therapeutic intervention. Consequently, self-harm continues to appear to be a viable coping strategy in the face of limited sources of help apart from cyberspace.

Online help-seeking by queer youth challenges the notion that 'adults' are experts, whether this is parental, educational or medical. According to what young people said in our studies, adults too frequently *failed* to give expert help. They often did not take young queer(ed) people's sexuality, gender, or self-harm and suicidal feelings seriously. We argue that part of the reason some adults fail distressed queer youth is because they are embedded in the regulatory apparatus which disciplines those youthful subjectivities that are outside the parameters of heteronormative neoliberal subjecthood. Adults in schools, colleges, at home, in mental health and support services are the modes (for example education, family, medicine, religion and law) of regulation through which these young people are constituted as queer, irrational, failed subjects. Rather than face this risk of judgement from adults and services, many queer youth look for safer options and cope with their distress online.

Subjects worthy of help?

In this last section, we examine the emotional and discursive work that is done online by queer youth to position themselves as authentic help-seekers and *worthy* of help. We suggest that at a deep level, a suite of normative discourses (hetero, developmental, neoliberal) operate to govern young subjectivities, which not only contributes to the immense difficulties queer youth have asking for help, but also narrows their expectations of help and support, and leaves many waiting 'for it to get better'.

Our analysis indicates that queer youth writing online are taking personal responsibility for their distress by converting powerful emotions into a rational argument (Walkerdine et al., 2001) for their self-harm and suicidal feelings. We have written previously about young people's need to rationalise suicidal behaviour in order to make sense of it (Roen

et al., 2008). Providing a reason for suicide acts to keep the chaos and irrationality of human psychic life at bay. We found this was the case online, when queer youth explained their own self-harm and suicidal feelings and were asking for help. In the post below, Alex, a 13-year-old bisexual contributor writes that she is at crisis point:

> I am bisexual. I hate my life. I am made fun of. I self-harm and have thought about suicide..alot. I am on the edge.
> Aged 9. parents' divorce – 'started self-harming',
> Aged 10. realized bisexual- 'self-harmed more',
> Aged 11. started telling close friends secret – 'self-harmed less',
> Aged 12. told all friends, rumours – 'self-harmed more than ever',
> Aged 13. lost friends – 'can't stop thinking about suicide',
> No one pays any attention to me unless they are spreading rumors. I'm starting to cut deeper and deeper. Most of my cuts say stuff now.

Asking for help in this post is a crisis point which is discursively constructed through a chronological story of age, bisexuality and relationships. Crisis points are presented as a result of family divorce, non-normative sexuality, disclosure of bisexuality, biphobia and isolation. The 'seriousness' of her distress is articulated through 'constant' thoughts of suicide, the increasing dangerous levels of harm and cutting words into the body. This offers a subject position which is rational. It is reasonable given the sequence of events, her acute pain and the lack of support, to have thoughts of suicide. In other words, Alex constructs a rational subject position, and, therefore, powerful emotions, self-harm and suicidal feelings are justified through a story of marginalisation, abuse and isolation.

We see the heavy influence of scientific rationality discourses in Alex's construction of an intelligible suicidal subject position. Scientific rationality based on logic, reason and individualism is at the heart of liberal democracy. The rational individual is expected to control themselves by disciplining their emotions and body through reasoned choices. This internal constraint forms rational subjects, who take responsibility for their selves and their actions, and hence become governable neoliberal citizens (Foucault, 1976; Walkerdine, 1984; Rose, 1989). In this post, Alex discursively orders her irrational emotions and she takes personal responsibility for her emotions by restraining them within/on her body. Through this discursive rationalisation, anguish is legitimated and she can position herself as coherent, suicidal and *worthy* of help.

Authenticating anguish through a rational suicidal subject position may enable a request for help online, but what other possible actions does this subject position offer? What help can be anticipated, imagined or hoped for? If young people are rationalising their emotional distress, and taking personal responsibility by containing their pain in/on the body, what expectations of help can they have? Throughout our work, we have been disturbed by distressed queer(ed) young people's limited expectations of support, their narrow view of possible avenues of help and their willingness to take individual blame for their distress and to cope alone. In the following post, a 16-year-old gay man who has attempted suicide asks for help and presents a limited range of possible solutions:

> Life gets so hard and i have attempted suicide before but i know it's not the answer, i know things will get better (yet i don't believe it). Also, my parents have been really upset with me lately and i have no idea why. They have been extremely hateful and it just makes me feel like i don't deserve to be happy because clearly im doing something wrong. I have honestly thought about moving out but i don't know where i would go. i was just hoping someone out there would have some advice.

The possibilities for action, given the request for help, are discursively constructed in this post as suicide or hoping it will get better. This young person did not envisage any other forms of assistance apart from actually writing online for advice from other queer youth. He framed his options as no longer living or waiting for a better future, both of which he wrote were unlikely to deliver a less difficult life. The hope for a better future option draws on developmental and neoliberal discourses, such that he is working with the idea that young people mature into adults who can make the choice to avoid hostility, homo/bi/transphobic bullying and rejection. Queer youth can, according to this understanding, expect to mature into proud, happy queer adults. The message is, 'it will get better.' You just have to wait: wait until you are old enough to leave school, leave home, earn your own money, choose whom you spend your time with. The repeated encouragement from contributors in our research is based on particular views of the future: a future self, an adult future, a future of empowerment and happiness. Lesko (2001) argues that adolescence was partly produced in the nineteenth and twentieth century as a technology to produce certain kinds of persons through the 'unrelenting emphasis on youth futures'.

By suggesting that one has to wait, and by basing encouragement on the idea that the future will be better, a number of traps are being laid. First, it is assumed that neoliberal and developmental discourses of autonomous, mature, adult selves provide a good way of understanding the probable futures of all queer youth. This makes invisible the realities of queer people who do not have the material resources to move away from intensely homophobic surroundings; who do not have the physical or intellectual capacities to live (at least for some time) as independent, autonomous-acting 'individuals'; who live within cultural contexts where such notions of independent maturation do not make good sense (perhaps there is a clear expectation that young people will grow into adults who take care of other family members, for example). The resounding individualism and the culture and class-specific assumptions underlying 'it will get better' reflect the ethos of a particular white, middle-class, able-bodied, consumerist, gay male and do nothing to reflect the diverse material and embodied realities of queer lives more broadly (Goltz, 2012; Grzanka and Mann, 2014). Indeed, such understandings dangerously marginalise diverse realities, potentially leaving many queer youth feeling that they are failing precisely because they are not achieving the homonormative (consumerist, neoliberal) dream (Cover, 2013).

Our second concern, regarding the individual responsibility, wait for the future, 'it gets better' approach to coping with self-harm and suicidal feelings relates to the immediate and long-term effects of waiting. Waiting may mean continuing to exist, day after day, in a hostile environment, with little support. Self-harm is a means that many queer youth use to cope during this period of waiting. Some of the contributors whose posts we have read report having started self-harming from the age of nine. How long is one expected to wait before the dreamed-of happy adulthood begins? Months or years of marginalisation, feeling rejected, fear of abuse and shame at being outed would erode the emotional wellbeing of any of us, no matter how resilient we may be at the start. This idea that one can isolate oneself for now, and wait until things get better, does not take into account day-to-day emotional challenges, need for support, care, nurturing and companionship. Is it possible to seal oneself off from significant others, or to seal one's emotions in, to put one's emotional being on ice for a few years while waiting for schooling and economic dependence to be over and adulthood and freedom to begin. This seems to be a dangerous fantasy. What is perhaps being underestimated is the long-term toll of isolation, distress, suicidal feelings and self-harm during one's teens. If young queer(ed) people are

exhorted to wait it out, to tough it out, to cope on their own and to expect the problems to dissolve once adulthood arrives, this will have ongoing detrimental effects on emotional wellbeing. The emotional toll that has been taken, during the period of waiting, is not being factored in by those who advocate waiting. Arguably, this approach perpetuates suicide and self-harm as a viable option for troubled queer youth.

The tactic of waiting for 'it to get better' is what Ahmed (2010) has suggested is the promise of happiness. Her analysis maintains that the promise of happiness is another way in which human subjectivity is normatively governed. She maintains 'the promising nature of happiness suggests happiness lies ahead of us, at least if we do the right thing' (p. 29). She claims this promise underpins the basic formula of religious, moral and neoliberal discourses which assert that, if you do this and refrain from that, you will be happy. In addition, Ahmed's analysis contends that happiness is unequally available and those in legitimated, powerful positions (such as white, wealthy, heterosexual men) are more able to fulfil the requisite requirements that promise happiness. She observes, 'The face of happiness . . . looks rather like the face of privilege' (Ahmed, 2010: 11). The contributors to our studies understood that their non-normativity meant there *are* limited options for help in a regulatory social matrix which positions them in multiple ways as not doing the right thing, that is, failed and not *deserving* of happiness. Our analysis of queer youth help-seeking online underscores the intense discursive manoeuvring required to position themselves as rational and worthy of help, but as a result, the potential options for action were worryingly few; suicide or hope it gets better. They cannot imagine, and they have limited experience of, for example, adults who take their distress seriously, an unthreatening recognition of their sexual and gender non-normativity, someone who cares and does not blame them.

Conclusion

In this chapter, we address queer youth help-seeking for self-harm and suicidal feelings. In the three studies we have conducted (and a fourth study that one of us is currently leading; see www.queerfutures.co.uk), we have found that young people are reluctant to approach mental health services and other mainstream support mechanisms such as school counsellors. Close friends are usually the first to be approached for help, along with some family members. The young people in our studies suggest that the only trusted sources of support are friends, LGBT youth groups and queer youth virtual spaces. We concentrate in this

chapter mainly on online help-seeking, and suggest that, unlike face-to-face settings, virtual environments are spaces where non-normative subjectivities can be recognised. In these settings, queer youth can position themselves as emotionally disordered, as queer(ed) and as failed.

Queer youth may struggle to ask for help with suicidal feelings and self-harm because we live with dominant cultural norms in the West which discourage expression of emotion; inner anguish, loss, sadness, shame, fear, anger and hopelessness are considered irrational and signs of failure. Failure is hard to say, to admit, to tell; to articulate failure is to begin a process of subjectification. In other words, to feel failed is different to saying you are failed; articulation brings the failed subject into being. This may make it almost (im)possible for distressed queer youth to articulate distress or tell the self as troubled (McDermott, 2014).

We argue throughout the chapter that the power and authority of adults, and the lack of autonomy of those under 16 years old, restricts the type of help-seeking possible and cyberspace is one of few places to seek help. We show that emotions are powerfully bound up with adult control and surveillance through heteronormative developmental discourses and structures (particularly school and family). As a result, queer youth who self-harm or feel suicidal have the particularly onerous task of positioning themselves as subjects worthy of helping because they transgress the intersecting social norms of adolescence, rationality *and* heterosexuality. We suggest that part of understanding why queer youth have a higher risk of self-harm and suicide is acknowledging that adults, services and support mechanisms fail to help them. A reason that they fail is that the affective nature of help-seeking relations is not understood. Services, practitioners and systems of support are not designed to address the overwhelming *feelings* of failure, shame, fear and self-hatred which some queer youth are experiencing. Instead, the relentless onus on personal responsibility for lives and futures means individual young people come to understand their self-harm, emotional distress and queerness as their own personal failure, and asking for help reinforces that failure.

There is an argument that increasing tolerance (albeit depoliticised) of sexual and gender diversity in many Western nations may intensify these feelings of failing to cope. The argument presented by some commentators is that we now live in a more tolerant society where queers and straights, trans and cisgendered people are equal (in law) and homophobia, biphobia and transphobia are a minimal problem ('it's getting better'). Through this discursive promise of happiness, queer(ed)

youth are positioned as the sign of hope for a better society (Ahmed, 2010). But some of them are distressed, frightened and feeling hopeless. This promise of happiness looks unrealistic, unreachable and not applicable to their lives. As Cover (2013) suggests, 'tolerance' can create new exclusions for those who do not fit with homonormative expectations. It is not sufficient to expect queer youth who feel intense pain and anguish to endure their pain and rely on the promise of future well-being. In the last chapter of the book, we ask, what would make it easier for queer youth to seek help? And how can queer lives be more liveable and less marked by self-harm and suicide?

8
Promoting Liveable Lives

Knowledge about how to prevent youth suicide and self-harm is extremely limited and this is partly due to, as White (forthcoming) indicates below, the dominance of narrow, psychomedical formulations of suicidal despair:

> To date, suicidology scholars have generally shown little enthusiasm for engaging in any form of reflexive critique that would allow the foundational assumptions upon which the field rests to be exposed for scrutiny and analysis.
>
> (p. 319)

We embarked on this writing with a persistent dissatisfaction with much existing literature on youth self-harm and suicide. We are particularly concerned about how questions of LGBT identification, self-harming and suicidality are usually figured in relation to one another. One of our early intentions in the writing process was to offer an approach that does not rely on psychomedical ways of thinking. We do not presume to be able to cordon off and count how many young people 'are' L, G, B or T and what proportion of those young people might engage in self-harm. While we certainly see the value of such research for highlighting this issue and helping to direct policies and funding towards addressing LGBT youth suicide and self-harm, we want to establish some conceptual distance from such approaches. We want to figure sexuality and gender identity as less easily known, as shifting and uncountable. We want to consider the various ways in which young people are queered, including instances where the person themselves might be suffering from the effects of heteronormativity, or of homo/bi/transphobic exclusion, while never actually considering themselves to be L, G, B

or T. We are interested in how sexuality and gender norms impact on all young people, constraining what is possible and isolating some young people in ways that can be extremely painful and destructive.

We are also concerned about the role of pathologisation in much suicide and self-harm research. After having read many studies where young people's experiences are described in pathologising and individualising terms, where there seems to be little room for finding out how young people themselves make sense of their experiences and where there seems to be no chance of understanding suicide and self-harm in the context of other kinds of emotional and bodily interventions, we decided that an alternative approach was needed. We have crafted an approach that focuses squarely on young people's own experiences and sense-making processes, an approach that opens up for suicidal and self-harming possibilities being part of an exploration, part of a process of becoming and part of a shared meaning-making endeavour, rather than primarily a sign of individual psychopathology.

Navigating this conceptual terrain is tricky. We are in no way advocating self-harm or suicide as worthwhile strategies for working through life's problems. But we are also not wanting to relegate self-harming and suicidal feelings to the realm of psychiatry. Instead, we develop a concept of embodied distress to help us explore suicide and self-harming in the context of other emotionally entangled embodied processes. We move the focus away from the (pathologised) individual by considering how norms are implicated in embodied distress. In this way, we can ask questions about processes of becoming, embodiment, identification and connection, rather than focusing on questions about the mental health status of a queer(ed) young person who is self-harming and/or feels suicidal. In this context, we attempt to acknowledge non-judgementally that some queer(ed) youth do use self-harm as one of many emotional and embodied strategies to manage distress. Prioritising the perspectives of young people who self-harm or feel suicidal does not mean endorsing self-harm, indeed, quite the opposite. Much of the data we have illustrates how young people who self-harm try to stop harming and encourage one another to stop harming and to find ways to deal with feeling suicidal. Neither they nor we are endorsing self-harm or suicide. But we are actively avoiding the pathologisation of people who self-harm or feel suicidal. We see the pathologisation and stigmatisation of self-harm and suicide as a significant problem because it leads to further shame and isolation, making it harder for many young people to seek the support they need and to feel good about themselves as they face the dilemmas of becoming young adults.

It has not been very difficult for us to articulate a critical distance from psychomedical and pathologising research on LGBT youth suicide and self-harm. But there are other aspects of the literature in this field that also left us uneasy, and in relation to which we have had to work a little harder to articulate an alternative approach. Much research on LGBT youth self-harm and suicidality presents LGBT youth as being 'at risk' and some researchers draw on a concept of minority stress to explain the levels of 'risk' faced by LGBT youth. We have tried in various ways to work against these framings of risk and minority status. Instead of picturing a defined group of people who are a 'minority', who suffer 'stress' and who are therefore 'at risk', we picture a socio-economic cultural context where norms operate (discursively and structurally), constraining all processes of becoming and making life potentially unliveable for some subjects. We examine the ways that some young people manage their relationship to norms and their relationship to hegemonic ways of becoming, possibly using self-harm in the process, but ultimately developing a repertoire of strategies for managing who and how they are in the world. This includes emotional strategies (such as strategies intended to avoid being positioned as 'crazy'), identity strategies (to avoid being categorised in uncomfortable ways, in relation to sexuality and gender, for example) and relational strategies (to find similar and supportive others). We picture self-harm as a variety of emotional and embodied strategies, in the context of many other strategies. We envisage a wide range of young people going through distress in relation to sexuality, gender identity, embodiment and becoming adults, not only a defined 'LGBT minority' group. And we resist the notion of risk with its marginalising and stigmatising effects. Indeed, the data we are working with include an online discussion between queer(ed) youth who are critically discussing the idea that they are 'at risk' of suicide or self-harm. That young people are having these discussions online, critically distancing themselves from such research and explaining how such research misrepresents their lives, is an enormous help to us in articulating our concerns with these conceptual framings (McDermott et al., 2013a, 2013b).

In this concluding chapter, we focus on possible ways to prevent and reduce suicide and self-harm among youth who are queer(ed). We do this in three ways: firstly, we argue that psychomedical approaches to queer youth suicide and self-harm lead to specific solutions that centre exclusively on mental health services and crisis intervention. Our critique of these psychomedical measures is that they may be ineffective (our data show young people being reluctant to use services and tending to find mental health services unhelpful) and such services are

a 'sticking plaster' solution: they do not address the causes of distress or the normative social and cultural environment which gives rise to distress. We argue that the mental health services designed to reduce self-harm and suicide use an 'at-risk' paradigm and tend to be pathologising, thus offering little space for young people's agency. Secondly, we discuss what our alternative approach highlights as important to preventing suicide and self-harm among queer(ed) youth. We suggest recognition, belonging, becoming and material safety are key. Thirdly, we ask what can be done that might facilitate recognition, belonging, becoming and material safety, and that might encourage liveable lives and queer youth wellbeing. We do not recommend particular interventions but we point to areas of everyday life where interventions could usefully be focused to make self-harming and suicide less likely to appear as viable strategies to manage emotional distress. We propose online spaces, community and youth face-to-face settings, a nurturing environment (within the family and beyond) and educational initiatives (to reduce hate and increase emotional wellbeing). We concentrate on small, manageable changes (such as funding LGBTQ youth groups properly, introducing national policy and funding to address heteronormativity and homo/bi/transphobia in schools) which could ideally be developed in ways that draw from young people's own experiences.

Psychomedical approaches to suicide prevention

We locate our work in relation to the critical suicide-prevention literature that has emerged across Canada, Australia, the United States and New Zealand (White et al., forthcoming). There is currently no conclusive evidence on effective ways to reduce youth suicide and self-harm, and this is partly due to the standardised, expert-driven, risk factor paradigm in prevention policy and practice (White, forthcoming). Wexler and Gone (forthcoming) argue that some of the problematic normative assumptions embedded in suicide prevention include, first, the idea that suicide is attributable to psychological causes rather than being connected to historical, cultural, community and family trauma; and second, the idea that intervention is best achieved through mental health treatment rather than through culturally sensitive, community-based social interventions.

Important critiques of suicide-prevention programmes have come from those working with indigenous populations where suicide is viewed as more of a cultural resolution to hostile environments (Wexler and Gone, forthcoming). These authors suggest that suicide prevention

requires an understanding of how suicide relates to individual, group and contextual experiences. This is a perspective which corresponds with our argument that emotional distress, suicidal feelings and self-harming among queer(ed) youth become meaningful in relation to particular normative aspects of the social context, that is, heteronormativity, developmental norms and the pressures of neoliberal subjecthood.

The problem with approaches centred on individualised, clinical interventions is that, as research consistently demonstrates, young people are reluctant to seek help from mental health services due to the stigma associated with mental illness (Biddle et al., 2007; Gulliver et al., 2010). The reluctance to seek help from formal mental health services is understood within the psychomedical paradigm as a problem of young people's lack of knowledge or a 'help-seeking deficit' (White, forthcoming: 330) rather than of the inappropriateness of the intervention. However, there is an emerging understanding, which this book elaborates, that a central reason why young people do not seek help is because they want to position themselves within heteronormative adulthood and avoid actions that compromise that positioning (Fullagar, 2005; Biddle et al., 2007; McDermott et al., 2008; Prior, 2012; McDermott, 2014). Finding appropriate mental health care can be particularly challenging for trans youth. As we demonstrated in Chapter 4, trans youth find themselves in a precarious situation when they seek clinical intervention. They must present clinically with a degree of coherence (as the plausible trans subject) and distress (enough to warrant medical intervention), making it seem dangerously (almost) inevitable that being trans will slide into some kind of self-harming.

Furthermore, our studies indicate that even when queer youth are seeing a mental health professional, they may have problems talking about topics such as sexuality, gender identity, suicide and self-harm (McDermott, 2014). Psychological interventions have a notable history of being deployed for the purpose of 'correcting' young people's sexuality, gender non-conformity and 'unruly' emotions. In our research, we found evidence of young people resisting such interventions by fabricating a normative performance (as heterosexual, gender-normative and emotionally 'stable') to avoid ongoing appointments with mental health professionals. One 20-year-old gay female told another young lesbian in our Online Ethnographic Study: 'Be a girl, wear the dresses, style your hair. Go to the psychiatrist and smile and lie through your teeth (I did).' A recent US study suggests that mental health service intervention may not be effective in preventing suicide in LGB populations. Meyer et al. (2014) found that for LGB adults (aged 18–59) seeking help

from mental health services or medical treatment did not lower the likelihood of a suicide attempt.

One of the characteristics of psychomedical approaches to suicide prevention and self-harm reduction is their reliance on fairly narrowly defined psychomedical expertise. That is, it is typically assumed that interventions must be conducted by people with psychological and/or medical expertise, leaving little room for young people's knowledges (White, 2012, forthcoming). Hegemonic psychomedical constructions of adolescence depict young people as subject to emotional swings and as not-yet-developed subjects, needing to be looked after, educated and initiated into the world of adults. Within such a framework, it makes sense for young people to be the objects of the clinician's gaze, to have decisions made for them, to have their emotions discounted (as a passing phase, a moment of irrationality, or a sign of pathology) and to have their ways of engaging with others monitored. In instances where young people's ways of engaging with others (especially sexually) transgress age norms, heteronorms and/or neoliberal norms (rationality, for example), then regulatory mechanisms can come into play. Deviations are marked as risky, and the policing of norms gets justified as being for the protection of the young people concerned, or society at large. Major institutions (medicine, education, health, the family) are brought into play to provide norm-abiding socialisation, monitoring and norm-policing in relation to young people's behaviour, desires and ways of being in the world. This adult surveillance closes down the idea that young people can 'know' and have something useful to contribute regarding emotional distress and preventing suicide and self-harm; they are 'discredited knowers' (White, forthcoming).

Critics of suicide-prevention programmes in North America argue that prevention programmes focus on young people learning 'facts' about the relationship between mental illness and suicide. White (forthcoming) suggests that this kind of teaching marginalises and stigmatises young people who have a personal relationship to suicide. It does this by removing any agency and ability that young people may have to support one another. The emphasis in such programmes is telling adults about one's distress and getting professional help, rather than exploring one's own knowledge and abilities for making sense of suicidal feelings and supporting one another through difficulties. Speaking closely to our approach, White (2015: 319) writes about the importance of

> understanding how young people negotiate a range of shifting processes, contexts and relational realities, which includes living

> and dying of course, but also: dreaming, hoping, resisting, caring, enduring, persisting, collaborating, wondering, creating, relating, surviving, adapting, aspiring, witnessing, and transforming.

We argue that relying solely on clinical interventions and mental health services establishes a knowledge-power hierarchy whereby psychomedical professionals are deemed to have the answers as to why a young person may be self-harming, while queer youth's ways of knowing are discounted. The power and authority of psychomedical viewpoints excludes youth perspectives and legitimises a narrow range of expert-driven solutions to suicide and self-harm. In our view, mental health services are set up to fail because they rely on queer youth 'telling' adults about their distress. We have highlighted in Chapter 7 the tendency for queer youth who are emotionally troubled not to expect, or ask for, help from adults, and many think they *should* cope alone.

One of the strongest and most consistent themes running throughout our studies is that distressed queer youth perceive that they have limited options for support and help. Standard sources of support may be viewed as unavailable because of the nature of what is to be told, for example, as one young person wrote online: 'I am trans, bisexual, cutting myself, failing school, lonely, have no friends, being bullied at school.' These 'transgressions' of norms are difficult to reveal to friends, family, teachers and health professionals; they are articulations of failure, fear, confusion, anguish, shame, self-hatred, anger and disappointment. In a paper drawing from our Online Ethnographic Study, one of us has shown some of the difficulties queer(ed) youth can have in telling others they are distressed and the feelings of shame and failure such telling engenders (McDermott, 2014). It is crucial to appreciate that telling an adult about distressing emotions requires queer youth to contend with the regulatory apparatus of adolescence which emphasises emotional restraint and diminishes open displays of emotional distress. Simultaneously, queer(ed) youth must cope with heteronorms that cast diverse sexualities and genders as deviant and shameful. Under such normative circumstances, it requires colossal courage or rock-bottom desperation to ask for help and articulate emotional distress. In other words, in order to ask for help the young person is effectively required to enunciate the self as failing to meet with neoliberal standards of young heteronormative adulthood. Services, practitioners and systems of support are not designed to address the overwhelming *feelings* of failure, shame and fear that some queer youth are experiencing. It is not adequately recognised that asking for help can reinforce young people's

sense of failure and shame; that is, the affective nature of help-seeking is not well understood (Fullagar, 2005).

We show in Chapter 7 that queer youth make great efforts to look for ways of getting help in relation to their self-harming and their suicidal feelings. These help-seeking efforts include talking to peers, family members, teachers, queer communities, LGBT youth groups and health professionals (including general practitioners, counsellors and psychiatric services), and going online. We argue for shifting the focus of self-harm and suicide-prevention programmes towards paying more attention to the agency and perspectives of young people themselves, to draw from their experiences and knowledge bases, to facilitate shared ways of making sense of suicidality and supporting one another collectively in the face of life difficulties. Queer youth should be seen as 'capable, knowledgeable and active' (White, forthcoming: 335).

We are not suggesting that clinical interventions are unnecessary. It is the narrow focus of suicide prevention on mental health services which we believe limits the possibility of addressing the fundamental reasons underlying why some queer(ed) youth harm themselves. Jennifer White's (2012, forthcoming; White and Morris, 2010) work on youth suicide-prevention programmes indicates that what is required are structural interventions that tackle the sources of distress such as homo/bi/transphobia, racism and the ongoing effects of colonisation. Cultural and community-based approaches to suicide prevention with indigenous populations have borne some success and have done so without pathologising members of the community (Wexler and Gone, 2015). What is needed are interventions that specifically engage young people whose distress is at least partly owing to social and environmental factors such as heteronorms, homo/bi/transphobia and parental and peer rejection.

Queering self-harm and suicide prevention

What implications does our reframing of queer youth self-harm and suicide have for preventing suicide and self-harm? The point of focusing on young people's own experiences and interpretations in this book is to draw out understandings that work respectfully with subjugated knowledges, rather than just adding to the existing knowledge base 'about' young people. An understanding of subjugated knowledges can help researchers, service providers and decision-makers to work alongside young people, putting in place changes that are meaningful and valuable in relation to young people's own experiences. We want to

reposition young people as knowledgeable subjects who have valuable insights about how queer youth distress may be reduced, rather than positioning them as passive recipients of adult mental health expertise. Our analysis of young people's experiences of suicide and self-harm suggests that recognition, belonging, becoming and material safety are essential to encouraging wellbeing, preventing suicide and reducing self-harm. We consider these below.

Recognition

The need for queer(ed) youth to be recognised as human, even while they live within the material and cultural conditions of unintelligibility, is fundamental. The harm done to those rendered unintelligible as human is not typically recognised and their suffering often goes unnoticed. Across our studies, the young people's accounts were burdened with the desperate desire for recognition and the often-unbearable pain of misrecognition. In this book we have tried to convey that many young people's experiences revolve around how to be recognised as the kinds of sexual, gendered subjects they want to be recognised as, in addition to being recognised as coherent yet in need of help. In addition, we have highlighted the perilous, emotionally demanding nature of these quests for recognition.

We have shown that in response to misrecognition, queer youth, in their need for queer intelligibility, go online. With an audience of like-minded queer youth online, various kinds of recognition become possible: sexual and gendered recognition, recognition of emotional distress, recognition of self-harm as a way of coping with distress, recognition that young people who seek help genuinely do need help and recognition that it is acceptable to try and to fail. It is through the experience of recognition that an individual becomes constituted as a socially viable being (Hegel in Butler, 2004: 2); they can become human.

We have indicated in Chapter 7 that recognition may be particularly precarious for those youth who are younger (13–16 years old) and still legally dependent on an adult. As we analysed the data, it became very apparent that adults circumscribed these young people's lives, often in ways that drew impermeable boundaries around what could be said, and told, about normative sexualities and genders, emotional lives and future life possibilities. The young people writing about their lives online had limited access to the dominant symbolic order and few outlets for symbolic challenge and dissent. It seemed that their suffering was exacerbated by being unable to tell anyone about their distress and by keeping their actions, feelings and desires secret.

We have found that online, recognition takes place through communication and virtual interactions, where queer youth can develop what Butler (2004: 3) calls a critical relation to gender and sexuality norms. This capacity for critical relationality is facilitated through collective discourses that articulate an alternative, minority version of counter-hegemonic sustaining norms which enable queer youth to live their lives. Virtual environments, in particular, can provide a way to be recognised, safely, without the danger of ridicule, abuse, violence and rejection. Online, queer youth can be intelligible and they can be emotional. In anonymous web spaces, free from surveillance, there are opportunities for different ways of being, doing and knowing youthful sexual and gender subjectivities.

Belonging

Belonging is also part of human existence and contributes to happiness and wellbeing but it can be problematic for those who are pushed to the margins (Gifford and Wilding, 2013). We have shown that the exclusions of heteronormativity and neoliberalism contribute to the difficulties of queer youth belonging (Cover, 2013). 'Fitting in' or trying to belong can require strategies that are emotionally uncomfortable, or based on fear and deception. Striving to comply with norms that are unattainable can lead to a feeling of isolation, a feeling that there is no space to exist and that one is on the edge of what is possible for human subjectivity.

In Chapter 5, we showed that young people who use online spaces create shared meanings around their gender identity and embodiment, producing a kind of low theory to construct a sense of community and belonging, and that they use this to get through difficult times. Just as a community of witnesses is needed to produce particular objects as disgusting, or hated (Ahmed, 2004), so a community can produce subjugated knowledges: ways of knowing that enable the celebration (or at least a reframing) of marginalised and stigmatised ways of being. When queer(ed) youth write about themselves in supportive online spaces, or gather face-to-face in LGBT youth spaces, collective work is underway, communities of resistance and resilience are being built and subjugated knowledges are being crafted. With this collective negotiation comes a reworking of what is possible emotionally. New ways of responding to norms can emerge. Fear and secrecy can give way to selective sharing. Loneliness and isolation can be replaced by a sense of belonging, at least temporarily, at least within particular virtual or offline spaces. Alienation and disconnection can ease while feelings of connectedness

with new ways of thinking and new communities of engagement develop. New terms of identification can emerge. Intense distress, self-harm and suicidal feelings can lessen as harm-reduction strategies are shared, similar others identified, new terms of understanding forged and normative pressures put into a different perspective.

From this point of view, interventions to reduce suicide and self-harm could create space for such instances of resistance and failure, to make alternative identificatory and embodied possibilities more visible and less stigmatised and to ensure there are opportunities for community and belonging as youth navigate their way to forms of becoming that may previously have been unimaginable.

Becoming

The process of *becoming* queer(ed) necessarily occurs in relation to others. One of the points we are making through our research is that queer(ed) youth and self-harm must both be theorised through an understanding of relationality: it does not help to consider gender identity, sexuality, youth suicide, or self-harm solely as variables, as singular or stand-alone entities. Queer youth self-harm and suicide involve processes that are played out in the context of networks of social and emotional relationships; in the context of relationships between self and other; in the context of a young person making sense of who they are in the world. Emotional work, and work on the self, is inevitably work done in relation to others. Specifically, it is work done on how the self is (mis)recognised by others. We draw from Ahmed's thinking about the way emotion is produced in normative and relational contexts to consider how queer(ed) youth are required to manage their identities in relation to others and in relation to social norms. This is a life-long process of managing the self in relation to others, a necessarily emotional and embodied process. This is a process that involves doing emotional work and that takes its toll on anyone who is continually crafting ways of being in relation to norms that are unattainable.

We are particularly concerned about the level of isolation and distress (and suicidality and self-harming) that can be faced by young people who question their gender identity or are gender non-conforming, who define themselves as transsexual, transgender, or genderqueer, and young people who are (more or less intensely) at odds with the sexed development of their bodies. *Becoming*, for some, involves living with overwhelming questions and dilemmas about one's body, one's life and one's coming into being as an adult. In chapters 4 and 5, we sought to disentangle and rethink the relationship between transgender

possibilities, gender non-conforming youth and self-harm. One of the approaches we took was to consider the extent to which all pubertal development – not just trans puberty – is potentially shaming, distressing and alienating. Pubertal development forces a shift in subjecthood: a shift towards sexed and gendered adult possibilities that may be unwelcome for a number of reasons, not just for reasons of (trans)gender identity or gender non-conformity. Another approach we take is to consider self-harm and suicide in the context of other kinds of bodily and discursive interventions. Various kinds of intervention, including clothing and hairstyle, naming and pronoun use, hormonal interventions, and seeking out similar others, or producing shared (gender transgressive) narratives, can all play a role in exploring what one's own particular processes of gendered identification and sexed embodiment might mean and where they might lead. By making visible and acceptable a broad range of possible interventions (not just the narrow path of reassignment, which is only available and appealing to a proportion of gender non-conforming youth), we consider that suicidal and self-harming interventions might come to feel less inevitable and less necessary as a way of getting through.

By focusing on discourses of becoming we seek to open up questions about what kinds of gendered and sexual becoming may be possible, what kinds of future selves are visible or imaginable to sexual and gender non-conforming young people, and how it might be possible to manage the discursive tensions and bodily distresses bound up in becoming. Ideally, this means managing tension and distress without self-harming or considering suicide. The point here is not to try to determine a fixed pathway of sexual becoming or a fixed (binary, normative) gendered outcome but, rather, to acknowledge that all processes of becoming an adult subject involve tensions, challenges and things that cannot simply be resolved. This is a life-long process and it is a process that does not need to involve feelings of isolation and distress that are so intense that one considers suicide.

Material safety

The argument in this book makes it quite clear that a narrow psychomedical approach to suicide prevention and self-harm reduction focuses problematically on individual unmanaged emotions and disordered minds. The broad social factors which contribute to distress and suffering, such as racism, heteronormativity, material deprivation, social injustice and political inequities, remain invisible and untouched by such prevention strategies (White, 2012). We argue that material safety

is also important to address in the prevention of suicide and self-harm among queer youth. By material safety, we are referring to optimising the material conditions which can furnish emotional wellbeing. These conditions include, for example, where one lives, the home one may have, one's financial situation, the school attended or employment environment, when one has access to the Internet and whether one can afford to buy hormones or seek private treatment.

Socio-economic factors are consistently associated with youth suicide and self-harm and a recent UK study demonstrates that rates of suicidal feelings are also higher in those queer youth from poorer backgrounds (Nodin et al., 2015). In Chapter 3, we begin to tentatively explore how social class inequality may contribute to regulating subjectivities, determining access to resources and opportunities and generating embodied distress in some queer youth. We use the issues of education and homo/bi/transphobia to help us think about the ways class-based resources and subjectivities may be implicated in queer youth self-harm and suicide. We suggest that access to social, economic, cultural and symbolic resources can help queer youth make life more liveable (Butler, 2004). We show how middle-class queer youth may have more of these resources to protect themselves from potential homo/bi/transphobia which, in turn, helps to keep troublesome emotions at a distance and hoped-for futures intact. This contrasts markedly with queer youth from less privileged backgrounds who, in our studies, had fewer resources to cope with homo/bi/transphobia. As a consequence, their education was more likely to be disrupted, their imagined futures spoiled, and this added to their distress, making their lives less liveable.

Understanding queer youth suicide and self-harm in relation to social class inequality, and in relation to failed heteronormative subjecthood, are distinctive features of our analysis. In our view, suicide-prevention approaches need to be designed to take into account the neoliberal normative contexts where young people are expected to be successful, now and in their adulthoods, at all costs. Prevention and harm-reduction strategies need to acknowledge that successful navigation of neoliberal subjecthood requires resources and opportunities, and these are not equally available. Those who fit more easily within the strictures of the heteronormative neoliberal young person, possibly because they are heterosexual, gender-normative, white, male and middle class, are likely to fail less, and hence, have to cope with fewer troublesome emotions. Failure is more likely to be felt by those who are queer, hurting, distressed, out of work, caring for an ill parent, looked-after, living with

a disability or living in poverty. This requires queer youth suicide prevention and self-harm reduction programmes to address the underlying economic and material conditions which contribute to queer youth distress, suicide and self-harm.

Promoting queer youth wellbeing

Here, we consider how our reframing of queer youth suicide and self-harm may inform alternative ways of preventing suicide and reducing self-harm. Our intention is not to present specific interventions but to think about broad areas of intervention that can inform future research, policy and practice. We concentrate on small, manageable 'within the system' changes that can shift the normative possibilities of living on the margins, rather than radical 'overthrow the system' type changes. We think that by orientating interventions towards recognition, belonging, becoming and material safety, queer lives may be made more bearable. We suggest interventions that take place in online spaces and in community-based and face-to-face settings tailored for young people.

Online interventions

Despite the continuing public concern that the Internet is a place of 'risk' for young people, web-based technologies are recognised as having some potential for addressing emotional distress (Barak and Grohol, 2011). Our view is that the Internet can be used for providing better ongoing support and crisis intervention for queer youth who may be self-harming or feeling suicidal. Our findings are entirely consistent with recent research that documents how queer youth use the web to overcome their marginalisation and isolation, and to develop a critical perspective on heteronorms (Hanckel and Morris, 2014). Specifically, some queer(ed) youth are using the Internet to find one another and collectively develop the understanding that the distresses they face are due to the effects of heteronormativity rather than being the product of personal failure. A number of authors describe queer youth websites as offering a sense of community that helps provide the emotional resources to deal with marginalisation (Hillier and Harrison, 2007; McDermott et al., 2013a; Hanckel and Morris, 2014).

Online help, we have suggested, enables forms of interaction that differ markedly from formal, face-to-face help-seeking. The virtual spaces that are a focus in this book are specific queer spaces, not generic websites, reminding us of both the regulation of sexuality and gender online and the necessity of creating safe queer spaces. Importantly, we argue

that these queer virtual spaces are spaces for becoming intelligible and recognisable, not anonymous. These spaces are used to produce alternative ways of being, doing and knowing youthful queer(ed) subjectivities; they are spaces where, as Halberstam suggests, it is OK to fail. In addition, queer online spaces can be used to challenge the stigma attached to mental health problems. Queer cyberspace can provide places for the unburdening of emotional turmoil and anguish, for admitting to failure, for confessing to feelings of hopelessness and for talking about one's fears about the future. We suggest that virtual spaces enable a complex subject position of *emotional teenager*, where emotions are taken seriously and it is OK to be out of control, unable to cope and emotionally unrestrained.

We are proposing that there is value in creating carefully moderated online spaces (or more actively supporting those that already exist) where queer(ed) youth can safely meet one another, talk about their feelings and experiences and be together in ways that are not necessarily directly therapeutic. Such spaces may not involve health professionals but could be closely linked with some kind of formal support. What we are suggesting here is a kind of middle-distance approach: more carefully run than peer support that has no professional input, but less formal than a professionally led service. This could involve supporting and training peer moderators who know how to respond sensitively to issues of self-harm and suicidality, and how to refer those issues on to other services when appropriate. There is also a place for more formal, therapeutic work online. Some web-based therapeutic work is already done with queer(ed) youth (for example, a London-based clinic offering specialist care to young people who are seriously questioning their gender identity has the capacity to work online because the client base is very geographically spread). But more online work could be done with a view to reaching queer youth in a space that is familiar to them and probably more comfortable and accessible than a geographically based clinic. Queer virtual environments can also be points of crisis intervention, giving participants a space to work through 'crises in progress' and an opportunity to get help. Such approaches assume that health professionals are trained to work appropriately and confidently with young people online. Such approaches may also presume a level of literacy and resource on the part of young people who need support.

Online approaches need to sit alongside face-to-face approaches rather than replacing them. In addition to the findings about the supportive qualities of online community, consistent with our own findings, Hanckel and Morris (2014) also write about a symbiosis between

online and offline worlds. That is, the website they studied is used by contributors to communicate about offline activities, such as political events and activist endeavours. So this website allows people the chance to network and strategise and then to take political action locally, offline. Such findings support our own suggestion that online interventions are well worth pursuing as a way of combating queer youth isolation and distress.

Community-based and face-to-face settings

Our work has only provided a glimpse into the attempts of some schools, local communities and LGBT groups to intervene in the situations that contribute to high rates of self-harm and suicidality among queer(ed) youth. There is much more that can be done, and there are many young people who are growing up in contexts that are largely untouched by any such interventions. We have shown that despite limited opportunities, queer(ed) youth communities have the potential to build small (virtual or real) worlds, using affective discursive practices (Wetherell, 2012), where norms are reworked and liveable spaces are opened up, at least temporarily. Such collective negotiation of meanings, management of norms and reworking of emotions is at least as important for the emotional wellbeing of queer(ed) youth as more formal health promotion initiatives and health services, such as school counsellors and suicide-prevention campaigns. The task, then, is to notice what conditions – what structures and locations, what resources and opportunities – can facilitate this process where queer(ed) youth form supportive communities. That is, communities that engage productively in embodied meaning making and where young people might be facilitated in helping one another to rework distressing emotions and situations. What opportunities are there for the hegemonic and shaming affective practices (such as homo/bi/transphobic school bullying and familial rejection of LGBT youth) to be reworked using affective practices and (subjugated) knowledges that emerge from this collective work?

One of the most underrated, under-discussed and under-researched forms of support are LGBTQ youth groups which exist in some format (online and offline) in most countries across the West. As we illustrated in Chapter 7, some LGBTQ youth support groups that contributed to our research made the difference between life and death for some young people. We have a bank of anecdotal stories of youth workers dealing with young people's suicidal crises, distraught parents, homelessness, self-harm and drug and alcohol abuse. Youth workers devise initiatives

and forge collaborations to improve wellbeing and confidence. They are innovative about addressing emotional distress, for example, working with community mental health services to provide support and therapy in the youth group setting. They try, with pitifully few resources, to create communities of belonging and safety. Through youth work that can engage with, for example, art, culture, media, history, education, sport and leisure, some LGBTQ youth groups enable young people to live and sustain a sense of hope. It is crucial for suicide-prevention strategies to ensure that such groups are adequately and sustainably resourced.

Some research that provides more insight into community-based and face-to-face interventions directly asks young people what they think of a given intervention. Given the high profile and the extensive criticism of the *It Gets Better* (IGB) campaign, it seems particularly relevant to consider what young people think of it. To contextualise their research, it is worth knowing a little about the response of researchers to the IGB campaign, which primarily involved well-meaning gay North American adults posting video clips where they said something about their (successful) lives and exhorted gay youth to have faith that any difficulties they are facing will pass. On the one hand, this campaign has been described as making good use of crowd sourcing and intergenerational support for the possible benefit of some gay youth. On the other hand, within days of the launch of IGB, critics described the campaign as 'deceptive, condescending, homonormative, lazy, self-congratulatory, and inextricably tied to racial, gendered, and economic privilege' (Goltz, 2012: 214). We share the concern raised by Cover (2012) that the IGB website 'constructs the notion of youth within a linear pattern of development towards a sense of stability and normalcy as queer adult' (p. 59). In a study where Craig and colleagues asked young people what they thought of the IGB campaign, research participants considered that the campaign did not do enough to intervene in the situations that make life difficult for LGBT youth. They suggest that 'youth should not be expected to wait until adulthood for their situation to improve but deserve to have their lives changed immediately' (Craig et al., 2014: 214). This research is useful in that it draws from young people's own perspectives, it offers a balanced commentary on the pros and cons of the IGB campaign and it points to other campaigns that have emerged in North America within a similar timeframe. The other campaigns mentioned include the *Make It Better* project, sponsored by the Gay–Straight Alliance Network and emphasising making things better for LGBT youth in schools now, rather than waiting for things to get better in the future; and the *I Will Make It Better Project*, run by a youth-led organisation in

Ontario to raise awareness about bullying in schools. The young people who took part in Craig et al.'s research suggested that the IGB campaign was an excellent start but needed to go further. They pointed, among other things, to the need for any such campaign to reach more proactively across socio-economic and cultural differences, rather than appealing to a narrow segment of LGBT youth.

Fostering nurturing environments

On a more general level, we are advocating interventions that make it more likely that queer(ed) youth – and all youth – are able to engage in relationships where they are seen and heard, where their experiences are recognised (rather than being stigmatised or marginalised) and where they can engage in genuine ways. In Chapter 6, we show how self-harm can become part of the repertoire of strategies for managing the emotions that are tied up with having to relate in a social world dominated by heteronorms. We describe the challenges faced by some queer youth in maintaining genuine relationships (rather than relationships that seemed conditional upon their ability to conform to unattainable norms). We highlight the need for queer(ed) youth to make meaningful connections, to be valued in their relationships with others and to be in relation rather than being in isolation and in distress.

Here, we are advocating interventions where attention is paid to facilitating relational connections, with a view to those relational connections proving helpful in the process of envisaging and sustaining meaningful lives. This means ensuring that relationally oriented interventions (not just individually targeted interventions) are prioritised. There is value in taking a focus that supports queer(ed) youth in family and school environments where they may be suffering the effects of heteronormativity and homo/bi/transphobia. Interventions could ideally work at various levels: offering role models that might help queer(ed) youth to see various possible futures (not just a glossy homonorm or stigmatised queer possibilities); offering moderated spaces to discuss strategies for addressing homo/bi/transphobia in school or at home; offering ideas about and links to various kinds of adults and peers who could provide support (not just health professionals).

In addition to community-based and school-based interventions, there would ideally be interventions designed to respond to unworkable family situations. This could include, for example, providing foster-care arrangements where queer(ed) youth can be placed with queer-friendly foster carers, and a fostering service where practices that are

homo/bi/transphobic are taken seriously and as grounds for offering alternative accommodation. Homelessness is a serious problem for queer youth and self-harm and suicidal feelings are alarmingly high among homeless youth. Such concerns are already addressed by, for example, the Albert Kennedy Trust (a UK charity) which 'supports young LGBT 16–25 year olds who are homeless or living in a hostile environment' (www.akt.org.uk), and there is undoubtedly more needing to be done, including preventative work to support families to embrace and nurture their children and youth in all their diversity.

Across various settings interventions could ideally be developed to promote communities of resilience and connection that support queer youth (and all youth) in distress, rather than fencing off the distress of 'at-risk' youth as the remit of mental health professionals.

Education

A key structural intervention that desperately needs to be tackled involves making it mandatory for schools to address homo/bi/transphobia. This includes but is not limited to addressing bullying. It has been repeatedly shown that one of the 'contexts in which sexual minority youth are prone to experiences of isolation, alienation, stress, and stigmatization is the school' (Saewyc et al., 2014: 91). That many schools do not take these issues seriously, even when so much data points to this as a life-threatening issue for a proportion of school pupils, is indefensible and must be addressed.

There is a growing body of research focused on the effectiveness of specific interventions aimed at tackling sources of distress that are particularly relevant to LGBT youth, such as school bullying and homo/bi/transphobia (Hatzenbuehler and Keyes, 2013; Schneider et al., 2013; Davis et al., 2014; Hatzenbuehler et al., 2014). Interventions of interest include, for example, school policies aimed explicitly at homophobic bullying, Gay–Straight Alliances (GSAs) in schools and various offshoots of the IGB campaign. These kinds of interventions, and therefore the research on them, are often located in North America. We have not made this a key focus of our work but we want to point to some recent examples for the sake of thinking about the practical and intervention-oriented implications of our own research.

Some school-based interventions of interest have been evaluated quantitatively with a focus on the relationship between the presence of a given school-based intervention and the rate at which school pupils report self-harming or suicidal acts. An example of such a study has been carried out in Canada by Saewyc and colleagues who examined

the likely effectiveness of school-based GSAs and specific policies on homophobic bullying. These researchers report that both kinds of intervention seemed to make a significant difference to the student-reported rates of suicide attempting and homophobic discrimination, and that the differences between schools where a GSA had been in operation for more than three years and schools that did not have a GSA were pronounced. They conclude that all schools have a 'responsibility to create safe and supportive environments for all their students and these interventions are two strategies that may help some of their most vulnerable students survive' (Saewyc et al., 2014: 101).

White (2012) advocates a classroom-based suicide-prevention approach where young people who have lived through the experience of suicidal despair become acknowledged as consultants with important 'insider knowledge' to share. We think this approach could be used in relation to tackling homo/bi/transphobia and addressing its impact on pupils' mental health. In White's schema, the classroom is envisaged as a space where students are actively engaged in meaning making in relation to bullying, suicide and self-harm. These pedagogical practices are premised on friendship, acknowledgement, solidarity, hope and relational ways of knowing (White, 2012). Rather than *telling* students about the straightforward relationship between homo/bi/transphobia and youth suicide, activities which centre on young people's experiences could be set up to encourage multiple perspectives to be explored and solutions critiqued and debated (White, 2012).

Conclusion

Across the West, there is now increasing recognition about, and discourses surrounding, the mental health of children and young people. The realisation that young people are suffering such self-hatred and anguish, and bearing the weight of marginalisation, exclusion, failure and fear for their future is a sobering and difficult truth to acknowledge.

The aim of this book is to find a better way to answer the fundamental question of why young people whose sexualities and genders are marginalised may become distressed and sometimes harm themselves. We have critiqued the way queer youth suicide and self-harm are constructed in relation to individual pathology. We have then reframed the problem and presented an alternative way of approaching the topic which emphasises norms, emotions, subjectivity, becoming and subjecthood. Through our analysis, we draw attention to the discursive, structural and material circumstances in which queer youth

are misrecognised because of their gender, sexuality, age and rationality, and for some this is particularly distressing.

We present, in our view, a convincing argument for why the experiences of queer youth must be central to developing understandings of queer youth self-harm and suicide. A distinctive feature of the book is that it has been written through an empirical interpretation and theorisation of young people's perspectives on suicide and self-harm. We believe that a critical understanding of youth can help us to consider young people as engaging in complex processes of identity-negotiation, managing relationships with others, doing emotional work to cope with their own subjection and doing discursive work to disrupt the normative understandings through which they are being produced.

We suggest some alternative strategies for the reduction of self-harm and suicide, particularly strategies that go beyond intervening at the level of individual psychology. We highlight the importance of *recognising* young people's genders and sexualities, and facilitating them *becoming* the sexual and gendered subject they hope to be. We also emphasise the importance of *belonging* and feeling included within localities, communities, families and friendship groups, and the importance of a *safe material* environment with a home, finances and a secure education. Life becomes more liveable when it is possible to find similar others, to be met with respectful recognition and to carry less of the burden (or to feel less alone with the burden) of battling against normative pressures.

In this book, we present an alternative approach to thinking about the relationship between queer(ed) youth, self-harm and suicidality. In doing this, we open the possibility for wider discussion, deeper research inquiry and more imaginative thinking about measures to prevent suicide and reduce self-harm.

Notes

1 Reframing Queer Youth Suicide and Self-Harm

1. Funded by Lancaster University and the UK Economic and Social Research Council (2005–2006) End of Award Report: Roen, K., Scourfield, J. & McDermott, E. 2007. The cultural context of youth suicide: Identity, gender and sexuality. *RES-000-22-1239*. Swindon: ESRC.
2. Funded by the University of York, UK, and University of Oslo, Norway (2008–2009).
3. Funded by the British Academy (SG-2010-11).

2 Troubled Subject-Making

1. These terms are rightly critiqued for their use of the concept of 'phobia', and homophobia has been extensively critiqued in relation to the way it is instrumentalised, measured and used to guide educational initiatives (Rasmussen, 2013).

4 Troubling Gender Norms: Gender Non-Conforming Youth

1. The *Diagnostic and Statistical Manual for Mental Disorders* (DSM) has been revised so that the nomenclature relevant to (some) trans people has been changed from gender identity disorder (as it was in the 4th edition) to gender dysphoria (as it is in the 5th edition).

6 Connection and Isolation: A Relational Perspective

1. LGBTQ is typically used to refer to a spectrum of sexuality and gender possibilities including lesbian, gay, bisexual, trans,* and queer or questioning.

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