

# **Listening with your eyes:**

Using pictures and words to explore self-harm

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**This thesis contains words and images that some people may find distressing**

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# **Abstract**

## **Background**

Why do people harm themselves intentionally and sometimes painfully and repeatedly even when they do not wish to die? This thesis explores that question using traditional and non-traditional research approaches.

## **Methods**

Firstly, a systematic review was undertaken to identify and undertake a qualitative synthesis of the existing empirical evidence on functions of self-harm, and explore whether particular research approaches concentrate on and identify particular functions of self-harm. Based on those findings, a second study employed a qualitative approach using photo elicitation, a method in which photographs were used as a stimulus and guide within the interview. An adapted polytextual thematic analysis was employed to identify themes within eight participants' narratives, which consisted of text and images. Finally, a third study also employed a qualitative visual methods approach to explore the content of images posted on blogs tagged as self-harm from two blog management sites, over a five month period. A polytextual analysis of 230 images was conducted.

## **Results**

In addition to empirical evidence to support existing functional models of self-harm, the systematic review also found evidence of other functions which have received less attention in the theoretical literature. Findings suggested particular research approaches might be restricting our knowledge of some of the different and nuanced functions self-harm, and might account for the apparent gap between the empirical evidence and extant theoretical models of self-harm. A visual methods approach in the second study also confirmed evidence of some functions which have received less attention in the literature. For example, how people used self-harm positively, as a way of protection and as a language. Similarly, the visual content from the third study portrayed a trajectory of self-harm which was largely experienced by females who used it as a means of escape, self-expression, and as a language to communicate with non-corporeal others. Strengths and limitations of using a visual methods approach are also presented.

## **Conclusions**

Employing a novel research approach based on visual methods to access the complex and sometimes ineffable experiences of self-harm proved useful in broadening our understanding of some of the reasons why people self-harm.

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## Abbreviations

AoIR - Association of Internet Researchers  
BCMS - Blog Content Management System  
BPD - Borderline Personality Disorder  
CASP - Critical Appraisal Skills Programme  
CDU - Clinical decision unit  
DSH - Deliberate Self-Harm  
DSHI - Deliberate Self - Harm Inventory  
ED - Emergency Department  
FASM - Functional Assessment of Self-Mutilation  
FDSA - Functional Deliberate Self Harm Assessment  
FFM - Four Function Model  
IPA - Interpretive Phenomenological analysis  
ISAS - Inventory of Statements about Self Injury  
MAU - Medical Assessment Unit  
MPQ - Motives for Parasuicide Questionnaire  
NICE - National Institute of Clinical Excellence  
NSSI - Non suicidal Self Injury  
PHI - Parasuicide History Interview  
QNSSI - Questionnaire for Non-Suicidal Self Injury  
RASQ - Reasons for Attempting Suicide Questionnaire  
SASII - Suicide Attempt Self Injury Interview  
SBS - Self- Harm Behaviour Survey  
SHRQ - Self Harm Reasons Questionnaire  
SHRQ-R - Self Harm Reasons Questionnaire Revised  
SI - Self Injury  
SIB - Self Injurious Behaviour  
SIMS - Self Injury Motivation Scale  
SIMS-A - Self Injury Motivation Scale – Adolescent version  
SIQ-TR - Self Injury Questionnaire Treatment Related  
SITBI - Self Injurious Thoughts and Behaviour Interview

## **Chapter 1. Introduction**

Why do people harm themselves intentionally and sometimes painfully and repeatedly even when they do not wish to die? This thesis explores that question using a novel approach based on visual methods.

Self-harm has been identified as a major healthcare problem both in the UK and worldwide (Taylor et al., 2009, Sinclair and J, 2005, Hawton et al., 1997, Hawton et al., 2009, Johnston et al., 2006, Fortune et al., 2008). Moreover, current provision for people who self-harm is predominantly described as in need of improvement by service users (Himber, 1994, Allen, 1995, Hulten et al., 2000, Jeffrey and Warm, 2002, Sinclair and J, 2005, Taylor et al., 2009).

It has been suggested that one of the barriers to effective treatment is the lack of a clear understanding of self-harm and what motivates individuals to initiate and maintain self-harm (Himber, 1994, Klonsky, 2007a, Klonsky, 2009, NICE, 2004, Nock and Prinstein, 2005, Rodham et al., 2004, Suyemoto, 1998).

There are a number of suggestions as to why this might be, including related issues such as the terminology surrounding self-harm and the different approaches and conceptual frameworks used to understand self-harm. The diversity in approaches to the study of self-harm has brought the interchangeable use of terms by clinicians and researchers who are unable to agree on a single term and definition for self-harm, which has inevitably led to serious confusion (Muehlenkamp, 2005, Claes and Vandereycken, 2007a, Gough and Hawkins, 2000). These issues will be discussed in more detail next.

### **1.1.1 Definitions**

Researchers have offered us a surplus of definitions and terms but it is questionable how helpful and indeed how different they are from one another. Kahan & Pattison (1984) describe definitions as having “rudimentary distinctions” (p.21) which lack precision and do not help conceptualise self-harm. Here are some examples of the different definitions from the last twenty years:

*Self-injurious behaviour (SIB) is “characterised as repetitive low lethality actions that alter or damage body tissue (cutting, burning) without suicidal intent” (Favazza and Rosenthal, 1993 p.x).*

*Self-mutilation is defined as “direct deliberate harm to one’s body without a conscious intent to die” (Zlotnick et al., 1996 p.13).*

*Deliberate self-harm is defined as “any form of self-injurious behaviour, including cutting, overdosing, hanging, self-strangulation and running into traffic, regardless of intention to die or not” (Fortune and Hawton, 2007).*

*Non suicidal self-injury (NSSI) is defined as “the direct deliberate destruction of one’s own body tissue in the absence of intent to die” (Nock, 2009 p.78)*

*Self-poisoning is defined as “the intentional self-administration of more than the prescribed dose of any drug whether or not there is evidence that the act was intended to cause self-harm. This category also includes overdoses of ‘drugs for kicks’ and poisoning by non-ingestible substances and gas, provided the hospital staff consider that these are cases of deliberate self-harm. Alcohol intoxication is not included unless accompanied by other types of self-poisoning or self-injury. Self-injury is defined as any injury recognised by hospital staff as having been deliberately self-inflicted”(Hawton et al., 1997).*

Aside from the suggested rudimentary distinctions, in part, differentiation between definitions is often based on motive, that being whether or not an act of bodily harm is done with the intent to die or not. So, throughout this thesis the term ‘self-harm’ will be used, defined as an intentional act of:

*‘Self-poisoning or self-injury, irrespective of the apparent purpose of the act’ (NICE, 2004).*

The NICE definition has been chosen because it does not assume the content of the intention. A persons intentions can be complex, changeable and confused, or sometimes unknown, therefore adopting definitions which assume intent i.e. ‘self-injury...without conscious suicidal intent’ could be problematic (Babicker and Arnold, 1997, Brown et al., 2002). Thus, the use of a broader term and definition that encompasses self-poisoning and self-injurious behaviours was felt justified. Moreover, exclusion of behaviours such as ‘self-poisoning’ and ‘overdose’ might perhaps result in a less than comprehensive exploration of self-harm. For example, many studies that have explored ‘attempted suicide’, ‘overdose’, ‘self-poisoning’ or ‘parasuicide’, which might be considered behaviours with suicidal intent, often found participants reported

motives other than to die (Rodham et al., 2004, Hjelmeland et al., 2002b, Bancroft et al., 1979, Hettiarachchi and Kodituwakku, 1989, Kienhorst et al., 1995, Birtchnell, 1971, Fulwiler et al., 1997, Rosenthal et al., 1972, Nelson and Grunebaum, 1971, Johns and Holden, 1997, James and Hawton, 1985, Varadaraj et al., 1986, Bancroft et al., 1976, Williams, 1986, Holden and DeLisle, 2006, Hawton et al., 1982, Schnyder et al., 1999, Snow, 2002, Tulloch et al., 1994, McAuliffe et al., 2007, Rygnestad and Hauge, 1991, Brooke and Horn, 2010). Birtchnell (1971) for example explored reasons for attempted suicide of 91 cases and at least 50% reported that they weren't sure of their motive or they did not wish to die at the time of the 'suicide attempt'. Similarly, Rygnestad (1991) also found a significant number of self-poisoned patients who on admission reported that they wished to die, yet on discharge no longer reported the same motive. So, arguably, the behaviour in both of these studies could be regarded as 'self-harm without suicidal intent', or it might be indicative of the fluidity of motives.

The definition used throughout this thesis does not however include eating disorders, substance misuse and sexual risk taking behaviour as these would not be described as behaviours with intent to harm oneself. Such behaviour is more commonly referred to as 'unhealthy' or 'self-defeating' (Nock 2010, cited in O'Sullivan, 2011) or indirect self-harm (McDougall et al., 2010).

### **1.1.2 Different approaches to understanding self-harm**

Another suggestion then as to why our understanding of the reasons people self-harm is less clear perhaps relates to the different conceptual frameworks that have been used to study self-harm. Claes & Vandereycken (2007) discussed the "functionalist" and "structuralist" approaches as two different conceptual frameworks that have been used to understand the concept of self-harm. Although they used these approaches to illustrate some of the debates surrounding classification of self-injury, these different approaches are useful in illustrating the different ways that research has approached and conceptualised self-harm.

#### **Structuralist approach to understanding self-harm**

Claes and Vandereycken (2007a) describe this as the medical view point where researchers are looking to find typical features of people who self-harm. The behaviour is considered to be initiated by a unique group of people whose self-harm behaviour shares common features such as the age of onset, method, rate of repetition, experience of concomitant experiences such as drug and alcohol abuse; essentially the

structuralist approach uses an epidemiological framework to develop an understanding of self-harm.

This approach is often criticised for failing to view the presenting problem in the context of the person's life but instead focuses on the problem; it is described as a very narrow viewpoint and often dehumanising for the patient (McAllistar et al., 2010). Michel (2002) also supports such criticism and argues that this type of approach is unable to penetrate the complex processes related to self-harm and does not help us better our understanding of the concept. He goes on to argue that patients are readily aware that this type of approach only leads them to closely monitor what they disclose to clinicians.

### **Functionalist approach to understanding self-harm**

Claes and Vandereycken (2007a) describe this as the psychosocial viewpoint that looks for the idiographic meaning, accepting that although there are common themes which facilitate our understanding of self-harm, self-harm is also a very individual and personal behaviour (Jeffrey and Warm, 2002, Harker-Longton and Fish, 2002). So, rather than focus on the behaviour and its typical features, this approach focusses on the individual and the reasons they engage in this behaviour and the functions it might serve for them. One of the major difficulties they described however with this approach was the complexity and contextual embeddedness of self-injury. For example, attempting to understand why this particular behaviour, at this time is serving this particular function for this particular person. Nevertheless Claes and Vandereycken (2007a) recommended a "microanalysis of the meaning of a particular behaviour for a particular patient" (p.143) prior to the construction of general models.

So, the framework you adopt might then impact on the conclusions drawn; through considering the differences in these approaches it is easy to see how researchers and clinicians could be conceptualising self-harm very differently, and consequently arriving at different theoretical understandings.

The next section will discuss the empirical evidence surrounding self-harm from both a structuralist and functionalist perspective.

### **1.1.3 Conceptualising self-harm**

#### **1.1.3.1 Empirical evidence**

##### **Structuralist perspective**

Research on self-harm has increased considerably since the 1970's and empirical evidence relating to risk factors and prevalence is reported to be in abundance (Klonsky, 2009). Such evidence however is blighted somewhat; Rodham and Hawton (2009) discussed a number of challenges associated with trying to ascertain a clear epidemiological picture of self-harm. For example, they refer to the problems, which have also been discussed here, in relation to the use of multiple terms and definitions but they also note how terms used are sometimes left undefined, raising interpretive challenges for research and participants. Is the participant's concept of self-harm similar to that being studied? Moreover, empirical evidence is often sought from clinical populations and those presenting to hospital following a self-harm injury; fewer studies have been conducted on community samples. So, what we are left with then is a somewhat fragmented epidemiological picture of self-harm (and /or self-injury) which needs to be carefully considered in terms of definitions and samples.

So, with these caveats in mind, the reported average age of onset is between the ages of 12 and 14 (Nock and Prinstein, 2004; Ross and Heath, 2002; Muehlenkamp and Gutierrez, 2002, cited in Rodham and Hawton 2009), though some studies have reported it to be middle to late adolescence (Herpertz, 1995, Rosenthal et al., 1972).

In terms of gender the evidence is also varied. In adolescence the reported rate of self-harm for females is said to be four times that of males (Hawton et al., 2002). Self-harm has also been reported to be more common in females in adult populations (Suyemoto, 1998, Herpertz, 1995, Simpson, 1975, Rosenthal et al., 1972). However, more recent studies have reported a very different picture in that similar proportions of males and females are reported to self-harm (Rodham and Hawton, 2009), with males being more likely to present with self-cutting injuries (Horrocks et al., 2003, Hawton et al., 2004).

Skin cutting appears to be the most common form of self-injury (Briere and Gill, 1998, Favazza and Conterio, 1989, Herpertz, 1995, Klonsky, 2005). However, of those who present to A & E, self-poisoning is reported to be most common (though not for males). Body parts such as the arms (47.3), hands (38%) and wrists (29%) have been shown

to be the most common locations of self-injury compared to the buttocks(0.8%), back (1.4%) and face (7.1%) (Whitlock et al., 2006a).

Self-harm has been linked to characteristics such as lower social class (Hawton et al., 2001, Platt et al., 1998), unemployment (Hawton et al., 2003, Hawton et al., 2004), being single (Hawton et al., 2004), divorced (Platt et al., 1998) and substance misuse (Murphy, 2000).

### **Functionalist perspective**

As research in the field grew, so did the number of different explanations for self-harm. Some reported self-harm to be an attempted act of suicide whilst others reported it to be a manipulative attention seeking, a cathartic act, or an act of self-preservation (Clarke and Whittaker, 1998).

Several studies approached the question of why people self-harm using predetermined intentions based on the work of Bancroft et al (1979, 1976). Bancroft et al's first study in 1976 explored 128 participants' reasons for overdosing. Participants were offered four reasons to choose from - seek help from someone, escape for a while from an impossible situation, get relief from a terrible state of mind and try to influence some particular person or get them to change their mind, functions associated with affect regulation, environmental influence and escape only.

Following this study however, Bancroft and colleagues acknowledged the importance of paying attention to the meaning of the act as understood by the patient, and being mindful of using lists which may simply be 'putting words into subject's mouths'(p.353). Consequently in 1979 they conducted a further inquiry interviewing 41 patients about their reasons for taking overdoses. This study enabled participants to firstly, give their reasons spontaneously (part 1), secondly, ask participants directly why the overdose was taken (part 2) and thirdly, ask participants to select their motive(s) from a series of printed cards (part 3). The list of motives was taken from their previous study, patients, clinical contacts and the available research.

They found the most commonly reported function was to 'get relief from a terrible state of mind', 'to escape from unbearable thoughts'. In other words people who self-harm are motivated by a need to control how they feel, a need to regulate their affect (Hjelmeland and Groholt, 2005, Williams, 1986, Rodham et al., 2004). Other studies using different measures have also found similar results (Scoliers et al., 2009, Klonsky, 2009, Klonsky and Glenn, 2009). Following a review of functions of self-harm however Klonsky (2007a) noted that most of the studies which have explored the reason why



people self-harm have “relied on ad-hoc measures that assess only a few functions” (Klonsky, 2007b p.235). In other words, he suggested using certain measures, which he described as being heavily focused on affective and physiological variables, could be limiting our access to and understanding of other possible functions of self-harm, in particular interpersonal functions.

Others have approached the question of why people self-harm differently (Himber, 1994, Harris, 2000, Alexander and Clare, 2004, Borrill et al., 2005, Reece, 2005, Sinclair and J, 2005, Schoppmann et al., 2007, Rissanen et al., 2008, Brooke and Horn, 2010). Himber (1994) for example conducted in depth interviews with eight female inpatients and participants reported cutting themselves helped to modulate overwhelming feelings of rage, self-hatred, loneliness and despair, which was consistent with the idea that people are motivated to regulate their affect through self-harm. However, other methods have also been used to explore why people self-harm, such as participant observation (Schoppmann et al., 2007) and writing (Harris, 2000, Rissanen et al., 2008, Schoppmann et al., 2007). Schoppmann et al (2007) used participant observation (99 observational sequences), interviews (5) and email texts (10) to explore the lived experience of women who self-harm. They found self-harm served to end the feeling of alienation and the feeling of abandonment of their bodies, usually in situations perceived as threatening. Self-harm in this case then served the function of self-care and protection. Rissanen et al (2008) also explored descriptions of self-mutilation amongst 70 (69 female, and 1 male) Finnish adolescents using writing as a method of data collection. They found most functions of self-harm were consistent with earlier studies; however adolescents also wrote about self-harm serving to pass the time “ *I had nothing else to do*”, a form of satanic worship “*I slit my veins and drink my blood*”, “*more often than not I self-mutilate because of practising Satan worship*” and a form of experimentation “*when I started junior school my puberty was beginning , at that time I cut myself for the first time*”, (p.156); functions that had not been reported previously. It seems feasible then that within different conceptual frameworks, different research approaches to the question of why people self-harm may also offer different explanations for self-harm.

This thesis is interested in the individual experiences of self-harm and thus has taken a functionalist approach to understanding self-harm. The seminal papers from Suyemoto (1998) and Klonsky (2007a) will be used as a framework throughout this thesis to facilitate our understanding of the existing evidence on self-harm and compare findings.

Suyemoto (1998), following a synthesis of the psychodynamic literature, put forward six theoretical models in an attempt to integrate and differentiate between the different functional explanations for self-harm.

Suyemoto (1998) presented six functional models of self-harm.

1. Environmental model
2. Anti-suicide model
3. Sexual model
4. Affect regulation model
5. Dissociation model
6. Boundaries model

In addition to Suyemoto's (1998) synthesis, Klonsky (2007a) conducted a review of the descriptive evidence, from which two additional functional models were presented.

7. Self-punishment model
8. Sensation seeking model

The following section will discuss each of those functional models.

### **1.1.3.2 Functional models of self-harm**

#### **The Environmental Model**

This model has two focuses, how the behaviour is acquired and how it is maintained.

1. Self-harm behaviour is acquired through
  - modelling the behaviour of abuse on oneself
  - modelling through vicarious reinforcement
2. The behaviour is then maintained through reinforcement - the act is reinforced through the attention and concern of others, producing the social learning theory affect. Other individuals may also observe how the act of self-harm is 'rewarded' creating contagion (Suyemoto, 1998, Raine, 1982).

The model also adds that sometimes environmental functions of self-harm 'serve the system' (the system being the self), through expression of inexpressible systemic conflicts which might threaten the self's perception of wellbeing.

Limitations – Klonsky's (2007a) review of functions of self-harm also found this particular function present but it is worth noting that Klonsky (2007a) referred to this function as 'interpersonal influence' and although this included how self-harm might be used to get a reaction from someone, it doesn't appear to include Suyemoto's (1998)

explanation of how self-harm is acquired, suggesting that some of the evidence / understanding surrounding this model is possibly unclear.

Also, it is worth considering (in terms of maintenance of self-harm) how this model might explain a typical A & E experience. People who attend A & E with self-harm related injuries often describe their experience as very negative (Michel et al., 2002, Bryant and Beckitt, 2006) and something they do not wish to repeat due to those caring for them often having an unfavourable and unhelpful attitude (Michel et al., 1994). This would seem to contradict the theory of reinforcement through care and attention, suggesting self-harm in the context of A & E might often serve purposes other than seeking the attention and concern of others.

### **The Antisucide Model**

This model focuses on self-harm as a coping strategy actively employed to avoid suicide (Suyemoto, 1998)

“ if I don't cut up for a long long time I end up overdosing”(Himber, 1994).

Self-harm has been reported as distinctly different from that of suicide in its pattern of injury, gender ratio and age distribution (Patton et al., 1997, Leibenluft et al., 1987). It is very much about 'life preservation' and can be aptly described as damage limitation (Harris, 2000).

Limitations – There is evidence to suggest a strong association between suicide and self-harm (Hawton et al., 2006). Hawton et al (2006) reported that between 0.5% and 1% of self-harm patients in the UK die by suicide within a year of hospital presentation. Some suggest it exists along the same continuum as suicide (Linehan, 2000). Studies have shown that 28% to 41% of people who self-harm report feeling suicidal at the time (Favazza, 1996), and 55% - 85% of people who self-harm have attempted suicide at least once (Stanley et al., 1992), and are at a greater risk of suicide in the future (Hawton and L, 2006), particularly females, (Haw et al., 2007), adolescents (Hawton and Harriss, 2007) and the elderly (Hawton and L, 2006).

### **The Sexual Model**

This model suggests people gain sexual gratification from self-harm, or the act of self-harm punishes for or attempts to avoid and / or control sexual feelings or actions. This relationship with sexuality is suggested by the predominant absence of self-harm prior to puberty, and the high correlation of self-harm and history of sexual abuse and / or sexual dysfunction (Suyemoto, 1998).

Limitations – Klonsky’s (2007a) review reported no evidence of a sexual function of self-harm. Also, the model appears to be discussing two different issues. One of which is similar to sensation seeking, whilst the other might be more aptly described as punishment, though sexually related. These different features have been described in separate models by Klonsky (2007a) to be discussed at the end of this chapter (p.12).

### **The Affect Regulation Model**

This model explains how self-harm is sometimes used to relieve a person of negative feelings. For example, a person may feel frustrated and wish to achieve a more relaxed state so they would self-harm to regulate their affective state. Common affect states before self-injury are feeling overwhelmed, sad, hurt and anxious, whereas following self-injury feelings of relief and calm are commonly reported (Klonsky, 2009).

Limitations - It has also been found that people commonly report negative affect states following a self-harm injury (Himber, 1994, Klonsky, 2009, Rissanen et al., 2008).

“I am afraid of myself”, “how can a decent girl do something like this”  
(Rissanen et al., 2008 p.157)

“afterwards I feel awful....like a bizarre freak” (Himber, 1994 p.626)

Findings such as these question the motivational aspect of self-harm. Why would someone feel motivated to self-harm only to feel angry at one self afterwards? Similarly Himber’s (1994) qualitative study found that most of her participants (eight female inpatients who self-harmed) reported their self-cutting was at times compulsive and something which they had no control over, describing it as an addiction which led to feelings of shame. So, whilst this particular model is thought to capture the primary function of self-harm for many people (Klonsky, 2007a, Nock and Prinstein, 2004), it is apparent that self-harm does serve other distinct functions, some of which may not necessarily alleviate negative affect. Also, this particular model could be considered a ‘catch all’ model in that the affect regulation model is encompassing of many other functions of self-harm, but in doing so might result in a lack of awareness of some of the behaviour’s nuances.

### **The Dissociation Model**

This model proposes that the act of self-harm can serve to end a dissociative state; the sight of blood, or the feeling of pain act as triggers to end a dissociative state and “maintain a sense of a self” (Suyemoto, 1998 p.545). Raine (1982) describes this as depersonalisation and claims that during times of intense stress depersonalisation is brought on and then the act of cutting sees to terminate it, as in “pinching oneself to make sure one is not dreaming” p.9.

*“ when I cut up and start to see the blood, and then when the cut starts to hurt, it ends, I’m back inside myself” (Miller and Bashkin, 1974 p.640).*

There is some evidence to suggest that self-harm also serves to induce an episode of dissociation in that self-harm is used to distance a person from particularly stressful situations (Laye-Gindhu and Schonert-Reichl, 2005, Swannell et al., 2008).

Limitations – Empirical evidence for this model is reported to be sparse and conflicting (Klonsky, 2007a, Wachter et al., 2009). For example, Klonsky’s (2007a) review found mixed results in terms of support for this function. Some studies reported how self-harm served to generate feeling for at least 50% of the participants surveyed, whilst others reported lower rates of endorsement. Also, no evidence was found to suggest self-harm was used to induce periods of dissociation. It is also unclear as to how dissociation through self-harm is terminated or induced.

### **The Boundaries Model**

This model explains how the act of self-harm produces blood which identifies the boundary between the self and others. Using self-harm in this way is thought to result from insecure maternal attachments and an inability to individuate from the mother and so self-harm is used to establish the boundary between the self and others (Freidman et al 1972, cited in Klonsky, 2005). People who experience a lack of boundaries between themselves and others report loss of other as a loss of self which brings about a need to identify the self through self-harm.

Limitations – Evidence for this model is also sparse. Klonsky’s (2007a) review found only two studies reported evidence relating to the boundaries function of self-harm. Those studies however reported ‘ownership of body’ Briere & Gil (1998) and ‘to do something that only I have control of and no one else can control’ Shearer (1994). Both of which might be considered different to the boundaries functions. A more detailed discussion of functions relating to ownership and control can be found in section 2.2.16.

### **Self-punishment model**

This model suggests self-harm is an illustration of ‘familiar’ anger towards oneself that has been learnt through ones’ own environment as a way to self soothe (Klonsky, 2007a p.230). Klonsky (2005) referred to an example from a participant in Himber’s (1994) study who reported how she used self-harm to replace abusive physical behaviours to which she was accustomed.

### **Sensation seeking model**

Somewhat similar to previous models discussed, the sensation seeking model is similar to features of the dissociation model and the sexual model whereby self-harm is reportedly used to generate feelings. This model proposes how self-harm induces feelings of exhilaration and excitement, though not necessarily related to sexual feelings or feelings of numbness associated with dissociation. Unlike the other functional models presented, sensation seeking through self-harm might be perceived as a positive function of self-harm by way of generating (as opposed to regulating) more extreme and positive affective states.

Detailed discussions of these different functional models can be found in Chapter 2.

To summarise, the literature has offered some suggestions as to why our understanding of self-harm might be incomplete and further investigation focusing on the idiographic meanings has been recommended to aid our understanding of the different functions of self-harm and help refine some of the terminology. Previous research has offered us a wide array of empirical evidence and a number of theoretical explanations as to why people self-harm, albeit with limitations and considerable overlap. Nonetheless, in spite of the considerable work that has been carried out it would seem knowledge gaps remain in the following related areas:

- Between the empirical evidence and our theoretical knowledge of functions of self-harm
- In our understanding of the different and nuanced functions of self-harm, which is possibly related to the different approaches that have been taken to address the question.

Thus, the first study presented in this thesis is a systematic review of the evidence relating to functions of self-harm.

## **Chapter 2. Exploring the Functions of Self-Harm, a Systematic Review**

To explore our existing understanding a systematic review was undertaken.

## **2.1 Research objectives:**

The aim of this systematic review was to identify and synthesise existing evidence on the functions of self-harm, other than the desire to die. The structure of the review was based upon frameworks described by Suyemoto (1998) and Klonsky (2007a) presented in chapter one.

The review asked the following questions:

- 1) To what extent are the functions of self-harm, as outlined by Suyemoto (1998) and Klonsky (2007a), supported by empirical evidence?
- 2) Are functions of self-harm, other than those outlined by Suyemoto (1998) and Klonsky (2007a), described in the literature?
- 3) Does the use of particular research approaches concentrate on and identify particular functions of self-harm?

## **2.2 Method**

### **2.2.1 Literature search**

The review sought to include all primary studies which elicited a first person account of what motivates an individual to self-harm; defined as *'self-poisoning or self-injury, irrespective of the apparent purpose of the act'* (NICE, 2004).

As discussed in chapter one, terminology surrounding the topic of self-harm is varied. Multiple terms have been used to describe self-harm, for example, deliberate self-harm (DSH), self-injurious behaviour (SIB), self-injury (SI), non-fatal deliberate self-harm, self-mutilation, non-suicidal self-injury (NSSI), overdose, cutting, self-poisoning, parasuicide, non-fatal suicidal behaviour, skin picking, suicide attempt and suicidal behaviour. When using the NICE definition all of these terms meet the inclusion criteria for the review, however as to whether motivations endorsed in some of those studies should be considered motivations for self-harm depends on the definition of the method being used by others.

As discussed in chapter one in relation to the thesis as a whole, it was also felt for the purposes of the review that exclusion of terms such as 'self-poisoning, overdose' might result in an ineffectual search and review of functions of self-harm, and the review would perhaps fail to find evidence of motives which may be closely linked to the desire



to die. So, a broad range of terms were used to capture studies which had explored functions of intentional bodily harm irrespective of intent.

Medline, Psychinfo, Embase, Cinahl, Web of Science, Cambridge Scientific Abstracts, Cochrane Library, UK Index to Theses and Proquest were searched using a combination of key words to describe self-harm behaviour such as, self-injury, self-poisoning, self-cutting, deliberate self-harm, self-destructive behaviour and overdose. These terms were combined with motivations, intention, incentive, reason, drive, cause, purpose, function and explanation. Different key words were used in different databases to reflect appropriate subject headings (where the facility was available). See Appendix 1 for an example of a search strategy executed in Medline.

Subject area searching was also used (as opposed to searching anywhere in the text) to capture a search strategy that would not yield a high number of inappropriate studies or exclude those of relevance.

All searches were limited to English language articles only but no other limits were applied. Reference lists and citations of the studies included in the review were visually scanned for relevance. A number of key authors were contacted throughout the review process for assistance in identification of relevant studies and clarification issues (Demming, 2008, Lewis and Santor, 2010, Klonsky, 2007a, Martin et al., 2010, Machoian, 2001, Holly, 2007, Nock et al., 2007, Claes et al., 2010). The internet search engine 'Google' was also used as a means for retrieving grey literature. Similar key words were used to search for self-harm related titles. All searches were carried out from the earliest date possible to approximate date of search (July, 2011).

### **2.2.2 Study selection**

All primary studies which elicited a first person account of what motivates an individual to self-harm were included in the review.

Full text articles were evaluated for eligibility by one reviewer using the following inclusion / exclusion criteria (see Table 1 Eligibility criteria). An eligibility form, incorporating those criteria, was completed for each article (see Appendix 2 - Eligibility form).

**Table 1 Eligibility criteria**

Inclusion criteria -	
<b>All primary studies which elicit a first person account of what motivates an individual to self-harm.</b>	
Exclusion criteria -	Rationale
<b>Studies reporting functions of self-harm attributable to psychosis i.e. castration, eye enucleation.</b>	The review is not concerned with delusional explanations
<b>Studies reporting suicidal intentions only</b>	The review is not concerned with those studies which report motivations to die only.
<b>Studies using population with no history of self-harm.</b>	The review is not concerned with accounts of people who have no personal experience of self-harm.
<b>Studies reporting precipitating events (not motivations).</b>	The review is not concerned with factors which led up to the incident of self-harm.

### **2.2.3 Data Extraction**

Data regarding population, research setting, age range, number of participants, method of harm, method used to elicit motivations and motivations to self-harm were extracted using a standardised form (see Appendix 3).

### **2.2.4 Quality Appraisal**

Each article was assessed (by one assessor) for quality using the Critical Appraisal Skills Programme (CASP) tools as a guide. Studies were scored out of a possible six or seven (dependent on study type). See Appendix 4 for an example of the appraisal and scoring of a quantitative study.

All studies were included in the review regardless of their quality rating.

Of the 94 studies included 79 were rated as 'strong', ten were rated as 'average' and four were rated as 'weak' (see Table 2 Quality Appraisal). The 'not applicable' category referred to one case report (data was taken from written diary notes made by the patient). The quality appraisal exercise established that the evidence base for motivations to self-harm is strong.

**Table 2 Quality Appraisal**

Quality Appraisal	Number of studies (%)
Strong	79 (84.0)
Average	10(10.6)
Weak	4(4.2)
n/a	1
total	94

### 2.2.5 Data Synthesis & Analysis

Framework “a matrix based method for organising and synthesising data” (Ritchie et al., 2003 p.219) was used to identify the number of studies which reported empirical evidence for each of the theoretical functions of self-harm, as described by Suyemoto (1998) and Klonsky (2007a). Although Suyemoto (1998) and Klonsky (2007a) both developed theoretical models to categorise functions of self-injury, this study sought to apply those models to all accounts of self-harm using the NICE definition.

The term ‘framework’ comes from ‘thematic framework’ (Ritchie et al., 2003) which means that data are organised through the use of a matrix populated with key themes across the top (each column heading) and relevant data in the corresponding cells below. In this case the key themes were predetermined, i.e. each of the theoretical functions (affect regulation, environmental / interpersonal influence, punishment, dissociation, anti-suicide, sensation seeking, boundaries and sexual) and situated along the top of the framework, each article was then searched for the endorsement of each theme (function), not the quantity, using a top down, deductive, theoretical approach. For example studies where participants endorsed statements such as, ‘*for emotional release*’; ‘*to decrease an empty feeling*’, were coded as having empirical evidence to support the affect regulation model; ‘*to feel alive and real*’; ‘*to produce a feeling of numbness when my feelings are too strong*’ were coded as evidence of the dissociation function; ‘*to prevent myself from acting on suicidal thoughts*’ were coded as anti-suicide functions; ‘*to punish myself for positive feelings / experiences*’ were coded as punishment; ‘*to experience a high that feels like a drug high*’ were coded as sensation seeking; ‘*I wanted to get attention*’ were coded as the environmental function’; ‘*to create a symbolic boundary between myself and others*’ were coded as

*the boundaries function*, and finally; *'to cope with sexuality'*; *'to express my sexuality'* were coded as sexual functions. The author of the article endorsing each function(s) was then placed in a cell under the corresponding function (see Appendix 5 Thematic framework).

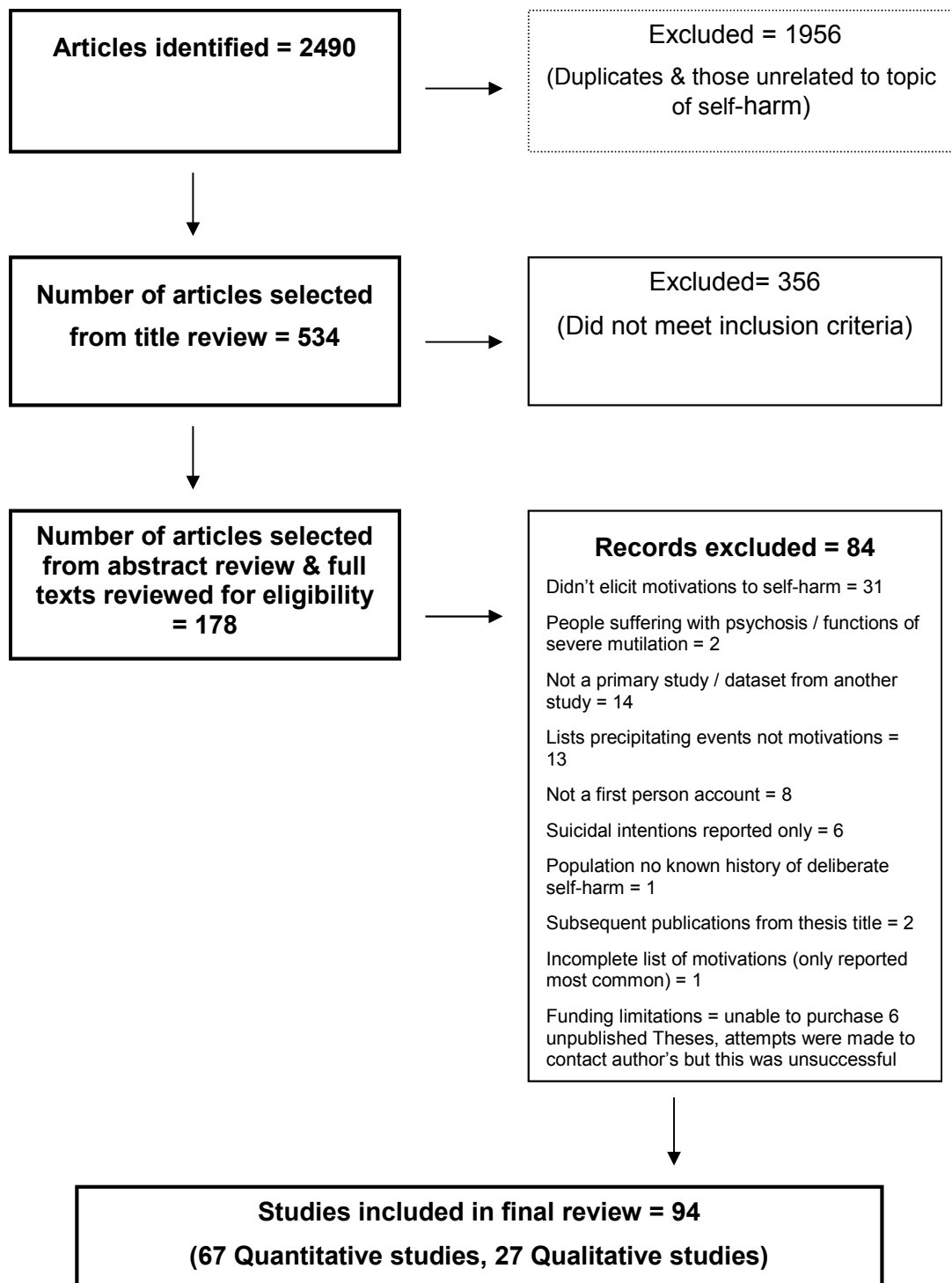
A number of functions were identified within the empirical evidence which did not fit the thematic framework described above; those studies were displayed in a separate table.

An inductive thematic analysis (Braun and Clarke, 2006) was carried out on those functions that did not fit the thematic framework. Firstly, evidence of functions of self-harm from each study which did not fit the framework was extracted and listed; the list consisted of endorsed researcher led items from questionnaires and respondent led verbatim statements. Initial codes were then generated from the list, those which were not considered functions / motivations, for example withdrawal, habit and lost control were omitted. The codes were then analysed for meaning. All codes were included in the analysis irrespective of their size, i.e. prevalence was counted at the level of the function being reported in a study, not how often it was reported within or across studies. The codes were then collated into functional themes and a thematic map was generated (see Appendix 6). Due to the functions listed being direct response items from questionnaires and selected verbatim quotes from participants the process of analysis was limited to a semantic level in that it was not possible (or necessary) to go beyond what was reported and subsequently the process of returning to the original text to refine and define themes was restricted.

## **2.2.6 Study characteristics**

The search yielded 2490 titles, of those, 94 articles were included in the final review (Figure 1- Study flow chart).

**Figure 1- Study flow chart**

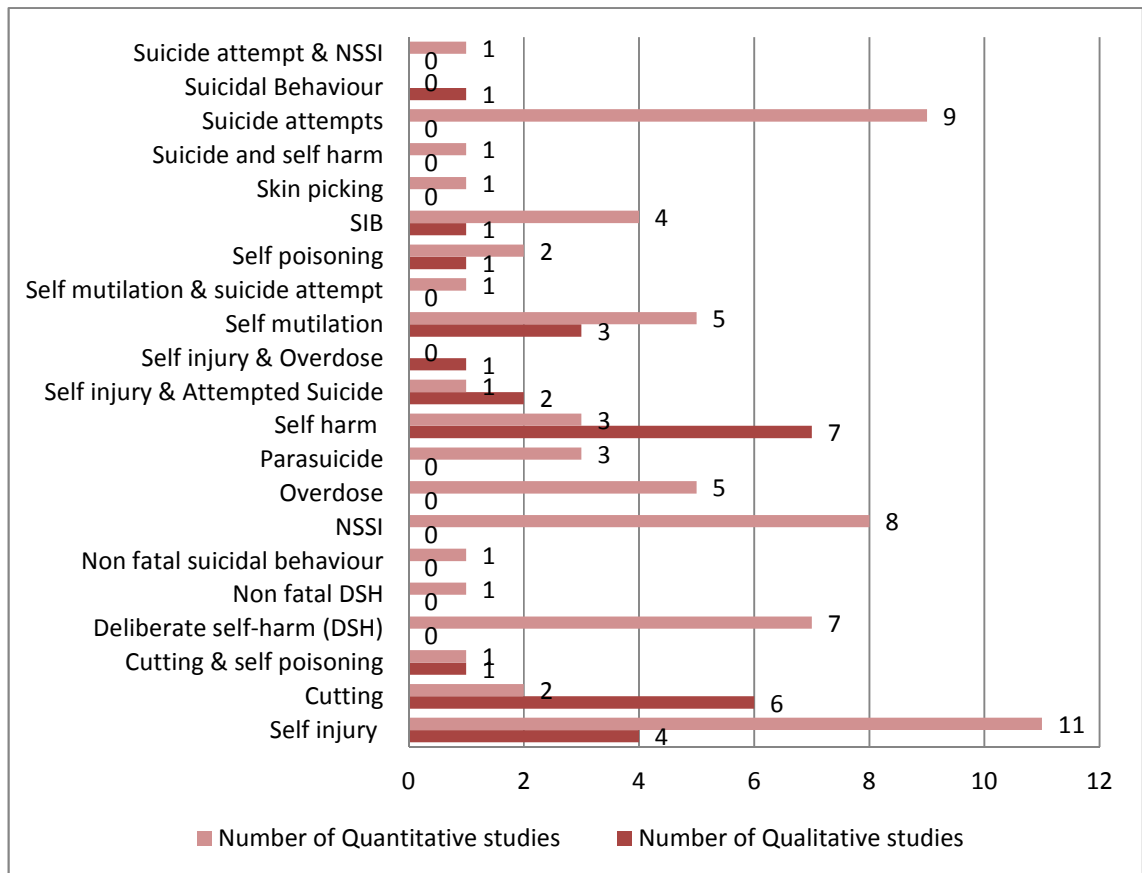


Of those, 67 adopted a quantitative approach and used a structured interview method to elicit motivations to self-harm, with the exception of one study which employed a 'real time' study design where participants used a personal digital assistant to check or rate responses to questions about their thoughts and behaviour related to self-injury as they happened (Nock et al., 2009). The majority were cross sectional studies, with the exception of two longitudinal studies (Michel et al., 1994, Hjelmeland et al., 1998); and one study which was described as a prospective comparative study that explored epidemiological aspects of self-poisoned patients between 1978 and 1987 (Rygnestad and Hauge, 1991).

27 studies adopted a qualitative approach; most of the studies used interviews as a method, six studies used writing (in the form of emails, letter writing and diary inserts) (Polk and Liss, 2009, Rissanen et al., 2008, Parfitt, 2005, Harris, 2000, Leibenluft et al., 1987, Horne and Csipke, 2009), one study used a combination of participant observation, interviews and emails (Schoppmann et al., 2007), and one study combined interviews and drawing (Demming, 2008).

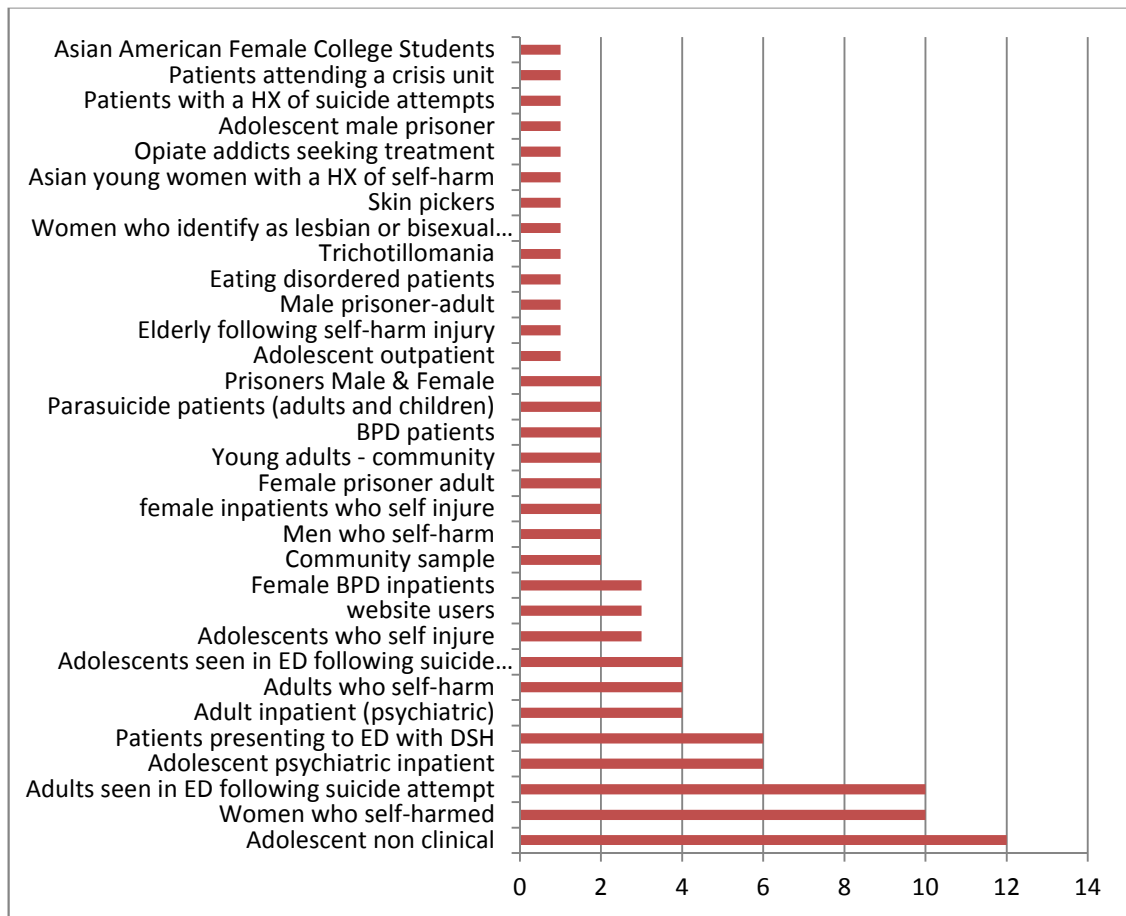
Descriptions of methods of harm included: deliberate self-harm (DSH); self-injurious behaviour (SIB); self-injury (SI); non-fatal deliberate self-harm; self-mutilation; non suicidal self-injury (NSSI); overdose; cutting; self-poisoning; parasuicide; non-fatal suicidal behaviour; skin picking; suicide attempt; and suicidal behaviour (Figure 2).

**Figure 2 Terms used to describe self-harm in studies included in the review**



Motivations to self-harm of 99,387 participants from 32 different populations, including prisoners, general hospital patients, psychiatric hospital patients and self-harm web site users (male, female, age ranged from 10 – 100 years) were included in this review – see Figure 3.

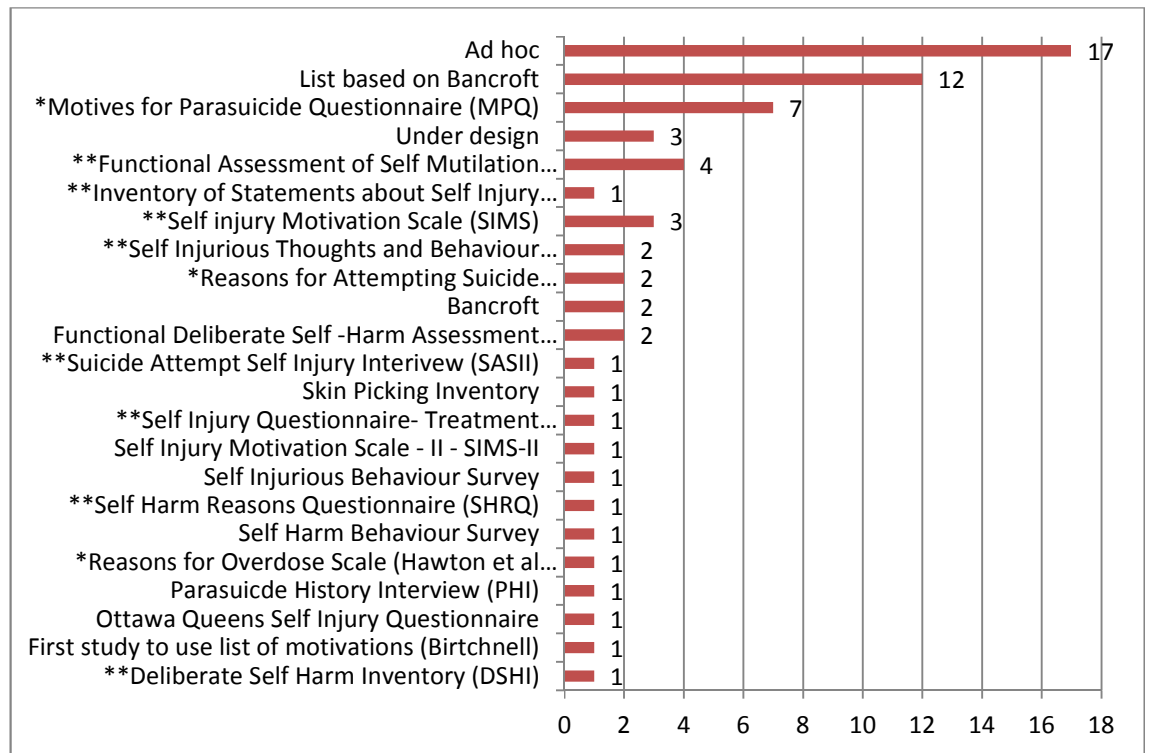
**Figure 3 Populations surveyed in studies included in review**



The review found 18 different questionnaires used to elicit motivations to self-harm, not including Bancroft's list, those based on Bancroft's list, Birtchnell's List, those considered 'ad hoc' or those under design (3) see Figure 4.



**Figure 4 Different measures used to assess functions of self-harm in studies included in the review**



\*Based on Bancroft's list (1976, 1979).

\*\* Empirical evidence to support the psychometric properties.

Empirical evidence to support the psychometric properties of questionnaires included in this review was found for 8 questionnaires (out of 17) : **DSHI** (Gratz, 2001, Fliege et al., 2006); **SITBI** (Nock et al., 2007); **FASM** (Lloyd-Richardson et al., 2007, Nock and Prinstein, 2005, Nock and Prinstein, 2004, Penn et al., 2003); **SIQ – TR** (Claes and Vandereycken, 2007b); **SHRQ** (Lewis and Santor, 2010, Lewis and Santor, 2008); **SASII** (Brown, 2009, Walsh, 2007, Linehan et al., 2006a, White et al., 2010); the **ISAS** (Klonsky and Glenn, 2009) and the **SIMS** (Osuch et al., 1999, Kumar et al., 2004).

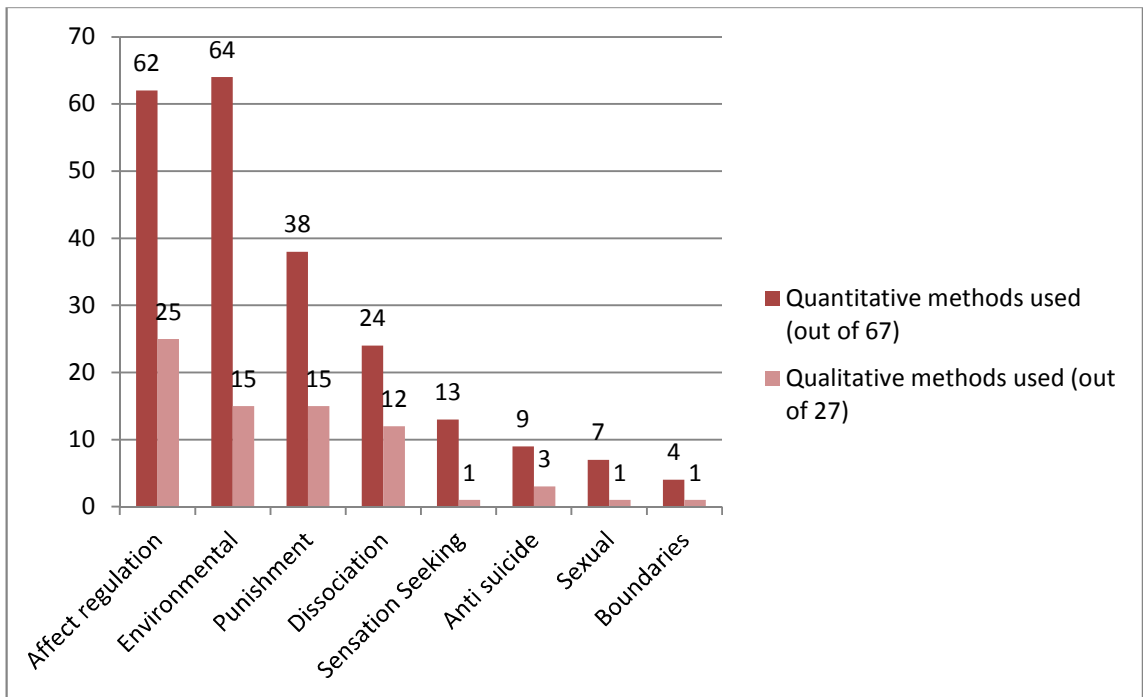
Please see Appendix 7 for full details of included studies including author(s), year of publication, country, population, research setting, age range, number of participants, research approach to eliciting motivations, support for theoretical models, and method of harm.

### 2.2.7 Empirical Evidence

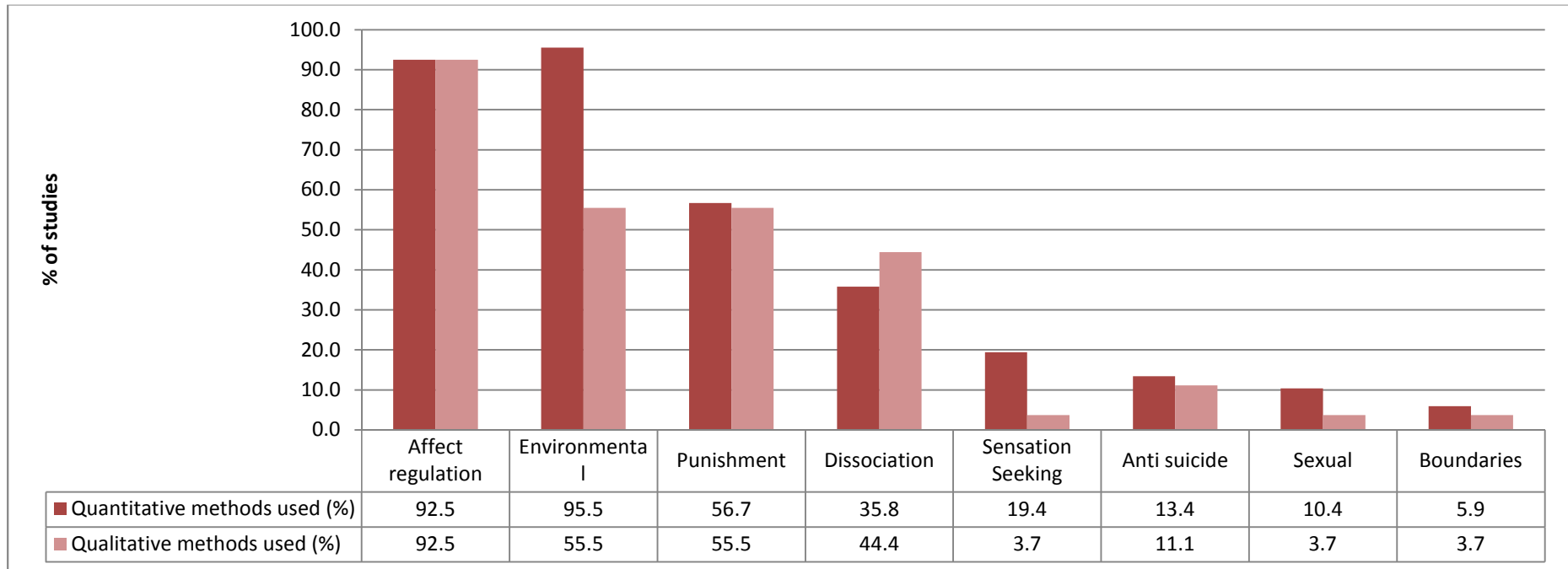
The thematic framework (Appendix 5) clearly demonstrates the extent to which the different functions of self-harm described by Suyemoto (1998) & Klonsky (2007a) are

supported by empirical evidence. The framework illustrated the most support for the function of affect regulation, followed by environmental, punishment and the dissociation function; showing the least support for the sexual and boundaries functions respectively (Figure 5 & Figure 6).

**Figure 5 Number of studies reporting evidence of each of the different functions of self-harm**



**Figure 6 Number of studies reporting evidence of each of the different functions of self-harm expressed as a %**



## 2.2.8 Affect regulation function

87 out of the 94 studies (92.5% of quantitative studies and 92.5% of qualitative studies) found evidence to support the theory that self-harm serves to regulate affect. The type of research approach taken does not appear important as evidence for affect regulation was demonstrated through both research led items and respondent statements.

Only seven studies failed to demonstrate evidence of this function (Meltzer et al., 2002, Hettiarachchi and Kodituwakku, 1989, Birtchnell, 1971, Rygnestad and Hauge, 1991, Tulloch et al., 1994, Parfitt, 2005, Schoppmann et al., 2007) and of those a number of different research approaches were taken, and a number of methods were explored, such as overdose, self-poisoning, cutting, self-injurious behaviour and non-fatal suicidal behaviour.

Birtchnell (1971) was one of the earliest studies to explore motivations of those who attempted suicide using a survey method. It was this study that Bancroft and colleagues sought to replicate. In this particular study motivations for wrist cutting and overdose were explored through the use of a questionnaire which included a list of 'possible effects upon other people' taken from the literature. The questionnaire asked participants to answer yes / not sure / no to a list of possible effects their suicide attempt may have on others, thus immediately failing to consider that the person's motivations may have been more aligned with intrapersonal motives as opposed to interpersonal motives. Participants were unable to indicate responses other than '*to show how much I loved someone*', '*to make things easier for others*', or '*make people feel sorry for the way they have treated me*', '*frighten or get your own back on someone*', none of which related to affect regulation.

Another article which did not find evidence to support the function of affect regulation was a study exploring the epidemiological, social and psychiatric aspects of self-poisoned patients using questionnaires (Rygnestad and Hauge, 1991). Patients were asked about the reason(s) for their self-poisoning both on admission and discharge. Patients own statements, such as wish to die, escape, demonstration, impulse, do not remember and 'other', which was not described, were reported.

Tulloch et al (1994) used structured questionnaires to look at self-harm, including motivations, in Tasmanian children and adolescents. They reported how the responses to the question on motivations were 'transcribed verbatim and categorised according to Hawton et al (1982) with the category 'to get relief from a terrible state of mind' deleted and the categories 'to die' and 'to punish yourself' added' (p.776) hence no motivations of affect regulation were reported. It is unclear as to whether changes to the categories were made prior to data collection or as a result of the evidence they found.

A further article which did not find evidence to support the function of affect regulation was a survey conducted by the Office of National Statistics reporting on non-fatal suicidal behaviour of 16-74 year olds in Great Britain (Meltzer et al., 2002). They reportedly asked participants what they did to harm themselves and why they did it, three quarters responded by saying they had done so in anger, (which is best described as an affect state preceding the incident as opposed to a motivation), and over half had done so to draw attention to themselves.

The remaining articles which did not find evidence to support the function of affect regulation were qualitative in their approach and used a variety of methods including participant observation, emails and diary inserts (Hettiarachchi and Kodituwakku, 1989, Parfitt, 2005, Schoppmann et al., 2007).

One of the studies adopted a mixed method approach to explore the lived experience of women who self-injured, specifically focussing on the relationship between their self-injurious behaviour and feelings of alienation (Schoppmann et al., 2007) which they described as a state in which the self is not in contact with its emotional and physical needs. So although the study did elicit motivations from the first person, it had a specific focus on the function of dissociation only.

Another study which failed to find evidence to support the function of affect regulation looked at motivational aspects of self-poisoning using semi structured interviews, and despite reporting that 55.7% reported that they wished to die at the time of the act and only 27% of those felt the same way afterwards, they only reported evidence of environmental functions, a wish to die or 'uncertain' (Hettiarachchi and Kodituwakku 1989).

Finally, the last paper which did not support the function of affect regulation was a case study of one adolescent girl who on request by the psychoanalyst had kept a diary of her associations after harming herself. Using her diary as data, the analyst reported verbatim quotes, none of which related to affect regulation (Parfitt, 2005).

Though affect regulation has been reported to be the key function of self-harm only three studies found this function to be the only reported function of self-harm. Of those however, two studies (Keuthen et al., 2000, Reece, 2005) reported that self-harm served as a function of affect regulation amongst functions other than those included in the framework i.e. other than those described by Suyemoto (1998) and Klonsky (2007a). So, only one study, adopting a qualitative approach, found affect regulation to be the single motivator for self-harm (Holm and Seveinsson, 2010). Holm's study (2010) focussed on the desire to survive emotional pain in relation to women's self-harm and only affect regulation was discussed.

### **2.2.9 Environmental function**

79 of the 94 studies (95.5% of quantitative studies and 55.5% of qualitative studies) found evidence to support the environmental / interpersonal influence function. Interestingly, of those studies adopting a quantitative approach more studies found evidence for the environmental function than affect regulation.

Of the 15 studies which did not find evidence to support the environmental function, the majority were qualitative in their approach and explored methods of self-injury, self-harm, cutting, and 'wrist slashing'. Only three studies adopting a quantitative approach failed to support the environmental function (Simeon et al., 1997, Keuthen et al., 2000, Favazza and Conterio, 1989). Notably, Simeon et al (1997) were looking at motivations to self-injurious behaviour in those who reportedly suffered with trichotillomania (hair pulling), and Keuthen et al (2000) were exploring motivations of skin picking, both behaviours which might be considered atypical forms of self-harm which may be associated with atypical motivations.

Again, it was rare to find the environmental function being reported on its own. Studies which did report evidence of the environmental function only were all examining methods of harm which might be considered as having suicidal intent i.e. self-poisoning, overdose, wrist cutting and non-fatal suicidal behaviour, and they often found other functions such as 'escape', 'other' (not described), 'show how much you loved someone', and 'wish to die' (Rygnestad and Hauge, 1991, Hettiarachchi and Kodituwakku, 1989, Birtchnell, 1971, Meltzer et al., 2002); functions not included in the framework.

### **2.2.10 Punishment function**

53 out of 94 studies (56.7% of quantitative studies and 55.5% of qualitative studies) supported the theory that punishment served as a function of self-harm. The type of research approach taken to elicit this type of motivation does not appear important. Researcher led items and respondent statements such as; '*I wanted to punish myself (Laye-Gindhu and Schonert-Reichl, 2005)*'; '*to punish myself, I have to be punished*' (Parfitt, 2005), '*to punish myself for positive feelings*' (Swannell et al., 2008) were common. The above statements refer to internal requests for punishment; in contrast, functional (research led) items such as; '*to satisfy voices*'; '*to please an important figure*' were also endorsed (Kumar et al., 2004, Osuch et al., 1999, Samuda, 2003)

which describe external requests for punishment, and perhaps suggest a dual element to this function (Osuch et al., 1999).

It was rare to find a study which reported punishment as the only function of self-harm. In reference to the framework, only one study (Parfitt, 2005) found evidence for the function of punishment on its own, however it was reported amongst functions other than those included in the framework.

### **2.2.11 Dissociation function**

36 out of 94 studies (44.4% of quantitative studies and 35.8% of qualitative studies) found evidence to support the function of dissociation. Again the research approach taken to elicit this function does not appear important. Respondent statements and research led items such as; *'I wanted to stop myself from feeling and be numb'* (Laye-Gindhu and Schonert-Reichl, 2005), *'produce a feeling of numbness when my feelings are too strong'* (Swannell et al., 2008); in contrast to, *'it's a way of getting myself awake again, it's a wakening experience'* (Himber, 1994), *'to feel alive and real'* (Polk and Liss, 2009), *'termination of depersonalisation'* (Herpertz, 1995). Although all of the statements are associated with dissociation, they would appear to be describing different functions. The former group of statements suggests that self-harm may be used to induce a dissociative state, whereas the latter describe how self-harm may be used to terminate a dissociative episode, illustrating a dual function of dissociation also. Only the one study (Schoppmann et al., 2007) found dissociative functions of self-harm only, though the aim of the study was to explore the experience of alienation in relation to self-harm.

### **2.2.12 Sensation seeking function**

The function of sensation seeking was found in 14 studies. Thirteen studies adopted a quantitative approach and one study adopted a qualitative approach. The single study which adopted a qualitative approach was a study carried out by Taylor (2003) who interviewed a group of five men aged 18-40. One of the participants described his experience of self-harm positively, stating *"it feels brilliant, I get an adrenaline rush off it and that feeling good lasts for about 3 days after self-harming"* (p.86).

Many of the quantitative studies which found support for the function 'sensation seeking' also found evidence to support some of the other more rare functions (Silverman, 2010, Oyefeso et al., 2008, Klonsky, 2009, Martin et al., 2010, Shearer, 1994, Simeon et al., 1997, Klonsky and Glenn, 2009). Research led items such as, *'to*

*feel more alive*' (Silverman, 2010), *'to feel exhilarated'* (Klonsky, 2009), *'when I harm myself I am doing something to generate excitement or exhilaration'* (Klonsky and Glenn, 2009), *'to experience relief and euphoria similar to drug effect'* (Oyefeso et al., 2008), *'to achieve a kick or a high'* (Kleindienst et al., 2008); *'self-stimulation'* (Kamphuis et al., 2007, Kumar et al., 2004, Osuch et al., 1999, Samuda, 2003) were endorsed in support of this function.

### **2.2.13 Anti-Suicide**

Empirical evidence to support the function of 'anti suicide' was found in 12 studies, only three of which were qualitative. The qualitative studies employed a variety of different methods. Firstly Demming (2008) combined interviews and projective drawings to explore four women's experiences of self-injury in relation to grief and loss. She reported how when asking one of the participants what her scars represent the participant replied *"I wouldn't be here today if this hadn't happened"* ( p.99).

Himber (1994) used interviews with 8 women in psychiatric care to explore their experiences of self-cutting, she noted that for some of the women cutting helped to avoid a suicide attempt. She used the following quote from a participant to illustrate this function, *"It's not like I want to kill myself. It's funny that, you know, people always are so afraid that you're going to kill yourself and all that, but . . . when I cut a lot I don't [try to] kill myself. I don't want to, but if I don't cut for a long, long time then I end up overdosing"* ( p.622).

Finally, the last study by Polk & Liss (2009) employed a mixed method approach to explore motivations behind self-injury of 154 participants recruited through a self-harm self-help web site. To elicit motivations they asked people to write in their own words their reasons for self-injury; they used qualitative analysis to extract themes and reported responses such as, *"It stops me from doing anything worse, i.e., suicide."*, *"I am obsessed with suicide, but this is keeping me from doing it"* and *"so I don't kill myself"* ( p.237).

Of the quantitative studies only one study (Claes et al., 2010) used a validated questionnaire to assess reasons for self-injury in eating disordered patients only; they found self-harm served to avoid or suppress suicidal thoughts for eating disordered patients.

Another study conducted a community survey of self-injury in Australia asking participants: *"In your opinion, what would be the main reason why you self-injure?"* It was an open ended question and the interviewer did not specify motivations or provide



any prompting, Responses were coded in accordance with pre specified categories taken from previous research. Some of the responses were coded as *'to stop myself from killing myself'* (Martin et al., 2010).

Most of the remaining studies used questionnaires which were in the development stage or the author(s) designed their own list / structured interview for eliciting motivations (Laye-Gindhu and Schonert-Reichl, 2005, Swannell et al., 2008, Silverman, 2010, Shearer, 1994, Klonsky, 2009). Researcher led statements such as, *'it stops suicidal thoughts'* (Silverman, 2010), *'it stopped me from killing myself'* (Laye-Gindhu and Schonert-Reichl, 2005), *'to avoid the impulse to attempt suicide'* (Klonsky, 2009) and *'stop suicidal ideation / attempt'* (Nixon et al., 2002) were endorsed.

### **2.2.14 Sexual function**

Only eight studies demonstrated empirical support for this function, of which seven adopted a quantitative approach. One study adopted a qualitative approach (Simpson, 1975). Simpson (1975) explored the phenomenology of self-mutilation, namely 'wrist slashing' in a general hospital setting through 'detailed interviews' with 24 patients who self-mutilate. She found patients likened cutting to sexual experiences and described a sense of relief as blood flowed from the cut

Of the seven quantitative studies, five studies adopted an 'ad hoc' approach to eliciting functions of self-injury (Haas and Popp, 2006, Briere and Gill, 1998, Osuch et al., 1999, Shearer, 1994, Klonsky, 2009) i.e. they put together their own list of reasons or were in the process of designing / evaluating a questionnaire for the purpose of assessing functions of self-injury; none of the studies used a validated questionnaire. One study (Simeon et al., 1997) used the 'Self Injurious Behaviours Survey' however very little information is offered about the survey and whether it has been validated, nevertheless the authors report motivational factors including 'sexual'. The final study used the Functional Deliberate Self-Harm Assessment (FDSHA) to assess functions and correlates of deliberate self-harm (DSH) (Silverman, 2010). Research led items such as; *'to express one's own sexuality'* (Oyefeso et al., 2008), *'to provide a sense of physical release that feels much like sexual release'* (Silverman, 2010, Shearer, 1994, Klonsky, 2009), *'sexual arousal or pleasure'* (Briere and Gill, 1998), *'coping with sexuality'*, *'expression of sexuality'* (Haas and Popp, 2006) were endorsed.

Notably, the statements within the sexual theme, although they may all represent sexually related motives, they appear to be describing different functions. For example *'to provide a sense of physical release that feels much like sexual release'*, *'sexual arousal or pleasure'* seem to be describing how self-harm served to give them sexual

pleasure, whereas *'coping with sexuality'* and *'expression of sexuality'* could be describing something different, perhaps something more closely associated with the function of punishment or affect regulation.

### **2.2.15 Boundaries function**

Only five studies, which were predominantly quantitative in their approach, reported evidence to support this function. Both Silverman (2010) and Klonsky (2010) used the (FDSHA) to assess functions of deliberate self-harm, both sets of participants (adolescent male prisoners and young adults) endorsed the following research led item, *'to create a symbolic boundary between myself and others'*. Two other studies also demonstrated support for the boundaries function (Wilkins and Coid, 1991, Glenn and Klonsky, 2009). Wilkins & Coid (1991) used a structured interview designed by the author(s) to assess functions of self-mutilation / self-injury whereas Klonsky & Glenn (2009) used the Inventory of Statements About Self Injury (ISAS) a questionnaire designed by themselves. Klonsky & Glenn (2009) found participants endorsed the research led item *'when I harm myself I am creating a symbolic boundary between myself and others'*. Wilkins & Coid (1991) found a small number of respondents described self-mutilation as a way of reassuring them self of their existence.

In terms of qualitative approaches, Simpson (1975) as discussed in reference to the sexual function, noted how respondents talked about *"seeing my insides"* ( p.432) and interpreted that as a boundary experience.

### **Summary**

The review clearly highlights a significantly larger number of studies adopted a quantitative approach to look at the reasons why people self-harm, nonetheless each of the functions in the framework were supported by both approaches. The majority of studies adopting both a qualitative and quantitative approach found the following combinations of functions: affect regulation and the environmental function; affect regulation, environmental and punishment and; affect regulation, environmental, punishment and dissociation. Notably, this pattern reflects the options available on the questionnaires / lists used in a number of studies adopting a quantitative approach.

Only two studies (out of 94), Klonsky (2009) who interviewed 39 young adults using a structured interview, based on the Functional Deliberate Self-Harm Assessment (FDSHA), to look at consequences, affect states and reasons for self-injury, and Silverman (2010) who also used the FDSHA to assess functions and correlates of DSH among 103 adjudicated male adolescents, demonstrated support for all eight functional

models described by Suyemoto (1998) and Klonsky (2007a). There were of course studies that did report eight or more functions of self-harm, those studies reported functions of self-harm that did map onto the thematic framework, as well as functions that did not.

Moreover, it would appear that although affect regulation has been found to be the most reported function of self-harm, it is seldom reported the only function. Similarly the environmental, punishment and dissociation functions were rarely found to be the only function of self-harm. Reporting of a single function of self-harm was rarely found, not only from each study but also within those studies which enabled participants to report more than one function (Bancroft et al., 1979, Hjelmeland and Groholt, 2005, Hjelmeland et al., 2002a, Hjelmeland et al., 1998, McAuliffe et al., 2007, Michel et al., 1994, Shearer, 1994, Soderberg et al., 2004). Suggesting then that self-harm can serve a range of different functions, possibly via a range of different methods, in response to different circumstances, for each individual.

## 2.2.16 Evidence of functions other than those described by Suyemoto (1998) and Klonsky (2007a)

Evidently, published empirical support for some of the functional models is far greater than others, nonetheless the review did find empirical evidence to support all of the functional models described by Suyemoto (1998) and Klonsky (2007a). Interestingly, the review also found evidence to support functions of self-harm that they did not describe.

A large number of studies (76) both qualitative & quantitative, examining functions from a wide range of populations, did endorse at least one function that did not fit within the framework.

The functions of self-harm that did not fit the framework were analysed using thematic analysis and a number of overarching themes such as 'positive experience', 'negative experience', self-harm as a language and 'coping' were formed; beneath those a number of themes and subthemes were also formed.

### 2.2.16.1 Positive functions of self-harm

A number of published studies identified self-harm as a positive experience but in different ways. For example, some studies reported how self-harm was used to give pleasure in different ways to different extents (gratification, remembrance, uniqueness and experimental), and some studies showed how self-harm served to provide nurturance (protection, cleansing and belonging); all of which could be described as positive functions of self-harm. Each theme will be discussed in turn.

#### For pleasure

**Gratification** - Functional themes relating to gaining pleasure, enjoyment and comfort were reported. For example, research led items included 'for pleasure' (Kleindienst et al., 2008, Claes et al., 2010, Keuthen et al., 2000), 'for enjoyment' (Dear et al., 2000) or '*to cause physical pain which can be enjoyable or comforting*' (Klonsky, 2009).

Respondent statements included '*I love to cut*' (Polk and Liss, 2009 p.237), '*it feels good, I like the feeling*', '*I like the blood, the blood itself, the appearance of the blood was a lot of the satisfaction*' (Ettinger, 1992), '*expressed surprise and pleasure at seeing the wound open and gaping*', '*I like to see pain*', '*happy at the sight of blood*' (Rosenthal et al., 1972), '*the blood coming out of me makes me feel real good*', '*comforting, it makes me feel warm and just nice...*' (Russell et al., 2010 p.104), '*likes the sight of blood and playing with it*' (Dear et al., 2000 p.165).

It is possible there are some similarities between the gratification theme and the sexual and sensation seeking functions described by Suyemoto (1998) and Klonsky (2007a). Suyemoto (1998) described how self-harm serves as a way of obtaining sexual gratification, similarly Klonsky (2007a) discusses how people use self-harm to provide excitement and exhilaration. Collectively, they describe how self-harm can be a positive experience.

**Remembrance** - self-harm serving as a way of remembering important times in a person's life was also described in the literature. One respondent statement relating to this theme described scars as *'masterpieces'*, they described *'cherishing the carvings'* (Leibenluft et al., 1987 p.321), how you might cherish significant memories. One research led item that related to this theme was *'to create physical reminders of important events'* (Klonsky, 2009). One other research led item was *'to remember prior abuse'* (Briere and Gill, 1998), however though this seems related to remembrance it may not be considered positive, and as it was drawn from a structured interview further exploration of the item was not possible.

**Experimental** - similarly self-harm was also described in the literature as 'experimental' particularly in those studies exploring functions of self-harm for young people. Respondent statements that formed the functional theme of 'experimental' were *'when I was thirteen, I cut when I was drunk . . . it was like an experiment'* (Rissanen et al., 2008 p.153), *'when I started junior secondary school, my puberty was beginning. At that time I cut myself for the first time. It was just an experiment, nothing more'* (Rissanen et al., 2008 p.156). Research led items included *'out of curiosity of what it will feel like'* (Martin et al., 2010, Klonsky, 2009); *'I wanted to know how it would feel'* (Laye-Gindhu and Schonert-Reichl, 2005). Again the suggestion that the experimental theme is related to pleasure is debateable. Further exploration of this particular theme was limited and did not draw any conclusions.

**Uniqueness** - Haas & Popp (2006) included this function in their questionnaire and describe it as the sufferer knowing and finding it pleasurable that they are able to do something others cannot. This type of function may be associated with statements relating to the function of 'toughness'. For example, statements such as *'to show others how strong I am', 'they can't imagine how or why you would do that, and . . . in an arrogant sense it puts me above them'* (Himber, 1994 p.626) seem to be describing something similar.

### 2.2.16.2 To nurture, to take care of oneself

**Protection** - the notion of self-harm serving to protect oneself was reported throughout the literature. Research led responses that formed the functional theme of 'protection' were; 'to prevent being hurt in a worse way' (Brown, 2009, Linehan et al., 2006a) and 'to feel safe' (Briere and Gill, 1998).

Though at first this sort of function seemed somewhat related to the anti-suicide model discussed previously (p.10) on closer exploration there was some disparity. For example, respondent statements included 'self-preservation' (Russell et al., 2010) and *'to make myself ugly or disgusting, I've been cutting myself so that if someone does try anything they'll see my body and think what a freak, she's disgusting, she's ugly'* (Parfitt, 2005). Research led items included 'self-care' (Klonsky, 2009, Klonsky and Glenn, 2009) and 'nurturance' (Solomon and Farrand, 1996, Brooke and Horn, 2010). Interestingly research led items relating to self-harm being used to make the body unattractive, change body appearance have been included in other studies (Briere and Gill, 1998, Claes et al., 2010, Holly, 2007), however it is unclear as to whether the meaning behind those items is about protection or punishment. For example, Briere (1998) used the item 'make the body unattractive' but interpreted this as people disfiguring their body as punishment.

Within this function themes relating to protection of others were also reported. For example, 'if you don't cut it out then god knows you are still evil and he punishes you by hurting the people you care about' (Himber, 1994), self-harm serving to 'stop hurt to others' (Briere and Gill, 1998), 'to avoid hurting others' (Polk and Liss, 2009) and 'to protect important people in my life'(Shearer, 1994).

**Transfer of pain** – related to the theme of protection some studies described how people preferred to deal with physical pain over emotional pain and self-harm served as a way of transferring the emotional pain. The following respondent statement described this functional theme - 'knowledge that it will get better, I know the timelines of physical pain, not emotional pain' (Ettinger, 1992), 'physical pain is easier to deal with than the emotional pain' (Harris, 2000 p.167), 'I wanted to take the pain away from my heart and put it elsewhere' (Laye-Gindhu and Schonert-Reichl, 2005).

Research led items related to this theme included *'to feel concrete pain when the other pain I am feeling is so overwhelming and confusing that I can't grasp it'* (Shearer, 1994). Although 59% of female patients diagnosed with borderline personality disorder ranked this item in their top three reasons for self-harm, it was excluded from the SIMS version 2 due to redundancy with 'to distract myself from emotional pain by experiencing physical pain'. It is possible then that using self-harm to transfer

emotional pain into physical pain is not only about protecting oneself but it is also about coping with the emotional pain.

**Toughness** - Also related to protection, self-harm was shown as a way of communicating to oneself and others how much pain an individual can handle; expressing 'toughness' to others could be considered a way of protecting oneself.

Respondent statements that formed this functional theme were: 'I feel powerful that I am . . . immune to being hurt by it [the cutting]. You know, other people are afraid of doing that. . . They can't imagine how or why you would do that, and . . . in an arrogant sense it puts me above them' (Himber, 1994 p.626), 'a few times I've hurt myself, I've gone out to prove a point that I can't feel f\*\*\*\*\*g pain, you know what I mean? (Russell et al., 2010 p.105), 'it was to, er, put pain in yourself, see how much pain you can handle' (Russell et al., 2010 p.99).

Research led items included 'to prove to myself how much I can take' (Osuch et al., 1999, Holly, 2007), 'seeing if I can stand the pain' (Klonsky, 2009); 'to show myself how strong I am', 'to show others how strong I am' (Claes et al., 2010, Holly, 2007); 'prove toughness' (Martin et al., 2010).

Toughness could also be considered a way of feeling in control, they are in control of the amount of physical pain they inflict upon themselves.

**Cleansing** - This particular function does bear some similarities with the function of protection in that cleansing the body could be seen as a form of nurturance, a way of taking care of the body.

Self-harm, particularly in the form of cutting, was reported to serve as a way of cleansing the body. This type of function seemed evident in respondent statements reported from studies that have explored the functions of self-harm in women only. With the exception of the study carried out by Snow (2002) which does not specify whether the statement (see below) was made by a male or female prisoner.

Respondent statements that formed this functional theme were: 'to cleanse the body' (Arnold, 1995), 'all the bad escapes in the blood, and it's like you can physically watch everything just wash away' (Abrams and Gordon, 2003 p.438), '*the main concern was to rid this body of the abuse and the septic festering cancer inside of it, [the blood] running out of it was, to me, cleansing it*' (Reece, 2005 p.571), 'cutting is a way of making myself feel cleaner' (Brooke and Horn, 2010 p.119), '*the abuse makes me feel dirty and I think it's better to get the dirt out... I feel cleaner afterwards*' (Snow, 2002 p.22).

**Belonging** - This particular theme was centred on statements that described fitting in, belonging to a group and appeared to be associated more with younger participants. Research led items included *'it helped me join a group'* (Laye-Gindhu and Schonert-Reichl, 2005), *'to feel more part of a group'* (Lloyd-Richardson et al., 2007), *'to not feel like an outsider'* (Heath NL et al., 2009), *'to fit in with my peer group'* (Klonsky, 2009), *'to fit in with others'* (Klonsky and Glenn, 2009). The Inventory of Statements about Self Injury (ISAS) (Klonsky and Glenn, 2009), the Deliberate Self-Harm Inventory (Gratz, 2001) and the Functional Assessment of Self-Mutilation (FASM) (Lloyd-Richardson et al., 2007) all included statements relating to this theme. This type of function was only found in studies using a structured interview method with adolescent / young adult populations.

### **2.2.16.3 Negative functions of self-harm**

The review found how self-harm also served to hurt others, to be *'vengeful'* (Holden and DeLisle, 2006, Hawton et al., 1982, Hjelmeland and Groholt, 2005, Holden et al., 1998), *'to hurt someone important in my life'* (Swannell et al., 2008), *'I wanted to get my own back'*, *'I wanted to frighten someone'* (Rodham et al., 2004), *'I wanted to get back at someone'* (Laye-Gindhu and Schonert-Reichl, 2005), *'to upset others'* (Young et al., 2007), *'wanted others to pay for the way they treated me'* (Soderberg et al., 2004). Clearly this is very similar to both the function of punishment and interpersonal influence / environmental. In relation to punishment Klonsky (2007a) only described this in relation to punishment of oneself. As noted earlier, the punishment of oneself does appear to have dual properties in that the request for punishment can come from oneself or others but it does not describe wanting to be *'vengeful'*, to punish / hurt others. Some of these items could also be described as environmental functions in that the act of self-harm is serving to get a reaction, to affect people in that person's environment; however some of those functional items seem to share the theme of punishment, which is different from simply trying to influence / manipulate others through self-harm.

### **2.2.16.4 Self-harm as a language**

Some of the literature reported how self-harm was used as a language.

**Communication** - Self - harm was often described as a way of communicating something to others, something which for one reason or another they were unable to verbally communicate. Respondent led statements that formed this functional theme



were; *'I had lots of different forms of self-harm, I had eating and all sorts of other things or issues but cutting was my primary language'* (Reece, 2005 p.568), *'no one seems to notice the painful feelings inside of me so I have to....carve the feelings in my arm....it's as though my pain has to be seen to be real... The worse it is the better everyone will understand how desperate and real the ugly agony that is inside of me'* (Leibenluft et al., 1987 p.321); *'I wanted to send a message about my inner pain'* (Laye-Gindhu and Schonert-Reichl, 2005), *'it's a way of communicating the pain within.'* (Harris, 2000 p.167), *'That was how I was feeling, the things I was doing, it would describe my battles and all sorts of things. It was all very pictorially displayed on my body and sometimes I wanted to share it with other people'* (Reece, 2005 p.571), *'if you tell people something is wrong a lot of the time they won't, they won't know how wrong, but all they do is see a cut along the vein and they get the message right away'*(Machoiian, 2001 p.25). This type of function was only found in studies using qualitative methods. It does appear to bear some similarities with the environmental / interpersonal influence model that both Suyemoto (1998) & Klonsky (2007a) described in that from the evidence it seems to be serving an interpersonal function, however in this instance it doesn't appear to be associated with behavioural and systemic traditions as Suyemoto (1998) described. For example, people who use self-harm as a language perhaps do not initiate the behaviour through modelling of others or feel compelled to repeatedly self-harm as a result of reinforcing reactions of others.

### **2.2.16.5 Cognitive (mastery) function of self-harm**

A number of themes reported throughout the literature seemed to describe how self-harm was used as a way of cognitively mastering a situation. For example, self-harm was reportedly used to gain control, to focus, to distract oneself from difficult thoughts and to escape thoughts / problems.

The affect regulation and anti-suicide models both describe self-harm in a similar way in that they describe it as a way of mastering feelings. The functions described below however suggest something different to that in that they suggest self-harm might serve functions that are not solely based on affect or the removal of something negative. Each functional theme will be discussed in turn.

**To get control / mastery over oneself** - Haas & Popp (2006) designed a questionnaire which included the function 'control over body', they wrote about how the body is feared due to its altering nature and self-harm served as a way of communicating power and control over the body; they also described how self-harm

helped people to have control over pain which helped them to feel in control and more secure.

Similarly the Self Injury Motivation Scale (SIMS) developed by Osuch et al (1999) included motivational factors around 'magical control' which they described as a sense of magical control over others through self-harm. For example, *'to control the reactions and behaviour of others or over oneself'*, *'to control parts of myself that would otherwise control me'*. Items included in both questionnaires came from the published literature; the SIMS also included items taken from clinical contact with patients.

Other research led items that formed the functional theme of control over others were 'to stop hurt by others' (Briere and Gill, 1998), 'to make others better off' (Brown, 2009), 'to control how others treat me' (Klonsky, 2009). In relation to control over oneself, research led items such as 'to assert control over myself' (Klonsky, 2009); 'to do something that only I have control over and no one else can control' (Shearer, 1994) were endorsed.

Respondent led statements in relation to control over oneself included "to take control of the pain in my life, to give it parameters", "when I feel my life spinning out of control and I can't take it anymore this is something that I can do", "I self-injure for a feeling of control, I cut to make myself feel I still have the power to handle the situation" (Polk and Liss, 2009 p.237), "Just cause I wanted to prove kind of – I have the power and control and you can't stop it" (Demming, 2008).

**Focussing** - Self-harm was also reported as a way of helping to concentrate, regulate cognition.

Research led items that formed this functional theme, although few, were, *'to improve concentration'* (Kleindienst et al., 2008) and *'to regain focus'* (Klonsky, 2009). One respondent led statement fitting this theme was *'helps control their mind when it is racing'* (Favazza and Conterio, 1989 p.286). These response items possibly overlap the theme of control, trying to regain control of thoughts / regulate cognitions.

**Distraction** - Most of these statements related to self-harm serving as a way to alter their cognitive state as opposed to their affect states, which is different to affect regulation.

Research led items that formed this functional theme were, *'to forget about something'* (Young et al., 2007), *'to cope with / avoid bad memories'* (Klonsky, 2009), *'to keep bad memories away'* (Shearer, 1994, Osuch et al., 1999), *'to stop flashbacks'* (Briere and Gill, 1998), *'to avoid / suppress negative images'* (Claes et al., 2010). The SIQ-TR, the SIMS and other 'ad hoc' lists included this function, and Briere & Gill (1998) and

Shearer (1994) found evidence to support this function yet Klonsky's (2007a) review did not include this function despite citing both studies.

Respondent led statements included 'to get my mind off things', 'to stop flashbacks' (Polk and Liss, 2009 p.237), '*After I cut myself . . . it starts to hurt a little bit . . . and then I focus on that because it hurts. It's like, 'Oh, God, I've got this to focus on now. Thank goodness. So it also kind of gives me something else to focus on rather than everything else, something surface'* (Himber, 1994 p.624).

There would appear to be some overlap between the function of distraction and focussing, and possibly with distraction and the function of escape for those people who use the method of cutting, described below. They all seem to be describing how self-harm is used to cope with their thoughts / cognitive regulation.

**Escape** - This function may perhaps differ in meaning dependent upon which method of self-harm it is relating to. For example, Rodham et al (2004) found slightly different meanings for 'escape' from participants who reported the motive in relation to self-cutting with those who described it as a motivation for self-poisoning. The latter described it as '*to get away from my problems*', whereas the former described it as '*to take my mind off my problems*' (p.83) which might be considered similar to the function of distraction described above where self-harm is possibly serving to regulate cognition.

Responses that formed this functional theme were endorsed by a large number of studies. For example, '*to escape from life*' (James and Hawton, 1985, Bancroft et al., 1979, Brown, 2009, Kovacs et al., 1975, Boergers et al., 1998, Hjelmeland et al., 1998, Kienhorst et al., 1995, Linehan et al., 2006a, Leibenluft et al., 1987, Williams, 1986, Nock and Cha, 2009, Rygnestad and Hauge, 1991, Loughrey and Kerr, 1989, Tulloch et al., 1994, Rodham et al., 2004) and '*wanted to sleep for a while*' (Soderberg et al., 2004, Schnyder et al., 1999, McAuliffe et al., 2007, Hjelmeland et al., 2002a, Hjelmeland and Groholt, 2005). Evidence for this type of function was drawn from research led items only.

It is possible that the function of dissociation is associated with the sorts of functions that relate to coping. As discussed previously, studies have reported how self-harm is used to induce or end a dissociative state and create feelings of numbness in the same way that self-harm might be used to distract or escape thoughts and feelings.

### **Statements that could not be clustered with other motivational themes**

The following statements were predominantly found amongst studies using a structured interview method, with the exception of Satan worship, and could not be clustered with other themes;

**'Self-validation** – to prove to yourself that things were really bad and it was OK to feel as bad as you did'. This research led item was endorsed in a population of chronically suicidal women meeting criteria for BPD (Brown, 2009).

**'Facilitate / hinder switching from one personality to another'** (Briere and Gill, 1998). This was a research led item and endorsed in a population of people with a history of self-mutilation, and finally;

**'Satan worship** - I slit my veins and drink my blood', 'More often than not I self-mutilate because of practising Satan worship', this respondent statement was used by a Finnish adolescent (Rissanen et al., 2008 p.156).

In summary, the review found quite a large number of functional themes other than those included in the framework. Although some of the themes do seem to overlap with those functional models described by Suyemoto (1998) and Klonsky (2007a) there would appear to be some important distinctions also, as discussed. There would also appear to be significant potential for disparity between researchers in their interpretation of both research led items and respondent statements, this will be discussed in more detail in the discussion.

## 2.3 Discussion

The aim of this review was to answer the following questions:

- 1) To what extent are the functions of self-harm, as outlined by Suyemoto (1998) and Klonsky (2007a), supported by empirical evidence?
  - 2) Are functions of self-harm, other than those outlined by Suyemoto (1998) and Klonsky (2007a), described in the literature?
  - 3) Does the use of particular research approaches concentrate on and identify particular functions of self-harm?
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### 2.3.1 To what extent are the functions of self-harm, as outlined by Suyemoto (1998) and Klonsky (2007a), supported by empirical evidence?

Empirical evidence was found to support all of the eight functional models as outlined by Suyemoto (1998) and Klonsky (2007a). The results clearly show the strongest support for the affect regulation and environmental functions, followed by punishment and dissociation. Albeit limited, empirical evidence was also found to support the remaining anti suicide, sensation seeking, sexual, and boundaries functions.

Notably, the same set of studies reported empirical support for the more rare functions such as the sensation seeking, anti-suicide, boundaries and sexual functions. This could be explained through the use of instruments as opposed to the populations being studied. For example, only the FDSHA, developed and used by Klonsky (2006) as part of a doctoral piece of research which he later published (2009), and Silverman (2010) included statements relating to all eight functional models and unsurprisingly only those two studies, out of 94, found evidence to support all eight of the functional models described.

Also, in reference to the thematic framework, very few instruments (4) examined functions of self-harm beyond affect regulation, environmental, dissociation and punishment. Consequently, of those studies employing a structured interview method, very few used instruments capable of assessing a wide range of motivations to self-harm and so it is perhaps unsurprising to find limited evidence of the sexual, boundaries, anti-suicide or sensation seeking functions of self-harm.

Those studies which included an opportunity for participants to respond openly to the question of functions are perhaps demonstrating an awareness of the limitations of

available instruments designed to assess functions; however how those studies analyse and code their open responses should be carefully considered. For example, Michel et al (1994) reported grouping open responses in an 'ad hoc' way according to their contents; they reported 12% of responses as 'unclassified' but failed to elaborate what this means. It is possible that they were using a top down approach and a number of responses did not fit their prescribed groups and so were not reported. Dear et al (2000) similarly found responses such as '*he self-harmed to punish himself for things he had done*' and '*he likes the sight of blood and playing with it*', neither of these responses were coded as they did not fit their prescribed categories. So, in spite of enabling participants to openly report their motivations to self-harm, bias may be introduced in the process of analysing and coding such responses.

### **2.3.2 Are functions of self-harm, other than those outlined by Suyemoto (1998) and Klonsky (2007a), described in the literature?**

The review highlighted a number of functions of self-harm which Suyemoto (1998) and Klonsky (2007a) do not describe in the theoretical literature, such as self-harm serving to: help gain control over oneself, act as a distraction, give pleasure, enable experimentation, create a sense of belonging, protect, cleanse, show strength, help focus, communicate, escape, transfer pain and finally, self-harm was reported to serve as a way of remembering significant events. These functions were found in a large number of studies adopting different research approaches, examining different methods of harm.

Although this review has found a number of functions of self-harm that Suyemoto (1998) and Klonsky (2007a) do not describe, some earlier theoretical literature does go some way to describe some of the those functional themes. For example, Bennum (1984) wrote about psychological models of self-mutilation and described functions related to communication. He describes a social psychological model of appeal; the act of mutilation is an appeal to the social network surrounding the individual and resembles a strong and desperate message which they are unable to communicate. Surprisingly, although cited by Suyemoto (1998), this type of function is excluded from her review and Klonsky's (2007a). They both describe how people use self-harm as a way of interacting with their environment. Suyemoto (1998) refers to this as the environmental model, describing how self-harm behaviour is initiated through familial modelling or learning about the effects of such a behaviour through vicarious reinforcement, which is then maintained through reinforcement from those in their environment (family, friends, caregivers). Klonsky (2007a) on the other hand referred to this sort of function as 'interpersonal influence'. He described how people use self-harm to influence or manipulate people in their environment. Arguably there is some similarity in what they describe and what this review and Bennum (1984) termed 'communication', however there would also appear to be some distinctions. This particular function doesn't appear to be associated with behavioural and systemic traditions as Suyemoto (1998) described or to manipulate as Klonsky (2007a) described. As some of the respondent statements describe they do it as a way of visually showing their pain, not necessarily to get action but perhaps to seek validation / acknowledgement of their pain. *'That was how I was feeling, the things I was doing, it would describe my battles and all sorts of things. It was all very pictorially displayed on my body and sometimes I wanted to share it with other people'*.

The communicative function was also found and described by Bancroft et al (1979) as 'where the goal or purpose was to communicate a feeling of state of mind combining both instrumental and expressive functions' (p.356), for example, to show love, to show desperation. Moreover, Bancroft et al (1979) separated this function from 'to influence someone' which they grouped as an instrumental function. Given Bancroft's study is considered to be one of the key studies of functions of self-harm it seems unusual that the communication function has not been incorporated into subsequent theoretical explanations other than Bennum's (1984).

Bennum (1984) also referred to the function of control. He describes the 'hostility model' and briefly referred to how hostility, in the form of aggression against the self, can be used as a function of gaining control over oneself and others, which bears some similarities with how Osuch (1999), and Haas & Popp (2006) described the function of control, as noted earlier (p.40). Again this type of function was excluded from the reviews of both Suyemoto (1998) and Klonsky (2007a).

Carr (1977) also wrote a review of some motivational hypotheses in relation to self-injury. He referred to the 'negative reinforcement hypothesis' which described how people self-injure to terminate or avoid something adverse, although the negative hypothesis is not considered a function per se, it does help describe the process underlying the function of escape. For example, '*to escape from life*'; '*wanted to sleep for a while*'; '*to get away from my problems*', the act of self-harm is serving to put a stop, albeit temporary, to a difficult experience(s), and so the behaviour is maintained through negative reinforcement.

The functional processes underlying self-harm behaviours was also a particular focus point for Nock & Prinstein (2004). They developed the four function model (FFM) in which they classified functions of self-harm into four theoretical models; automatic positive reinforcement – to create desirable states, automatic negative reinforcement – to reduce negative states, social positive reinforcement – attention from others, and social negative reinforcement – escape from interpersonal task. Although this assessment of functions doesn't explain the detail of particular functions it does give us some indication of the processes that might maintain the behaviour.

Notably, throughout the process of synthesising the evidence of the different functions and considering whether different functions mapped onto the thematic framework or not, it was difficult at times to ascertain the meaning behind some research led items and respondent statements. For example, a number of studies used instruments which included the functional item 'to make body unattractive' (Briere and Gill, 1998, Claes et al., 2010), 'to change my body image and / or appearance' (Holly, 2007); this particular



theme was also openly reported by a participant *'to make myself ugly or disgusting, I've been cutting myself so that if someone does try anything they'll see my body and think what a freak, she's disgusting, she's ugly'* (Parfitt, 2005). The latter response seems to indicate how self-harm was being used to ward off unwanted attention from others. However, this same item has also been used in research led items to describe how people use self-harm as a way of disfiguring their body as punishment (Briere and Gill, 1998) and self-destruction (Claes and Vandereycken, 2007b). Holly (2007) on the other hand used the FASM and although she doesn't describe the meaning of this particular item she does report how people who endorsed this item also endorsed items such as *'to show others how strong or tough I am'*, *'to prove to myself how much I can take'* and *'to replace unbearable pain with physical pain'*. This grouping of items seemed to share the functional theme of self-harm serving as way to protect oneself. As discussed earlier (p.35), showing others how tough you are to perhaps ward them off, and to change unbearable emotional pain into something more bearable.

Similarly, Osuch (1999) described six motivational factors that make up the SIMS, the item *'to show others how hurt / angry I am'* was under the factor 'influencing others' which might relate to the function of communication. The item *'to remind myself that I'm alive when I otherwise feel dead'* was under the factor 'punitive duality' when instead it would appear related to the function of dissociation; and *'to do something only I have control of and no one else can control'* was under the factor desolation which might relate to the function of control.

Other statements / items such as, *'I wanted to take the pain away from my heart and put it somewhere else'* (Laye-Gindhu and Schonert-Reichl, 2005), *'feel inside body'*, *'ownership of body'*, *'facilitate / hinder switching from one personality to another'* (Briere and Gill, 1998), *'to feel concrete pain when the other pain is so overwhelming and confusing that I can't grasp it'* (Shearer, 1994), 'uniqueness' (Haas and Popp, 2006) also proved difficult to code.

As discussed earlier in relation to the function of communication and punishment of others, a number of functions also overlap or are very closely related and so it can be difficult to ascertain whether endorsement of certain statements are providing evidence to support one function or another. Another example of this is where participants indicate functions such as, *'self-harm helps me to concentrate'* (Kleindienst et al., 2008), *'to take my mind off my problems'*, *'to have something else to think about'* (Rodham et al., 2004 p.83), *'to regain focus'* (Klonsky, 2009) this seems to be describing cognitive regulation as opposed to affect regulation, which might be considered two distinct functions (Franklin et al., 2010) yet they are coded as one,

which might of course have an impact on the interpretation and application of the evidence.

The difficulty in attributing meaning / interpretation was also noted with the boundaries function described by Suyemoto (1998). In her article she used an excerpt from Leibenluft's (1987) study who explored the self-harm experience of people who met the criteria for borderline personality disorder. Suyemoto (1998) used one of the participants experiences to exemplify the boundaries model and how people use self-harm to reaffirm the boundaries between the self and others, Liebenluft (1987) however, using the same excerpt, reported how this person used self-harm as a way of terminating the feeling of dysphoria, to stop the extreme emotional pain, which is perhaps more aptly described as affect regulation.

Again, the disparity in interpretation was also noted when closely screening some of the studies included in Klonsky's (2007a) review. For each of the 18 studies included in his review the functions studied and supported were listed. The study carried out by Shearer (1994) reportedly studied and supported the following functions: affect regulation, self-punishment, interpersonal influence, interpersonal boundaries, anti-suicide, anti-dissociation, and sensation seeking - seven out of the eight functions from the thematic framework. This review also reported support for seven functions however the functions reported differ. For example, Klonsky (2007a) included interpersonal boundaries in his review of Shearer's (1994) study and it is possible that he reported support for this from the item 'to do something only I have control over and no one else can control'. This review however grouped this item under the theme of control. In addition, Klonsky (2007a) failed to report how Shearer's (1994) study found support for the sexual function; 5% of participants endorsed the item 'to provide a sense of relief that feels much like sexual release'. It is possible that Klonsky (2007a) categorised this item as sensation seeking.

Similarly, the study carried out by Wilkens and Coid (1991) was reported as having studied and supported the functions of affect regulation and anti-dissociation. This review however found evidence for both those functions in addition to interpersonal boundaries and interpersonal influence. Wilkens & Coid (1991) reported how women had '*done it to attract attention to themselves*', '*to copy others*', and 5% of the women reported how '*it reassured them of their existence*'. This study also reported a number of functions such as deriving pleasure, warmth and comfort which Klonsky (2007a) does not mention.

It would seem then that functions of self-harm, other than those described by Suyemoto (1998) and Klonsky (2007a), have been reported in the empirical literature

and some (not all) have been referred to in the earlier theoretical literature. However, there would also seem to be a certain amount of disparity amongst researchers in how they attribute meaning to certain items and responses and perhaps this would account for some of the apparent gaps between the empirical evidence and subsequent theory development.

These findings do perhaps suggest the need for a more comprehensive theoretical review of self-harm functions that incorporates these additional functions and distinctions which could be useful for both health professionals and researchers, particularly those aiming to develop new instruments to assess functions of self-harm. A more comprehensive review might also be helpful to potential participants who are also required to interpret meaning and subsequently endorse relevant functional items.

### **2.3.3 Does the use of particular research approaches concentrate on and identify particular functions of self-harm?**

At first the findings from this review would suggest that the use of particular research approaches does not identify particular functions. The review demonstrated evidence for each of the eight functional models from both a quantitative and qualitative approach. Essentially, both approaches demonstrated the most support for the function of affect regulation and the least support for the boundaries function.

However, the over reliance of constraining response sets in those studies employing a structured interview method might go some way to explain why the evidence for affect regulation and environmental functions is copious compared with the evidence for the boundaries, sexual, sensation seeking and anti-suicide functions.

Empirical evidence of the different functions of self-harm seems largely dependent upon the tools being used. The review found 17 different questionnaires used to elicit motivations to self-harm, not including Bancroft's list, those considered 'ad hoc' or those under design (3).

Empirical evidence to support the psychometric properties of those questionnaires was only found for eight questionnaires. It would seem then that a number of studies failed to use a validated instrument to elicit motivations and instead developed their own 'ad hoc list / method' reported as 'taken from the literature and clinical experience' (Shearer, 1994, Wilkens and Coid, 1991); 'based on the work of Shearer & Herpertz' (Ross and Heath, 2003); 'derived from the literature as well as discussion with adolescents and clinicians with expertise in self-harm' (Laye-Gindhu and Schonert-Reichl, 2005); 'generated from the literature' (Oyefeso et al., 2008); 'in the authors experience are often cited by self-mutilating clients' (Briere and Gill, 1998); doesn't state (Kovacs et al., 1975, Nelson and Grunebaum, 1971, Sakelliadis et al., 2010, Young et al., 2007, Scoliers et al., 2009, Meltzer et al., 2002, Dear et al., 2000, Martin et al., 2010, Favazza and Conterio, 1989, Klonsky, 2009); or just asked patient about their reason for self-poisoning (Rygnestad and Hauge, 1991). Several studies used lists based on the work of Bancroft et al (1979, 1976) discussed previously see section 1.1.3.1. For further details please see (Rodham et al., 2004, Williams, 1986, Dennis et al., 2007, Varadaraj et al., 1986, Hawton et al., 1982, Holden and DeLisle, 2006, James and Hawton, 1985, Kienhorst et al., 1995, Loughrey and Kerr, 1989, Tulloch et al., 1994, Madge et al., 2008, Schnyder et al., 1999).

It would seem this list was used in spite of some of the reported limitations. For example, Bancroft and colleagues acknowledged the importance of paying attention to

the meaning of the act as understood by the patient, and being mindful of using lists which may simply be 'putting words into subject's mouths' (p.353). Consequently a further inquiry was conducted which enabled participants to firstly, give their reasons spontaneously (part 1), secondly, asked participants directly why the overdose was taken (part 2) and thirdly, asked participants to select their motive(s) from a series of printed cards (part 3) taken from their previous study, patients, clinical contacts and the available research.

Content analysis was carried out on the responses from parts 1 & 2 and reasons for acting were described as 'roles'; the person who wants to die, the person who wants to sleep, the person who wants relief from pain, the direct action person - all of which were described as instrumental reasons, and the person forced to act by circumstances, which was described as an expressive reason. Responses from part 2 were also coded according to the categories available in the list of motives (part 3) in order to compare reasons across the three parts of the interview.

When giving a spontaneous account for the overdose (part 1) participants reported less suicidal intent and more reasons associated with difficult circumstances, reasons perhaps relating to precipitating events. This has also been noted in other studies which enabled participants to offer a spontaneous account for their reasons for self-harm (Michel et al., 1994, Rodham et al., 2004).

In parts 2 and 3, expressive functions (need to act), instrumental functions (seek help, escape, relief of mind, influence someone; find out if loved, make easier for others); communicative functions (show love, show desperation, frighten / make sorry) and excuses (loss of control) were reported as reasons for non-suicidal overdose. More importantly, they found the endorsement of functions varied according to the method in which they were elicited; apart from suicidal intent, reasons chosen from the list bore little resemblance to reasons offered earlier in the interview and were therefore of uncertain relevance (Bancroft et al., 1979).

Nevertheless, it is the responses from both these studies that have been taken to form the assessment of motivations for a number of subsequent studies, and the development of different tools. For example, the Reasons for Attempting Suicide Questionnaire (RASQ), Motives for Parasuicide Questionnaire (MPQ) and the Reasons for Overdose Scale were all based on the work of Bancroft et al (1979, 1976) and only included statements relating to functions of affect regulation, environmental influence, sometimes punishment, and functions other than those described by Suyemoto (1998) and Klonsky (2007a), such as '*escape*', '*show love*', '*show desperation*', and '*make*

*easier for others*'. Perhaps, it is unsurprising then to find a lack of empirical evidence and theoretical literature to describe functions other than these.

Furthermore, when considering the constrained response sets, only 11 of the 67 studies adopting a quantitative approach reportedly offered the option of indicating 'other' i.e. none of the reasons listed, which notably was endorsed by participants in those studies (Rygnestad and Hauge, 1991, Martin et al., 2010, Lloyd-Richardson et al., 2007, Dear et al., 2000, Nock and Cha, 2009, Sakelliadis et al., 2010, Young et al., 2007, Osuch et al., 1999, Boergers et al., 1998, Laye-Gindhu and Schonert-Reichl, 2005, Nixon et al., 2002). Of those, only two described the 'other' functions - *'I like the sight of blood and playing with it'*, *'I self-harm to punish myself for things I have done'* (Dear et al., 2000 p.165), *'I wanted to send a message about my inner pain'* and *'I wanted to take the pain away from my heart and put it somewhere else'* (Laye-Gindhu and Schonert-Reichl, 2005 p.452).

Somewhat related, the literature suggests how the experience of self-harm can be difficult to articulate (Spandler, 2001p.10). Given that some of the functions are perhaps less socially desirable, or more conceptual and difficult to describe than others, such as the sexual and boundaries functions, they could be considered particularly difficult for people to talk about and so eliciting these types of functions might depend upon the approach taken. For example, those studies endorsing some of these more rare functions predominantly employed the structured interview method. Despite people who have personal experience of self-harm describing this type of approach as 'off putting and disempowering' (Walsh, 2007 p.1058), and something which blocks their ability to express their meaning of self-harm (Spandler, 2001), this approach does enable people to easily indicate some of the more rare functions associated with self-harm, which subsequently may help to inform researchers and health professionals that functions of self-harm other than affect regulation, environmental influence, punishment and dissociation do exist.

Similarly, eliciting functions through relying on the participant to openly communicate why they self-harm is also considered problematic. Bancroft (1979) Rodham et al (2004) and Michel et al (1994) all demonstrated how participants were more likely to refer to precipitating events / states when asked to spontaneously report why they harmed themselves. For example, responses included *'because I was really fed up and depressed'*; *I had an argument with my sister'* (Rodham et al., 2004 p.83) and work / relationship problems (Michel et al., 1994 p.174). It is possible that participants found it is easier to articulate precipitating events as opposed to motivations which might require more emotion laden language.

Finally, it is possible that people who self-harm do not know what motivates them. The review found a number of studies (22) which enabled participants to indicate that they did not know why they self-harmed / self-injured, in such cases the response '*unknown*' or '*I don't know why I do it and it seems to serve no function*' were endorsed by a large number of participants (Soderberg et al., 2004, Skogman and Ojehagen, 2003, Michel et al., 1994, Swannell et al., 2008, McAuliffe et al., 2007, Kienhorst et al., 1995, Hjelmeland and Groholt, 2005). This is just an indication of those studies that did enable participants to report 'unknown'. It is possible that people do not know why they self-harm yet they still complete the question which would suggest perhaps that lists of reasons are 'putting words into the subjects mouths' as Bancroft et al suggested (1979 p.353).

### **2.3.4 Limitations**

The findings of this review should be considered in light of several limitations.

First, the review only included articles written in the English language. Although this does present potential bias it should be noted that a number of studies were carried out in non-English speaking countries such as Belgium (Claes et al., 2010), Austria (Haas and Popp, 2006) Nordic regions (Holm and Seveinsson, 2010, Rissanen et al., 2008, Hjelmeland and Groholt, 2005, Hjelmeland et al., 1998, Rygnestad and Hauge, 1991, Skogman and Ojehagen, 2003, Soderberg et al., 2004), Netherlands (Kamphuis et al., 2007, Kienhorst et al., 1995) Germany (Herpertz, 1995, Kleindienst et al., 2008, Schoppmann et al., 2007), Greece (Sakellidis et al., 2010), Switzerland (Michel et al., 1994, Schnyder et al., 1999) and Sri Lanka (Hettiarachchi and Kodituwakku, 1989). Some of the studies included in the review did in fact compare functions of self-harm across countries and reported that functions of self-harm were consistent across countries (Hjelmeland et al., 2002a, Madge et al., 2008, Scoliers et al., 2009).

Also, given the large number of studies that were reviewed and the similarity in findings from studies adopting both a qualitative and quantitative approach, any bias affect due to the language restriction is likely to be minimal.

Second, the eligibility rating and appraisal of articles was carried out by one assessor only. Using additional assessors may have altered the selection and quality ratings of papers. Different quality ratings may have led to a more fruitful discussion of the credibility of the evidence.

Third, the review did not concentrate on / separate out the various populations that were assessed. Different populations may typically endorse certain functions and although this was not the aim of this review it may be an area worth considering for future research.

Fourth, in addition to the various populations included in the review there were also a number of different methods of harm with varying definitions. Synthesising the data from all the studies, irrespective of their method, may have dismissed potential subtleties associated with those methods. Perhaps separate reviews of each group of behaviours may have been more useful and should be considered for future research. The aim of this review however was to explore motivations to self-harm, as defined by NICE, which includes all the methods included in this review.

Fifth, the analysis of functions other than those described by Suyemoto (1998) and Klonsky (2007a) reported to have used thematic analysis, however given that some of the functions were questionnaire items it was difficult to fully comprehend their meaning and so the analysis of functions that did not fit the framework was restricted. Furthermore the thematic analysis of those functions was conducted by one person only and proved difficult at times, yet agreement ratings were only sought on a few occasions.

Finally, due to funding limitations a number of unpublished theses were not retrieved and screened for eligibility. Based on their abstracts all of them appeared relevant to the review (Medina, 2005, Alexander, 1999, Costosa, 2007, Scheel, 1999, Scharf, 2007, Matter, 2009). Still, given the number of articles included in this review, the addition of a further six is unlikely to greatly alter the findings.

### **2.3.5 Conclusion**

This was the first review to apply a systematic method to synthesise the evidence of motivations to self-harm from the first person. The review has helped to look at the extent to which the empirical evidence maps onto the theoretical explanations presented by Suyemoto (1998) and Klonsky (2007a), in addition to highlighting other potential functions of self-harm and potential methodological restraints.

Sufficient evidence has been found to support each of the functional models outlined by Suyemoto (1998) and Klonsky (2007a). There is a wealth of published evidence in particular to support the theory that self-harm serves to regulate affect, create desired environmental responses, punish one self, and / or end / induce a period of dissociation.

Albeit limited, empirical evidence was also found to support the theory that self-harm serves to, avoid suicide, induce desired sensations, including those sexual and help create boundaries between one self and others.

The review also highlighted a number of other functions which are served by self-harm and have not been described in the key theoretical literature; functions such as self-



harm serving to: cleanse the body, protect, give pleasure, aid focus, help remembrance, aid experimentation, help distract, help escape, and serve as a way of transferring pain.

The findings should however be considered in light of the limitations discussed and future research should be mindful of its design and approach, use of terminology and interpretation of participants responses, including consideration of a participants ability to respond.

What we learn from the review is that self-harm is a complex phenomenon and one that has proven difficult to get under the skin of. Perhaps exploring experiences with more creative means might help us to make sense of this and help begin to bridge some of the gaps between evidence and theory. The next study then sought to explore this.

### Chapter 3. Using Visual Methods to Explore Self-Harm



### 3.1 Introduction

A systematic review of the literature focusing on functions of self-harm served to highlight the large number of studies that have sought to find out why people self-harm, and the different approaches favoured by researchers in their endeavours to answer this particular research question.

In conclusion, the systematic review, and a review of other relevant literature, demonstrated how conventional methods such as the questionnaire or the semi structured interview seem to be the favoured tools for eliciting the reasons why people self-harm, yet in spite of the numerous studies which have adopted these conventional approaches, our understanding of what motivates some individuals to initiate and maintain self-harm remains incomplete (Himber, 1994, Klonsky, 2007a, NICE, 2004, Rodham et al., 2004, Suyemoto, 1998, Nock, 2012, Klonsky, 2009).

More specifically, our theoretical understanding of the functions of self-harm fails to capture the full scope of the empirical evidence presented. It would seem a number of functions, other than those outlined in the key theoretical literature, do exist, representing a gap between our theoretical understanding of the functions of self-harm and the empirical evidence.

Moreover, the systematic review of functions in particular highlighted how adopting certain approaches could be restricting both our knowledge of the prevalence of different functions, and our theoretical understanding of their detail and distinctiveness. Perhaps then a call for new, additional ways of exploring self-harm ought to be considered.

Considering new ways of exploring functional phenomenon in relation to self-harm does not suggest that the existing evidence should be disregarded; on the contrary, it probes us to unpick the strengths and the limitations of those approaches and reformulate a research design that is driven by the research question and other important contextual information, such as the population and settings.

Increasingly, researchers are being urged to consider 'what works' (Creswell and Plano Clark, 2011) and when faced with research problems that traditional approaches have failed to adequately address Latham (2003) suggested pushing at the boundaries of convention to create innovative 'methodological hybrids'. Once more, this is not a rejection of traditional methods and their value; it is recognition of their limitations in

certain circumstances, and a probe to think what, if anything, can be added to current knowledge by using more creative approaches.

Issues regarding methodology and methods were particularly thought provoking at the beginning of this study, and they also resonated with some of the research tensions considered by Spandler (2001). After exploring young people's experiences of self-harm she too wrote about the limitations associated with conventional approaches, particularly in this topic area. The foreword to her book, written by Bernard Davies, criticised those researchers who withdraw into their professional institutions and develop proposals that employ methods *they* believe to be most effective to elicit evidence *they* believe to be of relevance. Instead, she encouraged researchers to adopt a more participatory approach, an approach which enables those for whom the research is focused upon an opportunity to contribute to and advise on 'what works with them', whilst highlighting what does not work and why.

A decade later she, with Warner, is still calling for research, in this domain in particular, to adopt an approach that is considerate of service user values and contextual understandings prior to its methodological design, thereby enabling a 'principled' beginning to research (Warner and Spandler, 2012 p.18)

In light of these discussions it was fundamental then for this study to consider, from the perspective of those who have personal experience of self-harm, 1) what is important to them about their experience of self-harm, and 2) what is the most helpful way to elicit this knowledge, whilst highlighting any potential barriers to knowledge. In doing so, it was hoped that a further understanding of self-harm could be gleaned which would lend itself to the body of knowledge surrounding self-harm and more specifically a review of current functional models of self-harm. The next section will begin by discussing some of the known barriers and facilitators surrounding the study of self-harm.

### 3.1.1 Barriers and facilitators to knowledge

#### 3.1.1.1 Barriers -

Of those studies or articles which have captured qualitative data from people with self-harm difficulties surrounding communication and articulation of experiences in relation to their self-harm are often raised (Pembroke, 1994, Spandler, 2001, Horrocks, 2002, Adler and Adler, 2011). For example, both Spandler (2001) and Horrocks (2002) reported how participants described difficulties in finding the words to express reasons for their self-harm behaviour:

*“I’ve been in casualty with my wrists slashed or I’ve taken an overdose and people ask me what’s the matter and I just can’t put it into words..”(Spandler, 2001)p.10*

*“there’s no words in the English language to describe it”(Horrocks, 2002)p.19*

Suggestions as to why this might be have been discussed. For example, some suggest there is an absence of those opportunities which encourage expression of emotional distress in the context of self-harm (Pembroke, 1994). Other suggestions relate to language ability and the assumption that we can all easily use emotional language and articulate our distress effectively in spite of evidence that suggests different psychological disorders affect speech and language (Adshead, 2010). Alexithymia “literally translated is an absence of words for emotion” (Tacon, 2001) is just one example of a language disorder which has been associated with self-harm (Jones, 2004, Zlotnick et al., 1996).

Moreover, some of the developmental literature states how children of nursery school age (age 3) often have the beginnings of an emotional lexicon to describe their own experience and that of others, further development is said to take place over many years and involves the ability to use representation such as metaphor (Adshead, 2010). Interestingly, children whose emotional lexicon is not yet developed often use the body as a metaphor for emotional distress, which Adshead (2010) suggests might illustrate how the body is the default setting for the expression of distress in the absence of an emotional vocabulary.

Somewhat related, self-harm has been described as an embodied experience, an experience which is felt and has affective dimensions, and as Cromby (2011) points

out, several researchers, particularly those seeking to capture 'meaning', assume affective dimensions of experience can be captured through language. Cromby (2011) argued that this is not always possible for two reasons at least. Firstly, emotions and feelings are not always obvious to those experiencing them and so they will not necessarily be disclosed verbally, and secondly, affect is often described as ineffable, something which is not always amenable to verbal description. Which would resonate with earlier discussions and the excerpts found in the studies carried out by Spandler (2001) and Horrocks (2002).

This might also explain why some of the studies discussed in Chapter 2 have shown how participants, when asked to spontaneously report why they harmed themselves, were more likely to refer to precipitating events / states (Michel et al., 1994, Rodham et al., 2004, Bancroft et al., 1979). For example, '*I had an argument with my sister*' (Rodham et al., 2004 p.83) and work / relationship problems (Michel et al., 1994 p.174). It is possible that precipitating events, as opposed to reasons for their behaviour which might require more affect laden language, are easier to articulate.

This evidence highlights the potential limitations of employing methods which are reliant and based on the assumption that people are able to report verbally their reasons for self-harm. As the systematic review has shown, research questions such as these have typically been pursued with methods such as an interview or questionnaire, yet arguably, both of these methods do not account for the difficulties people might experience when questioned about their reasons for their behaviour. For example, using a structured / measured approach might be viewed as problematic in that it restricts what people can report and our understanding of it. Relying solely on participants to offer a verbal account may also prove difficult; people who self-harm may need help to express themselves (Adshead, 2010). Some functions may be easier to verbalise and discuss than others. For example, some reported functions are considered more conceptual than others and may be more difficult to articulate. Some functions are considered less socially desirable such as those relating to influence of others, or perhaps embarrassing, such as those relating to sexual reasons which might impact on a participants willingness to disclose and discuss.

Finally, a need to feel in control has also been shown to be an underlying factor for many people who self-harm (Spandler, 2001, Warner and Spandler, 2012). Engaging in research can sometimes produce a fear of losing their sense of control and power of their own, often secretive, behaviour. This can result in a reluctance to engage and increase their need to self-harm (Spandler, 2001). This is not only an important consideration when designing research and thinking about ways of engaging people, but clearly it is also an important ethical consideration. Frith & Harcourt (2007) also

referred to the issue of recruiting people who may feel disempowered through illness in their study of women experiencing chemotherapy, they discussed how contextual factors were a key consideration in the design and execution of research.

### **3.1.1.2 Facilitators**

*“the best way to help people who self-harm is to allow them to express their feelings, and allow them to feel in control” (Pembroke, 1994 pg.23)*

To counteract some of the fear of losing control through engaging in research Spandler (2001) suggested giving ownership of the research process to the people who self-harm as an effective way of working. This suggestion, along with enabling expression that does not rely on a purely verbal or restricted written account, might seem challenging in view of the conventional repertoire of methods available. However, if we consider the suggestions of Latham (2003) and Spandler (2001) and adopt a more participatory and creative approach to our research design, this might enable more flexible and pragmatic thinking. In doing so we might start to consider more innovative and helpful ways of approaching such a sensitive and evidently challenging research question, ways perhaps that are more conducive to enabling people to express their experience of self-harm, and more contextually considerate and aligned with their experience. Essentially, a research design that will enable a different form of expression and give participants control could prove useful.

The value of adopting a visual approach with people who find it difficult to express themselves verbally has been well documented (Pink, 2001, Sweetman, 2009, Bagnoli, 2009, White et al., 2010, Erdner, 2010, Whitehurst, 2006). Moreover, research into other sensitive subject areas such as cancer (Frith and Harcourt, 2007, Radley and Taylor, 2003a, Radley and Taylor, 2003b) and mental health (Erdner, 2010) have also reported the benefits of adopting a visual approach.

More specifically, using visual material within the research process to represent experiences is said to be particularly useful in triggering the affective nature of experiences (Collier 1957, cited in Harper, 2002, Radley and Taylor, 2003b). Using a visual method as a tool / facilitator for expression might then prove useful in enabling participants to capture and verbalise their affective and embodied experiences of self-harm. Furthermore, other recent evidence has shown that people draw upon visual images during times of psychological distress (Holmes et al., 2005, Hales et al., 2011, Holmes et al., 2007). Holmes et al (2007) and Hales et al (2011) both showed how

participants, during times of psychological distress, were more likely to describe their experiences in the form of imagery (both distressing and comforting images) than verbal thoughts, suggesting that not only is visual imagery a new and promising avenue to explore in terms of its clinical utility, but perhaps it is also useful to researchers in that it might be relevant to and aligned with the experiences of those who self-harm.

### **3.1.2 Accessing the knowledge**

In view of the evidence discussed, adopting a visual approach to exploring people's experience of self-harm would seem to be potentially valuable and considerate of most of the barriers and facilitators discussed. One of the methods used in visual research is photo elicitation "a method in which photographs (taken by the researcher or by research participants) are used as a stimulus or guide to elicit rich accounts of psychosocial phenomena in subsequent interviews" (Frith et al., 2007 p.1340). This method was first put to use by John Collier and the Cornell team to look at psychological stress in the 1950's (Harper, 2002) and is reported to promote self-understanding, expression, communication and focus during interviews (Drew et al., 2010). It has also been reported as being useful in accessing unpredictable information and establishing rapport (Hurworth et al., 2005), all of which should prove useful with people with personal experience of self-harm.

Using photographs reportedly enables participants to bypass the superficial / conversational information and access emotional information retained within their latent memory through stimulating the conscience at a deeper level (Harper, 2002). Moreover, using participants own images enables them to think about why this particular image is important and prompts them to provide explanations for the images (Hurworth et al., 2005). This process of reflection is said to encourage better articulation of experiences; the images unlock the stories (Liebenberg et al., 2012) and may provide a far richer narrative than any questionnaire or focus group response could offer (Cooper and Yarbrough, 2010, Hurworth et al., 2005). Using photographs is also said to prompt participants to "consider issues for the first time, or at least articulate them for the first time" (Cooper and Yarbrough, 2010 p.649). Both Mannay (2010) & Harper (2002) support the idea of using photographs as a way of providing different ways of knowing and understanding something which can be taken for granted. They reported how photographs not only create opportunities for the participant to be active in the research process but they also enable participants (and the researcher) to look at a familiar issue in an unfamiliar way. The polysemic



properties of photographs enable unexpected meanings to emerge and this introduction of multiple meanings within the research process might bring about an enhanced or at least a different understanding of self-harm.

When using photographs within a research context, the technique 'auto driving' can also be employed. This technique places emphasis on enabling the participant to 'drive' the interview which in theory then changes the typical research dynamic through "changing the voice" (Frith et al., 2005 p.190). This technique encourages the participants to lead the process and take control of the representation and interpretation of their experience. Having control over the research process can be useful in enabling participants to prioritise issues that others might see as irrelevant and communicate those issues in their own terms.

Auto driving may therefore be a very useful technique to employ with the photo elicitation method; combined they may prove to be an effective way of working with people who self-harm in that they may provide a way for people who self-harm to express themselves differently. It is hoped that this technique and method will bring about a greater sense of control and empowerment for the participant (White et al., 2010, Cooper and Yarbrough, 2010, Packard, 2008) and be more aligned with their experience (Liebenberg et al., 2012).

Searching for ways to access people's complex and highly sensitive experiences of self-harm without considering an approach which might overcome the challenges discussed could simply serve to replicate what we already know. Being creative with research methods to generate new ways of understanding on the other hand may be more aligned with the experiences of those who have personal experience of self-harm and may also generate thinking away from the usual responses that people report when questioned. This type of approach may offer researchers an opportunity to explore and (re)consider self-harm from a new angle.

### **3.2 Research objectives**

The purpose of the current study was to explore people's experience of self-harm using photo elicitation, a facilitating technique where photographs are used as a stimulus or guide. The objectives were to: (1) explore how people who have personal experience of self-harm describe their experience through photographs and verbal dialogue, and (2) consider whether using this approach has broadened our understanding of why people self-harm.

## **3.3 Method**

### **3.3.1 Sample**

Of the population of adults who have personal experience of self-harm, a convenience sample of those people who recently attended A & E following self-harm were selected, along with people who had personal experience of self-harm and attended community mental health organisations. The experiences of those people who have recently attended A & E following a self-harm injury and those who have not may vary, especially given that only a small proportion of people who self-harm attend hospital for their injuries (Hawton et al., 2012); thereby capturing experiences from both groups might offer a more varied and broader understanding.

#### **3.3.1.1 Inclusion criteria**

Male and female working age adults (18-65) attending the clinical decision unit (CDU), or Medical Assessment Unit (MAU) at Leeds General Infirmary & St James Hospital, Leeds, following a self-harm injury were invited to participate in the study.

Community organisation service users (both male and female) age 18-65 with personal experience of self-harm were also invited to participate in the study.

#### **3.3.1.2 Exclusion criteria**

Those people clearly expressing suicidal intent, requiring translation or lacking mental capacity were not approached. This was assessed by the self-harm team.

### **3.3.2 Ethical Considerations**

As with most health related research the aim is to design and execute a study with ethical principles at the forefront. General ethical principles will now be discussed in turn and where relevant ethical procedures will also be referred to in the section sub headed 'procedure' (3.3.3).

#### **3.3.2.1 Consent**

No contact was made with any potential participant unless they had given verbal permission to be approached by the researcher (or they had contacted the researcher themselves). With permission the researcher introduced herself and briefly introduced the project. Each potential participant was then given an information sheet, either by the researcher, a self-harm team member or a staff member from a local organisation. The information sheet detailed purposes of the project and what was expected of those who participated, including the risks and benefits. See Appendix 8 for an example of the information sheet handed to those attending A & E. Variations of this form were

used for recruitment in the community and for those attending A & E when the researcher was not present.

Written consent (consent 1 – see Appendix 9) was then sought by the researcher for permission to contact the participant to arrange a meeting to discuss the research in detail, this was not consent to participate and was not applicable to those people who contacted the researcher themselves. Potential participants were asked of a convenient time for the researcher to call and at least 24hrs following the initial introduction was left.

At a second meeting, potential participants were given the opportunity to ask questions and then consent to take part in the research was sought.

### **3.3.2.2 Confidentiality & anonymity**

Participants' confidentiality was respected at all times; to protect participants' anonymity any identifiable data were removed and narrative changes or omissions were carried out. For example, names of the participants were changed and names of place, and in some cases references to different diagnoses or treatment were omitted to ensure none of the quotes or images were directly attributable to an individual. No one other than the researcher and the main supervisor had access to identifiable data.

Each participant however was notified (prior to consent) that should they disclose that they are of significant risk to themselves or others, the risk would be communicated to others.

Related to issues of confidentiality and anonymity, using participant generated images introduced the risk of capturing images of an illicit nature; though the risk of illicit images was not considered high for this topic area, the topic being explored did increase the risk of capturing images of a distressing nature. This particular risk was highlighted in the planning stages of the research however this was only considered a risk if images were generated using a disposable camera which required development through an outside agency. Using digital cameras where selection and/ or printing of images were carried out by the participant and / or the researcher was considered more appropriate and a way of minimising the risk to others.

### **3.3.2.3 Data collection & storage**

Audio & Textual Data: Interviews were audio recorded and digital audio files were immediately transferred to a secure server at the University of Leeds. Digital files were

then transcribed, anonymised and kept on a secure server at the University of Leeds with password protection.

Visual data: Participants were considered the owners of the images and permission to keep copies of their images was sought through written consent, including the permission to use their data (images & text) for dissemination of this study and for possible further analysis in the future. Images were copied digitally from the camera / memory card onto a secure server at the University of Leeds and password protected. Hard copies were also stored in a locked cabinet.

All participants were referred to by an ID number and any corresponding data was kept separately in a locked cupboard within a locked office. Identifiable data was accessed by the chief investigator and the main supervisor for purposes of safety and wellbeing of the researcher.

Contact details and consent forms of those participants who consented to the study but later withdrew were destroyed.

#### **3.3.2.4 Safety & Wellbeing**

**For participants:** Given the sensitive nature of the topic area and the novel approach being employed, consideration of ethical issues beyond the generic was required. Subsequently, under consultation with professionals working with people who self-harm and those with personal experience of self-harm further ethical issues were raised;

1) Professionals felt researchers should seek patients' permission to access details (if any) of relevant care teams they are under in order to:

- Inform relevant professionals of patients participation in the research as they may seek additional support during this time, and
- Document their details in the risk escalation procedure should the patient become increasingly distressed during the research activity.

This information could be sought through the self-harm coordinator or by seeking consent via the application for ethical review to obtain read only access to PARIS (patient database) to access essential index information only. Gathering this information however wasn't felt necessary by service users, they felt it patronising and their choice to inform relevant healthcare professionals where necessary (if they felt they required additional support). Also, they felt that only in cases where the participant is felt to be a risk to themselves or others should the researcher inform other health care professionals of their participation.

2) The self-harm team advised that participants who become distressed during research activity should be signposted to A&E or the crisis team based at the nearby hospital not the self-harm team.

3) Inclusion / exclusion criteria re: sample. People who self-harm with a clear intent to kill themselves can sometimes feel belittled if they are approached by self-harm team as they feel their actions do not relate to self-harm, therefore the study excluded those who were considered to be at high risk of suicide. This information was gathered by the self-harm team during their routine assessment and communicated to the researcher where necessary.

4) Talking in confidence with patients in clinical areas was said to be difficult; the researcher was advised to book meeting rooms on certain units during the initial recruitment phase. A neutral place, for example room hire in community centres was suggested as opposed to University offices or participants homes for any subsequent interviews. In practice however hiring rooms in the community was not financially viable or practical due to the high volume of cancellations and rescheduling of meetings with participants. Given the disordered nature of some of the lives of the participants recruited in the study it was considered most appropriate to conduct the meetings at the University and most participants did not object to this.

**For the researcher:** To ensure the safety of the researcher safety protocols were put in place. For example, the main supervisor was informed of every research visit, including details of location, time of meeting, and anticipated length of time of meeting. The researcher made contact with the main supervisor prior to and after each meeting. If the main supervisor was not available then an appropriate other was nominated. Also, if the researcher experienced any distress as a result of research activity then it was agreed that any activity would be suspended and immediate supervision would be sought. Relevant issues would be discussed with supervisors (where possible) and appropriate / advised action would be taken. Where supervision was not available immediate support from post graduate tutor(s) Dr Bridgette Bewick, Dr Liz Glidewell or Dr Claire Hulme would be sought.

Where necessary further support could also have been sought from the researchers GP / other identified health care professional, or alternatively contact details for other relevant organisations were detailed on the student wellbeing website

<http://www.wellbeing.leeds.ac.uk/index.htm> .

Despite every effort to address issues of an ethical nature in the planning and reporting of the design process for the purpose of ethical review, I would agree with Clark et al (2010) in that, several issues were not apparent or fully understood until the research process was underway which could be due to both the researchers inexperience of employing such a novel approach, and the dearth of literature reporting on ethical issues related to visual research within the social science and health related literature. A further discussion of ethical issues raised during the research process can be found in section 3.8.3.

The study was approved by the NHS National Research Ethics Service – Yorkshire & the Humber – Bradford, reference 11/YH/0163.

### **3.3.3 Procedure**

#### **3.3.3.1 Identifying & recruiting participants**

All adults admitted to the CDU or MAU following a self-harm injury who met the inclusion and exclusion criteria were informed of the research following their self-harm assessment using information sheets handed out by the self-harm team staff based at each hospital. If the researcher was not on site an adapted alternative version of the information sheet was handed out.

When the researcher was on site verbal consent for the researcher to approach each patient to briefly introduce herself and the project was sought by self-harm team staff. Following a brief introduction to the research, with permission, the researcher then sought consent to contact (via telephone / email) each person to arrange a further meeting to discuss the research in more detail (this was not consent to participate in the study) see Appendix 9. At least a 24 hour gap was left between offering a brief introduction to the study and making further contact.

A face to face meeting to discuss the aims of the project and the chosen method in more detail was then carried out. Some meetings were held at the University and some were held in locations more preferable and accessible to the participant. For example, the participants' home or the hospital and any travel expenses were reimbursed. Principles of safe working were adhered to – see section 3.3.2.4.

At this meeting detailed information sheets clearly stating the research aims & objectives and contact details of the researcher were offered again. Consent to participate in the study was then sought (Appendix 10).

A letter and information sheets about the project, including an invitation to participate, were also sent out to various local community organisations known to be used by people who self-harm (Appendix 11). Those people who followed up the invitation were

met with and a discussion regarding the aims of the project and the chosen method in more detail was carried out. At this meeting detailed information sheets clearly stating the research aims & objectives and contact details of the researcher were offered again. Consent to participate in the study was then sought, as per the process outlined above.

### **3.3.3.2 Data collection**

All participants were offered a digital camera or alternatively they could use their own equipment such as their own camera or mobile phone etc. if they wished. Guidance on how to use the provided camera and written instructions were provided for each participant. Those using equipment provided were asked to complete a brief lending agreement (see Appendix 12).

### **3.3.3.3 Taking pictures**

Participants were asked to take photographs over a two week period of anything that would best help them describe their experience of self-harm.

Participants were asked to avoid taking pictures of others. This was due to ethical concerns and principles of consent and anonymity. For example, given that images can be depicted in ways that the person photographed may be unhappy with poses an ethical concern.

Suggestions of pictures were avoided expect in cases where participants reported difficulty in taking pictures. In such cases participants were advised to plan what images they would like to capture i.e. make a list and discuss it with the researcher, a procedure employed by Radley & Taylor (2003a).

After one week the researcher made telephone contact with each participant to ensure they were still willing to participate in the study, discuss progress / problems encountered and arrange a further meeting at which to display and discuss their pictures.

### **3.3.3.4 Location of interview**

Most interviews were held at the University in a small meeting room with a table to enable images to be laid out. The rooms were comfortable, cool and quiet and in areas of the building where being overheard or disrupted was most unlikely.

Interviewing participants in their homes was avoided, though there were exceptional circumstances whereby one of the participants reported having a phobia of going

outdoors and so in this case the researcher conducted the interview in the participant's home and safety protocols were strictly followed, see section 3.3.2.4.

### **3.3.3.5 Pre Interview**

For those interviews conducted at the University: Before beginning the interview (turning on the audio recorder) refreshments were offered and the researcher briefly discussed whether any images needed to be printed. In some cases participants preferred to print their images using their own equipment and some used local printing services and claimed for their expenses. If there were images to be printed, participants' were asked to delete images they didn't wish to use and the remaining images were printed. After printing participants' were given time (just a few minutes) to view their images in print and select which they wished to use and in what order. Participants were then asked (again) if they felt comfortable being recorded, if so, audio recording was then started. At this stage the meeting was very informal and it felt less intrusive and daunting to introduce recording of the interview. After recording had begun the audio recorder was placed out of the way and participants were reminded of the purpose of recording.

For those interviews conducted at the participant's home an additional meeting was held to enable the participant to select the images they wished to discuss, the researcher then took those images (on the camera / memory card) away for printing and a further meeting was rescheduled for the interview.

### **3.3.3.6 The interview**

The interview began by my reminding participants of my role and my interests in the topic area. They were informed of the purposes of asking them to provide images to help describe their experiences of self-harm and encouraged to lead the discussion and talk about their images in any way they wished. This was their opportunity to raise issues they felt were important when discussing their experience of self-harm. This type of approach is referred to as the 'auto driving technique' (Heisley and Levy, 1991). It enables the participant to 'drive' the interview and take full control over how they represent and interpret their experience whilst the researcher adopts the role of 'active listener'.

Participants were then prompted to begin when they were ready. All images were viewed and discussed in printed format; those printed by the researcher were printed in A4 colour for ease of viewing. Images were laid out on the desk between both the researcher and the participant; the researcher sat beside the participant (as opposed to opposite) for ease of viewing. Though this closeness might be perceived as awkward,



especially given the nature of the topic, sitting side by side and diverting our attention to the images instead of capturing eye contact felt helpful in that it enabled the participant and the researcher to focus on the task at hand instead of other extraneous, sometimes debilitating, factors which can arise in an interview context, such as feelings of nervousness in relation to the interview and the newly formed relationship between the interviewee and interviewer (Corbin and Morse, 2003).

Given the nature of this approach a comprehensive topic guide was not required. Instead, where appropriate, prompts were used to explore thoughts and feelings about presented images and a guide for use at the end of the interview was employed which consisted of questions about the participants views of using the method and instructions to debrief with the participant (see Appendix 13).

If a participant presented without images then an emergency topic guide was used (see Appendix 14) which included a discussion around images they might have considered and possible difficulties they encountered.

Given the sensitive nature of the topic being explored different expressions of distress were considered likely. If or when this occurred participants were firstly given the opportunity to communicate their distress and once they had gained their composure they were asked if they felt OK to continue, or if they wished to take a break. Terminating the interview in the event of the participant becoming distressed was not considered appropriate given the expectation that some distress was likely, and sometimes allowing time for the participant to regain composure and change to another topic proved sufficient. However, if participants became significantly distressed then a risk escalation protocol was followed (see Appendix 15).

As mentioned previously, toward the end of the meeting participants were asked a few questions about their experience of using the camera to help describe their experience, including what they found most helpful or challenging, and whether or not they felt able to select an image from their selection that was most representative of their experience. To close the interview participants were thanked for their participation and debriefed. The debrief included steps to take should they become distressed as a result of taking part in the research. They were reminded that if at any time they wish to discuss the interview they should contact the researcher; a list of useful contacts was also given to each participant. Also, at the end of the meeting participants were informed that the researcher may wish to invite them for a further meeting to discuss similar issues in more depth. Further consent was requested and obtained from all of the participants (see Appendix 16). Following the interview three of the participants expressed a wish to be contacted again to discuss their experiences further.

### **3.3.4 Managing the data**

Textual data: Interviews were recorded on a transportable audio recording device and then transferred to a secure server (audio recordings were then deleted from the transportable storage device) and transcribed verbatim. Verbatim transcripts were then checked against the audio and any identifiable data were removed. Basic transcription conventions, adapted from Jefferson (1984), were used.

Visual data: All electronic images were copied and stored on a secure server. Images stored on University held memory cards and cameras were then deleted. Any identifiable data were removed or pixelated. For the purposes of the interview and the analysis images were printed and subsequently stored in a locked cupboard when not in use.

### **3.3.5 Analysis**

This study performed an analysis on both the visual and textual data. Given that images were felt and reported to be as much of an integral part of the research process as the verbal dialogue (Frith et al., 2005, Gillies et al., 2005, Frith, 2011) it seemed erroneous not to include them in the analysis. However, in spite of an increasing number of studies adopting visual methods, there is little guidance as to how to analyse combined visual and textual data (Gleeson, 2011, Frith et al., 2005). Instead it was usual for papers to present the procedural issues relating to working with visual data. For example, see (Cooper and Yarbrough, 2010, Frith et al., 2007, Kearney and Hyle, 2004). Of those which did describe their method of analysis a thematic analysis, or a modification thereof, concentrating on the textual data only was usually employed, for detailed examples see (Silver et al., 2010, Drew et al., 2010).

The dearth of literature on explicit guidance on how to handle visual data with systematic rigour and transparency has led to the development of polytextual thematic analysis (Gleeson, 2011) which essentially follows the same key stages as a thematic analysis with the focus being on images as opposed to text. For example, the different stages include, identifying tentative themes across the whole data set of images, describing the features of each theme and providing a justification for why an image has been categorised under this theme, viewing the description of all themes in relation to each other; highlighting similarities and differences and exploring whether themes cluster together to form a higher order theme.

Whilst the analysis of the visual data captured in this study was informed by Gleeson (2011), this study also has textual data that was not always directly related to images and could not be appropriately analysed through the method of polytextual thematic analysis alone. Subsequently, my approach to the analysis was a combination of

different methods of analysis to get the most from using pictures and words. An integration of thematic analysis as described by Braun & Clarke (2006), polytextual thematic analysis as described by Gleeson (2011) and Interpretive Phenomenological Analysis (IPA) as described by Smith, Flowers and Larkin (2009) was employed.

Thematic analysis is regarded by some as a foundational method of qualitative analysis in that its application is similar to the key analytical stages of other major analytical approaches, such as interpretive phenomenological analysis (IPA) and grounded theory (Braun and Clarke, 2006).

Although thematic analysis is commonly used to look at general patterns of sense making across the data, this study, in the first instance, employed an adapted polytextual thematic analysis of visual and textual data to explore experiences of individual cases. An across case analysis was then conducted using principles of IPA as described by Smith, Flowers and Larkin (2009).

An adapted polytextual thematic analysis was therefore considered a useful and appropriate method of analysis for this study. Using this combined approach enabled me to rigorously analyse the textual and visual data in a systematic way, and explore individual experiential accounts of self-harm in the first instance, before concentrating on themes which were common across cases.

The analytical approach to this study was data driven and inductive. In the first instance, participants' narratives, which consisted of both text and images, were analysed individually following the steps set out below.

## **Step 1 - Gathering thoughts and feelings**

### **Audio data –**

The audio recording of the meeting was listened to repeatedly and notes were made about thoughts and feelings whilst listening to the interview.

### **Textual data –**

Field notes were reread and any additional reflections were added.

Transcripts were read and notes of thoughts and feelings and any contradictions in the text were made.

### **Visual data –**

To begin with each image was viewed separately and any thoughts and feelings that emerged from surveying each image were noted, giving detail of the specific content of

the image that evoked those thoughts and feelings. For example, use of colour within an image that captured certain feelings. This process was then repeated whilst viewing all of the images together.

## **Step 2 - Generating initial codes (on paper & using NVivo)-**

**Definition of a code** – a code is a unit of analysis in its most basic form; it is a basic unit of meaning (concrete) assigned to an extract of data which is used for grouping data of a similar meaning. For example, a code could be ‘death’ and all extracts or images which captured death in some way would be gathered under this code.

### **Initial coding**

#### **Textual data -**

Transcripts were reread and extracts of text which might form a code were highlighted and notes related to different codes were recorded in the margins.

#### **Visual data –**

Using the previous observations, those images which seemed to share some sort of similarity in terms of initial thoughts and feelings were grouped together to form an initial code. A brief description of each code was also noted.

### **Creating nodes in Nvivo**

**Definition of a node** - a node is a term used by NVivo to refer to a ‘code’, a basic unit of meaning assigned to an extract of data (visual or textual).

#### **Textual & audio data -**

In NVivo transcripts were worked through methodically whilst listening to the audio recording again to identify initial nodes (codes), sections of text were then captured and filed under relevant nodes. Surrounding contextual data (coding inclusively) was also collected at this stage.

#### **Visual data -**

Earlier coding on paper was revisited and considered for any changes in light of the coding / nodes generated from the textual data. Whole images were then assigned to new or existing nodes (codes). Notes about each of the images were added as memos.

**All data** – At this stage the data was managed as one source (a list of nodes which consisted of images and text that informed me about that person's experience of self-harm; Bazeley (2009) suggested avoiding separating the analysis by source, voice or method of collection and see it as one collection of data.

All nodes (coded textual data and images) were then reviewed for fittingness. For example, now different sections of the participants' narratives had been removed from their original contexts and filed under different node headings, did the data under each node share the same meaning? Did all the data coded under death for example represent death, and did they all represent death in the same way? If the different extracts of data or images under each node differed in meaning then expanding (or collapsing if different nodes had a shared meaning) the existing node, or developing new nodes was considered at this stage. Deleting nodes was avoided in case they become pertinent further down the process of analysis.

Further reflections and potential themes were noted using memos in Nvivo as the data was being moved around in different ways. Extracts of data were therefore being grouped together and similarities / differences within the data became more visible.

### **Step 3 - Searching for themes**

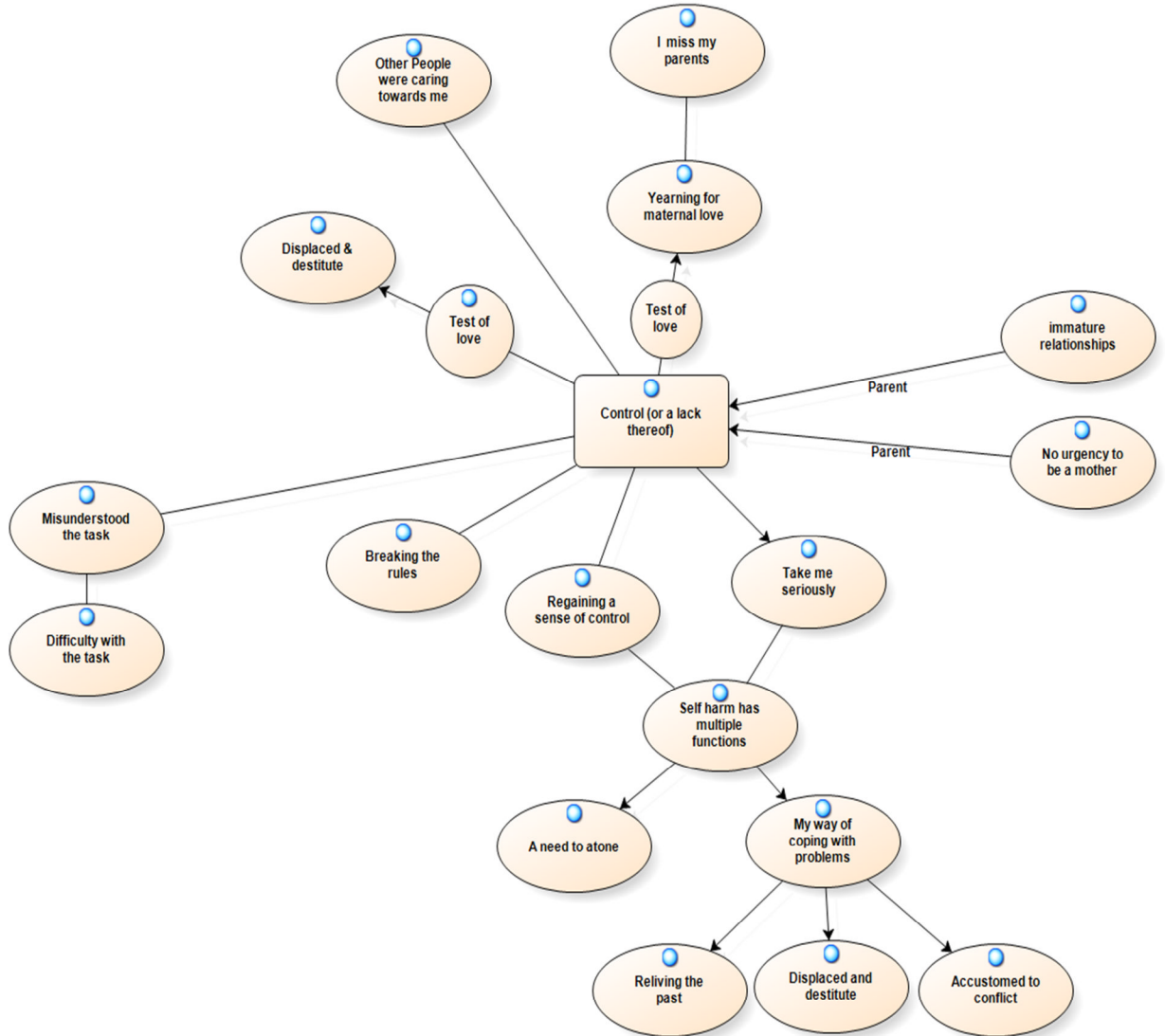
**Definition of a theme** – a theme is a term which encompasses a node or set of nodes (coded data) at a broader, more abstract level.

Searching for themes was an iterative and constant process. Themes were formed throughout the entire process of analysis of one participants' data. For example, tentative themes had already become apparent during the process of coding and as the analysis progressed and the interpretation developed themes continued to form and change, this often prompted a revisit to the raw data and sometimes a change to the coding of certain extracts or images. For example, from the analysis of one participants data, one of the nodes was labelled 'displacement', extracts under this node described an unstable home life, someone who was between homes; another node was labelled 'yearning for the care of her mother, not professionals' and extracts under this node described upset at being discharged from hospital to a hostel. Through this stage of the analysis both sets of extracts were identified as sharing a similar theme and eventually both were coded under the theme of displacement.

Creating a map of nodes was a useful way of identifying potential themes; through seeing all the data together in a more manageable way highlighted where different

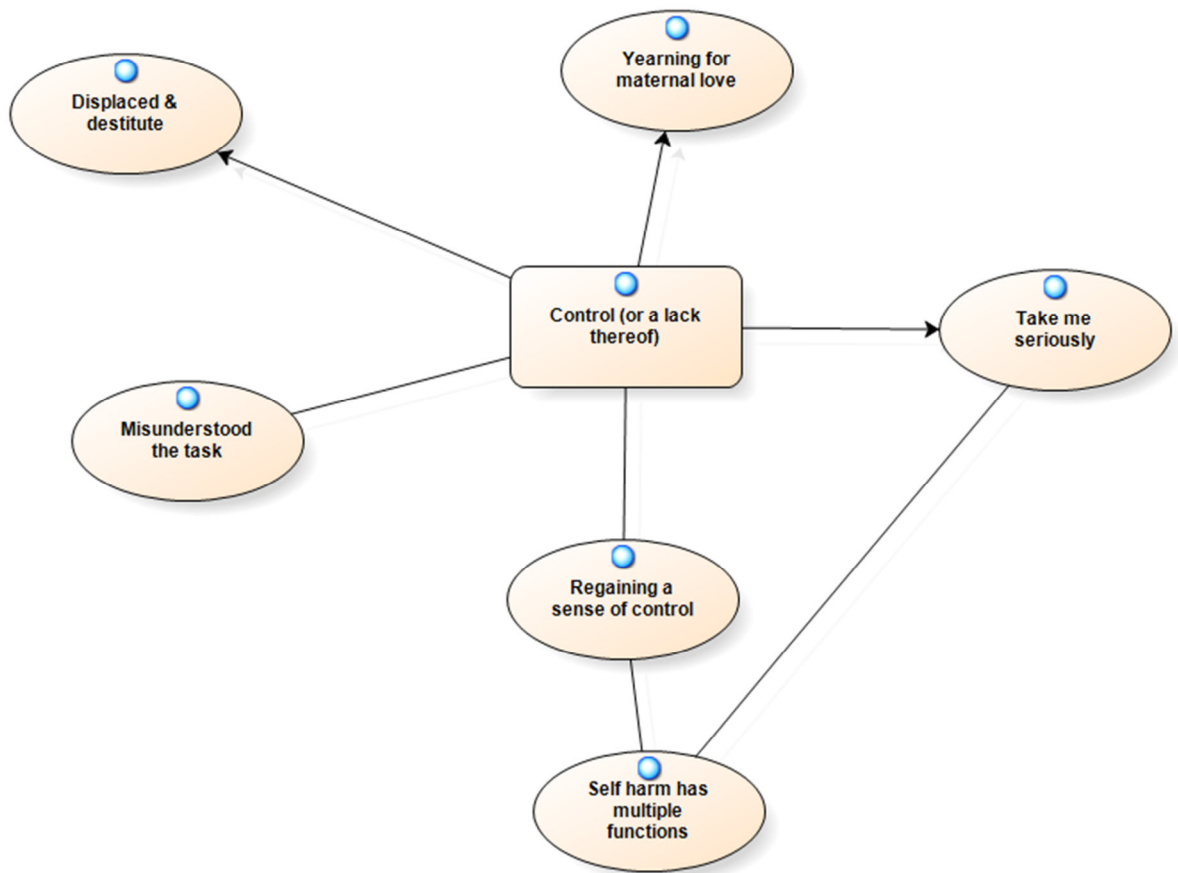
nodes might group together to form a higher meaning (a theme), or alternatively contrast to show divergence / contradictions in a participants data, see Figure 7.

**Figure 7 Map of nodes**



Building on the map of nodes, where it seemed that different nodes might group together under one collective ‘heading’ those nodes were presented as an initial theme (group of nodes with a shared meaning). A map of ‘initial themes’ was then developed; this was an initial attempt to capture and visually represent a more conceptual understanding of the node(s). A sense of order or hierarchy within the data had now become apparent and a storyline had begun to form which reflected the participants’ account, see Figure 8. Potential relationships between different nodes and tentative themes also became apparent and were noted through NVivo using the relationship function.

**Figure 8 Map of initial / tentative themes**

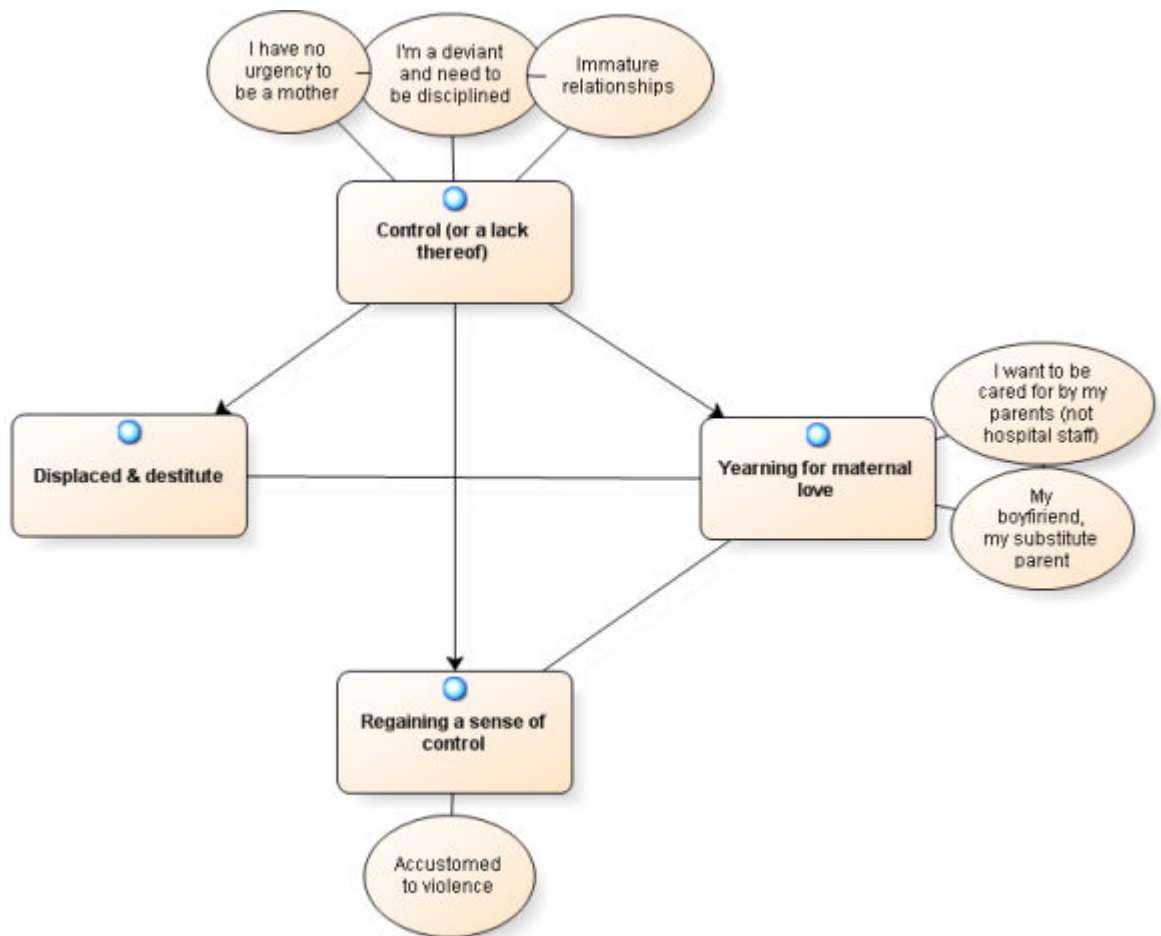


**Step 4 – Reviewing tentative themes**

The tentative themes were then assessed. In turn, each theme with its associated nodes (numerous extracts of data and images) was assessed for fittingness (do they share the same meaning). The representativeness of each theme ‘heading’ was also assessed to ensure it reflected what was being said (extracted text) and shown (images). Each theme was then described.

A further map of refined themes was then assembled, offering a more focused visual overview of the data set, see Figure 9.

**Figure 9 Map of refined themes**



**Step 5 - Defining and naming themes**

The aim of this stage was to give each theme an appropriate title and definition.

To do this, firstly a detailed story of each theme was written and themes were put back into their original contexts. It was important to ensure each theme was not too diverse or complex. If it were the theme was broken down into coherent blocks and subthemes (themes within a theme) were developed. If this was not possible recoding of the data was necessary. Subthemes were different to nodes in that they captured something beyond a mere description of the data, they were an interpretive account of sections of data within a theme which were closely related but had some distinctive properties of their own. For example, the theme 'I'm different to other people', also discussed 'being non human' but this was a different way of talking about being different and so the data associated with being non human was selected as a sub theme.

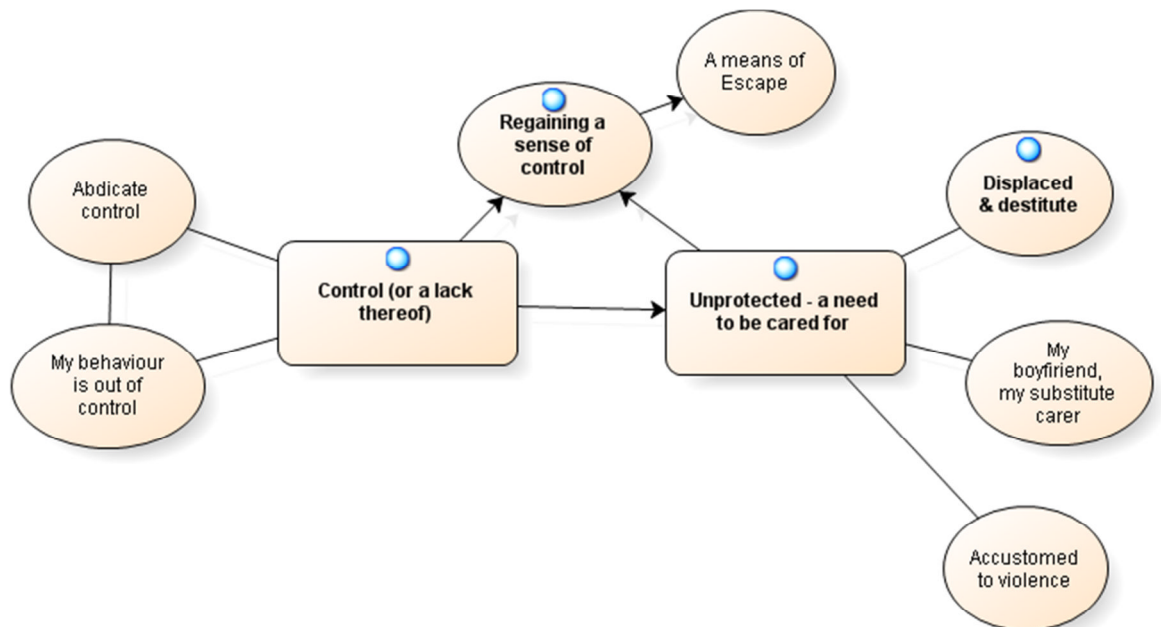
Secondly, writing a description of the content of each theme in a couple of sentences as recommended by Braun and Clarke (2006) was attempted, this prompted further thought about the content and the title of the themes and whether they needed



rewording. Supervision was used both to discuss the emergent analysis and as a check on the validity of the developing themes.

At the end of this stage an interpretive account of the themes within each participant's narrative were offered. Examples of data extracts and images were used to provide validity and occurrence of themes, and to demonstrate particular points of interest within and across themes. The data was also visually represented using a final thematic map (see Figure 10) and any final contradictions or reflections were noted. It was very useful at this final stage to revisit the audio recording once more, in view of the final themes, to ensure a complete and accurate representation of the participants' account of their experience of self-harm had been captured.

**Figure 10 Final map of themes**



### **Step 6 - Analysis of Themes across the whole data set corpus**

The next phase of analysis closely followed the recommendations of Smith, Flowers and Larkin (2009) who very usefully marked out the steps for those who need to write up the results of a larger sample. Thus, having conducted an idiographic analysis and 'located the particularities' (Smith et al., 2009) of each participants experience of self-harm using the method of analysis described above, the aim was then to seek out generalisations of the experience of self-harm, whilst also noting nuances and complexities within the broader narrative.

To do this a frame work of tentative 'master themes' was generated from the themes listed in the tabular summaries of themes for each participant (see p.94 for an example). Using the framework to initially identify convergent and divergent themes across all of the participants experiences, stages four and five were then revisited.

### **Reviewing tentative themes**

The framework of tentative master themes was assessed. In turn, each master theme with its associated themes (numerous extracts of analysed data and images from each participant) was assessed for fittingness. For example, does the way in which participants described control share the same meaning? The representativeness of each master theme title was also assessed to ensure it captured what was being said (extracted text) and shown (images).

For example, the theme of 'control' was identified as a common theme across the whole data set. The data which formed this theme was revisited to look at the convergent or divergent ways in which each participant captured the theme of control within their account of their experience of self-harm.

The detailed narrative of each theme then began to develop; the re-examination of the analytic content of each tentative master theme highlighted what was generic about the theme and enabled the development of a narrative which was representative of the experience of self-harm as a whole.

The next step was then to give substance to the theme by introducing the different 'parts' that made up the whole i.e. the analytic content of individual experiences. Extracts and images were selected to represent a range of ways in which the participant referred to the particular theme, biographical information was also introduced to facilitate understanding and add a further layer of richness and context to the theme. Atypical extracts were also selected to demonstrate some of the complexities in what people described and the way they described their experience of a particular theme.

As with the analysis of individual experiences, it was important to ensure each master theme was not too diverse or complex; if so the theme was broken down into coherent blocks and subthemes (themes within a theme) were developed.

At the end of this stage a detailed analytic narrative of the experience of self-harm across all of the participants was offered. Examples of data extracts and images were used to provide validity and occurrence of themes, and to demonstrate particular points of interest within and across themes.

The analysis was a particularly challenging aspect of this study and subsequently it was felt necessary to reflect on this process. In this next section I attempt to offer the reader some contextual insight into my past experiences with self-harm, and the particular standpoint I took at the outset of this project and how that altered throughout the research process in response to my experience of working with a 'different' type of data. I will begin with my motivation to embark on such a study, followed by my reflections of using visual methods to explore self-harm.

### **3.3.6 Reflexivity**

Reflexivity is said to be an important part of qualitative research "where researchers turn a critical gaze towards themselves" (Finlay, 2003 p.3). With the growing acceptance and appreciation of the outputs of research being a product of the participants, researcher and their relationship, to the point that if the same study were to be done by someone else, then the output would likely be different, Finlay (2003) states that we no longer need to question whether there is a need for reflexivity. Rather, "we need to take seriously our preconceptions and our past experience, because we inevitably bring these into all encounters" (Hunter, 2010 p.31).

I am a female, single parent in my thirties, I do not have personal experience of self-harm nor do I have any friends or family members who self-harm, though prior to starting the PhD I had worked within the subject area, both at an institutional level, for example within schools, and with individuals within community health settings and prisons. From these experiences, and more generally, it was very apparent how the topic area struck fear in many people, including those with 'front line' experience, and sadly I can add that I have witnessed many failed attempts to care for someone who self-harms.

Generally speaking fear and failed care practices seemed to be borne out of a lack of understanding as to why people would want to harm themselves. The fear surrounding self-harm became most apparent during my time employed at Samaritans where I was tasked with developing a suicide and self-harm response service for schools. During this time there was a media frenzy surrounding what was described as the "largest teen suicide cluster of modern times" (Cadwalladr, 2009) in Bridgend, Wales. The media printed many a detailed story of a young person who had a history of self-harm who had now taken their life by hanging. Naturally, this roused questions but most of all anxiety, which was particularly visible in the schools I was visiting. 'Contagion' seemed to be the buzz word and people feared the consequences of merely talking about the subject. As a result Samaritans as an organisation had to work harder to get into

schools and disseminate evidence based knowledge around self-harm and suicide to staff as well as young people. It was during this experience that I felt most spurred to explore this area in depth.

With this, I felt very driven at the outset of the research process to a) enable those with personal experience of self-harm to talk about their experience in an open and honest way, and b) take their personal accounts and disseminate it to others, in the hope of broadening our understanding as to why people self-harm. To do this using a visual method however was a novel experience for me.

In the very beginning I hadn't given much thought as to what it would be like to use visual methods or whether or not I was a 'visual' person, I was just encouraged by the evidence which suggested visual methods might be useful.

Using images in research to explore the experience of self-harm was not only a novel experience for me, it seemed to be a novel way of 'talking' about self-harm for all of the participants, and to my knowledge it had not been attempted by researchers before. Quite often self-harm is described as private and so to be asked to 'show' your experience of self-harm was both unique and challenging for some of the participants. Thus, throughout the data collection phase I was prompted to reflect on how I might have engaged with such a method. I wondered whether particular people might be more likely to engage in this sort of task than others - those people that consider themselves more visual or creative, or more open. None of which I would describe myself as. Moreover, I wondered whether there was something about me as a researcher that might have encouraged some people to describe their experience in this way? It was evident from many of the participants accounts that they had experienced negativity and difficulty in discussing their experience of self-harm with others – so what was different this time? After data collection with two participants, they both mentioned having never spoke about their experience in such an honest way before, and one other referred to her perception of me as someone 'who understood, had experience of self-harm and would not judge'.

After collecting the visual data and beginning to think about the analysis in practice (as opposed to theory) I soon realised visual data required its own (implicit) way of being 'read', and I was at a loss as to how. My initial attempts at analysing the visual data were superficial at best. Initially I was tempted to (and did) disregard the visual data and focus on the dialogue. At first it seemed as though the pictures were offering little more than what people were saying, but at the same time it became apparent that my preferred learning style was having an impact on the way I was approaching the data. I realised I had a preference to learn through text; I favoured text over pictures, lists over

diagrams etc. Moreover, I didn't particularly favour the visual in other non-learning contexts. For example, when questioned as to whether I enjoyed looking at images and visiting art galleries, without question my response was an unyielding 'no'.

One of the problems I faced with the analysis then was allowing myself to learn through the visual and openly explore all different possible interpretations of an image, and look at how different interpretations of images interacted with the interpretations of the participants' dialogue.

This led to thinking about my personal impact upon the project both in terms of the construction of the data and the interpretation. For example, how much attention had I paid to the images being presented during the interviews, was I focussed more on what people were saying? Might someone else's probes have been different? Probably, yes, to the extent that my own understanding of the different ways images might be used to represent experiences was limited and basic. For example, in one of the early interviews I reminded a participant to avoid taking pictures of others due to ethical concerns but mentioned they might want to take an image of something to represent them, for example an item that would remind them of that person during the interview. On reflection, and with supervision, I realised I hadn't fully grasped how literal my interpretation of the task was, and I had clearly underestimated the potential value of using images.

With supervision and reading around some of the literature, including Kate Gleeson's chapter on 'thematic polytextual analysis' (2011) I began to learn how to 'explore' and analyse the content of the images and their form. Unexpectedly, the images then seemed to say more than the dialogue; the pictures would enhance the communicative intention of the participant and in some instances replace it. For example, one of the participants took a lot of images and seemed reliant upon her images to tell her story, whilst another described her images as a form of translation.

It took a while for me to get into the stride of working with and analysing visual data and the complex analysis provoked me to bring order and organisation to the data and present it in a linear and structured way, though this did not necessarily mirror the way in which it was presented to me. Similarly, I had a tendency to translate or code pictures verbally and then look for themes in a traditional way. This might have led me to miss something of the power of using images, but I'm not confident of a way out of this. So, I would suggest it is not an approach that comes naturally to everybody, which may seem a little surprising given what a visual world we live in, and consequently, my analysis of the visual may be different to the next researcher who considers them self a 'visual' person.

### **3.4 Results**

The results will be presented in four different parts, firstly; a description of each of the participants included in the study will be presented – section 3.5, including the experience of the data collection process with each of them; secondly, the analysis of two participant's experience of self-harm will be presented in turn, each with a tabular summary of the themes drawn from their data, followed by a detailed analytic narrative of their experience using examples from the visual and textual data to provide validity and occurrence of each theme – section 3.6. The analysis from the first male and female participant were presented. Although an in-depth analysis of every participant was carried out and recorded, due to the volume of material that was generated through the analysis it was not considered feasible to present every case in-depth. Thus, the third section of this chapter will present themes drawn from the analysis of all the participants themes, beginning with a thematic map of the master themes, themes and subthemes, followed by a detailed analytic narrative – section 3.7. And finally, a discussion of the different ways in which participants approached the research activity and used photos and words to describe their experience of self-harm will be presented, including my reflections and experience of using this sort of approach in an attempt to understand self-harm further – section 3.7.3.

### 3.5 Part one: The participants

Consent to participate in the study was obtained from thirteen participants, however only eight went onto provide data; three of the participants withdrew consent, one was uncontactable and one failed to return the equipment and was also uncontactable. Eight adults, two males and six females, aged between 21 and 65 were included. A total of eleven interviews, lasting approximately 40 minutes to two hours were carried out, and 143 photographs were collected. The total number of images brought along by participants ranged from 0-66.

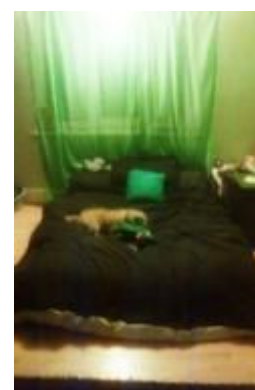
Five of the participants were introduced to the study immediately following an incident of self-harm; the remaining three were recruited through different community mental health organisations, and reportedly none of those had recently self-harmed.

The participants were a heterogeneous group of people and diversity amongst them was characterised in the following ways; though most of the participants reported a long history of self-harm their choice of methods varied, for example methods such as cutting, self-poisoning, burning and head banging were reported. Moreover, participants reported having suffered varied mental health problems, reported diagnoses included schizophrenia, drug induced psychosis, depression, alcoholism, bulimia, dissociative identity disorder and personality disorder. Several of the participants had undergone or were currently undergoing different forms of therapy and / or were attending different support services within the community.

Commonalities amongst the participants were limited to social factors such as unstable living arrangements, some reported living in hostels or moving between their own homes and that of their parents; most were unemployed or registered as students and of the three females who had children none of them had custody of their children at the time of consent. A vignette for each participant using pseudonyms and one of their images which captured their experience of self-harm will now be presented.

#### **Tori**

I met Tori in hospital after she was admitted following an overdose; this was her third overdose over a seven month period. At the time of consent she was age 23, she was quite distinctive in her appearance, her hair was brightly coloured and she had a number of piercings and tattoos. Throughout the research process she was living with her parents who she reported being very close to. She also reported having a twin brother though he suffered with a brain abnormality and died in



his sleep at the age of five. Tori reported having suffered with depression (on and off) since the age of 14 and had self-harmed since then. Cutting and self-poisoning were her reported methods of harm. She opened our meeting by describing the different triggers to her self-harm but due to having only captured one image to accompany her spoken account of triggers, she remarked how she would 'get into them next time' suggesting that perhaps this was an introductory / practice meeting and she would be better prepared for a further meeting. At the beginning of our meeting she appeared quite nervous and spoke quite quickly, and throughout she used humour to discuss some difficult and sensitive topics. This particular meeting lasted for approximately 35 minutes and she brought along six pictures and some written notes that she referred to throughout. At the end of the meeting she seemed much more relaxed and commented on having 'figured it out a bit more'. It is possible her anxiety was due to the uniqueness of the research procedure and perhaps feeling that her choice of pictures were incorrect. Having used her images successfully to discuss her experience of self-harm she seemed reassured and expressed a willingness to take more pictures and discuss her experience of self-harm further. However, in spite of her willingness to meet again, arranging a second meeting with Tori was very difficult. A number of meetings were cancelled by text message usually at the last minute. Six weeks later however we did meet again and she seemed more relaxed, she removed her jacket and sat throughout the interview in a vest top showing a number of fresh cuts to her wrists. Tori's experience of self-harm was captured from six images and two 35 minute discussions, both held at the University.

### **Nicola**

I met Nicola initially in hospital after she was admitted following an overdose. At the time of consent she was 39 years old and single. Nicola was a mother though she was not the main carer for her child. Nicola was usually very well presented when we met yet she would apologise for presumably what she perceived to be an unkempt



appearance. Nicola reported long term suffering of an eating disorder and alcoholism. She also reported suffering with anxiety and at our initial meeting in the hospital she requested our meetings be held at her elderly mother's home as opposed to the community due to her anxiety when out in public. So at her request most subsequent meetings were carried out at her mother's home. Although Nicola had her own flat she was staying with her elderly mother at the time of consent due to her recent admission to hospital and possibly her increased drinking. Perhaps as a result of her drinking Nicola's life seemed quite chaotic, she often used a whiteboard which she kept in her

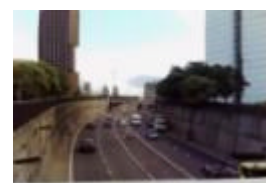


living room to write important things down that she needed to remember, such as our meeting dates. Throughout the research process Nicola's living arrangements were constantly changing. Due to what seemed to be a difficult relationship with her mother she often returned to her own flat. Reportedly her flat was somewhere she would go to drink. On a number of occasions when we met she was intoxicated, both at her flat and her mother's home and on one occasion she presented with a bruised eye (black eye). On such occasions no interviews were conducted and supervision was sought throughout this time. Given the nature of Nicola's addiction she did present ethical concerns; drinking alcohol was something she did all day, every day, she referred to being unable to apply her makeup in the morning unless she had a drink to relieve her 'tremors'. Nonetheless, as an ethical researcher it was important for me to gauge whether she was able to consent to the interview under the influence of alcohol. Throughout the research process it was soon realised that conducting an interview with her without having consumed any alcohol was unrealistic and having met her a number of times I felt confident to collect data on some occasions and not others and although no data was collected in several of our meetings the rapport between us was strengthened during this time.

Meetings to discuss her experience of self-harm eventually took place at her mother's home; she was very emotional and tearful throughout both meetings, and as a researcher both meetings were very challenging. Nicola had taken 66 photographs, though due to a number of duplicates and images of poor quality only 41 were used. She also produced a collage. Using her images to discuss her experience of self-harm however proved to be very difficult for her. Practically, it was difficult to spread the large number of images throughout the room and so she held them loosely in a pile and talked about each image individually in a seemingly random order. Consequently, constructing a narrative of her experience using her images proved difficult and as a result Nicola's images seemed more telling of her experience of self-harm than her spoken account. Nicola's experience of self-harm was captured in two one hour discussions, 41 images and a collage.

### **Richard**

I met Richard through a mental health community organisation, he was age 36 and at the time of consent he reported that he had not self-harmed for the last three to four years. Richard came across as a very intelligent and articulate man. He was very familiar with the mental health system and had experienced several admissions to



various psychiatric services, he also reported being in a relationship with someone who suffers with mental health problems. He has diagnoses of Asperger's syndrome and Dissociative Identity Disorder (DID), more commonly known as multiple personality disorder (self-reported). He described DID as a response to his childhood trauma. DID is still something that he reported suffering with and he described having three alters at present, compared to 13 when he was first diagnosed. Richard had undergone and seemingly benefited from several different types of therapy including Dialectical Behaviour Therapy, Integration therapy and Psychotherapy; he described being more able to manage certain flashbacks that in the past would have triggered his self-harm, and interestingly his flashbacks were the focus of our meeting. He seemed very comfortable throughout most of our meeting, it was only when we discussed the content of his flashbacks, in particular his experience of abuse, that he appeared to struggle to articulate. He often said 'I don't know' before trying to describe each experience and in one instance he actually stated not knowing how to refer to his abuse. Richards's experience of self-harm was captured from five images and a one hour discussion, held at the university.

### **Theresa**

Theresa was introduced to the study by another participant. She was a Muslim and had reportedly self-harmed since the age of ten. Theresa had experienced a number of admissions to psychiatric services over the last few years. There was a perceptible sadness in Theresa's persona; nonetheless she appeared confident and articulate, and very motivated to participate in the study. She expressed a wish to use her own camera and brought along 45 photographs to discuss. Theresa was quite tearful on a number of occasions throughout our meeting, particularly when discussing her history of sexual abuse, and on one occasion she referred to an incident as 'raw'. Following our meeting a debrief was carried out with Theresa as per procedure, however further permission was sought to contact Theresa the following morning to determine whether she felt she needed any further support. The following day she reported that she felt fine and expressed a willingness to be contacted in the future for any further discussions. Since our meeting I have been in contact with Theresa on several occasions to seek further consent to use some of her images in various presentations / publications. Theresa's experience of self-harm was captured from 45 images and a two hour discussion held at the University.



### **Emma**

I met Emma in the hospital, she was admitted following an overdose. At the time of consent she was 23 years old. She was also unemployed and living with her father and boyfriend of three years at the time of consent. Throughout the research process her living arrangements were unstable; she and her father were evicted from their home and consequently she spent a short period of time in a hostel. Emma was well known to the Psych-Liaison team due to repeat attendance at A & E following overdoses. She currently attends an outpatient service and is seemingly in contact with a number of other mental health professionals on a regular basis. Emma is also a mother though she has not had custody of her child for the last three years. Emma attended all of our meetings with her boyfriend, she expressed a willingness to have him present to comfort her if she became distressed and this was agreed. My experience of the research process with Emma was quite challenging. A number of our meetings were cancelled or postponed due to various difficulties she was having in her relationship with her boyfriend. Also, throughout the research process she had two further admissions to hospital following an overdose. Eventually a meeting with Emma was conducted with her boyfriend present and she attended the meeting without any photographs. They both appeared to be in good humour, though as the meeting progressed she became very tearful and at times quite agitated, particularly when she discussed her relationship difficulties with her partner and her parents. She also became distressed when describing the period of time she was bullied and called a freak due to 'part of her brain not working'. It is possible that Emma was subject to bullying in school due to a mild learning disability. During our meeting her boyfriend also became agitated and threatened to leave when particular topics were raised, namely their relationship. Although the meeting was very emotional Emma felt it went well and she left the meeting in good humour, and despite not having presented with any images she spoke in detail about an image she would like to have taken. Emma's experience of self-harm was captured from one discussion that lasted 1hr 13 minutes held at the University.

### **Annie**

I met Annie in hospital, she was admitted following a deep laceration to her forearm. At the time of consent Annie was in her thirties and single; she has three children who live with their father. She was also unemployed and living in temporary housing at the time of consent. Annie was fairly well known to the Psych-Liaison team due to repeat attendance at A & E following various self-harm injuries, including a suicide attempt following the breakdown of her relationship, for which she was sectioned under the Mental Health Act (1983). More



recently she had attended a chosen A & E department on a few occasions following repeat injuries to her forearm. Annie was very softly spoken and throughout our meeting she spoke with a flattened emotional expression. She seemed quite comfortable in talking about her experience of self-harm and she did in fact remark how she felt comfortable talking with me as she didn't feel she would be judged. She was notably less comfortable however when talking about significant others; though she briefly referred to a recent relationship breakdown she seemed resistant to discuss this issue in detail, and given her recent history it was felt inappropriate to probe this area further. Annie's experience of self-harm was captured from three images and a one hour discussion held at the University.

### **Sarah**

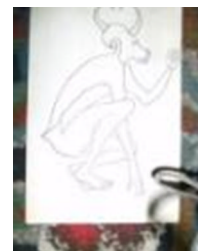
I met Sarah in hospital, at the time of consent she was in her twenties and single. Sarah seemed quite sociable and popular with others. At the time of consent she had moved back to her parent's home; she was in receipt of counselling and had suspended her studies due to her



emotional health problems surrounding a relationship breakdown. Reportedly, her first episode of self-harm (an overdose) was three months previous to our meeting, the same time her relationship ended. I met Sarah after she was admitted following her third overdose over this three month period. Sarah spoke quite candidly about the reasoning behind her overdoses and expressed how prior to our discussion she had never spoken to anyone so openly and honestly. Her experience of self-harm was captured from seven images which were centred on her relationship breakdown and a one hour discussion held at the University.

### **Oliver**

I met Oliver at a local exhibition run by a mental health charity. At the time of consent Oliver was age 64 and reportedly in a long term relationship with a female. He had recently retired and was an active volunteer for a community organisation. Oliver had extensive experience of the mental health system; he reported diagnoses of



LSD Psychosis and Paranoid Schizophrenia, for which he had received numerous admissions to psychiatric hospitals (both voluntary and involuntary) and various medication and therapy, including Electro Convulsive Therapy (ECT). He was currently in receipt of private psychotherapy. I met with Oliver on two occasions to discuss his experience of self-harm and on both occasions it was quite difficult to understand some of the discussion due to Oliver's rate and volume of speech. He spoke very quickly and

mumbled quietly, and some of the time it was generally quite difficult to follow the conversation as his thoughts seemed to be racing from one issue to another. Of the two meetings Oliver seemed most restless in our second meeting. It was at this meeting that we discussed his sexuality, this was something which seemingly he felt unable or found difficult to express with others, namely his family. Oliver's experience of self-harm was captured from 11 images, some of which were images he already had and found relevant though were not taken for the purpose of this study, and two forty minute discussions.

### **3.6 Part two: Individual analysis**

The analysis of two participant's experience of self-harm will now be presented in turn, each with a tabular summary of the themes drawn from their data, followed by a detailed analytic narrative of their experience using examples from the visual and textual data to provide validity and occurrence of each theme. Throughout the quotes 'I', refers to the interviewer and 'P' refers to the participant.

### 3.6.1 Tori

This section will concentrate on the themes derived from the meetings with Tori; each main theme will be defined and accompanied by a narrative. The narrative has been constructed from the images and text, examples of data extracts and images have been used to provide validity and occurrence of each theme. Each data extract has been catalogued with the page, line number and relevant interview transcript from which it was sourced. For example, p 1, line 15 interview 1. Each image has also been catalogued with the participants name and a numerical reference which refers to the number assigned to the image by the researcher. For example, Tori 1. Figure 11 presents a summary of the themes.

Figure 11: Tori's Themes

Themes			
Protecting the vulnerable self	Releasing the rage	Escaping feelings of loneliness	My sanctuary

### 3.6.1.1 Protecting the vulnerable self

The theme 'protecting the vulnerable self' captures how Tori felt a need to hide her real self and instead portray herself as someone quite different, both in her behaviour and her appearance. She described this as a 'front'.

In terms of her behaviour, her execution of the 'front' was most apparent when questioned by health professionals about her reasons for overdosing;

*"I'm not really a serious person so I don't, I wouldn't really it's like I don't know even like talking to like counsellors and stuff about it [self-harm] seriously like seriously, seriously about it so and like after it happens [overdose] and stuff when they come in [psych assessment team] and it's like I always like put like a front on like" p.14, line 598 interview 2*

It seemed the 'front' largely consisted of humour. She reported using humour as a strategy to avoid crying when pushed to talk about distressing events. For example, she felt the image of her bedroom was the most significant of all her images because it is the room in which her twin brother aged five died in his sleep, yet with humour, she referred to her brother as a 'little bastard' because he was skinny and blonde. Similarly, she referred to herself and her close friend, when discussing her recent overdoses, as 'fuckin mental bitches,' and when describing how self-harm aided her sleep she chose to use the image above (Tori 1), she humorously referred to this image as depicting her at rest.



Tori 1

*"if it's bad I'll joke about it cos my brother dying I joke about that cos he was skinny and blonde (P laughs) little bastard and like I'll joke about things and like I'll just say things like that and it's like it's not that I don't care ...I just think if, if I wasn't going to laugh about I'll probably be crying about it so I just, I, and like my friend she's like the same we'll just, we'll be like ah fucking mental bitches I don't know and like you*



*know what I mean like it's just its like, it's obviously like a serious issue but you've got to make light of it really" p.14 line 588 interview 2*

Tori reported feeling reluctant to be perceived as someone who self-harms or in need of help. Instead she preferred to be perceived as someone who is without suffering.

*"if any of my friends are like ah what happened bla bla I'm not going be like oh well yeah I were feeling right down so I did this I'm just going be like oh you know I don't know it's like I wouldn't...I just rather like just rather, like the friends I've got left think that I'm fine if you know what I mean than because I'm just kind of sick of everyone thinking I'm mental".p.14 line 16 interview 2*

Tori seemed to experience some sort of conflict between knowing and feeling that she needed help, and seeking and accepting help. With the latter being perceived as potentially more costly.

In terms of her appearance, Tori also had a very distinctive image which she may also use as a form of self-protection. She wore Dr Martin boots, studded belts, torn tights, she had a number of piercings and tattoo's and dyed her hair a number of bright colours. Her distinctive 'style' could have been a facilitator to her 'front'.

Interestingly, she commented on how she would change her hair colour following an overdose suggesting that her appearance is somehow symbolic of, or attuned to, her emotional health status.

*"every time I've done it [overdosed], I've dyed my hair...it's a bit weird that like every time I've done it I've kind of tried to change my appearance as well"p.12 line 483 interview 1*



Tori 2



Tori 5



Tori 1

Three out of the five images she brought along seemed to be in keeping with this physical ‘front’. For example, her images represented a sense of rebellion, noise / brashness and non-conformity, i.e. the punk appearance, sleeping outdoors, and her love of the colour black and neon green, colours she chose to decorate her bedroom.

Throughout Tori’s account there was a strong sense of incongruence between her internal sense of self and the ‘self’ she portrayed. Through her spoken account she presented herself as someone who is lonely, without friends, helpless and depressed. Yet her external self portrait depicted someone who was loud, colourful and tough. It is as though Tori’s more vulnerable self was being hidden behind a tough exterior as a way of protection.

### 3.6.1.2 Releasing the rage

*“It’s just literally like when I’m angry, like really, really angry it’s pretty much the only thing that’ll calm me down” p.3 line 115 interview 1*

This theme describes how cutting, in private, served to release Tori’s pent up anger and frustration, which was typically brought about through family conflict.

Most of the family conflict was ignited through discussions about ‘Sally’ – see Tori 3. Sally is a dog that she rescued; she now lives in her bedroom, much to the annoyance of her parents. She reported how her father in particular hates her dog and this



Tori 3

causes significant problems between them, to the point of her reportedly being kicked out of the family home. Arguing with family is most upsetting for her, particularly arguments with her dad. Such arguments have induced intense feelings of anger and rage which she has managed through self-harm, namely cutting.

*“yeah my dad will just pick up on stuff like erm how I act so- and like what I do and like how you’re always out anyway you’re always going away and leaving us to look after your bloody dog and then it’ll get into a row about how I’m always out and I’m like you know like arguments you have when you are like 15, 16, I’m 23 but in, because I’m still living with them they still kind of act like I’m 15 16 so it just all spirals out and just be like your spending all your money on going out and you never do anything in the house, well I do, like I do help but obviously it’s just like turns into a major argument and a lot of the time, right they it just gets me like really angry and [I - then what] which leads to either well either just leaving the house or just like really late night or something I’ll like I haven’t done for a while actually to be honest but sometimes I’ll just end up self-harming because it like its gets me does the anger” p.2 line 46 interview 1*

Tori described her self-harm as having common features. For example, her bedroom (Tori 2) was the only place she self-harmed; she used the same knife which she kept hidden under her wardrobe (which she described as clean though the image – Tori 4 depicts something old and rusty). Typically, she would get into bed, hide under the covers and cut her arms. She would usually fall asleep immediately after cutting without tending to her wounds, which would stain her bed sheets. This neither concerned or satisfied her.



Tori 2



Tori 4

Throughout both meetings though Tori was very able to describe the features of her self-harm and events that usually acted as triggers she found it more difficult to verbally describe what purpose it actually served for her. She seemed to prefer using a visual representation to communicate her meaning. For example, she used two of her images along with figurative and comparative speech to help her describe what purpose her self-harm served;

*“when I’m angry it’s like I can’t even think you know what I mean it’s like, it’s just not like blackout but its, it’s like you just you just I don’t know it’s really hard to explain because like, like if I could, if I could draw it, it would be smoke coming out of my ears you know what I mean that’s what it’s like it’s just reached a limit and it’s just” p.8 line 335 interview 2*

*“I’ve taken a photo off er like cigarettes cos it kinda has the same effect as like if you have just like a cigarette when you’re really angry it instantly calms you down it’s like exactly the same effect as that [cutting] it just instantly calms you down” p. 2 line 57 interview 1*



Tori 5

*“It’s like valium. [Cutting] Instantly calms me down and makes me go to sleep like every time” p.3 line 129 interview 1*

*“It’s like a stress ball or something but using myself as one I guess – it’s the only way I can describe it” p.3 line 111 interview 1*

She referred to cutting as the only strategy that helped her release her rage. Cutting induced feelings of calm (it’s like ah...) and released stress, which then enabled her to find solutions to her problems and helped her feel better. She referred to it as her ‘last chance’, suggesting perhaps that she does employ other strategies to cope with her anger prior to cutting but they have proven to be futile and self-harm is the only thing left that will help. It is possible that she perceives self-harm as protective in that it prevents her from doing something more severe.

### 3.6.1.3 Escaping feelings of loneliness

This theme captures one of the fundamental purposes of Tori's self-poisoning and demonstrates why her self-harm behaviour, which was usually in the form of cutting and carried out in the privacy of her bedroom, as discussed in the previous theme, sometimes needed to change in method and become public.

Throughout her account there was a sense that she didn't have many offline friends and for some reason she had lost friends. When she discussed her reluctance to talk to her friends about her self-harm behaviour she stated how she would rather '*the friends she has left think of her as fine*'.

Throughout our meetings Tori reported a number of different conflicts with friends and her ex-boyfriend that have resulted in her overdosing and requiring hospital attention. The common thread running through all of these episodes was a feeling of being alone. Taking an overdose and going to hospital specifically served to end the feeling of being alone because it brought action, it brought people in to listen to her and offer help. The outcome of an overdose for Tori was very different to that of cutting. Taking an overdose was seemingly her 'by-proxy' way of taking action to 'get things sorted out' when friendships had gone wrong. When explaining how she felt each time she overdosed, she stated;

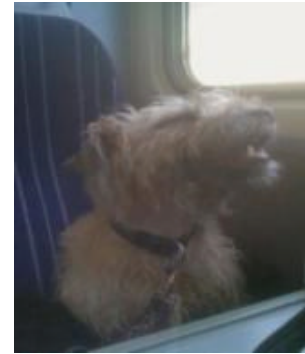
*"I was just like I say it was all cos I was on my own and stuff" p.6 line 235 interview 1*

*"Which is why I took the overdose because I just felt like totally on my own" p.3 line 93 interview 1*

*"I just want someone, because like I've been on a waiting list for like counsellors and shrinks and whatever for like years and no one, no one ever does anything and like in a way like I kinda of don't regret what I did, but I do if you know what I mean because it got, it got like the doctor to listen, it got me to see someone you know what I mean like it got things to actually move forward rather than like I was just like on my own like" p.7 line 265 interview 1*

Interestingly, Tori stated how following her time in hospital she now realised she has some good friends, as though this was something she was unsure of prior to her overdose(s). It is possible that Tori had used the act of overdosing to secure relationships with friends, though this would conflict with her reluctance to be perceived as someone who self-harms.

Finally, the first image Tori used to represent her experience of self-harm was the image of her dog Sally – Tori 3; she reported how Sally was abandoned as a puppy and she rescued her. Sally now lives in her room, her sanctuary. The image she chose to describe Sally captured their relationship somewhat. From the image you can see that she takes her dog out and about with her on public transport, like a companion. Perhaps due to her feelings of loneliness and apparent lack of friends, Sally is a form of company for her, hence her strong will to keep her despite the conflict it causes with her family.



Tori 3

#### **3.6.1.4 My bedroom, my sanctuary**

Her sanctuary is her bedroom; her bedroom holds a lot of value in terms of distal and proximal features, in other words she referred to significant childhood experiences as well as those more recent in relation to her bedroom. It is a place of both loss and gain and this theme attempts to capture both its utility and its significance.

Tori described being very attached to and proud of her room and spoke of having decorated it and chosen all of the furnishings herself.

The room could be described as a typical young person's room - just a mattress on the floor with cuddly toys scattered over the bed. The colours in the room seem quite bold and brash (neon green walls and curtains, and black bedding) yet she described the colours as bright and happy, relaxing and calming.

She shared this room (Tori 2) with her twin brother and this is where, aged five, she found him dead in his sleep. Using the image she recalled the particular moment he died and described where his bed used to be in the room. She described a great sense of attachment to the room, as opposed to sadness.



Tori 2

*"like my mum and dad were talking about moving and I'll never let them move because that bed, that, that's like the room my brother died in, it's the room me and my brother shared like until we were five and like it's like it's that room like, I don't know, I know a lot of people who are attached to their bedrooms but that's like, that rooms just got so much like" p.11 line 439 interview 1*

Moreover, it seemed as though with the choice of décor she had also affixed emotional restrictions of some sort to her room. For example, Tori described a reluctance to be in her room when she felt sad;

*"if I'm really bad like, like if, if I'm going through like a bit of a bad stage I can't sleep in that room right I just sleep in the spare room cos there's like the spare rooms like literally just all white walls, white bed, white bedding and just like laying there erm, but usually like my room's fine but it's like, it's like when me and my ex split up like the first time, at the worst time I just like, I stayed in the little bedroom for like 3 days and just didn't come out" p.5 line 202 interview 2*

Despite her memories, which might be regarded as traumatic, Tori described her room as a positive, protective space and interestingly the image of her room was most significant for her in describing her experience of self-harm in that it is the only space she goes to self-harm. Interestingly this image, compared with her other images, captures different dimensions of her experience. For example, the image served to trigger feelings, it probed memories of events and introduced a physical space which

assisted /accompanied her detailed descriptions of that space and it is relation to past and present experiences.

### **Summary**

Tori's experience of self-harm is woven into the fundamental parts of her life, in particular her management of close relationships. For example, her difficult relationship with her parents induced feelings of anger and she chose to deal with that anger internally and privately through cutting, whereas difficult relationships with friends were managed externally and publically. Tori seemed less able to cope with and manage her relationships with friends and overdosing served to bring about action and help of others, it seemed that perhaps she did not feel in control of these relationships and her self harm was a way to manage this. However, bringing her suffering out of the privacy of her room, her sanctuary, into the public domain had the potential to expose her vulnerable self, which might explain some of the conflict she experiences between needing help and accepting help. Such difficulties might also go some way to explaining the number of overdoses she experienced in such a small time frame.



### 3.6.2 Richard

This section will concentrate on the themes and subthemes derived from the meeting with Richard; each main theme will be defined and accompanied by a narrative. The narrative has been constructed from the images and text, examples of data extracts and images have been used to provide validity and occurrence of each (sub) theme.

Figure 12 presents a summary of the themes and subthemes.

Figure 12: Richard's Themes

Themes			
I'm different to other people	Control	Physical reminders of traumatic experiences	Self-harm as a form of pain relief
Subtheme(s)			
I'm not human	Entrapment		Dampening the desire to die
Death & darkness			Punishment - for failing to protect

### 3.6.2.1 I'm different to other people

The main theme 'I'm different to other people' with subthemes, I'm not human and death and darkness captured the way Richard described himself, his life, and his general milieu.

Richard reported having diagnoses of Asperger's syndrome and Dissociative Identity Disorder (DID); he described DID as something rarely found in men which made him unusual. He reported being interested in lighthouses and referred to himself as a 'lighthouse buff'. He also described himself as being obsessed with the fluidity of traffic. He described his interests as weird and perhaps attributable to Asperger's syndrome. Essentially, he seemed to describe himself through his diagnoses.

*"I got diagnosed with Asperger's Syndrome as well so like you know it's like so my emotions are quite different from other peoples so you know I became aware that I had quite difficult, quite controlled, quite like, like my emotions were quite you know, my emotional response is quite different from other peoples" p. 11 line 534 interview 1*

*"one of my, one of my, you know one of my slightly well Asperger's syndrome and one of my obsessions is the fluidity of traffic I love the, like you know I really like, like fluid motions, like I don't see traffic like the way that everyone else sees it just sort of like a collection of cars I see it was a flowing sort of river you know like people are moving and stuff like that its very odd but I see it as sort of a positive way as well as a negative I don't know, I always kind of found it, I don't know, kind of a beautiful thing in a weird way" p. 13 line 625 interview 1*

*"I used to have some very odd hallucinations and stuff like that you know so that's quite par of the course for myself" p.11 line 558 interview 1*

He used the words odd, weird and different when he discussed issues closely related to himself and though he described having insight to the fact that he was different to other people this didn't seem to be negative.

### 3.6.2.2 Subthemes

#### I'm not human

Following the main theme of being different to other people, Richard discussed different events in his life which might go some way to understanding why he perceived himself as different to other people.

On a number of occasions he used language to refer to himself as something other than a human being. He described periods of time when he was psychotic and had delusional beliefs of being a robot, this was borne out of his insight into being unable to feel emotion in the way other people do. His logical response was that he was not human and so must be a robot, this belief led to him opening his skin to root around for evidence of wires.

*“my emotional response is quite different from other peoples and my way of rationalising was that I'm a robot so I used to cut myself to find the wires when I was like that you know sometimes cos oh they must be in there, you know what I mean” p.11 line 537 interview 1*

Similarly, he used the term ‘farmed out’ to describe how his mother offered him to abusers, which suggests perhaps that he perceived himself as non-human and as some sort of commodity or item for trade, and / or he felt his mother and the abusers perceived him in this way. This image (Richard 5) though used to discuss his mother, might also be a representation of him and his mother, as non-humans. A further discussion of this image can be found on page 111.

*“I've always a pretty difficult relationship with women that are mothers you know what I mean er, you know my own was particularly I don't know, agr- well violent, abusive you know erm and I, although not really physically themselves but like would allow me to be farmed out to other people to abuse, to be abused by them” p.3 line 155 interview 1*



Richard 5

## Death & Darkness

Finally, to complete the theme of being different to others, there was a sense of death and darkness throughout Richard's narrative, both in his use of language and all of his images, particularly so in this image (Richard 1) and the way Richard used this image to describe his social world. For example, he knows several people who have taken (or attempted to take) their life, including best friends and his current partner, by jumping off the bridge shown at the forefront of this image. He described having some sort of an alliance with those people.

He acknowledged how he refers to his life as sounding "like it's full of death" p.12, and he described where he lived as 'a city of ghosts' p. 12. This particular image (Richard 1) served a big place in his life.

*"I've been doing something and the traffic suddenly got really bad and I've joked to myself oh I bet someone has jumped off the inner ring road and they have and you know what I mean like you know I, I did know the person that had done it you know what I mean only last year I'd, my girlfriend and I were trying to drive back to our house to erm go to, to get train to go to the theatre and we were stuck in traffic going up this hill and I just I said to her I bet we know the person that's caused this and I did you know luckily they didn't die they just sat in the middle of the road but you know what I mean but like I did know that so it's quite weird in the sense that it's just juxtaposed the images I you know, I juxtaposed myself to the people who have utilised those bridges in that way and also I had to get my own partner sectioned once for trying to jump off this bridge you know which is quite bizarre you know what I mean" p.12 line 588 interview 1*



Richard 1

*"I had a lot of friends that died off these bridges you know these bridges are quite sort of famous almost" p.12 line 586 interview 1*

All of the images evoked a sense of darkness both in the colours that dominated the image, usually black or brown and the locations; there was a sense of gloom associated with all of these images when viewing them alone and alongside the text.



Richard 4



Richard 3



Richard 2



Richard 1



Richard 5

### 3.6.2.3 Control – (a lack thereof)

Closely related to describing himself as different to others and non human, he also described having no control over his life. This main theme captured his sense of powerlessness in terms of how his life was, and still is to an extent, controlled by (an) other. Richard discussed different forms of control. Firstly, being controlled / his lack of self control seemed to be predominantly attributable to his experience of DID. A lot of his experiences were divided into his own or those of his alter(s). He described both day to day events of having his life led by his alter(s) and his experiences of self-harm. He went into great detail about the different ways in which his alter would harm him and the different reasons, compared to his own, see p.115.

Secondly, he referred to current fears of being implanted with a device that would make him abuse others; this again resonates with his perception of being non human and more like a robot which can be programmed by others to act in a certain way.

And finally, he described a more physical sense of control (though undoubtedly psychological as well) which related to him (and presumably his alters) as he used the term 'we'; he remarked on being forced to assumedly carry out sexual acts on / with his abusers.

*“I would erm slip in between different alter states all the time and I would disappear to myself and reappear to myself and it was so haphazard there was, there was no way of really controlling anything or no way of determining anything there was no fixed anything you know what I mean it was very disrupting” p.9 line 428 interview 1*

*“Maybe it sounds irrational but I’m always afraid that they will have implanted some sort of thing some sort of response mechanism in, psychologically in me that will make me do something” p.10 line 499 interview 1*

*“Quite a lot of, quite a lot of things that happened to us were, well we were forced to do were quite yeah like” p.10 line 487 interview 1*

Richard essentially described being a powerless person, his childhood and adult experiences were mostly out of his control, but in different ways. Coupled with this overall perception, and perhaps resulting from this perception, he remarked how as a child no matter where he went [in the world] things always caught up with him. He alluded to some sort of fatalistic view of the world. More specifically, no matter what he does or where he goes he will be abused. Perhaps in view of this, his current fears of becoming an abuser started to seem logical.

*“the thing about my childhood wherever, wherever I lived like you know in sort of like things always caught up with me basically you know what I mean” p.5 line 219 interview 1*

## **Subtheme**

### **Entrapment**

Coupled with his fatalistic view of the world and his sense of existing in a world which he had little or no control over, there was a sense of movement throughout Richard’s account, both in the text and his chosen images, which perhaps had associations with fear and negativity. The subtheme ‘entrapment’, related to lack of control, attempts to

capture how Richard was perhaps drawn to or is 'obsessed by' movement, as depicted in most of his images, yet in contrast he felt trapped in his life.

All of his images arguably depicted movement of a different form. For example, riding, walking, driving, and flying, and notably the third image is Richard's most favoured image, as discussed previously.



Richard 2



Richard 3



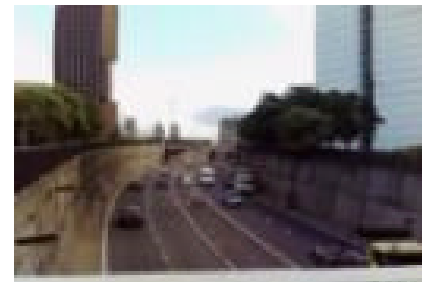
Richard 1



Richard 5

*P [this image] serves a quite big place in my life do you know what I mean.*

*I Lots of kind of significant events took place?*



*P But also I think it's kind of beautiful you know one of my, one of my th-, one of my, one of my, you know one of my slightly well Asperger's syndrome and one of my obsessions is the fluidity of traffic I love the, like you know I really like, like fluid motions , like I don't see traffic like the way that everyone else sees it just sort of like a collection of cars I see it was a flowing sort of river you know like people are moving and stuff like that"*  
*p.13 line 620 interview 1*

*Richard 1*

In addition to his images, through his spoken account he gave the impression of someone who moved around, both in his childhood and as an adult. Though despite his constant movement he described a sense of entrapment, namely by his abusers. When describing an incident of abuse, he began by saying;

*“the thing about my childhood wherever, wherever I lived like you know in sort of like things always caught up with me basically you know what I mean” p.5 line 219 interview 1*

Similarly, when describing his fear of becoming an abuser, he described his attempts to avoid those who abused him;

*“I don’t have any contact with my family or anyone involved in this and haven’t for 12 years erm but they have the alarming ability to find out where I live and no matter how hard or I, I they track me down every three or four years and start writing letters to me and stuff like that and to this day I never, ever, ever, ever look at any of their letters” p.10 line 493 interview 1*

It is possible that as a consequence of feeling trapped by his abusers, Richard felt as though he needed to be constantly moving or ‘on the run’ from his abusers and perhaps he managed the associated fear and turmoil through self-harm. Notably, he used the term ‘full stop’ to describe how he puts an end to the thoughts and feelings associated with his traumatic experiences of the past, it is possible that his need for a full stop may also relate to a physical sense of stopping i.e. a need to physically stop running from his abusers.

#### **3.6.2.4 Physical reminders of traumatic experiences**

Richard reported experiencing a number of different traumatic events involving his mother and a number of others from the age of two. This main theme illustrates the physical reminders he had of those different traumatic experiences. Interestingly, four out of the five images he brought along represented these experiences, and he found all of them difficult to verbalise.

To begin he discussed his mother and their abusive relationship; he represented this through the image of two black birds. The image was supposed to include a Heron however he was unable to capture a picture of a Heron despite his efforts (he went into detail about the specific places he had visited in the early hours in an attempt to capture an image of a Heron). As the conversation developed it became very apparent why this image was so important to him. He discussed in detail how he had a fear of



Heron and still does to this day but to a lesser extent. Through therapy he realised his fear of Herons and his desire to self-harm at the sight of one was borne out of a traumatic incident with his mother when he was aged two. He described the incident briefly and referred to it as 'nasty'.

*"it wasn't really a heron it was my way of replacing the figure of my mother with something else and it was a particularly nasty sort of moment between me and my sort of infant self and my mother and so yeah, so I mean as things start I've been I'd felt the urge to self-harm or been self-harmed on by myself erm for, for someone that done me harm basically for an incident that was harmful, painful and I'd used, I'd used an image of a bird to er you know" p.1 line 50 interview*

1



Richard 5

Interestingly, although he described the efforts he went to capture an image of a Heron he did disclose that despite his feelings of unease toward them he does in fact think they are beautiful creatures, which presumably would not fit with his view of his mother and perhaps this may have impacted on his subsequent choice of image to represent his mother and this particular experience. The image he chose was of two black birds together, yet apart. One of the birds seems larger due to the focus of the shot and the other seems smaller and on the periphery. It is possible that the image symbolises the mother and child relationship he experienced.

His experience of fear and a compulsion to self-harm at the presence of a Heron also occurred, and still occurs but to a lesser extent, with the sight of mothers. He described finding it difficult to form relationships with mothers or women who were overtly maternal. For example, women pushing prams or those who are pregnant. The very sight of maternal women would make him feel physically sick. In relation to his difficulties with mothers, he talks about his own mother and attempted to describe her as aggressive and violent but then he retracted this description and described her as someone who failed to protect him in that she allowed him to be abused by others. Unsurprisingly perhaps, the picture he took to represent his relationship with women also depicted women in a negative way. For example, two of the three women are overweight and not particularly feminine in their appearance (Richard 3).

*"I've always had a pretty difficult relationship with women that are mothers, you know what I mean er, you know my own was particularly I don't know, agr- well violent, abusive and I, although not really physically themselves but like would allow me to be farmed out to other people to abuse, to be abused by them you know what I mean erm so I have a very negative relationship with mothers and I used to you know there's another one of these pictures was that I used to, very difficult er, trying to take a photograph of a mother, you know what I mean" p.3 line 155 interview 1*



Richard 3

*"Pregnant women yeah absolutely I just, I couldn't, I couldn't, I couldn't look at pregnant women for a very long time and I, you know my friends would occasionally get pregnant at which point I just couldn't be friends with them anymore, its er, it's awful sort of not, I'm quite like that myself now but erm you know I'm not as bad as that but yeah I used to, yeah I used to, er cut myself, burn myself erm when I saw mothers you know what I mean" p. 4 line 167 interview 1*

There seemed a definite sense of dislike of females; this grouping of 'birds', women, his own mother and mothers generally, to describe feelings of physical revulsion and an urgency to self-harm seemed notable and likely to be associated with his relationship with his mother as a child and the associated trauma.

He then went onto represent one other physical reminder of his experiences of trauma that triggered his self-harm; although his image (Richard 4) solely focussed on a particularly difficult experience he only briefly described it verbally. Again his choice of image to represent this experience was fitting with the type of experience he described. The motorbike is dark, it appears to be a powerful bike and it is situated in a secluded area, all aspects of which perhaps closely related to his experience of abuse.

*"I mean and these was a particular character that used to like, like be I don't know abusive towards me who always arrived on a motorbike" p.5 line 221 interview 1*



Richard  
4

*"I felt the urge to hang myself at like the, the sound of motorbikes for a very long time it was quite difficult my, my, my partner has a cousin who has a fascination with motorbikes and has amazingly expensive looking motorbike and I, I still to this day can't face my, I can't face myself to look at it you know erm whenever we go to their house er their motorbike is always exposed like they have the garage door up motorbike inside and I always have to just turn left and don't look at it"p.5 line 208 interview 1*

Finally, in keeping with physical reminders of trauma, but without the capacity necessarily to trigger his self-harm, Richard showed an image of a bush (Richard 2), which again you might say he depicted in a negative way. His image captured the most unkempt part of the bush, the parts which were dying off. He used the image of a bush to describe the physical locations where his abuse often took place.



Richard 2

Unsurprisingly, he described the bush in the same way you might describe an experience of abuse i.e. using the terms dirty and dishevelled;

*"this rather sort of dishevelled dirty looking bush er refers to a particular instance of erm I don't know, I don't know torture I guess I don't know what you would call it erm by someone, by a group of people I was exposed who you know er, like would do things to me like in, sort of undergrowth you know what I mean in a sort of ritualistic sort of like I don't know like a game almost "p.4 line 192 interview 1*

Each of the images in this theme refer to traumatic events in Richards's life that he still relives to a certain, though lesser, extent. His entire experience of self-harm and associated mental health issues appear to be centred on his traumatic experiences.

### **3.6.2.5 Self-harm as a form of pain relief**

*"it's weird in the sense that quite a violent action on yourself can sort of bring the notch, bring your emotional notch down one level from something even more violent you know what I mean erm, which is quite odd" p.6 line 291 interview 1*

Richard had a repertoire of self-harm action including stabbing, head banging, burning his fingertips, putting cigarettes out on himself and asphyxiation. He divided the methods of harm into those he did to himself and those which were done to him (by himself) but were seemingly under the control of another.

*"I used to puncture myself with something erm, like a breadknife or you know something long and hot you know or yeah sorry its awful to talk about you know what I mean you know erm, yeah I used to yeah burning myself as well I used to burn the ends of my fingers and you know and sometimes put like cigarettes out myself and things like that you know" p.6 line 323 interview 1*

*"My alter used to primarily cut or like shave, like you know like peel skin" p.7 line 317 interview 1*

The visual and auditory presence of the reminders of his traumatic experiences depicted induced a desire in Richard to self-harm. For example, the sight of mothers induced an urge to cut or burn himself, the sound of a motorbike made him want to asphyxiate (suffocate) himself. This theme attempts to capture the ways in which Richard used self-harm to stop the pain associated with the reliving of the trauma he experienced at the hands of others.

Throughout Richard's account of his experience of self-harm he frequently referred to intrusive thoughts and feelings which made him feel as though he was reliving some of his traumatic childhood experiences. He used acts of violence on himself as a way of stopping those unwanted thoughts and feelings. Interestingly, to seemingly aid him in his description of these experiences he used a number of different metaphors such as 'punctuation', 'full stop', 'pressing a button', 'on/off'.

He used the method of stabbing mostly to block these thoughts and feelings and described the stabbing motion as 'quick' and 'forceful'.

*"like a full stop, like a punctuation, its punctuation, it's a sort of punctuation to moods or emotions or to series of memories cos you can't think about a great deal else afterwards you know what I mean erm yeah to me it's not about punishment no, no that wasn't, that isn't about punishment that's erm, although that sounds very strange to say that but it's not about punishment it's about erm, it's about ending a, it's about a very forceful way of ending a particular thread of thought or something like that you know" p. 8 line 359 interview 1*

*"Yeah as a sort of like, will you stop it you know what I mean like as like literally like erm or I'll you know yeah I'll hit myself on the head or something like that as a sort of punctuation and it's like you know you've been thinking about this you've had this process of thought, you've had this train of thought you've had this period of remembrance and you need to stop it, you need to end it now, do you know what I mean and er, you're not going any further with this, it's you know" p.8 line 371 interview 1*

*"like I'm quite literal with things and I think like stabbing myself is like, I'm in a situation, I'm in this feeling of like that I need to die and stabbing myself is a very quick sort of motion of you know it's in and its out ,you're in the feeling, you're out of the feeling do you know what I mean it's like pressing a button almost and that's what it was like for me it was like a way of it wasn't to do with punishment it was, it was ending it was like, it was like trying to end a particular set of feelings*

*you know it was like an off button you know what I mean” p.7 line 349  
interview 1.*

Seemingly, the act of self-harm served to define for Richard what was in the past and what was present. He described stabbing as having the ability to ‘get him back’ to rationality, which possibly meant that it enabled him to see which events were fragments of the past and no longer events that he was living.

*“like I think maybe like self-harming like for me sometimes is a sort of way of rationalising or engaging like taking myself out of a particularly emotional pain, place you know like stabbing I mean I don’t do it anymore but in the past of course you know it was like, a full stop on like a particularly irrational thing so it was kind of rationalisation it was an approach to get back to rationality” p.12 line 610 interview 1*

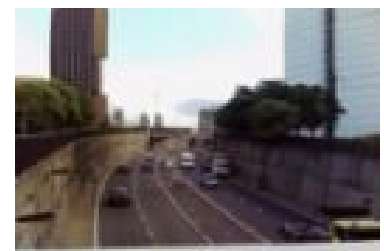
Coupled with those flashbacks, and possibly as a result of them, he also described an urgency to be dead and self-harm served to alleviate this urgency.

Sub themes of, ‘dampening the desire to die’ and ‘punishment for failing to protect’, will be discussed in turn to demonstrate how self-harm served to relieve his emotional pain and anguish.

### **3.6.2.6 Subthemes -**

#### **Dampening the desire to die**

Richard used the violent act of stabbing to dampen his desire to die by suicide. He spoke exclusively about jumping off a particular bridge (see Richard 1) when discussing his urge to die. As discussed previously, Richard felt this particular place played an important role in his life and he went onto describe some sort of alliance with people who had attempted to take their life by jumping off this bridge. He did in fact know a number of people, some of whom were close to him, that had attempted to or had successfully taken their life by jumping off this particular bridge.



The image in some ways depicted lots of different things,

*Richard 1*

most of which were contrasting in nature. Firstly it depicted both life and death. Although Richard used it to exemplify death by suicide and finality, he also used the image to discuss living and survival as he goes onto describe how self-harm served to dampen his desire to die and preserve his life.

Secondly, he used the image as a way of differentiating suicide and self-harm. This image of his desire to die was set aside from the rest of his images which related to his desire to self-harm. Thirdly, although it could be perceived as an image that conjures up negative thoughts, its content could be described as positive in that it consists of one of his passions, traffic.

*“when these feelings nearly all these feelings like happened, happened I don’t I haven’t for a while erm I had like not only the distress but a dis- you know an urge to die you know I just felt like I needed to die, like an urgency you know what I mean that I needed to be dead and self-harm was a way of slightly assuaging that desire” p.5 line 246 interview 1*

*“I took this photograph (Richard 1) to differentiate between these sort of things and this sort of thing you know what I mean in a sense that like erm I used some of this [self-harm images] to avoid this [jumping off bridge] you know” p.12 line 576 interview 1*

### **Punishment for failing to protect**

Finally, Richard discussed the role of using self-harm as a way of punishment. As mentioned previously, when Richard discussed his experience of self-harm he would divide the experience into his own and those of his alters. For the most part this division was very clear, however on occasion Richard would confusingly refer to them as one. For example, the excerpt below demonstrates how Richard referred to I’ and ‘it in the same sentence when discussing reasons which were perhaps more shameful and difficult to talk about.

*“self harm for me on the surface of it as in me self harming was all about, was a way of I don’t know was, was a way of I don’t know was a distress was, was sparked off by distress in the sense that like that by*

*re- by reliving the distress of particular events you know what I mean em, but for my alter he used to you know cut, cut me er I think it was, it was something different it was sort of shame more than anything so it, you know it was, erm, it was a punishment for shame thing that I you know like it would punish me for allowing stuff to have happened and specifically to him, you know he blamed me for allowing things to happen even though that wasn't possibly my fault you know what I mean but and so I mean I don't think I, I don't think I ever, I never self-harmed out of shame or as a need for a, personally a need for punishment, I've self-harmed as a distress sort of in a you know in distress" p.5 line 223 interview 1.*

He strongly denied that his acts of self-harm were acts of punishment; instead he spoke of his self-harm being a result of his distress of reliving the past. However, he did acknowledge that his alter would punish him through cutting him to soothe feelings of shame and blame. Because Richard failed to protect his alter [himself] from abuse he was harmed ('cut in ribbons') by his alter [by himself] as an act of punishment.

### **Summary**

Richard's experience of self-harm clearly centred on the trauma he experienced as a child and continued to relive as an adult. Those experiences polluted his sense of self to the point that he perceived himself to be non human, like a robot or a commodity that was controlled by others. He employed violent strategies (some of which may have stemmed from behavioural modelling) to soothe his mental anguish and torment. In addition to the removal of negative thoughts and feelings, self-harm for Richard was also protective in that it enabled him to stay alive and cope with living in the present.

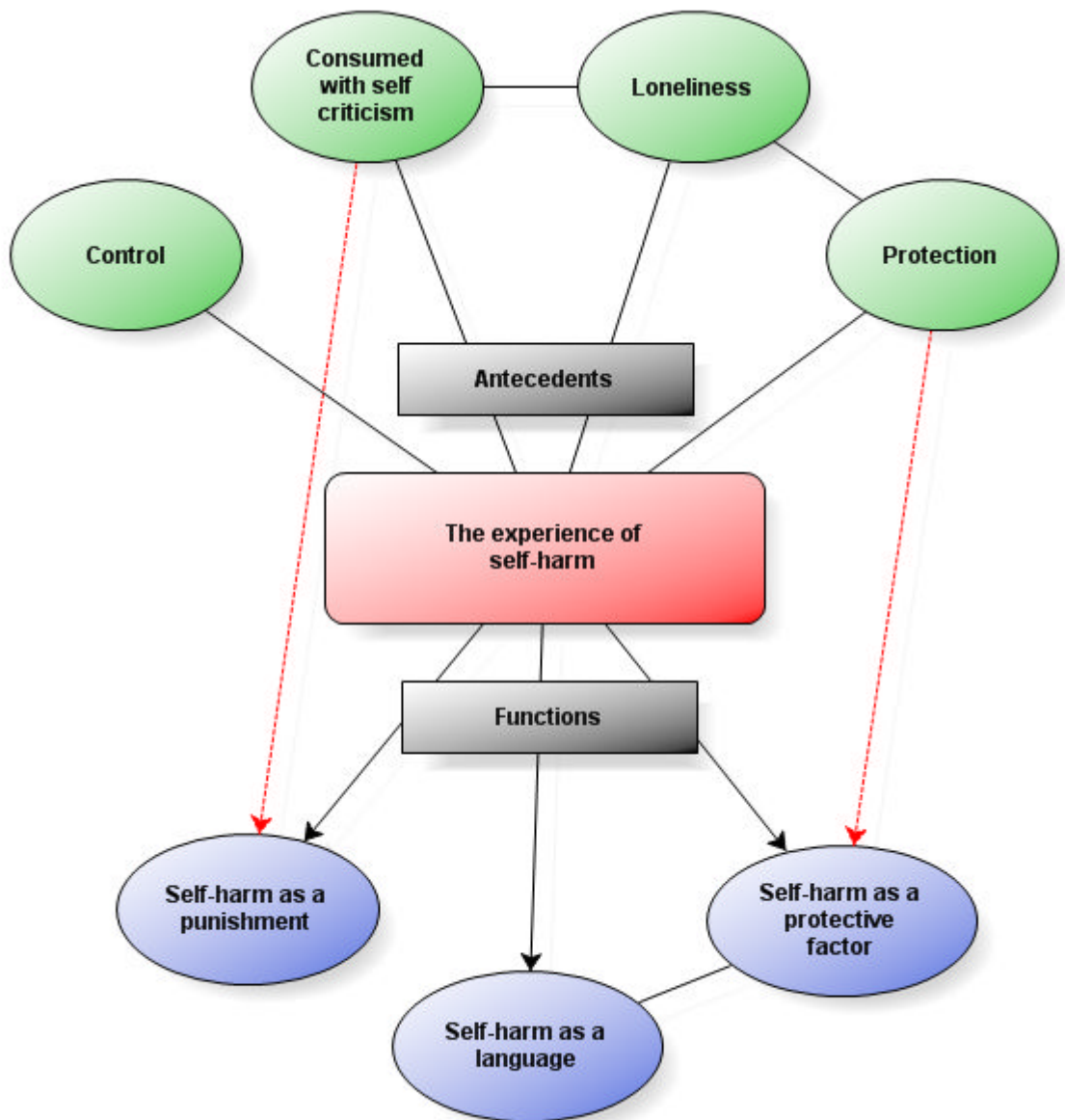


### **3.7 Part three: Group analysis**

Next, the master themes and subthemes drawn from the analysis of all the participants themes will be presented, beginning with a thematic map (Figure 13) of the master themes, themes and subthemes, followed by a detailed analytic narrative. The narrative has been constructed from the images and text, examples of data extracts and images have been used to provide validity and occurrence of each theme and subtheme. Numeric references have been assigned to each image. For example, Oliver presented two different groups of images and so images were numbered 1.1 or 2.1 for example with the '2' referring to the second group of images and the '1' referring to image number 1. For those participants who presented only one set of images only a single number has been used, for example Theresa 29.

The presentation of the themes will be separated into two master themes; section one, antecedents to self-harm: comprised of themes: control, consumed with self criticism, loneliness and protection, and the subtheme protecting the vulnerable self; and section two, functions of self-harm: comprised of themes: self-harm as a protective factor, a punishment, and a language.

Figure 13 Thematic map



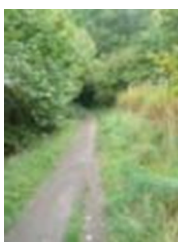
### 3.7.1 Antecedents

#### 3.7.1.1 Control:

Throughout the analysis of participants experiences of self-harm control was shown be a key feature and this theme attempts to capture how (a lack of) control was experienced in different and complex ways as an antecedent to, as well as a function of, self-harm which will be discussed later (p.148).

Control was shown to be a complex issue; fundamentally it featured as something negative and involuntary, and was expressed as something participants felt they lacked. A lack of control was discussed in terms of generalised absence and as a result of being controlled by another or others, and was expressed in both tangible and intangible ways. In contrast, a lack of control was also discussed by one participant as something seemingly elected in the form of abdication.

Most of the participants reported a lack of control as a consequence of experiencing chaotic and disordered lives, either presently or in the past. In the following excerpt, Theresa, a young woman who had a long history of self-harm, illustrates her dislike of her life of 'chaos' and disorder. Central to her account was the value of being able to reduce her sense of 'chaos'. Theresa captured her thoughts and feelings about uncertainty, disorder and predictability both visually and verbally; images 11, 3 and 37 captured her dislike of uncertainty and disorder respectively. For example, she used images of pathways / stairs which for her captured a sense of uncertainty as to where they were leading. Image 36 on the other hand captured a predictable, protective process in that the sign indicates what is happening ahead, and interestingly it also represents the process of repair.



Theresa 11



Theresa 3



Theresa 37



Theresa 36

*“the other reason why I used to self-harm was because of the process of which probably relates back to this one as well of erm [I – the work men building] erm I like structure I don’t like chaos, my life’s chaos but I don’t like chaos whereas when I, when I cut myself there’s a process*

*you know, you cut, you bleed it'll hurt then you'll clean the wounds up you'll bandage them they'll heal, you'll scar and its, its process its, there's a start there's an end and erm and that was, that was always really important for me to have that control and have that process of the stages of its I know it's going, I know it's going do this and I know it's going do that and then it's going do that".(Theresa, p.5 line 224)*

Similarly, Richard (discussed in the individual analysis) discussed a lack of control in many different ways; one of those being predominantly attributable to his experience of Dissociative Identity disorder and like Theresa, the following excerpt captures how he also perceived his life to be chaotic;

*"I would erm slip in between different alter states all the time and I would disappear to myself and reappear to myself and it was so haphazard there was, there was no way of really controlling anything or no way of determining anything there was no fixed anything you know what I mean it was very disrupting" Richard p.9 line 428*

Whilst living a life of chaos and disorder, simultaneously Richard and others reported feeling as though their lives were heavily controlled and manipulated. Thus, their sense of control was lacking but not necessarily as a result of its generalised absence. Instead, participants felt controlled by someone or something else. For some participants family and religion were described as implicit and explicit sources of control. In the following excerpts, Oliver, an older man now in his sixties who described having homosexual tendencies since a young age, described how both his family and religion have implicitly controlled his choices around sexuality.

*I "would have it been a problem for you to say [I'm gay]?"*

*Oliver: It would have been at that time yeah it would, oh yeah it would be today even today I think it would be?*

*I Why's it a problem for you today?*

*Oliver: Well I said to them you know I said to xxx I mean, cos xxx you know who's my sister's husband, who was xxx at xxx there's a right royal row about the Dean that was appointed you know erm, um xxx I*

*think its xxx you know he was, he was er, um a gay, you know gay he was, first of all he was going to be appointed xxx*

*I Right so he got appointed and he's gay so he's...*

*Oliver:He's gay but it was revoked in the end because of a protest you know and then he went and became xxx and there was a right royal row and xxx used to get loads of hate mail about it you know so I mean, I, I'm fairly tolerant but I don't think I'd be able ever to be a practicing gay". Oliver, p.16 line 596*

These conversations were possibly perceived as indirect and implicit forms of control / influence over Oliver's sexuality which left him feeling unable, forbidden and perhaps fearful to live as a gay man and instead he continued to have what he described as 'loveless' and 'lifeless' relationships with women his parents were fond of.

*"I felt I was being forced, I felt I was being put, cos I didn't love xxx which my, which my, my parents liked xxx you know she, she you know she was doing a respectable job you know" (Oliver, interview 2, p.16 line 586)*

Furthermore, being controlled was also described and felt on a more conceptual level. For example, in the same way Richard described his fear of being controlled and manipulated, almost like a robot, to do things which were harmful to others (p.109).

Theresa also described feeling as though something was inside her, controlling her to harm others; she described 'it' as 'evil'. This particular image was used to illustrate how she perceived herself to be an ugly monster;

*"I had so many times where I was like, I need to cut because I need to, I can't stop the evil, I can't stop it taking over and putting all these pictures in my head and I thought ultimately it was going completely take over my personality and I was going do all these horrible pictures that I was seeing in my head to other people"*



Theresa 25

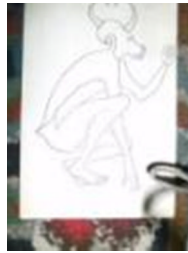
Related to this intangible type of control, some participants described feeling persecuted and subsequently desires to physically move (and presumably escape) were expressed both verbally and visually. Images in particular represented (though seemingly not purposely) different forms of movement such as flying, walking and riding, by road, through the water and in the air.



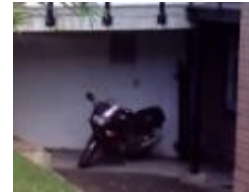
Richard 3



Theresa 22



Oliver 2.6



Richard 4



Theresa 28



Richard 1



Oliver 5



Richard 5



Theresa 24



Theresa 30

The following excerpt and image captured Richard's obsession for movement.

*Richard: one of my obsessions is the fluidity of traffic I love the, like you know I really like, like fluid motions, like I don't see traffic like the way that everyone else sees it just sort of like a collection of cars I see it was a flowing sort of river you know like people are moving and stuff like that" Richard p.13 line 620*



Richard 1

As discussed previously in the individual analysis (p.109) Richard gave the impression of someone who moved around a lot, both in his childhood and as an adult in a need to

escape persecution from his abusers. In a similar way Theresa spoke of being controlled by what seemed to be herself by way of her own persecutory thoughts.

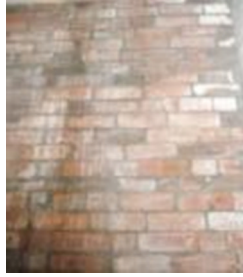
She illustrated her feelings through the image of a bird (thought be her own drawing) to depict a false sense of freedom in that sometimes she would feel as though she had regained control of her life and was perhaps free of her turmoil but then came the flooding realisation that she was in fact without control and suffocating. Notably, the bird seems to be flying towards the ground and looks like it might be injured. It could also be viewed as a bird about to catch its prey.



Theresa 28

*“Often erm when I feel like I need to run when I’m running it catches up with me, so there’s this freedom bit of nothing can touch me and then you come crashing back down to earth and you kind of realise that you’ve got nowhere to run you’ve got nowhere to, you can’t keep running and then that, that feeling of just confinement is its suffocating and that’s when I’ve, when I’ve physically run away pretty much every time I’ve self-harmed because once you’re out once you’ve got that freedom but you still realise you’re stuck it’s like well what do I do now and then the thoughts come in and the only way to quieten the thoughts is to hurt myself and to feel something different and think ok and also there’s, there’s something kind of releasing about cutting yourself in that it, it’s like a pressure it’s like the pressures building while you’re running and I don’t use my words, so the more the pressure builds then I, I cut and that’s how I deal with that”. Theresa, p.9 line 415*

These images ( see overleaf) captured feelings of entrapment, confinement and persecution, and ultimately an overwhelming sense of something which is without movement and possibly trapped and controlled.



Theresa 2



Theresa 18



Theresa 13

Interestingly the participants who reported conceptual forms of control and a desire for freedom and movement all shared a long history of severe and enduring mental health problems, and it is possible that the lack of control they describe is somehow related to their mental health status and the cyclic movement they might have experienced between recovery and relapse, or possibly their relationship with mental health professionals. It is possible that when they are feeling well and in 'recovery' (without persecutory beliefs) they feel as though they are in control, but when they relapse their sense of control is gone and they feel fundamentally controlled by the very nature of their illness – their own thoughts and fears.

Though not explicitly related to control, Theresa expressed the pain and agony she experienced when moving through the 'phases', or when caught up in the 'cycle' of what might be described as recovery and relapse using image 15;

*"If you touch it its going hurt, it's going to hurt to get through it, erm and I think these are more about the phases that I go through when I haven't been self harming for a while and I do go back to it and the process of going, two, three months and going I haven't, I haven't hurt myself in a couple of months you know and then feeling like you're back at square one when you do hurt yourself again and starting again and it's so painful I've gone so many months or whatever and then to suddenly find yourself back at the beginning and, and it hurts and then that makes you want to hurt yourself even more and it's just you getting, you get into a cycle that's horrendous erm and, and it's very painful to come back out the other side of it". Theresa, p.23 line 1048*



The few small gaps in the fence perhaps represent a break through (recovery and control) for Theresa but the journey to recovery is perceived to be difficult and painful.



Theresa 15

Finally, only Emma, one of the younger participants and someone who came across as younger than her years spoke of being controlled by another in a more positive, helpful way. Throughout Emma's account of her experience of self-harm she often described how she prompted other adults to take control of her life. Seemingly as a result of her perceived lack of control the following excerpts capture how Emma often abdicated control to other adults to manage situations she felt unable to, such as her wellbeing and her relationships;

*"Yeah I just want to talk to my mum but no one seems to try go down like I said to Xxx can't we try, can't we try one of the workers or someone to go down to where she lives and meet up with me and talk to me with one of you's cos that what I want cos if she came on her own I would talk to her I would tell her how I feel" Emma, p.11 line 524*

Similarly, she prompted her boyfriend to converse with people in authority about matters relating to her welfare;

*"He goes its PC someone from xxx police station I were like ah what have I done now? He goes you're not in trouble love he says we just to know you're fine cos you discharged yourself from hospital last night I said I'm fine I said I'll put my boyfriend on and you can tell him and he'll tell you address he said well she sounds fine but we just want to come out and check on her" p.3*

As well as illustrating the way in which Emma abdicated responsibility to others, the above excerpts also evoked a juvenile impression of the way Emma described and managed different events in her life. Interestingly, she often used the term 'love' to

describe how people addressed her. It is possible that as well as perceiving herself as unable to take control of her life, she is also perceived by others as less able, thus prompting them to take control and address her in an endearing way.

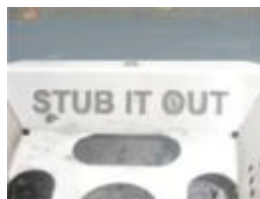
To summarise, the theme of control featured both tangible and intangible characteristics and was shown to be a key feature in people's experience of self-harm. Fundamentally, participants expressed control as something they felt they were lacking which in turn identified control as an antecedent to and a function of self-harm in that methods of self-harm represented structure and orderliness through which control can be gained, as well as offering relief from different affective states.

### 3.7.1.2 Consumed with self-criticism

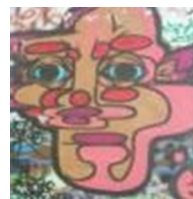
Many of the participants described having very low self-esteem. Some participants' accounts, both male and female, were consumed with derogatory self-deprecating references such as I'm 'ugly', 'horrible', 'stupid', 'a freak and a weirdo'. This theme attempts to capture the different ways self-criticism featured in participants' experiences of self-harm.



Theresa 38



Theresa 7



Theresa 25



Theresa 6

For some, their self-criticism strongly related to feelings of worthlessness and failure which were often expressed as core beliefs in that they seemed woven into every aspect of their life. For example, their relationships, their appearance and their behaviour. Self-criticism was generally directed at perceived physical attributes, intelligence and persona. Each of these features will be discussed in turn.

Physical attributes: the following excerpts and collection of images (collage) both illustrate how Nicola, a woman who was almost forty and suffered with an eating disorder and alcoholism, loathed every aspect of her own body, including the colour of her eyes and teeth. Notably, she used the collage as a way of comparing herself to others and as a way of illustrating her perceived loss and desires. The image and the excerpts also illustrated how Nicola's self-criticism was boundless; within one

statement she criticised her appearance, her behaviour, including her perceived inability to relate to others, and her intellect.



Nicola 2.8

*“Walking down the street I feel ugly. I can’t stand the way I look, I want white teeth I want a straight nose (5 secs) I dream about it, its ...everything’s selfish I can’t stand my tits, thighs or anything, I don’t even know who likes me or don’t like me I don’t understand people, I don’t understand, I’m messed up aren’t I?” Nicola interview 1 p.14 line 819*

*“I hate this because I want to be white and I want to have light eyes, I used to buy erm contact lenses that made my eyes green. This is cos I wanted to drive, I never could, I never did it, this is what I did [points to alcohol]”. Nicola, interview 2 p.2 line 69*

Similarly, Theresa also captured this boundless self-criticism in her excerpts;

*“you know I wasn’t thin enough, I wasn’t pretty enough, I wasn’t smart enough or funny enough or you know I didn’t get the A grade or I didn’t run the fastest or I didn’t win a certain game” Theresa, p.13 line 595*

Theresa described how the non-visible features which brought about her incessant self-criticism (those not relating to her physical appearance) could be seen. Seemingly for her they were embodied and visible.

*“there are countless reasons why I can't look in a mirror and be like that's ok, that's ok, all I see is every single bad thought, every bad idea, every imperfection, every fault, it's all there and its excruciating” Theresa p. 20 line 931*



Theresa 40

Intelligence: self-criticism was often expressed as a lack of intelligence which included poor decision making and missed opportunities. Some participants reported quite privileged upbringings with opportunities to excel in terms of education. The following excerpt captured how Oliver, who described being ‘pushed academically’ by his parents who were both educated, failed to beneficially utilise opportunities offered to him and subsequently failed to achieve a good degree.

*“when I went to university you know I went climbing and drinking you know and erm, I didn't you know, and just you know by the time that finals came I just, just realised I didn't know the fundamentals of chemistry you know”. Oliver, interview 2 p.11 line 394*

*“they put me through university you know and things like that but I, you know I mean even when I was at school I couldn't see myself getting a job really you know and that and you know, history job wise you know, I think I got the sack for most jobs”. Oliver, interview 2 p.11 line 381*

Similarly, Theresa also expressed self-criticism in relation to missed opportunities. Notably, Theresa and Oliver both reported a history of a privileged upbringing and religion.

*“Erm this one it’s not really so much about the, what the actual signs say it’s more the arrows that I wanted erm I think for me this is, this is again kind of like really the feelings, feeling like a failure and feeling like a disappointment because when I was young I was that kid that had the potential to do anything you know erm and I had so many options available to me and, and I know which one to took, to take so, and at times it feels like I took the wrong one and sometimes it feels like I fell into the wrong one and that it just kind of yeah almost in the sense of being a failure which then comes in of well what’s the point of anything which then comes in well sod it I’ll just hurt myself because I’ll feel better for a little while and those feelings of hopelessness and just despair of knowing that I had so many possibilities and I had so much potential and I screwed it all up”  
Theresa p.16 line 721*



Theresa 24



Theresa 45

And finally persona; sometimes self-criticism was expressed in terms of persona / character. References such as ‘a freak’, ‘a weirdo’, ‘horrible’ were littered across several of the participants accounts. The following excerpt captured how Sarah, a young woman who had recently suffered a breakdown in her relationship, described an inherent badness about her persona and reported how she felt as though she brought only misery into peoples’ lives.

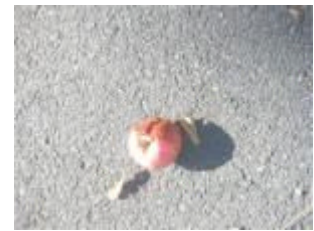
*“it just makes me feel horrible like I’ve changed into someone who’s a horrible person and stuff and like he always used to say that it was me who changed him and like made me feel absolutely horrible about myself” Sarah, p.1 line 47*

*“if I wasn’t around and I didn’t speak to him then he [ex-boyfriend] wouldn’t have been like that [unhappy] and I figured it were better that*

*he was happy before like he could be happy again without me there and stuff if I wasn't there" Sarah p.3 line 106*

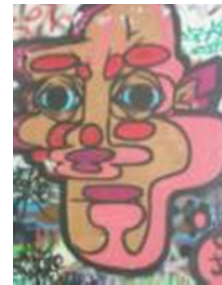
Theresa expressed something very similar; she described her persona as 'horrible' and 'rotten'. She used the following images to capture both her perceived internal and external features. She implied some sort of concealment of and incongruence between her internal and external self, and how the absence of her external mutilation seemed to have no bearing on her mutilated internal self.

*"this is what's really going on, the rottenness and just the and again also its just looks mutilated which that's how I look or used to look physically and that's [the non damaged side] something really nice to look at". Theresa p.19 line 891*



Theresa 43

*"you can tell it's a face but it doesn't really feel you can't tell if it's a face or a monster do you know what I mean and that's how I kind of perceive myself is that if you look at it at a certain angle you can tell it's a face but if you really look at it, it's kind of just this ugly monster and I felt and it was like feeling that people could look at me for like a second and they'd see someone whose ok but if they really looked at me they'd realise how bad and horrible I was" Theresa p.14 line 634*



Theresa 25

Incessant dislike for oneself and the perception of the dislike from others towards oneself was shown as an antecedent to self-harm, and for Theresa self-harm modelled the behaviour of others toward her. The following excerpt captures her interpretation of her motivation to self-harm

“it more comes from the abuse does that, I was picked up when I was needed and just thrown away when I wasn't there wasn't any guarantee that someone's going to be active at some point again in the future and there going to take something out of that to reuse and then they'll throw it away so if someone's not throwing you away, someone else is going to be throwing you away pretty soon...it wouldn't make you feel like you can like yourself at all, erm and the only way to get over that intensity of unliking yourself and hating yourself is to hurt yourself cos in a weird way it's the only thing that makes sense” Theresa, p.20 line 953.



Theresa 6

In the same way other participants used derogatory terms to describe their persona, Richard also spoke about himself using what seemed to be critical descriptors but in fact he didn't appear to do this in a derogatory, self-critical way. For example, as discussed previously, Richard spoke of being different to others and used the words 'odd', 'weird' and 'different' when referring to issues closely related to himself (p.105).

In summary, many of the participants suffered with low self-esteem. Their sense of worthlessness and failure often penetrated many parts, if not all, of their lives, and seemingly self-harm served to alleviate such thoughts and feelings. Self-harm was also described as a logical response to feelings of self-hatred in terms of managing emotional pain with physical pain, but also many of the participants had suffered emotional, physical and sexual abuse and perhaps these sorts of relations with others had contributed to the way in which they perceived and subsequently related to themselves.

### **3.7.1.3 Loneliness**

Across the detailed accounts of people's experience of self-harm the theme of loneliness was shown to be common. For some of the participants', loneliness, like self-criticism and control, appeared to be one of the key features underlying their experience. This theme attempts to capture the different ways participants expressed their experience and affective state of loneliness.

Notably, loneliness was particularly apparent in the visual data when compared to the textual data in that some participants spoke of a number of different issues in relation to their experience of self-harm whilst most of their images seemed more telling of someone who was lonely and alone – see Figure 14.

**Figure 14 Images of loneliness**



Loneliness was often expressed through the absence of others. In the following excerpt and images Nicola introduced several facets of her experience of self-harm and its relation to loneliness, including her living space and her behaviour.



A number of her images were taken at her home and captured her living space which seemed barren, without interest or value, somewhere cold and uninviting, even perhaps temporary. They also gave a very strong impression of someone who was single and spent most of their time alone. For example, the single cup, single bed, single chair and single available seat on the sofa.



Nicola 1.9



Nicola 1.1



Nicola 1.2

*“That's the bed that I sleep in and (20secs) there's no one with me” Nicola interview 1 p.1 line 44*



Nicola 1.3

Further images, most of which were also taken in her flat, related to Nicola's behaviour and her dependence on alcohol. Again the images captured isolation, bleakness, emptiness and loneliness. Arguably, capturing images of smaller (empty) bottles of vodka could be interpreted as someone who drinks out of the bottle and alone. Most of Nicola's images of vodka bottles are of smaller bottles (as opposed to bigger bottles), which may be easier to conceal, give the false impression of someone who drinks less, and are perhaps least associated with social drinking (drinking with others).



Nicola 1.16



Nicola 1.4



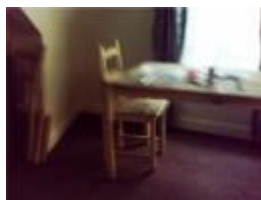
Nicola 1.11



Nicola 1.10

The images in this set (1.16, 1.4, 1.11 and 1.10 – seen previously) also captured the temporal features of Nicola’s behaviour and how a change in her behaviour over time might have contributed to her sense of loneliness. Previously she drank socially in the local pub, however she no longer feels able to drink socially and so her images illustrated how her behaviour (consumption of alcohol) has changed from sociable to lone drinking. The first image (1.16) also captured something abandoned, left empty and uncared for, which might bare strong similarities with the theme of loneliness and the way she perceives herself perhaps.

Interestingly, the following set of images, which captured both her public and private worlds, were chosen by Nicola as being most representative of her experience of self-harm. It is probable that she used self-harm and alcohol for similar purposes i.e. to escape the physical and emotional sense of loneliness. However, though they may seem to share a similar purpose, they do in fact oppose one another. The use of alcohol, though it removed her feelings of loneliness it also removed her from people and acted as avoidant behaviour. Self poisoning on the other hand removed the physical sense of loneliness and brought people into her life. Thus, representing a form of action and identifying the latter (self-harm) as a less maladaptive form of coping perhaps, and paradoxically more proactive and protective.



Nicola 1.2



Nicola 1.4



Nicola 1.12

Quite fittingly, the following excerpt captured her insight into her (conflicting) motives for both behaviours;

*“You want to get away from everybody but you don’t you want to get nearer to them...it’s sort of like a tug of war” Nicola, interview 1 p. 3 line 137.*

This conflict surrounding loneliness and being alone verses being with others was noted elsewhere. Annie, like Nicola, also spoke of loneliness as being a key feature of her experience of self-harm. However it existed within a context of conflict. Annie's choice of images also captured a public and private experience. Although Annie described her self-harm as a very private behaviour there were times when she brought her private behaviour into the public and her images captured this shift quite aptly. Her first two images (Annie 1 & 3) depicted something silent and without words, and a sense of being alone. Whereas her third image depicted the opposite (Annie 2). The volcano image represented interaction, a way of seeking the understanding and care of others through allowing a visible outpouring of her emotional pain through the guise of physical pain.



Annie 1



Annie 3



Annie 2

Annie described feelings of loneliness in relation to having lost her partner, her family home and her children, and throughout her account she referred to the benefits of having human contact both during her time in hospital following her attempt to take her own life and when she described what would help her the most during times of instability (both times she had used self-harm in the absence of others). Moreover, more recently she has increasingly required stitching for her self-harm and reported having chosen to attend a particular A & E department where she knew she would be met with 'kindness' and care;

*“Out of the two main hospitals by choice I’ll go to the XXX and not XXX because the nurses and staff at the XXX are much more understanding than they are at XXX in my experience... I’ve been*

*there before and I needed, needed closing and they were going to use steristrips and I told the nurse I was allergic and she just said oh you're just going to have a nasty scar for the rest of your life and just completely dismissed, no kindness just like you're in the way, like you've done this to yourself so we're not going bother doing anything whereas the XXX are much more understanding....even though Xxx is nearer to me I will pick the XXX." Annie p.12. line 527*

The movement between private and public was reported to be fraught with difficulty, several of the participants, although their account of their experience of self-harm showed how they sometimes used self-harm to cease feelings of loneliness, using self-harm in this way was perceived to be difficult and costly.

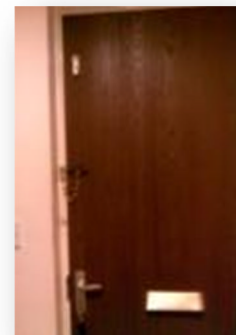
The following images (Annie, 2, 3 and 1) and excerpts illustrate how Annie, based on both her past experiences of unhelpful nursing staff and feelings of being judged, and how she anticipates she will be cared for, described the experience of moving her private pain into a public place, such as A & E, as negative and something which was fraught with misunderstandings and pointless practices. For Annie, common misconceptions and feeling judged have led to increased feelings of isolation and loneliness and her images now in reverse order depicted how using self-harm as a way of ceasing feelings of loneliness can in fact serve to exacerbate the situation.



Annie 2



Annie 3



Annie 1

*“You feel very isolated because you know that if you say something people either won’t understand and think its suicidal which it’s not and they’ll judge or they might walk away cos they, they really can’t deal with it and a lot of people don’t understand why you would want to hurt yourself that much, they don’t see it as a coping strategy, its erm, it’s a hard thing if you’ve never done it, never thought about doing it it’s a hard thing to understand I, I accept that” Annie, p.1 line 46*

In summary, loneliness was captured as an important and complex feature of participants’ experience of self-harm. Self-harm both in the form of self-poisoning and cutting was seemingly a ‘by-proxy’ and potentially risky way of ceasing the physical and emotional sense of loneliness through taking oneself and what is often considered a private action into the public domain. Descriptions of loneliness, both visual and textual, captured temporality, physical space, conflict, relationships and loss.

#### **3.7.1.4 Protection**

Like control, the theme of protection was also discussed as both an antecedent to, and a function of self-harm. This theme however attempts to capture how a lack of protection was expressed as an antecedent to self-harm in that participants described their experience of different affective states following repeated suffering of adverse events. These experiences of suffering have resulted in a perceived lack of care and protection from significant others.

A lack of protective factors was usually expressed through feelings of vulnerability and a perceived lack of care from others, usually their parents. These perceptions appeared to stem from events which occurred in childhood / adolescence, and from their accounts it was apparent that feelings of vulnerability and lack of protective factors remained with them as adults. For example, the following excerpts illustrate how Theresa, who was sexually abused as a child from the age of six, was left feeling ‘shaken’, vulnerable and unprotected after her failed attempt at help seeking. The excerpt captures both the pain of failing to receive the help and protection of her mother, and her consequent reaction and potential reasoning underlying her reluctance to seek help or appear vulnerable ever again. From a very young age it seemed Theresa learnt that not only was she vulnerable and at risk from those within her own family (whom presumably she trusted), but help seeking was futile and there was no one (but herself) to protect her from harm.

*“I remember being 9 and I was going through a phase of abuse between the ages of 8 and 10 and erm, I remember being 9 and sitting down with my mum one day and we were folding socks in the erm in the living room we used to wait until it was big, filled up of socks, odd socks and I say to her there’s some things happening to me and there not good things then I tried to explain to her I tried to and she told me that I shouldn’t be talking like that and completely dismissed me then that was the point where I said I am never reaching out again I am never going to admit to needing anyone again, never going ask for help erm and I didn’t for a really long time I, because, because I couldn’t erm I couldn’t make myself that vulnerable to someone”  
Theresa, p.10 line 465*

*“I was hoping she would step up and be my mum you know and do what mum’s are supposed to do and she didn’t and if that core belief of your mum protecting you is shaken up or taken then you know so all stories and magic and belief in your mum can’t do and your mum can’t make everything magically better then sure as hell there’s not going to be any fairy godmothers coming to the rescue and princes on white horses and whatnot” Theresa, p.20 line 924*

Theresa referred again to the theme of vulnerability and lack of protection later on in our meeting when she discussed having suffered the bereavement of her auntie who interestingly she described as her ‘parent’ and someone ‘you could speak about anything with’, a confidant. The image of the butterfly was a symbol of her death. Though a beautiful image it did in fact represent incredible pain and suffering for Theresa, and in some ways perhaps it also depicted her sense of vulnerability. The following excerpt captures the aftermath of the death of her auntie and how it increased her need to self-harm. She described it as the point at which her sense of ‘family’ fell apart. Not only did she feel she grieved in isolation but also it marked the end of her childhood and sense of protection. This was the point at which roles



Theresa 30

between her and her mother were reversed. Theresa now felt the need to protect her mother and her younger siblings.

*Theresa: I had to step up and I had to be the friend and the confidant for her [her mother] but I also have a little brother and he was around, 4, 5 at the time and, and I had to step up and take care of him and make sure he was looked after cos my mum's emotions were all over the place and, and I didn't trust her with him erm for a long time.*

*I So you were 14 at this point?*

*Theresa: Yeah, erm so I was taking on a lot of responsibility and that went on for a really long time and at that point I really felt like I had no one to turn to and that's and that was bringing in more self-harm because.*

*I Had the self-harm started before this or was this, did, was this when it first.*

*Theresa: No, no the self-harm actually started when I was 10 erm but this was the point where it the severity just started to skyrocket because I was taking all this extra stuff and I had no one that I could, I could speak to about it.*

*I Did you speak to your Auntie about what problems you had or what you were struggling with?*

*Theresa: To an extent yeah we could, we could speak about, you could speak about anything with her erm but I think why it, it was even maybe more difficult was the extra responsibility I had to take on to and my family was, chaotic always has been but they were, we were all kind of in it together you know you fight with one of us you fight with all of us kind of thing and after she died we just all kind of separated off into our own little private worlds and it stopped feeling like a family and it stopped feeling like we could have someone we weren't, we weren't one anymore we were all going through our own stuff and trying to deal with it in the only way we knew how erm so yeah, it was really crappy time cos it was so sudden as well so" Theresa, p. 8 line 335.*

Theresa chose the image of a dandelion at the end of its life to depict the end of her childhood and the beginnings of a life without feeling protected. Her image captured something fragile, vulnerable and isolated.

*Theresa: "I was very much that kid that believed in magic and we were taught, we were bought up believing that when you picked one of these up and you blow it and you make a wish on it erm, and I stopped doing that after, after I got dismissed and I stopped believing in magic and to me it kind of represents a bit of the end of my childhood even though I was only still young" Theresa p.19 line 904.*



Theresa 44

When prompted to think about protective factors Theresa failed to report anything certain in her life that was protective, and instead she reported how she kept herself safe through fear (mainly of herself).

*"there are, there are a few things I mean the main thing is that I know that if I cross over that line I'm likely to end up in hospital erm again and I, I don't want to be there erm so that works as a deterrent also there's, I know I am I can do some serious damage to myself erm and it may not end my life but it might end up leaving me in, in a way where I am incapacitated for the rest of my life which you know would be even worse do you know what I mean to, to do something in an attempt to hurt yourself so badly that then you have to live with the repercussions of that and then erm and sometimes my family will come into it but then sometimes they will be the things that will knock it down erm, but for the time being my main barriers are staying out of hospital and yeah that's it really" Theresa p.5 line 190*

In a very similar way, Emma also reported having suffered various adverse events, including sexual abuse, bereavement and bullying as a child and she described feeling bereft of her parents as a result of their perceived lack of care. Emma was very explicit



about her mother's lack of care in particular and the following excerpts capture her yearning to be cared for by her mother, and her painful reflections of the times she was repeatedly bullied. She compared her own mother in particular to others who she felt cared for her, though notably they were both deceased.

*"I want her to look after me I want her to tell me, tell me that she's there for me if I've got owt on my mind I need somebody to talk to I'm there for you but she don't, she don't do nothing" Emma, p.19 line 918*

*"I got bullied every single day, who were there for me not my mum not my dad only person who were there were my granddad (crying)".  
Emma, p.12 line 562*

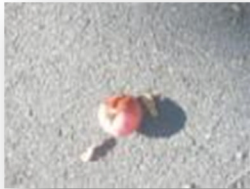
*"what have I told you thousands and thousands of times and I ain't, haven't I even said it to you and I wish I'd never said it to you now I've got no mum only mum I have is your mum and obviously your mum's not here but I know she's not here, god bless her soul but she, at least she'd have probably looked after me Xxx like my mum" Emma p.19 line 910*

In summary, participants reported intense feelings of vulnerability and a lack of protection from significant others. Such feelings appeared to stem from a chronology of distressing events which began in childhood. As a consequence of failing to feel protected participants discussed different ways of protecting themselves. The subtheme 'protecting the vulnerable self' will be presented next.

### **Protecting the vulnerable self**

The subtheme 'protecting the vulnerable self' attempts to capture the intra and inter - personal ways participants protected themselves. In the main participants reported protecting themselves through concealment of their internal self. There was an apparent reluctance to disclose their suffering and the execution of an external 'front' was shown to be an effective deflective strategy. The 'front' comprised a presentation of conceptual and tangible features such as character and physical appearance.

As discussed previously, many of the participants described a very fragile internal self though notably some of the participants used stern images to portray their physical, external self and some used images as representations of their perceived or desired self.



Theresa 43



Oliver 2.6



Theresa 25

Tori however used a true life image (Tori 1) which captured her external appearance and distinctive style. As discussed previously (p.95) Tori externally portrayed herself as someone quite different to her internal sense of self, both in her physical appearance and character, and she described this as a 'front'.



Tori 1

In a strikingly similar way, Theresa's presentation of self also captured her incongruent self. There was a sense from her images and her spoken account that she perceived herself to be internally damaged (damaged goods), yet regardless what was/is done to her at the hands of others she would present herself as someone who would never 'break'. Theresa presented a protective strength and hardiness about herself, but it felt as though her strength was both uncertain and something to hide behind. She presented two images of shattered glass; these images depicted something which was (brutally) damaged but still intact and hadn't quite fallen apart, yet. She used these images to represent both her internal and external self.



Theresa 32



Theresa 33

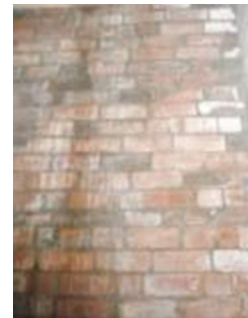
*“so these ones are all part of the collection which erm is kind of shattered glass which really kind of just is how I’ve always felt like the way it shatters on the inside but it never actually breaks”. Theresa p. 3 line 107*

*“it was kind of, that everything that was happening to me would break me a little bit on the inside but on the outside I had to stay” Theresa p. 3 line 131*

Interestingly her images of the shattered glass and the brick wall (Theresa 2), as well as depicting her external presentation of strength, they also capture her ability and apparent need to conceal, and perhaps protect, her fragile internal self. All of the images could be interpreted as barriers to hide behind.

*“it was always, it’s always been about trying to appear like everything’s ok um, no matter what’s going on” Theresa p. 12 line 529*

*“Stay upright, stay together and not cross those boundaries so people would find out what was going on because that was something that I couldn’t do so I had to internalise it” Theresa p.4 line 136*



Theresa 2

Similarly, the shattered glass also distorts the view of an observer helping to conceal and protect what’s behind. This use of distortion was comparable to the image of the ‘monster’ that she used earlier to represent herself (image Theresa 25).

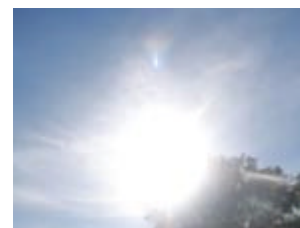
In summary, the theme of protection played a key role in the participants’ experience of self-harm. Their visual and textual accounts of protection captured features of temporality in that origins, maintenance factors and solutions were discussed to illustrate how protection featured as an antecedent to self-harm. Self-harm was also

briefly shown as a function in that it enabled people to seek the protection and care of others. The different ways in which participants expressed the functions of self-harm for them will be discussed next.

### 3.7.2 Functions of self-harm

#### 3.7.2.1 Self harm as a protective factor:

Rather than adopt what might be considered positive countering strategies, this theme attempts to capture how self-harm was used by some of the participants as a way of countering distress and seeking peace and calm, which is likely to be related to their perceived lack of protection discussed previously (p.140).



Theresa 42

Adverse events were considered commonplace in many of the lives of those who took part in this study. For example, participants had experience of sexual abuse, death of significant others and mental health problems. It would appear that self-harm, when faced with adversity, sometimes functioned as a protective factor. The following excerpts capture the different ways participants expressed feelings of relief or escape as protective properties of self-harm.

*"I needed to be dead and self-harm was a way of slightly assuaging that desire" Richard p.5 line 250*

*it just became the, the fall back there I feel bad, I feel angry, I feel sad everything well that's ok but I can just make it stop for a while if I just cut Theresa p. 13 line 583*

*"It's calm, you feel, I feel calmer I had, I mean I don't like myself doing it but I do feel calmer, often I'll sleep erm its just, it's just you've released all that emotion and it is exhausting but sometimes yeah it's the sleep that helps afterwards" Annie p.6 line 265*

*"Yeah just sick of dealing with all the shit cos it's one thing after another after another sometimes you think just let me step off for a bit and I can't deal with anymore shit thrown my way" Annie p.11 line 461*

Expressions of the different protective phenomenon were visual and textual, though notably participants appeared to use the visual and metaphorical language to facilitate their verbal expressions of why they self-harmed.

For example, as discussed in the individual analysis, though Tori was able to verbally describe her methods of self-harm and events that usually acted as triggers, she appeared to have difficulty verbally describing what purpose self-harm served and seemed reliant upon metaphor:

*"It's like a stress ball or something but using myself as one I guess; it's the only way I can describe it" Tori interview 1 p.3 line 111*

Theresa in particular described positive properties of her self-harm in that it served to keep her alive and protect her, for her it was 'a complete and utter lifeline'

*"it's like coming up for a second and just gasping and then you go back under so you have to do it again and again otherwise it'd just completely consume you and the cutting for its all its damaging things and properties its, its protecting and preserving isn't it to an extent"  
Theresa, p.19 line 878*

The following excerpts and images capture how Theresa used self-harm as a way of self-protection and interestingly image 'Theresa 34' might also represent her sense of self in that she feels broken and in need of repair;

*"this one's more about erm feeling off limits and like cross over that barrier you're going fall down that hole and, and that's going hurt so you have to build up all these barriers to, to stop yourself".  
Theresa p.4 line 163*



Theresa 34

*“there are times when it has been a lifeline a complete and utter lifeline that if I had not hurt myself physically erm I would have tried to take my life” Theresa p. 17 line 769*

*“the railings of and self harm is often been at the point where I and I can erm end my life so to stop me from acting on those behaviours I always self harm as a protection measure to erm, to erm to stop me doing something more drastic or something more extreme and to just bring my levels back down a little bit so it’s kind of like I’m always on the edge but there’s this barrier at times” Theresa p.16 line 743*



Theresa 13

*“like my feet were right up against the edge of that erm and no matter how much I tried to push they wouldn’t go any further erm and sometimes that’s what it feels like that I can hurt myself as much as I want but it’s something, it stops” Theresa p.17 line 763*



Theresa 23

Lastly, though only briefly noted by one participant, self-harm was expressed as a form of power. Strongly related to the way in which self-harm has been expressed as protective in that it enabled participants to regain a sense of control over their own emotions and cognitions, Theresa expressed something more. The following excerpt captured how self-harm gave her a sense of certainty and purpose in that only she can truly hurt herself, and a sense of privacy, ownership and power over others.

*“I hurt myself because I know that no one’s ever going to be able to hurt as much as I can hurt me so I still have a bit of power myself a bit of control because you know they can do whatever the hell they want to me but I can do it so much worse so, I don’t feel completely useless*

*at that thought, which is I suppose slightly messed up” Theresa p.21  
line 974*

*“It's mine, something they can't touch, they can have everything else or  
they are trying to take everything else they, there are certain things  
they can't have and that's one of them” Theresa p. 21 line 981*

Assumedly then, in the perceived absence of other more positive protective factors, self-harm played a very dominant, protective role in the lives of the participants involved in this study and seemingly it was considered an optimal tool for coping, albeit temporarily, when faced with adversity. The following excerpts captured some of the ways participants described self-harm as the ultimate source of help.

*“it just became the, the fall back there I feel bad, I feel angry, I feel sad  
everything well that's ok but I can just make it stop for a while if I just  
cut and erm and it got to the point where it was the **only way** I could  
function” Theresa p. 13 line 583*

*“there's so many different things going on that this helps even though I  
know in the long term it won't but at that moment in time that is the  
**only thing** that helps” Annie p. 3 line 115*

*“self harm happens at periods of great instability in my life and great  
emotional upset whatever, when things are better and going well it  
doesn't happen but it's something that I always go back to when I feel  
that **there is no other way** of dealing with anything” Annie p. 8 line  
354*

*“it's just, it's just if I've been really down like I've not known what to do  
with myself so I'll do it, it's not, like I just, I just think the main thing is,  
is when I do it I just don't know what else to do it's like **my last chance**  
and it's not going to achieve anything but it makes me feel a bit better”  
Tori interview 2 p. 7 line 306*



In summary, in the face of adversity self-harm for some was shown to be the most effective tool they had to stay alive and keep functioning. Though more difficult to articulate, self-harm was shown to serve many different purposes, some of which are often referred to as affect regulation. However, the experiences captured in this study seemed to extend beyond affect regulation and were encompassing of a range of protective and positive experiences of self-harm.

### 3.7.2.2 Self-harm as a punishment

*“for every cut I ever made or anything I did to damage myself there was never any doubt that I deserved each and every one of those times it was for every bad thought, bad picture, everything I did or didn’t do it was huh, it was punishment but it was kind of good punishment because it hurt but I got a satisfaction out of it as well, and it served a purpose so it was, it’s always been a very contradictory thing of pain only being soothed by more pain” Theresa p. 12 line 565*



Theresa 16



Theresa 14

A number of participants expressed how self-harm clearly served as a form of punishment and this theme attempts to capture how punishment was expressed and discussed as both an intrapersonal and interpersonal function of self-harm.

Most commonly self-harm as a punishment was expressed through cutting and was discussed as a punishment of the person themselves for wrong doing. Notably, within this group of participants wrong doing often related to abuse and was sometimes difficult to articulate. Self - harm as a punishment was also discussed as a punishment of others and was expressed through acts of self poisoning.

### **Intrapersonal function of punishment:**

With some difficulty Richard discussed his self-harm in relation to punishment. As discussed previously (p.118) he divided his experience into his own and that of his alters, and the following excerpts demonstrate how Richard strongly denied using self-harm as an act of punishment. Instead he acknowledged that his alter would punish him through cutting because of Richard's failure to protect him from abuse. He was 'cut in ribbons' by his alter as an act of punishment to soothe feelings of shame (and blame). It is possible that Richard found it more difficult to discuss functions of self-harm that he perceived to be more shameful.

*Richard: "self harm for me on the surface of it as in me self harming was all about, was a way of I don't know was, was a way of I don't know was a distress was, was sparked off by distress in the sense that like that by re- by reliving the distress of particular events you know what I mean erm, but for my alter he used to you know cut, cut me er I think it was, it was something different it was sort of shame more than anything so it, you know it was, erm, it was a punishment for shame thing that I you know like it would punish me for allowing stuff to have happened and specifically to him, you know he blamed me for allowing things to happen even though that wasn't possibly my fault you know what I mean but and so I mean I don't think I, I don't think I ever, I never self-harmed out of shame or as a need for a, personally a need for punishment, I've self-harmed as a distress sort of in a you know in distress" Richard p.5 line 223*

*I "You mentioned punishment and you think it was to do with shame, can you say any more about that, do you know much about that?*

*Richard "Yeah I mean you know I kind of internalise, it's kind of funny cos it's like being at one hand removed from me because the shame was from a particular alter erm, er who, basically held shame, that was his forming role, was to erm, was to erm you know it is, being abused or being whatever is, you know it's, it's very it's kind of well you can understand why it would make you feel ashamed erm and yeah he, I mean like a lot, well not a lot, but quite a lot of, quite a lot of things that happened to us were, well we were forced to do were quite yeah like*

*shameful in, in society's normal sort of moral standards not shameful from, not just shameful for the abuser but for the abusee as well do you know what I mean and yeah I mean he, he felt well he or I whatever you want to say felt like terribly dirty, you know what I mean terrible dirty felt like an abuser ourselves you know what I mean"*  
Richard p.10 line 479

Theresa also spoke of punishment playing a part in her experience of self-harm, she too had experienced several adverse events in her life such as sexual abuse and similarly her account described an element of self-blame associated with those events.

On numerous occasions Theresa referred to 'bad thoughts' and the following excerpt describes how at the age of ten, following a period of sexual abuse, she would bang her head to rid her of bad thoughts;

*"I had so many bad thoughts in my head, so many things that I felt I shouldn't be thinking and it was wrong to think and it felt everything too much that erm I started banging my head against the wall so onto hard surfaces anything to make me to stop, repeatedly just till I was so dazed and confused that I couldn't literally think anymore"* Theresa p. 10 line 447

As an adult Theresa was subject to further incidents of sexual abuse and following those incidents she recalled having felt very angry toward herself and when asked why, her response was complete with self-blame and belief that she was deserving of such adverse events, including those in the past;

*"Because I felt like I had let it happen again that I'd asked for it, that I deserved it"* Theresa p. 12 line 555

Moreover, as a female Muslim living in a largely Christian community she described the difficulties she experienced as a result of living in and amongst different belief systems and cultural practices. She described growing up in an environment where she was forbidden to do the things girls of her own age were doing. For example, she wasn't allowed to have 'sleepovers' or 'parties'. Whilst growing up she also described a

pressure of having to be 'perfect' which possibly related to religious and cultural expectations, though she doesn't make this explicit. She did however introduce the topic of religion to open her discussion of self-harm and used the following four images as an illustration.



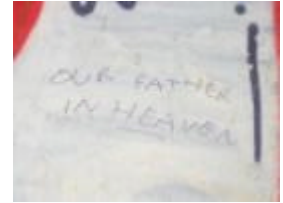
Theresa 39



Theresa 31



Theresa 41

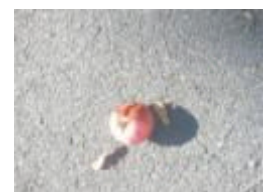


Theresa 26

Her concept of perfection, like self-criticism, was seemingly boundless. The following excerpts and images captured how she used self-harm to punish herself because she felt she never met perfection despite her best efforts, which included using self-harm to rid herself of all her 'bad' features which possibly related to her experience of abuse as discussed previously. Interestingly, some of her images cleverly captured the disparity and incongruence she described between her presentation of a perfect self and her actual flawed self;

*"it was the only way I could be top of my class and be smiley and friendly and the girl everyone expected me to be erm I needed to be perfect I needed to appear perfect I always fell short of those expectations I never made them which again made me feel like I needed to punish myself even more by hurting myself but to be able to portray this image to everyone else I, I had to find a way to filter out all the other stuff" Theresa p. 13 line 585*

*"this one again is more of an appearance thing of how completely rotten on one side and perfect on the other side and this just being, this is the way I*



Theresa 43

*am feeling inside and trying to hide from everybody” Theresa, p.19 line 885*

### **Interpersonal function of punishment**

Punishment was also discussed in reference to the punishment of others. In the following excerpts Sarah described temporal features and a change in nature of the functions of self-harm for her. Following her previous incidents of self-harm she reported how she felt ignored and uncared for and consequently her act of self-harm became vengeful and its intention was to punish.

*“the last time it was more I don’t know I just wanted him to show him like how much he’d really hurt me I don’t know like get one over on him basically but now I see that that won’t I don’t know there was no point in doing that at all but it was more the first few times it was for me and I think the last times it was just to hurt him or spite him or something, which is stupid” Sarah, p.2 line 88*

*“I was kind of like, just fed up with like him saying all these horrible things to me and when he said like how dare you do this to me to make me feel bad and stuff I was like it wasn’t about making you feel bad but I was like if you see it that way I’m going to do it again basically and I was, I didn’t do it to just harm me or anything like, it wasn’t even, I didn’t even think about harming me I just thought if I hurt myself then it’ll hurt him even more and it’ll get one over on him and make him feel as bad as I feel and stuff and erm I like, I never really told anybody that, like everyone thinks I did it to self-harm but like I didn’t, I did it to like really hurt him and it did really hurt and I was happy that it did really” Sarah, p.7 line 353*

Similarly, in the context of lacking protective factors discussed previously (p.140), when discussing her relationship with her mother Emma became angry and resentful, and the following excerpt captured how she not only sought the care of her mother through self poisoning, but she also used threatening language when disclosing her reasons for self-harm to her mother as though her act was somehow punishing;

*“she took me downstairs and she says why are you doing, why are you doing this, these overdoses, I says because of you I actually came out of it cos of you I said one minute your fine with me mum you talk to me alright on phone and then next minute you shout and start carrying on I says at end of day you can carry on all you, all you like I said but end of day **one day mum you’re going lose me and I’m going to walk**”*  
*Emma, p.18 line 895*

In summary, punishment as an intra and interpersonal function of self-harm was expressed through cutting and self-poisoning and compared to some other functions of self-harm punishment was possibly more difficult to talk about. For some of the participants in this study it was shown to be related to experiences of abuse and subsequent feelings of self-blame and indignity. It was also shown to be related to the theme of self-criticism.

### **3.7.2.3 Self-harm as a language**

***Actions speak louder than words don’t they”** Sarah p.3 line 112*

*“I don’t use my words, so the more the pressure builds then I, I cut and that’s how I deal with that”. Theresa, p.9 line 415*

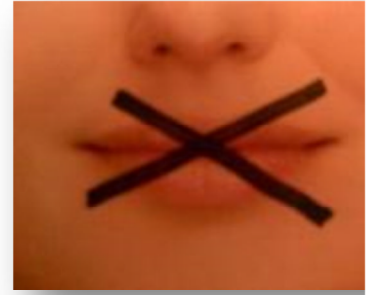
Across participants accounts of self-harm the theme of communication was very apparent. Many of the participants spoke of and presented images representative of communication, mainly in terms of difficulties with its absence and its presence, and for the most part in relation to verbal language. This theme attempts to capture how participants expressed being unable to satisfactorily communicate and consequently modes of (preferred) communication other than verbal language such as, self-harm, use of diaries, writing and Facebook were discussed.



Sarah 3



Sarah 7



Annie 3

Being unable to satisfactorily communicate was expressed in several different ways. Firstly the use of words was sometimes described as inappropriate and ineffective, some difficult and sensitive experiences were felt to ineffable - 'beyond words'. Some participants expressed an inability and reluctance to express themselves through words because of negative experiences or a lack of experience in using words to communicate issues of a sensitive nature.

The following excerpts capture the numerous expressed difficulties with communication. Difficulties included absence of someone to listen, dislike for talking, inability to find the words and risk of being dismissed, and related to communicating with family, friends and professionals. They also demonstrate how self-harm was employed as a language that was seen and / or implied rather than heard and overt, and seemingly used as an alternative to verbal communication.

*"this was the point where it the severity just started to skyrocket because I was taking all this extra stuff and I had no one that I could, I could speak to about it" Theresa p. 8 line 335.*

*"I'm not really a serious person so I don't, I wouldn't really it's like I don't even like talking to like counsellors and stuff about it [self-harm] seriously like seriously, seriously about it" Tori interview 2 p.14 line 598*

*"at that age I was very introverted and I didn't know how to use words to go ok I'm in pain and well this has happened to me" Theresa p.10 line 459*

*"I just wish I could tell him I wish I could just write it down and say listen this is how I feel today I can't, I can't do it I can't" Emma p.6 line 296*

*"all I could think about was going back to that being nine years old and trying to and it was too late and I didn't want to talk about it cos it was done with" Theresa p.11 line 485*

*I've tried talking to people about it; friends and they just don't get it" Annie p.8 line 332*

Being inclined to express emotions in ways other than verbal language was shown to be familiar and for some participants perhaps this was most apparent in the large number of images they chose to discuss their experience of self-harm.

Moreover, in the same way that self-harm is physical and can be very visual, some participants described a preference for other physical and visual forms of emotional expression. Tori for instance noted how a change in her emotional status saw a change in her physical appearance. Similarly, Theresa, in the following excerpt described how she was 'drawn to' visual (and explicit) expressions of her mood that were 'different' perhaps to verbal expressions.

*"I was going through a really difficult time and erm we were going to the cinemas and they had this postcard in the things and I'm drawn to things that kind of express how I'm feeling in a, in a different manner" Theresa p. 2 line 61*



Theresa 38

Interestingly, though not directly related to visual expression of emotion, Richard described his self-harm through the use of metaphors which not only prompted visual imagery to aid his communication, but the metaphors also related to language commands.

*"[Self-harm] is like a full stop, like punctuation, its punctuation, it's a sort of punctuation to moods or emotions or to series of memories" Richard p.8 line 359*



Throughout participants accounts it was apparent that physical and/or visual injuries were often used to do the talking that participants felt unable to do for many of the reasons discussed, and notably when reflecting on the use of images to describe the experience of self-harm Annie compared using visual images to translation. She felt using the visual enabled her to express her experience into something people could understand, suggesting perhaps that the visual is easier to understand and a more effective communication tool. Thus, using self-harm, a visual image of physical pain, as a language to communicate pain to others seemed rational.

*“Yeah it’s helped [using images] your experiences, you could translate into something that somebody else could understand like, like the volcano how you would explain that whereas you show them the volcano it’s more obvious than words, I suppose people will understand volcanoes” Annie, p.14 line 614*

It would seem using self-harm as a language wasn’t exclusive to the visual presentation of pain that you might associate with injuries of cutting, it also included self-poisoning. Sarah used self-harm as a way of communicating her emotional pain to others, namely her ex-boyfriend. In spite of their relationship breakdown there was still a lot of communication between them. She referred to numerous phone calls, messages and face to face contact between them. However, communication between them in this way proved to be destructive and futile and subsequently in the following excerpts she described how having been both unable and denied the opportunity to verbally articulate her pain, she felt the urgent need to express her pain using a language she felt was more direct and had to be ‘acknowledged’;

*“anytime we spoke we’d like end up arguing **cos he couldn’t understand** why I was feeling so depressed and stuff and he couldn’t understand it from my point of view and it just made me like really hurt and angry” p.3 line 106*

*“all I wanted to do was like **talk to him** and just sort it out so we can be civil with each other but it was like he was so angry at me for doing like self-harming and stuff **that he just couldn’t bear to speak to me** and I was like you don’t know anything about why I’ve done it or the*

*reasons or like what I've been through like you just ignored everything basically until you had to acknowledge it"* p.7 line 284

Sarah went on to discuss how her use of self-harm as a language was heavily criticised by others and at this point she presented an image of her notebook which symbolised a shift in the way she now communicates her thoughts and feelings. The notebook and the act of writing are essentially another way of communicating. They were representative of another (non-verbal) language that she found effective and hoped others would approve of, though it is still a language that is not spoken to (or heard by) others.



Sarah 7

In summary, it seems sometimes to understand is to see, and understanding can not be achieved through words alone. Words were described as ineffective and futile. From the experiences of self-harm gathered in this study it would seem that sensitive experiences like self-harm are particularly difficult to express through words alone hence the apparent reliance on the visual in terms of greater numbers of images and the common use of metaphorical language for some people, and the featuring of other forms of nonverbal communication in relation to self-harm.

### **Summary**

To summarise, using photos and words to discuss experiences of self-harm identified a number of related and distinct key themes. The themes were comprised of the participants experience in relation to their lives prior to, during and after experiencing self-harm and both antecedents to, and effects of, self-harm were discussed. Experiences typically featured a pattern of affective states such as loneliness followed by action in the form of self-harm. Self-harm was shown to be the most optimal and effective means, particularly when compared to verbal language, when faced with adversity and it was shown to be positive, protective and punishing. These opposing features of self-harm were not uncommon; a private verses public and internal verses external battle also featured throughout participants' experiences of self-harm, highlighting the complex experiences and meanings associated with self-harm.

### 3.7.3 Using pictures and words

The different ways participants experienced the research activity, including how they used pictures and words to describe their experience of self-harm will now be presented, followed by my observations and experience of using this sort of approach to understand self-harm further.

#### 3.7.3.1 A positive experience

Most of the participants involved in the study reported having enjoyed using photographs and words to describe their experience of self-harm. They felt able to capture images they felt were representative of their experience of self-harm. Using photos specifically was described as ‘helpful’, ‘a good thing’ and ‘interesting’; one participant compared the use of images to translation;

*“Yeah it’s helped, your experiences you could translate into something that somebody else could understand like, like the volcano how you would explain that whereas you show them the volcano its more obvious than words I suppose people will understand volcanoes” Annie*

*“It’s quite a good thing because if like if you were just to say come in and talk about it, I wouldn’t know where to start or anything and it’s a good like, it’s a talking point like the picture you can say I’ve taken this picture because and then it leads, like, like I did with the picture of my dog like it’s a picture of my dog, but it causes this and that you know what I mean” Tori*

Participants seemed prepared in that they had chosen in advance of our meeting what they wanted to disclose, both visually and verbally. They seemed able to take control of the interview through initiating discussion of particular topics and taking the lead on further discussion. For example, when they wished to move onto another topic area. There was also a sense of ease within the meetings, perhaps because the use of pre prepared images served to minimise any anxiety which might arise through unpredictable questioning.

Using pictures and words combined to describe personal experiences of self-harm seemed easier for some than for others. Some participants seemed to have a very clear idea of the images they wished to take and the places they needed to visit to capture those sorts of images, whilst others had a combination of pictures they had

taken in the 'spur of the moment' which they felt reflected their experience, and select pictures. For most of the participants taking the pictures was described as something which gathered momentum over time.

### 3.7.3.2 A challenging experience

The biggest challenge for our participants seemed to be the initial question of what to take a picture of, followed by finding the images they wanted. For some this was a practical difficulty in that they were unable to capture specific images such as an image of the sea, a heron, a pressure valve. Others spoke of difficulties associated with capturing the intangible features of their experience, such as different emotional states or memories;

*"Finding images for stuff like emotions and things like being angry, it's like I just, I don't, I don't understand how I can take a picture of anger, like I guess I could take a picture of something that causes the anger which I did it erm but it's not always from there that causes the anger if you know what I mean like it could be like 3 or 4 things in a day have gone wrong" Tori*

*"I wanted like I can't remember like pictures in my head of memories but I couldn't like that would like instantly fit the situation like and when we first met and how instantly we clicked and stuff it's like I can't take a picture of that and stuff it's like a memory" Sarah*

Other challenges seemed to relate to embarrassment and uncertainty about the task and it was apparent in some participants' accounts that certain images were considered but not taken or brought along. For example, Tori spoke of wanting to take a photo of something that would relate to her premenstrual tension but didn't feel able to capture this visually and this seemed more due to embarrassment than practicality. She also described thinking about taking a picture of her laptop because anything electric was "*packing up on her*" and causing her frustration, however she didn't take the picture as she felt she was "*over thinking*" the task.

Similarly Emma, one of the younger participants, was the only participant who failed to present with images and it was possible that she struggled to understand the nature of the task. When asked what sort of images she would like to have taken to best help her

describe her experience of self-harm, her examples (place associated with her friend's murder and her favourite shop) didn't seem obviously related to her experience of self-harm.

For some, producing images might have been perceived as a test. On several occasions participants apologised for their images or a lack thereof and seemed to lack confidence when showing their images as though they felt under pressure to produce several images of great interest. On those occasions the power imbalance between the researcher and the researched was notable, which then led to questioning whether or not participants felt in control of the interview, how conscious they were of their personal images being looked at, and what impact if any self-consciousness might have had on the data collection process, for example, in the type of images taken or not taken. In turn, this led to a consideration of whether using images left participants feeling exposed and vulnerable, and consequently not in control of the research process.

Some of the challenges related to what participants did not want to capture. Taking Emma's example of where her friend was murdered, she spoke of how she would have liked to have taken a picture of this place but felt unable to as she found it too distressing. She described not wanting a constant image of that particular place with her (on the camera and accessible to her).

*"It would have upset me even more because I'd looked at the picture and kept looking at it and saying listen delete it because I'd need that I don't want that picture in my head anymore" Emma*

It seemed painful images were missing from other participants collections. For example, Theresa spoke about wanting a picture of a rose which although it wouldn't seem to too difficult to capture, she hadn't. The rose was representative of her grandfather's death, which marked the time "*when her world started to disintegrate*". It is possible of course there were practical difficulties in capturing the exact rose.

Nicola was also reluctant to capture images that represented her daughter. She reported how she did not want to associate her daughter with the topic or the task yet at the same time she described how her images failed to represent the guilt she felt in relation to her parenting;

*“I’m not gonna have my baby involved in this I’m not gonna have her ((sigh)) but that, that is a big thing because I’m not being a proper mum, you know erm ((cries)) I can’t I can’t, I can’t, I can’t ((Cries)) I’m not a proper mum. It’s not her fault, but I am not a proper mum and I don’t know what the picture is that you could say that” Nicola*

Finally, it is worth noting that none of the participants wanted to keep their images after the meeting, therefore none of the photos had a life beyond the study. We didn’t explore the reason for this choice but wonder, given the topic area, that like the participants in Frith & Harcourt’s (2007) study who had taken pictures of their experience of chemotherapy, the participants preferred to render their images of their self-harm experience as “unavailable for future remembering” (Frith, 2011 p.64).

### **3.7.3.3 The narrative structure**

Participants often spoke of and used images which were representative of both past and present experiences; some described their experience as an order of events spanning from their childhood / youth to present day, and some described their experience as an order of events since the onset of their self-harm. A temporal structure however wasn’t present in all of the participants’ narratives. The experience of two of the participants in particular (Nicola and Emma) seemed to lack any particular structure and their stories moved back and forth between different times. Notably, Emma’s account didn’t use any images so it is possible that she didn’t approach the interview prepared with a story to tell and instead focused on detailed specifics of recent incidents of self-harm which triggered discussion of both past and present events. Nicola captured the most images and so for her perhaps having too many images made it difficult for her to structure her story.

Having an abundance of images proved difficult to manage within the interview and the analysis, and in hindsight it might have proved valuable to pose a restriction. Too many images resulted in participants saying less about each image in order to work through them, whereas having fewer images drew out a more detailed narrative. Also, having more images often led to increased interview times which were very challenging for the participant and the researcher, narratives became more difficult to discuss and follow, but equally, stopping the interview might have interrupted the narrative structure. A large number of images also posed problems when moving onto the analysis phase and listening to the audio recordings; it wasn’t always obvious which images were

being discussed when there was swift movement from one image to another. On occasion the images were used as a substitute for language and subsequently the audio wasn't very indicative of which images were being looked at and commented upon. Nevertheless, if images are being used as a language then restricting the number of images might also restrict the content.

### 3.7.3.4 Content

In reporting their experiences, both individual experiences and experiences involving others were described and several different, difficult topics were raised, such as; sexual abuse; death; relationship difficulties, both familial and relational; violence; religion; homosexuality; alcoholism and other mental health problems or diagnoses.

For some participants self-harm was described as something which was deeply interwoven into many aspects of their life, whereas for others it was more focused and attached to specific issues such as relationships.

Discussions captured history in relation to self-harm, specific triggers, methods of harm and perceived functions, which featured significance of place and people. For example, participants expressed, both visually and verbally, the significance of certain spaces in relation to their experience of self-harm. Two participants specifically took images of their living space to describe different affective states and contextual features of their experience of self-harm. Outdoor spaces were also captured to symbolise different memories and events which were related to self-harm. In terms of people, familial relationships were mainly discussed, followed by social relationships, namely intimate relationships and close friendships. Images used to directly depict family members or significant others however were few. Only one participant clearly captured an image that was representative of a family member (see Richard 5).

*"it wasn't really a heron it was my way of replacing the figure of my mother with something else and it was a particularly nasty sort of moment between me and my sort of infant self and my mother and so yeah, so I mean as things start I've been I'd felt the urge to self-harm or been self-harmed on by myself erm for years because of this replacement bird for erm for, for someone that done me harm basically for an*



Richard 5

*incident that was harmful, painful and I'd used, I'd used an image of a bird to er you know" Richard p.2*

Though participants were asked to avoid taking pictures of others, they were informed that they could take pictures of items / objects to represent others.

### 3.7.3.5 Use of images

Participants' images varied immensely and participants' used their images differently. Some participants used very few images and spoke of them quite literally, some participants took several images and seemed quite reliant on their images to tell their story, and some used their images more metaphorically. For example, one of the participants used an image of a bird to discuss her sense of freedom (see Theresa 29).



Theresa 29

Images were used to capture cognitions, such as memories, thoughts and reasoning, and feelings, such as fear, pain (physical and emotional), sadness and frustration. They were also used as a way of drawing comparisons to describe loss and desires. For example, one participant showed a collection of images which represented agility and fluid movement, something he described as both a loss and a desire (see Oliver 2.6).



Oliver 2.6



Interestingly none of the participants chose to capture images of their injuries and only two of the participants captured single images of their method of self-harm (see Tori 4 and Nicola 1.8).



Tori 4



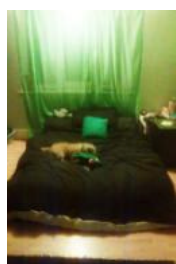
Nicola 1.8

Images themselves also featured as a pertinent point in some people's experience of self-harm. For example, Nicola, Oliver and Richard expressed the significance of visual images, though in different ways. Nicola spoke of images being a source of upset for her due to the absence of pictures displayed of her in her mother's home, so for her images themselves, or the absence of, represented feelings of sadness. Oliver on the other hand gave the impression of someone who was very involved with images to express himself and his experience of self-harm. He brought along several images of artwork that he had done himself or had bought and seemed familiar with using images to express his thoughts and feelings. Richard also gave the impression that his experience of self-harm was very visual in that he used images to literally depict the visual content of the flashbacks he suffered which acted as triggers to his self-harm. For these participants then the visual was shown to be somehow relevant and aligned with their experience of self-harm.

And finally, at the very end of each discussion each participant was asked to if they felt able to choose, out of all their images, one image that best represented their experience of self-harm. Half of the participants felt able to do this and selected only one image, however Nicola and Theresa selected more than one image and interestingly both of them had a larger collection of images to choose from, and Richard felt unable to select only one of his images, he felt most of his images were equally important. The images shown in

Figure 15 are a collection of those most representative of self-harm for the group of participants involved in this study.

**Figure 15 Images most representative of self-harm**



Tori 2



Nicola 1.12



Nicola 1.2



Nicola 1.5



Theresa 32



Theresa 33



Annie 2



Sarah 3



Oliver 1.2

The images shown in

Figure 15 captured a range of features, most notably the private and internal experiences associated with self-harm. The theme of communication also featured in the images, Annie and Sarah's images both captured indirect forms of communication and interaction, and a possibly the shift between private and public.

### **3.7.3.6 My experience of using this method for data collection and analysis**

Quite often self-harm is described as private and so to be 'shown' the intrapersonal and interpersonal aspects of a person's experience of self-harm was a very dear experience. I felt privileged to be given access into people's lives and spaces,

including their homes and bedrooms, in this visually enriched and what felt to be sometimes quite an exposing way.

### **A novel approach, but is it for everyone?**

Using images in research with people who self-harm was a novel experience for me and this prompted me to reflect on how I might have engaged with such a method as a participant – see Reflexivity p.82. This then triggered thinking around whether particular people might be more likely to engage in this sort of task than others. For example, those people that consider themselves to be, or have a preference for, visual rather than verbal. There is evidence to suggest that people readily state a preference for receiving instruction either pictorially or verbally (Massa & Mayer 2006, cited in Pashler et al., 2009), which prompted thoughts about whether or not this might have had an impact on the sample of people who chose to participate and the sorts of data gathered. In the same way, I was prompted to consider how different researchers might have different stances in relation to pictures; I described a preference for the verbal and it took a while for me to get into the stride of working with and analysing visual data, whilst my supervision team seemed more 'visual'. So as mentioned previously p.82, it is not an approach that comes naturally to everybody which may seem a little surprising given what a visual world we live in.

### **Using images as data**

Polysemic properties of images are said to greater than those of words (Penn, 2000 cited in Frith et al., 2005). Images can be used to represent all manner of subjects and can be interpreted in so many different ways. There were many occasions where seemingly mundane images unveiled complex narratives relating to self-harm and it proved difficult at times to know quite what was being communicated. For example when we see a bedroom, do we see a refuge or a place of abuse? So, pictures can usually only be understood when accompanied by a commentary if the understanding we are after is of the individual who took them. One of the challenges was therefore to present an analysis of an image which was considerate of a number of different, though not exhaustive, reference points. For example, the participant's interpretation of the image and its communicative intention from their perspective, as well as other cultural and social references, including my own. As discussed previously on p. 82 the complex analysis of polysemic data provoked me to prematurely perhaps bring order and organisation to the data and present it in a linear and structured way, though this did not necessarily mirror the way in which it was presented to me. Similarly, I tended to translate or code pictures verbally and then look for themes in a traditional way

which might have led me to miss something of the power of using images, but I'm not confident of a way out of this.

To summarise then, using photos and words to discuss experiences of self-harm was both a helpful and challenging experience for the researcher and the researched. Images were reported to aid expression and communication, and were sometimes seen as a substitute for language. Using images enabled participants to prepare and present what they felt was important in describing their experience of self-harm, which hopefully in turn enabled them to feel in control of the research process. Using this unstructured approach with images allowed for the unveiling of complex, unpredictable and detailed narratives which may not have been accessed through interview alone.

Nonetheless, not everything can be captured through images, and perhaps not everyone feels able to visually represent their experiences through images which might result in access to only those people and topics that are. Asking people to provide this sort of data might also result in feelings of embarrassment which in turn could inhibit communication.

The challenges associated with analysis of this type of data are also ever-present and potentially vulnerable to sceptical scrutiny.

## **3.8 Discussion**

Arguably, functions of self-harm are only understood in terms of the questions that are asked which often, in turn, relate to extant theory. This might suggest why our understanding of self-harm remains incomplete. Thus, to develop our understanding of some of the functions of self-harm further this study aimed to adopt an exploratory, unstructured, 'bottom up', visual approach. People's experiences of self-harm were explored using photo elicitation to help elicit knowledge of self-harm from those with personal experience in a way that 'worked' for them.

The objectives were to: (1) explore how people who have personal experience of self-harm describe their experience through photographs and words, and (2) consider whether using this approach has broadened our understanding of why people self-harm.

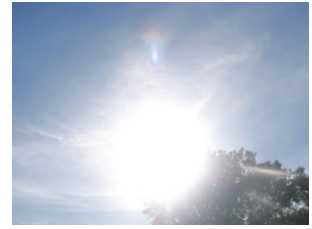
The discussion will be presented in three parts, part one will present a discussion of the findings in relation to the existing literature and consider whether the findings have broadened our understanding as to why people self-harm, and if so, how that might be related to the visual methods approach will be discussed in part two. Part three will present a critique of the study and suggest recommendations for future research.

### **3.8.1 Part one: The findings**

The analysis of eight detailed in-depth accounts of personal experience of self-harm identified seven common themes, four of which captured possible antecedents to self-harm, which were: a lack of control, consumed with self criticism, loneliness and a lack of protection. The remaining three captured explanations as to why people self-harm, which were: to punish, to protect and to use self-harm as a language. This discussion will focus on those latter findings: self-harm as a protective factor and self-harm as a language. These particular themes seemed most novel and noteworthy due to the relative lack of literature surrounding them.

## To protect

*“For all its damaging things and properties its, its protecting and preserving isn't it to an extent” Theresa, p.19 line 878*



Adverse events were considered commonplace in many of the lives of those who took part in this study. For example, participants had experience of sexual abuse, death of significant others and mental health problems, and it would appear that self-harm, when faced with adversity, sometimes functioned as a protective factor. Protective factors are defined as “predictors of positive outcomes among people at risk for developing problems as a result of adverse life events or experiences” (Lopez, 2009) and usually they are thought of as a supportive network of family or friends (McDougall et al., 2010). In those cases then where there is a perceived absence of a protective ‘figure’, as per the way some of the participants who took part in this study described, using self-harm as a protective factor is maybe perceived as a rational, though maladaptive, substitute.

The protective properties of self-harm were expressed in different ways, some of which resonated with the theoretical models of affect regulation (Klonsky, 2007a, Suyemoto, 1998) and anti-suicide (Klonsky, 2007a, Suyemoto, 1998). For example, Richard and Theresa both discussed using self-harm as a way of appeasing the desire to attempt suicide. Theresa did in fact describe self-harm as a ‘*barrier*’ that could protect her from experiencing worse pain and death. Similarly, self-harm was described as “*a lifeline*”, “*the fall back*”, “*the last chance*”, a behaviour which eliminates negative emotions and thoughts and brings about feelings of “*aaahhh*”. It was often described as “*the only thing that helps*” and the ‘*only thing*’ that would enable day to day functioning. Similar descriptors have been reported in other studies and articles, for example, metaphors and statements such as “*it's my life raft...a sort of safety shield*” (Collins, 1996) and “*to prevent being hurt in a worse way*” (Brown, 2009, Linehan et al., 2006a) and “*to feel safe*” (Briere and Gill, 1998) were endorsed.

In the face of adversity then self-harm for some was shown to be the most effective tool they had to stay alive and keep functioning and the experiences captured in this study seemed related to both affect regulation and anti-suicide functional models of self-harm. However, the way some participants described their motivations to self-harm seemed to encompass something more than this; some of the accounts seemed to suggest self-harm offered something positive yet distinct from the removal of

something negative. For example, self-harm was described as a behaviour through which feelings of control, empowerment and ownership could be sought.

The subject of control has been well documented throughout the literature on self-harm and it is well known how people who self-harm often feel as though they have no control over their lives. There is a wealth of evidence to suggest that self-harm offers a feeling of control through feeling able to rid oneself of or reduce unpleasant affective states commonly referred to as affect regulation. For detailed examples see (Arnold, 1995, Bancroft et al., 1979, Bancroft et al., 1976, Boergers et al., 1998, Dear et al., 2000, Demming, 2008, Favazza and Conterio, 1989, Fulwiler et al., 1997, Haas and Popp, 2006, Harris, 2000, Hawton et al., 1982, Heath NL et al., 2009, Herpertz, 1995, Sutton, 2007, Klonsky, 2007a, Suyemoto, 1998, Brooke and Horn, 2010).

Aside from this, the findings from this study and others have shown how control can be gained through the behaviour in and of itself, for example through controlling the level of pain, depth of cut and the amount of blood (Russell et al., 2010, Himber, 1994, Ettinger, 1992, Sutton, 2007, Demming, 2008, Haas and Popp, 2006, Klonsky, 2009, Osuch et al., 1999, Polk and Liss, 2009, Shearer, 1994, Brooke and Horn, 2010). The findings from this study offer a further insight in to how the positive experience of feeling in control might be gained through the act itself. For example, Theresa described the predictable nature of self-harm and how important it felt to be able to foresee what was coming and the process of cutting offered her that, *“when I cut myself there’s a process you know, you cut, you bleed it’ll hurt then you’ll clean the wounds up you’ll bandage them they’ll heal, you’ll scar and its, its process its, there’s a start there’s an end and erm and that was, that was always really important for me to have that control and have that process of the stages of its I know it’s going, I know it’s going do this and I know it’s going do that and then it’s going do that”*.

She also expressed how self-harm gave her a sense of control through offering her a sense of certainty in that only she can truly hurt herself. She described how although people have and do hurt her they could never subject her to as much pain as what she can do to herself and this in particular made her feel empowered. Similarly, she and others described a sense of ownership over their behaviour, remarks such as *“it’s mine”*, *“there are certain things they can’t have and that’s [self-harm] one of them”*, statements of ownership and control like this suggested there were positive experiences to be gained through self-harm. These sorts of experiences were particularly fitting with participant responses in Shearer's (1994), Demming's (2008) and Brooke and Horn's (2010) studies who all studied women's reflections of their self harm. One of the participants in Demming's (2008) study described her self-harm as something that belonged to her, that she controlled and only she could stop it. Shearer

(1994) on the other hand included the statement “*to do something I have control over and no one else can control*” within a questionnaire which he developed from the literature and his own clinical experience. This item was ranked one of the top three functions by 22% of participants. These findings support the idea that self-harm serves to regulate feelings of distress, but they also suggest that people who self-harm might be motivated for reasons beyond reducing or eliminating negative affect. They suggest there is something positive to be gained from self-harm yet these sorts of functions have received little attention in the theoretical literature.

The following section will focus on those functional models of self-harm which suggest that self-harm can serve positive functions though in a different way to that reported in this study, followed by a theoretical model which might help us understand why people use self-harm in this way.

Sensation seeking model: As discussed on page 13, Klonsky (2007a) proposed the sensation seeking model whereby people use self-harm to generate feelings of excitement and exhilaration for example, ‘to feel high’. He stated how the lack of attention in the theoretical literature around functions which resemble adrenalin seeking behaviour are likely due to the fact that most of the evidence is drawn from clinical populations. However a number of studies have reported evidence to support this model (Kamphuis et al., 2007, Klonsky, 2009, Klonsky and Glenn, 2009, Kumar et al., 2004, Osuch et al., 1999, Oyefeso et al., 2008, Samuda, 2003, Shearer, 1994, Silverman, 2010, Simeon et al., 1997, Taylor, 2003, Kleindienst et al., 2008, Martin et al., 2010).

The sexual model: As discussed on page 10, Suyemoto (1998) proposed that self-harm can offer sexual gratification and as shown in the previous study a number of studies offer support for this model (Briere and Gill, 1998, Haas and Popp, 2006, Klonsky, 2009, Osuch et al., 1999, Shearer, 1994, Silverman, 2010, Simeon et al., 1997, Simpson, 1975). In particular, Simpson reported how patients likened cutting to sexual experiences. Gratification through self-harm has also been compared to sadomasochism in that it is characteristic of those who are motivated by power and a desire to control pain (Asch, 1988; Roy, 1978 cited in Suyemoto, 1998).

Both of these models support the theory that self-harm can serve positive functions, though they do not necessarily explain the findings from this study.

The four function model: as referred to briefly in section 2.3.2, Nock and Prinstein (2004, 2005) on the other hand proposed a four function model (FFM) of self injury which might explain some of the mechanisms behind the suggestion that self-harm can serve positive functions. The FFM was developed with the aim to explain why people



might engage in self-injury, and to classify and treat behaviour according to the processes that produce and maintain them (Nock and Cha, 2009). The model essentially applies the principles of behavioural psychology to self-injury. For example, Nock and Prinstein (2005, 2004) would suggest people who are motivated to self-harm for positive gain are experiencing automatic (reinforcement by oneself) positive reinforcement (APR) in that they self injure to generate feelings, for example, in the context of numbness or anhedonia. They found evidence of the APR function of self injury in people with symptoms characteristic of major depressive disorder and post-traumatic stress disorder, and suspect it may be related to those who experience dissociative episodes. This description of the APR function however does not fit the positive functions described in this study i.e. control, empowerment and ownership. What's more, they suggest some of the theoretical models of self-harm such as mastery over death (anti suicide) presented by Suyemoto (1998) lack empirical support and are a result of a broader use of the term function to refer to the reason for or purpose of the behaviour. Nock (2008) argues that without regard for specific antecedent and consequent events explanations lack specificity and provide little information, this is debateable. The FFM uses the term function to refer to the analysis of "antecedent and consequent events proposed to cause or maintain a given behaviour" (Nock, 2008 p.160).

The lack of attention in the literature around self-harm as a positive experience is likely to have clinical implications. Assessment of risk and protective factors are unlikely to consider self-harm in and of itself as something protective which might suggest that any subsequent intervention is unlikely to have the right emphasis.

### **Self-harm as a language**

Communication was also a key theme throughout the findings of this study; many of the participants spoke of and presented images representative of communication in relation to difficulties with its absence and its presence, and for the most part in relation to verbal language. For example, the use of words was sometimes described as inappropriate and ineffective, some difficult and sensitive experiences were felt to ineffable, 'beyond words'. Some participants expressed an inability and reluctance to express themselves through words because of negative experiences or a lack of experience in using words to communicate issues of a sensitive nature. Difficulties included absence of someone to listen, dislike for talking, inability to find the words and risk of being dismissed, and related to communicating with family, friends and

professionals. Consequently, self-harm was employed as a language that was seen rather than heard, and used as an alternative to verbal communication.

Klonsky (2007a) and Suyemoto (1998) both described how people use self-harm as a way of interacting with their environment. Klonsky (2007a) referred to the 'interpersonal influence' model to describe how people use self-harm to influence or manipulate people in their environment. Suyemoto (1998) referred to the environmental model and describes how self-harm creates environmental responses that are reinforcing – see section 1.1.3.2. Although the environmental model does include how self-harm can be used to express the inexpressible, which does seem related to the idea of using self-harm as a language, neither of these models appear to satisfactorily explain how people used self-harm as a language in this study. For example, the findings in this study seemed unrelated to modelling of others, reinforcing reactions of others, or manipulation. Instead, messages were 'written on the body' in the same way Adshear (2010) described, through the act of self-harm which was used to do the talking that participants felt unable to. Rather notably, as reported previously in section 3.7.2.3, when reflecting on the use of images to describe the experience of self-harm, one of the participants described using visual images as a form of 'translation'. She felt using the visual enabled her to express her experience into something people could understand, suggesting perhaps that people find the visual easier to understand and thus a more effective communication tool. In the same way Annie described using images, people described using self-harm. For example, *'I had lots of different forms of self-harm, I had eating and all sorts of other things or issues but cutting was my primary language'* (Reece, 2005 p.568).

Using physical behaviour to communicate with others has been described as "ubiquitous" (Nock, 2008 p.159). Behaviour is often used in place of words and is said to "carry greater social and scientific currency than words" (Nock, 2008 p.161). It is more telling in what people do rather than what they say (Nock, 2008) and is often something we do when verbal language fails us. Hence behaviour is sometimes used to escalate communication. Like using self-harm as a way of protection, using self-harm as a language might also be explained using the four function model FFM (Nock and Prinstein, 2004, Nock and Prinstein, 2005). The model proposes that people use self-harm as a language to serve a social function, most likely for social positive reinforcement (SPR) which strongly relates to items such as "to get other people to act differently or change", to try and get a reaction from someone, even if it's negative", "to make others angry". The FFM also describes how using self-harm in this way might also signal strength and fitness to others. For example, Nock (2008) compared self-harm as an observable behaviour to signalling shown in animal behaviour; he

presented the concept of indices of quality and the handicap principle to illustrate how people might use self-harm as a signal to others. The concept of indices of quality focuses on animal behaviour which is suggestive of size and strength of an animal - high level tiger markings suggest the presence of a large tiger and signal a warning to other tigers. In terms of self-harm this might relate to those who use self-harm to signal toughness or to ward off others. Although using self-harm in this way has not been discussed in this study, it was discussed in study one. The literature referred to the use of self-harm to make the body ugly to ward off potential sexual interest. In contrast, the handicap principle refers to choice based and costly signals which are only utilised when absolutely necessary. Nock (2008) refers to the example of a gazelle stotting (high jumping when hunted by a predator) which would slow the pace of the gazelle but would signal the strength of the gazelle to the predator to terminate the hunt. This particular example was interesting in that some of the participants in this study referred to their self-harm being taken into the public (in the form of help seeking) as a costly experience, and perhaps using this explanation might suggest that those that do are doing so in the face of risk and presenting their self-harm to signal a need for help rather than a signal of strength.

Furthermore, Nock (2008) compared self-harm as a language to somatoform behaviours, whereby physical symptoms are presented as an alternative to communicating psychological distress. Presenting with physical injuries enables contact with a health care professional, but more importantly it also represents a hope that the health professional will see and address both the physical and psychological distress.

Thinking about self-harm in this way might present the beginnings of understanding the public verses private conflict which was observed across participants' accounts in that it explains why something which is usually private might sometimes be presented to the public (at cost) to signal both strength and vulnerability.

For the most part these accounts and explanations suggest self-harm when used as a language has a public communicative intention, but perhaps self-harm as a language is sometimes used privately to merely express the inexpressible or simply because people have a dislike for talking, as was shown in this study. Perhaps the focus is about being able to express oneself rather than seek the reaction of others. For example, Nock (2008) discussed how an act of self-harm may influence the behaviour of others though its intended function might have been different. He also stated how an act of self-harm could serve both automatic and social functions simultaneously. The findings from this study seemed supportive of both these statements. For example, Sarah, who reported how "actions speak louder than words" on the first two occasions

used self-harm to regulate her affect (automatic negative reinforcement) though her behaviour did evoke a strong negative reaction from others. This then spurred a further episode which was intended to punish her significant other (social positive reinforcement) suggesting perhaps that although her act of self-harm may seem to have been motivated by SPR it was initially intended to function as ANR. Perhaps a more enhanced explanation might be gleaned through Suyemoto's (1998) environmental model which would propose that while she used self-harm to punish others, her act of self-harm also 'served the system' (the system being the self) in that it enabled her to express inexpressible systemic conflicts which might have threatened her perception of wellbeing. Thus demonstrating, a) how she might have used self-harm for both intra and interpersonal reasons at one time – perhaps primary and secondary functions, and b) that self-harm also served unintended functions.

## **Summary**

Similar to the findings in study one, it would seem functions of self-harm similar to those outlined by Suyemoto (1998) and Klonsky (2007a) and those described in other studies have been shown in this study. However, the functions discussed were not particularly explicit within those models of self-harm and so perhaps the findings from this study might have broadened our understanding of some of the functional models of self-harm in relation to self-harm as a behaviour which is protective and positive and self-harm as a language. Three observations which were consistent with other literature were also noted from the findings: 1) the functions of self-harm often overlap, 2) self-harm might serve more than one function at one time and 3) how an act of self-harm is perceived / responded to by others is not necessarily the way it was intended by those performing the behaviour.

Despite having offered participants a different way of expressing their experience of self-harm, this study like many others, did not find evidence of the dissociation, sexual, sensation seeking and boundaries functions of self-harm. Nonetheless, like study one, the findings from this study suggest the need for a more comprehensive theoretical review of self-harm functions that is inclusive of the additional functions and distinctions reported here. Some of the existing models might be perceived as 'catch all' functional models. For example, the model of affect regulation seems to have been used to explain other distinct functions of control, protection and punishment.

Without a complete understanding of why people self-harm our ability to effectively investigate and address this phenomenon further is restricted. A review of the theoretical literature to effectively illustrate some of the distinctions within the functional

models of self-harm could be useful for both health professionals in terms of formulation and development of effective interventions aimed at reducing self-harm, and researchers, particularly those who favour quantitative approaches, and those aiming to develop new instruments to assess functions of self-harm. Researchers and clinicians are strongly encouraged to consider the range of functions, including their specific and concurrent properties, antecedents and consequences in their treatment of self-harm (Nock, 2008).

### **3.8.2 Part two: Using the visual to unlock the stories and ‘translate’**

The purpose of using a visual method to explore personal experiences of self-harm was an attempt to counter some of the reported problems people with personal experience of self-harm encounter generally and in relation to research. By adopting what you might call a more tailored, exploratory, bottom up approach I hoped to firstly enable people to express what they felt was important about their experience of self-harm, and secondly, enable them to express their experiences of self-harm in a different way. Potential limitations in relation to conventional methods have been discussed previously (see 2.3.3). Through this, I hoped to gain access to unrestricted experiences that might be difficult to articulate to broaden our understanding of some of the reasons why people self-harm. Part one of this discussion has discussed the findings in relation to extant theory and empirical evidence surrounding the functions of self-harm, and suggested how the findings from this study might serve to enhance our understanding of particular functions, part two will discuss how the method might have contributed.

#### **3.8.2.1 Did the method ‘work’ for people who self-harm?**

That is, did it promote self-understanding, expression, communication and focus during interviews (Drew et al., 2010); was it useful in accessing unpredictable information and establishing rapport (Hurworth et al., 2005)? For some, it would seem so. Participants enjoyed using this method and it allowed them time to prepare and choose what they wanted to show and discuss in terms of their experience, including what they didn’t want to show, and from some of the accounts it would seem reasonable to suggest that the method did promote self-understanding, expression, communication and focus. Throughout the interviews there was a constant interaction between the pictures and the verbal content.

Using this unstructured approach with images allowed for the unveiling of complex, unpredictable and detailed narratives which may not have been accessed through

interview alone, including controlled access to the 'unseen' (to be discussed - 3.8.2.3). Indeed, trying to follow up on all of the unpredictable and complex stories proved difficult at times and both the participant and the researcher struggled to keep track of the rich discussion. Nonetheless, using this method seemed to change the typical research dynamic in that it enabled a change in the voice of the interview and participants took control of the representation and interpretation of their experience. The method enabled articulation of several different, difficult topics such as, sexual abuse, death, relationship difficulties - both familial and relational, violence, religion, homosexuality, alcoholism and other mental health problems or diagnoses.

Similar to the suggestions of Mannay (2010) & Harper (2002) where photographs provided a different way of knowing and understanding something which can be taken for granted, one of the participants reported how the method prompted her to think about her experience of self-harm in a different way *"it made me think about what would represent it you know, represent it in a different way that I'm used to, but yeah no it was interesting"*. Moreover, in the same way participants in the study of Cooper and Yarborough (2010) reported articulating experiences for the first time through the use of images, participants in this study reported how it was the first time they had spoken in such an honest and detailed way about their experience of self-harm. Of course this sort of response might be related to factors other than the method, for instance, rapport and who participants feel comfortable to communicate with, and having the opportunity to talk in what they perceived to be a safe, non-judgemental environment. It is worthwhile noting here that the extent to which people with personal experience of self-harm found it difficult to talk was sometimes questionable and so with one of the participants I explored how she seemed quite able to communicate with me; her response was largely related to her perception of me and my understanding; *"I think its cos I know you have some understanding of self-harm and I know that you're not going judge whereas other people will, other people have got no experience of self-harm and it's a hard thing to get your head round you know and there the people that are saying you know you've just got to stop doing it"*. So while the method certainly appeared valuable for all the reasons discussed, this particular response might suggest one the main strengths lies in its ability to establish a good rapport.

### **3.8.2.2 A 'good fit'**

One of the main purposes of adopting a visual methods study with people who self-harm was to enable them to feel as though they were in control of the research process and offer them a different form of expression. It has been interesting to see how those

key features, which were initially identified as barriers to research, were in actual fact discussed by the participants as their functions of self-harm. Perhaps then through offering a different form of expression, different to those enabled through conventional methods, yet similar perhaps to their chosen form of expression (self-harm), participants felt more able to express and communicate their experience of self-harm. Similar to the way they used their body as a way of expression and substitute for language, they used the pictures.

The way participants used pictures in this study might also support the suggestion that people draw upon visual images during times of psychological distress (Holmes et al., 2005, Hales et al., 2011, Holmes et al., 2007). As discussed previously (3.1.1.2), studies carried out by Holmes et al (2007) and Hales et al (2011) both showed how participants, during times of psychological distress, were more likely to describe their experiences in the form of imagery. In a similar way, the two males in the study, Oliver and Richard, both talked about their experiences in a very visual way, Richard in particular presented pictures to represent the contents of his flashbacks, whilst Oliver described how art often captured his own intra and interpersonal experiences. Moreover, the use of metaphorical and figurative speech featured widely throughout most of the participants' accounts which would suggest a propensity to describe experiences of distress through imagery.

### **3.8.2.3 Seeing the unseen: controlled access to the 'private' and the 'hidden'**

Adopting a visual approach enabled the researcher to 'see' what was usually hidden and private, whilst enabling the participant to choose and be in control of what they wanted to show. This controlled access was perhaps less exposing and 'costly' for the participant. Experiences of hostile care and negative reactions to self-harm have been well documented in the literature (Gough and Hawkins, 2000, Pembroke, 1994, Spandler, 2001, Huband and Tantum, 2000, McCann et al., 2006) and were reported by participants in this study, including the need to portray an external self which is different to the internal self by way of protection. For example, the visual and verbal accounts sometimes captured a sense of conflict between external and internal persona. Tori and Theresa in particular both discussed how despite their extensive history of self-harm and suffering they were reluctant to be perceived by others in this way. They both maintained quite a hardy external persona, which Tori referred to as her 'front,' yet they both chose to show images which captured what was behind their 'front'. Tori for example allowed me to see the space in which she self-harmed and the

tools she used, and Theresa captured images that represented her vulnerable and fragile self. In this way the method seemed to enable a 'safer,' more controlled form of expression and disclosure, and for some it was reportedly the first time they had spoken in such an honest and detailed way about their experience.

While the method seemed appropriate and valuable to those participants with personal experiences of self-harm, on reflection it may not be entirely suitable for everyone or every topic, including self-harm. A critique of visual methods, including ethical challenges, will be discussed in part three, followed by recommendations for future research.

### **3.8.3 Part three: A critique and recommendations for future research**

#### **3.8.3.1 Is the method restrictive - Is it accessible to everyone?**

Throughout the research process I was prompted to consider whether some people might be more inclined than others to participate in a visual methods study. Though this is arguably a consideration for all types of research approaches it felt as though the visual element of the task was quite significant. Like Frith and Harcourt (2007) pointed out in their study, this type of approach would not appeal to all and so those participants who do consent to participate may be more familiar with, or receptive to, the idea of taking photographs. Almost certainly, capturing images to represent experience of self-harm was more of a challenge for some than others – see p. 163; obviously this could have been due to a number of factors, not least the topic area. Other factors such as personal preference and perceived creative ability seemed relevant, and although the method was intended to give participants control and facilitate their expression, for some it might have been perceived as a measure of their ability. More specifically, resembling the participants in Mannay's (2010), Packard's (2008) and Frith and Harcourt's study (2007), on several occasions participants apologised for their images and seemed to lack confidence when showing their images, or a lack thereof. Some seemed embarrassed and perhaps felt under pressure to produce several images of great interest, which in turn might have inhibited their ability to express their experience of self-harm. Like Packard (2008) I also experienced the discomfort of looking at some of the images with participants which were of poor quality. For example, Nicola seemed particularly embarrassed when looking at some of her images which she had taken whilst intoxicated. Some of the images were blurred and of such poor quality she was unable to identify their purpose. This particular point raised further ethical issues. As discussed previously in relation to my meetings with



Nicola, it was sometimes questionable whether she had capacity to consent to participate, and it became apparent that whilst taking some of the images (generating the data) she was intoxicated. This led to questioning whether some of the images should have been excluded or whether additional consent to use all of her images should have been sought. Though she did not express a wish to exclude any of her images I'm not confident that this was the most appropriate way to handle that particular data. So, whilst I would agree this type of approach is beneficial and valuable in changing the research dynamic and establishing rapport, I would also add, like Packard (2008), that it might also inadvertently embarrass participants and inhibit communication.

So, despite my intention to design a research task which did not require any level of skill or expertise, this was not always how it was perceived or experienced. Taking pictures is considered a familiar method, however on reflection that wasn't the issue. Taking pictures to represent difficult experiences in a difficult context wasn't familiar and that was the issue that required more thought. Using pictures to represent experiences of self-harm is assumedly not something participants would do spontaneously, instead it required effort, abstract thinking and reflexivity (Drew et al., 2010) which perhaps some people struggled with more than others. The apparent prerequisite to be self-reflexive and able to symbolise experiences might relate to some of the previous discussions around barriers and acquisition of an emotional lexicon (p.60). However, in spite of these potential limitations participants did approach the task differently. Some people captured images which at first glance were quite banal and more concrete in form, and appeared to require little skill and expertise in terms of reflexivity and symbolic representation. For example, a cup, a chair, a bed, yet they unveiled interesting and complex narratives just as much as those images that were more metaphorical and abstract in form.

### **3.8.3.2 Capturing the intangible, or can you?**

The assumption that affective dimensions of experience can be captured through language is questionable. Firstly, emotions and feelings are not always obvious to those experiencing them and so they will not necessarily be disclosed verbally; and secondly, affect is often described as ineffable, something which is not always amenable to verbal description (Cromby, 2011), hence the exploration of the utility of visual methods in accessing the affective experience, and others, with people who self-harm. However some of the findings from the study might suggest that visual methods might also struggle to capture the ineffable and the intangible. Two participants spoke

of the difficulties associated with capturing the intangible features of their experience, like their varied affective states or memories. For example, Tori reported, *“finding images for stuff like emotions and things like being angry it’s like, I just, I don’t, I don’t understand how I can take a picture of anger, like I guess I could take a picture of something that causes the anger which I did”*. Tori’s challenge of capturing her affective features of her experience was similar to what Bancroft et al (1979), Rodham et al (2004) and Michel et al (1994) reported. When participants were asked to describe in their own words the reasons for their self-harm, they were more likely to articulate concrete antecedent events, rather than affective experiences which served their self-harm.

Similarly, like many other studies, findings related to some of the more conceptual functional models of self-harm didn’t feature. For example, experiences relating to the dissociation or the boundaries models. It is possible that for some the method is restrictive in its ability to capture the more difficult and intangible internal processes and affective experiences; the camera faces outwards and perhaps limits the scope of what some people might consider capturing when tasked with this sort of exercise. On a similar note, some of the more embarrassing and ‘positive’ functions of self-harm didn’t feature either, for example none of the participants spoke of any sexually gratifying experiences associated with their self-harm.

Of course it was only one study with a small sample and perhaps more participants might have yielded such discussions. Even so, it might have proved more embarrassing to capture a picture of something sexually related and positive compared with ticking a box, especially given the fact that the picture was knowingly going to be viewed by others and discussed. So perhaps, using images in this ‘public’ way only allows access to some of the hidden and the private, and those experiences which might be perceived as more embarrassing or unusual remain private and inaccessible. Exploring the content of images where the owner remains anonymous on the other hand might offer us access to something different. This will be explored in the next chapter.

### **3.8.3.3 Reflections on the method**

**Sample size:** The sample size used in this study might be considered a limitation in that I cannot be confident of saturation, or transferability to the population as a whole. Nonetheless, a smaller sample might prove useful still in future research and enable a more focussed in depth analysis of the data, after all delving into the particular is said to take us closer to the universal (Warnock 1987, cited in Smith et al., 2009). A

heterogeneous sample of eight participants yielded a vast amount of rich and distinct visual and textual accounts of self-harm, which were analysed individually before looking at the data as a whole. Through this process the vastness and uniqueness of the accounts became apparent and given the exploratory nature of the study all of the data (over ten hours of dialogue and 143 pictures) were attended to in detail. Thus, although the sample may be considered small, it was diverse, in depth and rich which seemed an acceptable compromise.

**Presenting the analysis:** The analysis involved an exploration of each individual's account followed by a journey into the data across participants. Presenting these results in totality within the thesis was a challenge; the individual accounts offered richness through context and depth, some of which was lost in the presentation of the group analysis (although this richness was inherent within the analysis). However, presenting all the individual accounts was unwieldy. The compromise in the presentation was to offer only two full individual narratives to give a flavour of the analysis. It may be that such a presentation loses the richness of the individual but hopefully the group analysis is useful in capturing that which is common. It may be that for future research a more definite case study approach could be adopted to capture the complexity.

**Multiple interviews:** Data from some participants was collected on more than one occasion, though this was usually at the wish of the participant and prior to any formal data analysis. Alternatively, designing research which aims to collect data from all participants on more than one occasion might offer a further opportunity to those who didn't present with images or those who presented with fewer images to engage with the method. Moreover, the formal process of analysis usually begins after data collection has ended which subsequently limits what we might explore in subsequent interviews. Our initial thoughts about what might be considered most poignant within the data can often change as the analysis matures, as can our thoughts about what questions are being raised in the data. Further interviews following preliminary analysis might allow for further exploration of particular phenomena. For example, further exploration of some of the cross cutting themes such as, the conflicts between the public and the private, would have proved useful.

**Number of images:** Not having posed a restriction on the number of images generated by participants allowed for participants to explore all different aspects of their experience, including those distal and proximal. However, in hindsight this may have been overwhelming. An abundance of images proved difficult to work with during the interview for both the participant and the researcher, and proved difficult during the analysis phase. Perhaps a limit on the number of images might have proved useful and

reduced any uncertainties and anxieties about the task. Yet researchers need to be mindful of whether this might inadvertently restrict access to content.

**Exploring the Process:** In the closing section of the interview participants' were asked questions relating to the method, however there was little focus on their responses which in retrospect could have been explored further. More emphasis on the actual process of taking images would have proved valuable when attempting to comprehensively critique the method. For example, Frith et al (2005) wrote about the importance of how people manage the process of engaging with the camera, such as, context and circumstances of the fabrication of photos, what their choices were regarding what to make visible and why, especially when asked to capture experiences they wouldn't usually photograph. Given some of the discussions about accessibility as a method in terms of people and topic, perhaps this is something future research would benefit from.

**Analysis of visual data:** An adapted polytextual thematic analysis was employed due to its ability to incorporate the analysis of visual images to understand people's experiences of self-harm (Gleeson, 2011). Whilst it was developed to analyse visual images, Gleeson (2011) acknowledged the value of drawing on supporting materials where available to help contextualise those images. Similarly, others have also suggested that images in isolation can be problematic for research, rather, they should be surveyed with the series of images to which they belong and any other contextual annotation (Frith et al., 2005, Collier, 2002). So, pictures can usually only be understood when accompanied by a commentary. Whilst I would agree with this to an extent, I also think there might be some value in looking at images separately from text. Whilst carrying out my analysis I noted how the analysis of images felt superficial because of the difficulty I had in removing myself from the text that accompanied the images, whereas surveying the images separate from the narrative seemed to help develop the analysis and still provide an analytic account which was grounded within the data. So whilst the analysis of images without other contextual information might be disadvantageous, it might also be a further way to learn more about the personal experience of self-harm. The findings from this study suggested that self-harm, like images, is sometimes used as a visual language when other means of expression have proved too difficult. Thus, exploring images as a means of communication in and of themselves might prove useful.

## **Ethical challenges**

This next section will discuss how some of the ethical procedures outlined in section 3.3.2, which are considered 'standard' in word or number based research became more problematic, though not irresolvable, throughout the course of the research.

### **Anonymity and confidentiality**

Ensuring participant data is kept confidential and participants remain anonymous are fundamental ethical issues of most research; however the visual element of the study had the potential to impair such efforts. Though participants did not take identifiable pictures of themselves or others in most cases, they did take pictures that captured other identifiable data. For example, printed names or signage of a school attended by their child. As with textual data, to counter this problem efforts to remove identifiable data were carried out, however, I would agree with Clark (2006) in that it is practically impossible to completely achieve anonymity of place. Subsequently, where necessary only select images were used to illustrate themes or photo editing software was used. It is worth noting however that pixilation of images can be considered dehumanising, associated with criminal activity (Banks, 2001), and futile; sometimes in attempting to disguise data the very essence of the intended message can be lost (Clark et al., 2010). Also, if one of the objectives of using images is to express the very messages we feel unable to express through text (words) then altering images might seem contradictory.

The use of participant generated visual material in particular can attract added problems. For example, a participant's single image was due to be published and so the participant was fully notified of the planned publication and expressed a wish to be named, however given the nature of the topic area the researcher felt it necessary to ensure they remained anonymous, as per the signed agreement (consent form). While they may have wished to be named at this point in their lives, their view may change in the future (Barrett, 2004) and removal of their name could prove difficult or impossible (Banks, 2001). Such efforts to protect participants however can be interpreted as silencing participants (Walker et al., 2008 cited in Clark et al 2010). These interpretations are both concerning and paradoxical given one of the intentions of the project design was to create an opportunity for those considered marginalised to have a voice and a sense of control over the research process.

### **Consent to use images**

Permission, in the form of written consent, for the researcher to keep copies of and publish images was sought from each participant, including permission to use the data in future research. Nevertheless, as a researcher using participant's images in different contexts did rouse ethical uncertainty. Though all of the participants gave their consent

for the researcher to use their images when discussing the project to a wider audience, as Clark et al (2010) and others have pointed out, statements such as these can be ambiguous in that they encompass a host of different uses i.e. different modes of dissemination to different audiences, most of which regardless of whether they are clearly stated, will not necessarily be fully understood by participants (Wiles et al., 2008).

Moreover, recent regulations within certain institutions require all PhD candidates to submit an electronic copy of their thesis; in other words, deposit their data on the internet, implications of which may not have been anticipated by participants or the researcher at the outset of their research endeavours. The deposit of visual data in particular is likely to introduce further ethical concerns which participants should be fully informed of.

Even further complexities and strategies with regards to consent have been discussed in relation to visual methods. For example, Davies (2008) on behalf of the Economic and Social Research Council (ESRC) published a toolkit for visual researchers specifically focussing on issues of informed consent. She stressed how participant generated photographs differ in their emotional charge. For example, some images may be more poignant and sensitive than others and so participants may wish for restricted use of those images. Offering participants the choice to consent to use of individual images rather than consent to use the whole of the data is demonstrable of ethical practice, though Davies (2008) does acknowledge how this can introduce concern and confusion for participants resulting in them feeling reluctant to partake. Although participants in this study were not given the opportunity to consent to individual images, arguably, requesting their consent to use of their visual data outside the university, as discussed previously in relation to anonymity, could be perceived as an attempt to offer participants the opportunity to withdraw their consent or restrict their consent to use certain images only in certain contexts.

Finally, some participants may present pictures of existing images. For example, images of another person's artwork or images from a magazine. This then raises the question of ownership (copyright) of the image and how it can be used. In such cases it was deemed most ethical and legal to treat the image in the same way as an image that captured someone other than the participant.

### **Content of images**

The nature of the topic being explored did increase the risk of capturing images of a distressing nature. This particular risk was highlighted if images were generated using a disposable camera which required development through an outside agency. Using

digital cameras where selection and/ or printing of images were carried out by the participant and / or the researcher was seen as a way of minimising any risk. Nonetheless, it failed to consider the subsequent use of those images, such as, dissemination and the effects on the viewer. In this study, in which there were no restrictions on image content other than to avoid taking pictures of others, contrary to what people may have imagined, none of the participants took images of a distressing nature to represent their experience of self-harm, or photos of actual self-harm. This could be due to several factors, including the choice to keep certain things hidden and private, or that their images were being used to translate similar meaning rendering images of self-harm unnecessary.

### **Ownership and disposal**

Finally, some of the literature refers to ethical concerns of ownership and disposal of visual data (Temple and McVittie, 2005). For this particular study participants were considered the owners of the images and permission to keep copies of their images was sought through written consent. Interestingly, despite having clear rules about ownership most participants were reluctant to take away their images following the interview. It is possible the images ceased to have a life beyond the project because they were made for the project and not for them, leaving them redundant. Also, due to their emotional resonance, most of us take pictures and keep them as constant reminders but given the topic area perhaps participants didn't want a constant reminder; photographs are said to anchor us in the past and perhaps that is what some people preferred to avoid (Harrison 2002, cited in Frith, 2011). Consequently, printed images were immediately destroyed and electronic copies were stored on a secure server for the duration of the study. Only one participant wished to take away his images and he was left to retain or dispose of the images as he wished.

### **3.8.3.4 Recommendations for future research**

From this study several gaps in our knowledge related to self-harm have been highlighted, some of which were also highlighted following the systematic review. This section will suggest some future research questions.

Other areas for future research might focus on the primary and secondary functions of self-harm; the findings from this study suggested that one act of self-harm might serve more than one function at one time. A similar question has been addressed using a quantitative approach (Klonsky, 2009). A small sample of college students (39) were surveyed about their reasons for self-harm and asked to report whether it was a primary or secondary reason. The findings from this study showed how some people

used self-harm to serve more than one purpose and how some functions seemed more pervasive and important. A more detailed explanation of this potential hierarchy and interplay of functions could prove useful in the development and targeting of different treatment approaches.

Cross cutting themes such as the public and private experience would also be an interesting area for future research to explore. These opposing experiences featured within and across participants' accounts though their exact essence proved difficult to capture. Some of the discussion might have suggested some preliminary explanations and perhaps multiple, more focussed interviews would have enabled further exploration of this area.

Exploring images as means of communication in and of themselves might be another useful way to learn more about the personal experience of self-harm. The findings from this study have suggested that self-harm, like images, is sometimes used as a visual language which people find easier to express and is more easily understood by others. It is unclear however what is being communicated or indeed whether the 'language' is intended for others.

If we are to effectively investigate and address any of these questions we need to ensure a more complete understanding of self-harm and to achieve that requires a review of the evidence to further develop and refine our theoretical knowledge. These findings and those shown in study one both suggest the need for a more comprehensive review of self-harm functions that is inclusive of the additional functions and distinctions discussed. Future research should however be considerate of the limitations associated with certain research approaches and the potential barriers and facilitators when working with people who self-harm, which have been so far highlighted throughout this thesis.

### **3.8.3.5 Conclusion**

Having explored people's experiences of self-harm using picture and words a further understanding of some of the reasons people self-harm have been presented, some of which was perhaps due to the use of visual methods which afforded people a different form of expression. A critical discussion of the utility of visual methods has been offered, including a discussion of the accessibility of visual methods to both researchers and the researched. This discussion has hopefully offered both an understanding of why a more visual approach to research with people who self-harm



might be useful, whilst also offering an alternative way of working with people who self-harm more generally.

With the potential utility of the visual with this topic area in mind, a further final study was carried out to explore whether using images associated with self-harm could tell us anything more about this complex phenomenon.

**Chapter 4. Exploring Visual Images Posted on Self-Harm Blogs**



## 4.1 Introduction

Having explored people's experiences of self-harm using picture and words a further understanding of some of self-harm has been gleaned, and the findings suggest that the use of images specifically has contributed. On the whole, using images with people who self-harm was described as a positive experience; the images enabled participants to control the access to (and exposure of) what is usually considered a hidden and private behaviour. In particular, using images afforded participants with an alternative form of expression. A way of expression perhaps that was similar to their self-harm. Moreover, the findings suggested a propensity to describe experiences of distress through imagery in that the use of metaphor, both visually and verbally, featured widely throughout participants' accounts.

Having experienced the value of using images with people who self-harm in the previous study I was prompted to consider whether exploring images only as a means of accessing further knowledge about self-harm would be worthwhile. In terms of access to the data, the internet was considered a potential avenue.

As of August 2011 nineteen million (77%) households in Great Britain were reported to have internet access (ONS, 2011). It is not surprising then that using the internet for health related matters, including those relating to mental health, is becoming a popular choice (Gould et al., 2002, Powell and Clarke, 2006, Powell et al., 2003, Horgan and Sweeney, 2010). Similarly, the internet has also become a popular source and vehicle for health researchers (Hookway, 2008, Adler and Adler, 2011). For example, in relation to mental health, studies have explored how the internet is being used as a mental health help seeking resource (Gould et al., 2002, Horgan and Sweeney, 2010, Powell and Clarke, 2006), adolescents use of self-harm related message boards (Whitlock et al., 2006b), and users views of online forums for young people who self-harm (Jones et al., 2011); using online questionnaires (Horgan and Sweeney, 2010), online forums (Jones et al., 2011) and message boards (Whitlock et al., 2006b).

The value of anonymity is reported to be one of the key reasons for the growing popularity of the internet in relation to mental health help seeking / online activity (Horgan and Sweeney, 2010, Jones et al., 2011, Whitlock et al., 2006b). Other reported reasons for preferences in using the internet included feelings of not being judged and feeling more able to open up and express themselves (Horgan and Sweeney, 2010). This perceived anonymous, non-judgemental, honest environment might then explain why blogging has become such a popular online activity. Blog visitation is now reported to be part of mainstream online behaviour, particularly for younger people, and is said to be rapidly increasing (Matrix, 2006).

Blogs are described as online diaries / journals (Snee, 2010) which can have a confessional quality about them, encouraging people to express some of their inner most thoughts, non-verbally, through text and visual imagery (Hookway, 2008, Whitlock et al., 2006b). In other words, blogs might be used as a medium for anonymous confession. Additionally, blog management sites often feature an optional tool known as 'tagging'. Tagging is a simple way of letting others know the focus of your blog, which in turn then acts as a tool for grouping blogs of related content. This option presumably offers an element of control to the blogger in that they are able to choose whether or not to group themselves with other related blogs. By doing so, they could potentially target a specific 'audience' for confession and /or communication, perhaps those with similar experiences.

Arguably, like the participants in the previous study, bloggers might also exercise a form of control in choosing what they want to communicate and share with others. For example, presumably they choose what they wish to communicate, whether it be their direct experiences, their thoughts and feelings or even words of advice through text and /or visual images. Visual images feature prominently throughout the internet and given the multimedia nature of bogs they are frequently used alongside or sometimes in place of text (Whitlock et al., 2006b). More specifically, posting of non-suicidal self injury (NSSI) imagery, namely photographs, has been shown to be a popular and favourable activity on other internet platforms such as You Tube (Lewis et al., 2011).

To sum up then, a blog consisting of both textual and visual references could be described as a powerful medium for anonymous confession and / or communication through which controlled access to the private and the hidden experiences of self-harm might be gleaned. Surprisingly though, this potentially rich detailed source of events and feelings remains unexamined by social science researchers, particularly those adopting qualitative approaches (Hookway, 2008, Snee, 2010). Given the unfamiliarity associated with using blogs as a 'data collection site' a scoping exercise was carried out in the first instance to consider how (or if) the blogosphere might help us understand more about self-harm.

#### **4.1.1.1 Procedural issues**

Identifying an approach : An initial 'Google' web search using the term 'self-harm blogs yielded over 59 million results and highlighted different blog content management systems (BCMS) / blog hosts - websites typically created for designing and facilitating blog activity, which there were scores of. The content of individual blogs was also immense, with many bloggers being active over extended periods of time and

sometimes more than once per day. Due to the apparent vastness of blog activity gleaned from these initial searches procedures for approaching and extracting data were carefully considered in terms of practicability.

Bloggers themselves can also be changeable. Termination of blog accounts, inactivity over extended periods of time (Adler and Adler, 2011, Henning, 2003 cited in Li and Walejko, 2008) and failure to use images were identified as potential problems for research and so research designed to follow individual bloggers was considered risky. Using blog sites on the other hand could minimise such risks and potentially allow for some variation in the data being surveyed.

#### **4.1.1.2 Ethical considerations**

Ethical guidelines in internet based research are not well known (Paccagnella, 1997, Frankel and Siang, 1999) and although ethical guidelines developed for offline research do apply to online research, internet based research poses internet specific problems which ethical guidance does not sufficiently consider (Jacobsen, 1999). Significant on-going tensions amongst researchers regarding ethical expectations when conducting internet based research are therefore ever present in the literature and on the ground. More specifically ethical issues centred on obtaining consent, issues of anonymity and copyright have been discussed (Ess, 2002, Jacobsen, 1999, Danet, 2002, Hookway, 2008, Snee, 2010, Eysenbach and J., 2001). Each of these areas, in relation to internet based research using blogs, will be briefly discussed in turn.

Consent : Several researchers have written about the conceptualisation of 'privacy' being the key issue around consent (Eysenbach and J., 2001, Hookway, 2008, Adler and Adler, 2011). For example, Hookway (2008) described how there are those who argue that internet archived material is publically accessible and therefore its content is public and can be used without prior consent, those who argue that although material may be publically accessible its content is intended to be private and so consent to use it is required, and those who simply argue that online activity can be both 'publically private' and 'privately public'. To add to this debate it has been suggested that researchers should consider the perception of privacy and public of those who occupy the 'space' under interest (Frankel and Siang, 1999, Homan 1991 cited in Adler and Adler, 2011, Eysenbach et al., 2004). Eysenbach (2001) suggested measuring perceived levels of privacy through firstly, assessing whether subscription or registration is required to gain access to the material, if so then it is more likely to be perceived by its members as a private place. Secondly, the number of users might

determine how public the space is perceived to be - larger numbers usually reflect less privacy, and thirdly, information regarding the aim / purpose of the site, target audience etc., are often available in the 'about us' section or home page which have been shown to contain information stating the type of membership they encourage and discourage. To summarise then, those spaces which are smaller, require membership and discourage specific audiences might be perceived as private and consent should be obtained. The remainder, i.e. those spaces considered larger, without access restrictions or audience specification might then be perceived as public and do not require consent, with blogs arguably falling under the latter. Blogs are described as a publicly accessible act of writing which although may contain personal information, the information is not considered private, and if it were then access restrictions could and should be applied. Thus suggesting that research using blog content drawn from the public domain should not require consent (Hookway, 2008).

Anonymity: The tensions around anonymity are just as complex. Ordinarily researchers strive to protect participants through anonymising any identifiable data. Internet research however, using blogs in particular, requires consideration of rights as authors which presents a difficult dilemma for researchers when for instance bloggers post identifiable content such as portrait pictures (assumed to be their own). Moreover, given this particular topic is considered sensitive and those who post blogs tagged as self-harm could be vulnerable there is a greater need as an ethical researcher to protect them. Withholding identifiable content, including names of images and names of blog sites included in the research to maximise anonymity in the research process should then be considered.

Copyright : *"The moment a blog entry is uploaded onto a content management system it is protected by copyright, bloggers therefore have exclusive rights over the reproduction of their work"* (Hookway, 2008 p105); permission to use copyright material (from the copyright owner of course) must therefore be sought. Ascertaining the copyright owner however may prove difficult and even impossible in some cases. Content in terms of images may be taken from other places on the internet; tumblr <http://tumblrphotography.tumblr.com/> a blog containing images for people to use in their own blogs is just one example; copyright in such cases then becomes less clear. Also, although blogs are archived and remain accessible to the browsing public, the authors of those blogs may not be accessible due to inactivity / termination of blog, resulting in obsolete email addresses and unreachable people. This has obvious implications for obtaining permission to use copyright material, and consent where necessary.

Evidently, exceptions to this rule do apply. For non-commercial research reproduction of limited portions of copyrighted works is permissible under 'fair dealing', which is a right granted by copyright law, so long as it does not infringe the interest of the creator(s) or copyright owner(s) (University of Leeds). In view of fair dealing then, it is permissible to reproduce limited portions of copyright images for a non-commercial piece of research.

In summary, this scoping exercise has highlighted some of the tensions surrounding how best to approach internet based research, both ethically and legally.

Subsequently, as a researcher the ethical decision making and internet research recommendations from the Association of Internet Researchers (AoIR) working committee (Ess, 2002) were used as a guide to try to ensure appropriate consideration of the issues raised. "The AoIR is an academic association dedicated to the advancement of the cross-disciplinary field of Internet studies (AoIR). The library services were also consulted in relation to copyright and further training in internet based research was undertaken by the researcher.

## **4.2 Research objectives**

The aim of this study was to access the potentially rich and unsolicited source of blog data to explore what pictures posted on blogs can tell us about self-harm.

The objectives were to:

1. Explore what was being expressed through the explicit and implicit content of images posted on blogs tagged as self-harm
2. Explore how images were being used to express something about self-harm. For example, in what form?

## **4.3 Method**

This type of study is described as a passive analysis of internet postings, as opposed to active involvement in the internet community (Eysenbach et al., 2004).

### **4.3.1 Sample**

The sample consisted of blogs tagged self-harm; all blogs tagged as self-harm listed under two blog management sites were surveyed for images over a given period.

Two blog management sites were selected from the first page of results generated by Google.

**Inclusion criteria:** All blogs tagged as self-harm. Only blogs considered personal online diaries, i.e. blogs posted by an individual author were surveyed for images.

**Exclusion criteria:** Blogs posted by organisations or health professionals that accompanied helpful information / links were not surveyed for images. Other creative forms used to facilitate blogging such as video clips were not surveyed.

## **4.3.2 Procedure**

### **4.3.2.1 Identifying blogs**

Of the blog management sites that featured blogs tagged as self-harm, two blog management sites were quasi - randomly selected from the first page of results generated by a Google web search of 'self-harm blogs'. Blogs featured under those sites were then surveyed for images. It is worth noting here however that it is unlikely that Google will reproduce the same selection of sites for different users at different times. Google employs algorithms that look for clues / signals to give you exactly what you want. For example, clues might include freshness of content, your geographical region and web history (Google, 2012).

### **4.3.3 Data extraction**

Blogs posted on both sites were surveyed weekly for images over a five month period. Any image(s) posted on a blog which met the inclusion criteria was selected, given a numeric reference and stored in a folder which corresponded with the month it was posted.

The final data set consisted of a collection of images from multiple blogs. All identifiers were removed and the images were treated as one set of data to be analysed.

### **4.3.4 Ethical considerations**

#### **Consent**

There was no participant involvement in the study; images were drawn from archived and publically accessible blogs listed under two blog management sites. There were no access restrictions or membership conditions to access this information and furthermore, as discussed previously – see section 4.1.1.2, blogs are considered a publically accessible form of writing which although may contain personal information it



is not considered private. If it were then access restrictions could and should be enforced (both blog management sites used had the facility to restrict access to members only or select privacy settings). Consequently it was not considered applicable to seek consent for the use of images for analysis in this instance. However, given the sensitive nature of the topic and the consideration that those who may post blogs tagged as self-harm may be vulnerable there is a greater need to protect them and so procedures concerning anonymity were adhered to, see the next section.

### **Anonymity**

All identifiable content was withheld, including the blog management sites surveyed. No reference was made to individual bloggers and so concealment of or use of pseudonyms was not required as this information was not collected or stored. Moreover, there was no focus on the written content of blogs, except for that contained within a visual image which was used for purposes of analysis and could not be directly attributed to an individual, for example 'I am scared' or 'I hate myself'. Of note, some bloggers named their images using their own names or other identifiers and so all images were renamed using numeric references.

### **Data collection and storage**

Images extracted from blogs were filed as a numeric reference under a folder corresponding with the month they were surveyed and an anonymised identifier for the blog management site, for example '*Oct – Blog A 23.jpg*'. No other identifiers were stored. All electronic copies of images were stored on a secure server and any hard copies (printed for analysis purposes) were stored in a locked cabinet.

### **Benefits and risks involved**

Given there were no participants involved in the study any benefits would be considered as a contribution to knowledge only. In terms of risk, procedures to minimise potential identification of bloggers who might be identified through publication of their image(s) were employed i.e. removal of any identifiable data, including names of image and blog management sites. Furthermore, the focus of the study is aligned with the blog content and chosen tag i.e. both the study and the blogs surveyed are associated with self-harm.

### **Safety and wellbeing**

Safety and wellbeing of the researcher was raised as an important issue. Given the unfamiliarity of the data it was anticipated that some images may be of a graphic and distressing nature and so a risk assessment was completed which included a risk

escalation protocol in the event of the researcher becoming distressed as a result of surveying the images – see Appendix 17.

The study was approved by the University of Leeds Research Ethics Committee; reference HSLTLM/11/045 – see Appendix 18.

#### **4.3.5 Analysis**

A polytextual thematic analysis, as developed and described by Gleeson (2011) was conducted across all of the visual images collected over the given period. As discussed previously (p.73), polytextual analysis was developed as a result of the dearth of methods of analysis which incorporate processes for analysing visual data. The method of analysis aims to enable the researcher to handle visual data in the analysis phase. The method allows for ‘intervisuality’ (Gleeson, 2011 p.318) in that it acknowledges, like text, that images cannot be read without reference to other images, therefore the method of analysis draws on the researcher’s visual language that is developed from all available visual resources.

Although the method was developed to focus on the visual content of data, it does acknowledge the benefit of using other contextual information within the analysis. For example, Gleeson (2011) explored the content of calendar images which portrayed people with learning disabilities. The analysis was drawn from the image content and the textual information within or surrounding the image, such as poems which sat alongside images or statements within the image. Analysing visual data without other contextual information has been discouraged in the literature, as discussed in brief earlier on – see section 3.8.3.3. For example, Frith et al (2005) discouraged the removal of images from text, they referred to examples of other works (Heggs, 1999; Heath, 1997, cited in Frith et al., 2005) which stressed the critical interplay between the text and the visual, and how looking at the two together enables a more complex and valid analysis. Though I would agree with this to an extent I would also draw attention to the experiences of a group of researchers who took part in their own study of using non-linguistic data to express their embodied experiences and expectations around the topic of ageing. Gillies et al (2005) produced paintings which they analysed as a group and in the analysis they noted how this sort of data generated more different interpretations than a textual account, and how it felt critical to the creator of the painting that the correct interpretation was reached by those observing. At the same time however it was realised that it was sometimes difficult for the creator of the painting to verbalise the intention of the painting. Thus demonstrating how the visual enables people to express certain experiences that cannot always be translated into language. As discussed throughout this thesis so far in relation to those who self-harm,

expression through spoken language can sometimes be difficult, hence the use of the body as a platform for expression. So, despite the reported benefits of using contextual information, the analysis of the data from this study was focused on the image only. It should be noted however that there were many occasions where textual information was included within an image.

The analysis closely followed the eleven stages of analysis set out by (Gleeson, 2011) ;

Step 1) The entire set of images were surveyed and any initial themes were noted, including the visual and textual features of an image that evoked certain themes. For example, lots of the images in the data set captured females and so 'self-harm as a female experience' was recorded as a prototheme. Protothemes were defined as initial thoughts which were tentative and fluid in nature. Lists of protothemes were noted against each image within NVivo (listed as content). Of note, all identifiers (including name of image) were removed from images prior to the analysis and so only the visual and textual content of the image was used for analysis.

Step 2) The emotional effects of looking through the images were also noted and again the specific features which evoked those feelings were recorded.

Step 3) Where a common prototheme occurred more than once, those images were grouped together to identify any further distinctions. For example, similarities or differences about those images that would substantiate the prototheme or not, to help refine the title and the development of a description of the prototheme.

Step 4) A description of each prototheme was then written, which included a descriptive title, a definition, and a description of the concrete and symbolic elements that made up the theme. For example, *'Self-harm as a female experience: This theme captures how being female is portrayed as a core feature in the visual portrayal of self-harm. The images used throughout blogs tagged as self-harm were notably gendered; in the main self-harm was depicted as a young white female experience and this was mainly depicted in the explicit content of the image. Symbolic features were also present within some of the images, for example, the scattering of the female gender symbol (♀).*

Step 5) Once a description of each prototheme had been developed, each image was surveyed again to identify any further images which might fit the description of the prototheme.

Step 6) At this stage all images which corresponded with each prototheme were gathered, it was then possible to see this group of related images together and pull out the features of each image which best illustrated the prototheme. Those that did not fit

were discarded from that theme and put back into the pool of images (of note, images were often used to illustrate more than one theme). The title and description of the prototheme was then refined and the 'prototheme' was classified as a theme.

Step 7) steps 3-6 were repeated until no further themes were identified.

Step 8) Once themes had been developed and defined they were looked at in relation to one another. A thematic map of themes was developed at this point to capture a visual overview of the themes that represented the entire data set. Through looking at a thematic map it was easier to observe similarities and differences within the data.

Step 9) Those themes which were similar were clustered together and where necessary some themes were redefined as subthemes of a main theme. For example, the theme 'self-harm as a female experience' also captured different stages of the female experience such as the experience of the female child, the female adolescent, the middle aged woman and the older woman and so the different age related experiences were presented as separate subthemes to maximise differentiation between and within themes.

Step 10) Where themes had been redefined, either through 'promotion' or 'demotion', further definitions were developed and existing definitions were refined.

Step 11) The final stage of the analysis was to judge which themes were relevant in addressing the research question. In this case, all themes were relevant in answering the research question and therefore all have been presented in the results chapter. Although the results have been presented as text, a large selection of images has been presented within the text to illustrate themes.

## 4.4 Results

The aim of this study was to access the potentially rich and unsolicited source of blog data to explore what pictures posted on blogs can tell us about self-harm.

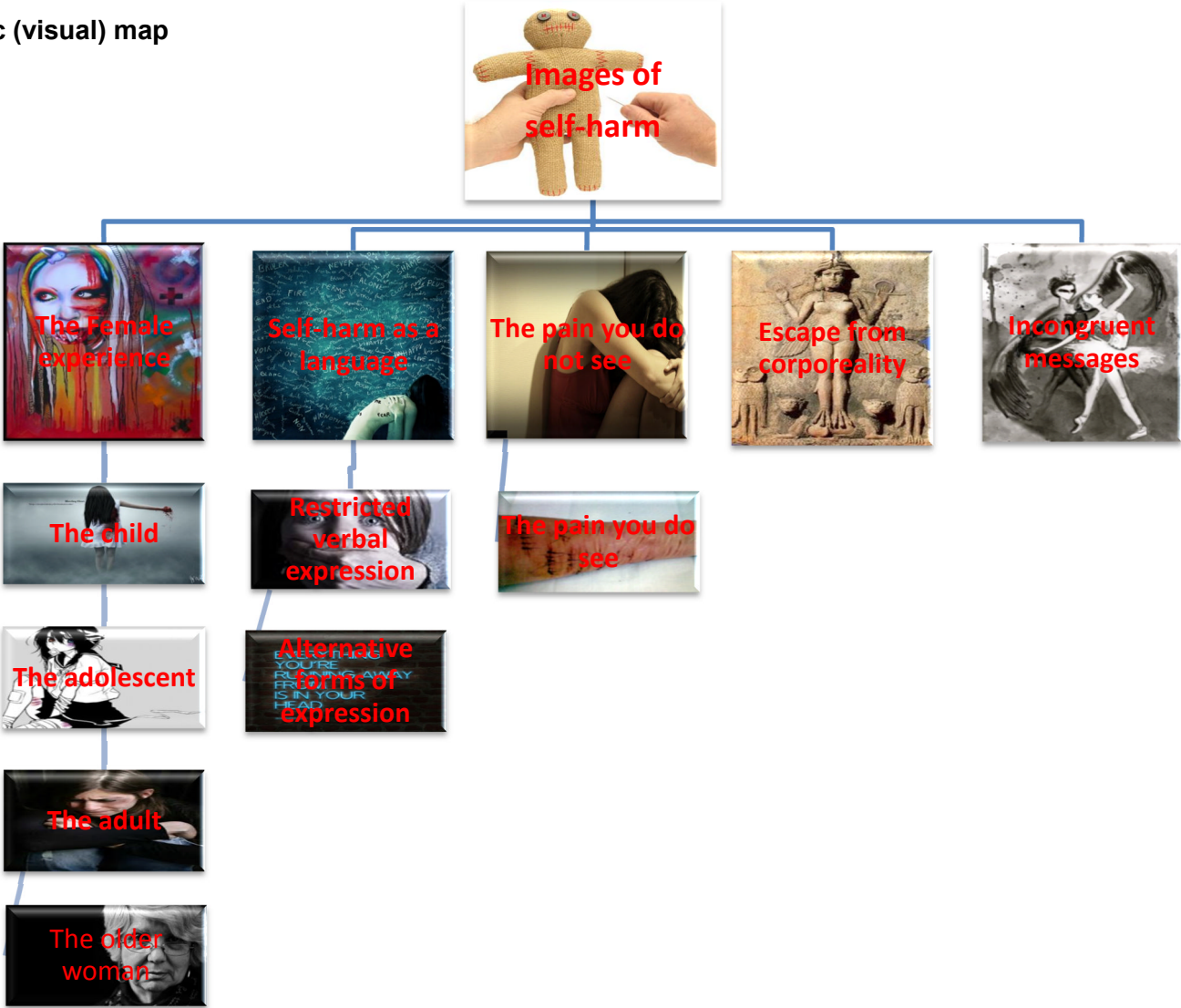
The objectives were to:

1. Explore what was being expressed through the explicit and implicit content of images posted on blogs tagged as self-harm
2. Explore what images were being used and how to express something about self-harm. For example, in what form?

In this chapter the results of an inductive polytextual thematic analysis of visual images posted on blogs tagged as self-harm will be presented. To begin, a thematic map of all the themes will be presented followed by a presentation of each theme, and subthemes where relevant, using visual examples drawn from the data to provide validity and occurrence of each theme. A discussion of what and how images were used will then be presented, followed by a summary.

A total of 999 blogs were surveyed over a five month / 153 day period and 230 images were collected from two blog management sites. This is an analysis of the images from those sites only. It is not representative of all images posted on blogs tagged as self-harm.

Figure 16 Thematic (visual) map



From surveying the images, the most notable observation was the posting of gendered imagery. Of those images where gender could be identified, typically, a young semi naked female was portrayed suggestive of self-harm being a predominantly young female experience. A departure from the 'young' female was also observed. For example, images captured very young children (female), adolescent females, adult women and older women, though the latter were less common. This might be an attempt by some to illustrate that self-harm is an experience that can be present across most of the female life span, as well as adolescence. Of course the predominance of adolescent female images might also illustrate the characteristics of those posting the images. In an attempt to quantify this, Table 3 illustrates the predominance of images of females compared to the explicit content of other images;

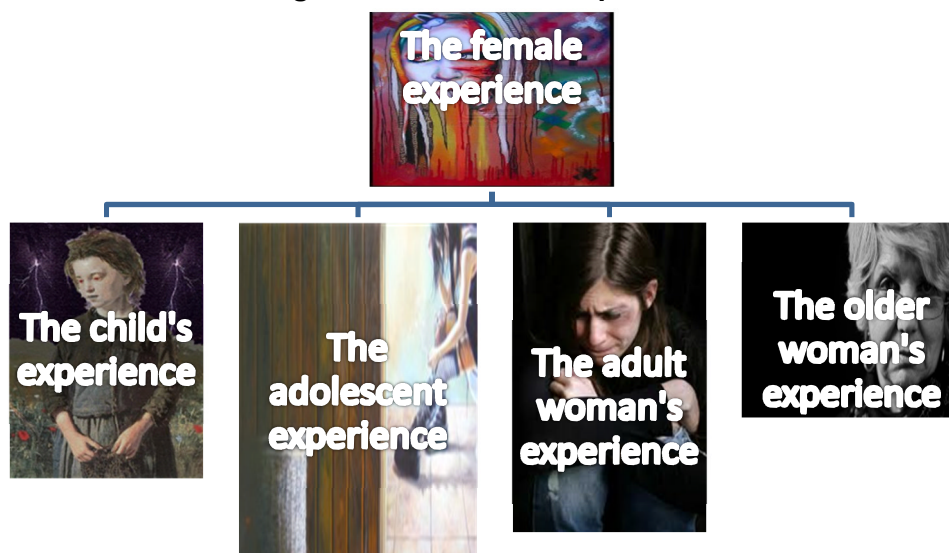
**Table 3 Image content**

Of 230 images	
<b>Females</b>	87
<b>Other</b> (food, plants, scenery)	63
<b>Body part only</b>	20
<b>Animals</b>	18
<b>Images of text</b>	18
<b>Males</b>	9
<b>Methods of harm</b>	9
<b>Male &amp; female</b>	6

Related to the gendered imagery over the life span there was also the sense of a self-harm trajectory being represented through the images, from possible antecedents in childhood, initiation and prominence in adolescence, to recovery in older age. This observed self-harm trajectory will be discussed in more detail in section 4.6.2.

To begin, self-harm as a female experience will be visually presented (Figure 17) and discussed as a theme, followed by subthemes of the experience of a female child, the female adolescent, the adult woman and the older woman.

**Figure 17 The female experience**



#### **4.4.1 Main theme: Self-harm as a female experience**

This theme captures how gender is portrayed as a core feature in the visual representation of self-harm. The images used throughout blogs tagged as self-harm were notably gendered; in the main self-harm was depicted as a young white female experience.

This particular image (image 5) for example amongst its many features depicted self-harm as a young female experience both in a concrete form through its main content and symbolically through the scattering of symbols that closely resemble the gender symbol for females (♀).

As well as observing self-harm as an experience through the different ages of a female, contrasting images of femininity were also observed. For example, images of femininity such as the beautiful slim white 'ballerina' were observed - see images, 14, 213 and 199,

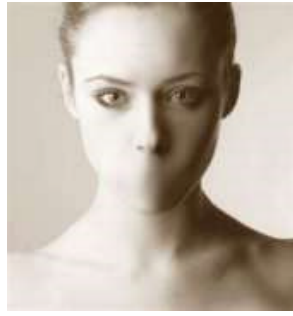


Image 5





14



213

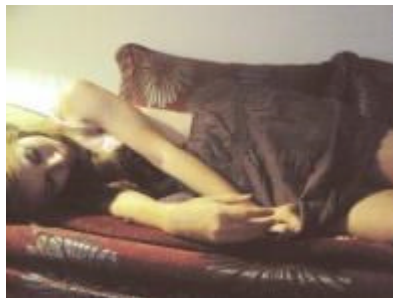


199

alongside images which featured females and different sorts of disordered or destructive behaviour, such as drug abuse and uninhibited / risky behaviour. For example, see images 46, 26 and 13.



46

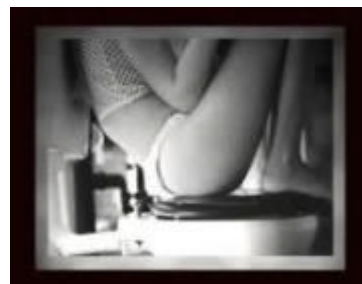


26

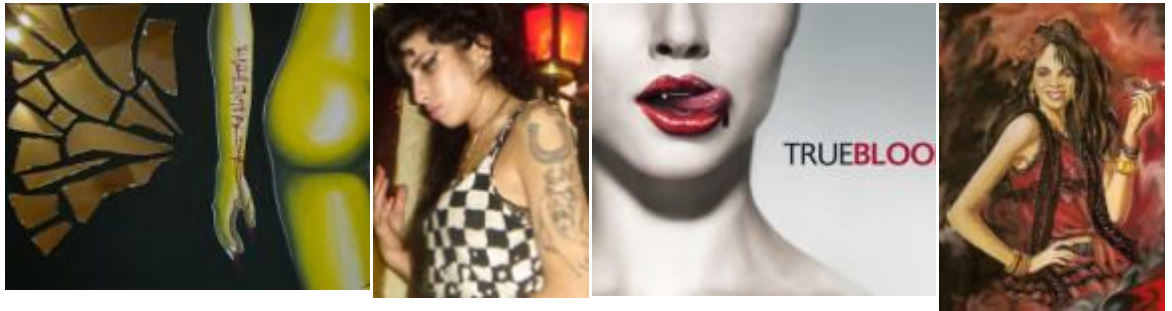


13

Some of the images of females had a sexual tone but in different ways, images 23 and 67 appeared more attractive and perhaps depicted body images which might be featured in popular teen media;



whereas the images below were more risky and 'dirty'. The females in these images seemed to be more uninhibited - see images 178, 7, 211 and 138.



178

7

211

138

Such an observation might suggest how self-harm seemingly effects women with different life experiences, or it might be more telling of how self-harm is experienced in that the different depictions of women might symbolise features of the behaviour itself. For example, some people might perceive self-harm as a cleansing and purifying experience, and associated with teen culture, whilst others might describe the experience as seductive and risky.

To illustrate the dominance of females across the data, this next section will briefly discuss the few images which featured men. Very few images explicitly related to male suffering of self-harm. Where men did feature they were portrayed in a deprecating way. For example, as abusive or evil (see images 9, 100 and 55) which might relate to origins of self-harm from the female perspective, or it could simply be a characteristic of those who have blogged.



9



100



55

Some images featured men in humorous cartoon sketches and were associated with more extreme methods of suicide such as drowning and hanging ( see images 74 and 80), and some showed mental health issues in a light hearted way (images 24 and 31).



74



80



24



31

One image featured what was thought to be a male hand which was bruised perhaps suggestive of self harm (image 30), and the remaining two images featured male icons (images 4 and 25).



30



4



25

Most of the images of men (with the exception of Brad Pitt, image 25) evoked a theme of violence and aggression which might relate somewhat to the sorts of self-harm methods chosen by men, and perhaps the perception of men from the perspective of those who selected and posted the images on their blogs - possibly young females.

#### 4.4.1.1 Subthemes of the female experience:

In keeping with the theme 'self-harm as a female experience', images representative of different age groups across the female life span were observed, each one of those groups will now be presented as a subtheme.

#### 4.4.1.2 Antecedents in female childhood

This subtheme captures how images have been used to portray different, difficult childhood experiences and how they might represent antecedents to self-harm in the female child.

In total nine images of female children (compared to no images of a male child) were posted on the blogs surveyed and tagged as self-harm. The images captured a range of different thoughts and feelings about childhood experiences. Some images seemed representative of sadness (image 224, 15 and 146), loneliness (images 146 and 40), fear (Image 42), danger (images 40 and 148) and anger or fear (image 192) – see below:



224



15



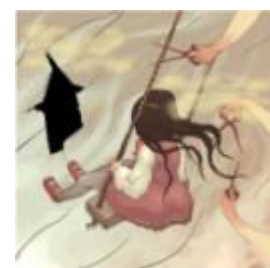
146



40



42



148



192

whilst some featured serenity, protection and positivity;



186



130

The image capturing positivity (see image 186) however does acknowledge how young people might feel as though their lives are disordered and difficult.

For the most part difficult and dangerous experiences and negative affect associated with childhood were observed, such as experiences of abuse and being at risk – see images, 42, 148 and 146.



42



148



146

These images might be associated with some of the origins of self-harm such as a perceived lack of protective factors in the face of danger. For example, being outdoors in a storm (image 224), sitting in the road (image 40), swinging on a swing which is about to be give way (image 148).



224



40



148

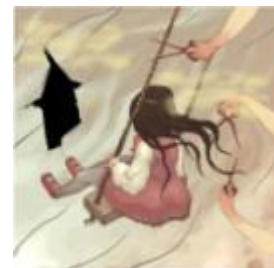
Also, within some of those images content related to mythology and horror was observed. For example, witches, ghosts and Halloween and the young girl in image 15 as a haunted figure, the pumpkin featured next to the young child and the silhouette of a witch in image 148 with the suggestion that the young girl is in danger. This image in particular reminded me of the fairy tale Rapunzel and how the young girl was taken away from her parents and punished by a witch. Some of these images might relate to common childhood fears and a need to be protected from such evils.



15



192



148

Other features relating to childhood experiences were also captured in images posted on blogs tagged as self-harm. For example, childlike drawings (images 96, 123), sweets (images 116 and 68), images of childhood storybooks (36, 37and 38) and superheroes (images 188, 189 and 195) – see below.



96



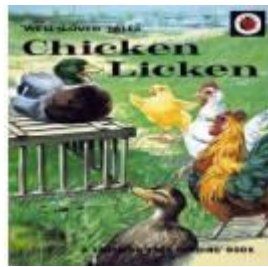
123



116



68



36



37



38



84



188



189



195

Images such as these might relate to childhood experiences such as difficulty with articulation and comprehension of thoughts and feelings. For example, the simple use of language “I *think I am broken*” (image 96). Images representative of difficult relationships with parents, and feelings of vulnerability and naivety were also observed (images 123, 37 and 38).



96



123



37



38

As well as the mythological and potentially fear evoking content observed earlier, content relating to fantasy more positively also featured. Images of superheroes and characters from children’s cartoons were observed which might also relate to a child’s need to feel safe and protected (images 188, 189 and 195).



188



189



195



Eating disorders, though only briefly, were also alluded to in the group of images with the sweets labelled 'eat more' (image 68).



68

#### 4.4.1.3 The distressed female adolescent

This subtheme captures how images have been used to portray different difficult emotions and experiences of young adolescent females which might be representative of precipitators and perpetrators to self-harm behaviour.

Young females who were thought to be in their adolescence (aged 10-19) were the main feature throughout the collection of images posted on blogs tagged as self-harm. Of course, as mentioned briefly on page 206, the predominance of female adolescents could be characteristic of the blogosphere.

Through observing those images there was an overwhelming sense of negativity and distress, more specifically images of abuse and emotional distress such as images representative of pain, sadness, loneliness and self-hatred were abundant.



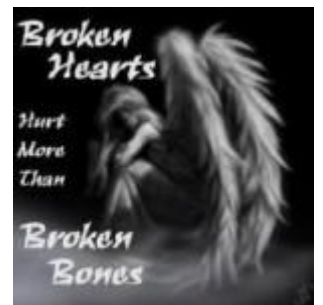
39



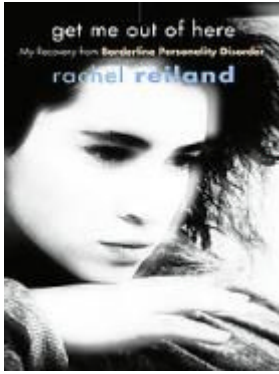
43



41



29



78



90



93



111



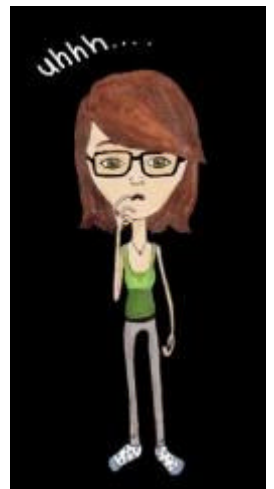
229



187



144



155



157



83



173



223



133



176



88



89



59



91



161



166



163

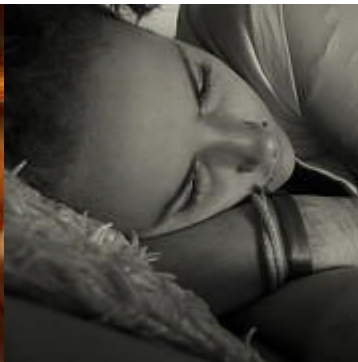


5

Direct images of self-harm behaviour, scars and images featuring blood were also observed in relation to female adolescents.



19



50



133



157



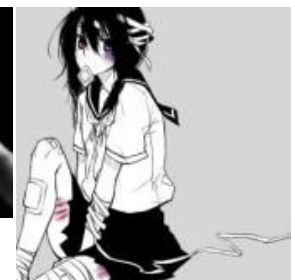
158



161



166

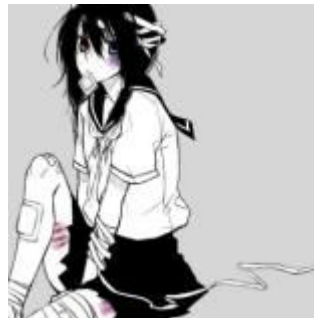


173

Interestingly, unlike the portrayal of females generally as 'sexual' or 'attractive', images of adolescent females were portrayed quite differently. The images predominantly portrayed the female adolescent as disempowered, dishevelled and neglected. The images represented female adolescents as distressed and in need of help and protection. There were no positive images of female adolescents.



26



173



229



93



83



100



157



144



223

219

Several of the images captured young females trying to conceal their body, their faces and occasionally their mouth; covering of the mouth specifically by someone or something was observed in relation to images of females generally and will be discussed later as 'restricted verbal expression', see section 4.4.2.2. However, some of the images of adolescent females captured covering of the face and mouth themselves which might be suggestive of their reluctance to be looked at by others, feelings of shame perhaps related to experiences of abuse and a lack of self-worth.



1



41



43



48



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59



90



93



106



144



214

Alternatively, these images might also have been posted to symbolise self-harm behaviour itself as something which is hidden. Themes relating to self-harm as a hidden behaviour will be presented later (section 4.4.3).

#### **4.4.1.4 Self-harm and the adult woman, beginning of recovery?**

In contrast to what has been represented in relation to the female child and adolescent, the content and emotional tone of the images which captured the adult woman was very different. This subtheme captures how images seemed to have been used to portray how both distress and happiness feature in the lives of adult women.

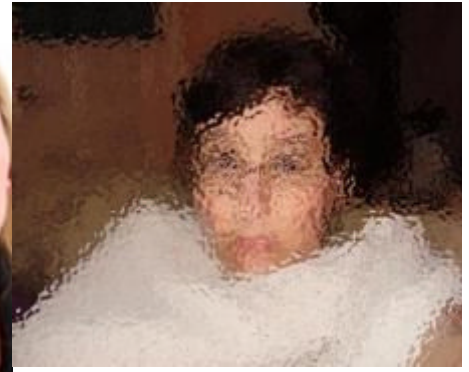
It seems within this age group images of both positive and negative experiences start to appear. For example, visual representations of both suffering and enjoyment were posted such as, images of domestic abuse (image 3) and anger (image 8) which might have been posted to represent different triggers to self-harm, contrasted with images of happiness, serenity and enjoyment (images 174, 104 and 142). Please note some of these images have been deliberately distorted to protect the anonymity of those featured in the image.



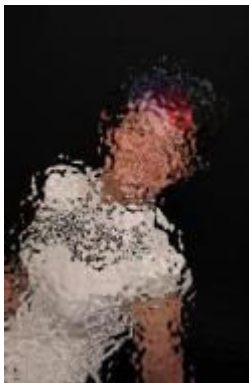
3



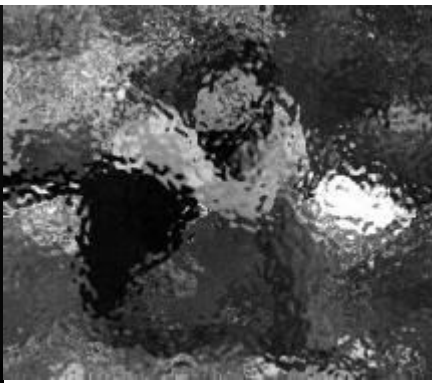
8



147



174



104



142

The images featuring adult women appeared less complex and distressing compared to those of the adolescent female which might be representative of a positive transition from adolescence into adulthood. The female body was still a fairly prominent feature in some of the images though it didn't seem to be used to represent distress compared with the images of adolescent females. Instead the women in images 174, 104 and 142 seemed more comfortable with their body and the naked body was featured more positively and associated with self-care. With the exception of image 3 and 147, most of the images appeared to represent women with confidence. Image 8 might have been posted in an attempt to illustrate other ways of expressing anger (outwardly). Interestingly, images 174, 104 and 142 seemed to represent feelings of happiness and serenity and perhaps these images are intended to communicate a sense of recovery and self-care being more common in women of this age group.

#### 4.4.1.5 Recovery from self-harm for the older woman

This subtheme captures how images might have been used to portray recovery from self-harm and associated mental health problems, which is perhaps associated with older age women.

Even fewer women in the older age range were observed and of those, two of the images possibly represented success and recovery. The woman featured in the first two images is Marsha Linehan, a Professor of Psychology and reported sufferer of self-harm and borderline personality disorder (BPD), from which she has now recovered. In contrast, the final image (image 9) might be an attempt to raise awareness of older aged women's experiences of abusive relationships.



118

119

9

Direct images of self-harm or the female body were absent within images which featured the older woman. Instead, the images seemed more powerful yet understated. Marsha Linehan is portrayed in these images as a confident and strong woman, and although image 9 might have been used to represent abusive relationships in older age, it might also have been used to illustrate a verbally expressive female. Like image 8 (seen on the previous page) both of these older females have been captured expressing their anger in ways other than self-harm.

In summary, the posting of particular images to represent females of different ages might be suggestive of some sort of temporal trajectory in relation to self-harm. For instance, the collection of images could be interpreted as featuring possible origins in childhood, the direct experience in adolescence, the aftermath and recovery in adulthood and older age.



#### 4.4.2 Main theme: Self-harm as a language

Images focused on communication were another key feature within the data; images of writing on the body, covering of the mouth and pictures of text only were all present and perhaps illustrative of difficulties with, and different forms of, expression. The theme 'self-harm as a language' and subthemes 'restricted verbal expression' and 'alternative forms of expression' will be presented (see Figure 18).

Figure 18 Self-harm as a language



The theme self-harm as a language captures how images have been used to represent the body as a platform for expression. Images featuring thoughts and feelings written on different parts of the body, most often on the arms of a slim female, were common.



48

89

97

206



209



93



222



193



194



150



115

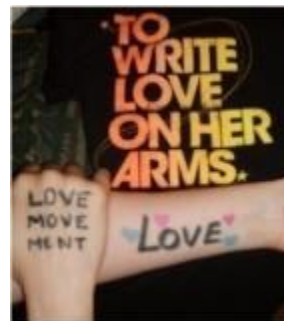


196

The messages captured both positive and negative thoughts and feelings. For example, messages of fear and self-hatred featured as well as messages of love. The two images below represent the 'love movement' whose vision is to present hope and find help for people suffering with depression, addiction, self-injury and suicide.



206



209

Image 222 was quite interesting in that initially it felt somewhat similar to the previous images (206 and 209), yet with more thought it was unclear as to whether this image had negative or positive connotations. The image prompted me to consider whether cutting and blood was somehow symbolic of intense feelings of love for someone. Quite often statements in questionnaires designed to elicit functions of self-harm include 'to show love' as a communicative function of self-harm (Bancroft et al., 1979). Moreover, David Grossmann's book entitled "Be my knife" used cutting as a metaphor of deep feelings of love, "Love is that you are my knife with which I dig deeply"(Foley, 2002).



222

Interestingly, most of the images attached to this theme featured text which arguably minimised ambiguity and interpretation for the viewer and of the images which didn't feature text obvious symbolic representations were used. For example, symbols of eating disorders and love (images 194 and 115) and the image of the eye and a tear drop which is usually recognised as upset (see image 196).



194



115



196

Of those images featuring text there seemed to be an effort, and a perhaps a need, to 'spell out' how the body, in relation to self-harm, is being used to communicate suffering to others. In essence, the images are representing self-harm as a form of communication, a visual form of language which is 'written' on the body.

Finally, this last image (image 5) not only features gender and youth as discussed previously (p.207), but it also features a razor blade coming out of the mouth which is perhaps suggestive of self-harm being a substitute for or somehow associated with verbal expression and it also prompts the phrase 'to chop off your tongue' which might be indicative of feeling unable to verbally express oneself.

These images of bodily communication are likely to be related to the images which feature covering of the mouth; the theme 'restricted verbal expression' will be discussed next as a separate subtheme.



Image 5

#### 4.4.2.1 Subthemes

#### 4.4.2.2 Restricted verbal expression:

In keeping with this view of self-harm being used as a substitute for language, this subtheme captures how images might have been used to portray the difficulties with verbal expression.



42



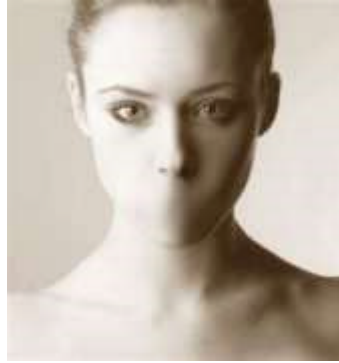
65



173



176



213



214

It is possible that these images are representative of self-harm as something that is forbidden in terms of verbal expression or something that is not amenable to verbal express. This apparent restriction might relate to issues of privacy, secrecy and concealment. For example, images 42 (overleaf) and 176 are suggestive of a suppression of verbal expression / fear of talking, whereas images 65, 173 (overleaf) 213 and 214 might suggest that restricted verbal expression is related to feelings of inability and powerlessness.

#### 4.4.2.3 Alternative forms of expression

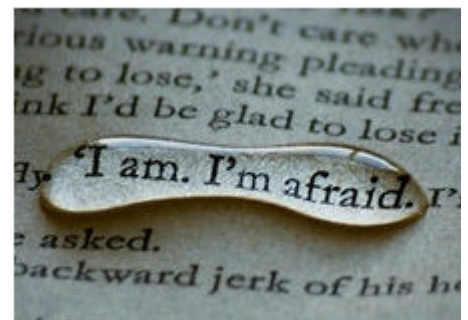
The visual representation of feeling unable or powerless to express oneself verbally resonated with the number of blogs which featured pictures of words only. This subtheme captures the way images have been used to illustrate how and why other forms of expression might also be common amongst those posting images on blogs tagged as self-harm.



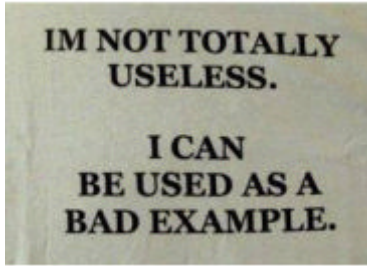
2



12



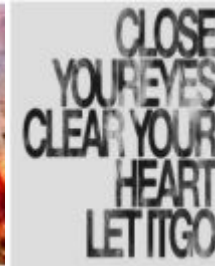
92



94



108



109



107



143



168

DON'T THINK. DON'T FUCKING THINK. BECAUSE WHEN YOU THINK YOU REALISE JUST HOW FUCKED UP EVERYTHING REALLY IS. YOU REALISE YOU DON'T KNOW HOW YOU GOT WHERE YOU ARE YOU DON'T KNOW WHERE YOU'RE GOING AND YOU DON'T KNOW WHAT TO DO ANYMORE.

62

Sometimes we need to forget some people from our past, because of one simple reason, they just don't belong in our future.

76

Everyone has three lives: a public life, a private life, and a secret life.

139

Seeing pictures of words seemed somehow related to and supportive of the view that people who post these sorts of images on blogs tagged as self-harm may experience problems with verbal expression, and subsequently images of other forms of expression proved to be frequent. The images captured written messages that might be expressed to others or read to oneself, about oneself and others, and featured positive and motivational content as well as angry and derogatory content, though the latter seemed more common. Most of the images featured phrases, which presumably summed up the thoughts and feelings of those posting the image. For example, feelings of powerlessness, fear, anger, despair and self-loathing, amongst more positive and motivational thoughts and feelings. It is possible those images of words have been used to illustrate thoughts and feelings that simply can't be captured visually in an image or expressed verbally.

#### 4.4.3 Main theme: The pain you do not see

To add to the way images have been used to visually represent something that is not spoken (or heard), they also feature something that is not seen. This theme captures the different ways images have been used to represent something you do not see.



Several of the images captured a more concrete form of what seemed to be a deliberate physical concealment of the female face and body. For the most part, the images captured women covering themselves, perhaps from the view of people in general or abusers. The subject of abuse was present amongst these images and perhaps resonates with a perceived vulnerability and lack of protection which was discussed earlier (p. 211). Sexual abuse in particular however might also feature as pain which is not seen by others.



43



48



57



1



3



88



106



144



153



85



60



59

Interestingly, image 153 features the text *'the scars you can't see are the ones that hurt most'*, alongside a female curled up at risk of being run over and physically hurt. The intended message may be a way of visualising the comparison between internal and external pain whilst symbolising (through the position of the female) what we tend to see and what we do not see. Perhaps this is a statement about internal pain being unseen by others even when it is in right front of you. This may resonate with peoples' experiences of presenting to A & E with a self-harm injury for example. It might also be a statement about generally feeling invisible to others.



153

The images might also relate to feelings of shame. Self-harm is often thought of as shameful, hence the effort to represent images of something unspeakable. On the other hand, images of hiding might be an attempt to symbolise the behaviour itself. For example, self-harm is often described as a hidden behaviour which is carried out in private, and perhaps these images have been selected by bloggers to represent their conceptualisation of self-harm as a hidden behaviour.



#### 4.4.3.1 Subtheme: The pain you do see

Quite notably, some images seemed to go to the opposite extreme of unseen pain and captured images of physical pain. Images featuring graphic self-harm injuries which were sometimes shocking to look at were amongst the collection of images.



10



52



51



69



35



172



171



222



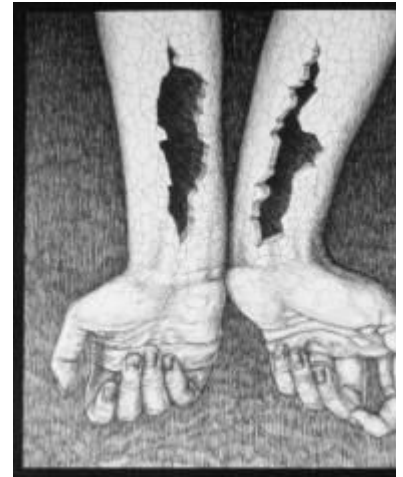
152



227



228



72

Interestingly, these particular images were mostly personal images, as opposed to being selected from an image bank, and anonymous. Perhaps these images represent an attempt to quite literally, publically show (internal) pain to others. Perhaps more so if you feel invisible. Still, this is not without some degree of privacy / protection. Of course, there are practical difficulties associated with taking a picture of yourself and your injuries, though the anonymity of image 35 does seem intentional. Finally, it was also noted that of those images which featured a graphic portrayal of self-harm, other contextual information, such as text, was rarely featured, almost as though the image was intended to 'speak' for itself.

Perhaps these images are an attempt to visually represent internal and external pain and suffering. They also capture something private and something public. The deliberate covering of the body seen previously (p. 230) might suggest a wish for privacy, whereas the pictures of injuries capture the opposite. Moreover, like the theme self-harm as a language, these images seemed to represent pain and suffering without words.

#### 4.4.4 Main theme: Escape from a corporeal world

Related to this idea of self-harm as something you do not see, images relating to a non-corporeal world were also observed. This theme captures the different ways images have been shown to represent self-harm in relation to a non-corporeal world. For example, images relating to horror, faith, mythology and fantasy were selected and posted in blogs tagged as self-harm.



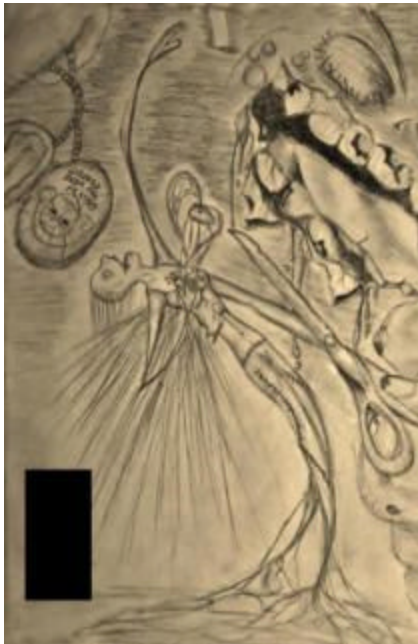
14



15



55



230



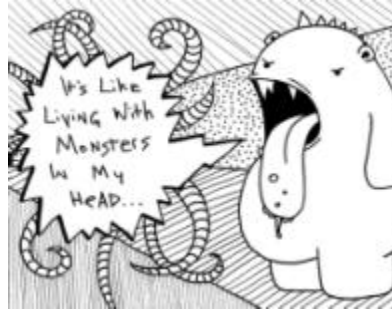
176



88



215



102



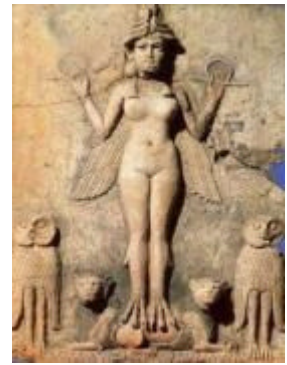
98



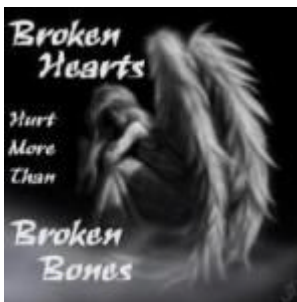
105



138



95



29



223



189



195



188

235

A number of different messages might be interpreted from these images. For example, messages of fear (images, 14, 15, and 55),



14



15



55

inner turmoil (images, 88 and 102),



88



102

a wish to hurt someone (image 215),



215



Hope, for a miracle (image 98),

98

Punishment or the work of the devil (images 138 and 195),

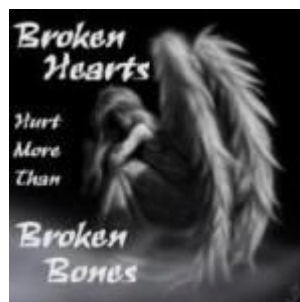


138



195

sadness (image 29, 223)



29



223

and protection, from a fantasy male superhero (18 and 189).



188



189

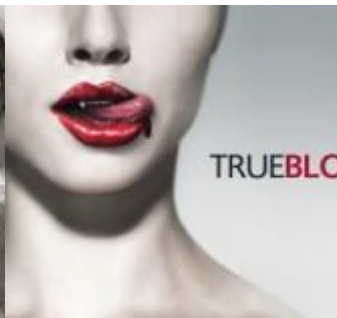
Moreover, some of the images represented very strong, dark, powerful and controlling characters, most of which were female, such as Pomba Gira (image 138 – see below), a Brazilian spirit sometimes referred to as the female devil and mistress of the night, the female vampire after a successful feed (image 211), the black swan and the image of the oppressive female (image 176).



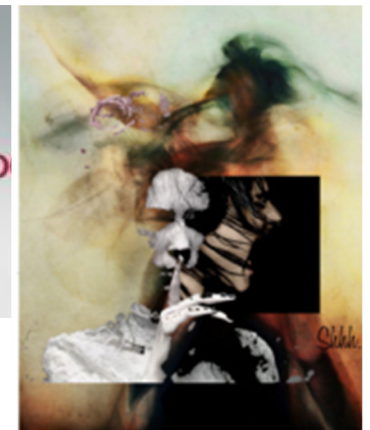
138 – Pomba  
Gira



14



211



176

These images represent strong, powerful yet dark female characters which are in contrast to some of the images seen earlier which captured vulnerable females (adolescents). The images might of course represent the perspective of vulnerable

adolescents in that they may be an attempt to capture a sense of being controlled by others. For example, images 14, 176 and 215 all capture a sense of control of another.



14



176

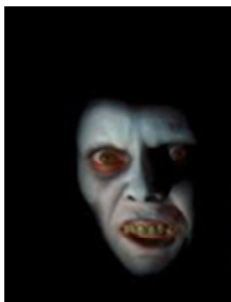


215



230

Similarly, several images were in keeping with evil and dark practices. For example, see below images of horror figures (Image 55, 15 and 230) and voodoo (image 215).



55



15



230



215

In contrast some of the images represented positive figures such as Lady Julian, a Christian mystic (image 15), Jesus (walking on water – image 98) and the figure of Inanna, the Sumerian Goddess of sexual love, fertility and healing (image 95). Again, with the exception of Jesus, these images feature two powerful, though positive female figures.





105 – Lady Julian



98- Jesus walking on water



95 - Inanna

The images captured negative and positive figures, most of which were female characters of mythology. Thus, as well as representing an escape from corporeality, these images might be symbolic of positive and negative perceptions and experiences of self-harm. Conflicting perceptions and experiences will be discussed next.

#### 4.4.5 Main theme: Incongruent messages

Opposing perceptions, experiences and emotions were observed across all of the images and this theme captures some of those incongruence's and considers how they might relate to the experience of self-harm overall.

Emotive images of sadness and pain were a common feature throughout, however images depicting hope and self-care were also observed. For example, see images 3 and 35, and images 160 and 226.



3



35



160



226

Furthermore, images of abusive relationships and loving relationships were posted (images 100 and 141), as well as images which captured beauty and purity and darkness and horror (images 23 and 88), shock and humour (images 219 and 74), private and public / internal and external (images 153 and 53).



100



141



23



88



219



74



153



53

These opposing representations of thoughts, feelings and experiences might simply be representative of different individuals, or they might be symbolic of the different ways self-harm is perceived by those who have personal experience of it, and those who do not. They might also be symbolic of the different way self-harm is experienced. As mentioned previously, it might be representative of the different features of self-harm experienced by the different age groups (section 4.4.1).

It is widely acknowledged of course that the experience of self-harm is not linear, instead people’s experience of the self-harm might be described as revolving and disordered in that they may experience self-harm more than once and in different ways, which would aptly capture this theme of incongruence and conflict.

#### 4.4.6 How images posted on blogs tagged as self-harm are used

Different characteristics of self-harm such as, a picture of those that self-harm, possible antecedents to self-harm, different methods of harm, triggers and potentially some of the functions of the behaviour have been observed through images posted on blogs tagged as self-harm. Images have also illustrated the temporal features of self-harm and the different phases of the experience from initiation to recovery. To do this images have been selected for use in different ways. For example, some images have featured people only, including different aged people, characters and icons. People and place, animals, food, symbols and text, with concrete and symbolic content have also been used. Some images have featured text and pictures, some consisted of text only or a picture only; amateur pictures and drawings and what seemed to be photos taken from an image bank have also been selected and posted on blogs tagged as self-harm (see Table 4).

**Table 4 Image form**

Of 230 images			
Picture only	134	Image bank	195
Text and images	78	Amateur	28
Text only	18	Drawing	7

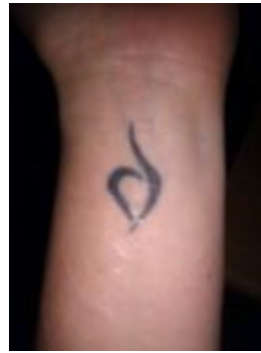
Interestingly, images which consisted of pictures only were used most often throughout blogs. Of course this might be due to bloggers feeling as though they can accompany

their images with written blogs and vice versa, or it might be due to a preference to express oneself visually.

Some of the images featuring pictures only were of symbols. For example, symbols of self-harm awareness (image 170) and the eating disorders recovery tattoo (image 220) were featured as single images.



170



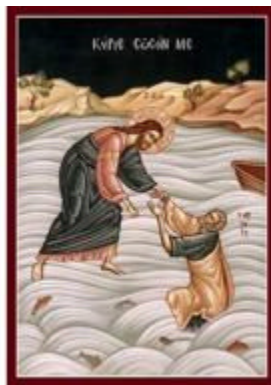
220

Interestingly the eating disorders recovery symbol (220) is also placed at the wrist beside what looks to be scarring, suggestive perhaps of an association between eating disorders and self-harm for this individual blogger.

Religious, famous and mythology icons also featured within the images using pictures only, such as Lady Julian, Jesus, Brad Pitt, Al Capone, Amy Winehouse, Inanna, the goddess of sexual love and fertility and Pomba Gira, a Brazilian spirit sometimes referred to as the female devil and mistress of the night.



105



98



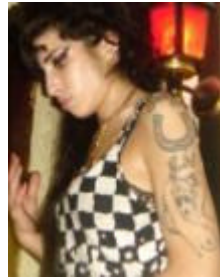
25



4



6



7



95



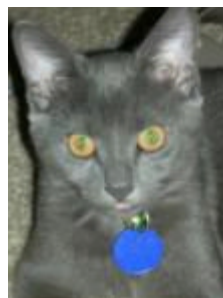
138

Although images of pictures only run the risk of multiple interpretations, arguably each of these pictures could have been selected due to their unique connotations. For example, images 6 and 7 remind us of a talented young woman who was strongly associated with drug addiction and disorder; similarly, image 98 tells a story about the miracle of Jesus walking on water and the importance of faith. So although these images feature pictures only they might have been used to communicate particular messages to the viewer.

Pictures of pets and animals also featured amongst the collection of images - see below. Some seemed to be personal images (images 33 and 60) whilst others, some of which featured text, seem to have been selected from image banks. Most of the images (with the exception of images 56 and 149) seemed representative of positive relationships with pets. Image 32 captures the symbol of love, whilst images 130 and 136 capture a loving and protective relationship between a person and an animal. These pictures might represent the importance of what might be considered a non-judgemental relationship, or indeed a lack of loving, protective relationship for those who self-harm.



32



33



56

60



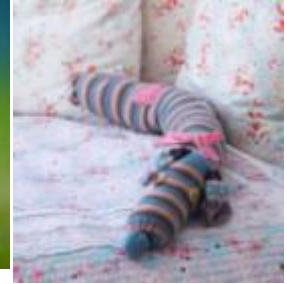
130



136



145



149

Pictures of beds, bedrooms and bathrooms have also featured throughout the images posted and are perhaps representative of a significance of space in relation to self-harm.



67



91



106



133



144



142

Interestingly images of bedrooms and bathroom spaces have been used both positively and negatively in that some of the images suggest experiences of sexual abuse whereas image 142 is more positive and perhaps representative of protective features of recovery. While the images may have been selected by different bloggers there seemed to be a common space associated with self-harm throughout the collection of images.

The second most popular use of images was those which contained both imagery and text. Presumably images that feature both visual and textual language are easier to 'read'. These sorts of images were used to represent issues associated with self-harm in both a symbolic and tangible way. For example, images of an escape key 'escaping' from a computer keyboard (image 70), a feelings switch switched off (image 75), a pair of burnt out candles with the message 'I thought we'd last forever' (image 203) and a gift box containing a razor blade (image 99) were used to presumably symbolise different affective states, thoughts (expectations) and experiences of individual bloggers.



70



75



203



99

Other images featuring text and pictures seemed more concrete in their intended message, for example pictures of wounds and blood with the words 'crying' or 'despair', or more serene pictures with the words 'breathe' - see below.



21



28

#### 4.4.6.1 Summary

Since the aim of this study was to access the potentially rich and unsolicited source of blog data to explore what pictures posted on blogs can tell us about self-harm, this chapter has presented what and how images posted throughout blogs tagged as self-harm have been used. Overall, the images were used to portray self-harm as a silent,

dirty, unseen female experience, beside a painful and visible experience.

Overwhelmingly, the images captured self-harm as cutting but perhaps this is one of the constraints of focusing on the visual. Images captured self-harm as a trajectory and included the direct experience of self-harm, different emotions and experiences, including relationships, mental illness and abuse. Pictures only, pictures and text and pictures of text to represent thoughts, feelings and experiences were commonplace.



## 4.5 Discussion

The aim of this study was to access the potentially rich source of blog data to explore what pictures posted on blogs can tell us about self-harm, to gain a further understanding of self-harm.

The objectives were to:

- Explore what was being expressed through the explicit and implicit content of images posted on blogs tagged as self-harm
- Explore how images posted on blogs tagged as self-harm were being used. For example, in what form were images being used to express self-harm.

This discussion will be presented in three parts. Part one will focus on what is being expressed through images, followed by a discussion of the different ways images have been used in part two. The final part of the discussion will present a critique of the study, including recommendations for future research.

## **4.6 Part one**

In the same way that images had proved useful in exploring the experience of self-harm in the previous study, it was supposed in this study that exploring other, similar, means of expression might broaden our understanding of self-harm.

This part of the discussion will focus on what was being expressed through images posted on blogs tagged as self-harm. Four themes: self-harm as a female gendered phenomenon, the perception of self-harm as a trajectory, self-harm as a language and escape from reality to a non-corporeal world will be presented in turn.

### **4.6.1 Self-harm as a gendered phenomenon**

While the identity of those posting images (bloggers) in this study was unknown the sample in this study, which predominantly featured images of young females, portrayed a picture of self-harm that would fit with the reported age of onset for self-harm (Sutton, 2007) and the highest risk group for engaging in self-harm (Rodham and Hawton, 2009). However, there is mixed evidence as to whether gender differences exist in relation to self-harm and those studies which have found self-harm to be most common in females are often focused on the adolescent population, clinical population or specific to methods of harm such as cutting (Sornberger et al., 2012, Whitlock et al., 2006a). Nonetheless, the stereotypical image would lean towards self-harm as a young female problem and the predominance of female images observed in this study supports a similar picture.

On the other hand it could be argued that the images selected simply reflect the nature of the blogging community and are not specific to self-harm. However, evidence of gender differences and blogging is also mixed. For example, in 2007 the Pew Internet and American life survey reported a higher number of female bloggers compared to males (Lenhart et al., 2007), though their more recent survey did not report any difference (Lenhart et al., 2010). In addition, this same survey also highlighted how although internet use is greater in younger people, since 2006 blog activity in younger people has declined (almost halved) whilst simultaneously rising in older adults (Lenhart et al., 2010) making blog activity in younger and older people almost equal. Thus suggesting perhaps that the images collected in this study are neither necessarily characteristic of the blogging community or people who self-harm.

The demographics of those posting images on blogs tagged as self-harm specifically however are not well known and given the nature of the internet and in this case the sensitivity of the topic area being studied, there is no real way of knowing gender or age of the cyberspace population. Nonetheless it has been suggested that cyberspace

populations concerned with self-harm are most likely to be made up of females of a mixed age range (Adler and Adler, 2011) and those most likely to post images are young females (Lenhart et al., 2007).

#### **4.6.2 A trajectory of self-harm**

The collection of images captured what might be considered a trajectory of self-harm. For example, images captured a trajectory of self-harm in terms of shifting characteristics, such as, potential origins of self-harm and precipitators, the direct experience, and images of recovery and potential protective factors, all of which mapped onto the different age groups respectively. Younger females for instance were more likely to be portrayed as vulnerable or in distress compared to older females who were portrayed as happy and confident.

Adler and Adler (2011), in a study to explore how people who self-harm use the internet, discussed what might be described as a trajectory of self-harm. They described a 'self-harm career' which they explored from an individual, longitudinal perspective, rather than a collection of 'individuals' over a shorter period, and so perhaps their account might add some depth in relation to a self-harm trajectory / career. They discussed commonalities in peoples' self-harm careers in terms of entry, exit and relapse, in addition to identifying a 'bi modal' population of those who have short or long term careers (Adler and Adler, 2011 p.198).

Short term career: People who experienced a short term career in self-harm were described as 'spinning out quickly' in that just as quick as they entered into their career they left it. They were thought of by those with long term personal experience of self-harm as people who did not identify as a 'self-harmer' and lacked a meaningful involvement with the behaviour. Those with longer term careers described them as typical teenagers who didn't have as much to cope with and would use self-harm as part of the 'emo' culture or a fad because they think it is cool and trendy

Long term career: Those who engaged in self-harm over a longer term described themselves as those with chemical predispositions and problematic emotional issues who used self-harm in the face of serious trauma or depression as opposed to angst (Adler and Adler, 2011 p.187). For these people self-harm was described as part of them, not necessarily as a problem but more a way life.

Adler and Adler (2011) discussed the different life transitions which helped people end their short or long term self-harm careers and like the images in this study seemed to depict, with age came recovery from self-harm. People's lives took them to different

places with different people, and different protective factors emerged by way of children, spouses, therapists and medication.

Considering Adler and Adler's (2011) description then of this 'bi modal population' of internet users who self-harm, arguably the collection of images were representative of both of these populations in that there are characteristics of those who might only experience a short term career such as the predominance of images of adolescent's, and images relating to body image which some might interpret as teenage angst, and graphic injuries which are often associated with 'wannabes' - to be discussed (p.252). It seemed long term careers were also represented through images of distress associated with abuse, recovery in older age groups, and images depicting mental illness. Across the cyberspace population of people who self-harm then there seemed to be a sense of legitimate self-harm verses non legitimate self-harm. This will be discussed in more detail in relation to 'flaunters' and 'embracers' and those who use self-harm as a language (see 4.6.3).

Related to this concept of self-harm as a career, Adler and Adler (2011) also discussed how different internet sites attracted people with different needs, which would map onto this idea of a bi modal population. Those with long term careers reportedly had very different experiences and needs than those who have short term careers and this seemed to be reflected in group membership of particular sites. For example, some internet sites were marketed as more teen orientated which 'long termers' did not want to associate with. A participant in their study described how she would go online to see if there were other people, such as herself, who did not fit the stereotype of the teenage 'Goth'. Similarly, people reported moving through different sites as their career changed. For example, different sites have a different ethos, some sites are more pro self-harm than others which can be comforting for some yet triggering for others who might want to move towards recovery.

It seems people would not only move through sites as their career 'progressed', Adler and Adler (2011) noted how people would often use more than one site as their 'career' became unstable. For example, one of the participants described how he moderated a self-harm internet group whose ethos was around hope and recovery; he claimed to be 'self - harm free two years to fellow members of the group. However, he had relapsed and during this time he used another group simultaneously and presented himself as someone different with different needs.

Although this study did not focus on self-harm sites per se, instead blog management sites were selected; still, no attention was paid to the ethos of either of the blog management sites. A critique of the study will be presented in section 4.8.

In summary, considering self-harm internet users as a transitory population that experience different sorts of self-harm career might explain some of the conflicting content across the collection of images. For example, images of hope and recovery verses despair and self-hatred, in addition to images of powerful women verses images of women as victims. This contrast of images might represent different type / stages of career and different characteristics of bloggers and blog sites. The next section 'self-harm as a language' might also begin to explain the presence of some other conflicting images of self-harm, such as self-harm as a private verses public experience.

### **4.6.3 Self-harm as a language**

Self-harm as a language was discussed in detail in the previous study, however though the findings from that study showed us how people would use self-harm as a language; the question of what was being communicated through self-harm was less clear. Moreover, it wasn't always apparent as to whether self-harm as a language was indeed a 'language' intended for others. For example, was it being used to serve social functions such as signalling of distress or strength to others, intrapersonal functions, or both?

The findings from this study might suggest both. Firstly, the body was used as a platform for expression. Different messages were written across different body parts, mainly those parts most visible which might suggest the message is intended for others and might then serve an interpersonal function. The messages themselves were opposing; messages of distress appeared alongside messages of love and support. These opposing messages might represent a difference in bloggers in terms of their self-harm 'career' status, or represent individual bloggers with multiple and / or changing motives, as discussed previously (p.250).

Secondly, the images captured people unable to speak and suggested speaking was forbidden by others, or people were incapable, which were most likely related. This might of course explain why people choose to use their body as an alternative means of expression.

Thirdly, the collection of images seemed to also capture other means of expression, such as pictures of words / statements / quotes. Collectively they might suggest that due to the absence of spoken expression for whatever reason, other means of expression are sought.

All of these points suggest that self-harm as a language might serve both intrapersonal and interpersonal functions, and using self-harm as a language may not simply be a

way to communicate 'with' others, or as a means to escalate communication. Instead it might be considered as an alternative form of self-expression.

Furthermore, given that we are looking through the lens of blogs might only give us a partial understanding of how self-harm as a language is being used. In other words, do people tend to use blogs to communicate with others only? If so, looking through the lens of blogs might tell us less about those who use self-harm as a language for reasons other than this. Cyberspace is said to facilitate expression in a way that is not available in the solid world (Adler and Adler, 2011, Bargh et al., 2002) but this is thought to be in relation to others. For example, cyberspace is described as 'easier' because of its lack of corporeality (Adler and Adler, 2011 p.152), and its ability to pause communication. One of the participants in Adler and Adler's (2011) study talked about how she enjoyed the fact that cyberspace gave her time to think about "how to word something" (p.153), which doesn't happen in the solid world. Cyberspace is said to offer a whole new, safer, world to those who suffer with their self-harm in silence in the solid world (Adler and Adler, 2011), and where self-harm might be used as an alternative to verbal language in the solid world, cyberspace affords people the 'luxury' of other additional forms of expression, such as written text and pictures.

Irrespective of how self-harm as a language is used – whether it is used to communicate to others or not, it seemed to be strongly linked to the themes 'the pain you do not see' and 'the pain you do see' in that it was the content of these images that seemed to suggest what the source of the pain might be (the pain you do not see), and how it was being expressed (the pain you do see). Contrary to what people might expect to see on blogs tagged as self-harm only a small proportion of images posted captured images of physical injuries (the pain you do see). It is possible that having a platform to safely express oneself with different 'tools' and time, reduces the need to express oneself through (images of) physical pain. However, this could be a sampling bias and a different search strategy may have yielded more or less of these sorts of images. For example, some internet sites are moderated and the posting of this sort of image is often restricted. It is clear from this collection though that at least one of the blog management sites did not pose this restriction. Moreover, it was interesting to note from the literature how they are received quite differently amongst self-harm cyber communities. Self-harm is usually hidden and considered a private experience and the sort of people who post images of this type are said to be 'flaunters' (Adler and Adler, 2011 p.158) or "embracers" (Adler and Adler, 2011 p.176). Adler and Adler (2011) described flaunters as those people who are more likely to use their self-harm to seek help and attention of others – use their self-harm to communicate their distress or strength to others in the same way Nock (2008) described. It is also thought to be

associated with males who do it to shock (Adler and Adler, 2011) or 'wannabes' (Johansson 2012 p.182, cited in Sternudd, 2012). On the other hand, bloggers posting these sorts of images are sometimes described as embracers, people who hold positive attitudes toward self-injury and / or pro self-harm. According to Adler and Adler (2011) there are fewer pro self-harm internet sites now which might explain why people opt for blogs which are unrelated to self-harm sites per se but they have the facility of tagging which might enable them to flaunt and embrace their self-harm in a safer way to bloggers posting content of a similar nature.

To get a sense of clarity around the views of those who self-injure on the topic of posting graphic images of self-injuries, Sternudd (2012) used a questionnaire to seek the anonymous perspective of people with personal experience of self-injury on this type of photograph which he defined as "photographic self-portraits of self-injury that commonly depict close ups of fresh cuts or scarred body parts" (Sternudd, 2012 p.422). Of note, more than half of the sample (40 out of 52) had taken photographs of self-injury but there were no significant differences in opinion reported between those who took them and those who did not. Similar to the findings of Adler and Adler (2011), Sternudd (2012) also found that people's opinion of these sorts of images varied from time to time, which might be indicative of where they are in their 'career' and the emotional state in which they view them, but, unlike the opinion of the people Adler and Adler (2011) interviewed, the participants in Sternudd's (2012) study reported mainly positive opinions on the use of photographs and interestingly, those people who reported a positive opinion were described as 'veterans'. They described self-injury photographs as 'soothing', 'a way of sharing', 'for comparison', and 'to get help', with very few people describing them as 'taken by attention seekers' (p.427). Sternudd (2012) also noted how negative opinion was strongly correlated with males which could be interpreted as similar to the opinion of the participants in Adler and Adler's (2011) study in that males are most likely to post this sort of image to express their strength to others and to engage in competition with others, and so perhaps do not welcome their strength being challenged by others, or it might be interpreted as a contrast in findings. Interestingly, these sorts of images did not feature in the previous study despite having two males in the sample, and despite having people who reported positive experiences of self-harm. Of course, there was a fundamental difference in terms of anonymity between the two studies which might have impacted upon choice of images.

So to summarise, perhaps the images in this study have expressed how self-harm as a language is used to communicate to others and as a way of expressing inner pain without a communicative intention - 'the pain we do not see'. 'The pain we do see might be symbolic of their inner pain, an expression of 'toughness', or an expression of self-

harm as a positive experience. Considering the images in this way might begin to explain some of the conflicting content across the collection of images, more specifically why some people might choose to make their self-harm public.

#### **4.6.4 Escape from a corporeal world**

The final part of this section of the discussion will focus on those images which captured an association between self-harm and a non-corporeal world. Adler and Adler (2011) discussed how cyberspace is also described as non-corporeal and to an extent this is its main attraction. Paradoxically, the cyber world enables people to feel 'visible'. Cyberspace communities minimised feelings of social isolation for people who self-harm. It is described as protective and a place of safety where people can 'go' and disclose highly sensitive information about themselves without the fear of judgement, something which they feel unable to do in the solid world (Adler and Adler, 2011 p.154). It is possible that some of the images were representative of the solid world or the sense of fear that exists in the solid world. For example, several of the images captured images of different horror figures which you might fear and wish to escape from, such as the devil, vampires, demons and monsters. Interestingly, these images were contrasted with religious images and images of superheroes which might symbolise feelings of being rescued and protected, which users might associate with particular communities within cyberspace, or indeed cyberspace itself.

Similar interpretations of this particular theme might relate to the dissociative function of self-harm whereby people self-harm to induce (Swannell et al., 2008, Laye-Gindhu and Schonert-Reichl, 2005) or terminate periods of dissociation (Suyemoto, 1998, Himber, 1994, Polk and Liss, 2009). In this instance the negative images might depict a need to induce a period of dissociation and escape a negative experience, whereas some of the more positive images might represent the feelings associated with a dissociative experience (like walking on water and spiritual).

##### **4.6.4.1 Summary**

To summarise, in many ways cyberspace affords people who self-harm a protective platform upon which they can share their experiences with others, both textually and visually, something which they may feel unable to do in the solid world. This virtual platform, along with the visual enables researchers' access to a different form of content in relation to self-harm to that which is usually available to us in the solid world. The visual content afforded to us in this study suggests self-harm is on a trajectory



which is largely experienced by a bi modal population of females who use it as a means of escape, self-expression, and to communicate with non-corporeal others.

Like the previous study, having approached the subject of self-harm in a different way, the findings seem to have offered us some understanding of self-harm, particularly in relation to self-harm as a language. Through exploring self-harm in a non-verbal way our understanding as to some of the reasons why people use non-verbal forms of expression seems to have been enhanced. Moreover, it is not certain that this understanding of self-harm could be gleaned from the theoretical models of self-harm outlined by Suyemoto (1998) and Klonsky (2007a).

## 4.7 Part two - how images were used

Part two will focus on how images posted on blogs tagged as self-harm were used in this study. There are two ways to think about this and this discussion will attempt to address them both. Firstly, to consider in what form images were being used to express something about self-harm, and secondly, to consider the reasons people might have used images on their blogs. For example, to help others or to help themselves.

Although from the findings I am not able to report how many different bloggers who tag their blogs as self-harm used images, I can report that approximately one quarter of the blogs surveyed featured visual images alongside, or in place of, text, and of those, images of pictures only which seemed to be taken from image banks seemed to be most popular, followed by images featuring pictures and words. Though they were present, images of text, amateur photos and drawings were least popular and there are a number of suggestions as to why this might be. The most obvious might be a wish to remain anonymous. Given the topic area, using personal images might seem more risky and exposing in comparison to selecting images from different image banks. Another suggestion might relate to feeling unable to capture different affective experiences through personal images, such as feelings of anger and despair, in the same way people described in the previous study, and perhaps if images already exist which seem to capture particular feelings and experiences then why not use them. Also, if cyberspace communities are considered non corporeal then perhaps 'professional' posed images from an image bank may be thought of as similar in that they too are not real, and so perhaps more suited for use in this sort of space. It is almost as if though there is an implicit rule that people do not post images of a personal nature, that way non corporeality can be maintained. Also, those that do are perhaps perceived more radical, pro self-harmers or wannabes with inauthentic narratives. It becomes questionable then as to how revealing and useful in terms of expression this sort of platform might be for both those who self-harm and researchers.

Images posted were of both concrete and metaphorical form. For example, several images featured explicit pictorial and textual content with a relatively unambiguous message, such as a blood stained razor blade with the word 'despair'. Some images featured symbols or pictures of certain icons such as Amy Winehouse or Superman, which arguably signified particular shared messages, though it is acknowledged that images such as these could have been posted with a different communicative intention, and be interpreted in a number of different ways, especially in the absence of other contextual information. This acknowledgement / caution regarding the polysemic nature

of visual images has been expressed elsewhere in the literature (Frith et al., 2005, Gillies et al., 2005), but as discussed previously (p.184) it would seem certain experiences cannot always be translated into language, especially in relation to those who self-harm. Expression through spoken language can sometimes be difficult, hence the use of the body as a platform for expression. Perhaps then there is a value and a place for non-linguistic forms of data only which might be determined by the phenomena and the people under investigation – those topics which are considered more difficult to translate into language, with people who find it difficult to express themselves through language.

Related to this point, even images were used in a metaphorical way. For example, the picture of a switch to represent feelings being switched off. Arguably, the images captured in the theme 'escape from a corporeal world' might have been used as metaphors of their experience of the solid world. So, like the previous study, this study also saw the need to use metaphor to express a particular meaning. Perhaps this suggests that even pictures are sometimes unable to satisfactorily capture certain difficult experiences. Metaphors are said to capture visual and tactual imagery that act as an added layer of communication to aid understanding (Shinebourne and Smith, 2010). Within a health context they are said to be used by those who are trying to express something which has not been explored or expressed previously (Shinebourne and Smith, 2010) and perhaps this might explain why we have seen so many uses of textual and visual metaphor.

Moreover, some images were of pictures of words which spelt out different phrases. At first this seemed a little surprising given people are using these images within a written blog, but perhaps, again, it suggests that sometimes pictures are not always sufficient in capturing what people wish to express and 'ready-made' expressions are more effective. Or, does it say something about the way different people choose to express themselves - through words or pictures. An example of which can be found in the reflexivity section (3.3.6).

#### **4.7.1.1 Why are images being used?**

If we consider self-harm to be a language that is adopted in the absence of other means of expression in the solid world then what is the need specifically for images of self-harm in cyberspace, which affords people alternative modes of expression? Sternudd (2012) reported some interesting findings from his study which might offer us some understanding as to why people have chosen to use images of self-injury specifically within their blogs. As mentioned previously, his aim was to examine discourses about self-injury photographs; those participants who posted images of self-

injury openly described several different reasons as to why. What was most interesting was more than half of those people who took images of their self-injury reportedly did it for their own use (Sternudd, 2012). Reasons included, “to evaluate the pros and cons of self-injury” (p.428), the images enabled people to gain some distance and ‘see’ what they are doing to themselves from a different angle. Sternudd (2012) suggested it might be a way of trying to take control over the behaviour. Other similar reasons were to keep a track of their own behaviour, to feel calm, and to prevent the need to cut again, all of which might be considered protective strategies, not only for oneself but also for others. Images of this type were sometimes posted with the intention to help others through minimising their urge to cut. Other reasons were described as confessional; posting images of this type on the internet enabled an anonymous confession. Similarly, they were sometimes intended to welcome help from others. Other reasons related to validation and ‘concrete evidence’ (p.431) of suffering. Photos were used as reminders of particular episodes of self-harm which now only bear a scar, “every scar tells a story” and the photograph is kept to communicate parts of the story. Notably, this was very different to the way participants in the previous study ‘used’ their images. They seemed to have no desire to hold on to their images which was thought to be a reluctance to remember their suffering, though none of them took images of this type for the purposes of the study. Finally, some injuries were captured on photo due to their perceived artistic quality and the pure pleasure derived from viewing them (p.432).

In part, the reported reasons seemed both consistent with, and in contrast to, previous discussions. Some of the reasons are resonant of ‘embracers’ and ‘flaunters’, discussed previously (4.6.3), but for the most part they are in contrast to what might be considered ‘pro self-harm’ in that they seemed to describe their use of images as protective. Most of these reasons however would not explain why someone would post them on their blog for others to view - why not keep a personal collection?

In addition to the reasons reported by participants in Sternudd’s (2012) study, it is possible some people post images of a more graphic and extreme nature with the aim to shock others. As mentioned previously, participants in Adler and Adler’s study (2011) associated such images with males who wish to express their strength to others and to engage in competition with others (4.6.3). Sometimes these images are flagged as ‘triggering’, to warn potential viewers of their distressing content, though it is not clear as to whether the author of the blog or someone else labels it as such. On some sites, as discussed previously (4.6.3), posting of this sort of images would be restricted by moderators. It is interesting then to consider how the sample of images from one study might compare to another which had used different a different search strategy to include different sites and different members with different motivations.

## **4.8 Part three - A critique, and recommendations for future research**

As referred to in the introduction to this study, using blogs as a source of data is a relatively new avenue for research, and whilst discussion and guidelines are emerging around internet based research and ethical considerations, it seems frameworks for assessing quality such as CASP (see Appendix 4) have not yet been touched upon. Consequently although this study set out to meet the ethical requirements for internet based research, procedurally there may be room for improvement.

More specifically, this was a very thought-provoking study which raised a number of questions relating to the demographics of those who post blogs with picture content, tagged as self-harm. Though it was not the aim of this study to focus on bloggers themselves, it seems it might have been beneficial to have had a 'picture of' those who post blogs of this type. For example, their reported gender, age (range) and ethnicity. It became apparent throughout the analysis and the writing of the discussion chapter for this study that as a collection of images they were essentially images which seemed to capture the experience of an average white, slim female. In other words, 'emos', overweight females, men, and non-white people were not represented, and there was no way of knowing if this was illustrative of the bloggers themselves, characteristic of the blog management sites surveyed or simply just the types of images people tend to post.

Like the unknown characteristics of the bloggers, during data collection the ethos of the sites surveyed was also unknown, including the extent to which they were moderated. Factors such as these may have influenced the type of data that was collected. For example, as discussed previously different sites may have posed restrictions on certain types of images, and similar to the point made earlier, different sites may also be marketed /tagged to attract particular groups. Although it might be argued that this is less likely on a blog management site than say a website specifically aimed at people who self-harm, it may still be an influential factor that has been overlooked in this study.

Related to this idea was the assumption that using blog management sites as opposed to following individual bloggers would afford more diversity in the data, however having considered the work carried out by Adler and Adler (2011) it seems particular sites attract particular groups which has perhaps created more homogeneity in the data than was intended.

So whilst every effort was made to conduct a comprehensive and reliable study, throughout the different phases of the study it became apparent that to do this is more difficult than first realised. How different search engines work, how different internet

sites operate, including the options of privacy settings and how (if) they are moderated, and typical membership require consideration. These features may have introduced an unintended sampling bias, an unreliable study and consequently a less than comprehensive account of how images are used on blogs tagged as self-harm. Consequently what that might offer in the way of knowledge about self-harm is then questionable.

#### **4.8.1.1 Recommendations for future research**

This study only had access to visual content which people seemed happy to share with the public, i.e. there were no membership requirements to access any of this material. It would have been interesting to explore whether different levels of access revealed different types of images. For example, does the private versus public theme exist even within cyberspace? If so, how, and is it more likely to be observed in certain groups than others - people with different self-harm careers perhaps?

Also, although the content and use of images was explored from a visual perspective, it would have interesting to explore peoples' motivations to publically blog and post visual content on a topic which is usually considered private. In addition it would be interesting to explore why people choose to post images alongside or in place of text on what is usually considered a platform for text. In other words when given a platform which affords a number of different ways to express oneself, do people who self-harm still encounter difficulties, and if so – what are they?

And finally, perhaps the data from this study was biased and limited in its variation and future studies might want to consider trying to select from different sites with different membership characteristics, including implicit and explicit restrictions on content. For instance, having quickly scoped some other blog management sites, there are blog sites specifically marketed for males, Asian people, 'fat' people which might prove fertile ground for future research into some of the less represented areas in self-harm.

Through learning how people who self-harm use and benefit from cyberspace might offer us clues and direction as to ways in which interventions in the solid world might be improved for people who self-harm.

## **Chapter 5. Summary and conclusion**

## 5.1 Summary

To sum up, having explored the question of why people harm themselves intentionally and sometimes painfully and repeatedly using both traditional and non-traditional research approaches our knowledge of some of the reasons why people self-harm has broadened.

This thesis started out with a presentation of some of the key literature surrounding functions of self-harm, with which the findings from the subsequent studies were compared to consider whether these models were adequate in capturing the reasons why people harm themselves. Table 5 presents an overview of the different functions reported across each of the studies, and how the functions from the subsequent studies map onto the functional models presented by Suyemoto (1998) and Klonsky (2007a). In addition, Table 5 demonstrates how a number of functions other than those outlined by Suyemoto (1998) and Klonsky (2007a) were also reported in each of the subsequent studies. For example, positive functions and functions relating to protection and expression were reported. Self-harm as a language in particular was reported across all of the studies yet the theoretical models presented do not explicitly discuss self-harm in this way. It should be noted however that without any other contextual information themes derived from the third study (using images posted on blogs) were more difficult to consider in terms of functions, instead the aim was to try to broaden our understanding of self-harm generally through exploring images posted on blogs tagged as self-harm.

The different functions of self-harm from the literature and each of the studies presented in Table 5 has highlighted some functional distinctions. For example, between functions relating to thoughts or feelings, and functions relating to gain or elimination. So, whilst Suyemoto (1998) and Klonsky (2007a) have presented eight functional models in an attempt to consolidate and advance knowledge of the different functional explanations of self-harm, Table 5 perhaps can add to this in terms of knowledge of other functions of self-harm and the subtle nuances related to some of the existing functions of self-harm.



**Table 5 Classifications of functions from the literature and the findings from the studies conducted as part of this thesis**

Theoretical models presented	Systematic review	Using pictures and words	Using images posted on blogs
<b>Coping with feelings</b>			
<b>To end a dissociative state</b>	To induce or end a dissociative state		
<b>Confirming boundaries</b>	Confirming boundaries		
	Self-validation		
<b>To regulate affect</b>	To regulate affect	To regulate affect	
<b>Coping with thoughts</b>			
	To gain a sense of control To help focus To distract from thoughts To escape thoughts Facilitate / hinder switching personalities	To gain a sense of control To help focus To distract from thoughts To escape thoughts	To escape (from corporeality)
<b>For punishment</b>	For punishment	For punishment	
<b>For pleasure and gain</b>			
<b>For sexual gratification (or punishment)</b>	For sexual gratification (or punishment)		
<b>Sensation seeking</b>	Sensation seeking		
	Other positive functions: For pleasure For remembrance To feel unique Satan worship	Other positive functions: A sense of ownership A sense of purpose	
<b>Protecting and caring for oneself</b>			
<b>To avoid suicide</b>	To avoid suicide	To avoid suicide	
	To protect oneself To transfer emotional pain To cleanse To feel a sense of belonging	To protect oneself To transfer emotional pain	
<b>A form of expression</b>			
	Self-harm as a language	Self-harm as a language	Self-harm as a language
<b>Interpersonal Influence</b>	Interpersonal Influence	Interpersonal Influence	

## 5.2 Conclusion

Our understanding of self-harm, including what motivates individuals to initiate and maintain self-harm is reportedly in need of improvement (Himber, 1994, Klonsky, 2007a, Klonsky, 2009, NICE, 2004, Nock and Prinstein, 2005, Rodham et al., 2004, Suyemoto, 1998). This thesis has discussed and attempted to address some of the suggestions as to why this might be, and an in-depth exploration of self-harm and some of the different functions it serves has been carried out.

Although previous research has offered us a wide array of empirical evidence and a number of theoretical explanations as to why people self-harm, gaps remained between the empirical evidence and the theoretical knowledge of functions of self-harm, and in our understanding of the different and nuanced functions of self-harm. It has been suggested that the different research approaches employed thus far might form the beginnings of an explanation for this. The first study then, a systematic review, addressed the extent to which the functional models of self-harm, as outlined by Suyemoto (1998) and Klonsky (2007a), were supported by empirical evidence and whether functions of self-harm other than those were described in the literature. The review also determined whether particular research approaches concentrated on and identified particular functions of self-harm.

Sufficient evidence was found to support each of the functional models outlined by Suyemoto (1998) and Klonsky (2007a), in particular to support the theory that self-harm served to regulate affect, create desired environmental responses, punish one self, and / or end / induce a period of dissociation. Albeit limited, empirical evidence was also found to support the theory that self-harm served to avoid suicide, induce desired sensations, including those sexual, and help create boundaries between one self and others. The review also highlighted a number of other functions served by self-harm which were not described in the key theoretical literature such as, self-harm serving to cleanse the body, protect, give pleasure, aid focus, help remembrance, aid experimentation, help distract, help escape and serve as a way of transferring pain.

The review highlighted an over reliance on constraining response sets in those studies employing a structured interview method which might go some way to explain why the evidence for affect regulation and environmental functions is copious compared with other functions. The review also suggested that the experience of self-harm is often difficult to articulate (Spandler, 2001) and limitations associated with traditional approaches, such as the questionnaire and interview, were discussed.

In consideration of the methodological constraints discussed, the second study adopted an exploratory, unstructured, 'bottom up', visual approach with the aim to develop our understanding of self-harm further. People's experiences of self-harm were explored using photo elicitation to help elicit knowledge of self-harm from those with personal experience. The value of adopting a visual approach with people who find it difficult to express themselves was discussed and the findings demonstrated how the method proved useful in allowing for the unveiling of complex, unpredictable and detailed narratives which may not have been accessed through interview alone.

While the method seemed appropriate and valuable to those participants with personal experiences of self-harm, on reflection it may not be entirely suitable for everyone or every topic, including self-harm. Almost certainly, capturing images to represent experience of self-harm was more of a challenge for some than others and factors such as personal preference and perceived creative ability seemed relevant, and while taking pictures is considered a familiar method, taking pictures to represent difficult experiences is not so familiar and may require more thought. So, whilst I would agree this type of approach is beneficial, it might not be for everyone.

In terms of our understanding of self-harm similar findings to those outlined by Suyemoto (1998) and Klonsky (2007a) and those described in other studies included in the review were reported. In addition, some of the less reported functions of self-harm such as, positive functions and functions relating to protection and communication were also reported. Furthermore, consistent with some of the key literature (Klonsky, 2007a, Nock, 2008, Suyemoto, 1998), the findings also demonstrated how self-harm served more than one function at one time, and how an act of self-harm is perceived / responded to by others is not necessarily the way it was intended by those performing the behaviour.

So, finally, given the effective use of images with some of the people who self-harm in the previous study, a third study aimed to access other visual representations of self-harm to gain a further understanding of self-harm. The objective was to explore what was being expressed through the explicit and implicit content of images posted on blogs tagged as self-harm. Like the previous study, having approached the subject of self-harm in a different way, the findings offered us something different in terms of understanding self-harm. The visual content portrayed a trajectory of self-harm which was largely experienced by a bi modal population of females who used it as a means of escape, self-expression, and as a language to communicate with non-corporeal others. Cyberspace appeared to afford people who self-harm with a protective platform upon which they can share their experiences with others, both textually and visually, something which they may feel unable to do in the solid world. The virtual platform,

along with the visual enabled research to access a different form of content in relation to self-harm to that which is usually available in the solid world. Through exploring self-harm this way our understanding surrounding some of the reasons why people use nonverbal forms of expression has been enhanced. Moreover, it is not certain whether this type of understanding of self-harm could have been gleaned from extant theoretical models of self-harm.

Overall the findings from this thesis have the potential to enhance knowledge and potentially improve research and clinical practice in the following ways.

Firstly, a review of the theoretical models to include what has been discussed here is recommended. Such a review may prove useful for health professionals in terms of formulation and development of effective interventions aimed at reducing self-harm. The lack of attention in the literature around self-harm as a positive experience is likely to have clinical implications. Without considering self-harm in and of itself as something protective may lead professionals to offer unhelpful services. For example, imploring individuals to stop self-harming without thinking about how the positive aspects of the behaviour might be replaced.

Secondly, refining the models would also suggest a need to develop new more comprehensive measures that can be used in surveys or population level explorations of self-harm.

Thirdly, in addition to knowledge, this thesis has also offered a detailed discussion as to how and why a more considered and participatory approach to research with people who self-harm proved useful. Perhaps a visual approach can be seen as part of a repertoire of approaches, and one which may help people explore their behaviour in other similar research and / or clinical settings.

In view of the discussions surrounding people who self-harm and their propensity towards non-verbal communication, it seems reasonable to suggest that talk therapy alone, including assessment which usually relies on a verbal exchange, may be insufficient, but may be enhanced through the use of images or imagery. Creative use of non-verbal interventions in the treatment of self-harm has been proposed (Barnett, 2012) but its practice is unknown and unevaluated. Future applied research might want to explore this further.

So, using a novel approach has been both interesting and helpful in broadening our understanding of why people harm themselves intentionally and sometimes painfully and repeatedly even when they do not wish to die.

## Appendices

## Appendix 1- Medline search strategy

1. Self Mutilation/
2. Wounds, Penetrating/
3. ((self or selv*) adj2 harm).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
4. ((self or selv*) adj2 mutilat*).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
5. ((self or selv*) adj2 injur*).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
6. ((self or selv*) adj2 poison*).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
7. ((self or selv*) adj2 cut*).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
8. DSH.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
9. deliberate self-harm*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
10. deliberate selfharm*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
11. self destruct* behavio?r*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
12. overdos*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
13. or/1-12
14. Motivation/
15. motiv*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
16. Intention/
17. intent*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
18. incentive*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
19. incentive/
20. reason*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
21. driv*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
22. caus*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]

word, unique identifier]
23. purpose.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
24. function*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
25. explanation*.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]
26. or/14-25
27. 13 and 26
28. limit 27 to English language

### Appendix 2 - Eligibility form

Reference	Is it a primary study (Y/N)	Does study elicit motivations to self-harm (Y/N)	Eligible Population? Y/N (exclude if those suffering with psychoses or no known HX of self-harm)	Are motivations elicited from the first person? Y/ N	Study included (Y/N) if no state reason(s)

### Appendix 3 Data extraction form

Source Reference & country	Population studied	Research Question / aims of the article	Specific method of Self-harm?	Outcomes – (key findings)	
				Method(s) used to elicit motivations?	Motivational themes elicited?

**Appendix 4 Quality appraisal Example - Appraisal of Quantitative – case control studies adapted from the CASP at the Public health resources unit**

Reference	Did the study address a clearly focused issue?	Did the authors use an appropriate method to answer the question?	Were the cases recruited in an acceptable way?	Were the controls selected in an acceptable way?	Did the study use validated/established measures to elicit motivations?	Do you believe the results?	Do the results of the study fit with other available evidence?	Score 1-2 – weak 3-5 average 6-7 - strong



## Appendix 5 Thematic framework

(Key: Black= Quantitative studies, Blue Qualitative studies)

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
Abrams & Gordon, 2003	Abrams & Gordon, 2003	Briere & Gill 1998	Alexander & Clare 2004	Klonsky & Glenn 2009	Claes et al 2010.	Kamphuis et al 2007	Abrams & Gordon, 2003
Alexander & Clare, 2004	Bancroft et al 1976	Haas & Popp 2006	Arnold, L(1995	Klonsky 2009.	Demming, V 2008	Kleindienst et al 2008	Alexander & Clare 2004.
Arnold, L(1995	Bancroft et al 1979	Klonsky 2009	Briere & Gill 1998	Silverman J 2009	Himber, J 1994	Klonsky & Glenn 2009	Arnold, L 1995
Bancroft et al 1976	Birtchnell & Alarcon 1971	Oyefeso et al 2008	Brown et al 2002.	Simpson(1975	Klonsky & Glenn 2009	Kumar et al 2004	Briere & Gill 1998
Bancroft et al 1979	Boergers et al 1998	Shearer 1994	Claes et al 2010	Wilkins & Coid 1991	Klonsky 2009	Klonsky 2009	Brown et al 2002
Boergers et al 1998	Briere & Gill 1998	Silverman J 2009	Ettinger 1992		Laye-Gindhu & Schonert-Reichl 2005	Martin et al 2010	Claes et al 2010
Briere & Gill 1998	Brooke & Horn 2010	Simeon et al 1997	Favazza & Conterio 1989		Martin et al 2010	Osuch 1999	Dear et al 2000
Brooke & Horn	Brown et al 2002	Simpson	Haas & Popp		Nixon et al.	Oyefeso et al	Demming, V 2008

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
<b>2010</b>		<b>1975</b>	<b>2006</b>		<b>2002</b>	<b>2008.</b>	
<b>Brown et al 2002</b>	<b>Chung 2004</b>		<b>Heath et al 2009</b>		<b>Polk &amp; Liss 2009</b>	<b>Samuda 2003</b>	<b>Favazza &amp; Conterio 1989</b>
<b>Chung 2004</b>	<b>Claes et al 2010</b>		<b>Herpertz et al 1995</b>		<b>Shearer 1994</b>	<b>Shearer 1994</b>	<b>Haas &amp; Popp 2006</b>
<b>Claes et al 2010</b>	<b>Dear et al 2000.</b>		<b>Hilt &amp; Cha 2008</b>		<b>Silverman J 2009</b>	<b>Silverman J 2009</b>	<b>Heath et al 2009</b>
<b>Dear et al 2000</b>	<b>Demming, V 2008</b>		<b>Himber, J 1994</b>		<b>Swannell et al 2008</b>	<b>Simeon et al 1997</b>	<b>Herpertz et al 1995</b>
<b>Demming, V 2008</b>	<b>Dennis et al (2007</b>		<b>Horne &amp; Csipke 2009</b>			<b>Swannell et al 2008</b>	<b>Himber, J 1994</b>
<b>Dennis et al 2007</b>	<b>Ettinger 1992</b>		<b>Klonsky &amp; Glenn 2009</b>			<b>Taylor 2003</b>	<b>Holden &amp; DeLisle 2006</b>
<b>Ettinger 1992</b>	<b>Fulwiler et al 1997</b>		<b>Klonsky 2009</b>				<b>Holden et al 1998</b>
<b>Favazza &amp; Conterio 1989</b>	<b>Haas &amp; Popp 2006</b>		<b>Laye-Gindhu &amp; Schonert-Reichl, 2005</b>				<b>Johns 1997</b>
<b>Fulwiler et al 1997</b>	<b>Harris 2000</b>		<b>Leibenluft et al 1987</b>				<b>Kamphuis et al 2007</b>
<b>Haas &amp; Popp</b>	<b>Hawton et al 1982</b>		<b>Lewis et al 2010</b>				<b>Kleindienst et al</b>

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
2006							2008
Harris 2000	Heath et al 2009		Linehan et al 2006				Klonsky & Glenn 2009
Hawton et al 1982.	Herpertz et al 1995		Lloyd Richardson et al 2007				Klonsky 2009
Heath et al 2009	Hettiarachchi et al 1989.		Machoian, L 2001				Kumar et al 2004.
Herpertz et al 1995	Hilt & Cha 2008		Martin et al 2010				Laye-Gindhu & Schonert-Reichl, 2005
Hilt & Cha 2008	Himber, J 1994		Nixon et al 2002				Leibenluft et al 1987
Himber, J 1994	Hjelmeland & Groholt, 2005		Nock & Prinstein 2004				Lewis et al 2010
Hjelmeland & Groholt, 2005	Hjelmeland et al 1998		Nock et al 2007				Linehan et al 2006
Hjelmeland et al 1998	Hjelmeland et al 2002		Nock, Prinstein & Sterba 2009				Lloyd Richardson et al 2007.
Hjelmeland et al 2002	Holden & DeLisle 2006		Oyefeso et al 2008				Machoian, L 2001
Holden &	Holden et al 1998		Polk & Liss 2009				Madge et al 2008

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
DeLisle 2006.							
Holden et al 1998	Holly (2007)		Rissanen 2008				Martin et al 2010
Holly 2007	James 1985		Rosenthal et al 1972				Nelson & Grunebaum1971
Holm et al (2010)	Johns 1997		Schoppmann et al 2007				Nixon et al. 2002
Horne & Csipke 2009	Kamphuis et al 2007		Shearer 1994				Nock & Prinstein 2004
James(1985	Kienhorst et al 1995		Silverman J 2009				Nock et al 2007
Johns 1997	Kleindienst et al 2008		Simpson 1975				Offer & Barglow 1960
Kamphuis et al 2007	Klonsky & Glenn 2009		Swannell et al 2008				Osuch et al 1999.
Keuthen et al 2000	Klonsky 2009		Wilkins & Coid 1991.				Oyefeso et al 2008
Kienhorst et al 1995	Kovacs et al 1975						Parfitt, A 2005
Kleindienst et al 200.	Kumar et al 2004						Polk & Liss 2009
Klonsky &	Laye-Gindhu &						Rissanen 2008

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
Glenn 2009	Schonert-Reichl,(2005						
Klonsky, 2009	Leibenluft et al 1987						Rodham et al2004
Kovacs et al 1975	Lewis et al 2010						Ross & Heath 2003
Kumar et al 2004.	Linehan et al 2006						Russell, Moss & Miller 2010
Laye-Gindhu & Schonert-Reichl, 2005	Lloyd Richardson et al 2007						Samuda, SL2003
Leibenluft et al 1987	Loughrey 1989						Scoliers et al 2009
Lewis et al 2010	Machoiian, L 2001						Shearer 1994
Linehan et al 2006	Madge et al 2008						Silverman 2009
Lloyd Richardson et al 2007	Marshall & Yazdani 1999						Snow 2002
Loughrey 1989	Martin et al 2010						Solomon & Farrand 1996
Machoiian, L 2001	McAuliffe et al 2007						Swannell et al 2008

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
Madge et al 2008	Michel et al 1994						Taylor 2003
Marshall & Yazdani 1999	Nelson & Grunebaum1971)						Tulloch et al 1994
Martin et al 2010	Nixon et al. 2002						Varadaraj et al 1986
McAuliffe et al 2007	Nock & Prinstein 2004						Young et al 2007
Michel, et al 1994	Nock et al 2007						
Nelson & Grunebaum 1971	Nock, Prinstein & Sterba 2009						
Nixon et al. 2002	Offer & Barglow 1960						
Nock & Prinstein 2004	Osuch et al 1999						
Nock et al 2007	Oyefoso et al 2008						
Nock, Prinstein & Sterba 2009	Rissanen 2008						
Offer & Barglow 1960	Rodham et al 2004						

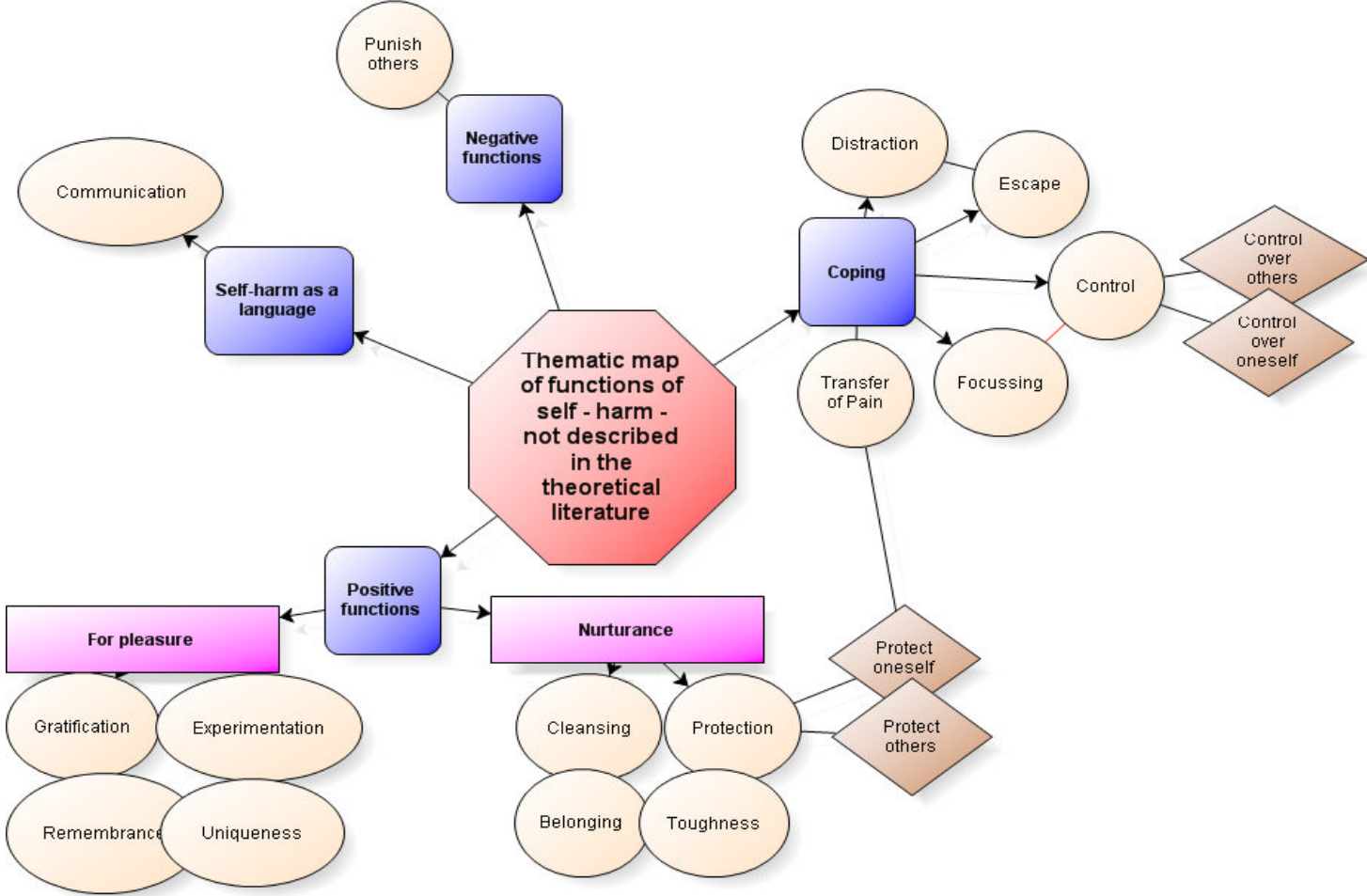
Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
Osuch et al 1999	Ross & Heath 2003						
Oyefoso et al 2008	Rygnestad(1991						
Polk & Liss 2009	Sakelliadis et al 2010						
Reece. J. 2005	Samuda, SL 2003						
Rissanen 2008	Schnyder et al 1999						
Rodham et al 2004	Scoliers et al 2009						
Rosenthal et al 1972	Shearer 1994						
Ross & Heath, 2003	Skogman(2003						
Russell, Moss & Miller 2010	Silverman J 2009						
Sakelliadis et al 2010	Snow 2002						
Samuda, SL (2003)	Soderberg et al 2004						
Schnyder et al	Survey of Psychiatric						

Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
1999	Morbidity 2000						
Scoliers et al 2009	Swannell et al 2008						
Shearer 1994	Taylor 2003						
Silverman J(2009	Tulloch et al (1994)						
Simeon et al 1997	Varadaraj et al 1986						
Simpson 1975	Wilkins & Coid 1991						
Skogman 2003	Williams 1986						
Snow 2002	Young et al 2007						
Soderberg et al 2004							
Solomon & Farrand 1996							
Swannell et al 2008							
Taylor 2003							
Varadaraj et al							



Affect regulation = 87/94	Environmental / interpersonal influence =79/94	Sexual =8/94	(Anti) Dissociation =36/94	Boundaries =5/94	Anti-suicide =12/94	Sensation Seeking =14/94	Self-punishment =53/94
<b>1986</b>							
<b>Wilkins &amp; Coid 1991</b>							
<b>Williams 1986</b>							
<b>Young et al 2007</b>							

**Appendix 6 Thematic map of functions**



### Appendix 7 Included studies

	Author / Year /Country	Country	Population	Number of participants	Age range	Research Approach to Elicit Motivations	Support for Theoretical Models	Method of harm
1.	Abrams LS & Gordon AL (2003)	USA	young women in urban and suburban contacts	6	15-17	In-depth interviews	Affect regulation Punishment Environmental	Self harm
2.	Alexander N & Clare L, (2004)	UK	women who identified as lesbian or bi sexual	16	18-50	Semi structured interviews	Affect regulation Punishment Anti-dissociation	Self injury
3.	Arnold, L (1995)	UK	women who self injure	76	18- late 50's	Interviews & questionnaires, themes from the interviews formed the data re: motivations	Affect regulation Punishment Anti-dissociation	Self harm
4.	Bancroft J et al (1976)	UK	people recovering from an overdose	125	16-36+	List of 4 common reasons to choose from (taken from Birtchnell & Alarcon)	Environmental Affect regulation	Overdoses

5.	Bancroft Jet al (1979)	UK	people attending hospital following self poisoning	41	16-40+	<p>Interview - part 1 – patients were not asked reasons, but able to say spontaneously.</p> <p>Interview part 2 – direct questions were asked about reasons, without suggesting any</p> <p>Part 3- asked to select from a series of cards which reason best describes why they took the overdose. 10 reasons taken from previous study and from previous clinical / research contexts.</p> <p>Clinical assessment then followed – conducted by a psychiatrist.</p>	Environmental Affect regulation	Overdoses
6.	Birtchnell J & Alarcon J (1971)	Scotland, UK	patients seen in casualty dept. who have attempted suicide	91	<20 - >59	List of motivations taken from the literature	Environmental	Attempted suicide (wrist cutting and overdose)

7.	Boergers J et al (1998)	USA	adolescents who presented to hospital following a suicide attempt	120	12-17	Self-reported reasons using Reasons for Overdose scale, also asked which was the primary reason	Affect regulation Environmental	Suicide attempts
8.	Briere J & Gill E (1998)	USA	clinical & general population (for self harm – group of people who self-harm)	98	average age 35yrs	Completed a detailed questionnaire indicating why they self-harmed using a list of reasons that in the authors experience are often cited by self mutilating clients	Anti-dissociation Affect regulation Environmental Sexual Punishment	Self-mutilation
9.	Brooke S & Horn N (2010)	UK	women with BPD	4	22-40	interviews	Affect regulation environmental	Self injury and overdosing
10	Brown MZ et al (2002)	USA	women with BPD, presence of parasuicide in past 8 wks., and at least one additional act in past 5 yrs.	75	18-45	Parasuicide history interview (PHI), participants were asked to review a 29 item list of potential reasons and indicate all that were reasons for their parasuicide.	Affect regulation Environmental Punishment Anti-Dissociation	Suicide attempts and NSSI

11	Chung I (2004)	USA	Asian American Female College students	8	early twenties to thirties	Qualitative interviews	Environmental / interpersonal influence Affect regulation	Suicidal behaviour
12	Claes L et al (2010)	Belgium	eating disordered inpatients	177	mean age 24	Self injury questionnaire – treatment related (SIQ-TR), which was designed to assess NSSI in ED patients	Affect regulation Punishment Anti-dissociation Environmental Anti-suicide	NSSI
13	Dear GE et al (2000)	Australia	prisoners	74	18-55	Open ended question, responses were coded into 3 categories Manipulative Wanted to get transferred out of this unit	Environmental Affect regulation punishment	Self harm

						Psychological Relief		
14	Demming, V (2008)	USA	women who self injured as adolescents	4	18-25	Semi structured interview including creating projective drawings (self-portraits).	Affect regulation Anti-suicide Environmental Punishment	Self injury
15	Dennis M.P et al (2007)	UK	older adults presenting to a specialist self-harm team	76	65-92	Part on an interview they were asked their motivations and rated according to list taken from Bancroft study (1976, 1979)	Affect regulation Environmental	Non-fatal DSH
16	Ettinger SL (1992)	USA	women who self injure	10	?	interview	Dissociation Affect regulation Environmental	Self-injury
17	Favazza A & Conterio K (1989)	USA	self referred female habitual self mutilators	240	14-71	Questionnaire sent to people responding to a TV program which offered information on SAFE – (self-abuse finally ends). Asked to write an essay about anything that might help us to understand more	Affect regulation Anti-dissociation Punishment?	Self-mutilation

						about your self-harm behaviour. Questionnaire was also given to self-mutilating patients well known to the authors.		
18	Fulwiler CE et al (1997)	USA	prisoners	31	mean age - 30	Interviewed using a standard clinical information protocol, asked why did you want to kill / hurt yourself?	Environmental Affect regulation	Self-mutilation
19	Haas B & Popp F(2006)	Austria / Germany	people using SIB related homepages (websites)	120	13-54	Questionnaire – being developed, unnamed.	Affect regulation Dissociation Punishment Sexual environmental	SIB
20	Harris J (2000)	UK	females using a pen pal network for self-harm	6	20-45	Correspondence study (participants formed a pen pal network). Asked to receive stories about the women's lives and any experience of contact with A & E dept..	Affect regulation Environmental	Cutting



21	Hawton K et al (1982)	UK	adolescent admitted to a general hospital following deliberate self poisoning	50	13-18	Asked to select from a series of 8 cards those which best described their reason for overdose. , taken from Bancroft list.	Affect regulation Environmental	Self poisoners
22	Heath NL et al (2009)	Canada	university sample of young adults	23	18-35	Use of questionnaires, which included questions about motivations for NSSI based on the DSH inventory (Gratz, 2001)	Affect regulation Environmental Punishment Anti-dissociation (feel alive)	NSSI
23	Herpertz S et al (1995)	Germany	female psychiatric inpatients	54	16-57	Using self-harm behaviour survey (SBS).	Affect regulation Environmental Punishment Dissociation	SIB
24	Hettiarachchi J et al (1989)	Sri Lanka	patients admitted following self poisoning	97	mean age 27	Semi structured interview	Environmental	Self poisoning

25	Hilt LM & Cha CB (2008)	USA	young adolescent girls	94	10-14	FASM – using Nock & Prinstein subscales –	affect regulation dissociation environmental	NSSI .
26	Himber, J (1994)	USA	female psychiatric inpatients	8	18-54	In depth interviews	Anti-suicide Dissociation (end / induce) Affect regulation Punishment (self and others) Environmental	cutting
27	Hjelmeland H & Groholt B (2005)	Norway	young and adult DSH patients	98 under 20 yrs. 83 older persons	17-73	European Parasuicide Study interview Schedule (EPSIS), which included MPQ - intentions based on the work of Bancroft	Affect regulation Environmental	DSH
28	Hjelmeland H et al (1998)	Nordic regions	parasuicide patients	776	15-60+	Self report questionnaire – MPQ 14 reasons	Affect regulation Environmental	Suicidal behaviour

29	Hjelmeland H et al (2002)	13 European countries	parasuicide patients	1646	15 -65 and over	MPQ based on previous work of Bancroft, (1976, 1979). – 14 possible intentions	Affect regulation Environmental	Parasuicide
30	Holden RR & DeLisle MM (2006)	Canada	adults who have attempted suicide (recruited via university pool, adverts)	134	17-68	RASQ which evolved from the work of Bancroft	Affect regulation Environmental Punishment	Suicide attempt
31	Holden RR et al (1998)	Canada	consecutive patients attending a crisis unit	251	14-63	List of motives based on list of Bancroft.	Punishment Affect regulation Environmental	Suicide attempt
32	Holly S (2007)	Canada	first year undergraduate students	56	18-25	Ottawa self injury inventory. FASM	Affect regulation Sensation seeking Environmental Anti-suicide Punishment dissociation	NSSI

33	Holm, AL, Seveinsson E (2010)	Norway	women resident in Norway suffering from BPD	13	25-53	interviews	Affect regulation	Self harm (OD, cutting, burning)
34	Horne O & Csipke E (2009)	UK	people with a HX of self-harm	37	14-49	Web based questionnaire – using motives taken from the literature, forums, message boards, and other sources of first person description, and emailed interviews with those who said they SIB was motivated by a feeling of too little or too much	Dissociation Affect regulation	Self harm
35	James D & Hawton K (1985)	UK	patients admitted to general hospital following an overdose	34 self poisoners, 34 significant others	16-50+	Taken from Bancroft list	Affect regulation Environmental	Self poisoning
36	Johns D & Holden RR (1997)	Canada	non clinical population (students & volunteers)	262	17-70	RASQ	Punishment Affect regulation environmental	Suicidal attempt / ideation = suicidal behaviour

37	Kamphuis JH et al (2007)	Netherlands	female members of a Dutch support organisation	106	15-54	Questionnaire booklets, including the SIMS	Affect regulation Environmental Punishment Sensation seeking	Self injury
38	Keuthen NJ et al (2000)	USA	student population	105	17-29	Self report Skin Picking Inventory	Affect regulation?	Skin picking
39	Kienhorst ICWM et al (1995)	Netherlands	adolescents HX of suicide attempts	48	14-21	Interview which included instrument to obtain reasons for attempt based on Bancroft's list.	Environmental Affect regulation	Suicide attempt
40	Kleindienst, NT et al (2008)	Germany	women with BPD	101	18-51	Structured self rating questionnaire on NSSI QNSSI.	Affect regulation Punishment Anti-dissociation Environmental Sensation seeking	NSSI

41	Klonsky DE & Glenn CR (2009)	USA	young adults from a college population	235	mean age 18.5	ISAS - Developing a measure for assessment of NSSI functions – list taken from the literature and statements taken from NSSI researchers, clinicians and NSSI related websites. = 13 functions	Affect regulation Anti-dissociation Anti-suicide Interpersonal boundaries Interpersonal influence (environmental) Punishment Sensation seeking	NSSI
42	Klonsky DE, (2009)	USA	young students with a HX of cutting and other SIB taken	39	mean age 19.4	Interviews - Participants were read a list of 37 potential reasons for self injury and asked to do your best to identify which ones apply to you.	Affect regulation Environmental Punishment Dissociation Boundaries Sensation seeking Anti-suicide Sexual	Self injury

43	Kovacs M et al (1975)	USA	patients with a HX of suicide attempts	200	17-62	Psychiatric interview with clinician. Asked reasons and they were coded 0, 1, 2  0 = To manipulate others, to get attention, revenge  1= Components of 0 and 2  2- To escape from life to seek surcease, an irreversible solution to problems.	Environmental Affect regulation	Attempted suicide
44	Kumar G et al( 2004)	USA	adolescent psychiatric inpatients – HX of cutting	50	13-17	SIMS version 2 was administered.	Affect regulation Punishment Environmental Sensation seeking	Cutting
45	Laye-Gindhu A & Schonert-Reichl KA (2005)	Canada	community sample of adolescents	424	13-18	Self report questionnaire, as well an open ended item in which they could write in a motivation not reflected in the questionnaire	Punishment Environmental Dissociation Anti-suicide Affect regulation	Non suicidal self-harm

46	Leibenluft E et al (1987)	USA	BPD patients who self mutilate	5	23-44	Clinical interviews Spontaneously written self reports Self-administered questionnaire - consisted of open questions asking for descriptions of different phases of the SI experience	Anti-dissociation Affect regulation Environmental Punishment	Self-mutilation
47	Lewis SP et al (2010)	Canada	people with HX of self-harm recruited online	57	mean age 23	Completed a series of online questionnaires including self-harm reasons questionnaire revised.	Affect regulation Environmental Dissociation Punishment	Self harm
48	Linehan M et al (2006)	USA	cohort 1 – psychiatric inpatients cohort 2 – patients admitted to ER following suicide attempt cohort 3 – drawn from clinical trials examining treatments for women with BPD two self harm	75 75 188	18-45	SASII interview - included the interpersonal influence scale and the emotion relief scale	Affect regulation Punishment Environmental Dissociation	Non-fatal suicide attempts



			<p>episodes in last 5 yrs., with at least one in previous 8 weeks</p> <p>cohort 4 – BPD, two self harm episodes in last 5 yrs., with at least one in previous 8 weeks</p> <p>cohort 5 BPD, + substance dependence</p>					
49	Lloyd Richardson EE et al (2007)	USA	community sample of adolescents	633	average age 15	FASM	<p>Environmental</p> <p>Affect regulation</p> <p>Anti-Dissociation</p> <p>Punishment</p>	NSSI
50	Loughrey G & Kerr A (1989)	Ireland	adult patients presenting with self harm	50	mean age males 37, females 31	Given a choice of 9 reasons for their actions, based on list of Bancroft	<p>Environmental</p> <p>Affect regulation</p>	DSH

51	Machoian, L (2001)	USA	inpatients - adolescent psychiatric unit	3	12-17	interviews	Affect regulation Environmental Punishment Dissociation	Cutting
52	Madge N et al (2008)	International study	international community sample of young people	30476	14-17	Based on Bancroft list (1979)	Affect regulation Punishment Environmental	DSH
53	Marshall H & Yazdani A (1999)	UK	Asian young women – HX of self-harm	7	18-28	Interviews, each woman was asked how she had come into contact with mental health / social care services and in doing so to account for her experiences of and ideas about self-harm.	Affect regulation Environmental	Self-harm
54	Martin G et al (2010)	Australia	community sample	12006	10-100	Telephone interview – Survey Question regarding motivations for self-injury was: <i>“In your opinion, what would be the main reason</i>	Affect regulation Environmental Punishment Anti-dissociation	Self injury

						<i>why you self-injure?"</i> It was an open ended question and the interviewer did not specify motivations or provide any prompting. The interviewer then recorded the motivations identified by participants and coded them using 9 options taken from previous research	Sensation seeking Anti-suicide	
55	McAuliffe, C. et al (2007)	Ireland	DSH patients	146	14-70	MPQ, based on work of Birtchnell & Bancroft.	Affect regulation Environmental	DSH
56	Michel K, et al (1994)	Switzerland	patients being treated for a suicide attempt	66	17-80	EPSIS Interview included MPQ - asked to say from Bancroft's list & spontaneous account as to why they attempted suicide.	Affect regulation Environmental	DSH / Attempted Suicide
57	Nelson SH & Grunebaum H (1971)	USA	presented to A & E due to cutting wrists	23	doesn't state	List of motives offered	Affect regulation Punishment Environmental	Wrist cutting

58	Nixon MK et al. (2002)	Canada	adolescent psychiatric inpatients	42	Mean age 15	Ottawa / Queens Self Injury Questionnaire, modified version of the Queens self injury questionnaire.	Affect regulation Environmental Punishment Dissociation Anti-suicide	SIB
59	Nock MK & Prinstein MJ(2004)	USA	adolescent psychiatric inpatients	108	12-17	Self reports of perceived reasons using the FASM were recorded and used to examine the hypothesised overarching functions of SMB	Affect regulation Dissociation Punishment Environmental / interpersonal influence	Self-mutilation
60	Nock, M et al 2007	USA	Adolescents	94	12-19	Using the SITBI (included the FASM)	Affect regulation Environmental Punishment Dissociation	Self injury
61	Nock, MK Prinstein MJ & Sterba SK (2009)	USA	adolescents and young adults selected from a cross sectional community study	30	12-19	Hand held computer - personal digital assistant (PDA) which for each data entry asked about the form and function of self injurious thought and behaviours.	Affect regulation Anti-dissociation Environmental	Self injury

						Used the SITBI		
62	Non-fatal suicidal behaviour among adults aged 16-74 in GB. Survey of Psychiatric Morbidity carried out in 2000.	UK	adults in the community	8580	16-74	survey	Environmental Affect regulation	Non-fatal suicidal behaviour
63	Offer D & Barglow P (1960)	Chicago	adolescent and young adults	12	14-22	Interview	Environmental Affect regulation Punishment	Self-mutilation
64	Osuch E et al (1999)	USA	psychiatric inpatients	99	19-58	SIMS, self-report questionnaire of motivations, plus 'other' category, which enables participants to write in the space below.	Affect regulation Sensation seeking Punishment (doesn't explain	Self injury

							duality though) Environmental	
65	Oyefeso A et al (2008)	UK	treatment seeking opiate addicts	80	mean age 38	9 dichotomous items (yes / no) generated from the literature	Affect regulation Punishment Sexual model Anti-dissociation Sensation seeking Environmental	SIB
66	Parfitt, A(2005)	UK	adolescent girl	1	17	Case study, used written text from a notebook completed by participant	Punishment	cutting
67	Polk E & Liss M (2009)	USA	self injury self-help website users	154	18-47	Emailed website users and asked them to describe in their own words their reasons for self inuring (written data)	Affect regulation Anti-dissociation Self punishment Anti-suicide	Self injury

68	Reece. J (2005)	UK	14 nurses & 11 women who have self injured	25	doesn't state	Interviewed using unstructured and initially open ended questions	Affect regulation / coping strategy	Cutting
69	Rissanen ML (2008)	Finland	Finnish adolescents	70	12-21	Writing – asked to write descriptions of their self-mutilation	Anti-dissociation Affect regulation Environmental Punishment	Self-mutilation
70	Rodham K et al (2004)	UK	community sample of adolescents	6020	15-16	Self report questionnaire, based on Bancroft but with an open ended question at the end	Affect regulation Environmental Punishment	Deliberate self poisoners and self cutters
71	Rosenthal RJ et al (1972)	USA	Inpatients with a HX of wrist cutting - cases controls 24 , HX of self harm other than cutting	48	15-66	interview	Dissociation Affect regulation	Wrist cutters

72	Ross S & Heath N (2003)	Canada	community sample of adolescents	122	12-16	Interview using list of motives - ad hoc based on previous work of Shearer, Herpertz	Affect regulation Punishment Environmental	Self-mutilation
73	Russell, G Moss D & Miller J (2010)	UK	men who self harm	4	37-58	In depth interviews.	Affect regulation Punishment (punish / hurt oneself before others do)	Self harm
74	Rygnestad T & Hauge L (1991)	Norway	patients admitted following deliberate self poisoning	718	13-60+	First asked reasons for self poisoning on admission / when they woke up by Dr, second time on at discharge when they completed the registration form.	Environmental	Self poisoning
75	Sakelliadis E et al (2010)	Greece	male prisoners	173	median age = 41	Given a list of motives and asked which of the following is the most common reason why you harm yourself	Affect regulation Environmental	SIB



76	Samuda, SL (2003)	UK	people with a HX of SIB, recruited through community mental health services	40	mean age 33	SIMS	Affect regulation Punishment (duality?) Environmental Sensation seeking	Self injury
77	Schnyder U et al (1999)	Switzerland	patients admitted following a suicide attempt	30	mean age 35	Self report questionnaire, based on Bancroft's list	Affect regulation Environmental	Attempted suicide
78	Schoppmann S et al (2007)	Germany	women who self injure	10 accounts	Doesn't state	Participant observation Interviews emails	Anti-dissociation	SIB
79	Scoliers G et al (2009)	6 European countries + Australia	adolescents	30,477	14-17	8 possible reasons were offered, they could choose as many as they wished – just indicate yes / no.	Affect regulation Punishment Environmental	DSH

80	Shearer SL (1994)	USA	inpatients - women with BPD	62	Doesn't state	Questionnaire of 17 possible functions of self injury taken from the literature and clinical experience	Punishment Sexual Environmental Affect regulation Anti-suicide Dissociation Sensation seeking	Self injury - NSSI
81	Silverman J (2009)	USA	adjudicated male adolescents	103	13-18	FDSHA – functional DSH assessment	Affect regulation Dissociation Sensation seeking Boundaries Anti-suicide Sexual Punishment Environmental	DSH

82	Simeon D. et al (1997)	USA	People suffering with trichotillomania	71	12-54	Mailed 2 survey's regarding trichotillomania and SIB, inquired about motivations using a list of 18 motivational variables using the Self Injurious Behaviour survey	Affect regulation Sensation seeking Sexual	Hair pulling
83	Simpson MA (1975)	UK	people who present to a general hospital after cutting their wrists	24	under 30's	interviews	Dissociation Sexual Boundaries Affect regulation	Cutters and self poisoners
84	Skogman K (2003)	Sweden	psychiatric patients with a HX of suicide attempts	53	18-67	Self report questionnaire of 14 suggested motives – MPQ – motives for parasuicide questionnaire, designed for the EPSIS (European parasuicide study interview schedule), based on work of Bancroft	Affect regulation Environmental	Suicide attempts
85	Snow L (2002)	UK	prisoners	143	doesn't state	In-depth interviews, prisoners were asked, in their own words, the reasons for their suicide attempt or incident of self injury.	Affect regulation Environmental Punishment	Self injury and attempted suicide

86	Soderberg S et al (2004)	Sweden	patients admitted following parasuicide	64	18-64	Self report questionnaire of 14 suggested motives – MPQ – motives for parasuicide questionnaire, designed for the EPSIS (European parasuicide study interview schedule), based on work of Bancroft	Affect regulation Environmental	Parasuicide
87	Solomon Y & Farrand J (1996)	UK	self injuring young women	4	17-21?	interviews	Affect regulation punishment	Self injury and suicide attempt
88	Swannell S et al (2008)	Australia	adolescent inpatients	38	14-17	Questionnaires – (20 items) SIMS-A	Affect regulation Punishment Dissociation Anti-suicide Environmental Sensation seeking	Self injury
89	Taylor B (2003)	UK	men who self harm	5	18-40	interviews	Affect regulation Environmental Punishment Sensation	Self-harm

							seeking	
90	Tulloch, AL et al (1994)	Australia	children & adolescents of Tasmania	88	13-19	Research interview asked about motivations, responses were transcribed verbatim and then categorised according to Hawton et al (1982) – Bancroft’s list but they excluded to get relief from a terrible state of mind and added to die and punish yourself	Punishment Environmental	Self-harm
91	Varadaraj R et al (1986)	UK	patients admitted to A & E following an overdose	98	mean age males – 32, female 27	Motives based on Bancroft’s work	Punishment Affect regulation Environmental	Self poisoning
92	Wilkens J & Coid J(1991)	UK	female remanded prisoners (cases – 74)	136	16-71	Interviews using a battery of instruments and an item sheet (taken from a review of the literature and clinical experience) to elicit data on phenomenology	Environmental Boundaries Affect regulation Anti-dissociation	Self-mutilation -

93	Williams JM (1986)	UK	people admitted to hospital following overdose	35	16-60	Interviewed patients using cards to show reasons people had given for taking overdoses, (taken from Bancroft)	Environmental Affect regulation	Overdose
94	Young R et al (2007)	Scotland, UK	young people living in Scotland	1258	18-20	Part of an interview schedule, participants were asked what are / were the reasons for doing this [self-harm] List of 9 reasons.	Affect regulation Punishment Environmental	Self-harm

## Appendix 8 Participant Information sheet

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UNIVERSITY OF LEEDS

Participant information sheet for those people who have attended A & E Version 2 (19<sup>th</sup> May, 2011)

### Research Project Title – Exploring Motivations to Self-Harm

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

#### What is the projects purpose?

I am interested in exploring why people self-harm. I would like to find out more about why people self-harm, using pictures. Using this type of approach has been shown to be useful in helping people to describe difficult and personal experiences more easily. This research project is part of a PhD at Leeds University and has received ethical approval from the National Research Ethics Service – Yorkshire & the Humber - Bradford

#### Why have I been chosen?

I am very interested in speaking to people who have personal experience of self-harm, as opposed to speaking with professionals who work with people who self-harm. You have been chosen as you recently attended A & E following a self-harm injury. A small number of other people who also attended A & E following self-harm have also been invited to take part.

#### Do I have to take part?

Taking part is voluntary. If you decide to take part you will be given this information sheet to keep, and you will be asked to sign a consent form. However, even if you agree at this point you are free to withdraw at any time without giving any reason; this will not affect your current / future care.

#### What will happen to me if I take part?

If you decide to take part I will ask you to collect photographs (maximum 24) over a two week period of items (places, objects, what ever you like) that best help you to describe your experience of self-harm. I would ask you to **avoid** taking pictures of other people, as we would need to ask their permission to use images of them as part of this research. You may however take pictures of items that will help you to think about that person and discuss them in the meeting.

I will provide you with a digital camera or you can use your own equipment if you prefer. After two weeks I will ring you and arrange a time where we can sit down together (Location TBC) and discuss your photographs. You will have full control of the meeting to talk about your photographs; you may select which photographs you wish to discuss, the order in which you want to show them, and for how long. This is an opportunity for you to bring up issues that are important to you; I may ask questions to help me understand your experience of self-harm. The meeting should take approximately one hour. All your travel expenses will be reimbursed; please keep any bus / train tickets etc.

**What are the possible disadvantages and risks of taking part?**

You may feel upset when talking about your self-harm. You may also find it difficult to take photographs that best help you describe your experience of self-harm.

**What are the possible benefits of taking part?**

- Taking part may help you tell your story about why you self-harm.
- Using photographs may offer you a way of looking at your self-harm from a different angle.
- Taking part will enable you to talk about issues important to you in your own terms

**Will my taking part in this project be kept confidential?**

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications. Confidentiality will only be breached in cases where you clearly state that you are a significant risk to yourself or someone else.

**What will happen to the research results?**

The results of this research will go towards the award of a PhD which will be completed September 2013, and may be included in other relevant publications, reports. You can request copies of publications if you wish on the consent form.

**Who is organising and funding the research?**

The Economic and Social Research Council is funding this research.

**Will I be recorded, and how will the recorded media be used?**

The meeting will be audio recorded to enable the researcher to fully listen to what is being said and fully engage with you, all audio recordings will then be typed out word for word (transcribed verbatim) and recordings will be permanently deleted.

**Contacts for further information**

**Chief Investigator**– Amanda Edmondson, University of Leeds, Charles Thackrah Building, 101 Clarendon Rd. Tel – 0113 3430896, Email – [umaje@leeds.ac.uk](mailto:umaje@leeds.ac.uk)

**Academic Supervisor** – Dr Cathy Brennan, University of Leeds, Charles Thackrah Building, 101 Clarendon Rd. Tel 0113 3430810, Email [C.A.Brennan@leeds.ac.uk](mailto:C.A.Brennan@leeds.ac.uk)

If you have a complaint about the research please contact Claire Skinner, Faculty Head of Research Support, Faculty of Medicine and Health Research Office, Level 10, Room 10.110, Worsley Building, University of Leeds, Clarendon Way, Leeds LS2 9NL. Telephone 0113 343 4897 Email: [governance-ethics@leeds.ac.uk](mailto:governance-ethics@leeds.ac.uk)



## Appendix 9 Consent form 1

Leeds Institute of Health Sciences  
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Version 1 (26<sup>th</sup> April, 2011)  
Consent form 1



UNIVERSITY OF LEEDS

**Title of Research Project:** Exploring Motivations to Self-Harm

**Name of Researcher:** Amanda Edmondson

**Ethical approval reference – 11/YH/0163**

1. I confirm that Amanda Edmondson, PhD student from the University of Leeds, may contact me regarding the above research project, using the following details:

Name:

Telephone:

Email (optional)-

Address (optional) –

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name of person taking consent

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## Appendix 10 Consent form 2

Leeds Institute of Health Sciences  
Faculty of Medicine and Health

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University of Leeds  
101 Clarendon Road  
Leeds LS2 9LJ

W [www.leeds.ac.uk/hspshr](http://www.leeds.ac.uk/hspshr)



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**Consent form – 2** (Version 2 – 19<sup>th</sup> May, 2011)

**Title of Research Project: Exploring Motivations to Self-Harm**

Please answer

**Name of Researcher: Amanda Edmondson**

Yes / No

1. I confirm that I have read and understood the information sheet explaining the above research project and I have the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and this will not affect any current or future care. In addition, should I not wish to answer any particular question(s), or complete any tasks, I am free to decline
3. I understand that my responses / images will be kept strictly confidential, unless I disclose that I pose a significant risk to myself, or others.
4. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports that result from the research.
5. I agree for the data to be collected from me to be used in future research
6. I agree to take part in the above research project
7. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Leeds, from regulatory authorities or from the NHS trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
  
8. I agree for the meeting to be audio recorded.
9. I give permission for copies of selected images to be used when discussing the project outcomes to a wider audience (conferences, journal publications).
10. I would like a lay report summarising this research upon completion.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **Appendix 11 Invitation letter sent to community organisations**

Dear (insert name)

I am currently studying for a PhD titled Exploring Motivations to Self-Harm, supervised by Dr Cathy Brennan & Professor Allan House. I would like to ask for your assistance in informing some of your service users, those specifically who have personal experience of self-harm who are between the ages of 18 and 65, of this piece of research.

This would only involve offering them an information sheet (please find enclosed) which has detailed information about the study and what it would involve if they choose to take part.

The study has received ethical approval through the NHS NRES Committee Yorkshire & the Humber – Bradford, Ref – 11/YH/0163, 17<sup>th</sup> May 2011.

Your help with this is greatly appreciated.

Yours sincerely

Amanda Edmondson

PhD Student, University of Leeds

Email: [umaje@leeds.ac.uk](mailto:umaje@leeds.ac.uk)

Tel. 01133 430896



**Appendix 12 Lending form**  
**Lending of digital camera**

I (please print name), \_\_\_\_\_ will be responsible for the safe keeping of the digital camera.

**Camera taken out:** (insert date) \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

**Camera returned:** (insert date) \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

## **Appendix 13 Interview schedule**

**Each interview will start with an explanation for the research, including the idea that what we do know about why people self-harm is sometimes confused.**

*'As you know I am interested in exploring why people self-harm and I would like to do this through using photographs. Using this type of approach has been shown to be helpful in enabling people to describe difficult and personal experiences more easily'.*

**Each participant will then be asked to comment upon their choice of images.**

*When you're ready let's talk about your pictures, in whatever order you like?*

### **Prompts -**

*When was this image taken?*

*Why did you take this picture?*

*How do you feel about this picture?*

**After all images have been shown, ask the following questions:**

*Which image(s) best captures your experience of why you self-harm?*

*How did you feel about using this method?*

*- Can you describe any difficulties you've experienced using this method?*

*Were there things you would have liked to take pictures of?*

### **Debrief –**

Do you have any questions about what we've been talking about?

How are you feeling?

Would you like me to talk to anyone about how you are feeling?

Review arrangements for making contact with relevant healthcare professionals and the researcher, where necessary.

**Inform participants of the following:**

- a. The researcher may wish to invite them for a further meeting to discuss similar issues in more depth

## **Appendix 14 Emergency topic guide**

**Emergency topic guide** (To be used in cases where participants attend the meeting without any images)

**Discuss and acknowledge some of the difficulties the participant has encountered in trying to capture images that represent their life experiences in relation to their self-harm.**

- *What happened when you were trying to collect images?*
- *How did you feel about doing this (the task)?*
- *Were there any images / photos you wanted to capture but couldn't?*
- *What is it about those images that are important?*

**Discuss other ways they might find useful to express why they self-harm (talking, music, drawing, drama).**

**Invite them to try again...**

## **Appendix 15 Risk escalation protocol**

This protocol was designed to demonstrate the steps taken if a participant becomes a significant risk to themselves or others during the research process.

1. Suspend research activity and explain reasons for doing so
2. Discuss the relevant issues with the participant (where possible), and ask them if they would like to see their GP / identified health care professional, or contact other relevant organisations detailed on the 'useful contacts' sheet.
3. If they refuse, seek permission to contact (call) their GP /identified health professional.
4. If they do not grant permission, inform the participant that due to (state reasons) the meeting can no longer remain confidential and that advice on how to proceed will now be sought.
4. For the researcher - speak to supervisor (Professor Allan House) / Self-Harm team and seek advice.
5. If the participant poses an imminent danger to themselves the researcher will call 999.

## Appendix 16 Consent form 3

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Faculty of Medicine and Health

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Version 1 (26<sup>th</sup> April, 20110)

**Consent form 3**

**Title of Research Project:** Exploring Motivations to Self-Harm

**Name of Researcher:** Amanda Edmondson

**Ethical Approval Reference:** 11/YH/0163

1. I confirm that Amanda Edmondson, PhD student from the University of Leeds, may contact me **again** regarding the above research project for a further meeting to discuss similar issues in more depth.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## Appendix 17 Risk Assessment



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### Fieldwork Risk Assessment (Low Risk Activities)

Project Details	
Faculty School/Service	LIHS
Location of Fieldwork	Office based within Charles Thackrah
Brief description of Fieldwork activity and purpose	Surveying images posted on blogs tagged as self-harm for data collection – meet requirements of a PhD study.
<b>Supervisor Details</b>	
Fieldwork Activity Organiser / Course Leader	<b>Contact details</b> <i>Name, email, telephone</i> Dr Cathy Brennan (Main supervisor), Charles Thackrah Building <a href="mailto:C.A.Brennan@leeds.ac.uk">C.A.Brennan@leeds.ac.uk</a> ext - 30810
Co supervisor	Professor Allan House
Nature of risk	Wellbeing of researcher as a result of surveying potentially distressing images of self-harm
<b>Researcher Details</b>	
	<b>Contact details</b> <i>Name, Address, email, telephone</i> Researcher - Amanda Edmondson  Charles Thackrah Building, 101 Clarendon Rd.  <a href="mailto:umaje@leeds.ac.uk">umaje@leeds.ac.uk</a>  ext 30896



<b>HAZARD IDENTIFICATION</b>	
<i>Identify all hazards specific to fieldwork trip and activities, describe existing control measures and identify any further measures required.</i>	
<b>HAZARD(S) IDENTIFIED</b>	<b>CONTROL MEASURES</b> <i>(e.g. alternative work methods, training, supervision, protective equipment)</i>
<b>Nature of the site</b> <i>School, college, university, remote area, laboratory, office, workshop, construction site, farm, etc</i> University	none required
<b>Transport</b> <i>Mode of transport</i> n/a	n/a
<b>Violence</b> <i>potential for violence (previous incidents etc)</i> n/a	n/a
<b>Individual(s)</b> <i>medical condition(s), young, inexperienced, disabilities etc</i> wellbeing of PhD researcher	Student has a number of years of experience of working directly with client group
<b>Work Pattern</b> <i>time and location e.g. shift work, work at night</i> Surveying images during the day time – 9am – 5pm.	n/a
<b>Other</b> <i>e.g. temperature, humidity, confined spaces</i> none	n/a

<b>Additional Control Measures</b>	
<b>Training</b> <i>Identify level and extent of information; instruction and training required consider experience of workers</i>	Student has a number of years of experience of working directly with client group
<b>Supervision</b> <i>Identify level of supervision required e.g. full time. Periodic telephone/radio contact</i>	Full time face to face supervision provided; one of which is a Liaison Psychiatrist with a wealth of experience in the field of self-harm. .



<p><b>Other Controls</b> <i>e.g. background checks for site visits</i></p> <p>Risk escalation protocol</p>	<p><b>HSLTLM/11/045 - Exploring visual images posted on self-harm blogs</b></p> <p><b>Risk escalation protocol for wellbeing of researcher:</b></p> <p>This protocol was designed to demonstrate the steps taken if the researcher becomes distressed as a result of surveying images of self-harm during the research process.</p> <ol style="list-style-type: none"> <li>1. Suspend research activity and seek immediate supervision</li> <li>2. Discuss the relevant issues with supervisors (where possible) and take appropriate / advised action.</li> <li>4. Where supervision is not available seek immediate support from post graduate tutor(s) Dr Bridgette Bewick, Dr Liz Glidewell or Dr Claire Hulme.</li> <li>5. Where necessary further support can be also sought from the researchers GP / other identified health care professional or alternatively contact details for other relevant organisations are detailed on the student wellbeing website <a href="http://www.wellbeing.leeds.ac.uk/index.htm">http://www.wellbeing.leeds.ac.uk/index.htm</a> .</li> <li>6. Where distress has been identified, alternative design to the research will be sought and the Faculty of Medicine and Health, University ethics, will be notified. Details of which will also be recorded, with discretion, in the students post graduate development record.</li> </ol>
--	---

<b>Residual Risk</b> <i>Is the residual risk acceptable with the identified controls?</i>	Yes	✓
	No	

<b>Assessment carried out by</b>	Name:	Amanda Edmondson
	Signature:	
	Date:	10.7.2012
<b>Names of person(s) involved in Fieldwork</b>	Name:	Amanda Edmondson
	Signature:	
	Date:	10.7.12

<b>Fieldwork Activity Organiser / Course Leader e.g. PI, etc</b>	Name:	Dr Cathy Brennan (lead supervisor)
	Signature:	
	Date:	10/7/2012

## Appendix 18 – University of Leeds, ethical approval for the study entitled 'Exploring visual images posted on blogs tagged as self-harm'.

Faculty of Medicine and Health  
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UNIVERSITY OF LEEDS

Miss Amanda Edmondson  
PhD Student  
Charles Thackrah Building  
101 Clarendon Road  
University of Leeds  
Leeds, LS2 9LJ

10 July 2012

Dear Amanda,

**Re ref no:** HSLTLM/11/045

**Title:** Exploring visual images posted on self-harm blogs

I am pleased to inform you that the above research application has been reviewed by the Leeds Institute of Health Sciences and Leeds Institute of Genetics, Health and Therapeutics and Leeds Institute of Molecular Medicine (LIHS/LIGHT/LIMM) joint ethics committee. Following receipt of the amendments requested, I can confirm a favourable ethical opinion on the basis described in the application form, protocol and supporting documentation as submitted at the date of this letter.

Please notify the committee if you intend to make any amendments to the original research as submitted and approved to date. This includes recruitment methodology; all changes must receive ethical approval prior to implementation. Please contact the Faculty Research Ethics and Governance Administrator for further information ([fmhuniethics@leeds.ac.uk](mailto:fmhuniethics@leeds.ac.uk))

Ethical approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

*Please note:* You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

I wish you every success with the project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Alastair Hay'.

**Professor Alastair Hay/Mrs Laura Stroud/Dr David Jayne  
Chairs, LIHS/LIGHT/LIMM REC**

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