A qualitative exploration of the meanings and reasons behind self-cutting

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ABSTRACT

This is a qualitative study into the self-reported reasons and functions behind why people cut themselves. It attempted to achieve a deeper and more insightful understanding of this phenomenon from the perspective of those who engage in this behaviour. Multiple semi-structured interviews were conducted with three community-based adult participants recruited via a self-injury self-help group. Each participant was interviewed on four separate occasions and Interpretative Phenomenological Analysis was used to analyse the transcripts, producing three detailed and comprehensive case studies. Themes and super-ordinate themes for each participant were identified. Comparisons of the case studies produced four master themes: 'A need to atone due to perceived blame and unworthiness'; 'Avoidant coping – regulating by escaping emotional states'; 'Provides a positive sense of self'; and 'Secondary reasons - A vicious cycle'. These master themes support current thinking, but the case studies also highlight the diversity of the underlying explanations of these overarching themes. The findings also shed further light on the positive aspects which people appear to get from cutting. Clinical implications and suggestions for future research are considered in view of the findings.

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CHAPTER 1: INTRODUCTION

This chapter outlines the background and reasons for undertaking this research study. To orient the reader and to contextualise the study, definitions and terminology related to self-harm are discussed and the epidemiology of this phenomenon is explored. The underlying reasons, functions and meanings of self-injury proposed in the literature are examined and the approaches used to study this behaviour are discussed. Finally, the rationale for the study is provided and the aims, design and unique contribution are clarified.

Definition and Terminology

Self-harm has been of interest to clinicians and academics around the world for many years. However, shared terminology and definitions have, unfortunately, never been established and consequently many different terms have been developed and used to refer to and describe this phenomenon, such as deliberate self-harm, self-mutilation and parasuicide (Klonsky, 2009). As a result the literature and research in this field can appear relatively confusing and can be challenging to negotiate, especially to those studying the behaviour for the first time. An important feature of contemporary studies, therefore, has been to break down this behaviour into its different parts and to be clear and consistent about the classifications and terminology used (Nock, 2010).

Self-harm is an umbrella term which refers to any behaviour which causes personal harm (whether intentional or not), and includes a vast array of self-abusive behaviours (Nock, 2010). Most people can be said to fall under this term in one way or another because we all engage in behaviours and activities which have the potential to cause a certain amount of physical or psychological damage. Such behaviours include smoking cigarettes, drinking alcohol and eating fatty foods. However, these behaviours tend to be seen as being indirectly harmful to people because the harm caused is usually an unintended bi-product;

they are rarely performed out of a desire to hurt oneself but rather because they are enjoyable. These behaviours are therefore more commonly referred to as 'unhealthy' or 'self-defeating' behaviours rather than as self-harm (Nock, 2010).

Under the umbrella term of self-harm but perhaps more in keeping with what people perceive as being self-harm is the classification of direct and intentional self-harm. However, this in itself is a term which encompasses several different behaviours and so it is useful to break it down even further into two commonly used sub-categories: *self-injury* and *self-poisoning* (Lilley et al., 2008). Self-poisoning includes intentional overdosing on prescribed medication, swallowing non-ingestible substances, poisoning with gas, as well as heavy alcohol use and overdoses on illegal drugs where the motivation is to cause deliberate harm (Lilley et al., 2008). Self-injury on the other hand, includes behaviours such as biting, skin picking, scratching, skin cutting, burning, inflicting blows, breaking bones, interfering with healing wounds (Favazza, 1998) stabbing, hair pulling, swallowing objects, embedding objects in the body, jumping from a height, hanging and deliberate road traffic related injuries (Lilley et al., 2008). Although it falls under the same umbrella as other self-harming behaviours, self-injury remains misunderstood and stigmatised, is commonly associated with mental illness and Borderline Personality Disorder (Favazza, 1998) and is seen as a socially shocking and unacceptable behaviour (Suyemoto, 1998).

In older research, self-injury, self-poisoning and suicide attempts were often investigated alongside each other. However, current research tends to view these as different behaviours, particularly in the case of self-injury. The distinction between self-poisoning and self-injury has been made since the harm caused by self-poisoning is more often than not unclear and unpredictable and because it does not cause physical marks to the body (Walsh & Rosen, 1988). Recent large scale quantitative adolescent studies provide further evidence for such a distinction and support for there being different motivations behind self-poisoning and self-cutting (Hawton, Harriss & Rodham, 2010; Madge et al., 2008; Rodham, Hawton & Evans, 2004).

The distinction between self-injury and intentionally trying to kill oneself has also been made and is supported by research (Winchel & Stanley, 1991); intentional suicide is seen as a way to end life whereas self-injury is seen as a means of feeling better or coping with life (Favazza, 1998). However, whilst recognising this, it is crucial to bear in mind that the same person may self-injure and attempt suicide at different times and may have their own unique mix of self-injurious and suicidal feelings. Whereas often self-injury is to prevent suicide, it cannot be assumed that the person who self-injures does not feel suicidal or will not go on to commit suicide and indeed, statistics indicate that self-injury is a risk factor for future suicide (Hawton, Zahl & Weatherall, 2003).

Within self-injury, further distinctions are made between the self-injury described above, the stereotypical self-injury of people with learning disabilities (for example, repetitive head-banging and face-hitting) and the significantly damaging self-injury of people suffering from psychotic disorders (for example, genital castration and enucleation of the eye) (Nock, 2010). Self-injury is also starting to become further categorised, both clinically and in the research, in terms of its severity. Terms such as mild, moderate and severe are beginning to be used to refer to the frequency and degree of injury caused (Nock, 2010).

The term 'self-harm' is used in this study when referring to both self-injury and self-poisoning behaviours together. However, since this study is concerned with people who cut themselves the term 'self-injury' will be used most often. This term is chosen because it is widely used in the current literature and from personal and clinical experience appears to be the terminology used by people who engage in this behaviour. The many other terms which are used in the literature are only referred to when a particular study has used a different term. Terms such as self-mutilation and parasuicide, although widely used in academic articles and American literature, can be very emotive and misleading terms and are rarely used by those who self-injure. Furthermore, the term deliberate self-harm, despite regular use in the literature, is seen by many as pejorative because

of its emphasis on the word 'deliberate' and indeed is no longer used in NICE documentation (NICE, 2004).

The term self-injury is also chosen because it does not make reference to the function or intention of the act. Klonsky (2009), for instance, describes self-injury as the "intentional, direct damage to one's body tissue without suicidal intent" (p.260). Although potentially true, such a definition makes the assumption that suicide is not the function or intention of self-injury, and this study avoids making any such assumptions. For any behaviour it is possible to state the type (for example, using a razor blade to cut the body), the physical severity (for example, severed an artery in the leg), and the pattern of the behaviour (for example, carried out three times a week). It is perhaps also possible to ascertain the motivation or intent of the behaviour (for example, to feel better). For the purpose of this study it was important not to impose any assumptions at the outset regarding the motivation of cutting oneself based on the type, severity or pattern of the behaviour.

Epidemiology

Self-harm and self-injury are not new concepts and there are numerous examples of and references to this behaviour throughout the ages (Babiker & Arnold, 1997). However, over the last few decades self-harm seems to have increased and is now a major health concern for many countries (Hawton et al., 2007). It is unclear at present whether this increase is due to more people harming themselves or due to an increase in media coverage and more people being willing to identify themselves as having self-harmed and seeking help (Sutton, 2007). Regardless of the reason, the result of this visible increase has been a significant rise in the number of studies, both quantitative and qualitative, in this field. Consequently our understanding of why people engage in self-harming behaviours has advanced considerably from historical clinical and anecdotal understandings (Nock, 2010).

In the United Kingdom it is now estimated that there are over two hundred thousand accident and emergency attendances annually due to self-harm by approximately one hundred and fifty thousand people (Hawton et al, 2007). However, the actual number of people who self-harm is likely to be even higher since many people, especially those who self-injure, do not seek medical attention (Bowen & John, 2001; Hawton & James, 2005; Hawton & Rodham, 2006; Hawton, Rodham, Evans & Weatherall, 2002; Madge et al, 2008). Identifying prevalence rates of self-injury as opposed to the prevalence of self-harm as a whole is difficult and remains unclear since most statistics concentrate on self-poisoning (Sutton, 2007). However, Horrocks, Price, House and Owens (2003) found that over a period of eighteen months, self-injury made up about twenty per cent of self-harm related A&E attendances in Leeds hospitals.

There are several difficulties with assessing prevalence levels of self-injury, one of which, as stated above, is that many studies of prevalence have focussed on self-harm and not specifically self-injury. Those which have focussed on self-injury can be problematic because they are often based on relatively small studies which vary in methodology, type of sample and definition of self-injury (Nock, 2010). This has meant that estimates tend to be wide ranging and vary significantly between studies. However, even the lowest estimates of prevalence suggested in current studies of self-injury (for example approximately 13 per cent in adolescents and four per cent in adults) indicate that it is more common than many other clinical problems, such as anorexia nervosa (Nock, 2010). Despite the inconsistency and difficulties in estimating prevalence, levels of self-injury are consistently reported in the literature to be higher in community-based adolescents than community-based adults and higher again in clinical rather than non-clinical populations (Nock, 2010).

It is proposed that skin-cutting is the most common method of self-injury, followed by banging or hitting and then burning (Klonsky, 2009). However, there appears to be much cross-over in methods of self-injury with many individuals using more than one method simultaneously and over time (Arnold, 1995;

Fortune, 2006; Lilley et al, 2008). In terms of skin-cutting, the instruments most commonly used by people to cut themselves seem to be razor blades, knives and glass (Sutton, 2007) with arms, legs and stomach apparently the most common body areas cut (Nock, 2010).

Self-injury is often a behaviour associated with substance abuse, eating disorders, Borderline Personality Disorder, Posttraumatic Stress Disorder, depression and psychosis, (Yates, 2004). And there is some evidence to suggest that levels of self-injury may be higher amongst people who are homosexual or bisexual (Deliberto & Nock, 2008). Nevertheless, current research suggests that self-injury pervades all categories of people, with males and females of all ages, social class, cultural and economic background being susceptible to engaging in this behaviour (Sutton, 2007). Indeed, although the onset of self-injury is most often associated with adolescence, the behaviour can also begin in childhood and adulthood (Sutton, 2007). Furthermore, there is minimal evidence to indicate that ethnicity or race have any correlation with self-injury (Brooke & Horn, 2010). Two persistent claims from the older literature which linger to this day, are that females are more likely than males to self-injure (Favazza, 1999) and that the specific act of cutting is largely confined to females (Fortune, 2006). Indeed there appears to be a strong narrative amongst the public, reinforced by frequent stereotypical representations in the media, that self-injury is the behaviour of adolescent girls. However, current studies indicate that the prevalence of self-injury and self-cutting may actually be more balanced between the sexes than previously thought (Briere & Gil, 1998; Fortune, 2006; Gratz, 2001; Hawton, Harriss, Simkin, Bale & Bond, 2004; Klonsky, Oltmanns & Turkheimer, 2003; Madge et al., 2008). One reason for this shift in findings regarding gender differences may be due to the recent increase in studies conducted on community-based samples rather than psychiatric institutions heavily populated with females (Yates, 2004).

Recent research indicates that self-injury is a much larger problem and is more widespread amongst the general population than originally thought (Hawton et

al., 2002; Madge et al., 2008). However, since the majority of studies of self-harm have concentrated on self-poisoning (Lilley et al., 2008) and the majority of those which have focussed on self-injury have been on inpatient populations, comparatively less is known about self-injury in people in the community. Indeed, Nock and Prinstein (2005) suggest that self-injury "remains a poorly understood behavioural phenomenon" (p.140).

Why do people self-injure?

A significant problem in trying to comprehend actions and behaviours is trying to unpack them, especially when it is a very complex behaviour. Trying to understand why, on a particular occasion, a person chooses to engage in a certain action or to behave in a certain manner when they could have chosen several other options is a very challenging task (Suyemoto, 1998). Self-injury is one such complex behaviour which appears very difficult to unpack. Why does someone pick up a razor blade or piece of glass and cut themselves rather than engaging in more socially accepted behaviours such as outward aggression and alcohol use or more 'healthy' behaviours such as talking to a friend?

Throughout the literature, many studies have suggested links between self-injury and a multitude of biological, psychological and social factors, especially adverse life experiences. Early negative experiences such as childhood sexual abuse, neglect, bereavement and the absence of a secure attachment have been related to self-injury (Arnold, 1995; Sanderson, 2006). However, in contrast to the widespread belief that childhood sexual abuse is the main underlying cause of self-injury, Klonsky and Moyer (2008), in a meta-analysis of forty-three studies, found there to be relatively limited empirical evidence to support this relationship. Although abuse in childhood may be a risk factor for self-injury, it should be noted that many people who self-injure do not have a history of being abused and that there are many people with a history of being abused who do not self-injure (Klonsky & Muehlenkamp, 2007). Later-life adverse experiences such as rape and sexual assault, domestic violence and loss are also linked with

self-injury (Arnold, 1995), as is stress, break-ups of relationships, bullying and mental ill health (NICE, 2004). However, understanding within both academic and clinical worlds as to how and why these factors result in a person self-injuring and cutting themselves remains limited (Nock, 2010).

There is some evidence to suggest that the combination of and interaction between a person's genetic make-up and early environmental stressors can result in that person developing certain vulnerabilities which make it less likely that an adaptive or 'healthy' coping strategy will be used and more likely that he or she will engage in self-destructive or self-harming behaviours as a means of coping (Nock, 2010). Types of vulnerability which may be developed include interpersonal factors such as a limited range of social skills and problem-solving abilities and intrapersonal factors such as a hyper-aroused response to and low tolerance for stressful situations (Nock, 2010). However, it remains unclear why one person chooses to engage in a self-destructive behaviour such as alcohol and drug use whilst another picks up a razor blade and cuts themselves, especially as research suggests that both these behaviours share the same kinds of risk factors outlined above. Some studies suggest that people who engage in self-injury have more extreme negative feelings, are more self-critical and have increased difficulties recognising, comprehending and expressing internal emotions (Klonsky & Muehlenkamp, 2007; Sutton, 2007). Although this is an area which requires more focussed research, several hypotheses have been proposed over recent years as to why people engage specifically in self-injury (Nock, 2010). These are explored in the next section.

The Functions of self-injury

The literature on self-injury suggests that this behaviour has many functions and serves a variety of purposes for different people and at different times (Suyemoto, 1998). However, although empirical support and in-depth understanding remains limited, several motivations and functions consistently appear within the literature, regardless of the population studied (Klonsky,

2007). This suggests that, whilst each individual has a unique and personal experience of self-injury, there are some commonalities identifiable across accounts. Several attempts have been made to assimilate the literature and current thinking into explanatory models (Nock, 2010). For example, Suyemoto (1998) reviewed the existing literature over a decade ago and created six models regarding the functions of self-injury which she named environmental, sexual, anti-suicide, affect regulation, dissociation and boundaries. In her book 'Healing the hurt within', Sutton (2007) used her knowledge of the field and her own research to identify eight main motivations behind self-injury, in what she termed "the eight C's of self-injury" (p.201), which included reasons such as 'control' and 'cleansing'. And Klonsky (2007) reviewed the evidence of seven proposed functions of self-injury, including interpersonal influence, self-punishment and sensation seeking. The following section provides an overview of some of the most common functions and hypotheses proposed in the literature, encompassing psychological, social and biological explanations.

Affect Regulation – One of the most prominent arguments proposed and supported throughout the literature is that self-injury is an effective means of regulating one's internal emotional state by either reducing negative feelings or producing positive feelings (Nock, 2010). Sutton (2007) suggests that self-injury can produce a "calming and comforting" (p.202) internal state for a person by relieving negative feelings and emotional hurt. Both quantitative and qualitative studies have consistently found that people who engage in self-injury across all settings report having negative thoughts and feelings beforehand which reduce during and afterwards, often leaving people in a calm state (Klonsky 2009).

Klonsky (2007), for example, reviewed eighteen separate studies and found there to be more evidence for an affect regulation function than for six other commonly suggested functions. However, as previously mentioned his definition of self-injury excludes suicidal intent, as does his review. This means that people who may have an intention to die were left out and this data lost – perhaps this means that potential factors and functions which may cluster with suicidal intent

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were also lost. Having said that, many studies have identified an affect regulation function, for example, Arnold (1995) gave a questionnaire to 76 women who self-injured, over half of whom reported that self-injury relieved negative emotions, and many also endorsed that it provided comfort as well. Himber (1994) interviewed eight female psychiatric patients who cut themselves and discovered that the aim of self-cutting is to manage unbearable negative feelings such as self-hatred and despair. In support of previous studies, a large scale online qualitative study of 154 adults who self-injure, found the dominant reason reported by participants to be 'emotional release' (Polk & Liss, 2009). However, although affect regulation is a frequent reason given by people who self-injure, understanding of how self-injury actually accomplishes this function remains limited (Klonsky & Muehlenkamp, 2007).

Self-punishment – A second well reported hypothesis is that self-injury is a means of self-punishment for real or perceived transgressions (Favazza, 1996). Indeed, self-punishment and anger directed at self appears to be the next most frequently reported function of self-injury in many studies after affect regulation (Arnold, 1995; Brown, Comtois & Linehan, 2002; Klonsky, 2007; Osuch, Noll & Putnam, 1999; Polk & Liss, 2009). However, one qualitative study with participants diagnosed with Borderline Personality Disorder found self-punishment to be the most endorsed reason ahead of reducing negative emotions (Shearer, 1994). Interestingly, one of the findings from the Rodham et al. (2004) quantitative study of self-injury of over two hundred community adolescents was that more teenage girls than boys cited that cutting themselves was a form of punishment, suggesting possible gender differences for this function. However, although the frequency with which self-punishment is endorsed in the research varies from study to study, no clear gender bias has become apparent (Klonsky, 2007).

Initial evidence from research into this notion of self-punishment suggests that self-criticism, self-derogation and low self-esteem may be significant factors behind self-injury (Glassman, Weierich, Hooley, Deliberto & Nock, 2007; Klonsky

et al., 2003; Wedig & Nock, 2007). From their quantitative study of 86 adolescents, Glassman et al. (2007) propose that abuse, criticism and depression are experiences which may lead people to develop self-critical thinking styles which may increase self-hatred and the likelihood of engagement in self-abusive behaviours and self-injury as a means of punishing self.

Injuring self and being injured by others have long been associated with punishment and redeeming oneself. Certainly within religious domains suffering, pain and 'shedding blood' are very common themes and are frequently linked with the punishment and atonement of sin (Babiker & Arnold, 1997). Punishment via physical means can be found in other contexts as well. For instance, children have historically faced physical chastisement from their parents and school teachers, and people who break the law have often been given sentences which involve physical punishment. In certain countries children and criminals are still dealt with in this manner (Babiker & Arnold, 1997). Throughout most societies, the idea that wrongdoings and misbehaviour ought to be punished is consistent (Favazza, 1996). There appears to be a belief that punishment can discourage a repeat of 'bad' behaviour and moreover can give a person the chance to make up for his or her behaviour and be forgiven (Favazza, 1996). This well established cultural concept may have a bearing on the self-injury seen today. Babiker and Arnold (1997) suggest that self-injury may be used as a means of atoning for perceived wrong doing in life, for instance guilt and blame following sexual abuse, and that injuring oneself may bring about a temporary sense of forgiveness.

Preventing suicide – Self-injury is sometimes reported to be a coping mechanism which helps a person to avoid committing suicide (Sutton, 2007). This proposed function appears to be modestly supported within the literature (Klonsky, 2007; Polk & Liss, 2009). Suyemoto (1998) referred to self-injury as a means of satisfying a person's urge to self-destruct, whilst others believe it prevents suicide by removing or reducing the precipitating suicidal negative emotions and in this way is linked more with affect regulation (Klonsky & Muehlenkamp, 2007).

On the surface, such a physically harmful and potentially life threatening act being used as a way of preventing suicide can appear irrational. However, self-injury may be viewed as a form of sacrifice whereby a part of the body is physically harmed and sacrificed in order to preserve or improve emotional well-being, perhaps reducing the risk of complete destruction (Babiker & Arnold, 1997).

Confirming Boundaries – A function of self-injury which has been proposed in the early literature and continues to have some support amongst academics is the suggestion that it helps to confirm a person's self and other boundaries and maintain a sense of identity (Suyemoto, 1998). This idea proposes that by damaging the skin, the outer-layer and physical boundary between self and other people, a person is able to avoid feeling a loss of self and a loss of identity when they experience the loss or perceived abandonment of others (Suyemoto, 1998). However, people who self-injure do not appear to explain their self-injury quite in this manner (Sutton, 2007), and indeed the support for this theory in the literature appears to relate more to having a control that nobody else has and having ownership over one's body (Klonsky, 2007).

Control – A function which is often described by people who self-injure is that self-injury helps provide a sense of control and autonomy (Arnold, 1995; Harris, 2000; Polk & Liss, 2009). People who self-injure report that it can provide an element of control at times when their lives are unsettled and chaotic or when they feel they are out of control or have no control (Adams, Rodham & Gavin, 2005). It can allow people to control their thoughts, emotions and change uncontrollable emotional pain into a type of pain which the person can control (Sutton, 2007). Self-injury can also demonstrate autonomy and control over a person's own body (Spandler 1996; Sutton, 2007) and in this way may be linked with confirming boundaries (Klonsky & Muehlenkamp, 2007). Babiker and Arnold (1997) suggest that self-injury may bring about a brief sense of control and order for a person by providing an injury which acts as a controllable focal point

through which overwhelming pressure and distress can be channelled and expressed.

Dissociation – People who self-injure sometimes indicate that self-injury functions to end depersonalisation and dissociation and can help confirm to them that they exist; it helps a person break away from feeling empty, numb and unreal (Klonsky, 2007; Polk & Liss, 2009; Spandler, 1996; Sutton, 2007). It is proposed that pain and seeing blood plays an important role in this function (Klonsky & Muehlenkamp, 2007). On the other hand, although self-injury is often viewed as a means of ending dissociation and helping a person gain a sense of self (Suyemoto, 1998), self-injury can also be viewed as a way of creating a dissociate state; helping a person to escape from internal negative feelings, worries and thoughts (Himber, 1994; Sutton, 2007). In this way it is another function which is perhaps linked with affect regulation.

Validation – A hypothesis which has credibility and which is endorsed often by people who self-injure, particularly in qualitative studies, is that self-injury is a means of externalising and making emotional pain more 'real' and a way of expressing unbearable internal feelings to self (Gratz, 2000; Sutton, 2007). Self-injury appears to be a validating act – producing a physical mark or sign which acknowledges the unseen emotional pain a person feels inside and in this way is perhaps about communicating something to self (Adams et al., 2005; Spandler, 1996; Strong, 1998; Suyemoto, 1998). Some have proposed that self-injury may also be about proving something to self (Gratz, 2000) and that the scars from self-injury may be symbolic for some people in terms of representing their struggle, suffering and survival (Babiker & Arnold, 1997).

Healing – Sutton (2007) suggests that self-injury can be used as a means of "cleansing" oneself, especially when sexual abuse is associated with the self-injury. Rao's (2006) qualitative interviews with six women who cut themselves provides support for this hypothesis – she found that one of the dominant themes in these narratives was that through wounding the body 'healing' could

be achieved. Numerous civilisations over the centuries have engaged in practices which have included causing damage to the human body and bringing about blood in order to heal a person. Historically, 'unwell' people would be injured, cut and even have their skulls drilled into, in the belief that such action would help to expel evil spirits and release diseases from inside a person's body and thus make him or her 'well' again (Favazza, 1996). Practices may have changed and evolved over time, but the underlying ideas have persisted. For example, not much more than a hundred years ago, leeches were frequently used and veins cut in the belief that this would remove diseases from and help treat a person (Babiker & Arnold, 1997). Babiker and Arnold (1997) propose that such healing customs and rituals, evident throughout the ages, may underlie self-injury. In other words, self-injury may hold symbolic meaning in that it provides a means through which a person can attempt to heal, cure and remove personal distress.

Sexual – Self-injury is sometimes related to satisfying sexual desires or a means of blocking sexual urges and as chastisement for sexual thoughts or acts (Suyemoto, 1998). However, although some people may engage in sadomasochism and injure themselves for sexual fulfilment, this is rarely reported as a function of the type of self-injury being discussed here (Sutton, 2007).

As well as the psychological reasons and functions outlined above, there are also social reasons proposed in the literature as to why people self-injure. These include factors regarding communication, interpersonal influence, social learning and practicality.

Communication and Interpersonal influence – Some researchers and academics suggest that self-injury is a way of communicating distress and a need for help to others (Nock, 2010) and a way of gaining affection, influencing others and changing the social situation (Klonsky & Muehlenkamp, 2007). It is proposed that when other forms of communication and signalling such as talking, shouting and crying are ineffective, a person may progress and escalate to self-injury (Favazza

1996; Strong 1998). This hypothesis is often cited clinically in inpatient settings but has received less investigation in the literature, possibly because of its negative connotations, and is endorsed infrequently by participants in studies (Klonsky & Muehlenkamp, 2007). Sutton (2007) argues that although some people may utilise self-injury in this way, the majority of people who self-injure do so in private, are ashamed of the act and try their best to hide their injuries and scars from other people.

Social Learning – The literature regarding self-injury has often theorised about the possibility that this behaviour is socially learned in the same way as other behaviours (Nock, 2010; Suyemoto, 1998). Evidence for such a theory comes from empirical and self-report studies which demonstrate that people's behaviour and choice to engage in self-harming behaviours such as drug taking, alcohol use and self-injury is often discovered via, and influenced by, observing the behaviour of their peer group and family and possibly by the media as well (Deliberto & Nock, 2008; Prinstein & Dodge, 2008). However, many people also often report not knowing about self-injury before engaging in it which is contrary to this hypothesis (Sutton, 2007).

Practicality – Some researchers hypothesise that people choose self-injury because it is practical; it is highly effective at what it does (for example, regulating emotions), it works quickly and is relatively easy to do (Nock, 2010). This argument is perhaps particularly relevant for adolescents who may possess fewer social and problem-solving skills in order to manage difficult experiences and may have no or limited access to alternative maladaptive coping strategies such as drugs and alcohol (Nock, 2010).

In addition to psychological and social reasons and functions of self-injury, biological explanations have also been proposed.

Endorphin release – One hypothesis which has come from self-reports, laboratory studies and academic theorising is that self-injury may produce

pleasurable feelings. Klonsky (2007) found evidence in one study in his review to suggest that self-injury may bring about feelings of happiness and excitement. It is proposed that self-injury releases endorphins into a person's bloodstream, in the same way as when the body is hurt accidentally, and that, as well as diminishing pain, these may bring about a pleasurable and euphoric feeling (Van Ree et al., 2000). Despite the extensive injuries which one might imagine to be extremely painful, people who self-injure often report feeling no pain when they are actually performing the behaviour (Nock & Prinstein 2005), and people who self-injure have been shown to possess higher pain thresholds than those who do not self-injure (Bohus et al., 2000). Although several theories have been proposed, it is unclear whether this is something which is evident before engagement in self-injury or develops over time through frequent acts of self-injury.

As well as there being specific reasons and functions proposed in the literature as to why people choose to self-injure there are also reasons suggested as to why people may continue to engage in this behaviour. These regard issues of reinforcement.

Reinforcement – Numerous empirical studies now indicate that self-injury has both positive and negative reinforcement qualities which may maintain the behaviour (Klonsky, 2009; Nock, 2010). In their quantitative study Nock and Prinstein (2004) used self-report measures to assess the function of self-injury in 108 adolescent inpatients who engaged in a variety of different methods of self-injury. The majority indicated that self-injury functioned to either eliminate or decrease negative feelings, or to create positive feelings. Many also identified that social factors played a part in their self-injury either by generating attention or providing a way to avoid or escape situations. From the results, the researchers surmised that positive and negative reinforcement, either automatically through oneself or socially through others, were a significant factor in maintaining the behaviour (Nock & Prinstein, 2004).

Chapman, Gratz and Brown (2006) suggest that self-injury can be thought of as "experiential avoidance behaviour" (p.374). They propose that negative reinforcement and conditioning are the driving forces underlying the maintenance of self-injury because, when a person uses self-injury as a way to stop, avoid or escape feelings which are unwanted, this behaviour is reinforced. Moreover, they argue that self-injury is reinforced each time it occurs until it becomes an automatic and cyclical behavioural response which is difficult stop. Further evidence of self-injury as an avoidant behaviour comes from studies which report that it acts as a distraction and focuses attention away from emotional pain and onto physical pain (Brown et al., 2002; Polk & Liss, 2009; Shearer, 1994).

Qualitative research has noted the reinforcing, cyclical and possible addictive qualities of self-injury (Rao, 2006). Sutton (2007) refers to "the cycle of self-injury" (p.187) and indicates that, after the act of self-injury, individuals often have negative thoughts and feelings because they begin to feel ashamed and guilty for what they have done. These 'new' negative feelings, coupled with the fact that the internal emotions and issues which precipitated self-injury in the first place are only displaced temporarily rather than solved, mean that self-injury is likely to occur again.

There appear to be several similarities and common elements amongst the major models, concepts and theories regarding self-injury, despite the fact that it remains a difficult phenomenon to grasp and to comprehend. Most share a general understanding that self-injury in some way supports a person by helping him or her to cope with, regulate or avoid intolerable and overwhelming emotional pain (Chapman et al., 2006). The next section discusses the methodological approaches used in researching the functions of self-injury and provides the rationale for conducting this study.

Approaches to studying self-injury

The evidence for the reasons and functions of self-injury outlined above has come from quantitative and qualitative self-report based research studies, as well as from a few laboratory-based studies. Studies which take a quantitative approach to the investigation of self-injury ask participants to complete questionnaires, psychometric measures, and in some instances, a structured interview. Participants are asked to endorse reasons and functions from a predetermined list of possible options gathered from the literature by the researcher (Klonsky, 2007). The application of quantitative designs to self-injury is beneficial in answering questions of epidemiology, gathering a breadth of information from vast amounts of people and indicating whether some common reasons proposed in the literature are endorsed or not. One such example is the Child and Adolescent self-harm in Europe (CASE) study which gave out questionnaires to over thirty thousand community based adolescents to ascertain prevalence levels, identify reasons and make international comparisons (Madge et al, 2008). However, quantitative methods lack in-depth understanding and are less appropriate when it comes to phenomenological questions (Lincoln & Guba, 1999). By their very nature such approaches constrain participants and data collection and are able to gather only minimal and superficial information. For instance, in the Madge et al. (2008) study adolescents were given only eight options to choose from and could only respond 'yes' or 'no' to indicate if the reason applied to their self-harm (for example, one of the reasons was "I wanted to frighten someone"). In order to understand self-injury it is crucial that personal, interpersonal, social and cultural factors are all considered (Harris, 2000). This is often where quantitative methods, which sacrifice depth of insight for breadth of information, fall down and are unable to provide a comprehensive understanding and explanation of this phenomenon (Harris, 2000).

Qualitative studies, although often limited in terms of the breath of information gathered, are less constrained, focus more on phenomenology and provide a means of systematically examining a person's experiences and narratives in

detail (Klonsky, 2007). In the context of the history of research studies, qualitative methods have only relatively recently been accepted as being appropriate and legitimate ways to undertake research (Crouch & Wright, 2004; Woolgar, 1997). In the early days of thinking about and researching self-harm, quantitative methods were mostly employed. However, over the past fifteen years or so the use of qualitative methods in research studies has increased in general, and particularly in the study of self-harm and self-injury. The research project conducted by Spandler (1996) within the community mental health resource 42nd Street, of ten young people who had self-harmed and attempted suicide, was at the forefront of this new era of using qualitative designs in the exploration of self-harm. This study explored self-harm from the perspective of those who engage in this behaviour and identified several self-reported reasons and functions. The qualitative approach allowed the collection of genuine and comprehensive narratives which helped highlight the idiosyncratic nature and complexity of this phenomenon.

Qualitative methods are now considered to be the most sensitive and appropriate means of exploring the complexities and subjective experience of self-injury in order to increase knowledge and understanding of this behaviour (Walker, 2009). However, assessing motivation and the reasons behind self-injury with people who engage in this behaviour has often proved difficult in qualitative research studies because of an apparent barrier to articulation (Mental Health Foundation [MHF], 2006). In most qualitative studies single one-off interviews with participants have been utilised. Although such an approach can obtain detailed idiosyncratic information, there are limitations associated with such brief encounters which may mean that they are not the most appropriate form of data collection in studies of self-injury. Given the vulnerability factors and life experiences associated with people who self-injure, it is likely that they may have difficulties in research studies in terms of trusting the researcher and expressing their thoughts and feelings (MHF, 2006). These factors may make it difficult for the researcher to delve under the surface of the behaviour in a one-off interview. In this way, qualitative methods run the risk of

gaining a superficial understanding of self-injury and not moving understanding on much further from the information established from quantitative methods.

Rationale for the study

There remains a significant need to understand why people self-injure, because it is a widespread behaviour which causes extensive harm both physically and psychologically (Nock, 2010). In recent years, although there has been a significant increase in the amount of research into the functions and reasons behind self-injury, it still remains a phenomenon which is not fully understood (Franklin et al., 2010). Further research is needed so that more specific knowledge and understanding can be gained (Nock, 2010).

Although there are various hypotheses regarding the functions of self-injury, much of the evidence has come from quantitative research which, as stated earlier, can be limiting and often constraining for participants because they impose sets of ideas predetermined by the researcher (Polk & Liss, 2009). The increase in qualitative research over the past two decades has provided people who self-injure with more of a voice within the literature and has led to the gathering of less inhibited and more detailed individual information on the functions of self-injury from the perspective of those who self-injure. However, there remain a relatively limited number of published studies which encourage people who self-injure to talk openly and freely about their experiences of self-injury and which directly ask people who engage in this behaviour why they do it (Polk & Liss, 2009). Moreover, at present those studies which have done this have tended to be based on single one-off interviews which, as discussed earlier, may not provide as much in-depth and insightful information as one might hope due to issues of articulation and trust.

Chapman et al. (2006) propose that future studies should explore why people specifically choose to self-injure as opposed to other maladaptive behaviours. Within the reasons for self-harm, there are likely to be particular reasons for self-

injury, and within the reasons for self-injury there are likely to be specific reasons for self-cutting, though these may change from one occasion to another. There are also likely to be specific ideas and meanings which people who cut associate with cutting and which may influence their choice of method of self-injury. In previous research the focus has either been on self-harm, self-poisoning or self-injury as whole entities; relatively few studies have specifically focussed on investigating in-depth the reasons and meanings that underlie self-cutting for individuals and why they choose this form of self-injury. In many studies it is often unclear whether the functions reported by participants relate to cutting or to one of the other behaviours under this term such as burning, biting and tying ligatures. Given that the question of whether these different methods serve different functions remains unanswered (Sutton, 2007) it would seem logical that studies should begin to overtly separate these behaviours from one another.

Aims of the study

The question 'why do people cut themselves?' is a complex one, and attempts can be made to answer it in several ways. For example, one way might be to explore the pre-disposing genetic and personality factors and life events of a person in order to gather reasons as to why they may have turned to self-injury. However, such investigations may not explain why a person chooses to cut themselves as opposed to other self-harming or self-destructive behaviours. The chief aim of this study therefore was to achieve a deeper and more insightful understanding, from the perspective of those who cut themselves, as to why they do it.

The main research questions addressed were:
- What are the self-reported reasons given by people who cut themselves as to why they do so?
- Are there apparent functions of cutting which are discernable from what people who cut themselves report?

The design of the study

A qualitative rather than a quantitative approach was chosen so that participants were able to freely express their experiences and their reasons for cutting themselves, from their individual perspectives. Interpretative Phenomenological Analysis (IPA) was chosen to analyse the narratives gathered because it is concerned with how an individual makes sense of their experiences and so complimented the research question and aims of the study. The study was oriented more towards the individual psychological explanations of this phenomenon. Smith, Flowers and Larkin (2009) propose that detailed case studies using IPA can make significant and crucial contributions to the research of a complex phenomenon by providing a meticulous and comprehensive understanding of people's actual experiences.

Since the aim of this study was to gather in-depth knowledge and understanding of the act of cutting from people who cut themselves it was felt that individuals should be asked directly about their self-injury and that, to overcome some of the limitations associated with single one-off interviews, an alternative approach should be chosen. A more creative method was sought and multiple interviewing was chosen because it was seen as a novel and useful method of eliciting reasons and motivations. It was thought that multiple interviewing could help develop trust and rapport, allow clarification and further exploration of topics and provide a picture of an individual's perspectives of self-injury over time (Charmaz, 2003; Flowers, 2008).

The design of this study and the decisions behind the choices of methodology are discussed in more detail in the next chapter.

Unique contribution

There are three distinctive elements of this research project. Firstly, interviewing community-based adults and asking them directly about their experiences of cutting and their perception of its meaning and function for them is relatively

novel. Adults in the community are often a population neglected in the literature, with the majority of studies so far being conducted on impatient samples and adolescents. Indeed, Klonsky (2007) suggests that more research should be directed at non-clinical populations. Secondly, cutting is rarely studied in isolation, with most studies of self-injury encompassing several other behaviours as well as cutting. Thirdly, although some qualitative studies of self-injury have utilised a follow-up interview in order to explore unclear elements (e.g. Rao, 2006), very few studies in this area have utilised the benefits of multiple interviewing to move beyond a superficial investigation and to elicit in-depth individual information relating to the function and meaning of cutting.

CHAPTER 2: METHOD

This chapter is divided into three sections and provides details on how the study was conducted. The first section describes the choice of methodology. The second part outlines the procedure of the study, including recruitment, data collection and ethical issues. The final section considers personal reflexivity and provides a detailed description of the analysis process, illustrated with examples, and discusses issues relating to good practice.

METHODOLOGY

The choice to use Interpretative Phenomenological Analysis (IPA)

I chose a qualitative rather than a quantitative approach for this study because I wanted to focus on and explore the meanings people give to, and the sense they make of, their experiences of cutting themselves. I wanted to capture the subjective nature of each participant's experience and explore their individual nuances in depth (Smith et al, 2009). In the following section I recount the decision process involved in choosing the type of qualitative methodology and in designing the study as a whole.

IPA is a well-known and popular qualitative approach despite being relatively new (Crouch & Wright, 2004), and at the time of developing this study was one of the dominant methods advocated in my clinical training. Given the aims of my research, adopting IPA as an analytic approach seemed the natural and sensible choice as it is very much concerned with how an individual makes sense of or gives meaning to a phenomenon. Although IPA was my favoured option from the beginning, alternative qualitative methods were discussed in supervision, including discourse analysis and grounded theory. These approaches share commonalties with IPA. However, as there was no-one in the University who specialised in discourse analysis and since I wanted to explore people's individual

meaning making more than social processes IPA remained the most appropriate choice. The effect of this decision on the study is explored in chapter four.

IPA is explicitly interested in, and emphasises, the phenomenological experiences of the participant; that is, it is the participant's individual perception of what has happened that is sought, not an absolute truth of what has happened (Smith et al, 2009). It is interpretative in nature and acknowledges that the type and amount of information a researcher is able to gather is dependant entirely upon what the participant is prepared to disclose. Since, for various reasons, participants may not self-disclose certain aspects of experience there is an acceptance that the researcher is required to make interpretations based on the information gathered in order to understand, and make sense of, the participant's experience (Smith et al, 2009). Moreover, "it can be said that the IPA researcher is engaged in a double hermeneutic because the researcher is trying to make sense of the participant trying to make sense of what is happening to them" (Smith et al, 2009, p 3).

Studies using an IPA approach are characteristically small in terms of number of participants because the fundamental purpose is to gather a detailed understanding of the experiences of each participant in the study. This approach is not concerned with theory in the beginning and instead encourages researchers to immerse themselves in the participant's account, and to consider this to be of most importance. However, once individual cases have been explored in sufficient depth and similarities and differences between individual cases have been identified there is the potential to consider making generalised statements regarding the data and to draw upon existing literature and theory to help explore the findings (Smith el al, 2009). The exact process and procedure used during this study with regard to IPA will be described in a later section of this chapter.

The following describes the decision-making process behind the chosen method of data collection.

Data production – The use of creative methods

There are various ways of collecting data in qualitative studies. The most appropriate forms of data collection in an IPA study are those which encourage participants to give full and detailed descriptions of their own experiences, including their thoughts and feelings about the phenomenon under investigation (Smith et al, 2009). Single in-depth interviews are perhaps most often employed, but other methods of collecting data are possible, such as diaries, focus groups and more recently the internet. However, there has been relatively little actual published IPA research using these last two methods (Smith et al, 2009).

The standard method of conducting single one-off interviews with participants raised certain issues for a study which was searching for an in-depth exploration and understanding of why people cut themselves. In single interviews information can be missed or only superficially touched on due to limited time, lack of trust or because certain information is not salient for a participant on that particular day (Charmaz, 2003). Indeed, Charmaz (2003) indicates that after a single interview the researcher can still remain "outside of the phenomenon".

In our preliminary research planning meetings, my supervisors and I discussed the notion, often suggested in the literature, that people who self-harm have difficulties articulating why they do so (MHF, 2006). It was felt that a more creative way of collecting data instead of the standard one-off interview may help participants to articulate and explore their motivations for self-injury in greater depth. Focus groups were not an ideal option for this study because they often lack depth and tend to move away from detailed individual narratives and experiences towards a more collective response influenced by the interactions between participants and the group's dynamics (Milward, 1995). Despite recent interest in using the internet as a means of recruiting and conversing with participants (Smith et al, 2009), this option was also not considered for long because of concerns raised about the difficulties in understanding and

interpreting written dialogue when the author and reader are completely unknown to each other.

The first 'creative' method of data collection fully considered therefore, was the idea of using visual aids, namely photographs, during a face-to-face interview. My supervisors and I felt that this technique, known as 'Photo-elicitation' (Harper, 2002), may help participants and myself move to a more insightful, more evocative and perhaps more abstract, shared understanding which may not be possible by using words alone. Harper (2002) suggested that the use of photographs can bridge the gap between the participant, as the cultural insider, and the researcher which seemed to fit with my research questions regarding eliciting explanations and meanings.

As we explored this method further, however, a problem arose regarding sourcing photographs. If my supervisors or I selected, and introduced, photographs we would inevitably be influencing the research interviews and imposing some meanings from the outset by choosing particular images; we would be bringing much more of our frame of reference into the study than was necessary. The alternative to my supervisors or I sourcing the photographs was to ask participants to bring their own photographs or take new ones, known as 'reflexive photos', and use these during an interview (Douglas, 1998). Although this avoids imposing our meanings and allows the person to bring or take photos which are important or meaningful to them, it was felt that such a task was too invasive. Given that I would likely be interviewing people who are actively self-harming it did not seem appropriate to ask so much of them prior to an interview with limited support. There was also a concern that these types of photographs would tap more into the social worlds of the participants rather than self-injury. Although an exploration of participant's social side may have been a fruitful, this study was aimed more at the individual psychological reasons and functions of self-cutting which people report.

At this stage some further thought and development was needed and our discussions turned to the use of more arts-based techniques such as drawings, collages, videos and even model-making as tools for elicitation – methods which have grown in popularity over recent years in qualitative research (Bagnoli, 2009). Such techniques are seen as beneficial because they provide a visual, non-linear and language-free way of investigating a phenomenon and are intended to help a person give a more holistic account of themselves (Bagnoli, 2009). By exploring how a person makes sense of their own creation, rather than the researcher making interpretations of the creation, unconscious and 'new' meanings can often be uncovered (Bagnoli, 2009). Gauntlett (2007) argues that when people in research interviews are asked questions they will only respond by giving an account of the salient information in their heads at the time, and so unconscious aspects go untapped. He feels that methods of data collection which encourage a participant to engage aspects of their brain which are unconscious and not salient, for example, by undertaking the reflective task of creating or making something before they speak, can help produce better narratives and greater understanding.

Revisions to the design of my study were made to incorporate such arts-based techniques, specifically drawing and collage, in the hope that these methods, alongside a standard interview, would give participants time to reflect creatively on their self-injury and help them provide a more in-depth account. However, given my lack of previous experience in using arts-based techniques, I planned to conduct a pilot interview with the facilitator of a self-injury self-help group to help develop my skills and the data collection phase as a whole.

Prior to the pilot interview taking place some ethical considerations and concerns about the method of data collection were raised at my Transfer Viva meeting, a standard forum to check the progress and viability of the research. One panel member in particular felt that the risk of using arts-based materials in a one-off interview with a potentially vulnerable group of participants was too great. Given my own hesitance and the feedback from this panel, I decided to

consult the self-help group about my proposed design. At this meeting, group members expressed reluctance to make something creative and clearly stated that they would find it easier to just talk about their self-injury. It was therefore decided to abandon the idea of using an arts-based method of data collection.

The desire to reach a deeper understanding and avoid a superficial investigation of self-injury remained strong, however, and there were certain underlying principles of arts-based elicitation that I wanted to maintain in my study. For example, I was keen to give participants time to develop trust and space for reflection, to avoid misinterpretations and coming away from the study with a lack of understanding, and to find ways of encouraging a holistic account not limited by important aspects not being salient for a participant on a particular day. From these principles, the idea of conducting multiple interviews with participants quickly emerged.

The choice to undertake multiple interviews

Multiple interviewing requires the researcher to interview participants on more than one occasion. Although this is more time-consuming for both the researcher and the participant it does provide added benefits (Flowers, 2008). Firstly, the amount of time the researcher and the participant spend together is increased, helping to develop trust and rapport and reduce anxiety, hopefully making it easier for a participant to talk about and explain his or her personal experiences (Charmaz, 2003). Secondly, there is the opportunity for understanding to be clarified and for further discussion on certain areas of interest, therefore developing a more in-depth, detailed and accurate narrative (Flowers, 2008). Thirdly, it allows the exploration of a phenomenon and a participant's perspective of that phenomenon over time or at least at several different points in time (Charmaz, 2003). Smith et al (2009) suggest that this last factor may be of significant benefit in IPA studies given its emphasis on understanding how a person understands and makes sense of their experiences.

The method of multiple interviewing was felt to be appropriate for this study to explore and elicit information about the functions of self-injury. It appeared to meet the principles I outlined above and has been successfully used in other qualitative studies, such as Harrison and Stuifbergen (2005) who used it to examine the life experiences of women who had suffered from paralytic polio as a child.

Multiple interviewing can be viewed in two ways: either as discrete interviews over time at specific intervals to see change (time-series), or as one long interview split up over several interviews (one formulation coming from multiple interviews). It was envisaged that the interviews in my study would function more along the lines of one interview split up over several, but would inevitably tap into participants' perceptions of self-injury over time as well.

Having decided on multiple interviewing, a semi-structured interview technique appeared the natural choice because it can be both flexible and focussed and would therefore make the most of multiple interviews. Semi-structured interviews are one-to-one interviews in which the researcher begins a dialogue with the participant guided by some broad questions regarding the topic of interest. Prior thought and the development of a general topic guide help to focus the interviews which can be useful from a research perspective and also put participants at ease. In addition, the rejection of too formal a structure avoids interviews being directive and leaves plenty of room for the participant to be able to influence and shape the interviews (Smith et al, 2009). These types of interviews are flexible enough so that the researcher can adapt questions depending upon what the participant talks about and has the opportunity to ask further about curious or interesting topics which the participant brings up (Smith et al, 2009). This interview technique is most often chosen in qualitative research, is familiar to participants, relatively simple to manage and is conducive to carrying out intimate discussions (Reid, Flowers & Larking, 2005).

Other choices of interview technique, namely structured and narrative interviews, seemed inappropriate as they would not make the most of the benefits of multiple interviewing or be conducive to my research question. Highly structured interviews, with pre-set agendas and questions, can lack depth and miss important experiences as they are constraining for the participant (Smith et al, 2009). Narrative interviews on the other hand, which let participants talk about anything relevant to them, can be useful in terms of being non-directive and gathering information significant for the participant, but can put a lot of pressure on the participant to speak, produce variable data and can miss certain areas of interest to the researcher (Smith et al, 2009).

Smith el al (2009) indicate a need to collect "rich data", by which they mean that the method chosen should give participants ample opportunity and time in which to openly talk about, and reflect on, their experiences and to tell and develop their stories. It was felt that multiple semi-structured interviews would be the best approach to provide this opportunity and to go beyond a superficial investigation of why people cut themselves. My supervisors and I decided that, depending upon how many were recruited, the aim should be to conduct between three and four interviews with each participant so as to produce in-depth case studies and to make the most of this method of data collection.

The next section discusses the practicalities and procedure involved in conducting the study, including recruitment and selection, sample size, data collection and the interview process and ethical considerations.

PROCEDURE

Recruitment and Selection

Recruiting people who self-harm for research studies can often be problematic (Nock & Prinstein, 2005), and so recruitment for this study was focussed at a voluntary sector community-based self-injury self-help group in the north of

England where I had a previously been a co-facilitator whilst on placement. My already established connection and relationship with the group gave me credibility and meant that potential participants had an understanding of who I was and a sense of what I was like. This was beneficial in terms of developing trust so that participants felt safe talking about very personal and sensitive topics.

Initial contact was made with the group facilitators via email to discuss my research topic and proposal to recruit participants through the group. Most of the group members met the inclusion criteria of being 18 years old or over, could give consent, had cut themselves on more than one occasion and had cut themselves within the last 12 months. This gave a pool of about eight potential participants.

I was invited to attend a group meeting to discuss the study with members. It was at this meeting that I received feedback regarding the creative methods element of the study. Once the design of the project, in terms of multiple interviewing, was established I attended two more group meetings in order to explain the project to as many members as possible (bearing in mind every member does not attend every meeting). At these meetings the information sheet (Appendix A) was given out and read aloud to the group. All group members were invited to take part in the study and were informed that if they were interested in participating they should discuss this further with the group facilitators who would then notify me.

Sample Size

Small sample sizes are generally used in IPA research studies so that each participant can be analysed in detail. The fundamental principle is an emphasis on the quality of data gathered and depth of analysis rather on number of cases (Smith et al, 2009). Significant time is needed to reflect on, and analyse, data; having too many participants can hamper this process by producing vast

amounts of data which can overwhelm researchers, particularly novices to qualitative research (Smith et al, 2009). In qualitative research any sample size can be sufficient as long as the number of cases allows for in-depth analysis and a comparison of similarities and differences between participants (Smith & Osborn, 2003).

Following my meetings with the group, the facilitators reported that all members felt the study was worthwhile and five had expressed an interest in participating. Two subsequently decided that they would prefer not to take part at this time – they were not asked to give a reason. The remaining three continued to express an interest, met with me individually and gave consent to take part. Smith et al (2009) suggest that three participants can be a good number so that a comprehensive and in-depth study of each case can be achieved whilst allowing the possibility of commonality to be uncovered.

In order to reach an in-depth understanding it was decided to treat each case as a case study and undertake four interviews with each participant. It was felt that four interviews would allow a comprehensive investigation of the phenomenon and would make use of the benefits of multiple interviewing outlined earlier. The details of the structure of the four interviews are provided in a later section. Four transcripts for each participant, twelve overall, was felt to be an appropriate number to ensure that an adequate amount of time could be given to analysing each transcript in detail. Any more than this would have meant analysing such a large number of transcripts that the quality and depth of analysis would likely be affected, especially for a beginner (Malterud, 2001).

All interviews were conducted between August and October 2010 at the usual meeting place of the group – a convenient and familiar location for participants. Two of the participants were interviewed on a one-to-one basis in a small 'quiet' room. The third participant, at her request, was interviewed in the room where the group usually meets, with one of the group facilitators present in the room during each interview. All participants were interviewed four times.

Participant Information

All three participants were white British. Background information for each participant is provided in the results section. Their names have been changed to Michael, Kate and Sarah in order to protect their identities.

Interviews took place every fortnight, with at least four weeks between the third and last interviews. In total, I spent just over three and a half hours with Michael, almost five hours with Kate, and just under four hours with Sarah.

The following section outlines the data collection, including a description of how each of the four interviews was developed and what each entailed.

Data Collection and Interview Process

A crucial component of conducting a semi-structured interview in any study is the development of an interview schedule. Since this study involved multiple interviews, several interview schedules or topic guides were required. To ensure that the advantages of multiple interviewing were maintained and to avoid being overly directive and constraining, the guides were created as the interviews progressed. Initially a topic guide for the first round of interviews was created and the information gathered from this interview was discussed and used to develop the guide for the second interview, and so on. It was important that the interviews were minimally directive (Eatough & Smith, 2006) and so topic guides were relatively general, especially for the first two interviews, and follow-up questions were always open and tentative. The process of developing the guides is outlined below:

Interview 1:

It was decided in supervision that the first interview should focus on a critical incident (Bradley, 1992); participants should be asked to describe a specific episode when they had cut themselves. The logic behind this was that such a

structure may be easier for participants to engage in and would be less directive so that the interview could flow and progress from this starting point in whatever direction the participant wished. Some questions and prompts, based on information gathered from existing literature regarding self-injury, were developed to go alongside this opening question to ensure that certain aspects were covered if they did not arise naturally (See Appendix B).

Interview 2:

Following the first round of interviews, my supervisors and I met to discuss the initial transcripts. It was felt that the second interview should attempt to place the information gathered in the first interview into the context of the participants' lives and to explore how their self-injury had developed over time (See Appendix C).

Interview 3:

After the second round of interviews a significant amount of information had been collected. As I read through the transcripts, however, there remained several areas of each of the participants' accounts which had not been fully explored, appeared contradictory and which I did not understand. In discussion with my supervisors it was decided that the third interview should seek clarification on certain areas and follow up particular aspects of the accounts (See Appendix D).

Interview 4:

Between the third and the fourth interview my supervisors and I reflected on the first three interviews of each participant to try to make sense of what they had said. The fourth interview sought participant validation of our preliminary understanding and explored areas which still lacked clarity. A longer debrief and discussion about the process took place and options for feedback were considered at the end of this interview (See Appendix E).

Following each interview I transcribed the digital recording, read through the transcript and made some initial notes prior to the next interview. I wrote down any thoughts I had had during the interview in a memo diary, directly after each interview, as is recommended when using a qualitative methodology (Smith et al, 2009). I noted down my reflections on the interview and any observations I had of the participant and myself. These diary entries helped with the development of the interviews and were used during theme development in the analysis phase.

As mentioned above, regular supervision meetings took place throughout the data collection phase. As well as exploring the content of each participant's account and thinking about the direction of future interviews, consideration was also given to my tone and style of interviewing and to the types of questions and prompts I used. For example, after the first interview it was brought to my attention that there were occasions when I had made interpretations of what the participants had said and introduced words which they had not used. I reminded myself that these were research interviews and not therapy sessions and adapted my style accordingly in subsequent interviews.

In the following section I discuss some of the ethical issues which arose during the development of this study and the procedures put in place prior to and during the recruitment and data collection phases to ensure the integrity of the study and ultimately the safety of participants.

Ethical Considerations

Ethical Approval
The Leeds Institute of Health Sciences, Leeds Institute of Genetics, Health and Therapeutics and Leeds Institute of Molecular Medicine (LIHS/LIGHT/LIMM) joint ethics committee approved the research study in August, 2010 (Appendix F). In order to obtain this approval, however, several important ethical issues needed

to be considered. These issues focussed on obtaining informed consent, the potential for multiple in-depth interviews to cause distress, the potential for participants to be induced to participate in the study and the difficulties involved in maintaining anonymity. The following section outlines how procedures were put in place to address each of these issues.

Obtaining informed consent

All participants were given an information sheet about the study and were informed of the potential risks involved in participating. All gave verbal consent, including consent for interviews to be recorded, and completed a consent form (Appendix G). Participants were informed that even though they had given consent they could still choose not to take part in the project at any stage up until three weeks after the final interview. This was reiterated, and verbal consent was obtained, at the start of each interview. Participants were also reminded that they could pause or terminate the interviews at any time, and had complete control over what, and how much, they said.

Potential for multiple in-depth interviews to cause distress

The idea of using an arts-based creative method to collect data was abandoned partly because of a concern that the potential risks for participants outweighed the potential benefits of using such a design. However, the decision to undertake multiple interviews also raised ethical considerations.

One of these considerations regarded the possibility that conducting multiple in-depth interviews may border the realms of therapy and a therapeutic relationship. It was therefore felt that it was crucial to be clear about the number and purpose of the interviews from the outset and to re-emphasise at each interview how many were left so that the ending was planned from the outset and managed throughout.

A second consideration was the potential that multiple in-depth interviews may cause participants to become distressed. In order to address this possibility the

following procedures and safety 'checks' were developed in collaboration with the group, and participants were informed of these steps when consent was obtained:-

- A discussion was held with each participant, prior to interviewing, to develop an individual support network of people to call upon if they became distressed, such as their mental health worker (if they had one).

- If a participant felt unable to undertake an interview on a particular day they were able to contact one of the facilitators to discuss this and to arrange an alternative time.

- A facilitator of the group, with links to the local Community Mental Health Team, was available for support during and after interviews as well as at the usual fortnightly group meetings.

- At the end of each interview I conducted a debrief regarding how each participant had found the interview, how he or she was feeling at that moment and telephone help line numbers and useful websites were offered.

- If a participant became distressed, with their consent a person from their identified support network would be contacted to provide further support.

- If there was a serious and imminent risk this would be discussed between the participant, the facilitators of the group and myself and a joint decision made as to how to keep the participant safe. This may include notifying the Crisis team and Police which participants were aware of.

Potential for inducement to participate in research

Since the intention was to recruit participants from a self-injury self-help group which I had previously helped co-facilitate on placement there was the potential that I may know the people I was trying to recruit. Although this was seen as being beneficial in terms of the development of trust and rapport there was the potential for this existing relationship to influence people's decision to take part in the study. It was therefore important for me to try to ensure that people

participated because they wanted to and not out of a desire to help me achieve my qualification. To do this I had an open discussion with the group in which I explicitly addressed this concern, outlined the risks involved and emphasised that people should only agree to take part if they really wanted to, for themselves. The facilitators of the group also acted as a gateway so that participants who showed an interest in taking part discussed their decision with them first before I was informed of their interest.

Difficulties of maintaining anonymity

In any research study, data protection and confidentiality are important issues and certain standards for storing and disposing of participant identifiable information are required. In line with these standards, information and documentation regarding the interviews were stored in a secure location. Interview recordings were downloaded onto the M: Drive of the University Computer System and then deleted from the Dictaphone. Transcripts of interviews were anonymised, password protected and also saved onto the M: Drive. Only my supervisors and I viewed the complete transcripts.

In terms of future data protection, all information held electronically will be transferred from the M: Drive to the N: Drive and all paper documentation will be hand delivered to the University's Research Office for safekeeping. After 3 years all research related documentation will be shredded and electronic files will be deleted from the N: Drive by research support staff.

In qualitative research, issues of confidentiality and anonymity are particularly relevant given the amount of personal information and data being gathered. Participants were informed that in the write-up and any subsequent publications all identifiable information would be removed and pseudonyms would be used. Further steps have also been taken, including only identifying the self-injury self-help group as being based in the North of England due to there being so few of these groups in the country. Also, only personal information which has been deemed essential for the reader to understand the analysis has been included.

Despite this, a drawback of using a self-help group with a small number of members is that the participants in this study may be identifiable to each other, to other group members and to the facilitators. This was something which all participants understood and accepted.

In the last part of this chapter I give an account of how the analysis phase was undertaken to help the reader understand how the results, presented in chapter 3, were reached. I include a statement of personal reflexivity as well as a detailed description of the analytical process with specific examples of how I, with support from my supervisors, coded transcripts, made interpretations and developed themes.

ANALYSIS

Personal Reflexivity

There are various epistemological stances or ways of understanding what 'knowledge' is and how people acquire it (Mason, 2002). In the majority of qualitative research studies there is a common acknowledgement that knowledge and experience are subjective and socially constructed entities and that there is not one objective and absolute reality (Mason, 2002). This social constructionism stance is the position I have taken in undertaking this study.

How people experience and perceive the world is individual and influenced by the society they live in and their cultural and historical backgrounds (Willig, 2001). In qualitative studies it is important to acknowledge that this applies to the researcher just as much as the participants. In qualitative studies the researcher is very much involved in influencing and co-creating the data produced (Etherington, 2004). My study is no different and my influence and co-creation of data is evident throughout: from recruitment to the development of topic guides and to the final choice of themes. How the participants and I have interacted, perceived and understood each other is influenced by our prior social

experiences and backgrounds and will have shaped the content, direction and analysis of the interviews.

In this study, my aim is not to uncover an objective reality about self-injury but rather to explore and understand the way my participants perceive, construct and understand their self-injury, whilst paying particular attention to ways in which I interpret and help construct this understanding. With this in mind, Etherington, (2004) proposes that researcher reflexivity is essential – "the capacity of the researcher to acknowledge how their own experiences and contexts (which might be fluid and changing) inform the process and outcomes of inquiry" (p.31). In this section I attempt to explore my own experiences and provide the reader with some personal context before proceeding to the analysis sections.

I am a white, middle-class man in my late twenties from the north east of England who has been fortunate enough to come from a loving family and to have suffered relatively few, if any, traumatic experiences. I do not know anyone personally who self-injures, however, the suicide of my best friend's father when I was twenty years old has had a lasting impact on me.

Prior to clinical training my exposure to self-injury professionally was also relatively limited, despite working in Psychiatric and Prison Service settings. Self-harm was always seen as a secondary 'problem', an indication of mental illness or personality disorder and was something people were always prevented from doing. The reasons behind it and its meaning for individuals were rarely explored. I therefore felt a bit of a fraud when I joined a self-injury self-help group as a 'co-facilitator' in my first placement on clinical training.

I believe that my background experiences and lifestyle had a bearing then (and still do now) on how I understood self-injury. I have been brought up surrounded by sporty and health conscious people, have played sport throughout my life and continue to play rugby and do weight training. So one of my initial reactions in

the group was one of shock and surprise at the extent and number of injuries these people were self-inflicting. As someone used to looking after my body, I was intrigued as to why a person would damage theirs so badly. Although I drink alcohol, quite excessively on occasion, and have friends who smoke, I guess, like many others, I did not view this in the same light as someone using a razor blade or piece of glass to cut their skin.

Given my experience of playing rugby for a number of years I am able to understand why a person might engage in a very physical sport which others may call dangerous and even barbaric. Feeling nerves and adrenaline, overcoming pain, gaining a sense of achievement and camaraderie are all aspects I accept and enjoy, including coming off the pitch battered and bruised and with a few battle scars on my face. However, no player I know wants to be seriously injured or injures themselves intentionally. I guess this is where my own frame of reference and comprehension of self-injury ends and where I have had to turn to literature and research.

Being a part of the self-help group for six months proved to be a great learning environment, giving me a better understanding of self-injury, and an insight into the people behind the injuries and the lives they lead. It also helped me to challenge many of the stereotypical attitudes, assumptions and myths associated with self-injury. My involvement in this group had a profound effect on me, as did the overall person-centred theoretical framework of my opening placement. When my placement ended and I left the group, I still had various questions I wanted answers to and I started to consider using my thesis as a further opportunity to explore self-injury.

I have attempted to provide some personal information to inform the reader as to my frame of reference as we move onto discuss the analysis in the following section and the findings in the next chapter. I am aware that my personal background and the factors which led me to undertake this project will have had a bearing on how I conducted the analysis phase and will have influenced the

choices I made and the themes I developed. Reflexivity and my impact on the results will be examined further in my discussion in chapter four. The following is a detailed description of the analysis process.

Analysis process

There is no single 'correct way' of conducting analysis in IPA but there are some shared principles and steps common to all IPA studies (Smith et al, 2009). For example, all attempt to understand the individual perspective and meaning making of experience and all are inductive in approach, moving from a descriptive understanding and specific observations to a more interpretative understanding and broader generalisations and theories (Smith et al, 2009).

In this section I outline the process of the analysis which was informed by steps set out by Smith et al (2009). I have attempted to give an individual account which is as close to the actual process as possible by using specific examples relating to the development of one of Michael's super-ordinate themes – *'Feelings of Unworthiness'* (discussed in full in the results section). I have tried to show how I went about coding transcripts, making interpretations and developing themes, and how supervision influenced this process. Although what I present is a very linear representation of the analysis, the actual process was much more iterative and fluid, moving back and forth between phases as understanding developed and became clearer.

Phase 1 – Reading through transcripts and making notes after each interview:
I transcribed all of the interviews myself which helped me become intimately acquainted with the data, including the non-verbal subtleties of our interactions and the tone and emphasis of particular words.

Preliminary analysis started after the first interview was conducted and the transcripts were annotated with notes, observations, reflections and possible questions prior to developing the topic guide for the next interview (See

Appendix H for a sample of a preliminary annotated section of Michael's transcript). For example, after my first interview with Michael I noted in my field diary *"appeared relatively comfortable – quite forthcoming about his self-injury"*, but also commented on the fact that he had frequently used the phrase "I don't know" both before and after he explained something saying *"perhaps lacked certainty about the topic – possibly because not talked about it before – possibly does not want to get it wrong"*. As I read through transcripts after each interview, I wrote memos, for example, when he talked about hearing a voice which belittled him and being belittled at school, I wrote next to the relevant sections *"belittling / negative voice"* and *"belittled by others"*. On re-reading transcripts I often wrote more memos and sometimes wrote tentative interpretations and questions to possibly include in the following interview. For example, when he described feeling angry with himself before he cuts I initially noted *"negative feelings beforehand - anger at self"*, and later noted *"is it self-punishment"* and *"does cutting stop negative feelings"*. Transcripts were given to my supervisors who also read through and made notes which we compared and discussed during regular supervision sessions.

In the second interview, I asked Michael to put his self-injury into the context of his life. He described feeling guilty for leaving his children after his marriage ended. From what he said, but also the emphasis in tone he gave to the word 'guilty' and the fact that I recalled him breaking eye contact at this time and lowering his head, I made a note *"difficult decision – still feels guilt / regret / shame / blames self"*. One of my supervisors wondered whether a particular paragraph in which Michael described being worried about every blemish on his body indicated *"fragile self-esteem"* and together we queried whether the belittling by others had had an impact on his view of himself. We also discussed self-punishment, Michael's seemingly contradictory comments about pain, his explanations of the purpose of blood for him, and other areas. We agreed that it would be useful to gather more information on these aspects in the next interview to increase our understanding.

During the third interview, when Michael discussed abusing and punishing himself with alcohol and drugs I wrote *"why did he need to punish himself in his twenties?"* He also talked about needing to cut deep and for his cuts to bleed and being angry if they are not – I noted *"not doing so angers him – why?"* Later he described that because he does not get his cuts stitched up and picks at them that they heal into a "nasty scar", and in supervision we wondered whether this related to self-punishment and not deserving "nice" scars.

In supervision prior to the fourth and final interview, part of the discussion focussed on the fact that there appeared to be several contradictions in his account, one of which was that he described both a positive and a negative aspect to his cutting; cutting seemed to be both a treat and a punishment. It was decided that this would be a question to put back to him.

Phase 2 – Line-by-line analysis:

After the final interview was completed the systematic process of analysing each participant's transcripts began in turn. Starting with the first participant (Michael) I initially read through all four transcripts and the notes I had made. I then conducted a methodical line-by-line examination of the transcripts on a computer using electronic copies and began to 'code' extracts. Coding means identifying and pulling out certain words, sentences, and paragraphs of a transcript and attributing meaning to them. Initially my coding was very descriptive for instance I was pulling out extracts such as "I'm punishing myself, I'm making me, you know, punishing myself for what I've done", coding them *"punishing himself"* and placing them in a separate Word file (with comments, transcript number and line reference attached). As I worked through the transcripts, more extracts of similar content were added to this code. Extracts from the transcripts which were given different codes but which appeared linked were put together. So, for example, the code *"punishing himself"* was placed in the same Word document alongside other codes like *"Angry with self"*, *"deserve to hurt self"*, *"guilt"*, *"blamed by others"* and *"low self-esteem"* (See Appendix I). Other codes which did not link with these codes were placed with other similar

codes in different Word files, or if they did not seem to link with any other codes they were placed separately.

Phase 3 – Theme development:

Still just working on one case, the Word files of codes (and extracts) were continually revised and updated as more of the transcripts were analysed. More extracts were added to existing codes, some extracts were removed from codes and new codes were created. This was a lengthy process. Once all four transcripts had been explored line-by-line, all the Word files of codes were examined and themes were produced. This was already partly done, in that similar codes had been placed together in one file. However, codes were moved to different Word files and some were amalgamated. At this stage I tended to become very cautious and tentative in my approach and remained very descriptive with my themes with minimal interpretation. For example, the codes mentioned above were encapsulated into the two initial themes of *"Belittling self"* and *"Punishing self"* with brief and very descriptive paragraphs written for each. An overarching theme of *"A Negative self"* was identified.

During supervision, these themes were explored and a discussion took place regarding interpretation and what this might look like. I was guided to look at some of my original thoughts and questions about why Michael feels he needs to punish and belittle himself. Following this I began to look back over the transcripts and my codes and tried to make better sense of his narrative. From this point my analysis became more interpretative but remained grounded in the data. The initial themes of 'Punishing self' and 'Belittling self' were developed and became *"Riddled with guilt and a need to punish self"* and *"Feeling useless and undeserving"*, which seemed to better demonstrate his reasons for cutting himself.

Phase 4 – Super-ordinate themes developed:

In addition to the two themes described above, seven other themes were established in a similar fashion as described above. At this stage patterns and

links between themes were identified. Themes which appeared connected were placed together and a description was given as to how they interrelated. An over-arching 'super-ordinate' theme title was given for each cluster of themes. For example, the themes *"Riddled with guilt and a need to punish self"* and *"Feeling useless and undeserving"* were placed together under the title *"Feelings of Unworthiness"* as opposed to the initial over-arching title 'A negative self'. I felt that Michael cuts as a means of punishing and belittling himself out of a sense of guilt and worthlessness so that he may feel worthy.

In total, three super-ordinate themes were identified for Michael. At this stage, peripheral codes which did not add to our understanding were discarded. Once super-ordinate themes had been identified for one participant, the process started all over again (from phase 2 – line by line analysis) with the next participant.

Phase 5 – Comparing case studies:
Once super-ordinate themes had been identified for each case and a sufficient level of understanding had been reached regarding the experiences of each participant, all three cases were viewed alongside each other and similarities and differences were identified. Practically, this entailed printing out the themes for each participant, laying the printouts next to each other and using a highlighter and pen to indicate connections and variations and putting this into words. Four 'master' themes regarding similarities were developed.

Smith et al (2009) suggest that researchers using IPA need to have an understanding and acceptance of when their level of analysis is sufficient or "good enough". This is something which was discussed several times during supervision sessions and the end point was agreed upon once an appropriate level of examination, interpretation, theme development and comparison had been made. However, clearly practicalities of time and my level of expertise in IPA played a significant part in the level of analysis.

Quality and Good Practice

In order to ensure the quality of the qualitative analysis undertaken in this study several steps were taken. Interview transcripts, initial coding, theme development and interpretation were all discussed within supervision with two supervisors. Interview transcripts for one of the participants were given to the two supervisors in order for them to undertake some initial coding and theme development separately. This was then compared to my analysis to see whether similar themes emerged. This process helped to ensure that the theme production process was valid and reliable and remained grounded in the transcript and enhanced the trustworthiness of the findings.

To help the reader review and evaluate the findings for themselves, and to permit them to formulate other ideas and explanations I have:-

- been clear about recruitment
- provided a personal statement of reflexivity
- described the analysis process and provided examples of my application of IPA
- included quotes to support each theme (see Results Chapter)
- included a pen-portrait of each participant (see Results Chapter)

The findings of this study are described in the next chapter. The three case studies are discussed in turn. The super-ordinate themes for each case are outlined and presented using the cluster of themes from which they are formed. Following this, similarities and differences between cases are presented and considered. Direct quotes from participants are used throughout in order to illustrate and support the themes discussed. Quotations are used in qualitative studies to ensure that participants have a voice within the final write-up and so that readers can assess the interpretations and theme development of the researcher for themselves (Smith et al, 2009). For ease of reading the following markings have been included in quotations to indicate:-

{}   where text has been omitted

(…)   when there has been a significant pause in speech

[ ]   where text has been added to assist understanding or changed to maintain anonymity

CHAPTER 3: RESULTS

This chapter presents the findings of the study. The three case studies are presented in turn, each with a pen portrait, a summary box and a description of the themes which make up the super-ordinate themes. Similarities and differences between the cases are then explored. Actual quotations are used throughout to ensure that participants have a voice in the study and to aid the reader's understanding.

Case Study 1 – Michael

Michael is a man in his forties who, at the time of being interviewed, had not self-harmed for nine months. In our interviews together he described using alcohol and drugs, cutting himself and taking overdoses.

Michael describes being "a bit messed up" as a child when his mother and father separated. At home and at school, he comments that he did not receive any recognition or appreciation for his achievements and was put down by people who told him he would never make anything of himself. His first memory of self-harming is between the ages of six and eight when he used to take a needle and sow thread through the hard skin on his hands. Aged 13 years he cut a girl's name into his arm with glass in the presence of others and at 16 years old he cut his shoulder with glass and showed his girlfriend and cousin.

Michael has married and divorced twice and has two children by his second wife. Between his first and second marriage, he describes joining the army, being into the "club scene", using alcohol and drugs and getting into numerous fights. He does not recall cutting himself at this stage of his life. During his second marriage, he describes cutting himself deliberately on nails and other sharp objects but telling his wife that he had injured himself by accident. After his second marriage ended, he lived alone and recalls feeling very low, hearing

voices, regularly cutting his lower arms with glass and taking tablets. In the year after his divorce from his second wife he tried to commit suicide by overdosing on tablets.

As mentioned, at the time of being interviewed, Michael had not self-harmed for nine months. He describes still getting the urges to cut when feeling low and lonely and needing to fight against doing it. He believes that he is in a better place in his life because his lifestyle has changed and he no longer drinks alcohol. He feels he has a completely different mind-set now and tries to remain positive each day. His motivation to take part in this study appears to be to talk to someone about his self-injury.

Next, the super-ordinate themes and themes for Michael are outlined and explained. Table 1 presents a summary of these themes.

Table 1: Super-ordinate themes and themes for Michael

Feelings of Unworthiness
    Riddled with guilt and a need to punish self
    Feeling useless and undeserving

A Pleasurable Break from Internal Turmoil
    Relieving the pressure valve
    Escaping to a comforting place
    Feeling in control

Searching for Validation
    A badge of honour
    Seeking esteem and approval from others
    Internal validation rather than external
    A supportive relationship

Underlying feelings of unworthiness and a subsequent desire to feel worthy appear to be linked to why Michael cuts himself. This super-ordinate theme is made up from two themes:

Riddled with guilt and a need to punish self

Michael appears to feel that he has done 'bad' things in this life. He talks about feeling angry with himself and always feeling like he needs to punish himself. His feelings of guilt and blame seem to envelop his entire sense of self and may indicate an underlying belief of being unworthy. He feels he deserves and "needs" to hurt himself to atone for his perceived wrong-doing. He appears to only feels worthy when he punishes himself enough and the sight of blood and a deep cut play a role in indicating that he has *"done enough"* and can feel like he has atoned and can feel worthy. Small cuts or those which do not bleed do not bring this feeling and are frustrating.

> *"I've always needed to punish myself, I don't, I've always felt that way, ur, like through drinking alcohol, drugs, cutting, um, hurting myself, um, I've always needed to punish myself, I don't think I'm, I haven't really got a high opinion of myself really, and what I put on is just a front, I've really got a low esteem of myself" (Interview 4)*

> *"I'm punishing myself, I'm making me, you know, punishing myself for what I've done, and what I've been like, you know, I think that's what I'm doing {} 'this is what you deserve because what you did'" (Interview 4)*

> *"it's got to involve, got to involve blood, it's got to involve a cut, it's got to {} [if it does not then] I haven't fulfilled what I'm doing, "what am I doing that for, why am I doing", it's pointless just doing little, "why am I doing little cuts", no, cos they don't mean owt"(Interview 1)*

Feeling useless and undeserving

Cutting seems to be a belittling act which Michael believes he deserves. There is a sense that he has an underlying belief of being a 'bad' person who is useless and *"worthless"*. A belief perhaps instilled as a child when he was put down by

others, reinforced by feelings of loneliness, guilt and a self-hatred and externalised in a *"belittling"* voice. Negative behaviours seem to be internalised and become part of him. The belittling voice often returns after he cuts ending any positive feelings or worth, perhaps because he feels undeserving of anything positive, and makes him feel guilty which leads to further cutting and perhaps reinforces his feelings of uselessness.

> *"[just before I cut] that's when the belittling starts, that's when that starts, 'you fool, you're not good at anything, you're not good at this, you're not good at that' it's just in my head constant that then {} [once I cut myself I think] 'Yeah, I've done it, yeah I've belittled myself, yeah I have done', and then it stops"* (Interview 1)

> *"it's the negative after, you know, when you've satisfied what your goal was, it seems to then come onto 'oh I see, told you, told you that you're like this', and then the belittling starts {} it seems to squash the pleasure, squash the aim, why I'm doing it, it seems to like squash it, then it seems to put me down"* (Interview 4)

Super-ordinate Theme – A Pleasurable Break from Internal Turmoil

Michael's cutting provides a temporary break from the build-up of negative internal emotions resulting in a pleasurable state. This super-ordinate theme is made up from three themes:

Relieving the pressure valve

Cutting provides him with a sense of relief – it seems to take the edge off the pressure building up inside and gives a short *"gasp of breath"*. The pressure he feels appears to be associated with a build-up of negative thoughts about himself, rumination, a perception that things are going wrong in his life and goes hand in hand with the belittling voice – perhaps linked with his low-self-esteem, feelings of worthlessness and need to punish self. Longer cuts and pain are linked with getting more of a release although blood again appears to be more important, perhaps visibly indicating the release of pressure or proving that he has *"done enough"* and can relax for a short time knowing that he has atoned.

"it's like when you sigh 'huh', you feel 'phoo', that, it's that kind of feeling, thinking 'oh that's better' I don't know, to me that's better I just think 'oh that's better', you feel, you feel like a load's been drained from you, you're just "phoo", and that will settle, so that settles me down" (Interview 3)

"[to] cut myself is to relieve, like a pressure valve, it like releases the pressure you know" (Interview 3)

Escaping to a comforting place

Michael indicates that cutting is an escape from reality, momentarily distracting and freeing him of his worries and problems leaving him in a comfortable and peaceful state of euphoria. The sight of the wound and blood appear to maintain this state of mind. He describes cutting in a similar way to the short term effects of a drug – helping to reduce/avoid negative feelings and thoughts and providing pleasure. In this way it is perhaps both negatively and positively reinforcing.

"you want to keep the euphoria there so it's more, it's more probably like an addiction" (Interview 1)

"you're not blacked out, you haven't gone unconscious or you haven't gone into a dream or something you know, you know you're there, well I know I'm there, but, it just became a comfort, like a comforting place" (Interview 3)

"it detracts you from your, what you're, what you're bothered about, cos then you forget what you're bothered about" … *"you forget about, forget what's wrong because you're more intent on what's happening, so I suppose it makes you forget, in every way, as I could see it, just makes you forget"* (Interview 3)

Feeling in control

Michael describes needing to feel in control and when there are times in his life when he feels he has no control (for example, not being able to see his children), cutting rectifies this by giving him an aspect of his life which he can control. Cutting possibly helps alleviate the anxiety which can accompany feelings of

helplessness and not being in control. Planning to cut and preparing this in the morning before going out appears to provide additional feelings of control, certainty, reassurance and perhaps also some pleasure as well. This sense of control appears to persist despite him referring to cutting as an addiction which would suggest a lack of control.

> *"I can easily see what I'm doing, and how I'm doing it, how deep I'm going, how far I'm going, and, {} how much pressure I need to put on to, to, to get to the point of the hurting which is the point I want to be at, so I know I can, you know, instruct it, how far I go {} I didn't have control in my life before, but this is one thing that I can control" (Interview 1)*

> *"I planned it, I knew what was going to happen at the end of the day, I knew I was going to cut myself" (Interview 3)*

<u>*Super-ordinate Theme – Searching for Validation*</u>

Michael's cutting is a means of searching for validation, initially from others and later from himself. This super-ordinate theme is made up from four themes:

A badge of honour

Michael indicates that when he cut himself in his thirties he would hide his cuts and scars from people. However, he describes *"sharing"* the two cuts he did as a teenager. He refers to the first time, when he cut a girl's name into his arm, as making *"a statement"* and a way of *"showing off"* and making her *"proud"*. He uses terminology such as *"an honour"* and *"an award"* to describe the act – possibly due to his years in the army and suggesting that these cuts were to prove or show something of himself to others and deserved praise and recognition.

> *"I was doing it, but doing it in a regular situation, it was, you know, cut a girl's name in your arm, and, you know, everyone looking, 'ooh, he's cutting', it was one of them things, 'he's done this for me', it's like having a tattoo I suppose, get a girl's name on your arm, 'ooh he's got a girl's name', but I didn't do it as a tattoo or write my girlfriends*

> *name, I cut it, I don't know why I cut it, nobody else did it, just me {} bit like a, like a statement, like (…) like an honour, like an award" (Interview 1)*

> *"when I cut myself I would always cover myself up and nobody ever saw me, but for that one time [cutting my shoulder] and the [Amy] thing I was sharing it" (Interview 1)*

Seeking esteem and approval from others

Michael indicates that he had no-one to talk to and refers to cutting as a *"cry for help"* – a way of getting recognition, love and praise from others. Perhaps searching for approval and validation in this way counteracted his feelings of unworthiness. During his second marriage Michael indicates that he shared his injuries to a degree – showing his wife his cuts but telling her they were accidents. He appears to have been feeling desperate at the time, trying to make his marriage work and not knowing whether his wife loved him following her infidelity. These cuts seem to be a way of finding out whether people cared for him and a way of being close with his wife.

> *"you're crying out, you must be crying out for something cos you wouldn't do it, probably crying out for help, crying out for a bit of love, just probably for somebody to say, you're good at that" (Interview 4)*

> *"probably looking for, was I looking for love, tenderness, probably somebody to look after my wounds I don't know, I don't know if I was doing it for, probably doing it for attention, probably, probably doing it for attention, um, but not letting her know, but still getting the attention {} wanted the attention of, of the cut but not, not telling them why I'd done it, but getting the attention of 'oh look at that, yeah', probably still looking for love, yeah" (Interview 4)*

Internal validation rather than external

When he was living alone after his second marriage, Michael was no-longer sharing his cuts. At this stage of his life his cuts and the subsequent blood, pain and scars appear to give him a sense of self-validation, self-appreciation and self-worth. It is seen as an *"achievement"* and provides a sense of independence. It is

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kept secret and hidden because when someone else knows it means less –
possibly because the negative reaction and lack of understanding of others
reduces these positive feelings. Michael refers to cutting as being *"like a treat"*
which is just for him – perhaps a reward and an acknowledgement for the
difficulties he endures.

> *"then that left me then when I left my second wife because, I had
> nobody round me so, I wasn't doing it for attention because I wasn't
> showing anybody so, I think the attention led onto something else, I
> don't know what, ur, cos I wasn't getting attention, I wasn't showing
> anybody, nobody was knowing that I was doing it"* (Interview 4)

> *"it was my own way of giving me, my own thing, my own appreciation,
> nobody saying "oh you're doing a bad job" because nobody knew I was
> doing it, you know, so nobody could put me down"* (Interview 4)

> *"I can do it myself which I know I can do it good, I know, it's that kind
> of feeling 'yeah I can do this, I'm good at it', you know, I think I get a lot
> of that, you know, that I've done something myself"* (Interview1)

> *"I'm yeah, right lucky, and I'm looking forward to it, it's like a treat,
> it's like I've treat myself to something"* (Interview 1)

A supportive relationship

Michael personalises cutting and describes it affectionately as being *"a good
friend"*. He indicates that it helped him through some bad periods in his life.
Cutting appears to provide a form of companionship and is potentially a
substitute for the lack of a validating and supportive relationship in his life. The
sense of control, achievement and worth he gets from it helps lift his low mood
and depression for short periods just as it might spending time with a friend.
Cutting perhaps gives him the sense that he is not alone in the world and that he
has support. Indeed, he appears to take comfort in *"knowing"* that cutting is
there should he need it again.

> *"in a way I wish I was still doing them, in a way I wish were, cos I miss
> it, miss it, it were a good friend to me, got me through a lot, you know,
> so I do miss it"* (Interview 1)

> *"it's still, still there the feeling, I don't think it'll ever leave me, never, never, ever, ever leave me, in a way I don't want it to leave me, because there's always something about it that makes me happy"* (Interview 2)

> *"I've still got the feeling, I still remember the, what feeling I get {} it's quite, it's nice to think, it makes me smile, I don't know why it makes me smile thinking about it, knowing"* (Interview 3)

An interesting aspect of the interviews with Michael was the numerous contradictions and inconsistencies which seemed to emerge. Examples include him reporting that everything was going well in his life at the time when he cut his shoulder, whilst also describing finding the separation of his mother and father difficult and commenting that he got the same feeling from this cut as he did when he cut himself later in life. He indicated that the pleasure he felt was linked with pain, whilst also suggesting that his cuts do not hurt and that he does not feel pain when he cuts himself. He also described cutting so positively stating that there was nothing bad about it, but then also commented that he does not want to do it again. After four interviews I feel I developed a better understanding of Michael's experiences and these inconsistencies, though I never completely got to the bottom of them all.

This is the end of Michael's case study. Next Kate's case study is presented.

Pen Portrait

Kate is a woman in her twenties who has self-harmed since she was 12 years old and continues to engage in self-harming and suicidal behaviour. As well as cutting herself with a razor blade, she engages in other forms of self-harm including drinking cleaning products, tying ligatures around her neck, holding her head under water and taking overdoses.

Kate describes having a chaotic home life with her parents separating when she was young and being sexually abused for a number of years. She started hurting herself initially by punching things, scraping her knuckles on walls and doing "odd things" like putting staples in her arm. She then describes starting to cut herself with razor blades, initially making scratches and shallow cuts but then began making deeper cuts that bled a lot but which she could still patch up with steri-strips. At this stage she describes cutting every day. Although she did not self-harm before she was abused she feels it is not as simple as saying she cuts herself because she was abused, but does believe it is a significant factor.

In her late teens Kate was raped by the man who had abused her which resulted in a pregnancy and termination. Following this she attended College and believes that her cutting changed compared to when she was an adolescent because at this stage she was no-longer cutting herself every day as a means of coping. After College she moved in with her boyfriend and found employment. She describes that although her life on paper seemed good she did not feel right and began taking overdoses and using other forms of self-harm, such as tying ligatures, as well as cutting.

Kate describes cutting as both a problem and a solution which has served different purposes at different times in her life, and comments finding it difficult during the interviews to know whether she was describing feelings she currently

gets from cutting or used to get. However, she feels like she is now in a better position to verbalise her self-injury than a few years ago because she has undertaken some talking therapy. Her motivation for taking part in this study appears to be to talk about her self-injury, something she had chosen not to do in the group setting. Part of her motivation also seems to be about being understood and to try and make sense of it herself.

Next, the super-ordinate themes and themes for Kate are outlined and explained. Table 2 presents a summary of these themes.

Table 2: Super-ordinate themes and themes for Kate

Making Amends for Perceived Wrong Doing
    Self-hatred, shame and internalised blame
    Feeling completely undeserving
    Silencing own life

Escaping Negative Feelings
    Regulating emotional state
    Momentary replacement of bad feelings

Serving Fundamental Psychological Needs
    Validating and compartmentalising life
    Proof of strength and ability to heal
    A secure and private part of self

Secondary Reasons
    Salient coping strategy
    Minimisation of the negatives
    Vicious Cycles

For Kate, cutting appears to be a way of atoning for perceived transgressions and unworthiness. Three themes make up this super-ordinate theme:

Self-hatred, shame and internalised blame

Kate feels _"powerless"_ to hurt the person responsible for abusing her and those responsible for not protecting her, and so internalises all of the blame for the 'bad' in her life and directs feelings of anger at herself. Part of her anger and self-hatred appears to be due to feeling she should have prevented the abuse herself and remorse for having a termination. Cutting is a necessary _"aggressive"_ act of punishment against herself which helps atone for the acts and events she has internalised responsibility for and alleviates some of the shame she feels. Blood-letting represents the removal of the wicked parts of her, i.e. shame and self-hatred, and the more 'bad blood' removed the cleaner and less tainted, and perhaps more worthy, she feels.

> _"you want to punish yourself more you know, you've got all this like, in that moment you've got all this self-hatred inside and, you just want to cut, you want to, you feel like you should hurt yourself, you know, not just like it's ok to, you feel like you should, you're so angry with yourself"_ (Interview 2)

> _"you have to kind of do something aggressive but because you kind of internalise all that stuff, all the stuff that someone else has given you, and then you kind of just hurt yourself instead"_ (Interview 3)

> _"say you were punishing yourself because you felt like you were bad inside or, you had a bad feeling, like if you cut yourself and the blood comes it's almost like that bad stuff's coming out isn't it, like you can see it there and it's like, trickling out of you and you're thinking 'oh that's those bad feelings, that's all the guilt and the sadness and the shame and the anger, just trickling out really' {} say if you had dog muck on your shoe, like you'd think that's bad, so if you got rid of the bad then you'd have clean shoes wouldn't you, it's just like that, if something's bad and then you get rid of it, like it's good and clean"_ (Interview 3)

Feeling completely undeserving

Kate indicates that cutting is something 'bad' which counteracts 'good' things in her life to maintain an even keel. It is a means of *"paying your debt"* or making up for having or doing nice things which she does not feel she deserves and feels guilty over. Sometimes this is a pre-emptive act which allows her to enjoy something nice in the future because she will not be in debt later and need to even things up. This sense of not deserving nice things without something bad happening appears to be a pervasive feeling for her so that even when things are going well in her life she still feels the need to cut herself – possibly to atone for having a lifestyle which she should not have and does not deserve.

> *"even if you kind of think you don't deserve something or you've done something bad, you can cut yourself and, it's kind of, it's ok to kind of carry on and, you know get on with your life and stuff because, I don't know I suppose you've punished yourself, you know for, those things that, you perhaps didn't deserve or whatever"* (Interview 3)

> *"I suppose that mentality that kind of idea in your mind that you have good and then you have bad, you have good and then you have bad kind of, karma keeping an even keel and, like I saw cutting as something that was like bad, and then having fun was good so it was just trying to keep a balance all the time, so it didn't really matter whether you did it before or after, but if you did it before then you could kind of enjoy what you were doing more because you weren't thinking 'oh I'm gonna have to do this afterwards' kind of thing"* (Interview 4)

Silencing own life

Kate indicates that in the beginning she felt she was protecting other people by cutting herself and dealing with things internally and covertly rather than overtly like other people. There is a sense that cutting silences her feelings and her life as a whole and that other people's feelings and lives take precedence. If she feels that the 'bad' in her life is her fault she may not feel that she can discuss this with other people. This seems to link with feeling undeserving and also finding worth by 'being there' for other people.

"when things bothered me I'd go off on my own and kind of, it was all like internal, it was all, it was all inside of me {} I couldn't shout about it because you know there were consequences, I had lots of people around me who'd shout a hell of a lot louder if I started shouting" (Interview 1)

"you can't talk to them about "oh actually I was doing it because of, this that and the other happened and I was trying to protect you from it and, everyone else is having such a hard time at the moment", and you know I'm there for everybody else and I've got no-one to turn to so I've turned to this, which means I can still be there for everyone else" (Interview 1)

Super-Ordinate Theme – Escaping Negative Feelings

Kate's cutting helps her to avoid unbearable emotional states by changing how she is feeling or by escaping momentarily. Two themes make up this super-ordinate theme:

Regulating emotional state

Kate indicates that cutting herself is an effective way of regulating her emotions – it can get rid of feelings such as frustration and anger, produce feelings when she feels *"empty"* or narrow down a multitude of overwhelming feelings to one manageable feeling. Cutting gives her autonomy and ownership over internal pressures as well as the reassurance that no matter how she feels she has a way of managing without requiring the support of others. Planning when she will cut demonstrates further restraint and control over her emotional state. Feeling in control or able to regain control may be important because of past experiences of having no control – it perhaps manages the anxiety that can be caused by feeling out of control or in danger of losing control.

"I needed a kind of an outlet of my own {} I needed something where I could let my feelings out {} other times I cut myself cos I was empty and I was trying to find a feeling, and there was, it was just nothingness you know it was, it just felt so empty and, like there was nothing inside, I was just looking, looking for a feeling" (Interview 2)

> *"I'd think if you planned a cut, and it was like a control thing as well
> like "I don't have to cut now, um, I'm kind of having these feelings but
> I'm going to save cutting till later" just kind of like a control thing"
> (Interview 4)*

Momentary replacement of bad feelings

Kate indicates that when she cuts herself she experiences a temporary cessation of her 'bad' feelings, seemingly replacing them with pain. Diverting her attention away from her emotions and focussing it all onto one area of pain gives her some relief and breathing space, perhaps so that she can come back fresh and more able to carry on with her life and difficulties.

> *"it doesn't make it go away but it gives like hitting a little pause
> button for a while it just, it just calms down a little bit for a while"
> (Interview 3)*

> *"I think the pain was important because, for your cutting to kind of
> clear stuff out of you, your head sometimes, it's got to be enough so
> you can't think about anything {} when you cut and the pain was bad,
> that's all you could think about for those few minutes and, that was
> kind of your break, like feeling that pain or thinking about that pain
> was, that was your break" (Interview 4)*

<u>*Super-Ordinate Theme – Serving Fundamental Psychological Needs*</u>

Kate's cutting helps her to function in life by serving fundamental psychological needs. This super-ordinate theme is made up of three themes:

Validating and compartmentalising life

There is a sense that Kate feels isolated and uncared for and unable to talk to others, and therefore cutting is a visible and very physical means of validating her own experiences and feelings. Her wound is testament to the fact that 'bad' events and 'bad' feelings are real and is a physical as well as symbolic way of 'drawing a line' under an incident or a feeling. Cutting is *"about living"* and *"moving on"* and this self-validation helps compartmentalise her bad experiences

and emotions so that they do not intrude into all aspects of her life and affect her ability to function.

> *"if I did it on a morning I used to think "I'm alright today now", like whatever, you know, I've already dealt with my shit this morning, I've cut myself, I can go out there and be the person that everybody wants you to be" (Interview 1)*

> *"I couldn't kind of go to anyone and talk about, what was happening and how I was feeling, but you needed, or I needed, to be able to say that things were happening, when it gets to a stage where you can't kind of pretend it's not happening anymore you need to have your own way of, of telling, I suppose, just to acknowledge, that you're, that you're feeling bad and, you don't, you don't kind want to keep on discounting your feelings all the time because that's what you feel like you're doing when you're pretending that everything's fine, you feel like you're discounting how bad you're feeling or whatever and, if you cut yourself, you're not discounting that" (Interview 3)*

> *"it was kind of as though when I was upset and, I might of felt like walking round with a miserable face, if I cut myself it was like, "oh, I've dealt with that now, you know I've dealt with all those sad feelings", and all that misery that I had, it's, it's kind of you know, it helped to just like draw a line under it, and just kind of get, get on with stuff then" (Interview 3)*

Proof of strength and ability to heal

Kate's cutting provides an external representation of her internal feelings and reflects her struggle to carry on with life. This is perhaps partly to do with validation but also about providing evidence that she has the strength to carry on and instils hope that she can heal herself. The experiences she has had in her life have made trusting and relying on others difficult and so cutting is a way of showing herself that she has the ability to fix the problems in her life and can manage on her own. This is perhaps one reason why she does not like scars – they may remind her that her internal pain will never completely heal.

> *"it was like a, maybe a reflection of my problems, you know, how things were, like things were bad but you still carried on and you needed something to match that you know you needed something to*

match what was happening and, it was the same really, it hurt and it wasn't nice but you still carried on and, if I could do that with the cuts like, that was the only way that it could ever really match that, I don't know maybe, that was kind of the nearest I could get" (Interview 1)

"the last thing on the agenda ever is having to get any help from anyone else {} I want to be able to fix it you know, it's important for me with my cuts that I can fix them {} it's not like fixing a problem but it feels like the nearest you can get {} kind of part of the way to fixing myself up, 'look what I've done, I did it and I controlled that, and I can watch this get better', and like you can't watch the things on the inside get better or you don't think they will but you know that this will get better" (Interview 1)

A secure and private part of self

Cutting provides Kate with something of her own that is private and which no-one else has or knows about – she is in control of it and it cannot be taken away from her. This is perhaps important because other aspects and experiences in her life (such as the abuse) lacked privacy leading her to feel like she had nothing in life and no part of herself that was private and just hers.

"it's really important for me to keep that part of me private and, you know, the last thing on the agenda ever is having to get any help from anyone else with what I was doing, you know that would take everything away from me" (Interview 1)

"as much as people can have their opinions about it, you know whether it be bad or good or, unacceptable, they can't, they can't take it away from you really, like you're in control of doing it, you can do it whenever you want to do it and, no-one can kind of identify with or, feel, how you feel when you're doing it, no-one can, no-one can get that and, you don't have to share it with anyone, like, if you want to talk about your stuff, like you have to kind of share that with someone but, when you hurt yourself it's not like that you don't have to share it, it's just, it's just you and, like you've got control of that" (Interview 3)

Super-Ordinate Theme – Secondary Reasons

Although primarily, Kate's reasons for cutting appear to be about atonement, escaping emotional states and serving psychological needs, over time secondary

reasons have developed which increase the likelihood of this behaviour recurring. This super-ordinate theme is made up of three themes:

Salient coping strategy

Kate indicates that cutting became her main and possibly only way of coping and dealing with difficult situations and emotions. Cutting serves many functions and works in many situations so there is no need, as well as no opportunity, to learn other ways of coping. Cutting is initially used for very stressful situations but overtime becomes the most salient way of coping and is used in all situations.

> *"at one time you had to be really distressed to cut yourself {} [but] it's like, once that's your way of coping, it don't matter whether, you know, the dog shit on the rug or your best friends just been killed in a traffic accident, it, it's your way of coping and if you're gonna, you lose all your other ways to cope" (Interview 1)*

> *"once you start cutting, and you're doing it for a long time, you don't really figure out that many other ways to kind of cope I suppose because there was not the opportunity to, I don't know I think it kind of stunts your development in a way because, like when kids are younger they kick off and have tantrums and then as they get older it changes a little bit, they do slightly different things to kind of cope, and mine didn't kind of have to change in a way because it stayed with the cutting {} I didn't really know what, how to kind of deal with these problems as an adult because this talking about stuff had never ever occurred to me because it had never ever been like an option, um, so I didn't kind of have like an adult way of coping, so I went back to it because I thought it's the only way I know" (Interview 4)*

Minimisation of the negatives

Kate describes feeling let down and annoyed by cutting and feeling like it is an anti-climax because it does not achieve what she hopes. With no other coping strategies or forms of support available cutting is seen as the only way to have the life and things she wants. Since fully acknowledging the consequences and damage caused would make it a lot harder to continue engaging in the act the benefits are emphasised and the costs diminished – this perhaps avoids cognitive dissonance and anxiety.

"you go back to it with false hope thinking, as much as you think 'yeah I did hurt some people with it' you kind of glorify it a little bit and think, tell yourself it was loads better than it was, because it's kind of easy when, I don't know, kind of when something hurts really bad, um, like when you go out drinking and you have a really bad hangover and the next day when you're hovering over the toilet you think 'oh I'm not drinking again this is too bad' but then like a week later you've kind of forgot how bad it was and you think 'oh it wasn't that bad, and it is like really good going out and having a lot to drink' so you think, like you kind of glorify how good it was and minimise how horrible it was the day after, it's like that really, you just, you don't feel like you've got many other choices, you kind of think about all the things and how much of a life you can have if you just have this little secret that you do {} you kind of try to minimise how bad it was and just think of how useful it was really" (Interview 4)

Vicious Cycles

Cutting temporarily replaces or silences Kate's problems rather than actually dealing with them and so these problems always resurface. However, cutting creates additional problems for her and leads to the emergence of at least two vicious cycles. Firstly, cutting makes her feel more guilt and shame because she has hurt herself and knows it upsets other people – this often leads to further cutting. Secondly, cutting leads to more self-hatred because it makes her feel she cannot be the person she wants to be in life since it is socially unacceptable, seen as a sign of mental illness and says something about her *"identity"* – this again often leads to further cutting.

"that's like the coping, you do that because you're trying to cope with something, but then you're trying to cope with the way you cope, you're trying to cope with your cutting and then you've got to find something to do to cope with your feelings about having hurt yourself" (Interview 1)

"sometimes you're hurting yourself because you've hurt yourself and it's stirred up all this stuff for you {} I think that, I can't kind of have the life I think I'm going to have sometimes, because, because I do these things, and then you cut yourself, or hurt yourself because of that, because you can't be the person that you want to be {} you hurt

yourself even more then, and then the more you hurt yourself the
more you feel like you can't have those things" (Interview 3)

An important aspect of my interviews with Kate was that she indicated that she may have been holding things back and censoring what she was saying at times – *"I don't know sometimes if I'm, kind of screening or censoring what I'm saying a little bit because I don't want to kind of get upset, you know I don't really want to get upset about stuff"*. However, when this was followed up in the final interview she commented that she had disclosed what she felt were the significant aspects involved in her self-injury.

This is the end of Kate's case study. Next Sarah's case study is presented.

Case Study 3 – Sarah

Pen Portrait

Sarah is a woman in her forties who has cut herself since she was 12 years old. She has engaged in several forms of self-harm throughout her life including cutting herself with glass, overdosing on tablets, hair pulling, drinking alcohol excessively and has recently started to make herself sick.

Sarah describes being sexually abused from the age of ten years old and being raped as a teenager. She recalls having a "bad childhood" and feels that her family were and still are very negative towards her and unsupportive. From the age of 12 years old, she remembers drinking a lot of alcohol, running away from home, hearing a voice, cutting herself and taking overdoses.

At 18 years old Sarah married but this relationship was characterised by domestic violence resulting in her Son from this marriage needing to be cared for by her mother. She recalls that this was the stage in her life when she started to cut herself deeper as well as continuing to use alcohol excessively and take overdoses. She had two more children in two further relationships and suffered domestic violence in both of these relationships and in 2007 she was raped.

Sarah indicates that her cutting is different every time and can be both positive and negative, but feels that she does not fully understand why she cuts herself. She does not think that she would have been able to complete the interviews, especially not with a male interviewer, a few years ago but is able to now because she has talked about the abuse and her self-harm in counselling and in the group. She describes the self-injury self-help group as being very helpful over the past couple of years. Her motivation for taking part in the study appears to be to tell her story in the hope that it will help others.

Next, the super-ordinate themes and themes for Sarah are outlined and explained. Table 3 presents a summary of these themes.

Table 3: Super-ordinate themes and themes for Sarah

Feeling Innately Guilty and Unworthy
    Deserve punishment not compassion
    Increasing need to punish self as life gets worse

Escaping Unpleasant Emotional States
    Release linked with dissociating
    Depersonalisation as a defence mechanism
    A perception of being in control

A Vicious Cycle
    A habitual way of coping
    Inability to stop strengthens belief that it is deserved
    A shameful act deserving more punishment

Super-Ordinate Theme: Feeling Innately Guilty and Unworthy

Sarah's cutting is related to her feeling innately guilty and unworthy and needing to punish herself as penance. This super-ordinate theme is made up of two themes:

Deserve punishment not compassion

Sarah blames herself for the 'bad' things in her life and for being abused and raped and as a result feels she deserves to be punished. This urge or need to punish herself appears to be externalised into a voice and the more she ignores the urge or defies the voice the more it builds. There seems to be an internal conflict or battle – on one side is self-hatred and a belief that she is responsible and deserves punishment, on the other side there is a belief that there is nothing

she could have done to stop the abuse and does not deserve punishment. The former side is dominant and always wins through in the end – she struggles to feel that she deserves compassion or forgiveness.

> *"like the abuse I used to, I still like blame myself for that even though I was only a kid, I just say "well I must have done something", even though I can't have done anything at ten years old {} if I could sort of not blame myself for that I might move forward and not cut myself, but I can't get to that, of not blaming myself for that {} I think I must be, I deserve to be cutting myself, I just, because I like blame myself still for this like abuse and that even though I know it wasn't, and like say I was raped at 15 and still, I blame myself for that" (Interview 2)*

> *"sometimes I get voices telling me to cut myself, and that I'm stupid, and like, and like I can ignore it, and like ignore it for a week, sometimes 3 weeks, sometimes as I say it's been like 6 months, but then it, the more I ignore it the more, it seems to get louder, but then once I've cut, once I've cut myself it goes away then" (Interview 3)*

Increasing need to punish self as life gets worse

Sarah describes that small cuts no-longer work for her and *"needs"* to cut progressively deeper. Her frustration at cutting *"superficially"* is likely due to a sense at having fallen short and of not satisfying her need to punish herself. The degree to which she cuts deep seems to be associated with how much has happened in her life. As more adverse experiences have occurred her self-hatred and feelings of blame have increased requiring greater punishment through deeper cuts. The blood *"gushing"* out seems to be linked with knowing that the cut is deep enough and that she has punished herself enough and can stop.

> *"I think I just, if it doesn't look deep enough, if I think it doesn't look deep enough I'll just carry on {} I think I just don't feel like I've satisfied till I've actually cut deep enough" (Interview 1)*

> *"over the years more things have happened to me and, so I've more to cope with and, so I think like the little niggly ones don't, they just make me feel more, more stressed, so I, I haven't done niggly ones for ages" (Interview 3)*

Super-Ordinate Theme: Escaping Unpleasant Emotional States

Cutting helps Sarah escape unpleasant emotional states through dissociation and depersonalisation and by providing a sense of control. This super-ordinate theme is made up of three themes:

Release linked with dissociating

When she cuts herself Sarah describes feeling numb rather than pain and feeling a kind of *"buzz"*. Cutting appears to place her in a dissociative state for a short period of time. In this state of mind she feels comfortable, stops worrying and ruminating and 'lets go' of negative thoughts and feelings. Deeper cuts appear to maintain this dissociative state for longer and provide more of a release.

> *"at that time when I'm cutting myself my heads not sort of with it I don't, it's like it's blank, it's not, I know I'm doing it but I don't"* (Interview 2)

> *"I think things are blocked out, I don't think of anything, just for that, say if it's 10, 5 minutes when I've cut, when I'm cutting myself, 10 minutes, I'm just not, just blacked out, it's like I'm, like I'm not here really {} it's like you've no, no worries or anything just, and sometimes like I think I've gone back to my childhood before I was like abused {} when I'm cutting myself it's like I'm an 8 year old {} to me that's my sort of comfort zone, that's my safety"* (Interview 3)

> *"I just feel like I've got too much in my head, to sort of cope with and that's, I think when I do cut myself it like just releases it a little bit {} at that sort of moment I think it's just a release and, for that what five or ten minutes at most"* (Interview 4)

Depersonalisation as a defence mechanism

Sarah indicates that she experiences a strange sensation when she cuts herself, referring to an external entity taking control of her, as if it is not her doing it. This is perhaps due to her stress and other feelings reaching a level which she is unable to manage. This may be a defence against overwhelming and unpleasant emotions. It may also be linked with externalised self-loathing (like the voices)

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and a defence against feeling like it is her who is hurting herself – linked with one side of her feeling like she deserves punishment and the other which feels she does not.

> *"it's like this power thing just comes over me and I have to, and I cut myself, and then I can't, before I stop it, before I can stop it it's already done {} it's scary cos I don't know what, what gets, what takes over me, what, what actually takes over me and can make me that I've got to cut myself"* (Interview 1)

> *"something's just got the hold, the control over me that does the self-harming, I can't control it {} something's got a hold of me, it's, I don't know, it's (...) I don't know if it's like (...) this nasty side of me coming out or whatever {} something else has got hold of, control of this self-harm"* (Interview 2)

> *"it's just like I'm a different person when I'm doing it, it's just, I'm not me, you know what I mean, I am me but I'm not, I'm like this nasty, nasty me, the other side of me"* (Interview 2)

A perception of being in control

Sarah found it difficult to explain the apparent contradiction of whether or not she has control over the cutting. She refers to something taking over her but in the last interview indicates that cutting gives her a sense of control and power. It appears that despite the dissociation, depersonalisation and apparent lack of control she still actually gains a sense of control by cutting herself. This is perhaps a reassuring perception to have when her internal state is unbearable and seemingly uncontrollable, and given the difficult memories of situations when she lacked control.

> *"I think at the time you just, you, you think you are in control but you aren't really, but to yourself, to, to me I am in control when I'm doing it {} It's like I've got the power, you know like with, all like you know, like the crap I've been through as a child and that I think, because, somebody's always had that power over me, do you know what I mean, like the abuse, so I'm in the control, even though it's the wrong way but it's, it's my sort of power {} I suppose in a way I'm not really in control but I, suppose in my mind I think I am"* (Interview 4)

Sarah's cutting is a vicious cycle – it has become her main coping strategy but one which reinforces her underlying beliefs about deserving to cut herself. This super-ordinate theme is made up of three themes:

A habitual way of coping

Sarah describes that cutting is not about killing herself it is about coping with her internal emotions and external problems and is her way of managing the general pressures of life. She has utilised cutting to serve these purposes for more than twenty years and it has steadily become her norm and perhaps her most prominent coping strategy. It is a habit she fears will be with her forever.

> *"I suppose it's just like a habit really now, it's just part of my life, and that, that's the way I cope, it's, you know just, I suppose it's just sort of how I manage stuff {} I just think it's got into a habit now, cos I've done it for so long it's just sort of part of me {} I just think I'm stuck with it for life" (Interview 3)*

Inability to stop strengthens belief that it is deserved

Sarah's feelings of frustration and anger with herself appear to be increased by what she sees as her inability to stop cutting. These additional feelings often make her want to cut herself more very much like a vicious cycle. Her feeling of being unable to stop cutting, along with the permanent scars which indicate a failed attempt to fight against the voice, seems to reinforce an underlying belief that this is what she is *"meant to be"* doing and is what she deserves. The scars are also a lasting physical reminder of what she has been through and of her negative beliefs towards herself.

> *"it's like a vicious circle really, I just wish I could stop it but I can't, it might sound daft that but I just can't" (Interview 2)*

> *"I've seen people that have cut, self-harmed, and stopped after two or three years and I think "why can't I do that, why...am I meant to be" {}*

> *"you can't, walk away, it's just there, you can't, you can't get away from it" (Interview 2)*

> *"I think I feel crap the next day because I know it's another scar {} I've let, "ooph", I suppose if I've heard a voice it's like I've let them win again, do you know what I mean, it's, do you know what I mean, I think "I'm not gonna cut myself" but then it just, I just don't think I've got like the will power to, to say no" (Interview 4)*

A shameful act deserving more punishment

Sarah describes feeling worse after cutting herself because she feels embarrassed and ashamed of what she has done. She knows that other people, such as family, friends and medical staff, will be disappointed and critical of her and so feels pressured to keep it secret and hidden. These intense feelings of shame often lead to further urges to punish herself.

> *"once I'd cut myself the reality sort of hit back home and I felt more crap, sometimes still now I still feel worse when I've cut myself than when I haven't done it" (Interview 1)*

> *"I'll sort of look at my scars and I feel ashamed of what I've done, I think, I think it's stupid {} I'm back down to square one, cos like I have to cover them up and hide them, you know from family and friends and that so it's, I think all that shame then builds up and that sometimes makes me worse" (Interview 1)*

> *"when I go and visit family and that, I just put a front on and, it's that pretend all the time, that cover up, you know you've got to act like you're somebody you're really not {} it's just like putting this pretence on that you shouldn't have to, I think I shouldn't have to you know like hide my scars, should be able to act normal and, but I can't because, of all the crap I'd get from my family and that" (Interview 4)*

This is the end of the exploration of the individual case studies. Next, similarities and differences between these cases are explored.

Comparison of Case Studies

Similarities

As well as the discovery of four main overarching shared themes, which will be discussed in the following section, there appear to be some basic level commonalities amongst the accounts given by Michael, Kate and Sarah. These come from reflective observations rather than from the analysis. Firstly, all three participants appear to recognise and understand the research question in that they all talked about cutting themselves and the functions this serves for them. It appears that the undertaking of this project made sense to them, was meaningful for them and was worthwhile doing. This confirms my experience in the self-help group and what I thought and anticipated prior to conducting the study.

A second reflection is that cutting appears to be seen by all three participants as being a physical act which they are conscious and aware of. None of the participants view it is a symptom of mental illness and in fact they all explicitly said during the interviews that they were definitely not "mad" or that without cutting they would "go mad". Thirdly, all three participants clearly indicate that when they cut themselves they are not trying to kill themselves; they suggest that cutting is a way of coping. Fourthly, they all indicate that it is a behaviour that they would like not to be doing and that it is something which someone might stop doing. Finally, previous negative experiences of abuse (including neglect, emotional and sexual abuse) were common aspects in the narratives of all three participants.

At a higher and more interpretative level there appear to be four main themes which are evident in all three cases. In the next section these themes are outlined. A summary is presented in Table 4.

Table 4: Overarching master themes for the group

Master Theme	Interview / Line No.
A need to atone due to perceived blame and unworthiness	
Michael: *"this is what you deserve because what you did"*	4 (98-99)
Kate: *"you feel like you should hurt yourself, you know, not just like it's ok to, you feel like you should"*	2 (183-184)
Sarah: *"I think I must be, I deserve to be cutting myself, I just, because I like blame myself still for this like abuse"*	2 (474-475)
Avoidant coping – regulating by escaping emotional states	
Michael: *"you forget about, forget what's wrong because you're more intent on what's happening"*	3 (215-216)
Kate: *"the pain was important because, for your cutting to kind of clear stuff out of you, your head sometimes, it's got to be enough so you can't think about anything"*	4 (432-433)
Sarah: *"I think things are blocked out, I don't think of anything, just for that, say if it's 10, 5 minutes when I've cut"*	3 (164-165)
Provides a positive sense of self	
Michael: *"yeah I can do this, I'm good at it, you know, I think I get a lot of that, you know, that I've done something myself"*	1 (537-539)
Kate: *"part of the way to fixing myself up, look what I've done, I did it and I controlled that, and I can watch this get better"*	1 (360-361)
Sarah: *"I'm in the control, even though it's the wrong way but it's, it's my sort of power"*	4 (195-196)
Secondary reasons - A vicious cycle	
Michael: *"[afterwards I am] fighting the guilt probably {} that's why sometimes I do it more, do it again after"*	4 (69 & 72)
Kate: *"you do that because you're trying to cope with something, but then you're trying to cope with the way you cope"*	1 (56-57)
Sarah: *"I have to cover them up and hide them, you know from family and friends and that so it's, I think all that shame then builds up and that sometimes makes me worse"*	1 (198-200)

A need to atone due to perceived blame and unworthiness

Michael, Kate and Sarah all indicate that they cut in order to punish themselves for the negative experiences and aspects of their lives which they believe they are to blame for. There is a shared sense that this is what they deserve and what they need to do and that through punishment they may be able to atone for the guilt and shame they hold. The idiosyncratic nature of their guilt and punishment varies but two underlying aspects appear to be consistent – feeling guilt and blame for perceived wrong-doing and 'bad' acts/behaviours, and an inherent feeling of unworthiness and sense of being 'bad'.

The sight of blood and the depth of the cut appear to be associated with the degree of punishment – smaller cuts which do not bleed, may be enough initially but after a while are not punishing enough. There is a sense that the more 'bad' things that happen in a person's life the more blame and unworthiness they feel and subsequently the greater the cut they need to do in order to punish themselves enough to feel worthy. This notion of punishing themselves enough and feeling worthy appears to be interlinked with the release each of them refers to.

Avoidant coping – regulating by escaping emotional states

Cutting appears to 'work' in a variety of different individual ways, but a shared theme throughout the accounts is that it helps them to escape adverse internal emotional states. There is a sense that it provides a release when emotions are overwhelming and creates a distraction for a short period of time where reality seems to be suspended and all negative worries, thoughts and feelings disappear. Cutting is described in ways which indicates that it is an avoidant coping strategy which replaces negative emotional states with something else, such as pain, a pleasurable feeling or a visible distraction but does not actually deal with the problem which is causing the difficult or negative emotional state.

Also under the theme of avoidant coping is this notion of cutting bringing about a sense of control. Although they refer to it in differing degrees it is a consistent theme in all accounts. When they have no control in their lives, no control over situations or no control over their emotional state they cut themselves and gain a perception of control. However, this does not solve the original problem of having no control in these circumstances, in much the same way as distracting oneself from emotional pain through physical pain or the sight of blood does not address the emotional pain. It may be functional in terms of helping to alleviate feelings of helplessness and anxiety at times when they feel they have no control but is still an avoidant rather than an approach form of coping.

Provides a positive sense of self
In all three accounts there is an indication that cutting provides a positive sense of self. It gives them something positive which they do not have or get when they do not cut. There is a sense that they only feel good when they cut and in this way cutting is not just about escaping or switching off 'bad' things as discussed above. The positive aspects they get from cutting appear to vary and be quite idiosyncratic, although validation, self-worth, control, power, independence and privacy appear to be prominent features, and are especially evident in the narratives of Michael and Kate.

Secondary reasons - A vicious cycle
There is evidence within all of the narratives to suggest that another shared aspect is the sense that cutting develops into a cycle of behaving which is difficult to break and produces secondary reasons for cutting. They all indicate that they often feel worse after cutting and that the feelings produced such as guilt and shame can lead them to want to cut again. The prominence of a cycle varies between the three, with Kate being the most explicit about its existence, for example, feeling like cutting can allow her to do and have things in her life but also that it excludes her from having and doing things. Sarah indicates the

existence of a vicious cycle as well, for example, her feeling of being unable to stop cutting seems to reinforce her belief that she deserves to cut. Michael also indicates that he feels guilty afterwards and that the belittling voice returns which often leads to him cutting again. There is a shared sense that cutting is seen as a shameful act by others and sometimes by themselves as well; an act which needs to be hidden and secretive because it is seen as an unacceptable behaviour which people condemn and do not understand.

There seems to be both primary and secondary reasons underlying cutting. The shared primary reasons for Michael, Kate and Sarah appear to be atonement for perceived blame and unworthiness, and an avoidant coping strategy to escape unwanted emotional states. Cutting also provides a positive sense of self such as validation, control or a sense of worth which they do not get or have in their lives. The secondary reasons appear to be due to the development of vicious cycles which maintain and increase the likelihood of engagement in this behaviour.

Whilst there are a number of common themes across the case studies, each study has some individual characteristics not evident/shared across the cases. Next these unique individual features are explored.

Differences

Michael:
Michael is not alone in highlighting the positive qualities of cutting, but the affectionate nature in which he speaks about it and the degree to which he describes it as being pleasurable is quite unique within these case studies. At the time of the interviews he had not self-harmed for nine months and so perhaps he is looking back on it from a different perspective without the negative feelings and consequences of cutting fresh in his mind compared to maybe Kate and

Sarah who are currently cutting themselves. There is also a sense from the interviews that he is still struggling to cope with life and battling to avoid cutting himself again – it is possible that cutting seems quite appealing to him at the moment and so the positives are perhaps more salient. Also, although Michael is not alone in referring to the validation cutting can provide, the description of sharing his cuts and themes such as 'A badge of honour' and 'Seeking esteem and approval from others' appear quite exclusive to him. Finally, Kate and Sarah seem to share the belief that they will never be able to completely atone whereas Michael does not explicitly state this, again possibly because he has not cut himself for nine months and reports feeling more positive.

Kate

Metaphor and symbolism are tools frequently used by Kate to describe the reasons and meanings of cutting. Although, all three participants indicate that cutting is atonement for perceived blame and unworthiness, Kate is the only one who explicitly refers to blood-letting and removing bad emotions such as shame from inside her body so that she can be cleansed. She also uniquely indicates that cutting herself provides a physical wound which can heal and is symbolic of internal healing. Furthermore, the themes relating to 'Compartmentalising her life' and 'Silencing her life' as well as not mentioning hearing a voice appear to be individual to her within the context of these three case studies.

Sarah

Sarah shares with Michael and Kate the notion that cutting is an avoidant coping strategy which provides an escape from unpleasant emotional states, but she is unique in indicating that something takes over her as in depersonalisation and is the most explicit about dissociating. She describes her cutting as being impulsive and does not plan when to cut unlike Michael and Kate – she therefore does not seem to get the reassurance and added feelings of control which appear to come with planning. She is also the only one who regularly attends hospital for medical

attention and does not explicitly talk about cutting as validating her experiences and feelings unlike Michael and Kate.

Summary of chapter

Since the aim of this study was to gather an in-depth understanding of the phenomenon of self-cutting from the participant's perspective, the majority of this chapter has been set aside to present the three case studies in detail. Each case study has been explored in turn outlining the super-ordinate themes and themes for each participant. Similarities and differences between cases have then been explored and outlined. Quotes from participant have been used throughout in order to remain close to the actual accounts and so that the reader is able to make judgements on the findings. In the following chapter, the themes presented here are discussed in relation to the current literature base.

CHAPTER 4: DISCUSSION

The main aim of this study was to explore the self-reported reasons people give as to why they cut themselves and to ascertain whether specific functions can be discerned from these accounts. This was done in order to enhance the existing literature, increase understanding and identify clinical implications regarding this phenomenon. In the first part of this chapter the findings and themes from the case studies are explored in relation to the wider literature to examine whether they support existing knowledge and understanding and whether they provide any further insight. In the second part, reflexivity is revisited, critical reflections of the study are shared and clinical implications and areas for future research are considered.

SUMMARY OF FINDINGS

The unique stories of three participants have been gathered and in-depth case studies have been developed. However, despite the individual nature of the narratives reported, some similarities are evident and in this section the four common themes identified during analysis are examined in relation to existing literature, psychological models and academic theories.

The four themes were: 'A need to atone due to perceived blame and unworthiness'; 'Avoidant coping - regulating by escaping emotional states'; 'Provides a positive sense of self'; and 'Secondary reasons - A vicious cycle'. These themes appear to support much of the existing literature regarding the functions of self-injury, such as affect regulation, self-punishment, control, validation, preventing suicide and reinforcement (Klonsky, 2007; Sutton; 2007; Suyemoto, 1998). However, some reasons and functions of self-injury proposed in the literature were not discussed by my participants, or only indicated by one of the participants. Those not reported at all included it being a socially learned behaviour, ending dissociation, helping to confirm self-other boundaries and

being linked with sexual fulfilment. Those only referred to by one participant included it functioning as a form of interpersonal influence, healing, pleasure and as a way of creating dissociation.

It is important to acknowledge that there appears to be much more diversity within the accounts provided by these participants than the literature suggests. The fact that there are numerous idiosyncratic reasons and explanations underlying these overarching shared themes should be kept in mind when reading this section. This observation is revisited in a later section regarding clinical implications.

A need to atone due to perceived blame and unworthiness

This theme refers to a person's need to use cutting as a means of atoning for perceived blame and unworthiness in order to feel worthy. It is perhaps unsurprising in many ways that a theme relating to self-punishment developed from the narratives in this study, given that this is a function widely reported in the current literature. Self-punishment was one of the hypotheses discussed in the introduction and is consistently found in both quantitative and qualitative studies (Arnold, 1995; Brown et al., 2002; Klonsky, 2007; Osuch et al., 1999; Polk & Liss, 2009). However, this theme takes the notion of self-punishment further than the simple endorsement of a quantitative statement "I wanted to punish myself" (Madge et al., 2008). It is developed from free-flowing in-depth narratives and is an attempt to get underneath and explain this idea of self-punishment.

It appears that those who cut themselves may be doing so as a form of punishment and as a way of atoning for innate 'badness' or feelings of unworthiness in order to feel worthy. This feeling of unworthiness or badness seems to have developed over time but may have its origins in childhood. For example, for the participants in this study, this perception of unworthiness may

have developed out of childhood sexual abuse, parental separation and possibly the development of poor attachments with significant others.

Sanderson (2006) proposes that a person who suffers sexual or physical abuse or neglect in childhood may begin to understand or rationalise these bad experiences or bad treatment as being a sign that oneself is innately 'bad'. Instead of viewing the person or people responsible as being bad, the abuse or neglect is viewed or explained to self as being punishment for one's own innate badness and something which must be deserved. Even after the abuse has ceased the person may be left with this sense of being bad, self-hatred and a feeling that they deserve to be punished, thus potentially leading to the next step of punishing oneself through self-injury (Sanderson, 2006). If this theory is correct, it is unclear why some people who suffer abuse in childhood may be left with this sense of being bad and a feeling of needing to punish oneself and go on to self-injure whilst others who have also suffered abuse do not go on to self-harm or self-injure.

There is a suggestion that even those who do not suffer from such extreme experiences as childhood sexual abuse and neglect can develop intense feelings of self-hatred and self-criticism (Plante, 2007). For example, most of us will have had or will have periods in our lives when we perceive ourselves to be inferior or inadequate in comparison to other people and feel angry with ourselves for our short-comings. Consistently feeling this way may lead some people to become extremely self-critical and start to loathe themselves to the point where they feel they deserve to punish themselves (Plante, 2007).

Previous experiences of abuse (including neglect, emotional abuse and sexual abuse) were common underlying aspects in the narratives of all three participants. These experiences appear to be significant factors in relation to their self-injury. Whilst acknowledging that not everybody who has been abused may self-harm, that some people who self-harm may not report experiences of abuse, and that there is no simplistic causal connection between abuse and self-

harm, the data presented in this study clearly indicates an important and complex relationship between negative past experiences and self-injury for these three participants. Other studies have suggested a link between adverse experiences in childhood and self-harm, particularly in relation to sexual abuse and neglect (Sanderson, 2006).

Research suggests that the short- and long-term consequences of abuse vary widely from individual to individual (Pandey, 2007). Some of the moderating factors proposed in the literature include: the type, duration and severity of the abuse, the age at which the abuse occurs, the relationship between the victim and the abuser, the response to the abuse upon disclosure, and the personal characteristics of the individual (Pandey, 2007).

An individual who is abused can suffer physical, psychological and behavioural consequences which can be extensive both at the time and in later life (Pandey, 2007). The literature proposes that abuse may lead to intrapersonal difficulties with mental health problems such as depression and anxiety commonly reported in research studies (Pandey, 2007). Abusive experiences can make an individual feel powerless, can lead to feelings of guilt, shame and self-loathing and can leave a person with low self-esteem and low self-worth (Sanderson, 2006). An individual may feel undeserving of nice things, tainted and, as already mentioned, may believe that he or she is innately bad (Sanderson, 2006). Interpersonal difficulties are also a proposed consequence of abuse. For example, fearfulness and mistrust of others can develop creating difficulties in forming attachments and relationships possibly leading individuals to become withdrawn and avoidant (Pandey, 2007). In addition to intrapersonal and interpersonal difficulties, studies suggest that abuse in childhood can adversely affect neurological development and cognitive functioning, may lead to anti-social and delinquent behaviour, and may increase the likelihood of drug and alcohol misuse and engaging in other self-harming behaviours (Pandey, 2007).

As discussed in the introduction, injury to the body inflicted either by oneself or by others in order to atone for real or perceived transgressions and seek forgiveness, is a well-known religious and cultural narrative (Babiker & Arnold, 1997). The notion of punishment for transgressions and wrong-doings appears to be engrained in human beings possibly due to frequent exposure to it whilst growing up from parents, teachers and the media. Punishment in these domains may relate to physical chastisement but will also relate to non-physical and more subtle forms of punishment such as taking away a person's privileges and 'the silent treatment'.

Given that the majority of people will learn that bad behaviour will be, and perhaps should be, punished, it is unclear why one person punishes themselves by cutting rather than a less destructive form of punishment such as denying oneself a treat. Perhaps the use of cutting as a punishment is more to do with a person internalising perceived wrong-doing and 'bad' life events as an indication that they are innately bad people. If this is the case it is perhaps easier to see why a person may feel that they deserve a harsher form of punishment and one which demonstrates anger at oneself. Given that there is a common understanding amongst people that the level of punishment should 'fit the crime' in order to sufficiently atone, it is likely that people who cut themselves view their 'badness' or 'unworthiness' to be so great that they need/deserve to physically punish themselves. However, it appears as though no amount of cutting will ever allow a person to get to the point where he or she feels completely forgiven or does not feel innately bad anymore and therefore no longer needs to cut themselves.

Chapman et al. (2006) refer to self-verification and cognitive dissonance theories in order to explain how punishing oneself through cutting can decrease levels of arousal. Cognitive dissonance is the theory that when a person has thoughts that are at odds with each other an internal conflict emerges which can lead to a negative emotional state (Festinger, 1957). Self-verification theory is somewhat similar, suggesting that because people have an innate need for the world to be

a predictable place they behave or act in certain ways which are in line with their own views of themselves, whether negative or positive, and which gain responses from others that are consistent with these views (Swann, in press). When people's views of themselves are not confirmed, then they experience anxiety, increased arousal levels and do not feel in control and so self-verification can be seen as a relatively functional means of reducing such feelings (Swan, in press).

These two theories suggest that maladaptive behaviour may materialise from a desire to regain control, predictability and to maintain consistency across cognitions and self-view (Chapman et al., 2006). In terms of self-injury and cutting, if people's view of themselves is that they are 'bad', 'unworthy', 'guilty' or 'undeserving' and they believe that they deserve to be punished then increased arousal, anxiety and an overall negative state of mind (including feelings of shame) is likely to occur if they do not act in a way which is consistent with this view of self and belief. Punishing themselves through cutting confirms their view of themselves and their cognition, thus maintaining consistency and reducing negative feelings, anxiety and arousal (Chapman et al., 2006). It is logical that, as more 'bad' things happen in people's lives which are internalised, the more guilt and badness they feel and the greater the cognition becomes that they need to punish themselves. This is perhaps why participants reported feeling like they had not done enough when they did smaller cuts and that cuts had to bleed and be deep enough – only such an increase in behaviour would be consistent with their increased cognition. It may be possible to rationalise that self-punishment through cutting is less damaging compared to the psychological damage caused by prolonged and continuous cognitive inconsistency, high arousal levels and feelings of unworthiness.

The above theories may indicate why people self-injure in order to punish themselves but they do not explain why people cut themselves as opposed to burning or hitting themselves? One hypothesis may be that, in comparison to other self-harming and self-injury behaviours, cutting serves the combined

function of being an obviously punishing act as well as being relatively private, practical and controllable (Plante, 2007). Perhaps one of the other themes identified in this study can help answer this question further.

Avoidant coping – regulating by escaping emotional states

As discussed in the introduction, reasons relating to affect regulation are consistently reported by people who self-injure (Nock, 2010). The participants in this study clearly indicated that cutting allows them to regulate their emotional state by helping them to escape adverse feelings. Cutting appears to act as a distraction (Briere & Gil, 1998; Gratz, 2000; Osuch et al., 1999) possibly by refocusing a person's attention away from emotional pain and onto physical pain (Klonsky & Muehlenkamp, 2007). However, the participants in this study, like many who cut themselves and self-injure, often reported feeling little or no pain (Nock & Prinstein 2005). At these times, it may be that the sight and feeling of the blood and depth of the cut function as the distracters (Klonsky & Muehlenkamp, 2007). Some researchers propose that people who self-injure encounter more difficulties shifting their attention away from emotional arousal compared to other people and hypothesise that self-injury may be a means to aid them in this process (Linehan, 1993).

In line with this theme, and as mentioned in the introduction, Chapman et al. (2006) propose that self-injury is an avoidant means of coping. They suggest that self-injury functions in much the same way as any other avoidant behavior (such as actively avoiding certain situations, using alcohol and drugs and thought suppression) which help a person to escape from undesirable and overwhelming internal or external experiences. It is suggested that such behaviour is negatively reinforced and conditioned so that each time it is utilised the link between the behaviour (in this case self-injury) and escaping an adverse emotional state becomes stronger and more likely to be automatically used on future occasions (Chapman et al., 2006).

Avoidant coping strategies are most effective for short-term problems but are considered to be maladaptive for persistent and long-term problems because they do not deal with the problem and repeated use of these behaviours can make the problem worse. Indeed, a reliance on avoidance strategies is associated with poor adjustment and a lack of competence in regulating experiences (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001).

Viewing self-injury as an avoidant coping mechanism, Chapman et al. (2006) propose that it may lead to a cycle of more self-injury because adverse feelings are never extinguished due to them being repeatedly evaded and that the adverse feelings reoccur with increased intensity and frequency each time. People may also develop cognitive 'rules', for example, "cutting myself will make me feel better" which strengthen the use of such behaviours and make people less likely to stop self-injuring in light of the associated negative consequences (for example, stigmatisation, judgement, scars and shame) especially when distressed (Chapman et al., 2006). Indeed, research studies have demonstrated that when people are in distress they are more likely to engage in a self-defeating behaviour if they think that it will lessen the amount of distress they are feeling (Baumeister, 1997; Tice, Bratslavsky, & Baumeister, 2001).

Over time, cutting perhaps becomes the most salient coping mechanism and is the only one which is learned, with new learning prevented. So that whatever happens to increase people's arousal levels they respond by cutting themselves. This is perhaps why self-injury and cutting may mean different things on different occasions.

Viewing a person cutting themselves as an avoidant behaviour which functions to distract a person from emotional pain may explain why it works to reduce emotional arousal and why it is maintained. However, it does not explain why a person chooses to cut themselves as opposed to choosing an alternative type of avoidance behaviour. If cutting functions as a form of distraction why does a person need to cut in order to distract themselves when there are an abundance

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of other distraction techniques available which are perhaps much more socially acceptable and significantly less harmful (Klonsky, 2007). Why are these other methods not chosen? If it is because they do not work, why do they not work?

Part of the reason why cutting may be preferred to another form of avoidance behaviour could be due to the other factors and functions associated with this behaviour, particularly those discussed in the next theme. However, one of those factors, the sense of control people gain from cutting (Sutton, 2007), appears to fit with this notion of avoidance behaviour. The participants in this study and in many other qualitative explorations (Spandler 1996; Sutton, 2007) indicate that cutting provides a feeling of control at a time when they feel out of control.

On the one hand it may be argued that finding a way of getting control when you have none is adaptive and more of an approach coping mechanism than avoidant. Cutting certainly appears to provide a sense of control over emotions and a way of regulating emotional states. On the other hand, since cutting does not provide actual control in the areas of their lives where they feel they have no control, does not deal with the underlying root causes or problems, may make emotional pain worse and is difficult to stop, it is perhaps more of an avoidant means of coping.

Provides a positive sense of self

This theme is perhaps not as well supported in the literature as the previous two. Nevertheless, it appears to be a significant function reported by the participants in this study and there is some evidence available for the aspects which make up this theme regarding worth, control and validation (Spandler 1996; Sutton, 2007). We all have a psychological need for self-esteem, to feel we are of worth, to be autonomous and to be validated. Low self-esteem appears to be linked with self-injury (Hawton et al, 2002), and there is perhaps the notion that through self-injury a person has some of these psychological needs met and

therefore feels a temporary positive sense of self which may not be felt at other times when not cutting.

As mentioned above, the participants in this study commented that cutting provided them with a sense of control at times when they felt out of control or when they had no control. The feelings of powerlessness and having no control described by participants appear to be linked with past adverse abusive experiences. This notion of gaining control through cutting is supported in the literature (Arnold, 1995; Harris, 2000; Polk & Liss, 2009). When people cut themselves they appear to gain a sense of autonomy, control and empowerment (Plante, 2007). They no longer feel out of control or helpless and have a behaviour which no-one else can be a part of, influence or take away (Plante, 2007). By cutting themselves people are able to gain a perception of control and power over previously overpowering and uncontrollable internal emotional pain. Feelings of helplessness can be anxiety provoking and frustrating, and self-injury may act as a maladaptive way of defending against and alleviating this fear of helplessness (Klonsky, 2007). Plante (2007) proposes that "though the choice [to cut oneself] should never be condoned, the adolescent's efforts to struggle and gain control should be acknowledged as one undeniably healthy underpinning of self-injury" (p.56).

Harris (2000) undertook written correspondence with six women who cut themselves. These women identified a discrepancy between their views and those of medical professionals regarding the underlying 'logic' of self-cutting. It was felt that medical professionals struggle to comprehend self-cutting because they attempt to apply external rational logic to the behaviour, whereas self-cutting has an internal rationale and logic which needs to be recognised and understood. Harris (2000) suggests that there is a common belief held by people who do not self-injure that a person who cuts themselves is demonstrating that he or she is out of control. However, in the context of people's lives this behaviour may well be logical and rational in the sense that it provides people

with a sense of control at a time when they feel out of control or as if they have no control (Harris, 2000).

As discussed in the introduction, self-injury has been hypothesised to be a form of validation in that it externalises and produces a physical representation of unseen and possibly unexplainable internal emotional pain, making it more real (Babiker & Arnold, 1997; Gratz, 2000; Harris, 2000). Experiencing inner pain which you cannot see, do not fully understand and cannot explain to others is likely to cause significant distress. Perhaps this reflects the common occurrence for physical ailments to be better understood and more accepted as being legitimate sources of pain by people compared to emotional anguish and mental ill health. Having a physical mark may prove to self that internal feelings are real and acknowledge that you are in pain regardless of how others react.

Adams et al. (2005) found, from internet focus group discussions with people who self-injure, that validation is an important factor in self-injury and that through such acts people may be searching for a feeling of legitimacy and worth. In addition, Spandler, (1996) recognised that people may get a sense power, pride and achievement through injuring themselves, and Gratz (2000) discovered through qualitative interviews that self-injury may prove certain things to people, such as strength and capability. This can perhaps be understood by looking at the tradition in many cultures of showing strength, courage and toughness by enduring and withstanding physical bodily injuries and pain (Babiker & Arnold, 1997).

It is possible that self-injury is a person's attempt at caring for themselves. People who cut themselves may find it easier and be more capable of dealing with, and caring for, physical wounds compared to internal hurt and emotional wounds (Klonsky, 2007). Such a process of self-care and self-compassion may be relatively rewarding and satisfying for people (Klonsky, 2007), particularly for people like Kate who care for the wounds themselves, but perhaps also for those who present at hospital like Sarah.

Cutting seems to be something more than simply feeling better at having been punished since all three participants commented that cutting was not the same or not as effective if someone else did it to them or hurt them. Cutting appears to provide people with a temporary sense of worth at having done it themselves, in the same way as anyone might feel good or worthy when they manage to achieve what they feel was expected of them by themselves. By cutting people gain control over this punishment they feel they deserve and in this way can feel even more worth because they are taking responsibility for doing this rather than someone else doing it or controlling it.

The current literature regarding the functions of self-injury and cutting is saturated with affect regulation theories. Given the reports by the participants in this study and the evidence from other qualitative studies, perhaps there needs to be a shift in emphasis when viewing self-injury to take account of the apparent 'positive' aspects that this behaviour provides people with - whether it be the feeling of control, validation, a sense of achievement or the feeling of being able to heal oneself. As well as perhaps escaping bad thoughts and feelings, cutting appears to help people to feel a positive sense of self. Further focus on this area may shed more light on this phenomenon and on whether these aspects hold the key as to why cutting is chosen over other maladaptive and self-harming behaviours.

Secondary reasons - A vicious cycle

This theme picks up on the notion that there are secondary reasons which maintain self-injury and cutting behaviour. A cycle seems to emerge whereby people encounter negative feelings, such as shame, after they cut themselves which frequently leads to further cutting in order to deal with these 'new' feelings. This supports the cycle proposed by Sutton (2007) who uses the term "the grief reaction" (p.197) to describe this part of the cycle. She suggests that shortly after a person has engaged in self-injury they start to realise the

magnitude of what they have done and may begin to feel guilty, shameful and disgusted with themselves. These feelings themselves can be overwhelming and lead to self-injury, particularly maybe if the need to atone is a significant driver for someone's self-injury. These feelings can also combine with and intensify underlying emotional pain and perhaps reinforce negative beliefs of unworthiness and feelings of self-hatred (Sutton, 2007). In order for people to break this cycle it is likely that they will have to explore and address the causes of the underlying emotional pain (Sutton, 2007).

The reinforcing properties of self-injury are well reported in the literature and like any vicious cycle, it is difficult to break and to stop repeated engagement in the behaviour (Sutton, 2007). Indeed, many people who self-injure appear to describe this behaviour as an addiction (Favazza & Conterio, 1989; Spandler 1996; Sutton, 2007). However, rather than being addicted to pain as some may suggest (Turner, 2002), it is likely that it is the removal of negative feelings and the feeling of calmness or pleasure which is addictive and which people want to recreate (Sutton, 2007).

Summary

This study has produced three in-depth case studies concerning the experiences of people who cut themselves and the functions this behaviour has for them. The cases provide detailed understanding of this phenomenon and four common themes have been identified which support current thinking and evidence within the literature. Since this study is based on a small number of participants the themes produced are not expected to be categorical of all self-cutting behaviour; instead they are provided to help shed further light on the phenomenon and its possible functions.

The themes 'A need to atone due to perceived blame and unworthiness' and 'Avoidant coping – regulating by escaping emotional states' relate to two prominent hypotheses in the literature, namely, self-punishment and affect regulation. Klonsky (2007) suggests that self-punishment is more of a secondary

reason behind the primary reason of affect regulation. However, not many empirical studies have investigated this theory and I question whether self-punishment is actually a secondary reason. It seems as though people may choose to cut themselves because of a sense of needing to punish themselves and that many of the overwhelming feelings are linked with these feelings of needing to punish oneself, self-hatred and derogation and it is these feelings which are relieved or escaped from by cutting. So I would propose that self-punishment and affect regulation are perhaps more intrinsically linked as the primary functions behind people cutting themselves.

The theme 'Provides a positive sense of self' refers to aspects of self-injury which I believe are often neglected in the search for the function of self-injury. These aspects are likely to be linked to why self-injury is repeatedly performed but may also hold the key as to what separates self-injury, and in particular cutting, from other forms of self-harm. The final theme found in this study – 'Secondary reasons - A vicious cycle' – supports the notion that self-injury can be a cyclical and reinforcing behaviour which is difficult to break out of. However, this theme focuses more on the fact that self-injury produces negative feelings and views of self which can lead to further cutting, not just that escaping adverse emotional states is negatively or positively reinforced.

CRITICAL EVALUATION OF STUDY

In this section I reflect on the process and evaluate the study from a critical standpoint. I begin by revisiting reflexivity so that the reader can better understand the trustworthiness of the analysis and development of the above themes.

Reflexivity revisited

I was aware from the beginning that my personal background would impact on the development of the study, the interviews and the analysis and interpretation of the transcripts. This is why I provided the reader with a statement of reflexivity in chapter two. However, at that early stage it was difficult to know what effect I would actually have or the degree to which I would influence the process and the findings. It is only now that I have ended the analysis phase that I can take stock, reflect on the findings and examine the project as a whole.

In this study I have tried to delve into the world of self-injury and to get as close to this phenomenon as possible. Before beginning the project I had gained the majority of my knowledge of self-injury from my time in the self-help group rather from the literature. As a result I feel I came into this study without having pathologised or theorised self-injury, perhaps making me more open to alternative explanations than those presented in the literature regarding the reasons and functions of cutting.

I believe that my difficulty in comprehending this behaviour from my own frame of reference, however, made me keen to find some logic and underlying drivers during the interviews. I wonder whether my desire to find some order and a rationale that I could understand made me ask and follow up on certain lines of questioning, focus on particular aspects of the transcripts and miss or even avoid asking certain questions compared to another researcher. I also wonder whether I left out certain codes and themes which I could not make sense of which another researcher may have included. I hope that supervision helped to maintain my objectivity and ensure the process was valid, but the following are some personal reflections which I feel have a bearing on the end results.

Using Michael's case study as an example, I recognise that, in my effort to provide a rationale, I was very keen to bring some sense to the numerous contradictions he presented, such as how cutting could be both a treat and a

punishment. In an effort to feel less uncomfortable being left with such contradiction and uncertainty I feel I may have probed and queried these areas more than perhaps another researcher may have done. Moreover, I realise that I had some pre-conceived ideas and followed up on certain aspects which I assumed must be important in cutting such as pain, the meaning of blood and the type of cuts. Indeed, in my reading through of the first transcript I noticed that I actually introduced the word 'pain' and made at least one leading comment about blood.

In terms of missing or avoiding certain topics, I am aware that despite discussing in supervision the connection of self-injury to relationships and sex I was reluctant to ask Michael or any of the participants about these areas. Such topics felt 'off-limits', and I did not feel I had 'permission' to probe here. These topics also felt more uncomfortable to broach personally and less relevant at the time. However, my concentration on more 'safe" topics in the interviews and my focus on individual aspects rather than on social and relationship aspects, may have hampered my interpretations and the general exploration of the reasons, functions and meanings of cutting. This possibility will be examined further in a later section.

In addition to missing or avoiding certain topics, I believe that there are also dangers associated with recognising, or identifying with, certain aspects of a person's story because the meaning may be taken for granted or misinterpreted. For instance, when Michael mentioned that he had been in the army I recall having two thoughts in my mind. Firstly, I was surprised that he had been in the military and was keen to understand how this fitted with him injuring himself. Secondly, I had thoughts of my two brothers who are in the military and their experiences and linked this with male camaraderie and my own experiences of this as part of a rugby team. I wonder whether I took for granted some of his experiences in the army and perhaps some of the difficulties I believed he may have had. I wonder whether someone else would have followed up on this area

more, or in a different way, if they did not have my prior experience and because of this perhaps I missed some important factors.

Looking back over the interviews and my analysis I recognise that the nature and focus of my questions and interpretations may have been influenced by my own gender and my hesitancy to explore the participant's gender in relation to their self-injury. As mentioned, some of my early questions and ideas revolved around blood and pain and were perhaps related to my male and somewhat masculine frame of reference. In addition, I recognise that gender was a topic which I did not explicitly raise or explore with participants in relation to their self-injury during interviews. It was also something which I perhaps did not take account of in my interpretations during my analysis as much as I should, despite discussing it in supervision. I believe this apparent oversight is linked with my reluctance to explore certain topics which I felt may be 'off limits' and also a subsequent tentativeness to make such interpretations given that the topic had not been discussed with participants. Since gender is potentially an important consideration, I am left wondering whether probing and highlighting this issue would have been beneficial to this study.

I believe that there was also reluctance on my part to fully explore the links between the adverse childhood experiences disclosed by participants and their self-injury, particularly for Kate and Sarah, but also for Michael. I recognise that I did not explicitly follow up or probe participants' disclosures regarding sexual and emotional abuse. Just as I did not feel like 'sex' was a topic I should explore, I believed that rather than probe adverse past experiences I should be content that participants felt comfortable enough to talk about such topics. However, these experiences appear to be significant for the three participants in relation to their self-injury and also seem to be an important way of linking the underlying key 'master themes' of this study.

I believe that my tentativeness and reluctance around issues of 'sex', 'gender' and 'past abuse' may have led me to sometimes view self-injury in relative

isolation when in fact this does not appear to be possible. I hope that there is enough information provided in this study to help the reader relate my analysis and my themes to the context of the participant's lives.

Reflecting on the interviews in general, I feel that the first two were relatively free-flowing and that it worked well to focus on a specific critical incident in the first and then add some context in the second. A lot of time and thought went into preparing for the third and fourth interviews and I believe in these interactions I managed to increase my understanding and was able to unpick ambiguities and contradictions. However, I feel that this preparation resulted in me having more of an agenda and asking a greater number of questions compared to the first two interviews. As a consequence, I believe I may have directed and focussed these interviews too much leading me to miss opportunities to probe other aspects of the behaviour which came up. I wonder whether my preparation and desire for clarity and logic influenced participants to be clearer about their experiences when in reality they are not so clear.

Taking a wider perspective, I believe that my previous positive experience and affiliation with the self-help group, coupled with the development of relationships during multiple interviews, will have made it difficult for me to take a negative stance towards participants in the analysis phase. I felt added pressure in terms of how I interpreted their narrative and wrote up this thesis and certainly felt gratitude to them and a sense of responsibility to do their stories justice. I recognized that to begin with my analysis was too descriptive for an IPA study as I was keen to remain more person-centred and feared falling into a psychodynamic trap of wild interpretations. As the project draws to a close I am left wondering whether I have become too interpretative, and I hope that I have been open enough about my analysis so that the reader is able to judge this and make up his or her own mind regarding the results.

In the third and fourth interviews I did go back to participants and check my understanding and in these interviews the participants appeared to validate the

thoughts and interpretations I had made and understood why I was asking for clarification in certain areas. However, part of me would like to go back to the participants now that I have completed the in-depth analysis and theme development and now that I have a better understanding of their self-injury. I would like to discuss the themes I have developed with them and check whether they are able to see themselves in the accounts I have given and ascertain whether I have indeed been overly interpretative.

Quality and trustworthiness of the process and findings

As is the case in all research studies, the quality of the analysis is directly related to the quality of the data it is conducted on. This is particularly relevant in qualitative and IPA studies. To ensure a high calibre of data was collected, good interviews were sought with participants – making them feel comfortable, demonstrating empathy and acknowledging power dynamics (Smith et al, 2009). Consistency across interviews with each participant was also sought in terms of the degree of questioning, directing and probing (Smith et al, 2009). Regular supervision occurred throughout this project, particularly during the interview and analysis phases in order to ensure the reliability and validity of the process.

Transparency throughout the process and during the write-up has been important in order to ensure the integrity and trustworthiness of the findings. A full explanation of the analysis was provided in chapter two, with an example of how themes were developed for Michael. In addition, samples of the raw analysis have also been provided in the appendices. During the analysis phase the validity of my coding and interpretations of transcripts were compared with some independent coding undertaken by my supervisors. In the write-up direct quotes have been used throughout to remain close to the data and to allow the reader to assess the interpretations made. Finally, reflexivity has been considered to place the reader in a better position to assess the quality of the findings. Overall, I feel that this process has been relatively rigorous and comprehensive.

Strengths and Limitations

Recruitment and sample used

This study aimed to explore adults based in the community who cut themselves. Recruitment was therefore directed at a self-injury self-help group with whom I already had a connection. This was thought to be beneficial at the time because it would help with issues of trust and rapport and hopefully allow for more in-depth discussions. On reflection I feel that my relationship with the group was indeed helpful and I believe that one of the main benefits was that I was more primed and better able to see the individuals behind the self-injury. However, as it turned out only one of the participants interviewed, namely Sarah, was part of the group when I was involved. Regarding knowing me she commented that:

> *"I think it's helped cos you, I think if, if it had been like a complete stranger I hadn't known I think it would have been a bit harder {} When you've like you know been abused and that, it's hard to trust anybody so you've got to, sort of build, you can, you've got to like build that confidence up"*

Michael and Kate did not know me before the interviews. Michael said it helped not knowing me because he would never see me again so it was easier to tell me things. Kate stated:

> *"if it was someone that did kind of know me I don't know whether my answers would have been censored in a different way then because of, maybe I would have been more conscious about them kind of judging me, or even that they might have interpreted things differently because of kind of prior knowledge and thinking "oh that's not what I expect", um, so I think in a way it's kind of good that you didn't have lots of prior knowledge about me because all you've kind of got to make assumptions on is what I've said not anything before"*

These extracts indicate that there are perhaps pros and cons of having prior knowledge of the researcher of a study, but since people were able to choose

whether to take part or not, it is likely that those who took part opted in because they either did or did not know me.

In terms of the sample chosen, I could have recruited from a different setting or population type, for example a clinical setting or adolescents. If I was to undertake a similar study I would certainly want to interview different samples to ascertain whether functions reported are stable across populations and sub-groups of people. However, for the purpose of this study recruitment appears to have been appropriate; participants interviewed had all cut themselves on several occasions and were able to talk about this behaviour relatively openly and freely, which produced a rich amount of data. Since they were from a self-help group they had perhaps already started reflecting on their own experiences and so maybe this was a good group of participants to utilise. However, one important factor to consider in the choice to use people from a self-help group is that there is a danger that the reasons and functions reported by participants represented the group consensus of the functions, or at least influenced the individual explanations given by the participants – a similar concern raised regarding the use of focus groups. In response to this it is clear to see that each account is very idiosyncratic and unique and they do not appear to be conforming to a shared explanation. Also it should be noted Michael was new to the group and had not attended any sessions at the time of interviewing and that Kate stated that she never discusses her self-injury during group meetings.

Data Collection

In terms of choosing a qualitative method and of asking people directly about their self-injury, Sarah makes a comment which seems to resonate with the notion that case studies can help illuminate the understanding of complex phenomenon (Smith et al, 2009).

> *"I think it's a good thing you know to, like actually interview people*
> *who do actually self-harm cos that's, than like reading it out of a*
> *book you know what I mean where you hear like statistics don't you*
> *"oh so many people self-harm and whatever" {} I think it's good*

because you need, you need to hear it from the horse's mouth I always say"

The decision to choose multiple interviewing as the method for data collection developed after the idea of using arts-based methods was abandoned. Ever since that decision was made I have reflected several times on whether this was the correct decision and whether multiple interviewing was an appropriate choice.

It was felt that multiple interviewing might help me to move beyond a superficial investigation of why people cut themselves and to reach a deeper level of understanding. It was hoped that this method would encourage the development of trust and rapport, provide a space for reflection, allow information and understanding to be clarified and explored further, and for the functions of the behavior to be investigated at different points in time (Charmaz, 2003).

In evaluating this approach one must look at the process and at the actual data collected. From a personal perspective, and from the perspective of my supervisors, all interviews were interesting, free flowing, extensive and demonstrate that participants were able to explore a lot with me. Indeed, any lack of information or understanding which may have occurred is unlikely to be due to resistance on the part of participants to talk about their self-injury. In this way the use of multiple interviewing appears to have been relatively effective in eliciting narratives from people who self-injure. Of particular interest is the fact that despite participants not being explicitly asked about past experiences of abuse, multiple interviews appear to have helped reveal this aspect as a significant contributory factor, something which is perhaps not always discovered in single one-off interviews.

From the perspective of the participants, Michael commented that being interviewed on four separate occasions was beneficial because *"it gave you time to think {} a lot more came out {} when I came back I could tell you more".* He also

felt that one interview would have been too *"intense"* to cover what we did. Regarding the aim to investigate the functions of cutting at multiple points in time, Kate supports this rationale:

> *"I've been glad that it was kind of more than one occasion because of, sometimes things do come to you a little bit after or, the first time you kind of sat in a room that you don't, that you don't know you think "Mmm not sure if I can say that", you know you kind of get a little flavour of kind of the format of the interview kind of, "how shocked will he look if I say this, how shocked will he be if I say that?" {} and as well kind of how things are on different days {} I think just kind of coming when you're in different frames of mind really {} I've had days where I've kind of been in a good mood so I think it's good because of, especially when you kind of, you reflect back on what's been said the week before and is that the same, it's kind of, sometimes there's a fair chance that it won't be exactly the same, that it might have been a bit biased about how you were feeling you know maybe you'd hurt yourself earlier in the week and it had been rubbish and you were down on self-injury forever now because it had failed you that once, so I think it is good to kind of have more than one interview and sometimes there's things that you think "oh I wish I'd have said that or has he got the wrong impression about that", you didn't have those feelings because you thought 'well I'll just say again if it's kind of praying on my mind' or whatever"*

This quote illustrates how multiple interviewing also helped the double hermeneutic nature of this kind of research – multiple interviews gave participants more of an opportunity to make sense of their own experience, as well as helping me to make sense of their experiences.

I agree that multiple interviews allowed me to talk with participants on different occasions and demonstrated that functions of cutting remained fairly stable over a two to three month period. However, if I undertook the study again I would try to make more use of multiple interviewing. Rather than viewing the method as being one long interview split up over several interviews I would view them as interviews over time at specific time intervals (time-series). I would place greater emphasis on establishing whether there are any observable changes in how self-injury is viewed and described and in the functions expressed over time. In

addition, I would spread the interviews out over a much longer period to allow more time for reflection in-between each interview so that the participants and I had more time to think about and reflect on what had been said. Moreover, I would encourage more dialogue about any episodes of self-injury which may have occurred in-between interviews.

Overall, I feel that multiple interviewing was a valuable method of data collection for the aims of this study. However, with any face-to-face method of collecting data there is the danger that people may be less willing to express or acknowledge aspects of their self-injury which they are embarrassed about, such as pleasure, influence of others and sexual fulfilment. In this way, more anonymous ways of gathering reports may be needed, such as using the internet (e.g. Adams et al., 2005), though I still feel that in-depth knowledge and understanding can only come from direct contact with people.

An important weakness of this present study is the fact that the interviews focussed much more on the intrapersonal reasons and functions of why a person cuts and somewhat neglected the interpersonal aspects. The fact that social explanations were not picked up is likely due to my interviewing technique and my emphasis on the individual, probably due to my training as a Psychologist. On reflection I do not feel that I probed or encouraged discussions about the social side of people's self-injury as much as perhaps a Sociologist might have done. For example, with Michael I could have explored more about his desire for appreciation from others. If I was to conduct this study again, I would aim to be more equal with my focus and avoid concentrating on intrapersonal aspects. This might also require the use of alternative or additional methods of data collection such as interviewing a participant's friends and family (Crouch & Wright, 2004; Klonsky, 2007).

Despite the apparent effectiveness of multiple interviewing, I am left wondering whether a creative arts-based method of data collection would have brought more insightful understanding, particularly of areas which are of less conscious

awareness to people, and have brought me even closer to addressing my research questions. Such a method would have also helped me to break away from the traditional rules of language based interviews which may have led to different outcomes and a different flavour of information collected.

Significant factors to be kept in mind in all studies of self-injury is the suggestion that people often struggle to understand and accurately describe their underlying mental processes (Nisbett & Wilson, 1977) and that people may lack awareness of exactly why they engage in self-injury (Klonsky, 2007). It is therefore important that studies of self-injury give participants the best possible opportunity to provide full, insightful and as-accurate-as-possible accounts of their experience and of underlying processes of which they may have minimal awareness. Creative arts-based methods of data collection may be beneficial here.

If I had continued with my original plan of asking participants to undertake a creative task in relation to the function of self-injury (such as the use of photographs or completing an arts-based task) it is conceivable that I may have attained a more insightful understanding. Gauntlett (2007) proposes that if a person is asked to complete such a task then they have the opportunity to reflect and generate an answer in an indirect way first before responding to a researcher's questions, which may lead to a more rounded response based at a deeper psychological level. Although this may border the realms of art therapy and have ethical considerations, as noted in my 'Transfer Viva Panel', the use of such creative based methods may be quite fruitful in research interviews with people who self-injure, given their reported difficulties with articulation (MHF, 2006).

Such methods may be more evocative and may help people to express aspects of their self-injury and their experiences which are perhaps difficult to communicate using words and which people are not fully aware of. They may also help link aspects together by presenting information all together rather than

linearly as when language is used (Gauntlett, 2007). Also, an interview in which participant and researcher sit opposite each other can be quite daunting and moving the focus onto a practical task for at least some of the interview may elicit different responses. However, completing a creative task may be equally as challenging and daunting, and although there are theoretical benefits, it may not work in practice, particularly, as I discovered in my consultation with the self-help group, if people are reluctant to undertake such an 'unusual' task. Indeed, Sarah did make a reference in her first interview about using another method to talking, i.e. writing things down, but interestingly decided against it: *"It's funny I was gonna write stuff down but then I thought no I'd rather just speak"*.

Regardless of the form of data collection, it is important to bear in mind that the reasons and functions which people have expressed in this study, and in all studies of self-injury, are retrospective accounts. The reasons and functions given may be ways to rationalise the behaviour after it has taken place rather than actual motivations of self-injury (Yates, 2004). However, whether or not this is true, these reasons and functions appear to be very significant for the people who self-injure and it is crucial that they are acknowledged and understood (Yates, 2004).

Data analysis

I found the qualitative approach to be very challenging, particularly in terms of the amount of time and reflection that was needed to adequately analyse each interview transcript. However, I feel that it was an approach which was appropriate for the aims of this task and produced useful findings. In terms of whether another form of analysis would have been better suited or not, there are two approaches which in hindsight come to mind, namely narrative analysis and grounded theory.

Narrative analysis acknowledges that the stories people tell are socially and contextually influenced. The process of analysis involves examining how the style and structure of a person's story telling relates to how the person makes sense

of and interprets their experience (Smith et al, 2009). Since self-injury potentially has historical, social and cultural influences this method of analysis may well be appropriate in analysing such transcripts. This method may have highlighted areas not identified using IPA, such as the social side, and may have been useful with multiple interviewing in terms of exploring how people's stories of self-injury evolved over time.

Grounded theory is mostly utilised by researchers who are interested in developing theories to explain behaviour and social processes (Frost et al., 2010). A process of inductive reasoning is applied to the data set (for example, interview transcripts) in order for theories to be derived. A drawback often levelled at this approach is that its focus on revealing behaviour and social processes can restrict its application to studies attempting to address questions which are more phenomenological in nature (Willig, 2001). However, identifying social processes may be useful and is likely to be important in understanding the reasons and functions of self-injury.

Both of these methods could have been used and I think it would be beneficial for future studies to utilise these approaches in order to take a diverse approach to the investigation of the phenomenon. However, for the aims of this study, IPA remains an appropriate choice and one which has produced some interesting results.

Clinical implications

Since this study was based on a relatively small number of participants, clinical implications and suggestions are made tentatively.

I would firstly suggest that it is crucial that professionals spend time listening to what those who self-injure say. In this study I conducted four interviews with participants and was still left with unanswered questions, indicating that this is a complex behaviour to comprehensively get to the bottom of. Those working

clinically with people who cut themselves need to spend many sessions sensitively trying to understand the reasons and functions for individuals. This has implications for therapy which is becoming increasingly time-limited and based on a short number of sessions. Although shared themes appear in this study and in the literature, these case studies demonstrate that there is a significant amount of diversity in the accounts and that shared functions have important underlying idiosyncratic explanations and meanings which need to be understand if professionals are to be able to help.

If self-injury is indeed a form of avoidant coping then professionals should help people who self-injure to learn more adaptive skills to help reduce the need for avoidance coping (Chapman et al, 2006). For example, teaching people emotional regulation skills and developing a person's ability to tolerate intense emotional states (Linehan, 1993). However, if part of a person's reason for cutting themselves is punishing self then it is important that this underlying cognition and view of self is addressed as well, otherwise the person will continue with this behaviour despite learning new skills. As well as addressing the punishment aspects, it would be equally important to understand whether a person's self-injury provides anything positive for them and if so what, because the person will need to be able to find these positive aspects, such as control or validation, somewhere else in life.

Future research

Research into self-injury appears to be a growing topic and I feel there are several directions in which future studies can head. The recommendations given below regarding future work concern areas associated with the aims of this study.

Firstly, I believe that my study benefited from the consultation with the self-help group regarding the design of the study and feel that further service user

involvement in the research of self-injury may lead to more sensitive and insightful studies.

This study has focussed on exploring the specific self-reported functions of cutting. It would be useful for future research to replicate this type of study, and to take the idea of multiple interviewing further, with a similar sample and other population types, to understand more about the specific functions of this behaviour and whether they remain stable over time. Such research will be helpful in establishing how the most prominent functions reported in the literature such as affect-regulation and self-punishment fit together with the 'positive' aspects cutting provides and to establish whether one function is more primary and more reinforcing than the others.

Since much of the research to date has concentrated on intrapersonal reasons and functions of cutting and self-injury, future studies should attempt to explore the interpersonal and social influences, reasons and functions of cutting and self-injury. This may include an investigation of the circumstances just before a person cuts themselves and may involve interviewing other people as well as the person who cuts themselves, such as friends and family.

It would also be beneficial to conduct parallel work regarding other forms of self-injury, such as burning, to establish whether different methods have different functions and meaning for people. Such research will help better understand this phenomenon in general and inform treatment.

Finally, future studies need to continue to explore whether there are specific and unique factors and developmental trajectories which lead people to choose to cut themselves as opposed to other self-harming behaviours.

Conclusion

This study has identified four possible functions behind why people may cut themselves, which are supported within the current literature. However, these in-depth narratives highlight complexity and diversity amongst people's explanations which is perhaps not captured in the majority of the literature. This study also indicates the importance of the positive sense of self which cutting appears to provide, which is frequently neglected and over-shadowed by affect regulation explanations in the literature.

Although many studies have been conducted in the field of self-injury, it remains a complex behaviour which is not fully understood. Qualitative studies can help explore the intriguing phenomenological questions about self-injury which quantitative studies cannot and can provide important insights into this phenomenon. It is hoped that this study has provided the reader with an in-depth understanding of three cases studies regarding the specific self-reported functions of cutting. It is hoped that this study demonstrates the benefits of such research, provokes further interest and thought and provides a stepping stone for further research into the functions of specific forms of self-injury. My understanding of self-injury and of people who cut themselves has greatly increased since undertaking this project which has benefitted my clinical work. Since a study's 'real validity' depends upon the extent to which it informs the reader of something which is of importance, interest or use (Smith et al, 2009), it is hoped that reading this study will help others gain understanding, appreciation and insight into this phenomenon.

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APPENDICES

Appendix A – Participant information sheet

Participant Information Sheet

Research Project Title: Why do people cut themselves?

Introduction: 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. Ask us 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.

What is the purpose of this project? This project seeks to understand why people cut themselves. The information gained from this study will help us to understand self-injury better and identify themes which could influence further research into the assessment and treatment of people who self-injure.

Why have I been chosen? You have been approached to take part in this study because you have been identified through the self-injury self-help group as someone who currently cuts themselves or has done in the recent past.

What will taking part involve? We would like to talk to you about the reasons you self-harm and your experiences of self cutting. We would also like to know why you choose self-cutting as opposed to other methods of self-harm. You will be asked to take part in at least two interviews. Each interview will last approximately one hour. You will have control over how much you say, and if you do not want to answer a particular question you do not have to.

Do I have to take part? It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep, and be asked to sign a consent form. You will still be free to withdraw at any time up during the study up until three weeks after your last interview. You do not have to give a reason if you choose not to take part. Any decision not to participate will not affect your future care.

What are the possible disadvantages and risks of taking part? It is possible that the interviews may cause you to become distressed. If this occurs the interview will be stopped and there will be a support network in place to keep you safe. After each interview there will be a debrief, and the facilitators of the self-injury self-help group will be around to offer support during and after interviews if required. If there is an immediate risk of suicide following an interview, this will be discussed with you and the Crisis team and/or the Police may be contacted.

What are the possible benefits of taking part? On an individual level there may be no personal benefit in taking part in this study although you may find talking about your experiences of self-injury helpful. On a wider level, the study will hopefully provide new understanding and insight into the phenomenon of self-injury and self-cutting which may inform future research and have an impact on the assessment and treatment of people who self-injure.

Will my taking part in this project be kept confidential? All the information you give during the interviews will be kept strictly confidential. Interviews will be tape recorded using a digital Dictaphone, and the recordings will be transcribed. Your name and details will not be attached to the transcripts, and the recordings will be deleted once transcribed. We may use some of the things you tell us as quotes but you will not be identified in any reports or publications. No-one outside of the project team (except transcribers who sign confidentiality forms) will have access to the transcripts.

What will happen to the results of the research project? The results of this research project will be written up and submitted as part of a Clinical Psychology doctoral thesis. If you would like a copy of the results of the research this can be provided. This project may also be written up for a research journal. You will not be identified in any report or publication.

Contact for further information: This research project is organised and funded through the University of Leeds as part of the Doctoral Programme in Clinical Psychology. This project, including the interviews, will be carried out by David O'Sullivan (Psychologist in Clinical Training), supervised by Prof Allan House, Dr Cathy Brennan, and Dr ▇▇▇▇▇▇▇. For further information regarding this project please contact:

David O'Sullivan
Leeds Institute of Health Sciences
Charles Thackrah Building
101 Clarendon Road
Leeds
LS2 9LJ
Tel: 0113 3430815

You will be given a copy of this information sheet and a signed copy of the consent form to keep.

Thank you for reading this information sheet.

Interview 1 – Interview schedule guide (Specific Incident)

Introduction
I'm interested in why you do, or did, harm yourself, including what it is like and what it means to you. I'm specifically interested in the reasons and meanings behind cutting.

Opening question
- Can we start by talking about a specific time when you've cut yourself? This may be the first time, the last time, or just an incident which you can think of and are happy to talk about in some detail.

Prompts
- When was it?
- Where were you?
- Can you tell me something about your surroundings?
- Did something happen which led you to cut yourself?
- How did you feel before/ during / after?
- How long did the self-harm last for?
- Did you plan it or was it impulsive?
- Was blood involved? What was it like seeing blood?
- Did you feel pain? What was it like feeling pain?
- What did you use to cut yourself? Is this important?
- Where did you cut yourself? Did you think about where beforehand?
- What kind of cuts?
- Did it leave a scar? Does the scar have any meaning for you?
- What did you do after this incident? Why?
- Did anyone know about this incident? Was it important to keep it hidden/secret?
- What was your aim, if you had one?
- What do you think it achieved for you?
- Would another method have achieved the same as cutting did in this instance? Why?
- Why cutting?
- Why did you choose this incident to discuss? Is it typical or unusual?

If have time:
- *Can you tell me about a different incident?*

Debrief:
- How have you found today's interview?
- How are you feeling now?
- Are you happy to have a second interview?
- Are there other things you think we should cover in these interviews?

Interview 2 – Interview schedule guide (Adding context)

Introduction
Explain that this is the second interview, with potentially two more after this one

Opening questions
- How did you find the last interview?

- Have you thought about the last interview between then and now? Are there things you would have liked to have said but didn't?

- In this interview I would like to start by talking about the first time you harmed yourself whether that is cutting or another form of self-harm, for example, how old you were, what you did, what was happening in your life at the time. And discussing how your life and self-harm has developed up until the present day.

Debrief:
How have you found today's interview?
How are you feeling now?
Are you happy to have a third interview?
Are there other things you think we should cover in these interviews?

Interview 3 – Interview schedule guide (Clarification and Exploration)

Introduction
Explain that this is the third interview, with potentially one more after this one

Opening questions
- How did you find the last interview?

- Have you thought about the last interview between then and now? Are there things you would have liked to have said but didn't?

- Last time we talked your life and added some context around your self-harm, is there any significant events in your life that we might have missed?

- Are there any aspects of like the cutting that we've not talked about or things that you think that you would like to?

- In today's interview I would like to go back over some of the things that you've talked about and clarifying my understanding, so for example...

Debrief:
How have you found today's interview?
How are you feeling now?
Are you happy to have a fourth and final interview?
Are there other things you think we should cover in these interviews?

Interview 4 – Interview schedule guide (Validating my understanding)

Introduction
Explain that this is the last interview

Opening questions
- How did you find the last interview?

- Have you thought about the last interview between then and now? Are there things you would have liked to have said but didn't?

- I've have read over the first three interviews that we have had and I would like to check back with you the understanding of what you have said and to check some aspects I have not quite understood. So…

Debrief:

- How have you found today's interview?

- How are you feeling now?

- Since this is the last interview how you have found the whole process?

- What was it like being interviewed four times rather than once?

- How do you feel about the interviews coming to an end?

- What was it like knowing/not knowing me?

- Would you change anything, could the format of the interviews be any different if I was to do this again

- Would you like feedback once the study is written up?

- Do you have any questions or any feedback?

Appendix F – Letter of ethical approval

Faculty of Medicine and Health
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UNIVERSITY OF LEEDS

Mr David O'Sullivan

Programme in Clinical Psychology

Leeds Institute of Health Sciences

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101 Clarendon Road

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03 August 2010

Dear David

Re ref no: **HSLT/09/ 031**

Title: **Why do people cut themselves? A qualitative exploration**

I am pleased to inform you that the above research application has been reviewed by the Leeds Institute of Health Sciences, Leeds Institute of Genetics, Health and Therapeutics AND Leeds Institute of Molecular Medicine (LIHS/LIGHT/LIMM) joint ethics committee and 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 at submitted at date of this letter.

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval. This includes recruitment methodology and all changes must be ethically approved prior to implementation. Please contact the Faculty Research Ethics and Governance Administrator for further information (r.e.desouza@leeds.ac.uk)

I wish you every success with the project.

Yours sincerely

Laura Stroud

Professor Alastair Hay/Mrs Laura Stroud
Chairs, LIHS/LIGHT REC

Participant Consent Form

Title of Research Project: **Why do people self-cut?**

Please initial box

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had 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 up until three weeks after my final interview without giving a reason. Any decision not to participate will not affect my future care.

3. Should I not wish to answer any particular question or questions I am free to decline.

4. I understand that my responses will be kept strictly confidential. I understand that I will not be identifiable in the reports that result from the research.

5. I agree to take part in the above research project.

_____   _____   _____
Name of Participant   Date   Signature

_____   _____   _____
Lead Researcher   Date   Signature
David O'Sullivan
Contact No. 0113 3430815

Copies:

Once this has been signed by all parties the participant will receive a copy of the signed and dated participant consent form, and the information sheet. A copy of the signed and dated consent form will be kept with the project's main documents which will be kept in a secure location.

191   had gone downstairs um, that it was bleeding, what was it like seeing blood?
192

Seeing blood is pleasurable

193   ☐ Pleasurable, pleasurable, ur,
194

? Pleasure seeking

195   Me: Can you tell me a bit more about that?
196

Feel better from what?

197   R: I felt better than I already was feeling better if you can understand what I'm
198   meaning, it, it was like a high for me

→ Addiction?

199
200   Me: Yeah
201

Is he unsure?

202   ☐ So it was like, like a high all the time. It's funny that, that I can think that far
203   back and still remember, you know. I don't know, I don't know what I was feeling
204   probably, I know that I felt better for doing it and I wasn't ashamed of it
205

But hid it later.

206   Me: Yeah
207

Sometimes sharing it
↓
Public vs private?

208   ☐ Before, before when I cut myself I would always cover myself up and nobody
209   ever saw me, but for that one time and the Anna thing I was sharing it, because I
210   couldn't say that was glass because it was a name, you know what I mean, so he's
211   got to be good with a glass to put a name, you know so, so that I didn't
212

Had he done it before. was this the first time?

213   Me: So those instances where you sort of happy to show people
214
215   ☐ Yeah, then I was, yeah, and later on in my life it became, I wouldn't show
216   anybody, it became mine, my thing, I thought, I don't know if I were getting, I
217   don't know if it was the alcoholism, I don't know, I don't know if it was, I don't

Not impulsive

218   know what it was but. I'd wake up in the morning, and I, I'd plan it, and I was
219   planning when I was gonna do it...
220

His personal thing
↓
Something of his own.

221   Me: ...Right...
222

Life out of control?

223   ☐ ...and get everything ready, go out and socialise and be happy, but I knew I
224   was gonna come back to that, I knew it was there ready for me, cos I had the
225   intention, I don't know why, I don't know if I was low, I don't know, I don't, life

Bad life events

226   was just in turmoil, I don't know, losing my kids, getting separated, losing my
227   kids, I don't know if it were part of that, but then I couldn't put it down to that

Planning
↓
why?

228   because I was doing it before in other ways, slight cuts, you know, but cuts, I

? Got to bleed.

229   don't know, a slight cut to you is like a graze, but a slight cut to me is in a bit and
230   it bleeds a bit, but that's like a cut for me, them little cuts are just, but
231

how long had he been doing it for?

232   Me: So for a cut to mean something to you, does it need to bleed?
233

Visible
↓

234   ☐ It needs to bleed, yeah, it needs to bleed and be open so I can see what, see
235   what I've done, um, yeah. And I always did it by myself, but I always were

Is this important?

236   meticulous in what I used, I don't know, I don't know
237

obvious to him, but hides from others?

Appendix I – Example of a Word File of 'codes'

Punishing himself

T3 L77-81	"I abused myself with alcohol, abused myself with drugs, um, not heroin, but rest of them, cocaine, not crack, but rest of them E's and acid and all that really, so, I think then I was punishing myself through them, because, yeah so I think that's what I did, I must have changed my self-harming to actually self-harming, I was self-harming still by abusing the drugs and abusing the alcohol"
T3 L100-103	"abused myself with alcohol, and then when I moved in by myself that's when it started doing it, started the self-harming, but still abusing myself with alcohol"
T3 L613	" it's dealing with yourself"
T4 L87-99	Would you like class it, would you say it's like a treat rather than like a punishment or is it both? "More of a treat, yeah, ur, I don't think, I don't know saying that, saying that yeah probably yeah a punishment as well, cos, I'm punishing myself, I'm making me, you know, punishing myself for what I've done, and what I've been like, you know, I think that's what I'm doing, I'm punishing, yeah probably punishing and pleasure". And what's the punishment, is the punishment for the cut or for other things in your life? "Other things in my life, punish myself you know, "this is what you deserve because what you did","
T4 L301-306	Why did you feel that you needed to punish yourself with drugs and alcohol? "I don't know, but I've always needed to punish myself, I don't, I've always felt that way, ur, like through drinking alcohol, drugs, cutting, um, hurting myself, um, I've always needed to punish myself"

Deserve to hurt self

T1 L281	"my scars never healed, there not healed scars, there just an open scar"
T1 L599-600	Not fully healed, so it's more painful if you cut over something it's more painful, yeah, it's different to then just one it's different if you go across, to me it is,
T1 L912-916	"it's not a hurting pain, it's not a "ooh that hurts" but you know it's hurt, you know it's hurting you, but it's not, it's hard to explain, you know it's hurting you and you can see it's hurting you, you can see the blood coming out, and you know it's hurting you, and you know you're going deep,"
T3 L512-515	"they do heal, but they just don't heal in a nice clean scar, they heal in a nasty scar you know, they're not, if it's done by stitches it's, you'll get a nice scar, but mine are all over, cos, I got going, and with picking and making the wound bigger"

Guilt

T2 L484-486	"just put up with her until I knew the kids were alright and then, I just bailed out…and that's caused loads of problems cos, I don't see my children now so, that's another thing that I was probably doing it for as well, which hurts all the time so"
T2 L516-517	"it took a big thing for me to leave, a big thing, to leave, but I had to leave"
T2 L534	"but I was drinking at the time heavy, so, it wasn't all her"
T3 L15-16	"I'm getting all the feelings back now, blaming myself and then, then that usually comes with self-harming"
T3 L343	"I'm getting that back now and the guilt's coming back, my fault"
T4 L99-101	"and all the guilt, especially with me now not drinking, I am just full of guilt, complete utter guilt, I just feel so sorry for what I've done to everybody and, this is what I've got to watch for now because you know, the guilt's going, getting really strong"
T4 L464-466	"I've started taking the pictures down of my sons, so, because I'm getting the guilt back now, the guilt's there looking at my son thinking "why did you leave, why"

Angry with self

T1 L402	"just mad with myself, you know""
T1 L423-426	Just prior to doing it is there any, can you pinpoint any feelings you have? "Um, I'm trying to think…angry, mostly angry, I'm angry with myself or, not angry with anybody else I'm angry with myself"

Blamed by others

T2 L536-538	"never told my mum or any of my family, you see, so I'm still the bad one, you see, but, they, they don't know the reason why, she knows, but nobody else knows, cos she won't tell anybody though"
T2 L561-567	"I didn't want my children to come back saying "you left my mum because of this woman", "I didn't leave that woman for this woman, I left the woman cos of, your mum", but I'd never, I'd never tell them what she did, never, even though, I got married to her and lived with her so long, and played the, played the game, I'd never tell them, say "look it were your mum who did this", you know, I'd say it were me, I'd never blame her"
T3 L344-345	"instead of a joint effort, it's all, the blames coming back on me now, so it's all my fault, before it were her fault as well but now it's coming back that it's my fault"
T4 L105-106	"I expected a letter to be there, to be there, and the letter wasn't there when I got back so I thought "well yeah, you know, have I said something, it's my fault","

Belittling voices

T1 L334-335	"belittling me, putting me down, and, and, it puts me down so much I usually cut myself"
T1 L426-434	"that's when the belittling starts, that's when that starts, "you fool, you're not good at anything, you're not good at this, you're not good at that" it's just in my head constant that then, and that seems to release that". So, cutting yourself…? "Releases that, having a go at me all the time. Yeah, I've done it, yeah I've belittled myself, yeah I have done, and then it stops, it seems to stop, and then I think to myself that it's won, it's done, it's done what it want me to do all along, is to do that, you know, and now it's satisfied with itself now, so it'll stop"
T2 L258	"I had the voices having a go at me"
T2 L262	"I had them belittling me for a few long years"
T2 L572	"know the voices were coming back, the voices were there more"
T3 L203-205	"I'm getting the voices come back then, a lot and then that's when, that's when the self-harming starts"

Low self-esteem

T2 L649-654	"I've had a bad shoulder for a while and I'm eating loads of protein, that I'm putting a bit of weight on, and I'm not exercising, and, now I realise what it, what it is and now I've got to get back into exercising, that now, but before it weren't that, it were all that, that "oh that says what I've got", you know"
T4 L306-308	"I haven't really got a high opinion of myself really, and what I put on is just a front, I've really got a low esteem of myself and, I don't know, probably, probably showing off, don't know
T4 L436-437	"I was belittled at school, "he'll not make anything of himself, he'll always be rubbish","

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