THE UNIVERSITY OF HULL

Exploring self-harm in young people and university students

being a Thesis submitted in partial fulfilment
of the requirements for the degree of Doctor of Clinical Psychology

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by

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Acknowledgements

Overview

This portfolio thesis consist of three parts; a systematic literature review, an empirical report and supporting appendices.

Part one is a systematic literature review in which empirical papers that study the relationship between identity in adolescents and self-harm is reviewed. A systematic search of databases identified eight studies. A narrative synthesis of the findings was produced alongside the methodological quality of the articles. The implications of the review and directions for future research are discussed.

Part two is an empirical paper which used a qualitative methodology to explore possible continua which exist in the narratives of university students who have experiences of self-harm. The paper used a categorical-content and holistic-form analysis to investigate the narratives. The findings are discussed and implications for future research proposed.

Part three consists of the appendices which support the systematic literature review and the empirical paper. The appendices also include a reflective statement which focuses on the research process.

Total Word Count: (22,676) (including tables, appendices and references)

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List of Tables and Figures

Part 1: Systematic Literature Review

This Paper is written in the format ready for submission to the
Journal of Adolescence

See Appendix B for submission guidelines.
Total word count: 4,413 (Excluding abstract, tables, references, figures and
appendices)

A systematic literature review exploring identity in adolescents who self-harm.

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Abstract

This review explores the research concerning identity and self-harm in adolescence. Identity has significance in adolescence as identify formation is considered the developmental task which adolescents must complete. With high prevalence rates and the typical age of onset for self-harm being in this period, the relationship between self-harm and identity has been previously researched. A systematic search was carried out to find appropriate papers using synonyms for 'self-harm', 'adolescence' and 'identity'. Eight papers were identified and a narrative analysis of the findings was carried out to integrate and summarise findings. The majority of papers explored this topic in reference to Erikson's concept of identity formation, these studies were all published recently and shared similar authors. While many studies aimed to investigate identity formation concepts, many of the findings related to social influences. Future research could further investigate the relationship between identity formation, social influences and self-harm in adolescence.

Keywords: self-harm; adolescence; identity; review

Introduction

Definitions of self-harm vary in the literature, one commonly used definition is intentional self-injury or self-poisoning, regardless of motivation or intent (Kapur, Cooper, O'Connor & Hawton, 2013). Current literature includes research concerning multiple methods of self-harm (which is the collective term). Research discussed in this article may define these differently, such as 'self-mutilation' or 'non-suicidal self-injury (NSSI)'. Determined by the definition provided, the researcher has considered studies which use similar definitions to relate to self-harm.

Self-injury, typically the cutting or carving of the skin is most prevalent among younger populations, particularly adolescents (Nock, 2010). Jacobsen and Gould (2007) conducted a review of the literature surrounding the epidemiology and phenomenology of NSSI in adolescents and found that 13-23% of participants reported a history of NSSI. This is higher than the prevalence rate reported in adults which was found to be 4% (Briere & Gill, 1998). The age-of-onset of self-injury is most common in adolescence (Favazza, 2007; Nock, 2009; Stallard, Spears, Montgomery, Philips & Saval, 2013). Young people have reported self-harming behaviours as being used to manage internal states by regulating affect (Klonsky, 2007) and thoughts (Najmi, Wegner & Nock, 2007). In addition to changing their social environment through positive reinforcement (e.g. to get a response from others) or negative reinforcement (e.g. to avoid punishment from others) (Nock & Prinstein, 2004).

Breen, Lewis and Sutherland (2013) identified that there are few studies which examine the normative developmental tasks of adolescence and their relation to self-harm. From a developmental perspective, adolescents are tasked with identity formation. Erikson (1968) described identity formation as a relational process where an individual establishes their identity by searching for identity 'types' that they can commit to becoming. Erikson's (1968) identity formation is further described as a tension between identity synthesis (the working of identity towards a self-determined set of self-identified ideals) and identity confusion (an inability to develop a set of ideals on which to base an adult identity).

Erikson's model has been developed over time. Marcia (1980) described four statuses, as ways in which adolescents deal with the process of identity formation.

These statuses are dependent on the absence or presence of two concepts, *exploration* (actively seeking identity alternatives and experimenting with social roles) and *commitment* (the individual's personal investment in identity). These four statuses are: achievement - the presence of commitment after systematic exploration, foreclosure - commitment to an identity without prior exploration, moratorium - exploring alternatives without committing, and finally diffusion - neither commitment nor systematic exploration.

This model has been more recently developed by Luyckx, Goossens and Soenens (2006). The authors propose a dual-cycle model of identity formation. One cycle, 'commitment formation' outlines how individuals explore alternatives and enact commitments. This cycle contains the processes of 'exploration in breadth' (purposeful exploration of alternatives) and 'commitment making' (adherence to a set of choices). The second cycle 'commitment evaluation', captures how an individual re-evaluates their choices. The processes in this cycle are 'exploration in depth' (the evaluation of current commitments) and 'identification with commitment' (degree to which commitments are integrated into an individual's sense of self). A fifth process was added following an understanding that exploration may involve worry and indecisiveness. Therefore ruminative exploration was added which captures this (Luyckx, Schwartz Goossens, Beyers & Missotten, 2011).

These five processes were used to develop 6 identity statuses (Luyckx et al., 2008). Three statuses included the three statuses that Marcia (1980) developed; achievement, foreclosure and moratorium. Luyckx et al., (2008) also developed three further statuses, carefree diffusion (low scores on all five identity processes),

diffused diffusion (low scores except high in ruminative exploration) and an undifferentiated status (with moderate scores on all identity dimensions).

Schwartz, Zamboanga and Weisskirch (2008) outline there is a distinction in the differences between personal and cultural identity. Different components of identity have their roots in different theories and sources, which results in different areas of literature. Personal identity developing from Erikson's model emphasises focus on the individuals set of goals, values and beliefs which form a coherent sense of self (van Hoof & Raaijmakers, 2002). Cultural identity focuses on the values and practices of an individual's culture and how that individual regards themselves within that cultural group. Social psychology research acknowledges the influence of social identities, particularly in adolescents. Research has consolidated an understanding that identification with social groups can influence an individual's behaviour (Ellemers, Spears & Doosje, 2002).

Research indicates that certain subpopulations of adolescents demonstrate high prevalence rates of self-harm, such as LGBT youth, who are 2-4 times more likely to self-harm than non-LGBT youth (King et al., 2008). Holding a social identity within a minority sexuality group may impact on an individual's psychological wellbeing and could therefore relate to self-harm. Meyer (2003) highlights Minority Stress Theory, which captures how the prevalence of stigma, discrimination and prejudice that being in a minority group creates, can lead to a stressful environment and contribute to mental health issues. Research specifically investigating self-harm found that minority stress could predict the prevalence of NSSI in the context of sexual minorities (Muehlenkamp, Hilt, Ehlinger & McMillian, 2015).

The relationship between identity formation and psychological functioning has been investigated. Identity diffusion has been found to be associated with lower self-esteem, satisfaction with life and psychological functioning (Schwartz et al., 2011). For adolescents, self-harm is often used to regulate psychological distress (Klonsky, 2007; Najimi et al., 2007). Therefore, it could be argued that difficulties with identity has an impact on the prevalence of self-harm in young people. There is research which suggests a link between NSSI in adults and disturbances in identity formation. Breen et al., (2013) examined online narratives from adults who experienced self-harm and concluded that NSSI may be used to develop a sense of group identity and also counteract a loss of self. Whilst this study did not investigate this in an adolescent population, the study looked at the online writings of young adults. This has strong connections with current adolescents, individuals who may share much of their identity online.

Rationale for question

Difficulties with identity have been found to have a negative effect on an individual's psychological functioning. Identity formation is the primary developmental task for adolescents, a group in which self-harm has a high prevalence and when self-harm typically starts for individuals. This is the first review to examine the literature in relation to identity, and self-harm in adolescence. Exploring the link between identity and self-harm in adolescence could provide implications for how we understand and respond to self-harm. The aim of this review is to integrate and summarise findings with a view to understand what current literature tells us about the link between identity and self-harm in adolescence.

Method

Search Strategy

A search of the literature up to and including March 2018 was completed using electronic databases. The researcher searched the PsycINFO, PsycARTICLES, MEDLINE, CINAHL and Academic Search Premier databases for relevant articles. The search terms used were:

("self harm*" OR "self-harm*" OR "self-poison*" OR "self poison*" OR "self-mutilat*" OR "self mutilat*" OR parasuicid* OR "self injur*" OR "self-injur*" OR "para-suicid*" OR "para suicid*")

 AND

(adolescen* OR teen* OR "young per*" OR "young peo*" or juvenile* or youth)

AND

(identit*)

These terms were applied to the title and abstract of articles.

Study Screening

Inclusion Criteria.

- − Any form of self-harm (as defined by, Kapur et al. (2013)).
- − Studies using either quantitative or qualitative methodologies.
- − Studies on adolescence. (Studies which includes samples containing participants that were above 19 years of age were only selected if the mean age was 19 or below, in alignment with previous literature reviews on adolescence (Best, Manktelow & Taylor, 2014)).

    −   Studies which related to identity, either personal, social or cultural.

Exclusion Criteria.

    −   Resources which are not peer-reviewed research studies and literature
        reviews.

    −   Studies which are not available in English.

    −   Studies that are not focused on self-harm.

    −   Studies which focused on prevalence rates that did not explain their findings.

Article Selection

The search terms produced 441 results, 168 of these were duplicates, therefore the titles and abstracts of 273 articles were read and assessed against the inclusion and exclusion criteria. 8 articles were considered to meet the criteria, and included in the review.

Figure 1 below outlines how the search strategy produced the final 8 papers for this review.

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┌─────────────────────────────┐
│ Initial Search (PsycINFO, PsycARTICLES, │
│ MEDLINE, CINHAL Complete, Academic │
│     Search Premier) = 441   │
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┌──────────────────┐          ┌──────────────────────┐
│    Duplicates    │ ◄────    │ Rejected as no English │
│  removed = 168   │          │ version available = 37 │
└──────────────────┘          └──────────────────────┘
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                              ┌────────────────────────────┐
                              │ Rejected resources which were │
                              │ not per reviewed research studies │
                              │           = 52               │
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                              ┌────────────────────────┐
                              │    Rejected based on   │
                              │  Inclusion/Exclusion   │
                              │     criteria = 176     │
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┌──────────────────┐
│ Final Articles = 8 │
└──────────────────┘
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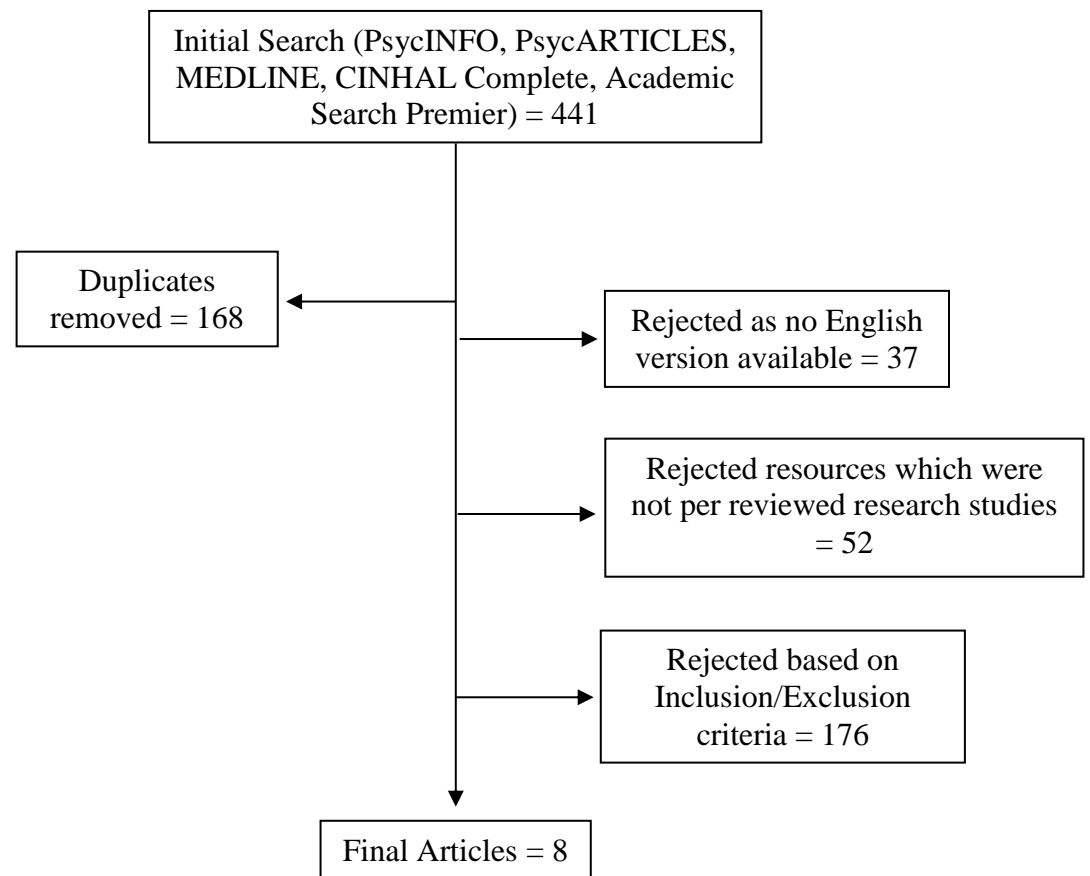
F*igure 1*. Article Selection.

Synthesis

The synthesis of the review was completed using a narrative approach (Popay et al.,

2006). This involved 1) developing a primary synthesis, by organising findings

which related to similar themes. The identified papers were read repeatedly; noting

the overall themes in the findings using the data extraction forms (Appendix D). A

theme was apparent when it was mentioned in one or more paper and referred to

self-harm and identity in adolescence. 2) Exploring the relationships in the data and

then 3) assessing the robustness of the synthesis product.

Quality Assessment

The selected articles in the review underwent a quality assessment (Appendix E). As the studies were all quantitative, either Cross-sectional or Observational Cohort studies, the *Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies* (National Heart, Lung, and Blood Institute, 2014) was used. This tool was used to focus on the key concepts of a study to help determine the internal validity of each study. The tool was not designed to provide a numerical judgement of quality. The tool was used by two independent raters, who provided a qualitative evaluation of each study, describing the study as either 'good', 'fair' or 'poor'. The raters agreed upon the ratings for all of the studies but one. In this instance the discrepancy was between 'good' and 'fair'. Following discussion, each rater acknowledged the rating could have been good or fair and that their decisions were personal preference, therefore were satisfied with their own and their other raters choice.

Results

Study Characteristics

Research approach

In total, eight studies were included in the review. All studies had quantitative methodologies. Seven studies used a cross-sectional approach, while one (Gandhi et al., 2017) was an observational cohort study. Purposive and convenience sampling was used by the studies. One study also included a sample of adult psychiatric patients, findings from this sample were not included in the review as they were analysed separately (Luyckx, Gandhi, Bijttebier & Claes, 2015b).

Data was collected using self-report questionnaires in all the studies. Studies employed both pre-established and researcher-developed measures. Five studies used

solely pre-established measures (Claes, Luyckx & Bijttebier, 2014; Gandhi, Luyckx, Maitra & Claes, 2015a; Luyckx et al. 2015a; Luyckx et al 2015b; Young, Sproeber, Groschwitz, Preiss & Plener, 2014). Three studies used a single item measure to identify the prevalence of self-harm (Gandhi et al., 2015b; Gandhi, Luyckx, Maitra, Kiekens & Claes, 2016; Gandhi et al., 2017). One study additionally included a 7 item questionnaire to assess the types of self-harm in their samples (Gandhi et al., 2015b).

Research context

All but one study used gender mixed samples with fairly balanced mixtures of male and female participants, one study (Luyckx et al., 2015b) involved only female participants. All studies used samples which were from high schools. The majority of papers were from Belgium, sharing many authors. One study was conducted in Germany (Young et al., 2014), and did not share any authors with the Belgian studies. The seven papers from Belgium had research aims and questions that were related to Erikson's understanding of identity, whereas the study from Germany was related to social/cultural identity.

The studies included in this review shared samples. It has been surmised that 3 studies shared a sample of 528 high school students (Gandhi et al., 2015b; Gandhi et al., 2016; Gandhi et al., 2017), and another 3 studies shared a sample of 568 High school students (Gandhi et al., 2015a; Luyckx et al., 2015a; Luyckx et al., 2015b) with one of these studies just using the female participants (Luyckx et al., 2015a). The 2 remaining studies used samples that appeared not to be shared with other studies (Claes et al., 2014; Young et al., 2014).

Quality assessment

A quality assessment was completed with all studies (Appendix E). The quality assessment found that the research objectives of each study were clearly stated and the data analysis procedures were regularly reported. The findings and conclusions of each study were also presented comprehensively and clearly.

The measures used were often pre-established measures which had their own literature to evidence their use as an appropriate tool in research. When researchers used a measure they had developed, they were able to justify this, either by citing other literature that commented on the success of investigating this variable in this way (Gandhi et al., 2015b; Gandhi et al., 2016); by explaining it was for descriptive purposes (Gandhi et al., 2015b); or referring to previous research which their measure was adapted from (Young et al., 2014). No explanation was provided within one study (Gandhi et al., 2017). A list of the Measures used and their references can be found in Appendix F.

The checklist used contained items that can be viewed critically. Some items were considered less relevant to the studies included in this review than others were, such as items relating to justifying sample sizes, and questions which related to assessing factors over time. Therefore, these items were considered to hold less weight when determining qualitative ratings.

Table 1. Details of the studies included in the review.

Reference (Country)	Study Objective	Participant Characteristics	Study Design & Analysis	Measures Used	Study Outcomes
Claes, Luyckx & Bijttebier (2014) (Belgium)	Investigated whether problems with identity formation are related to NSSI above and beyond age, gender and depression.	532 High School Students Aged 12-21 (Mean age of 15.11, SD-1.85 years) 25.8% Female, 74.2% Male	Quantitative Cross-Sectional Study. Self-Report Questionnaires	Self-Harm Inventory (SHI) Erikson Psychosocial Stage Inventory (EPSI) Child Depression Inventory (CD)	-NSSI was negatively related to identity synthesis and positively related to identity confusion and depression. -Identity confusion explained variance in the presence/absence of NSSI above and beyond depression, age and gender.
Gandhi, Luyckx, Maitra & Claes (2015a) (Belgium)	Explores associations between identity distress and NSSI in specific domains	568 High School Students Aged 13-21 (Mean age of 16.13, SD-1.47 years) 61.8% Female, 38.2% Male	Quantitative Cross-Sectional Study. Self-Report Questionnaires	Self-Injury Questionnaire-Treatment Related (SIQ-TR) The Identity Distress Survey (IDS) The Hospital Anxiety and Depression Scale (HADS) Single-item measure for self-harm	-NSSI showed higher distress in domains of 'long-term goals', friendship, sexual orientation and behaviour, values and beliefs. Not the domains specifically, rather the daily impact of each domain distress.

Gandhi, Claes, Bosmans, Baetens, Wilderjans, Maitra, Kiekens & Luyckx (2015b) (Belgium)	Examines the associations between attachment with mother and peers, identify formation, and NSSI.	528 High School Students Aged 11-19 (Mean age of 15.0, SD-1.84 years) 50.4% Female, 49.6% Male	Quantitative Cross-Sectional Study. Self-Report Questionnaires	The Inventory of Parent and Peer Attachment (IPPA) Erikson Psychosocial Stage Inventory (EPSI)	-Both Identity synthesis (negatively) and Identity confusion (positively) both associated with NSSI. -Lifetime NSSI negatively associated with maternal trust -Relations between identity synthesis/confusion and attachment with mother - Peer trust and alienation influence on NSSI is partially mediated by Identity synthesis.
Gandhi, Luyckx, Maitra, Kiekens & Claes (2016) (Belgium)	This study investigates the associations between reactive & regulative temperament, identity formation and vulnerability to NSSI	528 High School Students Aged 11-19 (Mean age of 15.0, SD-1.84 years) 50.4% Female, 49.6% Male	Quantitative Cross-Sectional Study. Self-Report Questionnaires	Behavior Inhibition System and Behavior Activation Scales (BISBAS) Effortful Control Scale from the Adult Temperament Questionnaire (ATQ-SF-EC) Erikson Psychosocial Stage Inventory (EPSI) Single-item measure for self-harm	-The association between a reactive temperament (Behavioural Inhibition System) and NSSI was mediated by identity synthesis. -NSSI was positively associated with identity confusion and negatively associated with identity synthesis.

Gandhi, Luyckx, Maitra, Kiekens, Verschueren & Claes (2017) (Belgium)	Explores directionality of associations between identity formation and NSSI. Also differences in identity between groups of Self-harm prevalence.	380 High School Students Aged 12-19 (Mean age of 14.3, SD-1.68 years) 52.4% Females, 47.6% Males	Quantitative Observational Cohort Study Self-Report Questionnaires	Erikson Psychosocial Stage Inventory (EPSI) Single-item measure for self-harm	-Bi-directional association between NSSI and identity synthesis/confusion. -Individuals with disturbed identity formation can increase their vulnerability to NSSI -The group which engaged in self-harm in both time periods, was the group which showed changes in identity synthesis over the two time periods, identity synthesis increased.
Luyckx, Gandhi, Bijttebier & Claes (2015a) (Belgium)	Explores the role of identity processes and identity statuses in NSSI	568 High School Students Mean age 16.13 years, SD- 1.42 61.8% Female, 38.2% Male	Quantitative Cross-Sectional Study. Self-Report Questionnaires	Self-Injury Questionnaire-Treatment Related (SIQ-TR) Dimensions of Identity Development Scale (DIDS) The Hospital Anxiety and Depression Scale (HADS)	-NSSI was associated with (negatively) commitment and (positively) ruminative exploration identity process. -Individuals in moratorium or troubled diffusion were most likely to have engaged in lifetime NSSI. -Those in troubled diffusion status were most likely to currently engage in NSSI. -Individuals in achievement and carefree diffusion were least likely to engage in NSSI.

Luyckx, Gandhi, Bijttebier & Claes (2015b) (Belgium)	Investigated the associations between NSSI and identity formation	Sample 1: 348 female high school students. Mean age 15.95 years (SD= 1.30) Sample 2: 131 female psychiatric patients. Mean age 131 (SD= 9.84)	Quantitative Cross-Sectional Study. Self-Report Questionnaires	Self-Injury Questionnaire-Treatment Related (SIQ-TR) Erikson Psychosocial Stage Inventory (EPSI) Big Five Inventory (BFI) Perfectionism Scale from Eating Disorder Inventory-2 Effortful Control Scale from the Adult Temperament Questionnaire (ATQ-SF-EC) The Hospital Anxiety and Depression Scale (HADS)	-Identity synthesis and confusion were significantly related (negatively and positively respectively) to NSSI in both samples. -Identity confusion was found a significant predictor for NSSI when additionally controlling for anxiety, personality traits, perfectionism and effortful control. -NSSI seemed to be used to define a 'pseudo-identity' in the case of identity confusion, by means of NSSI (I'm a self-injurer)
Young, Sproeber, Groschwitz, Preiss & Plener (2014) (Germany)	Explores the link between 'alternative identities' and self-harm	452 School Students Aged 14-17 46.2% Female, 53.8% Male	Quantitative Cross-Sectional Study. Self-Report Questionnaires	Self-Harm Behavior Questionnaire (SHBQ) Functional Assessment of Self-Injury (FASM) Adapted questionnaire identifying social identity	-Participants with an 'alternative' identity were more likely to engage in NSSI than non-alternative participants. -An alternative identity was directly and a 'jock' identity inversely correlated with self-harm. -A minority self-injure to reinforce their group identity

Synthesis of the Findings

The findings of the studies could be categorised into four groups. (1) Identity, Domains, Statuses and Processes and Self-harm (2) Identity Formation (Confusion/Synthesis) and Self-harm (3) Identity Formation and Social Influences on Self-Harm, and (4) Social Influence on Identity and Self-Harm.

Identity, Domains, Statuses and Processes and Self-harm

Gandhi et al. (2015a) completed a study using the Identity Distress Scale, and found that individuals who reported NSSI, scored higher mean distress scores on the domains of long-term goals, friendship, sexual orientation and behaviour, values and beliefs, overall discomfort due to distress, distress interfering with life and duration of distress, when compared to adolescents without NSSI. They comment that the gender differences in NSSI are strongly associated with identity impairment & distress scores from the scale, above and beyond the influence of anxiety, depression and age.

A study conducted by Luyckx et al. (2015a) examined the relationship between NSSI, identity processes and identity statuses. Their study found associations between NSSI and the identification with the commitment (negatively) and ruminative exploration (positively) identity processes. These associations however were not present when controlling for anxiety and depression in regression analyses. In relation to identity statuses, the study found that individuals in moratorium or troubled diffusion were most likely to have engaged in lifetime NSSI. Those in the troubled diffusion status were

most likely to currently engage in NSSI. Individuals in achievement and carefree diffusion were least likely to have engaged in NSSI.

Identity Formation (Confusion/Synthesis) and Self-harm

Positive correlations were found between NSSI and identity confusion as well as negative correlations between NSSI and identity synthesis (Gandhi et al., 2015b, 2016). However, both studies appeared to utilise the same sample, which would provide an explanation for the similarities in findings. Similarly Gandhi et al., (2017) found bi-directional associations, positively between the presence of NSSI and identity confusion. As well as, negatively between the presence of NSSI and identity synthesis. This bi-directional finding provides stronger methodological evidence for the associations between these factors. While it is not stated in Gandhi et al.'s (2017) longitudinal study, is appears that the sample which they obtained at Time 1, is the sample in which Gandhi et al. (2015b) used to explore the role of identity formation, NSSI and attachment. Therefore, while three studies in this review report this finding; it appears to emerge from just one sample of adolescents.

Claes et al., (2014) and Luyckx et al. (2015b) also found a positive correlation between NSSI and identity confusion, and a negative correlation between NSSI and identity synthesis. Identity confusion in these studies associated with NSSI after controlling for depression, age, gender (Claes et al., 2014) anxiety, personality traits, perfectionism and effortful control (Luyckx et al., 2015b). Their studies were also conducted in Belgium; however appeared to utilise separate samples to the other papers that found this

correlation (Gandhi et al., 2015b, 2016, 2017). Findings from these studies may therefore suggest that identity confusion does increase NSSI or vice versa.

Gandhi et al. (2016) examined the relationship between temperament and NSSI in adolescents, considering the role of identity formation. They found that an established positive association between behaviour inhibition system (BIS, the system which drives individuals to regulate aversive stimuli by moving away from something difficult) and NSSI was mediated by identity synthesis. As there was no mediating effects found with identity confusion, they comment that the findings suggest that the lack of identity synthesis, rather than the presence of identity confusion, may increase susceptibility to NSSI.

Identity Formation and Social Influences on Self-Harm

Gandhi et al. (2015b) found that peer trust and alienation may be a predictor of NSSI. They comment that mediation analysis indicates that a stronger attachment with friends may reduce risk of NSSI by increasing identity synthesis, and reducing identity confusion. The study also considered the impact of an individual's maternal attachment, they found that lifetime NSSI was negatively associated with maternal trust and alienation. This finding was found to be mediated however by identity synthesis/confusion. The role of maternal attachment was discussed in relation to identity formation, they highlight that a supportive relationship with a mother facilitates a better sense of self, leading to better synthesis and less identity confusion, which may decrease vulnerability to NSSI.

In the cohort study conducted by Gandhi et al. (2017), within each participant group, the only group to observe a significant increase in identity synthesis over the two time periods, was the group in which self-harm was present during both time-periods.

Social Influence on Identity and Self-Harm

Luyckx et al. (2015b) investigated the relationship between identity confusion/synthesis and the function of NSSI. They conclude that as well as providing an emotion regulatory function, NSSI was used to define a 'pseudo-identity', through positive reinforcement. The individual could identify themselves as a 'self-injurer'.

Young et al. (2014) investigated the links between self-harm and contemporary youth identities. They found that adolescents with an 'alternative' identity were significantly more likely to engage in NSSI than non-alternative students. This study defined an alternative identity, as an identity stemming from an alternative subculture which contains predominantly 'dark, sinister disturbing and morbid' themes. Typical groups in these subcultures are labelled as 'goths', 'emos' and 'punks' etc. This association was present after adjusting for covariates (including victimisation). While an alternative identity was directly correlated with self-harm, a 'jock' identity (an identity predominantly build around athleticism and/or sport) was found to be inversely correlated. When investigating the motivations behind the NSSI in the different identity groups, they found that when comparing alternative and non-alternative identities, those with an alternative identity were more likely to report self-harming to 'to avoid people' and 'to feel part of a group'. This is commented on as a demonstration of the strong in – group/out-group perspective which is prevalent in alternative youth culture, where self-

harm could be considered a shared characteristic of the group. Therefore self-harm is used to reinforce an individual's group identity.

Discussion

Self-harm is prevalent in many adolescent populations. Although few studies have investigated the role of identity in relation to adolescent self-harm. Theoretically, identity, and specifically identity formation is considered particularly important, as the primary developmental task for adolescents. This review covers the literature which investigates identity in relation to adolescent self-harm. This review found that studies reported findings in relation to a) identity statuses, processes and domains, b) identity formation, c) social influences on identity formation and d) social identities. The studies which aimed to explore self-harm in relation to identity formation often reported the findings of social and interpersonal influences. This had implications on how the review presented the findings of the studies. Some findings could distinctly be considered related to identity formation, others distinctly social aspects of identity, however some findings related to the interaction between an adolescent's personal identity formation and the social world they find themselves in, full of relationships and attachments.

The results of this review indicate that the relationship between an individual's social identity, identity formation and self-harm is complex in its pattern. Studies found that self-harm was positively related to identity distress and negatively related to identity synthesis across multiple studies (Claes et al., 2014; Gandhi et al., 2015; Gandhi et al., 2016; Luyckx, 2015b) and was found to have a bi-directional effect using an observational cohort study (Gandhi et al. 2017). These associations were found after

controlling for age, gender, depression (Claes et al., 2014), anxiety, personality traits, perfectionism and effortful control (Luyckx et al., 2015b). Mediation analyses suggest that it is the lack of identity synthesis, rather than the presence of identity confusion which increases an adolescent's susceptibility to NSSI (Gandhi et al., 2016). It was also found that a function of self-harm is to reinforce group identity (Luyckx et al 2015b; Young et al., 2014) and identity synthesis increases over time for those who self-harm (Gandhi et al., 2016). Therefore, it appears adolescents may self-harm to promote identity synthesis, however the groups with which they identify socially may further encourage them to self-harm in order to maintain their identity. Therefore identity synthesis may be 'achieved' despite the person still using self-harm.

This literature review found that this topic was almost exclusively investigated by a group of researchers from Belgium. Some of these studies share the same sample; this may influence the research area as researchers are repeating commenting on the same population. Also, as the research is emerging from mostly the same group of authors there is less opportunity for different approaches or new perspectives to influence the direction of the research area. It should be noted that all of these studies were published from 2014 onwards, suggesting this area of literature is fairly recent, perhaps an area of research that is delving into an area which has not previously been considered. The one study which did not relate specifically to Erikson's model of development, was the one study that appeared to have no connection to the other authors. Which approached the topic from a social psychology perspective.

Theoretical understandings of identity formation has developed since Erikson first emphasised its importance (Erikson, 1968). The majority of studies which discussed

identity formation in this review referred to Erikson's original understanding of Identity formation as a tension between identity synthesis and identity confusion. Only one study (Luyckx, et al., 2015a) which investigated identity formation explained their findings in relation to a more recently developed model (Luyckx et al., 2008). The lead author of this study, was one of the prominent researchers in the development of this more recent model of identity formation. It is unclear why many studies referred to Erikson's original concepts of Identity Formation (synthesis & confusion) instead of more recently developed models available (Luyckx et al., 2008; Marcia, 1980).

Strengths and Limitations

The methodological quality in this area of research was of a fair standard. The studies were often comprehensive in their descriptions of sampling, procedures and analyses. The implications of this, is to consider whether the findings of the review would be different the methodological quality of the articles was higher. The tool used to assess methodological quality contained items which were not always relevant to the articles included in the review. This was considered when rating the studies; however, it may have influenced the raters, who may have felt the articles possessed lower methodological quality. Some contention also arose when it was unclear if a study did not achieve a particular item on the checklist or if it was just not reported. Again, this may have influenced the researchers in rating the articles as lower in methodological quality.

This is the first review synthesising studies researching the link between identity and self-harm in adolescence. A difficulty with this review however is the homogeneity

across the samples of the identified papers. All samples were obtained from Western Europe, with all but one study being from the same country, studies also appear to occasionally share samples. It appears there is a group of authors that are commonly researching this topic. This review recognises that the published articles are fairly new, and perhaps this area of research is just beginning to develop. Therefore this group of authors could be the first to explore this topic and perhaps a review in the future may provide a completely different landscape of the research.

Conclusions and Clinical Implications

The review tells us that while we often may consider an adolescent's identity as something that often exists primarily within the individual, as perhaps a tension between synthesis and confusion (Erikson, 1968), or as statuses they inhabit (Luyckx et al. 2008; Marcia, 1980). Perhaps more attention should be given to the role of an individual's social identity or rather the social influences on their personal identity, and how adolescents may achieve identity synthesis in our social world. Many studies which investigated concepts through Erikson's (1968) model of identity formation often described significant social influences. Further research could perhaps develop models which explain in detail the social aspects of identity and how this relates to adolescents developmentally, informing how we work with adolescents who self-harm.

Erikson's model of identity from the 1960's is used in recent research, identity may manifest itself differently in today's society from when Erikson developed his theories. Young people now spend much of their lives online and using social media. Junco (2014) highlights that young people can explore new facets of their identities online, and

engage in interactions that may consolidate or modify their sense of self and identity. Being online allows individuals to take more risks with their identity which would be difficulty or threatening offline, therefore identity formation is enhanced online. Junco (2014) continues to state that for some individuals it is only through online social spaces where individuals can interact with others who have similar identities.

Future research and organisations hoping to support adolescents who self-harm could look into how these online social spaces can be utilised to promote identity formation in a contained environment. As highlighted by the findings of the review, identity formation is associated with a decrease in self-harm, however individuals may identify with social groups that reinforce self-harming behaviours. Therefore, future research could explore how spaces which promote identity formation are contained so that self-harm is not reinforced.

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Part 2: Empirical Paper

This Paper is written in the format ready for submission to
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See Appendix G for submission guidelines.
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Exploring possible continua in the self-harm narratives of university students

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Abstract

Previous researchers have suggested that experiences of self-harm can be conceptualised as a continuum. This study aimed to investigate the possible presence of continua in the experiences of university students who have engaged in self-harm. This study used a narrative approach, utilising non-directive interviews with 8 undergraduate students to explore their narratives of self-harm. A categorical content analysis was completed which identified 4 continua in the data. These were a continuum of 'experiences in relationships (positive/negative)', a continuum of 'feeling different or normal', a continuum of 'being open or closed about self-harm', and a continuum of 'severity'. A holistic analysis of form was completed which detailed how participants told their stories. There were 3 types of stories which were told, stories where nothing changes, stories where there was a sharp progression to positivity and stories that fluctuated. The large variation between and within these types of stories suggest the way university students with experiences of self-harm understand their experiences exists along a continuum, rather than discrete categories. The research suggests universities can support students who experience self-harm, by considering the significance of positive relationships which facilitates feelings of acceptance and allowing students to be open about their experiences. Universities can provide accessible support, diverse groups and activities, and information so that students may sensitively support each other.

Keywords: self-harm; continuum; students; narrative

Introduction

Difficulty understanding self-harm

Researchers have found that the social taboo surrounding self-harm distorts the reported prevalence and naming process, leading to a general unclear picture of self-harm (McAllister, 2003). One definition outlines the criteria for an act to be deemed self-harm, which is that the act has a non-fatal outcome and is initiated by the individual with an aim of harming the self (Madge et al., 2008).

Understanding and conceptualising self-harm

Theoretical understandings of self-harm can vary. There are commonly researched perspectives that self-harm is a coping mechanism, used to allow individuals to regulate their emotions when experiencing overwhelming emotions, intense psychological arousal, dissociative states or intrusive memories (Connors, 1996). The role of distressing childhood experiences has been identified in the development of self-harm (Linehan, 1993), contributing to an 'invalidating environment', one in which private experiences are often punished or disregarded, displays of negative emotions are normally not tolerated, therefore the control of emotions is the norm. Other perspectives propose that self-harm is an expression of feelings and needs (Motz, 2009). Also, considering the behaviour from a psychodynamic perspective that self-harm is a method of splitting the self, where one part is calm and purified, while the other is violated and intruded (Motz, 2009). The body that has been injured, is then tended to and cared for. Gratz (2006) states that the vast majority of research on self-harm involves clinical populations, often individuals with a diagnosis of borderline personality disorder. Sansone, Wiederman and Sansone (1998) developed the Self-Harm inventory (SHI) from an understanding that self-harm exists as a behaviour prominent in the diagnostic criteria for BPD. They comment that self-harm would exist along a continuum, from

graphic self-harm behaviours, to milder forms of self-sabotaging behaviour that might

be viewed as self-defeating behaviour.

Conceptualising self-harm as a continuum

Outlined above are different perspectives and ways of understanding self-harm which

provide us with different standpoints from which to consider the topic. In other areas of

research, understanding human phenomena as existing along continua has been

considered. A continuum is defined by Oxford Dictionaries as "*a continuous sequence*

in which adjacent elements are not perceptibly different from each other, but the

extremes are quite distinct" (Stevenson & Soanes, 2008, p. 309). Mintz, O'Halloran,

Muholland and Paxton (1997) outlined a continuum of eating disorders, which had

unrestrained eating at one end and clinical eating disorders at the other end. Ogden

(2012) highlight a continuum in health psychology, with one end of the continuum being

'healthy', at the other end, 'being ill'. They describe that an individual can move along

this continuum. An individual can transition from healthy, to ill, and back to healthy

again. The significance of this is the recognition that the position of an individual on a

continuum is often not fixed. Recent publications from the Division of Clinical

Psychology of The British Psychological Society propose that a continuum exists

between 'good' and 'poor' mental health, which is different to considering mental health

as discrete categories (Cooke, 2017). The implications of this, is an acknowledgement

that experiences such as hearing voices can be better conceptualised as a continuum.

One with people who rarely have such experiences or find them helpful on one end, and

individuals who have frequent, distressing experiences connected to hearing voices on

the other. It is argued that this more accurately describes the experience than whether

someone has an 'illness' or not (Cooke, 2017). Significant publications like these are highly influential in how clinical psychology perceives and responds to clinical phenomena.

Various researchers, including Sansone et al. (1998), have proposed conceptualising self-harm as a continuum or spectrum. However, Laye-Gindhu and Schonert-Reichl (2005) comment that only a few studies examine self-harm across a continuum. Their study investigated what behaviours adolescents would constitute as self-harm. 'Cutting, hitting, biting, bone breaking and recklessness' were identified as well as eating disordered behaviour and non-suicidal pill abuse. Another study, by Osuch, Noll and Putnam (1999) discuss a spectrum of self-harm, they outline one end of the spectrum being at a more 'socially acceptable' end, possibly behaviours which attempt to 'beautify' the body such as piercings or tattoos. The social acceptability of these behaviours may differ across subcultures. The other end of the spectrum was outlined as more severe self-injurious behaviours, which the researchers suggest is performed by the 'characterologically disturbed, psychiatrically ill and neurologically/developmentally impaired'. This language reflects an understanding of service users' presenting problems that is not generally shared by professionals and researchers in the field of clinical psychology.

Cresswell (2005) takes a different approach, highlighting individuals who currently, or have a history of self-harm would like to replace its underlying assumptions of pathology. He put forward an understanding of self-harm as an expression of distress. He comments that distress should not be pathologised and therefore self-harm can be placed on a spectrum among other socially acceptable self-harming behaviours. This

process could be a strategy which attempts to renormalize what has previously been regarded as pathological. It is proposed that this 'continuum concept' of self-harm troubles the identification of what is normal and what is pathological, and therefore has implications for the professionals working with individuals who self-harm.

Researching different groups and University students

Self-harm has been investigated in populations where the behaviour may be socially accepted (Favazza, 1998). With individuals with developmental disorders and cognitive disabilities, repetitive self-injurious behaviours are often seen (Carr, 1977). Also, individuals with psychosis, may also present extreme cases of self-immolation and auto-castration (Favazza, 1998). Self-harm can also be found in populations of individuals that do not have psychosis or cognitive deficits, such as individuals who have experienced abuse or neglect (Gratz, 2006). Gratz (2006) highlights that there is a link between emotional distress and this type of self-harm, which is most commonly discussed in the literature.

Self-harm has been investigated in a number of populations, one of which is University students. One study investigating the prevalence of self-injury found that 7% of University Students had completed some form of self-harm in the past 4 weeks (Gollust, Eisenberg & Golberstein, 2008). Another study found the lifetime prevalence of self-injurious behaviours to be 17%, with 75% of those participants engaging in self-injurious behaviours more than once (Whitlock, Eckenrode & Silverman, 2006).

Student mental health has been found to be generally worse than population norms (Roberts, Golding, Towell & Weinreb, 1999; Stewart-Brown et al., 2000). Accessing

mental health services can be difficult for students, those with mental health difficulties are less likely to seek the support of services (Eisenberg, Golberstein & Gollust, 2007) and the use of mental health services by those students who self-injured is low (Gollust et al., 2008). It is highlighted that low use of services by students who self-injure may be due to a variety of factors. Including, the failure to perceive a need for help, negative attitudes towards the effectiveness of services, or feelings of shame about the behaviour (Gollust et al., 2008).

Differences in gender have been identified in non-suicidal self-injury (NSSI) in college students. With female participants being nearly twice as likely to report lifetime NSSI compared to males. Although males were equally likely to report self-harm in the last 12 months (Whitlock et al., 2011), consistent with reports that there are no gender differences in self-injury rates on university campuses (Gollust et al., 2008).

A range of self-harming behaviours are reported by university students, with cutting skin, wound interference, banging head/body parts and punching being some of the most common (Gollust et al., 2008). Particular environmental factors could contribute to an increased risk of self-harm for University students. Students may be at higher risk of heavy drinking or drug use (Webb, Ashton, Kelly & Kamali, 1996) which have been identified as strong precipitants to self-harm, or used in overdose (Hawton, Harriss, Simkin, Bale & Bond, 2004). Previous research has also highlighted the influence of financial difficulties that many students face (Andrews & Wilding, 2004), as well as the possibility of homesickness in students (Fisher & Hood, 1987).

Use of narrative approaches to explore self-harm

Narrative research refers to studies using the analysis of narrative materials. Stories provide a clear channel for learning the inner world of individuals. Hill and Dallos (2012) who completed a narrative study of young people who self-harm, explain that we can learn how individuals make sense of and understand their experiences through the analysis of a story's content and delivery. This enables the researchers to explore the presence of possible continua by synthesising data relating to individual's experiences with data concerning how individuals understand and share their experiences.

Thinking about the limitations of an approach, and viewing it critically, could strengthen the justification for its use as the researcher moves forward with an increased awareness. Denzin and Lincoln (2005) comment on the tensions and contradictions in qualitative research, referring to the nature of 'truth' and 'knowledge'. While narratives may give insight into an individual's inner world, it may be appropriate to view these insights as a representation of their inner world. Lieblich, Tuval-Mashiach & Zilber (1998) comment on being mindful of not taking stories at face value, as complete accurate representations of reality. The researchers therefore are encouraged to hold a viewpoint that stories are typically constructed around key facts or events, but facilitate an opportunity to demonstrate individuality, creativity, and an interpretation of these 'remembered facts' (Lieblich et al, 1998).

Rationale for Proposed Study

It has been suggested by McAllister (2003) that there is much we are yet to fully understand in relation to self-harm, which has implications on both a clinical and

societal level. Conceptualising self-harm as a continuum is one way of understanding this phenomenon, despite few studies attempting to do this (Laye-Gindhu et al. 2005).

Sansone et al. (1998) discuss a spectrum of severity being present in self-harm amongst individuals with a diagnosis of borderline personality disorder. This spectrum is highlighted in their study, which devised the Self-Harm Inventory (SHI), but not primarily investigated. Osuch et al. (1999) investigated self-injurious behaviour and its occurrence in both culturally appropriate and culturally inappropriate forms. Their spectrum of cultural appropriateness was discussed in their introduction, it is devised solely by professionals and fails to include the experiences or contributions of individuals who self-harm. Cresswell (2005) presents a 'continuum concept' of self-harm, which is a strategy of renormalizing behaviour that is traditionally labelled pathological. This emerges from his paper discussing the ways in which 'psychiatric survivors' challenge the power of psychiatry. This continuum concept suggests a continuum containing both deliberate self-harm and other socially acceptable behaviour. The significance of this is that the perception that there exist discrete categories of 'someone who engages in self-harm' and 'someone who does not engage in self-harm', is critically questioned. Cresswell (2005) however, does not primarily investigate the presence of continua with the possibility of other continua existing.

University students are a group within which self-harm is prevalent (Gollust et al. 2008; Whitlock et al., 2006). There may be particular challenges which impact the university student experience, such as the role of alcohol and drug use (Webb et al., 1996) or the low likelihood of accessing the support of services (Eisenberg et al., 2007). Exploring the presence of continua in a University Student population could investigate the

experiences of those who self-harm, those who are university students, and the overlap of these experiences.

We do not yet know what continua exist in self-harm and how they relate to people's experiences. The proposed study explores narratives; investigating similarities and dissimilarities in the experiences of university students who self-harm. This information would be used to establish the presence of possible continua in these experiences.

Method

A qualitative narrative approach was used to explore university students' experiences of self-harm.

Sampling

Following ethical approval from the School of Health and Social Work, Research Ethics Committee at the University of Hull, purposive sampling (Creswell, 2012) was used to recruit participants. Posters were distributed throughout the University campus advertising the study (See Appendix H), inviting university students with experiences of self-harm to participate in the research. Once potential participants made contact with the researcher, the research was discussed and information sheets provided. Potential participants were assessed against the inclusion and exclusion criteria.

Inclusion Criteria:

- Individuals who consider themselves to have direct experiences of self-harm, either current of historical.

- Individuals who are willing and comfortable to share their experiences with the researcher.

- Individuals must be able to give informed consent and demonstrate capacity.

- Individuals must be adults (over 18 years of age).

Exclusion Criteria:

- Individuals who are not sufficiently fluent in English to take part in the interview.

- Individuals under the influence of alcohol and/or recreational drugs at the time of interview.

- Individuals who are not willing to participate.

- Individuals unable to give consent.

- Individuals who might find the process too distressing. This could be determined by either participant or researcher:

    - Prospective participants during the suitability assessment or briefing process.
    - Individuals during the process.
    - The researcher when assessing participants for suitability or during the process.
    - In situations where this was unclear, it could be discussed with the research supervisors.

Eight participants took part in the study. The age range of participants was 19 to 23 years. Seven participants were female, one participant was male. Ten potential participants approached the researcher however it was determined that one participant was not suitable and another ceased contact.

Data Collection

All interviews were conducted on the University campus. Participants gave written consent to participate in the study and for an audio recording of the interview to be made. Participants were given a demographic questionnaire which asked their gender and date of birth. The duration of interviews ranged from 19 minutes to 46 minutes.

A non-directive approach to interviewing was used in order to obtain narratives. This began with a statement, devised by the researcher being read to each participant, they were then invited to tell their story:

"I would like you to tell the story of your experiences of self-harm. The story can be as short or as long as you want it to be. It is up to you what you choose to include in your story. You may start and end your story wherever you like. Some areas you could include in your story might be: First experiences of self-harm, feelings towards self-harm, responses from others, relevant experiences from earlier in your life, the future…"

This statement was used so that participants were orientated to provide a story of their self-harm. The prompts given in the opening statement, indicating what the participant may wish to include, were used as probes following research that identified their usefulness in initiating narration (McCance, McKenna & Boore, 2001). Once the participant reached the end of their story, they were asked further questions which explored some elements of their story in more detail, such as asking for more information about a mentioned event or time in their life.

Analysis

Narrative analysis was completed following a model proposed by Lieblich et al., (1998). The model follows a four cell design (see Figure 1 below); it is suggested that more than one cell is used to answer the research question.

Holistic-Content	Holistic-Form
Categorical-Content	Categorical-Form

Figure 1. Liebich et al. (1998) four cell design.

In this research, a categorical approach was used to analyse the content of the stories and a holistic approach used to analyse the form of the stories which were told.

The recordings of interviews were transcribed verbatim, and each recording was listened to multiple times to consider the emotional expressions, tone of voice and general impressions from each interview.

Holistic Form Analysis

The researcher used structure analysis (Lieblich et al., 1998) to understand each narrative as a whole. This approach was used to determine prototypical story structures (typical form of each 'type of story') to represent how the stories were told.

Following this model of narrative structure analysis, the transcripts were read several times. The first phase of this analysis is to define the plot axis within each story. The plot axis is defined as events, emotions, issues, themes and actions which were significant in the telling of the story (Lieblich et al., 1998). This plot axis was also

understood using stages established by Gergen and Gergen (1988) which involved considering the development of the story in context to its end, selecting the events contributing to this end point, re-writing events in temporal order, establishing causal links and establishing demarcation signs. The researcher then created individual graphs for each narrative (Lieblich et al., 1998). The participants were all prompted to share their story of self-harm, therefore the plot axis for each story was identified as their 'Story of Self-Harm'.

These individual graphs were compared and plot themes were identified to examine the structure (narrative form) of the stories, highlighting differences and similarities. The researcher was informed by methods provided by Frye (1957) which provided an understanding that forms of narrative are rooted in human experience, with shared properties (Gergen & Gergen 1998). To retain the character of the data, the analysis of the story categorisation was not restricted to pre-determined plot forms established in the literature. Comparing and contrasting both the general and individual aspects of each story. This analysis produced Plot Themes, which categorised the stories, considering the overall form of the narrative, while acknowledging the meaning of the story and what it may have attempted to express.

Categorical Content Analysis

Lieblich et al. (1998) defined the method of categorical content analysis in narrative research to follow 4 steps, these are (1) selection of the subtext, (2) definition of the content categories, (3) sorting the material into the categories, and (4) drawing

conclusions from the results. This content analysis was similar to the analysis completed by previous studies (Stein & Tuval-Mashiach, 2015).

(1) As the researcher asked participants to tell their story of self-harm, all data from the interview transcripts were relevant for the content analysis (Lieblich et al., 1998). (2) The researcher identified the principal sentences (which were identifiable units of meaning that expressed new or distinct ideas or memories) in the text. During this process, the text was read as openly as possible, to define the minor categories which could label each primary sentence, which emerge from the reading using an inductive approach (Braun & Clarke, 2006; Elo & Kyngäs, 2008). (3) The sorting of materials into major categories, involved grouping principal sentences which shared similarities in their minor categories, the same unit of text could be included in more than one major category. (4) The major categories which the researcher could identify existed as continua using the principal sentences from the data which were reported descriptively. The researcher also counted the frequency of principal sentences in each major theme to represent the content of the stories (Lieblich et al., 1998).

Researcher Influence and Quality Assurance.

The lead researcher (CM) was a 24-year-old, White-British, male trainee clinical psychologist. The researcher did not have personal experience with self-injury or self-poisoning, however had experiences of some 'socially acceptable' forms of self-harm. The lead researcher's subjective experiences in the research may have influenced the focus and interpretation of narratives. Therefore reflection and discussion with colleagues was utilised to ensure quality (Elliot, Fischer & Rennie, 1999). The lead

researcher participated in qualitative research and reflective practice groups to reflect on and discuss the process of research and analysis. Research findings were discussed regularly with a research supervisor who provided their reflections. Appendix P further outlines the author's reflections of their position and influence on the research for further transparency (Barker & Pistrang, 2005).

Results

Holistic Form Analysis

Due to the varying contents of each story, the researcher was unable to create prototypical phases which each story progressed through. Through analysing the 8 narratives, the researcher was able to identify three Plot Themes; 'Nothing changes', 'Sharp Progression' and 'Fluctuating'.

While these three plot themes are presented as three discrete categories, the variance within each type of story suggests that these three stories could be represented differently. One understanding could be that the stories told exist along a three point continuum, with each point being characterised by one of the three emerging plot themes.

Sharp Progression

Three participants described a story which matched the 'Sharp Progression' Plot Theme. The story's contained a sense of progressing through difficulties and emerging positively. After talking extensively about negative feelings, experiences and their relation to self-harm, participants finished quite distinctly positively, separate from the

negative build up. "*I just thought I'm gonna' try and sort everything out, and yeah, so it's over now"* (Participant 4). They often commented on either how they respond to stress differently now, or how well supported they are.
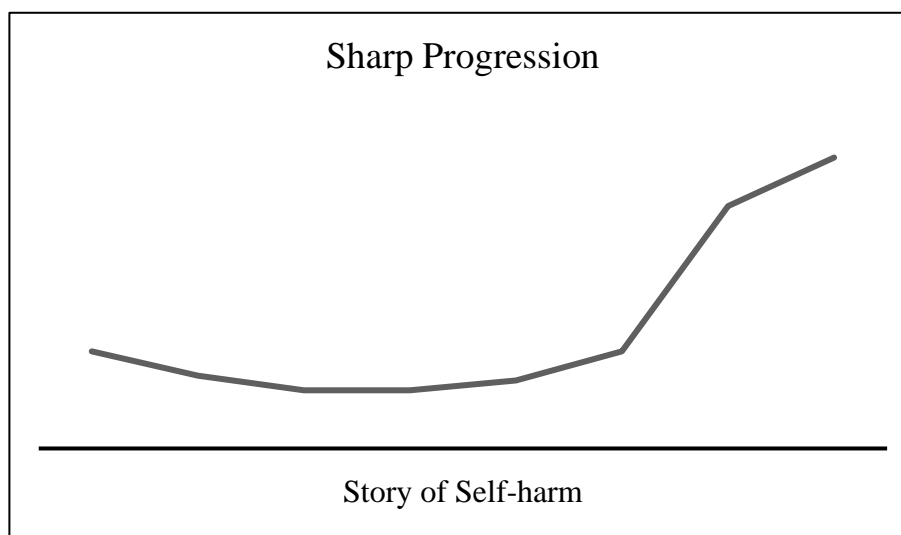
Figure 2. Example of plot trajectory of stories with a sharp progression plot theme.

Fluctuating

Three participants described stories which were categorised as being in the 'Fluctuating' Plot Theme. These stories described experiences where participants detailed both positive and negative experiences, attitudes and reflections one after another. Meaning the tone of their stories often switched rapidly between something going well, to something going badly and vice versa. These stories, ended in relatively positive places. Participants would often transition from one position to the other throughout their stories, "*…everything was going brilliantly, and then I went out drinking…"* (Participant 2). The participant went on to detail a significantly negative event that took them to their lowest point.

```
                    Fluctuating




                 Story of Self-harm
```
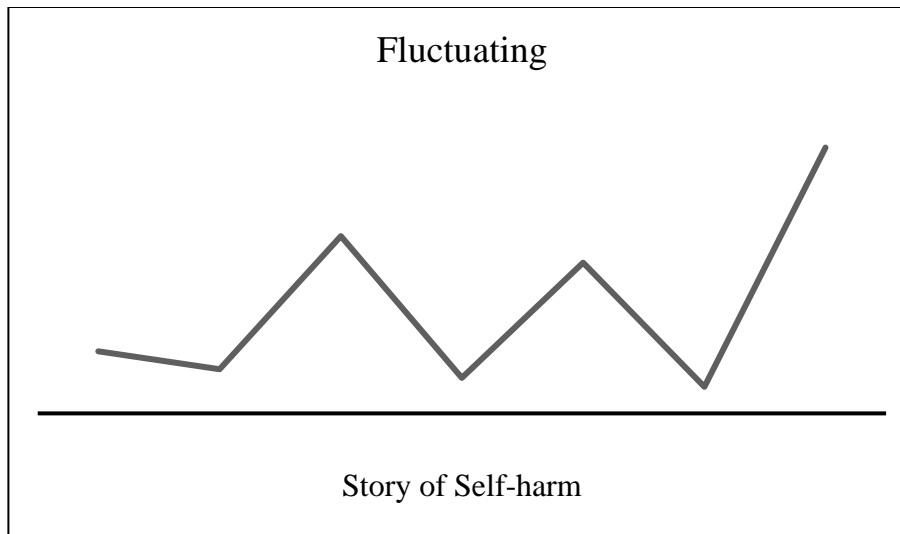
Figure 3. Example of plot trajectory of stories with a fluctuating plot theme.

Nothing Changing

Two participants described stories which were categorised as 'Nothing changing'. These stories typically were a description of continuous negative events, not developing either more negatively or positively. There was minimal fluctuation in the telling of these stories and they both ended in a similarly negative positions to where they started. Participants in this plot theme often talked about negativity or issues as a constant, one participant explicitly linked this to their self-harm feeling like a constant part of their life, "*I think it's something I will always have in my personality, it's just, that it will manifest itself in different ways.*" (Participant3).

```
                    Nothing Changing




         _____

                 Story of Self-harm
```
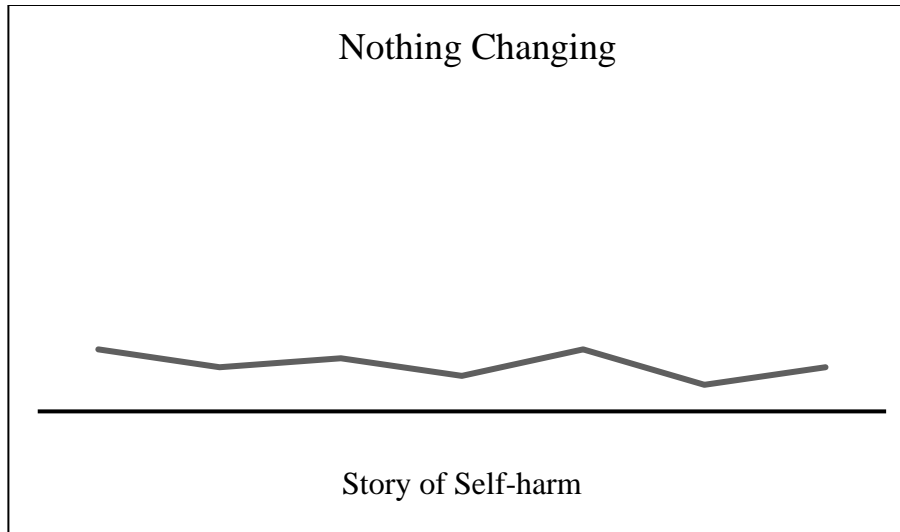
Figure 4. Example of plot trajectory of stories with a nothing changing plot theme.

Categorical Content Analysis

This section outlines major categories derived from the narratives. A number of these categories were conceptualised as existing as continua, which are described later. The complete set of major categories is outlined first to represent the full content of the narratives (Table 1). These major categories have been grouped and given headings for ease of reading.

Table 1. *Major categories which emerged from the narratives.*

Major Category	Number of Primary Sentences in Major Category
Practicalities of Self-Harm	
Severity of self-harm	18
Age of self-harm	10
Type of self-harm	7
Ideas about Self-Harm	
Open or Closed about self-harm	37
Attitudes towards self-harm	23
Confusion of what constitutes self-harm	8
Finding out about self-harm	2
Social Influences	
Experiences in relationships	149
The role of peers	14
Psychological Aspects	
Feeling normal/different	32
The role of mental health and wider issues	23
Emotions	20
Disrupted thoughts and memories	17
The role of control and motivation	16
Presence of suicidality	10
Other	
Drugs and alcohol	20
Function of self-harm	17
The role of significant events	15

Some Major categories appeared to present a continuum of experience. Data from the

narratives was used to create each continua. The categories which contained data that

could be identified as a continuum, were determined as:

- Experiences in relationships

- Feeling normal/different

- Open or closed about self-harm

- Severity of self-harm

Experiences in relationships

The narratives provided by participants detailed a continuum of positive and negative

experiences in relationships. At one end of the continuum, participants described

negative relationships and the impact of these negative relationships. Whilst at the other

end of the continuum, participants described positive relationships and the impact of

these positive relationships.

Negative experiences in relationships

Participants described self-harm often as a response to stress or difficult feelings that

emerged from the difficult relationships or interpersonal issues they experienced. One

narrator when talking about their self-harm described "*it got to the point where like even

if one of my friends annoyed me I got the urges to do it then. Just people in general were

starting to become one of the main influences for it, definitel*y" (Participant 4). This was

also talked about in the context of abusive relationships "*the way that I coped with that

was to hurt myself*" (Participant 7). Narratives also highlighted the impact of negative

relationships or lack of relationships on feelings of isolation. There was a recognition that isolation would have an impact on self-harm. "*If I do keep myself alone, I'll most likely fall back into it*" (Participant 7).

Participants described the difficulties they experienced within their relationships. When talking about their mother, once participant said "*she was very aggressive to me when I was younger, so I never wanted to go to her for anything*" (Participant 2). Another participant highlighted how certain things did not need to be spoken about, after they attempted suicide the participant when talking about their family said that "*we all knew it had happened but nobody really spoke about it. Like we'd already spoke about it. There's no need to keep bringing it up, I think was the main idea behind it. We don't really talk a lot as a family anyway. We argue a lot.*" (Participant 5). This participant portrayed a story where communication within their family was limited, and when they did communicate there was usually tension. They highlighted how this made their substance and alcohol use more secretive.

Participants highlighted a link between not being able to talk or express themselves and their experience of self-harm, one participant said "*I didn't understand how to handle my grief, erm and so that sadness that came with that, when I couldn't get around it, and I couldn't talk to anyone. That's where self-harming came in*" (Participant 3). There was an acknowledgement that when support is no longer available, self-harm can be more prevalent. When talking about a supportive friend possibly leaving, the narrator said "*it made me do it more, cause then I couldn't talk so it was more, like cutting more*" (Participant 3).

Participants also discussed their negative relationships in relation to; a lack of support, feelings of neglect, a disconnection from their peers, feelings of not being understood and negative experiences with professionals.

Positive Experiences in Relationships

Participants described their experiences of relationships sometimes as a positive force which decreased their self-harm. One narrator talked about their first romantic relationship "*They, while not always understanding themselves, kind of encouraged me to reduce my self-harming or stop my self-harming.*" (Participant 1). Participants also commented on the supportive nature of positive relationships, even when the support was not centred around self-harm. When talking about what helped them get through a particularly difficult time, one narrator said "*...also my friends, even though I didn't talk to them about the self-harm. I talked about the issues sort of, leading to it, if that makes sense.*" (Participant 6).

Participants described being able to express themselves through their positive relationships. One narrator when speaking about how now they can easily talk to their friends about their problems said "*I feel like it's more healthy to do that, than to resort to self-harming. It's all about finding healthy alternatives, and I was just really lucky that my friends were willing to help me out with that.*" (Participant 7).

One narrator described the importance of a supportive relationship they currently had, describing their current partner who "*accepts me for who I am, and all my flaws. He is someone who loves me a lot, a lot more positively than I see myself*" (Participant 1). This feeling of being accepted by others was described by others in their positive

relationships, particularly in relation to self-harm. One narrator said "*I could have, like cuts and stuff, and people would be okay with it*" (Participant 4), when talking about their friends as a teenager.

Participants also spoke about having positive experiences with professionals, others intervening in a positive way and the repairing nature of some of their relationships. The data relating to experiences of relationships could be grouped as positive and negative, and placed on a continuum of experiences in relationships, which is summarised in the figure below (Figure 5).

Continuum of Experiences in Relationships

Isolation   Supported   Reducing self-harm

Creates stress   Disconnection   Express self

Negative Relationships   Positive Relationships

Lack of support   Negative experiences with professionals   Accepted   Positive experiences with professionals

Not understood
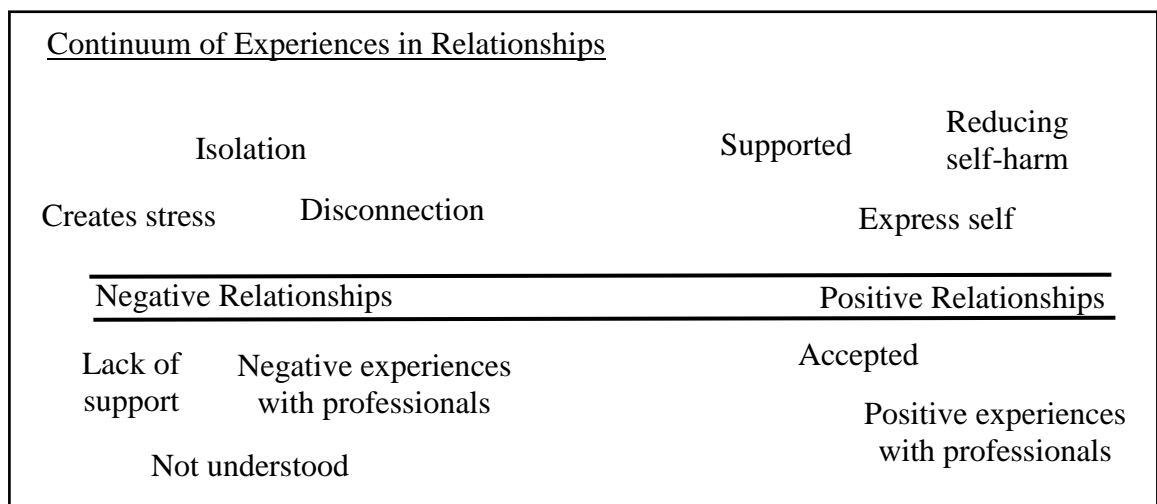
Figure 5: Continuum of Experiences in Relationships

Normality

The narratives described experiences relating to participants' self-harm in which they felt normal and accepted at one end of the continuum and described other experiences where they felt strange and different at the other.

       Feeling normal

Participants described experiences which made them feel more normal, one narrator said in relation to self-harm "*It was when I went to therapy that I first understood that it was actually quite common. That made me feel more calm, and more normal.*" (Participant 3). One participant spoke about how the normality around self-harm in her social group had an influence "*it came back from being something that I felt guilt about doing, to something that was more acceptable to the people I was with so I could do it if I wanted to.*" (Participant 4).

Participants also talked about how mental health diagnoses had normalising properties, how using substances was normalised with friends and the feelings of being accepted by others.

Feeling Different

Narratives provided experiences where participants felt different, sometimes generally, sometimes in relation specifically to their self-harm. This feeling of being different was represented by a narrator when they talked about their sexuality in their early adolescent years. "*I felt very uncomfortable in myself, in my own body, in my sexuality. And it was the fear of being found out, to be... you know not normal*" (Participant 1). Participants also discussed feelings of being different specifically around their self-harm. One narrator when talking about their first opinions of self-harm said "*my impression was kind of, that it was something that really strange people do, and no one does that*" (Participant 3).

Participants talked about the shame that came with feeling not normal, feeling that they were emotionally strange, that there was an emphasis to appear normal and feeling

different from what is normal in relation to peers. The data relating to feeling normal

and feeling different could be grouped and placed on a continuum of feeling

different/normal, which is summarised in the figure below (Figure 6).
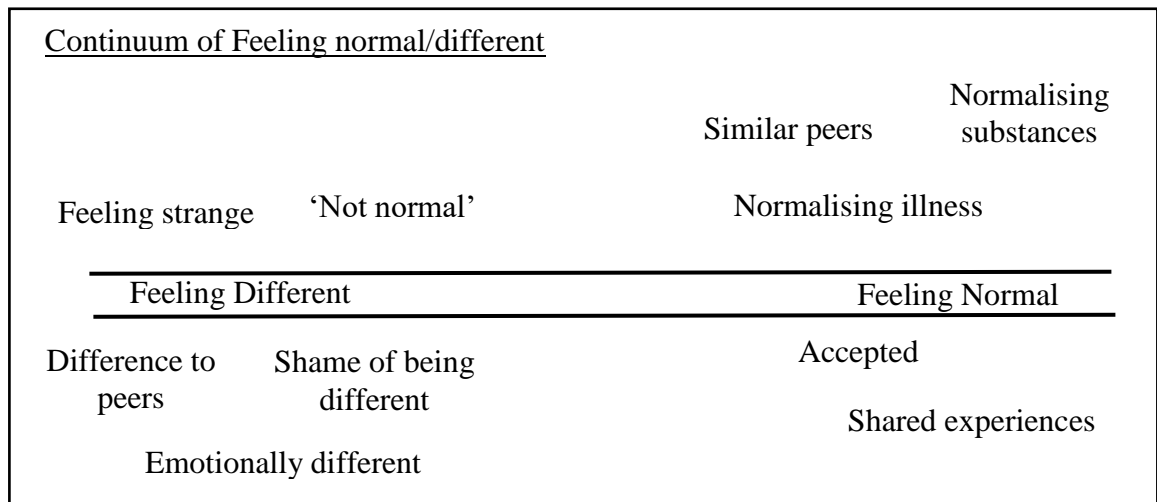
```
┌─────────────────────────────────────────────────────────────────────┐
│ Continuum of Feeling normal/different                                 │
│                                                                       │
│                                                          Normalising   │
│                                          Similar peers    substances   │
│                                                                       │
│  Feeling strange      'Not normal'        Normalising illness         │
│  ───────────────────────────────────────────────────────────────     │
│        Feeling Different                        Feeling Normal         │
│  ───────────────────────────────────────────────────────────────     │
│  Difference to      Shame of being              Accepted              │
│     peers             different                                        │
│                                                  Shared experiences    │
│         Emotionally different                                          │
└─────────────────────────────────────────────────────────────────────┘
```

Figure 6: Continuum of Feeling normal/different

Open or Closed about their Self-Harm

Narratives provided experiences which detailed accounts where individuals were open

about their self-harm with others, and accounts where individuals were closed about

their experiences to others.

Open about Self-Harm

On one end of the continuum, participants talked about the time when they first talked

about their self-harm with others. One narrator emphasised the timing of being open,

they said "*I had to be ready in myself before I could share it*" (Participant 2). A narrator

commented on the benefits of having an open attitude regarding their self-harm, they

said "*now I've got a lot more people know, and a lot more people helping me*"

(Participant 6). This narrator talked about the selection process of when to be open, they described initially only being open with another friend who also experienced self-harm. "*I never really told anyone, never my friends Apart from this other friend, cos obviously she had a better chance of understanding*".

Closed about Self-Harm

Participants talked about the location of their cutting in the context of keeping it hidden so that others would not find out about the self-harm. "*I was getting like, didn't want people to notice, so I started like cutting up my legs, and my sides and stuff instead.*" (Participant 4). Participants talked about the secretive elements of their self-harm in relation to shame and feeling different, "*it was always in secret cos I knew that some part of it was definitely shameful and not normal.*" (Participant 1).

Participants talked about not talking with others, feeling not normal, the influence of negative reactions to self-harm or imagined negative reactions. The data relating to being open and closed about self-harm could be grouped and placed on a continuum, which is summarised in the figure below (Figure 7).

```
Open/Closed about Self-Harm
                                                                    Positive
                                                                 experiences of
              Imagined reactions              Feeling assured      disclosure
                  from others
        Shame         'Not normal'                       Normalising illness

 ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━
          Closed                                                    Open
 ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━
 Not talking with        Hiding               Feeling understood
     others
                                                      Provides access to
             Negative reactions to                        support
                 Self-harm
```
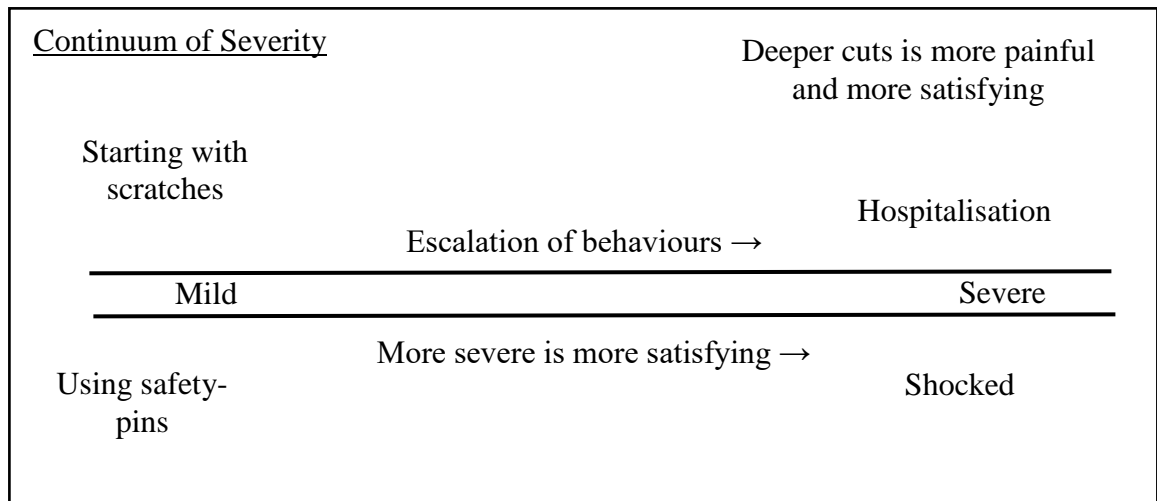
Figure 7: Continuum of Open/Closed about self-harm

Severity

The narratives detailed a continuum of severity, reporting less and more severe self-harming behaviours. At one end of the continuum, minimal behaviours are described. "*When I first started it was little scratches here and there* (Participant 2), at the other end, severe behaviours which shocked the participants were mentioned "*Cos I thought, 'oh god I shouldn't see that'*" (Participant 2).

Participants described how the severity of a behaviour often related directly to the satisfaction of it. "*It's a lot sharper than anything I'd ever used before, it was worse, but at the same time, that was more satisfying.*" (Participant 4). The narratives often contained a progression, from mild to more severe behaviours, this was sometimes talked about explicitly. "*You realise you need to do more, you have to cut slightly deeper top feel the same effect*". (Participant 1)

Participants talked about the escalation of behaviours in relation to drugs and alcohol. They also talked about the severity of behaviours which meant the narrator spent time at hospital. The data relating to the severity of self-harm is summarised in the figure below (Figure 8).

```
Continuum of Severity                              Deeper cuts is more painful
                                                        and more satisfying

        Starting with
          scratches
                                                          Hospitalisation
                        Escalation of behaviours →

_____Mild_____Severe_____

                        More severe is more satisfying →
        Using safety-                                        Shocked
            pins
```

Figure 8: Continuum of Severity

Discussion

This study explored the experiences of university students who self-harm to identify possible continua, which may exist in their stories. Four continua of experience emerged from the narratives of the participants. These were a continuum of relationships, a continuum of feeling normal/different, a continuum of being open or closed about their self-harm and a continuum of severity. The continua that were identified in this study appeared dynamic in nature, with participants appearing to be at different places along the continua in different periods of time. These findings are therefore consistent with the understanding that individuals may move along a continuum (Ogden, 2012).

The continua were found to share many similarities and link with each other. This is supported by the literature, for example, experiences of positive close relationships can provide positive regard which would encourage an individual to become more self-accepting and more integrated, this in turn can facilitate interpersonal openness (Rogers, 1970). Thus, establishing a link between positive relationships, feeling normal/accepted, and being prepared to be open. Interactions are also present at the other end of these continua. The process of individuals being surrounded by negative relationships may lead to an individual feeling unable to share their experiences (and be open) as social sharing is associated with more salient emotional bonds (Pennebaker, Zech & Rimé, 2001). This social isolation may lead to an individual feeling more disconnected from other people and society, and therefore feel different and unaccepted. A strong link in research exists between psychological distress and social isolation (Leary & Baumeister, 2017). This may lead to self-harm, as individuals attempt to regulate their experienced psychological distress (Connors, 1996).

The understanding that an individual's relationships significantly interact with their self-harm has been previously researched. With previous research identifying that the quality of social support is negatively associated with self-injury, as well as support from family associated with a lower likelihood of self-injury (Hefner & Eisenberg, 2009).

The continuum of severity that emerged from the study is not thought to be a novel finding, as spectrums of severity in self-harm have been proposed by previous researchers (Sansone et al. 1998). The findings of this research corroborate an understanding that those who engage in self-harm may escalate their behaviours over time (Hasking, Momeni, Swannell & Chia, 2008). Typically starting with relatively mild

methods and increasing severity as individuals discover that more severe behaviours create more pain and feel more satisfying.

The continuum of normality that emerged from this study shares similarities with research proposed by previous researchers. Osuch et al. (1999) discuss a spectrum of social acceptability in self-harm, they highlight that this social acceptability can differ across subcultures. This is mirrored in the continuum of 'feeling normal/different', as many participants talked about their normality being defined by those around them and the groups (subcultures) they were in.

There may be particular aspects of being a university student, which causes difficulties for many individuals. The impact of financial pressures (Andrews & Wilding, 2004), homesickness (Fisher & Hood, 1987), drugs and alcohol (Webb et al., 1996) could all influence an individual's wellbeing. The students in this study mentioned the impact of drugs and alcohol on their self-harm, but not specifically homesickness or financial difficulties. Relationships and interpersonal interactions were one of the most commonly talked about parts of participant's stories. Andrews and Wilding (2004) found in a general sample of British students that relationship difficulties were the most commonly reported difficulty.

Participants talked about their experiences in 3 distinct ways. Some participants described their experiences completely negatively and there was a sense that things never changed for these individuals. Other participants described a series of negative events, followed by a sharp progression to positivity, usually them feeling like they were completely past their self-harm. The final group of participants described experiences

which distinctly fluctuated between good and bad experiences and feelings. These three stories of self-harm may represent a three-point continuum upon which those who have experiences of self-harm experience their stories. Recognising the variation within each type of story, it would be justified to understand these stories as points across a continuum, rather than conceptualising them as three discrete stories. While all participants shared a commonality of experiencing self-harm, these differing stories may represent the heterogeneity within self-harm as well as the recognition that participants may be telling their stories from different stages of their relationship with self-harm. This is consistent with an understanding that stories are told in context to their end point (Gergen & Gergen, 1998).

Strengths & Limitations

University students who wished to participate were required to approach the researcher. Therefore the sample obtained in this study may not represent certain experiences of self-harm in university students, as a subset of this particular group may not wish to actively participate in research. The study obtained a small sample of participants, as expected with qualitative research. All participants have personal experiences of self-harm, and reported many similarities in their experiences during interviews, however their stories manifested with different trajectories, suggesting there is homogeneity and heterogeneity present in the sample.

The participants in this study did not always make explicit if they considered themselves as currently or historically engaging in self-harm, therefore it was not possible to draw

conclusions between how individuals currently positioned themselves in relation to self-harm and how they told their stories.

The use of reflection and discussion by the researchers, as well as their transparency to ensure quality (Barker & Pistrang, 2005; Elliot et al., 1999) in the research process could be considered a strength of the research.

Clinical Applications

One significant finding of the research was the prominence with which individuals talked about negative experiences in relationships. The continuum of experiences in relationships appeared to interact with other continua in the narratives of the participants. The influence of negative experiences in relationships for the lifetime distress for individuals in this study was remarkable. The clinical implications for this, are that therapeutic work could benefit from working systemically, to help surround those who are distressed and using in self-harm to cope with positive social experiences.

Universities acknowledging this research should prioritise creating spaces for students to feel valued and accepted. Transition to university is a major life change for young people (Lu, 1994). This may be a stressful experience (Dyson & Renk, 2006) but is also an opportunity to meet new people and form positive relationships. Universities should ensure that students have access to a diverse range of activities and groups to involve themselves in, as well as providing accessible, non-stigmatising support. Universities could work to promote an awareness of self-harm in the university to reduce the shame of accessing support. Universities could introduce sensitive initiatives, such as providing

students with information on how to support their peers and friends if they may be using self-harm.

Conclusions

The findings of this study suggest that the continua in self-harm are multi-layered and complex. The continua which were found to exist in the content of stories appeared to overlap and interact with each other. Further research may be able to further explore these interactions. The continua of how individuals told their stories informs us of the diversity within the experiences of university students who self-harm. This variance further supports an understanding that as humans our shared experiences do not exist in discrete categories, but rather along continua.

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Whitlock, J., Muehlenkamp, J., Purington, A., Eckenrode, J., Barreira, P., Baral Abrams, G., Marchell, T., Kress, V., Girrard, K., Chin, C., & Knox, K. (2011). Nonsuicidal self-injury in a college population: General trends and sex differences. *Journal of American College Health*, *59*(8), 691-698.

Part Three: Appendices and Reflective Statement

Appendix A: Ethics Letter of Approval

[REMOVED FOR DIGITAL ARCHIVING]

Appendix B: Relevant sections from 'Guide for Authors' for Journal of Adolescence

GUIDE FOR AUTHORS

Introduction

The Journal is an international, broadly based, cross-disciplinary, peer-reviewed journal addressing issues of professional and academic importance to people interested in adolescent development. The Journal aims to enhance theory, research and clinical practice in adolescence through the publication of papers concerned with the nature of adolescence, interventions to promote successful functioning during adolescence, and the management and treatment of disorders occurring during adolescence. We welcome relevant contributions from all disciplinary areas.

For the purpose of the Journal, adolescence is considered to be the developmental period between childhood and the attainment of adult status within a person's community and culture. As a practical matter, published articles typically focus on youth between the ages of 10 and 25. However, it is important to note that JoA focuses on adolescence as a developmental period, and this criterion is more important than age per se in determining whether the subject population or article is appropriate for publication.

The Journal publishes both qualitative and quantitative research. While the majority of the articles published in the Journal are reports of empirical research studies, the Journal also publishes reviews of the literature, when such reviews are strongly empirically based and provide the basis for extending knowledge in the field. Authors are encouraged to read recent issues of the Journal to get a clear understanding of style and topic range.

Types of contributions
Specific instructions for different manuscript types

Full research articles: The majority of the articles carried in the Journal are full research articles of up to 5000 words long, reporting the results of research (including evaluations of interventions). The word count relates to the body of the article. The abstract, references, tables, figures and appendices are not included in the count. Authors are encouraged to consult back issues of the Journal to get a sense of coverage and style, but should not necessarily feel confined by this. Articles should clearly make a new contribution to the existing literature and advance our understanding of adolescent development.

Review articles: We are keen to encourage authors to submit review articles on topics where there is a need for a new overview of existing research. As with other formats, the focus should be explicitly on adolescence, and on shedding light on young people's development. The journal is not prescriptive about how reviews should be undertaken, but the methods used should be clear. Reviews should not exceed 5000 words. The word count includes the body of the article, but not the abstract, references, tables, figures or

appendices. Further information about writing reviews for the Journal of Adolescence can be found here. Occasionally the editors will commission review pieces if they feel there is a particular gap in the literature that needs filling, or to complement a Special Issue. If authors would like to discuss their plans for a review article, please contact the Editor through the journal mailbox. joa@elsevier.com in the first instance.

Brief reports: The Editors will consider Brief Reports of between 1000 and 1500 words (three to five typewritten pages). The word count relates to the body of the report. The abstract, references, tables, figures and appendices are not included in the count. This format should be used for reports of findings from the early stages of a program of research, replications (and failures to replicate) previously reported findings, results of studies with sampling or methodological problems that have yielded findings of sufficient interest to warrant publication, results of well designed studies in which important theoretical propositions have not been confirmed, and creative theoretical contributions that have yet to be studied empirically. A footnote should be included if a full-length report is available upon request from the author (s).

International notes: This format is for the very brief reporting of research replications from developing countries and places with a less well supported adolescence research field, where it may be difficult to find international publication outlets and bring the work to the attention of a wider audience. International notes would be published as a very brief summary in the Journal (up to 1000 words in length), with a fuller version available as on-line supplementary material (see above). The word count relates to the body of the text. The abstract, references, tables, figures and appendices are not included in the count. International notes are likely to focus on local replications of wellknown phenomena or findings.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address

All necessary files have been uploaded:
Manuscript:
• Include keywords
• All figures (include relevant captions)
• All tables (including titles, description, footnotes)
• Ensure all figure and table citations in the text match the files provided
• Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)
Supplemental files (where applicable)

Further considerations
• Manuscript has been 'spell checked' and 'grammar checked'
• All references mentioned in the Reference List are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Internet)
• A competing interests statement is provided, even if the authors have no competing interests to declare
• Journal policies detailed in this guide have been reviewed
• Referee suggestions and contact details provided, based on journal requirements

GENERAL STYLE: The Journal follows the current American Psychological Association style guide. Papers that are not submitted in APA style are likely to be returned to authors. You are referred to their Publication Manual, Sixth Edition, copies of which may be ordered from http://www.apa.org/pubs/books/4200066.aspx, or APA order Dept, POB 2710, Hyattsville, MD 20784, USA, or APA, 3 Henrietta Street, London, WC3E 8LU, UK. There are also abbreviated guides freely available on the web. Text should be written in English (American or British usage is accepted, but not a mixture of these). Italics are not to be used for expressions of Latin origin, for example, in vivo, et al., per se. Use decimal points (not commas); use a space for thousands (10 000 and above). If (and only if) abbreviations are essential, define those that are not standard in this field at their first occurrence in the article: in the abstract but also in the main text after it. Ensure consistency of abbreviations throughout the article.

Manuscripts must be typewritten using double spacing and wide (3 cm) margins. (Avoid dull justification, i.e., do not use a constant right-hand margin). Ensure that each new paragraph is clearly indicated. Present tables and figure legends on separate pages in separate electronic files. If possible, consult a recent issue of the Journal to become familiar with layout and conventions. Number all pages consecutively.

Appendix C: Quality Assessment Toot for Observational Cohort and Cross-Sectional Studies.

[REMOVED FOR DIGITAL ARCHIVING]

[REMOVED FOR DIGITAL ARCHIVING]

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Appendix D: Data Extraction Tool

Study Characteristics	
Title	
Authors	
Date	
Country of Origin	
Study Aims	
Participant Characteristics	
Age Range	
Sample Size	
Design & Methodology	
Predictor, associate or correlate of interest	
Key Findings	

Appendix E : Quality Assessment Tool Ratings (*Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies* (National Heart, Lung, and Blood Institute, 2014))

	Claes, et al., 2014	Gandhi, et al., 2015a	Gandhi, et al., 2015b	Gandhi, et al., 2016
1. Was the research question or objective in this paper clearly stated?	YES	YES	YES	YES
2. Was the study population clearly specified and defined?	YES	YES	YES	YES
3. Was the participation rate of eligible persons at least 50%?	YES	NO	NR	NO
4. Were all the subjects selected or recruited from the same or similar populations? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	YES	YES	YES	YES
5. Was a sample size justification, power description, or variance and effect estimates provided?	NO	NO	NO	NO
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	NO	NO	NO	NO
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	NA	NA	NA	NA
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome?	YES	NO	NO	NO
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	YES	YES	YES	YES
10. Was the exposure(s) assessed more than once over time?	NO	NO	NO	NO
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	YES	YES	YES	YES
12. Were the outcome assessors blinded to the exposure status of participants?	NA	NA	NA	NA
13. Was loss to follow-up after baseline 20% or less?	NA	NA	NA	NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	YES	YES	YES	YES
Rater #1 Score	Good	Fair	Fair	Fair
Rater #2 Score	Good	Fair	Fair	Fair

	Gandhi, et al., 2017	Luyckx, et al., 2015a	Luyckx, et al., 2015b	Young, et al. 2014
1. Was the research question or objective in this paper clearly stated?	YES	YES	YES	YES
2. Was the study population clearly specified and defined?	YES	YES	YES	YES
3. Was the participation rate of eligible persons at least 50%?	NR	NR	NR	YES
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	YES	YES	YES	YES
5. Was a sample size justification, power description, or variance and effect estimates provided?	NO	NO	NO	NO
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	YES	NO	NO	NO
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	YES	NA	NA	NA
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome?	YES	YES	YES	YES
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	YES	YES	YES	YES
10. Was the exposure(s) assessed more than once over time?	YES	NO	NO	NO
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	YES	YES	YES	YES
12. Were the outcome assessors blinded to the exposure status of participants?	NA	NA	NA	NA
13. Was loss to follow-up after baseline 20% or less?	NO	NA	NA	NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	YES	YES	YES	YES
Rater #1 Score	Good	Fair	Fair	Fair
Rater #2 Score	Good	Fair	Fair	Good

Appendix F: Measures used in the research studies in the Systematic Literature Review

- Behavior Inhibition System and Behavior Activation Scales (BISBAS, Carver & White, 1994)

- Big Five Inventory (BFI, John & Srivastava, 1999)

- Child Depression Inventory (CDI, Kovacs, 1992)

- Dimensions of Identity Development Scale (DIDS, Luyckx, Schwartz, Berozonksy, Soenens, Vanteenkiste & Smits et al., 2008)

- Effortful Control Scale from the Adult Temperament Questionnaire (ATQ-SF-EC, Evans & Rothbart, 2007))

- Erikson Psychosocial Stage Inventory (EPSI, Rosenthal Gurney & Moore, 1981)

- Functional Assessment of Self-Injury (FASM, Nock & Prinstein, 2004)

- Perfectionism Scale from Eating Disorder Inventory-2 (Garner, 1991)

- Self-Harm Behavior Questionnaire (SHBQ, Gutierrez, Osman, Barrios & Koppper, 2001)

- Self-Harm Inventory (SHI, Sansone, Wiederman & Sansone, 1998)

- Self-Injury Questionnaire-Treatment Related (SIQ-TR, Claes & Vandereycken, 2007)

- The Hospital Anxiety and Depression Scale (HADS, Zigmond & Snaith, 1983)

- The Identity Distress Survey (IDS, Berman, Montgomery & Kurtines, 2004)

- The Inventory of Parent and Peer Attachment (IPPA, Armsden & Greenberg, 1987)

References

Armsden, G. C., & Greenberg, M. T. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of youth and adolescence*, *16*(5), 427-454.

Berman, S. L., Montgomery, M. J., & Kurtines, W. M. (2004). The development and validation of a measure of identity distress. *Identity: An International Journal of Theory and Research*, *4*(1), 1-8.

Carver, C. S., & White, T. L. (1994). Behavioral inhibition, behavioral activation, and affective responses to impending reward and punishment: the BIS/BAS scales. *Journal of personality and social psychology*, *67*(2), 319.

Claes, L., & Vandereycken, W. (2007). The Self-Injury Questionnaire—Treatment Related (SIQ-TR): Construction, reliability, and validity in a sample of female eating disorder patients.

Evans, D. E., & Rothbart, M. K. (2007). Developing a model for adult temperament. *Journal of Research in Personality*, *41*(4), 868-888.

Garner, D. M. (1991). Eating disorder inventory-2.

Gutierrez, P. M., Osman, A., Barrios, F. X., & Kopper, B. A. (2001). Development and initial validation of the Self-Harm Behavior Questionnaire. *Journal of Personality Assessment*, *77*(3), 475-490.

John, O. P., & Srivastava, S. (1999). The Big Five trait taxonomy: History, measurement, and theoretical perspectives. *Handbook of personality: Theory and research*, *2*(1999), 102-138.

Kovacs, M. (1992). Children's Depression Inventory (CDI) manual North Tonawanda, NY: Multi-Health Systems.

Luyckx, K., Schwartz, S. J., Berzonsky, M. D., Soenens, B., Vansteenkiste, M., Smits, I., & Goossens, L. (2008). Capturing ruminative exploration: Extending the four-dimensional model of identity formation in late adolescence. *Journal of Research in Personality*, *42*(1), 58-82.

Nock, M. K., & Prinstein, M. J. (2004). A functional approach to the assessment of self-mutilative behavior. *Journal of consulting and clinical psychology*, *72*(5), 885.

Rosenthal, D. A., Gurney, R. M., & Moore, S. M. (1981). From trust on intimacy: A new inventory for examining Erikson's stages of psychosocial development. *Journal of Youth and Adolescence*, *10*(6), 525-537.

Sansone, R. A., Wiederman, M. W., & Sansone, L. A. (1998). The Self-Harm Inventory (SHI): development of a scale for identifying self-destructive behaviors and borderline personality disorder, *Journal of clinical psychology*, 54(7), 973-983

Zigmond, A. S., & Snaith, R. P. (1983). The hospital anxiety and depression scale. *Acta psychiatrica scandinavica*, *67*(6), 361-370.

Appendix G: Relevant Sections from 'Guide for Authors' for Social Science & Medicine

GUIDE FOR AUTHORS.

INTRODUCTION
Social Science & Medicine provides an international and interdisciplinary forum for the dissemination of social science research on health. We publish original research articles (both empirical and theoretical), reviews, position papers and commentaries on health issues, to inform current research, policy and practice in all areas of common interest to social scientists, health practitioners, and policy makers. The journal publishes material relevant to any aspect of health and healthcare from a wide range of social science disciplines (anthropology, economics, epidemiology, geography, policy, psychology, and sociology), and material relevant to the social sciences from any of the professions concerned with physical and mental health, health care, clinical practice, and health policy and the organization of healthcare. We encourage material which is of general interest to an international readership.

Journal Policies
The journal publishes the following types of contribution:

1) Peer-reviewed original research articles and critical analytical reviews in any area of social science research relevant to health and healthcare. These papers may be up to 8000 words including abstract, tables, figures, references and (printed) appendices as well as the main text. Papers below this limit are preferred.
2) Systematic reviews and literature reviews of up to 15000 words including abstract, tables, figures, references and (printed) appendices as well as the main text.
3) Peer-reviewed short communications of findings on topical issues or published articles of between 2000 and 4000 words.
4) Submitted or invited commentaries and responses debating, and published alongside, selected articles (please select the article type 'Discussion' when submitting a Commentary).
5) Special Issues bringing together collections of papers on a particular theme, and usually guest edited.

Due to the high number of submissions received by Social Science & Medicine, Editorial Offices are not able to respond to questions regarding the appropriateness of new papers for the journal. If you are unsure whether or not your paper is within scope, please take some time to review previous issues of the journal and the Aims and Scope at https://www.journals.elsevier.com/social-science-and-medicine/.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address

All necessary files have been uploaded:
Manuscript:
• Include keywords
• All figures (include relevant captions)
• All tables (including titles, description, footnotes)
• Ensure all figure and table citations in the text match the files provided
• Indicate clearly if color should be used for any figures in print
Graphical Abstracts / Highlights files (where applicable)
Supplemental files (where applicable)
Further considerations
• Manuscript has been 'spell checked' and 'grammar checked'
• All references mentioned in the Reference List are cited in the text, and vice versa
• Manuscript does not exceed the word limit
• All identifying information has been removed from the manuscript, including the file name itself
• Permission has been obtained for use of copyrighted material from other sources (including the
Internet)
• Relevant declarations of interest have been made
• Journal policies detailed in this guide have been reviewed
• Referee suggestions and contact details provided, based on journal requirements

References
There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

Essential cover page information

The Cover Page should **only** include the following information:

• *Title.* Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible and make clear the article's aim and health relevance.
• *Author names and affiliations in the correct order.* Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• *Corresponding author.* Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that telephone and fax numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.**
• *Present/permanent address.* If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Appendix H: Study Advertisement

[REMOVED FOR DIGITAL ARCHIVING]

Appendix I: Participant Information Sheet

Understanding Self-Harm: exploring the stories of people with experiences of self-harm.

Participant Information Sheet

This study is aiming to investigate the experiences of self-harm. The researchers would like to understand these experiences by hearing people's stories. Before you decide if you want to participate, we would like to explain why the research is being done, and what you will be asked to do. The researcher will answer any questions you might have before starting.

What is the purpose of the study?

Previous researchers have investigated self-harm and provided us with different ways of understanding self-harm. Different researchers have thought about self-harm from different points of view, such as thinking about self-harm in terms of social acceptability or as different types of severity. Researchers however, often do not explore self-harm by asking people about their experiences.

The research aims to

- Increase the understanding of self-harm by exploring the experiences of individuals who currently self-harm or who have self-harmed in the past.

We want to think about how these experiences can inform us by noticing what are the similarities, differences and themes in people's experiences.

Why have I been asked to take part?

This study aims to research the stories of people who have experiences of self-harm, therefore were are asking people who have experiences of self-harm to take part. This research will ask University students and service users at the Heathcotes Group Residential Service to take part in this study, the researcher is hoping to obtain up to 10 participants.

What will happen if I decide to take part?

If you are interested in sharing your experiences of self-harm, you will be invited to take part in an interview with the researcher. This interview will be located in a convenient place and time for you.

During the interview, the researcher will invite you to tell your story of self-harm and possibly asking follow-up questions on what you choose to tell. The interview will be audio recorded.

Why will the sessions be recorded?

The interviews will be recorded so that the researcher can analyse the experiences that emerge in the interview. The recording will provide an accurate copy of what was said in the interview, rather than relying on memory or written notes. The researcher will examine the similarities, differences and themes in these experiences. The researcher is planning to transcribe the interviews (create written versions of what is said) to help with the analysis of these experiences.

What will happen to the recording?

The audio recording will be securely stored electronically. Only the researcher will have access to it. They will listen to the recording of the interview and transcribe it (create a written copy of the interview). This transcript will be stored securely and made anonymous, others will not be able to be identify you from the transcript. The researcher will use this transcript to understand your experiences better.

Do I have to take part? Can I later change my mind?

You do not need to take part in this research; your participation is voluntary. If you would like to take part, you will be asked to sign a consent form that indicates your willingness to participate. If you consent to participate, you can still ask to withdraw at any time, up to the point where results are analysed. You do not need to provide a reason for withdrawing from the study, or deciding not to participate. There will be no consequences of choosing not to participate or choosing to withdraw from participation.

What are the possible benefits of taking part?

There will be no direct benefit or payment resulting from your participation in this study; however, you might appreciate the opportunity of sharing your stories and experiences. It is hoped that the information you provide will help contribute to the understanding of how people experience self-harm. This may help to improve the support available for people who self-harm.

<u>What are the possible disadvantages and risks of taking part?</u>

Some people might find the interview process upsetting. The researcher will try to ensure that the interview is not too upsetting for you by regularly asking how you are feeling and if you would like to carry on or stop.

Additional information on how you will be supported if the research process is upsetting is provided on a separate sheet.

<u>What if there is a problem?</u>

If you have any concerns about this study, you are welcome to share these with the researcher who will try their best to answer your questions. The researcher's supervisors at the University of Hull are available to contact, should you prefer this option.

If you have a complaint you can contact the Associate Dean for Research, Professor Mark Hayter (M.Hayter@hull.ac.uk / 01482 463179).

<u>Will my taking part in this study be kept confidential?</u>

Yes.
Information you provide in the study will be kept confidential. The researcher however may disclose information if they believe that you or others are at risk of harm. Examples of this are; if the researcher identifies the participant being at serious risk of harm, the researcher identifies that the participant is being violent or threatening to people or property, or the participant expression suicidal thoughts or plans. This is not an exhaustive list, however highlights some of the possible risks that might arise in an interview process, in which the researcher may have to escalate these concerns to other people and organisations. The researcher would endeavour to inform you of this, before disclosing information to others.

Information that could be used to identify you will be kept securely by the researchers in a locked cabinet at the University of Hull. Information you provide in the interviews will be used in this research and may be quoted in the write up of the report. When the interviews are written, you will be assigned a different name. Therefore, no one who looks at the interview data will be able to identify you from it.

What will happen to the results of the study?

After the research is completed, the researcher will write up the findings as part of the researcher's Clinical Psychology doctoral thesis and may be submitted for publication in an academic journal or presented at conferences. As mentioned above, some quotes may be used in this write-up, but no personal details or identifiable information will be included.

Who is organising and funding the research?

The researcher is a doctoral student in Clinical Psychology at the University of Hull who is also employed by Humber NHS Foundation Trust. This study is part of his doctoral research project, expenses are provided by the University of Hull.

Who has reviewed the study?

The study has been reviewed by the School of Health and Social Work Research Ethics Committee at the University of Hull and given a favourable opinion.

Contact Details

Researcher: **Conor McGuire**
Clinical Psychology Doctoral Programme
School of Health and Social Work
Faculty of Health Sciences
Aire Building
University of Hull
Hull, HU6 7RX, UK

Telephone: **07849747212** (please leave a message if the call is not answered and the researcher will get back to you).

Email: **Conor.McGuire@2015.hull.ac.uk**

Research supervisors

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01482 466953
School of Life Sciences
Faculty of Health Sciences
Applied Science Building
University of Hull
Hull, HU6 7RX, UK

Thank you very much for your interest!

Participant Support Information Sheet

It is up to you how you tell your story, therefore you can decide what you would like to include and leave out. The process of telling your story might be distressing so it is important that there is support in place should this happen. Throughout the interview, the researcher will monitor how you are by asking things like 'how is this?' and 'how are you feeling about it?' If the interview process becomes too distressing, then stopping the interview at any time is perfectly fine.

The Student wellbeing, learning & welfare support service can provide support if the research process is distressing and you would like some non-urgent support. A referral can be made to the Health & Wellbeing Duty Adviser, this can be a booked appointment, or drop in session.

If the research process is distressing and you would like some urgent support, it may be possible to arrange to see the Duty Adviser if they are available. If they are unavailable, the researcher can support you to contact your GP to request an emergency appointment, or to contact the Hull Mental Health Crisis Team, or offer to call ambulance if required.

If the researcher identifies that there is an urgent difficulty- something that makes the researcher think that you or someone else might be at risk of harm, such as the participant indicating that they are at serious risk of injuring themselves or another person, or expressing suicidal plans and/or thoughts. It may be necessary for the researcher to contact the Student wellbeing, learning and welfare service without your consent.

Useful Numbers (which are routinely given to each student participant):

<u>Student Wellbeing, Learning and Welfare Support (SWLWS)</u>

Welfare Team
01482 462222
Disabilityenquiries@hull.ac.uk

Head of Service
01482 466480

Health & Wellbeing Team
01482 462222
Studentwellbeing@hull.ac.uk

Staff Counselling Services (FOCUS)
01482 891564

<u>External Support</u>

Samaritans
116123

Let's Talk (if GP is in Hull)
01482 247111
http://www.letstalkhull.co.uk/

East Riding Emotional Wellbeing

(If GP is in East Riding)
01482 301701

Crisis Team Hull
01482 336161

Crisis Team East Riding
01377 241273

Appendix J: Participant Consent Form

Participant Identification Number for this study:

CONSENT FORM

Title of Project: **Understanding Self-Harm: exploring the experiences of individuals who self-harm.**

Name of Researcher: **Conor McGuire**

Please initial all boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. The researcher has asked me whether I would be willing to engage in the interview, which will be recorded. I agree to the recording of this interview and that the information on the recording will be kept confidential under secure conditions. The original copy will be destroyed at the earliest convenience.

4. I understand that if I do not feel comfortable to give consent then I do not have to, however I will be unable to participate in the interview and the research.

5. I agree to take part in the above study.

Name of Participant	Date	Signature

Name of Person taking consent.	Date	Signature

Appendix K: Participant Demographic Form

DEMOGRAPHIC FORM

Title of Project: **Understanding Self-Harm: exploring experiences of individuals who self-harm.**

Name of Researcher: **Conor McGuire**

Date of Birth: _____/_____/_____

Gender: _____

Appendix L: Narrative Instructions

Interview Structure

Following the signing of the consent form, the agreement to audio recording of sessions signed and demographic information noted. The interview will begin.

The researcher will start by reading an opening statement which will prompt the participant to start telling their story...

"I would like you to tell the story of your experiences of self-harm.

The story can be as short or as long as you want it to be. It is up to you what you choose to include in your story. You may start and end your story wherever you like. Some areas you could include in your story might be:

First experiences of self-harm, feelings towards self-harm, responses from others, relevant experiences from earlier in your life, the future…"

The participant will then tell their story, it is difficult to know how long participants will do this for.

Once their story has been told, the researcher may ask some follow up questions. These follow-up questions will follow themes that have been raised by the participant, with an aim of simply obtaining further detail if appropriate.

Appendix M: Example of Holistic Form Analysis

[REMOVED FOR DIGITAL ARCHIVING]

[REMOVED FOR DIGITAL ARCHIVING]

Appendix N: Example of Categorical Content Analysis

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Appendix O: Epistemological Statement

Epistemological Statement

This statement is intended to make clear the ontological and epistemological assumptions the thesis and methodologies within it. Ontology focuses on the nature of reality; an ontological position reflects how one determines what can be real or not. Epistemology however, focuses on what and how we can know about this reality (Willis & Jost, 2007).

A positivist realist position aims to determine a definitive truth. This comes from the perspective that there is a stable reality 'out there' and science can be used to empirically measure this reality (Green & Thorogood, 2014). At the opposite end of the continuum to the positivist approach is the constructionist approach, an approach which assumes that reality is an outcome of human processes, created by language and subjective meanings, with an assumption that it is impossible to detach reality from the processes from which it is constituted (Green & Thorogood, 2014). Another position, is that of an interpretative approach, in relation to research on humans, the interpretative approach aims to understand behaviour, rather than explain it (Green & Thorogood, 2014). Similarly phenomenological approaches seek to explore and understand experiences with a focus on their subjectivity (Green & Thorogood, 2014).

The researcher considered themselves to hold a 'subtle realist' position (Blaikie, 2007). Which is that research investigates independent, knowable phenomena although we do not have direct access to those phenomena. The review and empirical paper have hermeneutic components, consequently the research cannot provide full objectivity therefore the researcher has strived to provide transparency in relation to any influences that may have shaped created meaning in the research.

The aim of the empirical research was to explore the presence of possible continua in the experiences of individuals who self-harm. Initially, I considered a variety of qualitative methodologies to approach this research question. I wanted to use an approach which would consider the processes within individuals' experiences, as well as the content. Upon reading Josselson's (2011) understandings of a narrative approach, the researcher

saw value in an approach which could consider the processes within an individual's experiences, as well as the content. An approach which could consider an individual's whole story of self-harm (which respected the way they chose to tell it) felt suitable, when considering this research is responding to the lack of voices contributed by those with personal experiences of self-harm. The value of providing narratives has been outlined as a powerful act for the contributors, Rosenwald and Ochberg (1992) comment on the process of giving self-narration which can lead to self-emancipation. Squire, Andrews and Tamboukou (2008) comment that the humanist and poststructuralist elements of narrative research identify narratives as modes of resistance to existing structures of power. In a way this study allows narrators to provide their narratives as modes of resistance to powerful and pre-established understandings of self-harm.

Through further reading, I found writings which further encouraged the use of a narrative approach. Such as descriptions that narratives provide us with data that can be significant on two levels, individual and societal (Polkinghorne, 1988; Connely & Clandinin, 1990). At the individual level, narratives allow people to understand what they are and where they are going. At a societal level, narratives create shared beliefs and communicate values (Barthes and Duisit, 1975). Sutherland, Breen and Lewis (2013) highlight that the narratives people tell are shaped by the cultural narratives they exist within. Therefore personal stories and experiences can often be interpreted in regards to the larger socio-cultural dynamics and discourses they exist within.

Connelly and Clandinin (1990) comment that to study narratives is to adopt a view that experiences as phenomenon are being studied. Literature on narrative research highlights the importance of holding multiple truths rather than there being an objective reality (Josselson, 2011). The emphasis in narrative research, is that a story is developed from the understanding of the teller, rather than being a "truth" (Polkinghorne, 1995), therefore a story's context and the motivations and environment of the teller are essential to consider (Josselson, 2011). This is in alignment with the subtle realist position I held.

The narrative approach was considered more suitable for the study than other qualitative methodologies, such as Interpretative Phenomenological Analysis, as the narrative

approach allows the participant a large degree of control in regards to what is discussed during the interview. During a non-directive narrative interview, the participant dictates what is and what is not included in their story. This was considered to be an important component of the research process as sit was acknowledged that the interview process for some individuals with experiences of self-harm may be distressing.

It should be acknowledged that the papers obtained in the systematic literature review are quantitative. These papers use measures to explore constructs and therefore the research here is more positivist, as the studies attempt to determine the 'reality' of these constructs by ascribing numerical values to their perceived presence.

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Appendix P: Reflective Statement

The Research Topic

I remember my interest in self-harm began when I was volunteering with the Samaritans. I remember being surprised at the vast number of young people that would text that they had just self-harmed. Something I found myself struggling with was why someone who was in emotional pain would hurt himself or herself physically. I worked with people at the Samaritans who shared their understandings with me, which often felt companionate and conscientious. Their opinions of self-harm felt different from a societal view I was aware of, and had grown up in, that it was done by 'strange people' and/or 'attention-seeking'. Many of the people who had self-harmed talked about this unhelpful societal attitude.

While starting my Clinical Psychology Doctorate, I began meeting with Dr Lesley Glover and Fran Burbidge to think about how I could pursue research in self-harm that might address critically the unhelpful understandings and attitudes that exist. Emerging from these meetings, was the idea that possibly self-harm could be conceptualised as a spectrum/continuum, the same way that other researchers in clinical psychology had conceptualised psychosis and mental health as continua.

Methodology

While reading literature on self-harm, I found that there were many quantitative studies, however there appeared to be few with qualitative methodologies. The same was true for possible continua/spectrums in self-harm. I found studies that had proposed possible

continua in self-harm, however this had not been researched with qualitative methodologies and with the experiences of people who had personal experiences of self-harm. I sensed there was a gap here, a route for me to go down. Exploring experiences with individuals who self-harm felt right for me. I held an opinion that people who self-harm are a stigmatised group, therefore I felt that giving them a voice was important.

There were some concerns around the research process, with a worry that the process could distress participants. A narrative non-directive interview felt like a good way of allowing the participant to choose what they did and did not want to talk about, while still effectively addressing the research question.

Recruitment and Interviews

Initially I had wanted to recruit from two populations. University students and individuals who were living in a personality disorder residential service. The thinking behind this was to obtain narratives from two seemingly distinct sources, to create more heterogeneity in the data. I managed to obtain ethical approval for both; however, during the process of meeting with potential participants at the residential service, their interest was inconsistent. I thought about the implications of this in supervision and a decision was made to just focus on the university student population and consider the study from a university student perspective. This process worked well, as I considered the experiences of being a university student with experiences of self-harm more specifically, exploring and considering the literature on self-harm and psychological well-being in university students.

I found the process of recruiting university students quite straightforward after my initial anxieties around getting a large enough sample. I had concerns that my posters would be ineffective. I reflected often in supervision how surprised I was that in public, people were able to take a moment to take my contact details considering my perception of the stigma around self-harm. I found that after putting up posters I would get multiple responses in the days following.

I was nervous for my first interview; I remember having difficulty finding a suitable room. I wanted to make sure that it was private enough so that participants felt free to talk as much as they wished about their experiences. When I remembered that the participant led the interview it helped my nerves become more easily controllable, as I realised there was no responsibility on my end to direct the interviews in a certain direction.

Through the interview process there were some stories which contained distressing elements, therefore the use of supervision was important to maintain my own well-being. I found myself sometimes struggling to know how best to respond to difficult parts of stories, I hope that I was able to be empathic, while also maintaining an appropriate researcher-participant relationship. I found it was important and helpful to use my empathic skills to check-in with participants during the interviews to ensure that they were feeling comfortable with the process. I feel that generally the interview process went well and I was satisfied with the amount of interviews I managed to complete. I was surprised, probably slightly shocked at the prevalence of university students with experiences of self-harm who were willing to approach a complete stranger and share their experiences.

I was mindful of being a student myself, at a similar age to many of the participants. I may have been easier to approach than if I was more distinctly separate from the participants. I had clinical experience of working with people who self-harm, therefore it was important that I acknowledged that participants were not taking part in a therapeutic process.

Analysis & Write-Up

I found the transcription process quite tiresome however I appreciated its usefulness in familiarising myself with the data. The process of analysing the empirical data was enjoyable. I found it interesting and it reengaged me with the research process. I would say the holistic-form and categorical-content analyses were completed with equal enthusiasm as both felt like completely new experiences. I enjoyed talking through the data and emerging findings with supervisors and colleagues. The reflexive process of establishing findings, viewing them critically and reworking them felt quite natural, as I would say reflexivity is one of my strengths in clinical practice.

The write-up of this thesis has been challenging. I have always found writing quite difficult. I find that the thinking part often goes well, but getting it onto the paper clearly is much more difficult. Overall I am satisfied with how the write-up has gone. I have greatly appreciated the help of my research supervisor in the write-up process who has been fantastic with her input and support.

Systematic Literature Review

I wanted to choose a topic which explored literature around self-harm in adolescence. I found the process initially exciting, as Erikson's model and the link to self-harm in adolescence seemed an interesting one to investigate. However as the process went on, I got increasingly frustrated. I realised that identity was a very big concept, and one which was hard to define. Due to the frustrations in figuring out identity, the SLR felt like quite a laborious task to complete, and was not as enjoyable as I initially thought it would be.

While I 'fell out of love' with my SLR, I am pleased with its outcome. Once I was clear about which studies would be included and excluded, I feel that I was able to synthesise and summarise its interesting literature.

Choice of Journals

I chose to write for the 'Journal of Adolescence' for my Systematic Literature Review. This journal is international and cross-disciplinary, it is broad in the articles it publishes and broad in its audience members. I hope that the findings of the review will be beneficial to researchers and/or professionals who have a particular interest in working with/researching adolescents.

I chose to write for the journal 'Social Science & Medicine' for my Empirical Paper. This journal is very broad in its contents and audience. It recognises psychology as a discipline from which articles can be submitted. Their publications aim to inform current research, policy and practice in all areas of common interest to social scientists, health practitioners, and policy makers. One of the main factors behind choosing this journal was that this journal published an article influential in the development of my Empirical Paper. This was Cresswell's (2005) paper which analyses text containing the testimonies of

individuals who self-harm and makes explicit how these testimonies can challenge the power of psychiatry.

Final Reflections

I think it's fair to say that my feelings about this research process, and research in general are mixed but mostly positive. I have been very well supported during this process, without the support of my research supervisor and others, I'm not sure how I would have got to the end. My attitude towards research at the start of the clinical psychology doctorate was quite ambivalent. This process however, has felt very rewarding as this is the first time I have been able to pursue a research topic of my choosing. I would say my position towards research now is much more positive. I have definitely learned a great deal also, I am sure the skills I have developed here, will aid me and continue to develop as I begin my career as a qualified clinical psychologist, in which I hope to continue researching.