Portfolio for Professional Doctorate in

Counselling Psychology (DPsych)

Splits and Integrations:

A Phenomenological Exploration of

Self-Harm Marks and Scars

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THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR COPYRIGHT REASONS:

Part 2: **Publishable paper.** ‘Each scar is special to me because each scar saved my Each scar saved my life.’:Exploring the meaning of self-harm scars.

THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR DATA PROTECTION/CONFIDENTIALITY REASONS:

Part 3: **Client study.** ‘Don’t choose. Reconcile’.

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Acknowledgments

To the six participants who shared their experiences: This portfolio is dedicated to you. You have been the heart and soul of this journey, an inspiration to me and to all who will read this study.

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City University Declaration

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Preface

This portfolio represents my journey towards becoming a Counselling Psychologist. It includes three parts, each corresponding to a different aspect of training: An original research project, a publishable paper and a client study. A thread weaving through these three parts is the notion of split and integration. A parallel process unfolds between myself, the participants of the research project and my client. Thus, the portfolio reflects my attempt at integration, personal and professional.

I started the Doctorate in Counselling Psychology four years ago, having just moved from my native Thessaloniki to London. The beginning of the training was fragmented, split indeed. I was in an unfamiliar environment, having left behind safety and a sense of belonging. Initially, I experienced the academic, research and clinical components of the training as quite separate. It was not until I started writing up the thesis that I began to experience my identity as a scientist-practitioner as more integrated. Ultimately, I have come to experience splits and integrations as a cycle, a constant movement towards a holistic mode of being. Arguably, the research participants and my client are in a similar journey, moving towards their own desire.

The concept of splitting is being used throughout this thesis extensively and the theme of split and integration is the conceptual link between its different parts. Emerging from psychoanalytic literature, splitting refers to an unconscious phenomenon of contradictory attitudes to a single perception (Savvopoulos, Manolopoulos & Beratis, 2011). In its most simplistic interpretation, splitting describes a division of the psyche, however there are multiple interpretations and resulting challenges when trying to grasp the exact meaning of it. Originating from the writings of Freud, the concept has evolved and gained different meanings within those writings but also in the thinking of other analysts (Blass, 2015; Jiraskova, 2014; Savvopoulos et al, 2011). Kilborne (1999) sees splitting as a key defence against childhood abuse and trauma with its primary function being to accomodate expectations of help and trauma coming from the same person (a caregiver). The view of splitting as a defence suggests a pathological element and it is quite commonly used when analysing clinical presentations however Sechaud (2015) argues that there is a double nature

to splitting: pathogenic and structuring. The mechanism of splitting contributes to psychic differentiation and establishes internal and external limitations and boundaries. The structuring element of splitting also makes compromise possible. It thus appears that it can function as a defence against conflicting "realities" but can also be the mechanism to process these. Kilborne (1999) observes an aversion towards ambivalence in severely traumatised patients and the reliance on splitting instead, offering another point of consideration towards the pain and challenge of holding conflicting views concurrently.

In the context of this portfolio, it is useful to reflect on different meanings of splitting, as categorised by Blass (2015): a dissociation of personality in the face of trauma, a disavowal of reality and split of awareness, a splitting of representations of objects and finally splitting of the mind as a defence against destructiveness (or the death drive). These views emerge from different theoretical foundations and even though they do not exclude each other, they do not co-exist seamlessly either. They do pose the question though as to whether there is one definition of splitting that can unify them all. Much like self-harm, the term appears familiar and common at first however upon exploration there are multiple meanings and difficulties in definition.

In the theme of split and integration, the importance falls on the cycle and never-ending posing of the question itself. Throughout the portfolio different aspects of splitting are being noticed, including thoughts on dualism and the split or integration of body and mind. Thus, for the purposes of this thesis, splitting represents fundamental divisions that are unconscious but also invites the thinking around the unity or disunity of human nature. In connection to the research question, Blass' (2015) thoughts on aggression and splitting provide a conceptual starting place to introduce self-harm.

> In describing these different stances on the unity or disunity of the per-son, the central role of aggression stands out. Where the person is thought to be inherently harmonious, the source of aggression is considered to be external. Where disunity is posited as integral to the individual, the aggression is internal. (p. 138)

Inviting the reader into the journey, I will now introduce the three parts of the portfolio.

Part 1: Research

The original research is an interpretative phenomenological study, focusing on the experience of having marks and scars on the body as a result of self-harm. The study stems from personal experiences as well as a commitment to enrich the professional narrative regarding self-harm. The participants were recruited from a mental health charity and interviewed using a semi-structured schedule which invited them to describe their marks and scars, their relationship with their body and the ways in which they talk about their scars to other people. From a conceptual prespective, self-harm encompasses a literal split of the skin, be it a cut, a burn, a pinch, whilst a scar is a physical integration. Even more so, on a symbolic level self-harm manifests internal splits. However, this project argues that it may also be an attempt at psychological integration.

Self-harm is often considered a symptom of mental illness, something that needs to be stopped or managed. This research aims to explore meaning and experience, without making assumptions about its nature or function . The focus on the marks and scars reflects the title of the portfolio: talking about self-harm alone is quite a split; addressing the skin, the scars that people who self-harm carry is a move towards integration and embodiment.

Although not initially planned as such, the circumstances around the materialisation of this research marked a move towards integration for me. The participants were recruited from the same organisation where I as placed as a trainee. The final year of my clinical training coincided with the year when I delved into research systematically, all within a familiar context. Thus, writing this portfolio I found myself experiencing the three parts that constitute it through a common point of reference.

Part 2: Publishable Paper

A great deal of thought was given to the choice of the most appropriate journal for this paper. One of the main goals of this portfolio is to add to the current professional narrative around self-harm and to promote a non-pathologising stance. I have concluded that a number of different publications need to be made to efficiently disseminate the knowledge produced from the research project. For the purposes of this portfolio, I have chosen the journal Counselling Psychology Quarterly. I have produced a research paper based on part of

the research project, which focuses on the experience of transformation that emerged from the participants' accounts. The transformation of the scars themselves and transformation of emotion symbolise the cycle of split and integration. The participants interact with their scars and reflect on this concept. The aim of the paper is to present the various layers of meaning that participants have attributed to their scars and to invite counselling psychologists to consider a number of clinical implications. This paper also represents my identification with the role of counselling psychologist, and my sense of belonging to the discipline.

It is my intention to produce one more paper in the future, aimed at the nursing profession. The journal Mental Health Practice was my second choice when considering options for this portfolio. The second paper will focus on the functional and communicative aspects of self-harm that have emerged from the data, giving less weight to psychological constructs. Additionally, it will clarify the differentiation between self-harm and suicide that has emerged from the participants' accounts. Demonstrating sensitivity to the audience of the journal, I aim to reach nurses who work in highly medicalised environments and offer an alternative viewpoint. Hopefully, a wide discussion amongst disciplines will result in an integrated approach towards self-harm and will improve the experience of service users.

Part 3: Client study

The client study aims to demonstrate clinical skills, understanding of theory and reflection upon the therapeutic process. In the context of this portfolio, the client study highlights how some of the themes identified in the research project can emerge in a clinical context.

It focuses on a relatively brief course of therapy with a young woman, who had spent a great part of her life feeling anxious, unsatisfied and alone. She had experienced loss and relational breakdowns, as well as complex family relationships. Throughout the 15 weeks that we worked together, our relationship provided a fertile ground for her to consider a series of internal splits and move towards acknowledging her values, wishes and desires.

Drawing some parallels between this work and the themes emerging from the research participants, desire, relationships and language were the main points of convergence. Our work focused on noticing the parts of her that were denied, split from

consciousness and on inviting desire, will, joy to emerge. Similarly to the research participants, my client's thoughts, fantasies and behaviours where centered around the Other with an accompanying difficulty to express emotion and agency over her desire. She manifested a number of physical symptoms, including medically uneplained chest pains and migraines. Even though she did not self-harm, the relationship with the body was central and the expression of emotion on the body explored. The reader will notice similar concepts appearing strongly in the phenomenological analysis of the interviews and emerging through the research participants' accounts. Perhaps the most evident area of connection is language. The research participants identified self-harm as a way to express when language is unavailable, or even as a way to communicate with others, a language in its own right. The clinical work with this client used linguistic signifiers to explore the client's sense of self and way of relating. Additionally, the significance of language in regards to emotion was explored and used as a vehicle to introduce curiosity and change. A combination of Brief Psychodynamic Therapy (BPT) and Acceptance and Commitment Therapy (ACT) facilitated this process.

This flexible, integrative model also represents my own journey of integrating theory in a way that is beneficial to the client. Whilst the beginning of training promoted a clear understanding of distinct theoretical modules, towards the end a more holistic implementation of theory was encouraged. My preferred modality moved from a clear-cut (we might say split) person-centred approach to cognitive behavioural, to psychodynamic and eventually to integrative practice. At the core of my theoretical orientation lies the commitment to address desire, to work towards values-based action and to always remain curious.

PART 1: RESEARCH

How Do People Who Self-harm Experience the Marks on Their Body?

An Interpretative Phenomenological Analysis

Supervised by Dr Russel Ayling

Abstract

What happens after the skin barrier has been broken? This study explores the experience of having marks and scars on the body as a result of self-harm. It aims to investigate the meaning attributed to the marks and scars on the body and how they shape the experience of self-harm and identity of the person. Six female participants gave accounts of their experiences, participating in semi-structured interviews. The interview transcripts were then analysed, using Interpretative Phenomenological Analysis (IPA). Four superordinate themes are identified: From Depth to Surface, Bargaining, Connecting the Dots and Drawing Butterflies. The superordinate themes explore the attribution of meaning to the marks and scars in regards to self, history and relationships. A transcending wish to shape and transform the narrative, visual and emotional, is highlighted. The findings of the study indicate that marks and scars carry great meaning for the participants. An unexpected finding highlights the layers of meaning attributed to the presence or absence of scars. An extensive discussion is being made regarding representations of dualism throughout the analysis as well as the differentiation and relationship of self-harm and suicide. Clinical and research implications for Counselling Psychology include: suggestions regarding the definition of self-harm; therapeutic implications of communicative and functional self-harm and the function of marks and scars as agents of embodiment and therapeutic change.

Introduction

Chapter Overview

This chapter provides an overview of the theoretical, social and cultural context of the present study. The multitude of definitions and theories around self-harm is addressed. Next, the current provision of services in the United Kingdom (UK) and relevant research is being explored and various perceptions of self-harm, from health professionals and members of the public alike are discussed.

A theoretical context is given regarding dualism, its effect on health and the way that it is represented in the psychological thinking. Following this setting of the scene, the connection of self-harm and body is being highlighted. There is little research available focusing on how people who self-harm view their bodies and even less discussing the marks and scars left as a result of self-harm. Recent studies in this area are presented. Finally, the rationale for the present study is concluded from all of the above and the research aims are highlighted.

Definition of Self-Harm

Self-harm, deliberate self-harm, self-mutilation, self-injury, self-inflicted violence, non-suicidal self injury or self-injurious behaviour; there are many different terms for a subject that is as diverse as its definitions. Various disciplines have researched self-harm, such as Sociology or Anthropology, with a greater volume of data coming from Psychology and Public Health (Newton & Bale, 2012). It is widely accepted that there is no consensus among professionals as to what self-harm is or how it is defined, with a variety of definitions concurrently in existence, often conflicting each other (Bandalli, 2011; Newton & Bale, 2012; Williams, 2011). The National Institute's for Health and Care Excellence (NICE) guidelines define self-harm as:

> Any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. It does not include harm to the self arising from excessive consumption of alcohol or recreational drugs, or from starvation arising from anorexia nervosa, or accidental harm to oneself (NICE, 2015)

The definition given in the NICE guidelines focuses on the behaviour observed regardless of motivation, however some researchers believe that the motivation behind the act, whether it is suicidal or not, differentiates the behaviour itself.

It could be said that there are two ways of viewing self-harm, both in modern western societies and in the psychological thinking alike: as a prelude to suicide, a wish to die, or as a coping mechanism and even a way to preserve sanity and continue life (Walsh, 2007). In a critical review of literature on self-harm, McAllister (2003) brings attention to the debate around naming and defining self-harm. She differentiates between attempted suicide, self-harm, which can be "any act that causes psychological or physical harm to the self without a suicide intention either intentional, accidental, committed through ignorance, apathy or poor judgment" (McAllister, 2003 p.178) and self-injury, a kind of self-harm which leads to visible, direct, bodily injury. Sutton (2007) uses the term self-injury in the latest editions of her book *Healing the Hurt Within*, following suggestions from her participants, who consider self-harm to be too broad a term, and self-mutilation or self-inflicted violence to be inaccurate or offensive. She defines self-injury as a coping mechanism to deal with extreme emotional distress, recognising the absence of suicidal intent. The choice of words to form a definition is also affected by the geographical position of the researcher or institution. As Sutton (2007) highlights, the term self-harm is most commonly used in the UK, whilst the term self-injury is more common in America.

It can already be seen that motivation and intention are crucial points in the definitions of self-harm. The NICE guidelines exclude accidental harm but include both suicidal and non-suicidal intent in their definition. As a result, self-harm is used interchangeably in research in the UK, and elsewhere. The inclusion of self-injury and self-poisoning in this definition is also important for research and practice, given that self-poisoning (most usually by drug overdose) requires medical attention and results in hospital attendances more often than self-injury (Borill, Fox & Roger, 2011; Kapur, 2005).

In the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5: American Psychiatric Association (APA), 2013), non-suicidal self-injury has been included as a distinct category, with its own diagnostic criteria. Previously classified as part of

borderline personality disorder (BPD), it has been now differentiated in recognition of its prevalence in populations without a BPD diagnosis and use as a coping mechanism. The description and criteria state that a person engages in self-injury, with the anticipation that the injury will result in some bodily harm, without suicidal intent and expecting to get relief or create a positive feeling.

Following the issue of motivation and intention, another area of debate in defining self-harm is the specific behaviours that constitute it. Favazza's book *Bodies Under Siege* marked a turn in psychological thinking around self-harm, exploring culturally sanctioned forms of self-harm and arguing that individual self-harm serves a similar, therapeutic purpose (Favazza, 1996; Galioto, 2013). Favazza (1996) explores behaviours such as piercing, branding and circumcision and argues that because of their role in culture and society, even though they involve bodily harm, they are not considered self-harming behaviours. On the contrary, they are linked to healing, spirituality and social order. For a behaviour to be considered pathological, it needs to go against cultural norms. However, as McAllister (2003) notes, society changes and what is considered acceptable or unacceptable also changes overtime; for example blood-letting was once common practice, and body piercing is now mainstream.

Emerson (2010) and Motz (2009) identify skin cutting as one of the most common methods of self-harm, with scratching, carving, self-hitting, self-burning, excoriation of wounds, picking, and abrading also being widespread. Other methods include head-banging, starvation, drug-taking and intense exercise (Skegg, 2005). Rayner and Warner (2003) mention socially sanctioned behaviours, such as tattooing and piercing in their exploration of definitions of the term self-harm. They view it as an umbrella term: "Self-harm, therefore, can be understood as any activity that harms the self, directly or indirectly. The term self-injury is used more specifically to describe the conscious physical injury that people do to themselves" (p.306). Although there is some debate about the consideration of disordered eating behaviours as self-harm (McAllister, 2003), they are considered distinct from the NICE guidelines and the DSM-5 and excluded from relevant definitions (DSM-5, APA, 2013; NICE,2015)

A final note will be given to the practice of scarification, which involves the use of a sharp object to cut the skin and create a permanent mark on the body (Oultram, 2009). Scarification does not face the same stigmatisation as self-harm. It is considered a body art form, a sign of a cultural passage or simply a choice about appearance, in accordance to Favazza's (1996) work mentioned above. There is indeed a legal grey area, were this practice is neither legal nor illegal (Oultram, 2009), however in terms of how society and the health sciences perceive the act, the motive behind it can produce a very different reaction.

For the purposes of this study, scarification, tattooing, piercing and other culturally sanctioned practices will not be looked into. Eating disorders are considered distinct and will not be explored either. The focus of this study is on self-injury since it involves direct bodily harm and is likely to produce visible scars and marks. It is considered that intention and motivation are important and that suicide attempts are distinct from self-harm. Given that the term self-harm is the most common in the UK (Newton & Bale, 2011; Sutton, 2007;), it will be adopted for this study. Self-harm is being defined as intentional (not accidental) and without a suicidal intent. However, it is recognised that suicidal intent and self-harming behaviour can co-exist. Finally, when work of other writers and researchers is being mentioned, their definition of self-harm will be clarified if different from that of the author.

Function of Self-Harm

Psychologists attempt to clarify the reasons behind self-harm, especially as a behaviour distinct from suicide (Walsh, 2007). Brown, Williams and Collins (2007) have identified the connection between self-harm and negative feelings, such as guilt, fear, sadness and hostility. Apart from expression of feelings, self-harm often functions as a form of control and regulation of strong emotions or even as a form of communication (Borill et al., 2011; Motz, 2009).

Rayner and Warner (2003) reviewed several biological and psychosocial models and theories of self-harm. They found little evidence supporting a biological model (such as genetic predisposition or hormonal abnormalities), but a lot of research on psychosocial theories. Existential angst, depression, communication, self-destruction and trauma are amongst the suggested explanations for the nature of self-harm. In their review, they suggest that there is a

common factor in the function of self-harm, despite the multitude of theories and modalities attempting to explain it: self-harm functions as a coping strategy for feelings resulting from life events and interpersonal difficulties. A combination of hopelessness, helplessness and feeling of neglect seem to underpin the complex reasons why people self-harm.

In support of the studies mentioned above, McAllister (2003) refers to self-harm as the potential result of or coping strategy towards childhood trauma, sexual abuse and neglect. She concludes her review by suggesting three readings of the function of self-harm: psychodynamic, behavioural and socio-cultural. Psychodynamic theories view self-harm as anger turned inwards or as a form of catharsis from distressing emotion; behavioural theories focus on the nature of self-harm as a learned behaviour that is then self-reinforcing, whilst socio-cultural theories emphasise the role of society, trauma and culture. In all three readings though, self-harm can ultimately be viewed as a self-soothing strategy.

The function of self-harm seems to be distinctly different depending on the presence or lack of suicidal intent. Bandalli (2011) conducted an extensive phenomenological study looking at the communicative and expressive functions of deliberate self-harm (DSH, choice of term in the study), looking at all acts that result in bodily harm, without suicidal intent. A four-part process was employed: firstly, the words and phrases engraved on the skin of people who self-harm were explored using content analysis. Secondly, first person narratives sourced online were used to inform a thematic analysis of life events that precede a DSH episode. Thirdly, the same narratives were analysed using Interpretative Phenomenological Analysis (IPA) in order to look into the communicative function of those episodes. Finally, the findings of the first three studies were used as the basis of email and instant messaging interviews with people who self-harm. The interviews were then analysed using IPA.

The findings of this comprehensive study were very interesting. The four different studies produced a large volume data, which Bandalli has combined in support of a model of DSH called the Embodiment Perspective of DSH. His model defines embodiment as a physical representation of negative emotions, in the form of wounds upon the body. Furthermore, the expressive and communicative function of self-harm was evidenced

throughout the study. The following quote, derived from the study, gives the definition of this perspective:

> The Embodiment Perspective of DSH is functional in its nature, and consequently self-harming behaviours are considered to possess psychologically adaptive and beneficial qualities rather than simply constituting symptoms of an underlying dysfunction or disorder. As such, the self-harming behaviours reported in with project are consequently considered to represent a highly flexible medium by which a wide range of issues can be represented, expressed or communicated (p.238).

Although it is recognised that this model can only be considered applicable to people who engage in acts of DSH and also participate in online forums and conversation, it marks a significant attempt to consider self-harm in a wide context and acknowledge the multitude of functions that it can have.

Prevalence of Self-Harm

In the UK alone, more than 170.000 hospital admissions are attributed to self-harm every year, accounting for self-poisoning and self-injury, regardless of motivation (Kapur, 2005). The numbers of people who self-harm without suicidal intent are much larger than that and the incidents of self-harm that do not require medical attention cannot be measured, but can be estimated to be many more (Hawton & Harris, 2008a).

Self-harm is observed in all stages of the lifecycle and in both genders; however studies suggest that is more common in young females (Hawton & Harris, 2008b; Völlm & Dolan, 2009; Wheatley & Austin-Payne, 2009). In their 2009 study, Sho et al. document the prevalence of self-harm in children as young as eight or nine years old, while highlighting that self-harm is often a reaction to traumatic events. The study explored self-harm with a sharp object in school settings in Japan, analysing responses from almost two thousand students who fulfilled the criteria. Sho et al. found that the incidents of self-harm increased greatly in pre-adolescent girls, making a link to the emotional developments accompanying puberty.

Hawton and Harris (2008b) analysed data of admission to a UK hospital for deliberate self-harm (choice of term in the study) over a ten year period. More than 3000 individuals were admitted over this period, and close to 7000 episodes of self-harm were

documented. The definition of self-harm in this study included attempted suicide, no suicide intention and mixed motivation. The findings of this study support previous research by reporting that females do self-harm more than males in a ratio of 3:2. However, wide variations were found in this ratio based on age.

The study found that, in early adolescence, females are much more likely than males to self-harm, most often with low suicidal intent. For males, the ratio increases after the age of 19 and higher suicidal intent is reported. The ratio is balancing later on in the lifecycle, and gets reversed after the age of 50. Additionally, acts of self-harm become more akin to suicide in this stage of life. In older females, self-harm is used much less frequently as a means of coping.

Analysing the same data, Hawton and Harris (2008a) also report on the ratio of deliberate self-harm incidents to completed suicides. The ratio was much higher in females than in males and declined steadily with age. The definition of self-harm, which included all acts regardless of motive, somehow clouds the discussion of the findings; however the researchers suggest that a higher ratio suggests lower suicide intent whilst a lower ratio a more significant suicide risk.

The two studies discussed drew data only from one hospital setting, even though it was deemed representative of the UK population, and did not include any data from the community, making their scope limited. However, the findings are interesting and can inform clinical practice accordingly.

Besides gender and age, incidents of self-harm in correlation to ethnicity have also been researched. Bhui, McKenzie and Rasul (2007) systematically reviewed the literature focusing on self-harm among different ethnic groups in the UK. From the data available, Bhui et al. were able to draw the following conclusion, among others: women of South Asian origin are reporting higher rates of self-harm, along with some Caribbean groups (also supported by Cooper et al., 2006). In addition, age is a factor in increased self-harm rates, with people under 35 being in higher risk. Self-poisoning is reported as the most common method of self-harm. Culture conflict, or cultural pressures that lead to self-harm were not explored consistently in order to produce a validated result. Finally, the definition of ethnic groups themselves was not standardised enough in order to draw conclusions.

Connecting self-harm and suicide, Cooper (2010) reports that people who present to hospital for self-harm have increased mortality rates and reduced quality of life. The cohort study, conducted in one hospital setting in the UK, followed a representative sample of self-harm patients 6 years after they presented to hospital for self-harm. Mortality rates and outcomes of quality of life questionnaires were compared to the general public in the UK. Death in males was significantly higher than it would be expected in the age and gender matched population in the UK, and repeated self-harm occurred for more than half of the participants followed. The study draws attention to the body of research that reports non-fatal self- harm as a risk factor for subsequent suicide. The implications for research and clinical practice are important, particularly regarding the design and provision of follow-up support for people who present to hospital for self-harm. However, the study does not differentiate between suicidal and non-suicidal intent in the participants followed, and draws data from a hospital setting only, thus providing an incomplete picture.

The above studies demonstrate some of the trends in research in self-harm, as well as accompanying challenges. The definition of self-harm includes suicide attempts, and draws samples mainly from clinical settings, such as emergency departments. This leads to a bulk of research focused on people who either take drug overdoses or self-harm severely enough to need medical attention, but ignores those who self-harm in the community, without suicidal intent. Additionally, qualitative studies are scarce in the area. Even though these studies attempt to look into cultural, age and gender differences between groups and socio-cultural pressures leading to self-harm, they are mainly reporting the differences and not exploring them.

Service Provision in The UK

The perceptions and theories on self-harm affect the way that services are designed. It is undoubtedly a heavy load on the health-system, especially when acts of suicidal and non-suicidal intent are treated in the same way. Kapur (2005) highlights the distance between published guidelines and suggestions and actual service provision. For example, although, according to the NICE guidelines, a mental health assessment should be offered to any

individual who presents with self-harm, this is rarely the case in overstretched emergency departments (Kapur, 2005; NICE, 2015).

Kapur notes the lack of appropriately trained and supervised staff in most acute medical settings. Additionally, the long waiting lists for intensive therapeutic interventions are highlighted. The psychological interventions available for people who self-harm, such as dialectical-behaviour therapy (DBT) or group therapy, greatly depend on individual settings and engagement of service users is seen as less than ideal. Kapur calls for a greater shift from a risk-assessment culture to a needs-assessment one, and highlights the dangers of services being formed reactively towards high-risk patients in risk of suicide, and ignoring low-risk patients who amount to the majority of repeat episodes.

A two year national inquiry into self-harm in young people resulted in a comprehensive report, *Truth Hurts* (Mental Health Foundation, 2006). The inquiry came as a response to growing concerns about the level and quality of support that is available to young people who self-harm in the UK (Smith, 2006; McDougall & Brophy, 2006). The results of the report are striking, capturing the prevalence of self-harm, the services available and the ways in which health professionals treat young people who self-harm.

At least one in fifteen young people reportedly self-harms in the UK, a rate that is amongst the highest in Europe. For the most part, these young people prefer to speak to a friend rather than their GP. They report guilt, shame and fear of being labelled by health professionals, with ongoing implications for their life afterwards (McDougall & Brophy, 2006). The lack of appropriate support within the school setting was identified, with most young people saying that they would have appreciated early intervention from a counsellor within the school, but independent from the school system. When it comes to services available, young people found self-help groups and talking therapies helpful, and named one-to-one support and counselling as their preferred method of help, regardless of whether it was actually available to them or not. The results of this inquiry are of importance to children, adolescent and adult services alike, in order to offer a seamless, supportive and effective support system across the lifecycle (Mental Health Foundation, 2006).

The introduction of “Improving Access to Psychological Therapies” (IAPT) services in 2008 and following expansion means that for a majority of clients accessing psychological therapies, they will be the first point of support. An increasing number of Primary Care Mental Health Workers (PCMHWs) and Psychological Wellbeing Practitioners (PWPs) staff IAPT services, offering low intensity Cognitive Behavioural Therapy (CBT) interventions. Williams (2011) reports on the role of PCMHWs and PWPs in the support and treatment of people who self-harm. She draws attention to the different definitions of self-harm, with some including suicidal intent and some not. Self-harm without suicidal intent (named self-injury in the study) can be addressed within the context of common mental health problems, such as depression and anxiety. Arguably, using CBT to explore coping mechanisms and address low self-worth can have significant benefits for people who self-harm.

However, as Williams suggests, the brief length of treatment and the inclusion criteria of IAPT services can be factors in ineffective support. PCMHWs and PWPs will be required to refer and signpost when risk of suicide is present alongside self-injury. Additionally, identification of complex mental health needs and psychiatric diagnoses would mean that clients who self-harm will not be appropriate for low intensity CBT and will need to enter long waiting lists for other services. Williams concludes by highlighting the lack of research in self-harm without suicidal intent and outside of clinical samples. This translates in fragmented services and confusion regarding appropriate interventions.

A final note will be given to an analysis of self-harm services’ policies and procedures, conducted in the UK by Paul and Hill (2013). Although most of the documents reviewed did offer a good practice model, they lacked preventative elements as well as procedures for consultation with service users. Additionally, many of the services identified, that do work with people who self-harm, did not have formalised policies and procedures. The researchers draw attention to the need for guidance and appropriate training for front line workers.

Perceptions of Self-Harm

In modern western societies, seeking pain is considered masochistic or pathological (Gluckligh, 2001). Knowles and Townsend (2012) describe self-harm as a "serious public health problem" (p.730). This stand, which is widely adopted by health care professionals,

creates a sense of alienation for those who self-harm and cannot find a willing ear to share their experience. As it is vividly described in a collection of personal experiences of service users, edited by Louise Pembroke (1996), it is commonplace to experience stereotypical behaviour, discrimination, humiliation, and physical abuse or feel trapped in a medical paradigm that treats self-harm as an illness.

The attitudes of health professionals towards people who self-harm are important and shape the experience of help and support those individuals receive. Wheatley and Austin-Payne (2009) researched the attitudes of nursing staff in inpatient units the UK. Staff from adult and adolescent units were approached, in order to capture any potential differences in attitudes in relation to the age of the patients. From the 650 staff identified, only 76 took part in the study by completing questionnaire packs that included a case vignette.

The findings of the study supported previous research in the area, suggesting that staff members' views on self-harm were linked to their perceived ability to help and support the patient. Staff that reported worry and insecurity about their job also reported more negative views on self-harm. Additionally, unqualified nursing staff reported more worry and negative views regarding working with people who self-harm. The study did not find any significant differences in attitudes towards adolescents in comparison to adults. In conclusion, the study calls for further training and supervision to nursing staff, in order to support more positive views and effective help for people who self-harm.

Newton and Bale (2012) conducted a qualitative study, analysing the perceptions of self-harm in members of the public in the UK. It is one of the first and few studies in this area, as most research available has focused on the perceptions of health professionals (Newton & Bale, 2012; Wheatley & Austin-Payne, 2009). Considering though that only a small percentage of people who self-harm are in need of medical help, or ask for support from health professionals, perceptions and stereotypes in the community are the ones that reach and affect most people who self-harm (McDougall & Brophy, 2006; Rayner & Warner, 2003). In their study, Newton and Bale (2012) interviewed seven participants and analysed the data using a matrix-based thematic analysis method. This analysis resulted in a number of interesting findings: members of the public seem to be less inclined than health professionals

to view self-harm as attention seeking and are generally more sympathetic. The sympathy is expressed despite the fact that the majority of participants consider self-harm to be in the control of the person who self-harms. This very interesting finding comes in contrast to the negative views of health-professionals, who are appearing to be unsympathetic because of this exact issue of control.

Newton and Bale theorise that these negative views, and accompanying behaviour, might be the result of work-related pressures at emergency departments. Another finding reports that members of the public judge the severity of self-harm based on how observable it is to them. For example, cutting is seen as more severe than anorexia, because it leaves physical scars that will never heal. On the other hand, body modification, tattoos and piercings are considered non-pathological and a form of expression. This finding generates questions about the communicative functions of self-harm marks and scars, from the perspective of the other who observes them. Even though the above study cannot be generalised to the general population, it provides valuable insight on the current social and cultural context of self-harm.

A larger scale study on the perceptions of self-harm in the public in the UK was conducted by Rayner and Warner (2003). Integrating quantitative and qualitative methodology, the researchers employed a pattern analytic methodology (Q Methodology) which asked for the creation of a Q-sort, a series of statements regarding the issue at hand. The Q-sort was constructed with the help of participants, and was then rolled out to 40 selected participants, meant to be representative of the general population. The findings of the study supported that the general public clearly differentiate between self-harm and attempted suicide. It is viewed as a coping strategy, or as a method of communication. The participants made links to childhood abuse, need for support and negative feelings. Participants were also asked about potential treatment options for self-harm, and the majority highlighted the need for positive regard, acceptance and long-term support.

The findings of this study have implications for mental health professionals and the way that services are designed and offered to people who self-harm. Rayner and Warner argue that lay people can remain empathic and non-judgemental towards those who self-

harm, not receiving transferential projections from their place of work. Thus, the need for reflective supervision is called for in mental health, particularly psychiatric settings, to facilitate self-awareness.

Connecting to the findings of Newton and Bale (2012) above, a difference is being noticed between the perceptions of the public, the perceptions of health professionals and the experience of people who self-harm when accessing mental health services. It is recognised that treatment should be non-judgemental, that self-harm can be a coping strategy and that the underlying issues are the ones in need of acknowledgement. However, the experience of service users is not as smooth; they are often labelled as untreatable, not taken seriously or treated with disrespect (Mental Health Foundation, 2006; Rayner & Warner, 2003). Rich accounts produced from studies such as the above, facilitate the understanding of health professionals and inform the discussion on how self-harm needs to be approached.

Dualism in Psychology

Having provided the context surrounding self-harm in the UK, this chapter now moves closer to the theory informing the present study. As self-harm involves mind and body, some thought will be given to the issue of Dualism in psychological thinking. Dualism, or mind-body dualism, was extensively discussed by Descartes in the 16th century, following his thesis that mind and body are really distinct (Descartes, 1641/1984). This thesis is also commonly referred to as Cartesian dualism.

Forstmann, Burgmer and Mussweiler (2012) note that, although dualistic thought is very much a part of human experience, it has been neglected by psychological research. Some preliminary research on the developmental field has indicated that dualism is part of basic cognitive architecture, however little is known about how this thought affects behaviour towards the body. Forstmann et al. hypothesised that the more people perceive their bodies to be separate entities, the less they will engage in behaviours that protect or nurse the body.

Employing a quantitative design, Forstmann et al. researched the effect of dualistic thought on health-related behaviours. Having performed five different studies, exploring different aspects of this hypothesis, they found that mind-body dualism has a significant impact on the attitudes and choices people make regarding their health. The researchers

suggest that simple interventions, targeted to dualistic thought and promoting the idea of mind-body integration, can greatly promote healthier, or less damaging, patterns and behaviours. The above research might not be focused on self-harm, however since the practice under exploration in the present study involves bodily harm, its findings are deemed important and relevant.

The question of the split between mind and body and the importance of working therapeutically on both levels is evident across different psychological modalities. For example, the systemic/family therapy paradigm, as analysed by Bertrando and Gilli (2008), advocates the union between body and mind and the power this can bring in the therapeutic room. They highlight the distinction between early writings around systemic therapy, that were mainly focused around biology and medicine, and recent ones that focus on intellectual analyses without taking the somatic factor into account, naming these two extremes as "mindless bodies" and "disembodied dialogues". Both stances appear problematic in the therapeutic space and the goal seems to be to find a way to unify the dichotomy. The identification of emotion as a key way of communicating can advocate the unity of body and mind; emotion is at some part a conscious process but it is expressed through the wholeness of the person and many times without even words.

The body is often under-represented in the therapeutic space and what is being observed instead is a "mental armour", increased intellectualisation, obsessive talk that blocks the bodily sensations. However, the thinking process cannot be conceived as an abstract reality, different from the body, but quite differently, is connected to it (Lombardi, 2007). Following that train of thought, the body can speak when the mind sometimes cannot; what seems to be more accurate instead of a mind-body relationship is a mind-body continuum (Meissner, 2006; Katz, 2010). The split or unity of body and mind seems like a philosophical question. However, the signs of it in the therapeutic space are present, in phenomena such as countertransference, conversion defences and self-harm.

Self-Harm and Body

Having explored the mind-body continuum, the focus will now turn exclusively on the area of the present study. One of the main aspects of self-harm is the strong connection

with the body. Self-harm is the expression of mental pain on the body and its transformation to physical pain (Walker, 2009). The body can be a canvas, a screen to project all the emotions, thoughts, feelings, that are almost impossible to articulate with language. What exists in the internal world, can be depicted on the body, almost like "turning the body inside out" (Sonntag, 2006).

The action of self-harm can create a unique bond between body and psyche (Tofthagen & Fagerstrøm, 2010) through the physical expression of psychological torment and therefore the body can act as a reminder, a map of distress for the person. However, the marks and scars on the body can also act as stigma, causing negative reactions from other people and make the person feel isolated and marginalised (Walker, 2009). Forms of self-harm, such as cutting, that leave permanent and visible marks and scars seem to carry different meaning for individuals, and sometimes the marks create a whole identity for the person. It is possible that the external signs of self-harm can overshadow a person and their individuality and provide a stigmatised sense of self (Walker, 2009).

The majority of research in the area of self-harm has focused on the function of the act, correlations with suicide or prevalence in various populations of age groups. Very rarely have research projects been dedicated to the experience of people who self-harm and more specifically, to their experience of carrying marks and scars.

A psychoanalytically informed study, published by Straker in 2006, examined verbatim transcripts concerning the experience of self-cutting (choice of term in the study). Straker focused her reading of these transcripts on the meaning of self-cutting as signing, attributing a dual meaning to the term: one is signature, making a mark and the other is signalling, wishing to tell something to someone. She explores the communicative function of self-harm as well as the containing function of the cut. Even though it is not the focus of the study per se, Straker does dedicate part of her study on accounts that describe the meaning of self-cutting scars. She interprets the scars as transitional objects, that are more reliable than people and participants can count on. Additionally, she comments on the effect of scars on the creation and maintenance of boundaries. Scars almost always become visible at one point or another, even if it is to a medical professional, thus not allowing participants to maintain

secrecy. Furthermore, the connection of scars to memory and time makes them fixed points in time, reminiscent of traumatic memory, which cannot be re-worked.

A novel and rare study on self-harm scars, published by Chandler in 2014, explores the experience of living with a body marked by self-injury (choice of term in the study). Chandler employed a qualitative, narrative approach, informed by previous research on illness narratives. The methodology chosen, Frank's typology, is phenomenological in nature and invites reflection on embodied experience and the relationship between body and narrative. Quest, chaos and restitution are the three areas around which the experience of the participants was organised. Quest refers to narratives of purpose, chaos to loss and gain of control and restitution to returning the self to a pre-injured state.

Supporting the review of literature above, Chandler also recognises that research on self-harm has focused disproportionately on women and those in clinical treatment. She has thus recruited a diverse group of five men and seven women, from the UK, who were interviewed twice in a year-long period. Four out of the 12 participants were actively self-harming at the time of the interviews.

The findings of this study draw some parallels between self-injury and illness narratives, however it is noted that the narratives analysed do not focus on the body as ill. The scars left by self-injury serve a strong communicative function and offer an opportunity to control this communication by revelation or concealment. Gaining and losing control was a prevalent theme in the participants' narratives, referring to the circumstances that lead to self-harm, to the act itself and to the presence of the scars afterwards. One of the most interesting findings was that most participants did not express a firm commitment to removing their scars entirely. Efforts to conceal them, or transform them by tattooing were reported, but for the majority of the participants ambivalence was noted. Chandler comments on this restitution narrative, the wish to return the body to the point that it was, in comparison to illness narratives. Even though the restitution wish does exist, it is ambivalent and difficult to maintain, reminiscent of chronic conditions.

In conclusion, the above study draws attention to some interesting areas for further research. One of them is the view of self-harm as a long-term circumstance. Given the rise in

reported self-injury, health professionals are more and more likely to come across clients with bodies marked by self-harm. Chandler highlights the importance of not making assumptions about the meaning of those marks and scars in the service of compassionate and effective clinical practice. Finally, a note is being given on the changing nature of the meaning attributed to marks and scars, which can change over a person's lifetime. Active or recent self-harm appears to have an effect on the type of meaning, moving closer to chaotic or pessimistic accounts.

A very recently published thesis from Bachtelle (2014), from the University of Wyoming, also explores the meaning behind scars left by non-suicidal self-injury (choice of term in the study). Similarly to Chandler (2014), Bachtelle recognises the lack of research and insight in the area and differentiates between accidental scars and self-inflicted scars. A quantitative design was devised and recruitment was targeted to undergraduate college students, during a mass scale screening at the beginning of the semester. Measures of history of self-harm, functions of self-harm and self-harming behaviours were part of the screening procedure. A total of 49 students eventually participated in the study, 36 of whom were female.

The research design called for participants to complete a number of measures, most notably a self-report scar questionnaire. The questionnaire required that participants draw on a human body figure where their scars are, and the researcher encouraged all participants to choose a scar, or group of scars to focus on for the study. It was hypothesised that this scar(s) would be the most emotionally evocative and thus the most meaningful.

Participants were asked to categorise their scars as meaningful or not, to answer questions about the way that they interact with their scars and the function that they may hold for them. Following this self-report questionnaire, further measures assessed for depression, BPD, scar regret, self-disgust and interpersonal needs.

The findings of the study greatly support the hypothesis that individuals do find meaning in their scars and marks. All but one participant reported that their scars were meaningful, leading the researcher to use the scar interpretation as a marker of stigma or shame instead to dichotomise her sample. Twenty nine participants were included in the

shame group and nineteen participants in the no shame group. The majority of participants attributed a negative meaning to their scars, and a small number of participants described them as a badge of honour or courage.

Bachtelle reports that the participants included in the shame group used self-harm scars as a means to cope with distress and self-regulate. She also found higher correlations to negative feelings for this group, as well as a higher risk of future self-injury. Additionally, the majority of participants reported a tendency to conceal their scars in front of others, while a quarter of them have used topical creams in order to decrease the severity of their appearance. Bachtelle advocates the exploration of meaning of marks and scars in clinical settings; mindfulness and acceptance interventions can be employed as a means towards self-acceptance and self-compassion.

The above research was limited to a specific sample and the use of questionnaires did not provide the opportunity for in-depth exploration of the meaning that individuals attribute to their scars. It did demonstrate though that some meaning is attributed. The researcher suggests that qualitative studies focused on the individual's personal narrative in the context of the self-injury scar are needed. Additionally, echoing the findings of Chandler (2014) discussed previously, Bachtelle also draws attention to the amount of time that has passed since the development of scars and calls for further research in the area.

A limitation to both studies (Bachtelle, 2014; Chandler, 2014) is the choice of methodology. The quantitative design of Bachtelle's study limits the scope of participants' experience significantly, by asking them to pick one scar to think about. Additionally, whilst Chandler's methodology is phenomenological in nature, it does use pre-conceived structures to organise the data. It can be argued that both studies are explorative, aiming to shed light to an area that has not been previously explored. Both researchers have a slightly different starting point, that eventually lead them to the final research question: Bachtelle started from being interested in the meaning of accidental scars and inspired by research around the meaning of blood in self-harm and Chandler had illness narratives as her initial focus. What seems to be missing is a research question interested exclusively in the participants' experience of having marks and scars on the body as a result of self-harm.

Rationale for the Present Study

Despite the growing prevalence of self-harm in the UK and the increasing reports and efforts for policy and service change, little research is available documenting the experience of people who self-harm. A large number of studies report on the strain on the health system and the increased risk of suicide accompanying self-harm. At the same time, studies focusing on self-harm without suicidal intent report a multitude of functions and meanings attributed to the act and the marks and scars that remain as a result.

The studies of Straker (2006), Chandler (2014) and Bachtelle(2014), presented above are all fairly recent, and mark a turn in psychological thinking towards embodiment. Self-harm is explored as a complex and multi-faceted phenomenon, not as a symptom of mental illness alone. All researchers recognise the lack of literature in this area and the need for further research; the focus on the body and the marks and scars it carries is producing meaningful accounts that can successfully inform clinical practice. Thus, this section will be answering the call and making the argument for the necessity, relevance and originality of the present study.

This research aims to provide insight to the complexity of self-harm and to inspire further research on the field. Qualitative research addressing mind and body in regards to self-harm is scarce but necessary in order to provide a holistic understanding of the act, as well as its long-lasting implications. Additionally, the present study has a strong phenomenological commitment, addressing the limitations recognised in similar research projects. In asking participants directly about their experience, and not imposing any limitations on the narrative, new knowledge can emerge, that can enrich previous findings but also broaden the research horizon.

Counselling Psychology is ideally placed to address the challenges described in this chapter, in terms of service provision, research and influence of perceptions of self-harm. The respect for the client above all notions of diagnosis, in combination to the commitment to scientific research (Bury & Strauss, 2006), provides Counselling Psychology with the tools to navigate medical as well as humanistic models of viewing self-harm. Perhaps even more so than any other discipline, Counselling Psychology can bring together the perceptions of health professionals and members of the public, and support the creation of effective and

compassionate services and therapeutic models. This present study emerges from Counselling Psychology, encompassing its values and commitment to a client-centred ethos.

The topic moves away from a medical paradigm and avoids pathologising. It emphasises the connection between body and psyche, the individual meaning making and the respect for personal experience. These are all qualities of Counselling Psychology, which can be further promoted through this research. In connection to clinical practice, research of this kind can provide a deep understanding of clients' experiences, thoughts and feelings. It advocates the mind-body continuum and the inclusion of the body in the therapeutic space. Clinicians who work with clients who self-harm can benefit from a detailed analysis of accounts that focus on the body and use them to inform therapeutic interventions. Additionally, clients who self-harm and seek support from a Counselling Psychologist can benefit from practitioners keen to address the mind-body continuum. This study aims to enrich the professional dialogue and promote these direct benefits to clinical practice.

Method

Chapter Overview

In this chapter, the methodological basis of this study is explained and a detailed account of the research process is given. The chapter is divided in three parts:

The first, Methodology, focuses on the theoretical underpinnings of the research method chosen, the rationale for this choice and the methodological procedure. The second, Research Process, offers a detailed account of the research techniques used and how they were employed for this study. The third, Reflexivity, includes the researcher's reflections on the methodology chosen, as well as on personal experiences that are of relevance to the study. Several sections of the method chapter are written in the first person, in order to facilitate the reader's engagement with the process as it happened chronologically.

Methodology

Research questions. The research question is "How do people who self-harm experience the marks on their body?". The areas that this question attempts to shed light on are: how do people who self-harm experience their body? What is the relationship with their

body? How do people who self-harm experience or understand the connection of self-harm to the marks it produces?

IPA Methodology and philosophical underpinnings. IPA is a qualitative research approach, created in the mid 1990's, with philosophical underpinnings in phenomenology and hermeneutics (Eatough & Smith, 2008).

The main interest for IPA researchers is the way that people make sense of life experiences (Smith, Flowers & Larkin, 2009). The essence and content of what experience is, is discussed by Smith et al. (2009), defining the focus of IPA on "an experience" that stands out from the flow of everyday experiences that we all go through. In that sense, our awareness of a particular experience makes it "an experience" that has some significance. IPA engages in the process of looking in detail how the person reflects on and makes sense of their experience, thus connecting phenomenology and hermeneutics, with an idiographic lens (Smith et al., 2009). In order to further understand what IPA is, its three main influences, phenomenology, hermeneutics and idiography, will be briefly discussed.

The focus of phenomenology is the way that things appear to us in experience (Eatough & Smith, 2008). As Langdridge (2008) explains, psychology draws ideas and concepts from phenomenological philosophy, forming a discipline known as phenomenological social psychology. The ideas of Edmund Husserl are considered to be the starting point for the phenomenological inquiry (Smith et al., 2009). Husserl changed the face of philosophy in the beginning of the 20th century, by challenging the mind-body dualism that was prevalent until then and calling for a focus on "the things themselves", the experiential content of consciousness (Langdridge, 2008; Smith et al., 2009). Phenomenology does not see a mind sitting within a body and does not try to answer questions about how this mind communicates with other minds or what is its relationship with the body. Instead, it focuses on the way consciousness relates to the world around it, highlighting the intentionality of this relationship.

The term "intentionality", attributed to Husserl, has a different meaning in this context, to its everyday meaning of intending to do something. In the context of phenomenology, intentionality refers to the relationship between consciousness and the

object of it, arguing that when we are conscious, we are always conscious of something (Langdridge, 2008; Smith et al., 2009). The concept of "lifeworld", the world as it is experienced by the subject, is the focus of phenomenological psychology; in other words, lifeword is the subjective experience of consciousness. The lifeworld is experienced by an embodied, situated object (Langdridge, 2008), reminding us that any scientific inquiry that attempts to access the subject's experience will be second handed, viewed through the lens of the researcher's own experience (Smith et al., 2009).

Husserl's method of phenomenological inquiry included the bracketing (epoché) of the researcher's attitudes and perceptions of the world, to the degree that this is possible. It is acknowledged that epoché is an ideal, which can never be achieved fully; however aspiring towards it leads to potentially novel and groundbreaking research, by helping researchers to not just reproduce their own view of the world, but rather to explore new ones (Langdridge, 2008). The notion of reflexivity in qualitative research is closely linked to the epoché ideal, calling upon researchers to identify their own experience and how it affects their analysis of data (Langdridge, 2008). Ultimately, Husserl's method is descriptive and attempting to capture the essence of experience, a transcendental quest that was criticised and then developed further by philosophers and phenomenologists such as Heidegger, Merleu-Ponty and Sartre (Smith et al., 2009).

Heidegger introduced the interpretative stance that is an integral part of IPA, arguing that no knowledge can be accessed outside of it, marking a move away from Husserl's transcendental phenomenology and towards a hermeneutic and existential view of phenomenology (Smith et al., 2009). The individual is seen in conjunction with a world of things, people, language, relationships, existing with all of these and not in contrast to them. Heidegger described this as Dasein (literally being-there, but often referred to as being-in-the-world), a view of the human being that decisively contrasted any form of dualism (Eatough & Smith, 2008). The view of the human being as always being in context points to a focus on the nature of our engagement with the world; we relate to this world that we were "thrown" into and cannot be detached from it, thus introducing the concept of

intersubjectivity (Smith et al., 2009). We are permanently intertwined with the world and attempt to make sense of it as we attempt to understand ourselves.

This search of meaning is the starting point of IPA (Eatough & Smith, 2008), further highlighted by the ideas of Merleau-Ponty, who focused on the embodied nature of our relationship to the world (Smith et al., 2009). The body is central to the notion of intersubjectivity, as we experience the world through it and the world presented to one person is different to that presented to another person, with a different body. Merleau – Ponty described this as body-subject (Eatough & Smith, 2008; Smith et al., 2009). Sartre introduced an existential lens on phenomenology, stressing the everlasting development of the human being, who is constantly in a process of becoming. Moving further from Husserl's descriptive phenomenology, Sartre contributed to the view of the person as embedded with the world and in constant interaction with it. His work shed a particular light on our relationships with others, the presence or absence of those, as critical to explore in the quest to understand ourselves (Smith et al., 2009). A process of interpretation is necessary to be able to do that.

Following the historical journey of the evolution of phenomenology, the theory of interpretation needs to be mentioned, called hermeneutics. It is a much older philosophical strand, stemming from the attempt to interpret biblical texts. It is concerned with the nature of interpretation and entertains the possibility of uncovering the intention of the original meanings of an author (Smith et al., 2009). In the context of IPA, the work of Heidegger marked a hermeneutic turn in phenomenology (Langdridge, 2008), arguing that phenomenology is inherently looking for meaning, a meaning which may be hidden initially and needs to be uncovered (through interpretation). IPA involves a "double hermeneutic" (Smith et al., 2009), the researcher is making sense of the participant, who is making sense of the thing itself. This is an integral part of the methodology, informing the way that the analysis of data is done. As Smith et al. (2009) say:

> IPA requires a combination of phenomenological and hermeneutic insights. It is phenomenological in attempting to get as close as possible to the personal experience of the participant, but recognises that this inevitably becomes an interpretative

> endeavour for both participant and researcher. Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen. (p.37)

To summarise this section, a brief mention will be made to idiography, which refers to the concern with the particular. IPA is committed to a sense of detail, resulting to in-depth analyses, and to understanding particular phenomena, as they appear in a particular context (Smith et al., 2009). Eatough et al. (2014) describe IPA's idiographic commitment as a microscopic lens, emphasising the detailed examination of unique, individual lives. This comes in contrast to the majority of psychological research, which is nomothetic in nature, attempting to make claims at a group or population level. Nonetheless, it is argued by Harré (cited in Eatough & Smith, 2009) that attention to the idiographic is an intrinsic part of psychology and that it is the route to understanding more universal structures.

Rationale for using IPA. In asking how do people experience the marks and scars on their body, this study seeks to understand this internal process in the individual and the meaning it holds for them. The focus is in understanding how participants experience and how they make sense of this experience, and not in a cause-effect relationship regarding said experience. These attributes of the research question form the basis for a qualitative methodology (Willig, 2008).

Interpretative Phenomenological Analysis (IPA) is ideal, for two reasons: "It is concerned with the detailed examination of the human lived experience" (Smith et al., 2009 p.32) and "it enables that experience to be expressed in its own terms, rather than according to predefined category systems" (Smith et al., 2009 p.32). These two aspects of IPA allow the flexibility to explore the research question in depth, from the perspective of the participants. Moreover, as Willig (2008) highlights, IPA accepts the impossibility of the researcher gaining access directly to the participant's experience and acknowledges that what is produced is an interpretation of this experience. This does not mean that the produced result is removed from the participant's experience -quite the opposite-; the process is systematic and rigorous, embracing the phenomenon as it presents itself to interpretation by participant and researcher.

An additional point of interest in IPA is its idiographic nature, which is particularly important when exploring an area so diverse but also deeply personal such as self-harm. Examining in detail the circumstances and experiences of individuals is a main characteristic of IPA (Smith et al., 2009), and it is expected to highlight unique perspectives of the phenomenon in question.

Further qualitative methodologies were considered, such as Discourse Analysis (DA) and Narrative Analysis (NA).

Narrative analysis would have been an alternative to IPA. Many similarities can be found when comparing NA to IPA, such as the focus on the participant and the care given in ensuring that the accounts produced in interviews are unobstructed and participant-led. The interviewer remains reflective and mindful of his/her role in shaping the narrative. The narratives that we all tell, to ourselves and others, are connected to the way that personal identity is formed (Murray, 2003), and as such drawing on the narratives of participants regarding self-harm and their bodies would elicit accounts of personal identity. Willig (2013) describes how in conducting narrative analysis, the researcher visits and re-visits the text, asking different sets of questions, such as: what is the content? What is the tone? What are the themes? What is the function?. These questions offer a guide to the researcher in order to explore in depth the participant's narrative.

However, there are quite a few points of difference between the two methodologies, which informed the choice for this study. Narrative analysis of interview data is varied, and although an interpretation of themes drawn from the interview does occur, the primary focus is in the structure of the narrative itself (Murray, 2003). Similarly, DA focuses on text and language and searches for content and structure within it (Georkakopoulou & Goutsos, 1997). Discourse psychology is a varied discipline that extends way beyond a single methodology, however in the context of this study, DA as described by Willig (2013) was considered. The factors that contributed to the rejection of this method for this particular study were the preference for naturally occurring text and talk as ideal data, and the inherent focus on language. The focus of a DA study would have been on the way that participants construct

reality through language and would potentially offer less flexibility in exploring the embodied nature of the experience of self-harm.

Ultimately, the choice of IPA as the most appropriate method was solidified by the philosophical background and methodological flexibility that IPA offers when considering the body. Murray and Holmes (2014) critique IPA for overlooking the body and the way in which bodies are involved in meaning-making. They suggest that IPA is often focused on thoughts and beliefs, both cognitive constructs, not always honouring its roots in Marleau-Ponty's embodied phenomenology; consequently, they suggest that more can be done to enhance the way that phenomenological analysis treats the body and speech as being on the same plane. This critique is a call to pay more attention to speech as embodied, naming IPA as a methodology with the potential and theoretical background to do so. The theoretical framework that includes these considerations was deemed necessary in order to address the specific research question of how do people experience the marks on their body; a question that attempts to bring these considerations to the forefront and to explore meaning making and embodiment.

Epistemological standpoint. According to Existential Psychology, human experience can be mapped in four dimensions (van Deurzen, 1988): The physical, natural, material domain; the social, public, cultural domain; the personal, private, psychological domain and the spiritual, interpretive, ideological domain.

According to van Deurzen, these four dimensions of existence represent all aspects of human life. People exist within these domains, and within the extremes of each domain, for example Good/Evil in the spiritual domain. Neither is superior to another, and all together they constitute what we perceive as existence. Humans also have the internal need to give greater meaning to their actions, to understand higher motives and be a part of a wider context. Not all actions and behaviours can be explained by personality or psychic constructs. At the same time, people want to include themselves in the wider meaning of life and find a way to experience their individuality through an existential understanding.

The uniqueness of human experience combined with the need to attribute meaning to this experience, is what this researcher would call their ontological stance. I do not believe in

one, universal truth, but mostly in the relativity of reality and the uniqueness of each person's point of view (Yin, 2011).

The next step is to identify the epistemological stance that underpins this study, which will be attempted by answering three questions highlighted by Willig (2013):

What kind of knowledge do I aim to create? What are the assumptions that I make? How do I conceptualise the role of the researcher?

The aim in this study is to explore the subjective experience of individuals, the way that they attribute meaning to their marks and scars. The focus is on the experience itself and no attempt is being made to produce a causal relationship or to make generalisations; however it is acknowledged that as a scientist-practitioner, some level of generalisation will occur when research is informing clinical practice. The researcher's assumptions about the nature of the world and experience, as described above, consider each individual and their experiences as unique. This is consistent with a phenomenological point of view. As Willig (2013) describes, the same event can be experienced in as many different ways as there are phenomenologists. Finally, the role of the researcher in the generation of knowledge is considered to be active and intertwined. Even though every attempt is made to bracket the researcher's experience, it is acknowledged that it is not possible to provide a "pure" description of the participants' experience. The knowledge produced will be, to some degree, dependent on the way that the researcher listened to and interpreted the data.

The answers to the above questions form the epistemological standpoint of the researcher as an interpretative phenomenologist. This standpoint differs from a descriptive phenomenologist, as it seeks meaning in the experience by stepping out of it and reflecting on wider meanings. The initial phenomenological description of experience is reflected upon and interpreted, thus positioning it in a wider social, cultural or even theoretical context (Willig, 2013). The combined ontological and epistemological standpoints presented, point to a study that seeks to generate knowledge about the quality of a particular experience, as well as its meaning within a wider context (Willig, 2013).

Validity. The issue of validity in qualitative research is being extensively discussed, stemming from a growing concern that the criteria that exist in place for quantitative research

do not apply to qualitative research (Smith et al., 2009). Qualitative methodologies in Psychology are relatively young and lacking the well established conventions and methodologies that exist for the quantitative ones (Yardley, 2000). Additionally, qualitative methodologies are diverse in their nature and come from very distinct epistemological and philosophical backgrounds, such as social theory or phenomenology, making it inappropriate to evaluate them with positivistic criteria.

In the context of this study, four broad and flexible criteria guided the quest for validity, as identified by Yardley (2000) and recommended by Smith et al. (2009):

Sensitivity to context. Yardley suggests that researchers can demonstrate sensitivity to context by systematic awareness of their chosen methodology and relevant literature. Additionally, the socio-cultural context of the study and the relationship between researcher and participants are areas that need to be approached with sensitivity and explored in depth.

This study emerged from a gap in literature and from the identified need to challenge and enrich the medicalised narrative around self-harm. The literature was reviewed and explored systematically, acknowledging service-user voices that highlight the variety of functions and meaning around self-harm. A partnership with [redacted] (explored at length later on) demonstrates sensitivity to the socio-cultural context. A safe and confidential space was provided for the interviews to be held, whilst adding to the charity's tradition as a champion of good mental health and wellbeing. Every care was given to arrange the interviews on a day and time that was of convenience to the participants, as well as allow for extended room bookings in order to ensure that they would be undisturbed and with ample time at their disposal.

Additionally, the use of semi-structured interviews as the method of data collection enhances the focus on the participant, by being non-leading and flexible. In the presentation of the analysis, participant quotes are present, anchoring the context and ensuring that the reader can identify the researcher's interpretations alongside the raw data. The reflexivity sections included shed light on the researcher's identified beliefs, assumptions and experiences, thus honouring the context of the interaction with the participants.

Commitment and rigour. Under this topic, Yardley includes prolonged engagement with the topic, development of competence in the method used and immersion in the research data. Phenomenological research in particular, requires dedication in completing a full analysis and moving further than superficial understandings.

The researcher demonstrated engagement with the topic by continuous reading and discussion, attendance of events and conferences relevant to the subject matter and personal reflection. Complete immersion in the research process was attempted by reading and re-reading the transcripts, listening to the interviews and re-visiting the raw data at multiple stages of the research process and following write-up. A systematic and continuous effort was made to develop the understanding of the method chosen and develop the researcher's competence in it; an effort that included participation in a regular, peer-led IPA group, attendance of relevant events and private external supervision.

Data collection required persistence and patience, due to the stigma attached to self-harm and reluctance of participants to come forward. Smith et al. (2009) highlight the attentiveness required during data collection, selection of participants and following analysis of data. Recruitment was carefully targeted to the client group of [redacted], a well known and respected mental health charity, which was reasonably expected to have clients with substantial experience of self-harm who would also be supported and protected enough to manage potential harm. This balance allowed in-depth interviews to take place and rich interview data to be collected.

The research process is detailed and presented fully to the reader, attempting to demonstrate that the study was conducted systematically and rigorously. Participant quotes are present in the analysis chapter, showcasing rigour. Research supervision was used to ensure that the analysis itself maintains a balance between the necessary idiographic element and meaningful interpretations made by the researcher.

Transparency and coherence. The third criterion of validity and quality, according to Yardley, concerns the description of the research and how it is presented to the reader. Transparency is achieved by detailing the research process and disclosing all relevant

information that affected it. Coherence refers to the consistent fit between the research aim, the research question and the method of investigation chosen.

As mentioned above, a detailed account of the steps taken during this study is being provided, accompanied by documents, advertising material and extracts from the analytic strategy. It is hoped that this account demonstrates the research process fully and gives the reader a complete view of how it was conducted. The reflexivity sections contribute to transparency, by offering the reader insight to the researcher's thoughts, assumptions and personal experiences, as well as potential impact on the research process.

The study has been written up carefully, keeping the reader in mind, connecting different chapters and evaluating the coherence of the arguments made. Extensive research and reading has been made to ensure that there is a good fit between the research question and IPA, as well as ensuring throughout the study that the principles of IPA are evidenced. As Smith et al. (2009) suggest, it is important that the write-up of the study gives the reader the sense that it is indeed an IPA study with certainty, by showcasing phenomenological and hermeneutical sensibility.

In the effort to ensure transparency and coherence, supervision played a big role. The research process itself was reviewed regularly, by sharing the details and paper trail kept throughout the study openly. The researcher's method was shared and challenged at every step of the way, from initial annotations, to developing themes, to final drafts, thus developing a rigorous and transparent process. It is argued that the depth and detail of the supervision sessions amount to an independent audit, an argument that Smith et al. (2009) support. The researcher continuously assumed a hypothetical audit, by producing a paper trail that can be followed at any time. Sharing this trail in supervision further strengthens the position of this study as transparent and coherent, as well as credible. A last point to be made is that the independent audit does not claim that the account produced is the only credible one, but that it is credible in itself, keeping in line with the nature of qualitative inquiry (Smith et al., 2009).

Impact and importance. The fourth and last criterion refers to the potential of the study to influence others and to be useful and important. Even though there will be

varieties of impact and importance, these are ultimately measured by taking into account the original objective of the study, the applications it was intended for and its importance to the community for which it is relevant.

It is hoped that this study will enrich the current understanding of self-harm and will contribute towards a holistic view of it. This will be achieved by publishing this study and building future research on it. There is disproportionate representation of accounts of self-harm, with the weight falling on professionals describing it as a symptom or risk factor. This study aspires to shed the light on the voice of the people who self-harm and honour the various subtleties and functions of self-harm for them. Additionally, this study hopes to highlight embodiment and to be used as one more point of reference for the development of Mental Health professions towards a holistic, not dualistic view of the person.

Ethical Considerations. This research was granted ethical approval by the Department of Psychology, City University London. The study's ethical implications were considered in depth, in accordance to the British Psychological Society Code of Ethics and Conduct (2009) and its guidance on the protection of research participants. Procedures on areas such as potential harm, anonymity, and debrief were carefully designed. The study's ethical considerations are presented before any other procedural step because they informed the design of the study, particularly the participant criteria.

When the research was designed and proposed to the Psychology Department of City University, an Ethics release form was completed (Appendix B). The group of adults targeted for recruitment is identified as vulnerable and potentially high-risk, and the topic is sensitive; thus, a number of robust steps were undertaken, to safeguard participants and satisfy the school's Research and Ethics Committee. These steps were discussed with my research supervisor, agreed upon and actioned before ethical clearance was requested.

The area that caused most concern was open recruitment, for example through forums, wide advertising, posters etc. The balance of potential distress being caused by the interview and benefit to scientific knowledge was not proportionate. Despite a screening procedure being in place, it was necessary to consider the possibility of a participant becoming considerably distressed by the interview and then being left with few tools to cope.

This consideration led to the need to ensure that all participants included in the study would have a robust and existing support system in place, with psychological help available. This system would need to be able and willing to respond to any potential distress arising from their participation in the study.

The solution given was to form a partnership with a mental health organisation and to limit recruitment to their clientele only. I presented my proposal to the Clinical Director of [redacted], where I was about to start a clinical placement. The service was open to research collaborations and welcomed a partnership. It was agreed that I would be allowed to advertise across the organisation and that support would be provided to me from clinicians in order to promote my study.

Furthermore, it was agreed that therapeutic interventions would be available to any participants experiencing distress as a result of the interview, which would not be contained by my debriefing procedure. It was left to my discretion to action this if needed, after discussion with the participants. None of the above safeguards were eventually needed, it was however important to have them in place from an ethical point of view.

These points were detailed and formalised in the Ethics release form submitted. It was not deemed necessary to produce and sign a separate agreement, as being a trainee there at the time of the study meant that [redacted] and City University were mutually involved with me.

In addition to the partnership described above, a number of steps have been taken, in order to minimise the risk of harm and maximise the potential benefits from the research.

I aspired to offer complete transparency regarding the content and goal of the interviews. I carefully chose the wording of my advertising material, to reflect that this would be an in-depth interview, with a research focus (see appendix A). All participants received an information sheet before the interview, which included the research aims, details about the interview process and how I would process the data (Appendix C). The information sheet was available in the service's reception area and participants could easily request it before contacting me. The contents of the information sheet were discussed with interested participants when they made contact, to give them the opportunity to ask questions.

Informed consent was obtained before the interviews, in writing and individually. A blank consent form can be found in appendix D. Participants were explicitly informed that all names and identifying information would be changed to preserve confidentiality. They were also informed of their right to withdraw from the study up until a month after the interview.

A sufficient amount of time was left between the first contact and screening and the interview date. The rationale was to allow participants to process the information offered, to ensure informed consent and to give enough time for them to withdraw from the study if they wanted to.

Finally, all participants were debriefed after their interview. Their emotional wellbeing was addressed using my clinical skills and stepping on the established rapport from the interview. Participants were given the opportunity to ask questions, clarifications and make comments. A debriefing form was given to all participants (appendix E), which included a summary of the confidentiality commitments, selected reading on self-harm and an open invitation to contact me if they have further questions or concerns. Additional organisations that offer support around self-harm were detailed, in the case that a participant did not wish to use [redacted] for that purpose.

All electronic data relating to this study is stored in an encrypted and password protected external drive. These include the original audio files of the interviews, the original transcripts and the anonymised transcripts. The drive and all paper based data, namely the consent forms signed by participants, are kept in a locked cabinet. All data will be destroyed five years after the completion of the study.

Participant criteria. There is no proposed size sample for IPA (Smith et al., 2009). The aim of the IPA analysis is to provide enough richness and insight into the experience from the analysis of the data, meaning that careful analysis and reflection are more important than a large sample size. I was expecting a relatively small sample of between six to eight participants, for a variety of reasons.

Self-harm carries stigma and is not a topic that people tend to discuss openly (Pembroke, 1996). Previous research in the area has identified the reluctance of participants to come forward and the taboo in identifying openly as a self-harmer. Even though

confidentiality and privacy were ensured for all participants, I still expected to not get many. Moreover, limited recruitment through just one organisation pointed towards a small number of interested parties.

Inclusion Criteria. The inclusion criteria for this research were:

- The participants identified self-harming behaviour in themselves that has caused some form of mark on their body.
- Participants who self-harm at present would be preferred, in order to provide a more close and up-to-date account of the way they experience the marks on their body.
- People who have self-harmed historically and still carry marks on their body would be included for two reasons: the first because the presence of marks on the body makes the experience researched current, even if the time when they were created is past. The second because of the limited client pool and expected reluctance of participants to come forward.
- The participants were over 18, in order to be able to give informed consent. No gender specification. There were no other age restrictions, as the experience was not deemed dependant on age.
- The participants were active clients of [redacted]. This criterion was not related to my research question but was deemed necessary for ethical approval, as described above.

Exclusion Criteria.

- Participants with active psychosis or who were at the time of the research receiving in-patient care for mental health problems would be excluded in order to homogenize the sample and to avoid causing distress to even more vulnerable individuals.
- Participants with active suicidal thoughts or ideations. This information was collected from participants as part of the screening interview.

- Participants who were not fluent in English or Greek (which is my mother tongue) would be excluded, due to the complex nature of the research question. The emotional world of the participants needed to be communicated without a language barrier.

Recruitment strategy. Recruitment was conducted in collaboration with [redacted], where I had my clinical placement. [redacted] provided me with full access to their clientele, allowed me to use the service's counselling rooms to conduct the interviews and offered guidance and help. I had access to the main counselling project of the organisation, as well as the therapeutic day centre that they operate. The service's Clinical Director was at all times aware of the status of my research and acted as a link between me and the clinical team.

Three recruitment posters were mounted on public notice boards across the organisation. Emails were circulated to all staff, informing them of my research and passing on my details in case they had interested clients. I created a designated email address and a separate phone number that was attached to all advertising material and invited participants to contact me in whichever way they felt was most appropriate.

In addition to the strategies mentioned above, I verbally and informally communicated with staff members across the organisation, informing them of my research. I explained the focus of the study, the inclusion and exclusion criteria and offered my contact details in case they had further questions. The goal was to ensure that staff members who had direct client contact were aware of the project and able to direct interested participants to me. I anticipated that some participants might discuss their interest in the study with their trusted clinicians before contacting me directly.

Data Collection. Semi-structured interviews were used to collect data. All interviews were meant to last approximately the length of a counselling session, 50 minutes. This length of time was proposed by my research supervisor as an optimal amount of time to allow for rich data to emerge, but not too tiring for participants. The interviews were audio-recorded and additional handwritten notes were kept throughout. The first interview was used as a pilot, to ensure that the draft interview schedule corresponds to the research

question, and to evaluate the opportunities given to the participant to express their experience freely. The interview did not present significant concerns, and was then incorporated in the main volume of data. All interviews were transcribed verbatim to prepare for the subsequent data analysis.

Interview schedule. The interview schedule was prepared quite early on in the design of the study, in order to be submitted for ethical consideration. It was informed by the research question, relevant knowledge of the subject area and reading done, attempting to cover all relevant areas of the experience in question. The schedule included a list of seven questions covering the research area, but quite broad in focus (Appendix F). It also included relevant prompts, for my reference.

The interview schedule was then tested in the first interview conducted, as mentioned above. It was found that opening the interview with a broad question on self-harm and then occasionally using prompts was sufficient and produced rich data. The interview schedule was not changed, but rather kept as a guide for me and used very lightly. I opened all subsequent interviews with a generic question about the participants' current experience of self-harm, which allowed all of them to begin their story without interference from me. I noticed that my participants were not used to talking about their bodies and had been more accustomed to speaking about the reasons why they self-harm. This was useful insight, further illustrated by the richness of data produced when I asked about their relationship with their body. All other areas were covered by the participant's accounts without the need to ask specific questions.

The Research Process

Participant selection. As anticipated in the design phase of the study, a small number of participants showed interest in the study. I was contacted by a total of eight participants, through a span of seven months, from November 2013 to May 2014. I initially corresponded with each participant in the way that they had chosen to contact me (phone call, text message, email) to thank them for their interest and to arrange a screening interview over the phone.

During the screening interview, which lasted approximately 15 minutes, I made inquiries in accordance to the exclusion criteria; I explained the purpose of the study and

answered any questions that came up. Two participants were excluded at this stage, one because they had misunderstood the focus of the research and considered it to be a therapeutic intervention and one because they were highly distressed and actively suicidal. Both those participants made the choice to not go forward with the research after the aim was explained to them and were happy to have had the conversation with me.

The remaining six participants were offered interview dates and were included in the study. The six participants included were the only participants available, so in that sense, there was no selection apart from keeping in line with the inclusion/exclusion criteria. I stopped advertising a month after the sixth interview was concluded, because of time constraints. I received no further interest during this time.

The interviews were arranged in the main offices of [redacted], a familiar, safe and confidential place for all participants. I had arranged for extended bookings, to allow sufficient time and privacy for debrief after the interview. A senior member of the clinical team was at all times aware of any interviews booked.

Detailed demographical and biographical information are purposefully not included anywhere in the study, in the service of protecting the participants' anonymity. Given that recruitment was so targeted, any detailed information would entail the risk of cross-referencing participants and their accounts. All participants of the study were female, aged from late 20's to mid 70's. Only one male participant expressed interest but did not proceed because of reasons described previously. Three participants were self-harming at the time of the study and three had self-harmed historically and still carry marks and scars.

The presence of scars as a result of self-harm on all participants and the (unintentional) uniformity in gender are in accordance with Smith et al.'s (2009) recommendation for a homogeneous sample. An additional factor that contributes to homogeneity is the fact that all participants are clients of a mental health charity and have received some support around self-harm.

Transcription. The interviews were transcribed verbatim, in accordance to the guidance given by Smith et al. (2009). The transcript includes all words spoken, by researcher

and participant. There is no detailed transcription of the prosodic aspect of the recordings; however utterances, long pauses and hesitations are noted.

The first interview was partly transcribed by me, however because of time constraints, I decided to use the services of a professional. I was hesitant to use a transcribing service of which I had no knowledge or recommendations. Eventually, I used a colleague's trusted contact, who she used for her transcription and whose work requires knowledge of encryption and data protection. I had every assurance regarding this transcriber's discretion and experience in transcribing interviews for doctoral students. The recordings were encrypted during transfer and encrypted and stored offline while they were at the transcriber's disposal. All electronic files were deleted after the transcriptions were delivered.

After I received the transcriptions, I double-checked them by listening to the audio recordings and reading through, in order to ensure accuracy. I anonymised the transcripts by removing all names, locations and any other identifiable information. I formatted them by turning to landscape view, adding line numbers and very wide margins, to prepare for the analytic process. Pseudonyms were allocated to the six participants. I chose the names of Muses of Ancient Greek Mythology, a symbolic gesture to highlight that this study will always return to the heart of the participants' experience. The Muses each represent an area of arts and sciences and are an inspiration for these subjects. In this instance, the participants are the heart and inspiration of this study. Furthermore, the Muses are the daughters of Mnemosyne (Memory). In this context, this symbolises the stories, past and present, that participants have shared with me, which will remain in memory, mine and public, through this study.

Analytic Strategy and Procedure. As a novice in IPA, I followed the six steps suggested in Smith et al. (2009). Whilst keeping in mind that these steps are offered as guidance and in no way do they form a rigid method, they were very helpful to me.

Step 1: Reading and re-reading. I engaged in this step as soon as I received the transcriptions back and tested them. I listened to each interview whilst reading the transcript, thus attempting to connect the visual stimulus with the experience of the interview and the voice of the participant. I resisted the urge to start coding at this stage and allowed myself to

slow down and engage with the participants. As Smith suggests, I experienced the tendency to quickly start summarising and deducing meaning, so having this step written down was very useful (Smith et al., 2009).

Step 2: Initial coding. This process was very time consuming and it took several attempts before I found the way that worked best for me. I started off with my first transcript, highlighting parts that seemed significant or interesting and then did a second reading where I started adding comments to the left hand side. I quickly realised that I had not made the margins large enough. I was also simultaneously coding concepts, language and content, without a system. This first transcript was confusing, so I did it again, with larger margins this time and without using my highlighter, as I was highlighting what felt important but was not coding it. I eventually re-formatted the transcripts a third time and decided to follow Smith et al.'s (2009) guidance by making three distinct types of comments, descriptive, linguistic and conceptual. These were marked in different coloured ink.

The descriptive comments were mainly focused on content, key experiences, events, emotional responses, all the things that were the building blocks of the participant's account. Linguistic comments noted the way in which the account was presented, such as repetitions of words, metaphors, pauses and laughter. Finally, conceptual comments included my personal reflections and interpretations of the participants' words, the moments when I noticed the participants constructing meaning for their overall experience or even passages of text that made me wonder and left me with questions, in order to revisit them.

Given my previous, not so successful, attempts to code in one go, I conducted each line of inquiry separately, meaning that I went through each transcript once with a descriptive hat, once with a linguistic and once with a conceptual (Appendix G). This process felt much more natural and each reading gave me a deeper understanding of the participants' accounts, which moved organically towards a more reflective line of inquiry by the time conceptual coding had started. This method also gave me the confidence that I had remained close to the participants' words and the ability to quickly track the levels of coding just by looking at the transcript.

Step 3: Developing emergent themes. I started developing emergent themes one transcript at a time and did this for all participants before moving on to the next step. I wrote the themes on the right hand margin in different colour, to visually differentiate from the coding of the previous step. The process of developing these themes entailed a great reduction in the volume of data. As Smith et al. (2009) suggest the focus was shifted from the transcript to the exploratory notes, which were then further reduced to phrases, combining the content and the psychological understanding of it. When I found the same theme emerging more than once, I used the same label.

I strongly experienced the breaking down of the narrative flow that Smith et al. (2009) describe at this level, as the focus was on chunks of transcript instead of on the interview as a whole. It was an uncomfortable experience, as I indeed found it difficult to give myself the role of organiser and interpreter of the content. My discomfort was eased as I moved from the first transcript to the second, the third and so on, and I started getting more accustomed to the process. It was useful to remember at this stage that this is one manifestation of the hermeneutic circle, from the whole to the part, with the whole emerging again at the end of the analytic process.

After I had produced emergent themes for all participants, I wrote all the emergent themes together on a separate piece of paper, numbering them and including lines of corresponding transcript chunks (Appendix H). I found this useful for practical reasons, keeping track of the number of themes emerging for each participant and having a central record for them, but also as a way to facilitate production of high level themes. At this point I attempted to pass all my notes to a spreadsheet and to make my analysis computer based instead of paper based. I thought it would be worth having a backup and perhaps a more organised way of working. Apart from time consuming, this process made me feel alienated from the participants' accounts and I quickly abandoned it. As Pringle et al. (2011) discuss, there is no suggested way in IPA for how to handle the data, electronically or manually. It tends to be a matter of personal preference; however it is argued that handwriting and manual coding can contribute to an intimacy that is not developed otherwise, a case which I found to be true.

Step 4: Searching for connections across emergent themes. To search for connections across emergent themes I felt the need to produce a method that I could follow for all cases, which would allow me a level of certainty that I was doing justice to the participants' accounts. I used the pieces of paper where I had all emergent themes from one case and initially read through all emergent themes and then wrote down very descriptive labels of the major thematic unities coming out of them. I allocated each emergent theme to one of these labels, and as I went down the list I crossed off the number of the theme I allocated, to ensure I am not leaving any outside. The end result resembled what my supervisor described as "a bingo card" (Appendix I). I was fully aware that this way of producing connections was not interpretative, abstractive or creative, however this step allowed me to manage my anxiety as a novice and gain some confidence in my process. I then looked at these labels and the emergent themes grouped under them simultaneously by putting them down on the floor around me. Spatial representation was of particular importance for me, as Smith et al. (2009) mention is the case for many researchers. At this stage now I was able to identify patterns between themes, as well as differences, to notice frequency or function and bring them together. Through that process I was able to produce a table of low and high level themes for the case, which I could fully track back to the transcript (Appendix J).

Step 5: Moving on to the next case. After I had completed the first case and had produced a table of themes, I followed the same procedure for all the remaining cases. I maintained full awareness that each case is separate and remained true to IPA's idiographic stance by following my method closely and remaining reflective. Each case produced a unique table of themes that corresponds to the participant's account.

Step 6: Looking for patterns across cases. The final step included looking for themes across the six cases. To do this I started by looking at the tables of themes produced for each participant, all laid out on the floor. Each participant had an average of three high level themes with two or three low level themes on their tables, so I was looking at a total of about fifty themes. I found two concepts described by Smith et al. (2009) particularly applicable to this stage, abstraction and subsumption. Abstraction refers to the identification

of patterns across themes and subsumption to the elevation of an emergent theme to superordinate status, by being closely related to a number of themes.

I ended up with five superordinate themes that were then reduced to four, each with an average of three subordinate themes. The superordinate themes represent more general areas of meaning that were found, in some way or form, in the accounts of all participants. Furthermore, they represent my meaning-making process and organisation of these accounts. The subordinate themes represent significant and distinct aspects of the experience described by the superordinate themes and are more specific. On some occasions, subordinate themes present differences between participants, within the context of the superordinate theme where they are placed. The titles of the themes are a combination of my interpretations, words and phrases used by participants that were representative of a common experience and symbolic associations. On several occasions, titles of emergent themes were kept.

The final step was quote selection, a process that was close preparation for the final write-up but also a process of evidencing the final table of themes produced. I initially marked relevant quotes on the transcripts and eventually produced word documents for each theme, with the corresponding quotes from all participants gathered, marked by name and location in the transcript. Further selection of quotes occurred whilst writing up the analysis chapter, which is presented in the following chapter and constitutes the last stage of the analytic process.

Reflexivity

Methodological Reflexivity. In this part I will explore the personal circumstances, assumptions, beliefs and motives that are connected to methodology and to the way that this study was conducted.

I believe that IPA is the most appropriate choice of methodology for the research topic and that it fits well with my ontological and epistemological stance. However, I must acknowledge that when the study was designed, my understanding of IPA was not as developed. In my DPsych cohort, the prevalence of IPA as the preferred methodology was evident, and one of the reasons for choosing this methodology was the perceived safety of going with the norm. The choice of research question was not affected by this trend, as I was

interested in this area before, and thus I am confident in the originality and relevance of this study. Furthermore, a significant period of time passed between the initial research proposal and the actual recruitment of participants and analysis of the data, during which I became very familiar with the theory and process of IPA.

A methodological reflection is offered regarding the selection of participants. Being mindful of the limitations imposed on recruiting for ethical reasons, the participant pool was very small and no real selection of participants took place. The first six participants that fulfilled the study's criteria were interviewed, and recruiting stopped after the sixth interview, when it was felt that an appropriate number of participants had come forward. This happened due to time constraints, since the recruitment took a total of eight months. However, this did not affect the quality of the data and no discounts were made regarding the inclusion of participants. Ultimately, the participants who did come forward provided very rich accounts of their experience and were by all means appropriate for the research question.

During the interview stage I reflected extensively, and discussed so in supervision, regarding the overlap of clinical training and interviewing technique. Especially during my first interview, I felt the pull to interpret and inquire in a therapeutic way. However, I was quickly drawn into the participants' accounts and eventually enjoyed the phenomenological approach to interviewing. Throughout the interviewing period, anecdotal advice from Willig was followed, that of employing a stance of naïve curiosity.

As a final reflection, my clinical training did play a larger part in the way that the interview data were interpreted, during the analysis stage. In the last 2 years my clinical practice has taken a turn towards contemporary psychoanalysis, especially in formulating. I am first and foremost an integrative practitioner; however my fascination and affinity towards psychoanalytic ideas played a part in the way that I reflected on the participants' accounts.

The reader will notice the use of capital O in the word Other, used extensively in the analysis write up. Influenced from the writings of Jacques Lacan, and more recently Paul Verhaeghe, I am using the word Other in a literal, but also conceptual sense, referring to inter-subjective interactions as well as to alterity (Johnston, 2014). This is an

acknowledgement of my meaning making process, and the way that my overall training affected the way that I interpreted the data produced.

Personal Reflexivity. The presentation of my personal reflections at this point is meant to inform the reader, before they embark on the results of the analysis. Honouring the epoché, I attempted to suspend my own experiences and view of the world in order to approach the data. Throughout the research process, supervision, personal therapy and a reflective diary were employed regularly, to facilitate this reflective stance.

My interest in this topic is deeply rooted within personal experiences and history. I have been drawn to research on the body from the beginning of my studies as a psychologist. I focused my undergraduate dissertation on the body as well, exploring the effect of media and advertising on body image. A long-lasting dissatisfaction with my own body and difficulty experiencing myself as embodied has made me curious as to how others experience theirs. Even though intellectually I reject dualism, I have experienced it on an emotional level again and again. Additionally, I have personal experience of self-harm, which has been, for the most part, kept private and explored only in personal therapy.

In my initial writings and proposal, I argued that my research aims to challenge the prevalent medicalised narrative around self-harm and to highlight the variety of meanings and functions it holds. Even though this argument still stands, the process of doing the research, and perhaps the time that has passed since then, has shown me that I was expressing an unresolved, internal conflict through the research process.

After the completion of the sixth interview, I attempted to start the analysis straight away, but found it impossible to do so. A number of other factors were at play – most notably a change of supervisors – but I will focus on my connection to self-harm and how it affected this process. I did make several attempts to engage with the data and to start analysing, however it took a total of nine months before I was able to start doing it systematically. During this time, through personal therapy and immense personal distress, I came to acknowledge my repeated encounters with depression and hopelessness and my, up to then unexplored, resolve to not identify with them.

I can now reflect on the fact that I was unable to start the analysis meaningfully, until I could accept that my experience of self-harm was much more multi-faceted than I saw it to be. Through therapy, supervision and personal reflection, I became aware of my deeply rooted need to not admit "weakness" or ask for help and support. These realisations shed light on overlaps between my personal circumstances and the way I was initially approaching the data. The first, unsuccessful attempts at coding were biased towards functional aspects of self-harm and resistant towards accounts of desperation. However, the analytic process as described above started at the end of this period. In fact, the way that the analysis of data was eventually conducted came as a response to these realisations. The use of research supervision at this point facilitated the establishment of the process I used, initially for the first case and then for all. It was noted that my process included some, perhaps unnecessary steps, such as the initial grouping of emergent themes in descriptive categories, only to be dismantled and re-grouped later on by meaning. However, these parts of the process were developed in order to address the previous bias and to remain phenomenological, and gave me the confidence to complete the analysis.

By illustrating the analysis process step by step and by acknowledging all the areas of conflict for me, I am demonstrating how I have remained within an interpretative and phenomenological stance. I kept returning to the transcripts throughout and even made my analysis very descriptive in the initial stages, trying to ensure that I am not influencing what participants are saying. By staying close to the participants' accounts, and by documenting all steps of the development of themes on paper, I ensured that I am not imposing on the data or prioritising aspects of the participants' experience in order to fit my own view. Thus, the interpretations made throughout the analysis are informed by my identity as a Counselling Psychologist, and are not a result of bias. I hope that, having this information, the reader will be able to see the distinctions between the participants' experiences and my own.

Analysis

Chapter Overview

The detailed analysis of the interview transcripts resulted in rich and meaningful themes. The experience of having marks and scars on the body as a result of self-harm was

explored, described and reflected upon in depth from all participants. The volume of data does not allow for all aspects of the participants' stories to be presented, so a selection has been made for the purposes of this research.

I have chosen to present and discuss in depth the themes that were most closely related to the research topic, the ones that were most prevalent across all cases and those that will present to the reader the findings that appeared to be most novel and interesting. Throughout the analysis the participants' voice is strong, with quotes embedded from beginning to end. As Smith et al. (2009) suggest, this practice integrates the analysis with the data and supports transparency. Pseudonyms are used at all times and any identifiable information is changed. As discussed in the previous chapter, I am not providing the reader with full demographic and biographical information for each participant, in the service of confidentiality and to preserve anonymity. Some details from the participants' lives are embedded in the analysis, either in the quotes presented, or provided in my commentary to support an interpretation or to offer clarity. These details are kept to a minimum.

Following each quote, the pseudonym initial, page number and page line are included in parentheses (X12:123), in order to further aid clarity and transparency. The text from the transcripts has not been changed at all, with the only imposition being its extraction from the previous and following text. Grammatical errors, repetitions, hesitations, pauses are all presented as they appear on the transcript.

The commentary between quotes includes my analysis and interpretation of the data. Little to no connection is being made to existing theories and literature at this point, as this is reserved for the following discussion chapter. The aim is to present to the reader the results of this study in an immersive and direct way.

Every care was given to remain close to the participant data and return to the original accounts throughout the analysis. However, this analysis is a co-construction of meaning between the participant data and the researcher. This means that a different researcher could have prioritised different themes and presented different extracts and quotes.

The superordinate themes aim to represent a distinct aspect of the participants' experience. The subordinate themes (sub-themes) within each superordinate are a subjective

division, meant to facilitate the careful and detailed presentation of the experience in question. This division is not literal, since from a phenomenological perspective, the nature of the participants' experience is indivisible. It does represent though the researcher's meaning making process and interpretation of these experiences.

For the most part, this analysis is written in the present tense, in order to offer to the reader a sense of the participants' stories coming to life. Past tense is used when participants speak about past events. The experience of having marks and scars on the body as a result of self-harm was organised in four superordinate themes, briefly summarised below and in table 1.

From Depth to Surface discusses emotion, its function in self-harm and importance for participants. The weight falls on the act of self-harm and less on the meaning of marks and scars on the body, acknowledging that it is an integral part of the participants' accounts.

Bargaining explores a negotiation in the way that participants utilize self-harm to deal with and manage suicidality, self-hate and wishes of annihilation. A thread is running through the theme focusing on sense of self, memory and history. The act of self-harm is discussed as a coping mechanism and the meaning of marks and scars is more explicit.

Connecting the dots explores the various ways in which participants relate to the Other and to themselves, with the act of self-harm and the marks and scars on the body playing different roles throughout the sub-themes. In this theme the focus is on self-harm within a social, cultural and relational context. The marks and scars on the body are being discussed directly, alongside the function of self-harm.

Drawing butterflies focuses almost exclusively on the marks and scars on the body, through the lens of a process of transformation. Participants describe the ways in which they have interacted with their scars outside of the frame of self-harm. The effect that marks and scars have on the way that participants experience emotion or themselves is also discussed.

Throughout the four superordinate themes and corresponding sub-themes, the issue of dualism is being explored and noticed. The attention of the reader is brought to the instances when dualistic thought has a particular meaning or effect for the participants. Dualism is not presented as a separate theme because it is not being directly addressed by

the participants, nor does it represent a specific meaning attributed to the marks and scars. It is deemed important though to discuss it as a psychological construct repeated through the analysis.

Table 1

Super-ordinate themes and corresponding sub-themes

Superordinate themes	From Depth To Surface	Bargaining	Connecting The Dots	Drawing Butterflies
Subordinate themes	Screen of conflict	Memento vivere	Gaze of the Other	Re-telling the body
	Screaming body	Memento mori	Filtering Other	Transforming pain
	Paving the way	Right to be forgotten	Finding self	

From Depth to Surface

The first superordinate theme explores the emergence of emotion to consciousness and how it connects to the act of self-harm. For all participants, an emotional state is connected to feeling the need to self-harm. The creation and presence of scars signals the journey of emotion from within to expression. In this theme, the focus is primarily on the act of self-harm and secondarily on the presence and meaning of the scars. All participants spoke about the reasons why they self-harm and how they experience the act itself. In the literature of self-harm, the meaning and function of the act is the aspect of self-harm most commonly explored. Additionally, given their involvement with a mental health charity, participants are to some degree used to talking about the way they experience self-harm. Their experience of their scars is intertwined with their experience of self-harm, and for that reason this theme is presented first, as a setting of the scene.

Screen of Conflict captures the immediate reaction to conflict, pain, emotion and the way it is processed through self-harm. The Screaming Body addresses the use of self-harm as

expression when words are not enough. Finally, Paving the Way gives an account of the more calculated instances of using self-harm as a tool to manage emotion, a response that appears later in life for participants.

Screen of conflict. Conflict, relational and internal, is at the centre of the participants' experience. It is what signals the need to self-harm. On some occasions it is literal conflict and on others it is a representation of it, with both functioning as a condition of self-harm. The choice of the word conflict refers mostly to its meaning as incompatibility, clash or struggle, and less as disagreement. It is meant to represent the various aspects of pain, trauma, internal distress that participants experience.

This first sub-theme focuses on the act of self-harm and the reasons that participants have identified about it. Their body becomes the screen upon which internal and relational conflict is projected, from the inside out. Conflict becomes visible through the wounds and scars, at the moment of creation, and afterwards. The metaphor of the body as a canvas has been used in literature before but in my interpretation of the participants' accounts, screen is more appropriate; it implies the existence of a projector behind it, not an artist in front of it. The screen shows that which the projector shines in real time, without any processing. This metaphor feels appropriate to the fact that there is little to no premeditation to the accounts of self-harm in this theme.

There is a sense of cause and effect, that self-harm happens for a reason and that reason is a conflict, a trauma. Melpomene is reflecting on this:

> There's cause and effect. I believe, you know, it just happens, you know, not everybody's doing that to themselves, you know, there's some cause somewhere, you know, something we picked up, you know, in life or we weren't able to process in the right kind of way, you know, and consequently we've associated so many negative things with it the thing that we must, you know, treasure the most, that's the thing that you're willing to hurt, ourselves, you know (M25:710).

She highlights this internal struggle that comes as the result of life experience, trauma, pain. Melpomene is trying to form an explanation, to find a causal relationship

between the life experiences she has had and self-harm. Her language though is conflicted, she says it “just happens”, but that “not everybody is doing that”. The definite existence of cause in the beginning of the quote becomes muddled, something that was “picked up”, highlighting how complex it is for Melpomene to make sense of the reason why she self-harms. It feels reactive at the same time that is feels mundane (“just happens”).

Her use of language is of continuous importance, offering a glimpse into what she is not articulating directly: the repetition of “you know” and the alternation between “I” and “we” come forward strongly. She wants to speak about herself but also about the collective experience of people who self-harm, perhaps finding it easier to situate her experiences this way. Additionally, she implicitly stresses her need to be understood by me as the listener, checking in that “I know” what she is talking about. Melpomene uses “you know” quite often in her speech, but in this quote the occurrence is much more repetitive that in others, which is why I am interpreting it as something more than colloquialism.

She also brings attention to the screen where this is played out – the self, interestingly labeling the self as “thing”. A sense of dualism is implied, describing the “thing” as a possession, which should be valued, but can also not be.

Clio also has experiences stemming from early childhood that she identifies as the start of her self-harm:

> My mother hated me, you know, I wasn’t... you know, she used to beat me up and that, you know, lock me up, you know. So I just... then I was put into a boarding school and it was then that I started self-harming, you know (C18:512).

Similarly to Melpomene, Clio uses the phrase “you know” more often when emotionally charged. Here, she reluctantly describes the circumstances that led to the start of self-harming. Her account is fragmented, with pauses and half-finished sentences, highlighting the external conflict she describes with her mother, but also the internal conflict she experiences when talking about it. She pauses after saying that her mother hated her. “I wasn’t...” would perhaps lead to “loved”, however Clio chooses to not elaborate.

Drawing a parallel between Melpomene and Clio, the body as a screen shows the effect of the conflict around them. However, their fragmented accounts are conflicted in themselves, not articulating self-worth, love, value as Melpomene put it, and how the absence of those feeds the internalised conflict.

Euterpe brings the focus on the moment of emotion bubbling up and becoming self-harm:

> I just suddenly get very angry or I get very upset but it's like it could be for many reasons and umm depending on how bad it is will depend on my reaction (E31:871)

The use of "suddenly" signifies immediacy as well as surprise. Euterpe does not make a connection to an event or situation; instead it seems as if anger or upset happen without warning. She recognises that it could be for many reasons, and then depending "on how bad it is", she will react accordingly. Euterpe explains that she does not always resort to self-harm in the form of cutting. Other times she might be neglectful, or fall. She also wears elastic bracelets that she taps on her skin as a form of release. However, depending on the intensity of the emotion she feels, self-harm might be the reaction of choice.

This immediacy from emotional turmoil to self-harm is found early on in participants' lives. Clio and Melpomene describe how they started self-harming in this way:

> Once we were in the homes, you know, umm I started to cut meself with anything I could find, even a twig, you know, if I could find a twig that was sharp enough, you know, I used to do it, you know (C25:696).

> At first it was just whatever things were around the house and that there was an intense moment, I walked into the kitchen, found a bread knife and just... (M13:358)

In both accounts, they speak about their adolescent, young-adult years. Clio was put in a care home with her brother. She did not give many details about it, but did disclose that it happened as a result of a very abusive relationship with her mother. Her account shows desperation, need to hurt herself at any cost, "with anything I could find". The image of the

twig, picked up from the ground, a dead or broken part of a living tree is striking. Melpomene describes using any household item that would be within reach, for example a bread knife, intended to cut, but not her.

A potential connection can be made between the objects that both participants describe and the circumstances that led to the need to self-harm. Clio found herself without a home of her own, cut away from a sense of family and belonging. Melpomene was still living with her family, but having experienced abuse and not being acknowledged and heard, she was experiencing family life as distorted and heavy. Clio is using the twig, the cut away or discarded part of the tree that can be seen as a representation of family (e.g. family tree). Melpomene on the other hand uses any object she can find around the house. Objects that could be signifiers of everyday family life are being used to harm herself, in a way as a testament to what she experiences under the surface of said family life.

What is common in both accounts is the way that self-harm is coming as an immediate, not very conscious reaction to the emerging emotion and conflict. Calliope speaks about the conflict with herself that leads to self-harm. She hears voices that are very critical and she has self-harmed almost daily for the last twenty years.

> Having someone in your head telling you constantly that you are shit and, you know, and you're worthless and that doesn't help so I'm battling with the two and sometimes I do tend to believe it, not sometimes a lot of times, but mainly though the lower I am, the more I just give up and, you know... (CA9:253)

Here self-harm is more conscious than the previous accounts. Calliope is experiencing a battle with the voices in her head, with her body being the screen, showing the fight and bearing the marks of the battle afterwards. She says "I'm battling with the two", but it is not clear what that means exactly. It could mean that the two (the voice and Calliope) are battling, being phrased confusingly. It seems however that Calliope is battling two voices, or a voice and something else that is not defined and explored.

It is worth reflecting at this point on the sense of self and how it seems to be framed in this account. There is a voice, an external, punitive and critical entity in Calliope's head,

which tells her that she is worthless. There is Calliope, whom she identifies as herself, who cannot escape the voice, needs to listen to it. It is implied that they both co-exist in Calliope's head, being contained by the body. The nature of Calliope is elusive, and appears split and fragmented. The lower Calliope feels, the more she gives in to the voice, and presumably gives control over to the voice that will then inspire the acts of self-harm. She uses "lower" to imply low mood, it can be interpreted though as hierarchy or power, the lower she finds herself in regards to the voice, the more she self-harms.

Within the sub-theme Screen of Conflict, it is observed how conflict can be a representation of clash or struggle, experienced internally and to some degree unconsciously, which leads to an act of self-harm without premeditation. Even though Calliope is to some degree aware of the battle, and it is implied that if she is not low, she might not give in, it still happens quite often and there is a sense of resignation to it.

Melpomene summarizes that which other participants have also expressed, when describing how it comes to self-harm.

> Self-harm's this open wound that you've carried with you for... for life and you're not able to understand what it is, how it is, how complicated it is because you think you're loving yourself and then suddenly a situation comes along and it tests things that you've not had experience of, you know, and you're overwhelmed and then this, you know, why does it... and you ask yourself 'why am I self-harming?' you know, you know, you're like 'why?' It's a... it's not a thought process, it's not something where you think 'I am going to self-harm.' (M3:66).

She names self-harm an open wound, which is being carried around for life. The wound is internal; however it is represented on the skin and symbolically kept open, through all the repetitive acts of self-harm. Even though Melpomene is aware of this wound she carries with her, she does not understand it and says that she does not have full awareness of it. This highlights a conflict between the way that she attempts to explain self-harm and the way she actually experiences it.

She makes a connection between circumstances ("a situation comes along") and self-harm, situations that "test things that you've not had experience of". Melpomene refers to experiences of love and nurturing. In her interview, she spoke about the lack of those things from her life and how they have affected her sense of self-worth and have fueled self-harm. When circumstances test her self-worth, when she is required to draw from a sense of security, she finds that she does not have that and feels overwhelmed. From that point on, self-harm happens almost against her wishes. She asks herself "why am I self-harming" and cannot give an answer. Asking why is repeated throughout her quote in an intense way, stressing the emotional charge that this question carries for her.

The signs of these conflicts are inscribed on the participants' bodies. Their scars act as reminders, signals of what they experienced and keep on experiencing. The body connects the past to the present and sometimes offers the opportunity for reflection in retrospect.

Terpsichore is speaking while reflecting on the scars she has on her body right now. She touches her face, the area of her body that she most commonly harms, while she remembers:

> They just remind me of... they just remind me of the bad feelings I have umm that my umm I suppose the reasons why I end up doing it in the first place are because of some problems I've got, you know, trauma or anxiety or... and it's not necessarily... yeah I suppose I have actually.... I have some which are like remind me of particularly difficult times (T5:134).

Terpsichore experiences her scars as reminders, connected to circumstances and instances that brought up distressing emotions. Consistent with other participants, self-harm happens as a response to those emotions. Terpsichore is hesitant and fragmented in her speech. She is not fully articulating the problems that she has, perhaps because she does not have full awareness of them or does not identify with them. She is more conscious of the scars as reminders of what Melpomene described earlier as an "open wound". The scars are the signifiers of the conflict, the pain.

The way that Terpsichore experiences conflict and how it leads to self-harm is illustrated a bit more clearly in the quote below:

> Like when maybe a... one of my major relationships broke down and umm yeah umm a friend then who I lived with started seeing my ex-partner and we all lived in the same house and it was really chaotic and awful and so it reminds me of that kind of chaos basically (T6:145).

She remembers a time when her life was “chaotic and awful”, with the marks on the face (this is what she refers to with “it”) reminding her of that time. She implies that self-harm might be a mechanism to make this chaos more manageable, or that self-harm itself is chaotic. The use of self-harm as a tool to control emotion is explored later in the sub-theme Paving the way, here however a less conscious version of this mechanism is observed.

Euterpe points to a scar on her knee that she acquired by being negligent, something that she classes as self-harm:

> Every time I look at that one I remember that I was with a bad person and the reason why I drank was because I was with this person and it was why I had the accident (E12:340).

Her scars, just as Terpsichore’s, bring her memory back to the point in time when she was experiencing relational conflict. They are direct links to that point in time and carry the emotional burden of it. At the same time, they also signify her own destructiveness, a reminder that she is the one who hurts herself, even if it happens via the Other, the scars stay on her body. Reflecting on the existence of these scars, Euterpe expresses what they mean to her as a whole. Signs of hurt, conflict, pain.

> I’ve allowed myself to hurt myself like somebody else is hurting me, you know. Because that’s what it is to me (E36:1011).

For Euterpe, self-harm is hurting herself in the way that someone else is hurting her, recreating the emotional pain in a physical mark. The signs of conflict are evident here, however Euterpe is also reflecting on how self-harm is a way to connect to or communicate

with the Other. The theme of connection is being explored later on in the superordinate theme Connecting the dots, here however an observation can be made about the multiple and overlapping layers of meaning that the scars carry. These layers also correspond to the many reasons that can lead a person to self-harm.

Screaming body. The second sub-theme discusses the communicative function of self-harm, when participants felt that language is either unavailable or lacking. There is a sense of connection and communication with the Other, or with the emotion within the self, drawing attention to accounts and experiences of dualism. The connection element is not as explicit and direct as in the theme Connecting the dots, discussed later on. Here, participants talk about what self-harm means to them as well as how it might appear to others.

> No actually, it's because your daughter can't say something to you, yeah, that this is her body screaming out, you know (M10:267).

Melpomene expresses her anger at people she has encountered who consider self-harm an attention seeking behaviour. She argues that what on the surface might look like a behaviour to be dismissed, actually carries unspoken thoughts and emotions. Melpomene rejects the label "attention seeking" when it comes to self-harm, a label that has been used by health professionals to dismiss self-harm, a label that service users have repeatedly that is offensive and inaccurate. Used this way, the label implies that the person is "just" doing it for attention, without acknowledgement of the pain and distress that inform the act. Melpomene draws attention to this distress, saying that self-harm actually comes when something cannot be said. The body is "screaming out" that which the person cannot articulate, which presumably is upsetting and distressing. A scream does ask for attention of some kind, but perhaps begs the question: what kind of attention? As Melpomene implies, attention needs to be brought to all the things that a person does not say.

Most participants expressed some consideration about what self-harm might mean to other people. Urania expressed such a view by positioning herself in the narrative as well:

> Umm obviously for some people it will be different; for... for some people it might be

> a rebellion, it might be the only way that they can express to somebody else because they just can't say the words. Umm when I started out that was how I was... (U22:614)

Urania reflects on different perceptions of self-harm, starting by saying it "might be a rebellion". The idea of a rebellion could be dismissive; like attention seeking behaviour in Melpomene's account before, reproducing stereotypes of self-harm as rebellious adolescent behaviour, a phase that will pass. Rebellion could also symbolize a refusal to leave something unexpressed, a determination to "express to somebody else", even when "they just can't say the words". This reading of rebellion highlights the burning need to say something, to express something, and the frustration when language cannot provide the means. Urania identifies with this interpretation, saying that this is how and why she started to self-harm.

The previous sub-theme, Screen of Conflict, focused on the immediacy of self-harm as a reaction, a projection of conflict, relational and internal. Screaming Body encapsulates the role of self-harm when language is not available to give shape and form to the experience of the participants.

Speaking in retrospect, Urania recognises that self-harm appears to come before the processing of the situation. It is available to her when she has not yet made sense of what is happening, but still feels the need to do something about it.

> It's rare that I will end up umm say, cutting just because of a general feeling, there's normally something has happened umm and I just can't deal with it, there's too much there for me to process and that's where I need to let it out (U13:360).

As explored above, self-harm comes as a result of a situation, a circumstance. Urania says that she needs to "let out" what has happened, because she cannot "deal with it" and it is too much there for her "to process". Letting it out means self-harming, expressing what has happened and also releasing it. As a reaction to the circumstance, Urania feels the need to manage it, however the only means she has available is to self-harm. Arguably, the function of

self-harm is dual: to release the emotion and to symbolise it in some way, perhaps as a step before it can be articulated with language.

Euterpe echoes a similar feeling whilst reconstructing in the interview the circumstances that lead her to self-harm:

> I was feeling really low, I was... I didn't want to... to... to communicate because the place I was... I wasn't really talking to my family that much, I wasn't really involved with my family, didn't have many friends at that point (E1:8).

The act of self-harm becomes the only way to acknowledge what is happening; a way to give a voice, through the body. Euterpe describes being in a "place" that resulted in her not wanting/being able to communicate. This place, presumably a state of emotion, is not easily described with words. Euterpe talks about it but does not define it, it is implied that it is not pleasant and that it leads to self-harm. Arguably, the body can describe this place without words, with self-harm as the catalyst.

What comes through from the participants' accounts is a sense of dualism, a separation between self and body. What the self cannot admit, or express, or is not even aware of, the body accommodates. Self-harm is the bridge. Terpsichore experiences this dualism strongly, by feeling her body as separate, an entity that she appreciates but also pities for having to be attached to "her". Her body experiences all the emotions, but does not identify with them.

> I feel bad... like I... yeah... but my body, that... that bit doesn't feel like the umm difficult part of me that kind of wrong and can't change and all that kind of thing and feels just these awful feelings so I feel separate from it (T14:382).

All participants make at some point the differentiation between "me and my body". They often refer to the body as something different from what they name as self and even more often their accounts of dualism are more implicit. For Terpsichore, her body is the "bit" of her that is good, the bit of her that she does not feel disgust or hate towards; yet, she damages it. She moves between the position of considering the body a part of herself, the

good part of herself, and feeling "separate from it". Interpreting self-harm, harm of the body, in this context, this is the part of herself that can actually communicate and bear the hate and disgust that the other part of her cannot.

Focusing on the present, Melpomene reflects on this dualism and on how the body is used when the self is not able to accommodate the experience. She now feels much more connected to her body and has a more holistic view of herself.

> I think I'm finally at that place now where I don't need to cut myself to acknowledge the deep pain and suffering I've gone through that nobody has ever seen or will ever understand, the drop of what that blood means to me (M19:538).

The idea of acknowledging the pain is central in this quote. Melpomene has gone through "deep pain and suffering", that she knows all too well, but no-one else can see or even understand. Her body has been screaming out this pain for a long time. However, she has eventually found a way to bear the pain, and the fact that she will not be able to share it with someone else. Her way was through religion, which allowed her to feel love about herself, nurture herself. She has come to appreciate her body and perhaps experience it more closely, finding meaning for a "drop of blood". In this frame, her body no longer needs to scream out that which the other parts of herself experience, because the body and the pain it feels are now acknowledged. Through this new, more holistic view of herself, it is no longer viable to hurt the body in order to validate the internal pain, since body and self are close, if not one.

Paving the way. In keeping with the superordinate theme from Depth to Surface, the third sub-theme explores the more calculated, deliberate use of self-harm to manage the emergence of emotion. Paving the Way addresses the issue of control and how participants experience it, or take it, by self-harming. A metaphorical rocky road of emotion is being tamed, paved by blocks of self-harm in an attempt to travel through it with more ease.

Less conscious elements of control can be found in previous themes, most notably in Terpsichore's quotes in the sub-theme Screen of conflict. Here, participants use self-harm as a strategy knowingly, and to a degree depend on self-harm to offer this control.

Urania has a process of testing herself, to check whether she really needs to self-harm. In a sense, she is checking with her emotion, to see whether it is distressing enough to warrant such a response.

> I umm I'm always really sneaky, every time I cut umm I then put the blade back in a different place so I don't know where they are because I forget umm so I then have to find them. Umm if I can't be bothered to try looking for them, then I don't need it enough (U3:70).

She plays a game with herself, highlighted by the word "sneaky". It almost gives the sense of playing hide and seek, although one might wonder who is actually playing. Is it Urania and the potentially distressing situations that might lead her to self-harm? Or is it an internal split between the part of her that sanctions self-harm as a viable coping strategy and the part of her that does not want to be cut?

The way that Urania self-harms incorporates an element of control as well. Occasionally she does what she describes as "decorative" scars, deciding on a shape beforehand and then committing to it. In the first sub-theme I interpreted the body as a screen, onto which emotion is being projected in real time. Here in this account, the body is a canvas; Urania is the artist using decorative scars to express emotion on her body. It can be interpreted as an attempt at intersubjected embodiment, to acknowledge the body as part of the self and give it a role to play in the expression of emotion. However, it remains an attempt that ultimately sees the body as separate.

> It starts off with the same feelings but because I've decided 'oh, I'm going to do that, oh I've started now so I'll finish, even if it takes me an hour' umm so there's loads more to it and by the end of it I'm in a completely different place, just... it's... it's... I've gone through the... the whole endorphin thing and... and gone through feeling better, feeling down, feeling guilty, feeling OK, and by the end of it it's like 'bloody hell, it's finished, but yay' (U12:326).

Urania sticks to her decision to finish with the scar, even if the initial emotional trigger has gone away. She perseveres and this creates a whole journey for her. She describes initially feeling better, presumably after starting to cut and releasing the emotion; then feeling down, perhaps as the result of experiencing more fully the emotion that led her to self-harm; then guilty, one can speculate because of self-harm, because she continues to cut while she goes through these emotions; and finally, feeling OK. Most instances of self-harm would stop after the first step of Urania's process. It is interesting to consider the difference for her, having controlled the journey and made it something different to an impulsive response to emotion. She says she finds herself in "a completely different place", a concept similar to the one that Euterpe spoke about on the Screaming body. It is again a place that Urania can access through hurting the body. It seems from her phrase "bloody hell, it's finished, but yay" that she experiences a sense of accomplishment at the end of this process. She is exhausted, glad that it is finished, but the way is now a bit more paved. There is a process of transformation of emotion, linked to the superordinate theme Drawing Butterflies; however the main function is that of control.

For Euterpe, using self-harm to regulate her emotion is not as much calculated as it is deemed necessary. She experiences it as an either-or situation where if she does not hurt herself she might hurt someone else. Some form of self-harm is necessary, or the consequences might be undesirable. Euterpe takes it upon herself to be the one who gets hurt in order to protect the significant Other, in this account her children. It appears that for her self-harm is needed to tame the destructiveness, which is better directed inwards than the possibility of it going to another.

> You know what, it's either I do this to me or I do it to someone else and I didn't want to do it to my children. So all along there I just took a knife and I just kept doing that and in the end I run (E3:72).

The element of control emerges from both accounts. Self-harm becomes more than a reaction, it is a tool to tame emotion and channel it. Through the act of self-harm, participants give form to what they are feeling. This is not the case for all participants though.

Terpsichore experiences the exact opposite. When she looks at her scars, she does not feel that she tamed her emotion but rather that her emotion took over and she has lost control; another example of the way that Terpsichore experiences intense splits in herself.

> I don't feel like I've got much control over me when I see them. It makes me feel like, it's the same as when I see my flat and if it's, you know, it's very, it gets messy and out of order and messy or dirty and when I see my face like that, that's how it makes me feel like that, kind of reminds me of my chaos and my... not feeling in control (T12:338)

Terpsichore likens her flat to her face, where most marks are, implying a sense of loss of control over both. They both get messy, and dirty (scarred?). Interestingly, she says "it gets messy" not "I" make it messy, suggesting a lack of agency over the state of the flat, and indeed over the state of her face and body. She does not acknowledge self-harm as coping, or as a way to control emotion. It appears as if all agency and desire is split off, perhaps into the body. All she identifies with is "her chaos".

Bargaining

The second superordinate theme identified discusses a sense of negotiation that participants expressed when discussing self-harm and their scars. Self-harm is a bargaining chip when dealing with extreme drives and trying to find inner balance. The relationship between self-harm and suicidality is explored in the participants' accounts, but it moves further than that, situating the wish to die in the greater context of bargaining and identifying other facets of it.

The first sub-theme, Memento Vivere explores the function of self-harm in relation to suicidal wishes. For a majority of participants, a bargaining between life and death takes place, with self-harm being on the side of life. The second sub-theme, Memento Mori, focuses on the punitive function of self-harm. In the bargaining between life and death self-harm is on the other side, used as a way to express but also manage self-hate. The third sub-theme, Right to be Forgotten, moves from life and death into memory, and presents the participants' bargaining with time and their history.

The theme as a whole focuses on the function of self-harm and how it has played and keeps playing a role in participants' lives. However, in this theme the connection to the scars and reflection on them is more prominent. Through the different sub-themes the function of self-harm and the meaning that participants attribute to their scars are discussed simultaneously. In this way, the transition from Depth to Surface to Bargaining also signals the reader's introduction to more explicit accounts of the marks and scars of the body.

> **Memento vivere.** (remember to live)
>
> I was self-harming, you know, and what that meant to me was umm I was self-harming to distract myself from suicide (C1:17).

The first sub-theme focuses on the battle that participants have described between the wish to live and the wish to die. Suicidal thoughts and attempts appeared hand-to-hand with self-harm in the participants narrative. The role of self-harm though is to offer a release to suicidality and act as a coping mechanism to inner destructiveness. In Clio's quote above, the role of self-harm is clear in relation to suicidal thoughts.

> Umm there are times when I've been feeling really suicidal umm and I've noticed myself behaving in very unsafe ways umm so I may then use the cutting then as just a means to just get some... something umm some sort of connection back with myself.... (U4:94).

Urania speaks about herself as a slightly separate entity, observing it behaving unsafely. She expresses the familiar dualism that is embedded in all participants' accounts. She experiences the suicidal feelings and refers to them with an "I", whilst she notices herself behaving as if an external observer, judging it as unsafe. She feels the need to do something about it, in order to connect the parts of herself again. In her account, the suicidal thoughts and behaviours are already underway, and cutting comes as a response to them.

Later on in her narrative she revisits the connection between self-harm and her suicidal thoughts.

> If I wasn't doing that I would be dead because if I couldn't release... that was the only way I had of releasing umm when I started, and without that, there wouldn't be any me, I wouldn't be here (U22:62).

Whilst she started speaking tentatively about self-harm in connection to suicide, saying that she "may" use the cutting, later on Urania states that without a release from suicidal thoughts she believes she would not be alive. Her account is intense, filled with absolutes. Self –harm was the only way of releasing, a necessary way to remain alive. She creates a polarised situation, "if I wasn't doing that I would be dead", highlighting the bargaining.

The sense of urgency and absolute is shared in Clio's account where self-harm has been her shield against suicidal thoughts, to the degree that she credits self-harm for keeping her alive.

> I wanted to die, you know, and I just kept doing it to stop me from dying, you know, because there were stages where I did nearly die, you know, and once that passed by, I was grateful that I didn't die... yeah... and it's that mistake I didn't want to make of dying (C3:69)

Clio literally had to remind herself to live (memento vivere) by self-harming when the suicidal wish was overwhelming. In a sense, she was offering a small part of herself in order to ensure that she would not make the "mistake of dying". The use of the word mistake comes from a participant who has lived with suicidal thoughts and self-harm for around fifty years. Perhaps she names it a mistake to reflect the conflict between the urge to die and the will to live. This is a "mistake" that Clio chose not to make many times, over and over again, but she takes little ownership of this choice. She feels grateful for not having died, as if something external stopped her. The internal split is apparent in this account, between the part of herself that wanted to die and the part of herself that wanted to live.

Suicidal thoughts come and go but are overwhelming. Speaking about it in retrospect, participants recognise that self-harm was their anchor to life, but also something that they

learned to rely on. The use of self-harm as a tool can be interpreted as a compromise between life and death, where Clio and Urania's death-wish is partially satisfied, by enacting harm on the body and also resisting by not committing suicide.

Emotional distress is very high when participants talk about this bargaining. In the quote below, Clio pauses, leaves her sentences unfinished and uses "you know" more often than usual. It is a sensitive point and she wants to ensure she is being understood, that this paradoxical bargain makes sense to someone else too.

> If I left it any longer, I would go into suicide, you know, or try... yeah. So I... I had a... a... as soon as I felt, you know, and the... especially when the voices were going, telling me to kill myself and I'd just cut meself, you know, and that would take that away from there, you know, umm, you know, and the voice would go away... (C5:135).

Clio implies that there is a space in which the voice (as a separate entity) can come and go as it pleases. It comes in and it demands Clio's death. There is a sense of loss of agency here as Clio appears vulnerable to its demands. The only resistance available comes via the experience of self-harm, without it she is out of control and goes "into suicide". Despite the struggle to find words, the pauses and fragmentation, the message from Clio is loud and clear. Self-harm banishes suicide, at least for a while. It is a reliable and effective way to cope with something that if left alone, will overwhelm her and potentially lead to "the mistake of dying".

The connection to suicidal thoughts exists in participants even without the conscious use of self-harm as a coping strategy. For Euterpe and Calliope, the line is more blurred between self-harm and suicide. It is perhaps their reflections on the meaning of self-harm that provide the bridge between the two.

> I didn't realise that I was suppressing so much, taking overdoses since the age of 12. I was in hospital for nearly 3 months and 3 months for years getting right. Every month I was in there, they was pumping my stomach and the only thing that made me stop, I nearly lost my... the tube ... (CA24:667).

Calliope has been self-harming for more than 20 years, still doing it at the time of the interview. She hears voices that are very critical and occasionally tell her that she should be dead. She did not make a connection between her self-harm and suicidal thoughts until after the mid-point of the interview, disclosing her multiple hospitalizations for drug overdose. It is interesting to note that she was self-poisoning (overdoses) when attempting suicide, but cutting and burning her skin regularly as a distinct behaviour. Calliope is hesitant to make interpretations about herself. The quote above comes in a point when she speaks about the experience of discussing mental health, acknowledging her voices and starting to feel at ease with receiving support from the charity.

Her agency over her own experience appears limited. She tentatively recognises it but still keeps a distance ("I didn't realise"). She mentions stopping the overdoses when she almost lost her oesophagus, suggesting that when the damage from self-poisoning threatened to leave her body permanently damaged, she could then stop it. The stomach pumping was the safety net, where doctors could undo the action, but with a damaged oesophagus that might be more difficult or impossible.

A reflection can be made about the nature of self-poisoning and self-injury. The overdose suggests that it might be painless, a state of sleep and stop the distress without having to deal with further consequences. Conversely, cutting and burning the skin, or even a damaged oesophagus, may serve a different function; one that requires some level of agency.

Euterpe highlights the closeness of self-harm and suicide for her. When she re-counts how she cut her wrists the last time she is uncertain if it was one or the other, until she has already experienced the pain.

> When I did the last one it was like... I was just sitting there and I wanted to die and instead of cutting my wrists I was like 'I want to die, I want to die, I want to die, I want to die' the whole time and it was only once I'd stopped and I was thinking 'do I go all the way?' and I thought 'do you know what, no' and I kind of stopped myself and I just stood there looking at my arms (E5:124).

Her account is conflicted and unclear. She describes how she last cut herself a few years ago, whilst touching her scar and looking at it. Euterpe's speech is fast and incoherent at times, especially when speaking about something that is distressing to her. She mentions "just sitting there", while it is implied that she was self-harming at that time and wanting to die instead of cutting her wrists. It is not clear why or how one is different from the other. She does not say that she wanted to die by cutting her wrists, but it is also not clear what she means by the use of "instead".

It could be said that instead of how she would usually experience cutting her wrists, which she describes as a release, something she can do when upset, this time she was actually contemplating suicide while doing it. This is not her familiar experience and it took some time for her to realise her thoughts and to actually ask herself: "do I go all the way?". Only after this acknowledgement she was able to make a choice and say no. Euterpe's experience highlights that self-harm and a suicide attempt require a different mindset; however since the method can be very similar, or identical, it is not always possible to distinguish between them and where to draw the line.

For Melpomene, the line does not exist, because suicide and self-harm are one and the same. Melpomene remembers countless suicide attempts and she attributes to them the elements that other participants attribute to self-harm. Her bargaining is more unconscious and her will to live recognised in retrospect; now that she has stopped self-harming and attempting suicide, she is able to say:

> Those of us who live with suicide quite... almost in... in stages on a daily basis when we go through that kind of specific overwhelming thing and for those of us who have BPD, Borderline Personality Disorder, suicide is self-harm. It's, you know, something that, you know, wham, there in your face (M2:29).

Throughout her interview, Melpomene often speaks about her own experiences in the context of those who share them, such as people with BPD. She is unclear as to why suicide is self-harm, apart from saying that it is "there in your face". This phrase could mean a number of things. It is something overwhelming, unavoidable, and something you cannot get away

from. Making a connection with Clio's account previously, there is a sense of being cornered in a place with no escape. For Clio, self-harm is the key. For Melpomene, a suicide attempt is in itself a form of self-harm, in the sense that it comes as a reaction to "that kind of specific overwhelming thing", which is not specific at all in her account. It is interesting to note how diagnosis shapes the way that participants frame their experience. Melpomene implies that for "those of us" with a diagnosis of BPD suicide and self-harm are perhaps inevitable. It might that she finds it reassuring to belong to a group of people who share this experience, yet simultaneously personal reflection seems to be getting lost at times.

The scars left on the body retain the memory of this bargain struck. They remain as a reminder of what was needed to continue living, a "*memento of life*" (C22:632). In a sense, the scars are special and carry meaning because of the function of the act that created them.

> Every time I look at them as well, you know, it reminds me of how umm helpful it was to be able to do that because I'm not dead yet (C2:45).

It is interesting that Clio says "yet" at the end of her phrase. It implies that death is still possible, but not in the way that is comes for us all. She could have died if it wasn't for self-harm. Clio speaks about her scars unprompted, making the connection between the value that she attributes to self-harm and the meaning she gives to her scars. The notion of a reminder implies that something can be forgotten, however for Clio it seems that she uses reminder more as a tribute, a way to keep track of all the times she found self-harm helpful and has been able to stay alive because of it.

Towards the end of her interview, Calliope tentatively reflects on a similar dynamic, while caressing her scars. She speaks about the cutting and burning of her skin, after having given an account of very distressing life experiences

> I know it's a joke innit when you think about it but it's not, that's just my... umm I don't know if I can say my way of dealing with it but it is in a sense (CA26:744).

She summarizes the paradox which also emerged from other participants' accounts; hurting themselves in order to remain alive. There is an ambiguity between the drive towards

destruction and the wish to remain alive, with the body as a catalyst. She characterises this bargain “a joke”, reflecting on what an oxymoron it is, but she goes on to gently allow herself to say that is has actually been a coping strategy. Calliope was very hesitant throughout her interview to give meaning to her self-harm explicitly, but after speaking about it for an hour, suggests that for some people it might be more difficult to accept and acknowledge self-harm as a coping strategy even if they do use it themselves.

Memento mori. (remember to die) The second sub-theme refers to the participants’ compromise between the wish to live, exist and self-hate or shame. Self-harm appears to encompass strong punitive elements and the bargaining in this theme allows them to exist. For some participants, such as Calliope and Urania, there is overlap between the first two sub-themes, suggesting a cyclical relationship between self-harm, life and death. The overlapping of accounts co-exist in the narrative, but are distinct in the way they are expressed and even more so, in the way that participants experience their scars and marks.

> Because... because I felt tolerable, me as a person. I... I steal to support a drug habit, I don’t want to. I do have a choice but I don’t (CA8:215).

Calliope clearly connects her acts of self-harm with feeling intolerable as a person. She finds that by cutting and burning her skin, she can find some way to continue being, whilst living a life with which she is unhappy. Calliope has a long history of incarcerations (mostly for theft) and has also been addicted to drugs for a part of her life. For a time, the two would feed into each other. She speaks in present tense, but she refers to past experiences at this point in the interview. This suggests how present the sense of shame and self-hate is for her, even if she is not currently engaging in these behaviours. The theft bothers her most because she attributes to it the need to support her addiction. Self-harm serves to ease the shame, to make her feel “tolerable as a person”. This implies a split in herself, a split between the part that steals and the part that punishes, between the part that wants to steal and the part that does not want to. The only way to express this split is by marking the body, where all these different parts co-exist.

For Terpsichore, hating herself is global, how she generally experiences herself.

> I feel disgusted with myself as well, like hate, self-hate. I do hate myself as well so I feel quite disgusted by myself so those link I suppose (T13:35)

Here she speaks about the reasons why she self-harms and she tentatively makes the connection to hating herself. It is interesting to note her cyclical phrasing: she starts by saying she feels disgust, experienced as self hate. She then continues saying she hates herself and so she feels disgusted by herself. The linguistic connection between these phrases is "as well". This suggests that Terpsichore experiences self-hate so intensely that she needs to elaborate to be understood. "As well" implies a multitude of negative reactions towards herself that she wants to present. Furthermore, the sense of dualism in this phrase is striking, begging the question: which part is the one that hates, and who is the hated?

She creates the link between self-hate and self-harm by saying "I suppose", being uncertain or implying that she has not given it a great deal of thought. She uses highly charged words (such as hate and disgust), yet has a casual feel to it, suggesting a distance between the argument Terpsichore is trying to make (a vague causal relationship) and the meanings it holds for her. The bargaining here is implicit. Whilst Calliope identifies hurting herself to feel tolerable, Terpsichore frames it as hurting herself because she is intolerable.

Returning to Calliope, self-harm forms part of her everyday life, and she does not appear to articulate a special meaning.

> It's just normal for me and like I said, it... it... it... it makes me... because my hearing voice is... because it tells me that I'm... I'm no good, I'm worthless, like I'm just, I mean, it just... it just goes... it's norm, it's norm and... and I just do it because it's weird (CA5:118).

Her account is fragmented and hesitant. Calliope starts by framing self-harm as normal, but as she goes on to explain why it is normal her speech breaks down, suggesting that it is might be distressing. She finds her voice telling her that she is worthless and then she says "it just goes, it's norm". The sense that self-harm "just happens" has been found in participants' accounts most notably in the theme From Depth to Surface. Here however, the

concept is slightly different. When Calliope says it "just happens", "I just do it" it implies that she does it because it is normal for a person that is no good, worthless like her. She struggles to phrase this though, and ends by saying that it's weird. It might seem that she says she self-harms because it is weird, however what she implies is that she finds weird the fact that she self-harms as the norm. Whilst it forms her everyday reality, it feels strange for her to express that, to acknowledge that this is what is needed to strike a bargain with the voice.

The concept of punishment, of bargaining between the drive to live and the immense amount of self-hate explains why there is no obvious emotion, no meaning attached to the scars. Calliope feels self-conscious of her scars, but she does not experience them like Clio, as mementos of life. She accepts them as part of the evil necessary for living, in order to make peace with self-hate. The absence of explicit accounts of emotion or meaning does not suggest they do not exist; rather it is possible that they are not consciously accessible.

Urania reflects on the evolution of meaning attributed to her scars and body image. She remembers hating her body and finding it repulsive, at a time when self-harm served a punitive function as well. Presently, she feels more at ease within herself and looks at her scars in different ways, as it will be explored later on. Reflecting on this previous stance though, Urania says:

> I think before umm a lot of the pleasure from looking at them would... would sort of have been that umm... yeah, I've managed to do something to this horrible body that I don't like umm you know, I've hurt it and I've scarred it, yes (U18:510).

She starts by acknowledging that there is some pleasure in looking at the scars, an emotional reaction to their existence. She is not entirely certain what she wants to say; she hesitates slightly trying to find the words, but eventually suggests that it is a sinister pleasure, a pleasure of hurting and scarring her horrible body. The dualism in her account is striking, how the body feels so different, alien and horrible. She uses the verb "managed", suggesting effort was required for an uncertain outcome but eventually succeeded. Urania was experiencing her body on such a different plane of existence that she was uncertain of being able to hurt and scar it. The meaning attributed to the scars is a manifestation of how she

actually wields power over her body, perhaps unconsciously over herself. Additionally, self-harm here comes as a reaction to a split in the self and signals an attempt to acknowledge it and unify it.

Right to be forgotten. The right to be forgotten is a concept discussed and put into practice in the European Union and Argentina since 2006. It has arisen from desires of individuals to determine the development of their life, without being perpetually or periodically stigmatised as a consequence of a specific action performed in the past. It finds application mainly on the Internet and search engine results. Established now in the Court of Justice of the European Union, the right to be forgotten has a legal precedent and grants individuals the right -under certain conditions- to ask search engines to remove links with personal information about them (Google Spain SL, Google Inc. v Agencia Española de Protección de Datos, Mario Costeja González, 2014).

The right to be forgotten is a fitting metaphor for the third sub-theme of Bargaining; the focus is on an area that transcends the narratives of participants through Memento vivere and Memento mori, but is differentiated by the strong focus on the body. The participants speak about the absence of scars or the wish for absence of scars. The bargaining this time is with memory, with history.

> You see they're permanent. Scars and marks are permanent, you can't... you can't forget about it, it will give you a memory, it will remind you of what you've done and why you've done it and that's... I don't want to be reminded of it, I... I live through it, my memory is always there (E32:901).

Euterpe feels strongly about the existence or absence of scars on her body. She does have some, mostly small and easily concealed, and she self-harmed in ways that left small or non-existent scars, doing small and calculated cuts. She hasn't self-harmed in more than 4 years, however she still has some small scars that she knows are a result of self-harm. She speaks about them passionately and with a clarity and cohesion that is not common in her narrative. "Scars and marks are permanent" is the essence of this quote. There is conflict in her account; Euterpe says that the scar will give her a memory, contradicting herself

immediately by saying that the memory is always there and that she does not want to be reminded of it. If the memory is always there, then what is it that makes the scars so unwanted? Perhaps the memory can be doubted, split, or whished out of existence. The scar however, is permanent, and undoubtable.

Terpsichore highlights the core of her wish to have the scars disappear. If they are gone, then perhaps whatever caused them can be gone too.

> When they stay it feels like... it just reminds me that I can't... I can't seem to... for me I feel like I can't change in terms of my problems, my struggles that I have kind of kind of, you know, mental health-wise, personality-wise and it... I feel like whatever I do I can't really seem to change and when they don't go or they're still there, it kind of makes me angry or it just remin... yeah... but with the ones that have kind of gone kind of... then I start to think well maybe these ones, the ones I've just done, maybe that will go... yeah and then maybe, I don't know, I'm feeling... well it just feels good that they've gone and maybe... I don't know, maybe that relates to maybe thinking that maybe things can change (T7:196).

Terpsichore's speech is fragmented; she pauses, hesitates and struggles to formulate the thought. She herself is not certain about what she is expressing but it is very important for her. The wish is for a clean slate, a clean body, which can be anything. Terpsichore is bargaining with time itself, wishing to erase all marks of the "problems, struggles". It makes her angry that they don't go, they are a constant reminder of the fact that what distresses her is still there. Reflecting on the marks that do fade though, the tentative hope can be seen, on the repetitive use of "maybe" , maybe things can change, and "it just feels good".

If the scars are memory, the keepers of time, then a body without any scars has no limits, it can be anything, or nothing. The wish to erase the pain is a wish to erase the self, along with all of its suffering.

For Euterpe, the wish is similar. She sees the presence of scars as a sentence, a signifier that she can never improve and feel better. The only way she sees out of the circumstances that lead to self-harm, is to delete them from memory altogether.

> I accept why we do it but I don't want that, I don't want to be reminded. I don't want to wake up one morning and then feel really good and then look at my arm and think 'what have I done? (E11:314).

Euterpe highlights the unattainable desire to erase time and history. She anticipates the possibility of waking up one morning and all the reasons for self-harm will be gone. She hopes that she will be able to forget, but her body will not be. For that reason it needs to remain scar-free. The Cartesian split appears so acute that the experiences of the body are sensed as completely separate from the experiences of the self.

Until the time of that morning comes, Euterpe lives with self-harm in an ambivalent way, accepting the reasons why, but not wanting to be left with any reminders. It is a necessity, but not one that she engages in happily.

Both Euterpe and Terpsichore intentionally self-harm in ways that will leave no scars, or with as little scarring as possible. Interestingly, for both of them, a future when change might occur does not feel within their reach. It might happen spontaneously, things may change, but neither says that they might be able to make this happen.

They struggle to take ownership of themselves as agents of change; however they fantasise their bodies might be ready for that change by not bearing any reminders of self-harm.

> I think it would because if your bod... if you've scarred your body there's no going back. If you haven't scarred your body you're like, you know, it's like OK, you're still... you're still you, you could hide it (E34:959).

It is worth reflecting on the idea of hiding. It can mean hiding from the Other, not letting someone else see that you are scarred and thus hiding yourself from the Other. However it seems that Euterpe is hiding from herself, splitting off the part of her that has self-harmed.

Conversely, Calliope has lost any hope that such an impossible deal can be struck. She occasionally tries to make her marks and scars fade by applying cream, and enjoys spells of

clear skin when she is in prison, where she is too self-conscious to self-harm (See sub-theme Gaze of the Other for closer analysis). However, when she engages in the cycle of self-harm again, she creates a constant reminder by keeping the wounds open.

> I, oh God, I love digging them off, so the skin... Yeah and that's what creates it and it never heals, yeah, yeah. The minute they heal up or form a scab, I'm at it and that just... they get really deep and bad (CA19:527).

In contrast to Euterpe and Terpsichore, Calliope actively prevents her wounds from healing, perhaps feeling that even if they do, even if they fade, it is inevitable that she will open them again.

What comes as a conclusion from this antithesis between participants' accounts is that the body and the scars hold in the memory, the actions and the identity of the self-harmer. Without the marks, the identity can be wished away, symbolically withheld, destroyed. However, the inevitability of some marks signifies that time and history cannot flow backwards, and cannot be undone.

Connecting the Dots

The third superordinate theme explores connection. This was a particularly strong theme weaving a constant thread throughout participants' accounts of self-harm. Like the games played in childhood, the marks and scars on their bodies draw lines between the self and the Other. The act of self-harm and its function are explored within the context of connection and equal weight falls on the meaning of marks and scars.

The first sub-theme, Gaze of the Other, explores the experience of participants of someone looking at their marks and scars. The focus remains on the scars, the meaning they hold and the emotions that participants experience when being observed. A degree of ambivalence emerges, with participants finding the Gaze aversive, but also at times appealing. The second sub-theme, Filtering the Other, explores connection more explicitly, looking at the way in which the scars and the act of self-harm function within participants' relationships with others. The third sub-theme, Finding Self, discusses the experiences of participants of using self-harm as a way of finding a connection with themselves, suggesting a sense of

disconnection. Self-harm creates a way to acknowledge distressing emotion, that otherwise feels alien to the self.

Connecting the dots follows naturally from the previous two themes, which explored functions of self-harm within the participants. The marks are scars are more prominent in this theme because they are visible to the Other.

Gaze of the Other. The first subordinate theme focuses on meeting the eye of the other. All participants have experiences, thoughts and feelings that stem from having someone else looking at their marks and scars, whether a stranger or someone close. The reaction to that gaze is varied, and at times, ambivalent.

> It depends on... on the person and umm and sometimes I get very uncomfortable, especially, say, if I'm sitting on the bus and I notice someone is staring, and they're staring at the scars, not the tattoos, and... and... and I'm thinking 'what are they thinking, what's going through their head?' Umm sometimes I'm thinking 'oh God, please don't try and talk to me about it because I really can't handle it,' and there's... there are other times when I want to... to... to just... to say to them 'it's OK, you can look umm this is, you know, this is something that I've done umm but it helps me,' and I want to explain to people (U25:695).

Urania describes the thoughts and internal dialogues she is having when she catches a stranger's eye on her scars. She does not find the gaze comfortable, however as she goes on to imagine what the Other might be thinking, she assumes that they will want to ask about them. She has two responses to that, either "I really can't handle it" or "it's OK, you can look". Is seems that Urania wants to be able to give or withhold permission to be looked at. Even when no question is asked, Urania prepares an answer, or wishes that she doesn't have to. She takes ownership of the scars ("something that I've done") and the most important thing she wants to say is that that they represent a paradox, which has been helpful. Interestingly, what she wants the Other to know is not her distress, but what she has been able to do to cope with it.

The tendency to hide the scars is universal among the participants. The thought of a stranger looking at the scars brings to the surface insecurities about themselves, and a sense that they need to explain why they do it.

> After I got older, you know, I realised, you know, that I don't want people coming up to me and asking me, you know, why I've got them marks, you know, so I covered meself, you know so nobody... yeah (C12:319).

When she was younger, Clio would lie about her scars if she was asked, for example saying that she has a vicious cat. She has only felt comfortable showing her scars to self-harmer groups or when she has to, to her doctor. Now she covers up to ensure that no-one can see if she does not want them to. Questions and looks from the Other are expected, so she prepares accordingly.

Terpsichore explains how she goes to great lengths to make sure that no one gets to see her when her scars are visible. It is not only because she has to offer an explanation as to why she self-harms or answer questions. The gaze of the Other feels penetrative, seeing through the scars, into the depths of her psyche.

> It will stop me doing things as well, going out or seeing people but if I do still have to go out, I feel ashamed and self-conscious of it and unattractive and I feel like people maybe can see... they probably can't but... maybe but, I don't know... like seeing the damage I've done to myself and it's almost then... it shows a bit of me, what's going on maybe, I don't know (T11:312).

Terpsichore does not think about what she will say if asked. For her, the Other can actually see what is going on and she has nowhere to hide. It can be said that through the breaking of the skin, she feels uncontained; her uncontrollable essence can spill out, visible to anyone. Terpsichore's sense of dualism is prevalent and the split between self and body runs deep. Having described how she hates and feels disgusted by herself, but appreciates her body, she feels ashamed, self-conscious and unattractive when the body is hurt and is reflecting "a bit of me".

When speaking about covering scars and sharing thoughts about being observed, participants hold internal dialogues with the Other, whose gaze they are trying to avoid. The fear of being seen stems from the fear of what the judgment of the other might be. Melpomene's account highlights exactly that:

> Just because I can't see any of their scars don't mean I'm going round judging them. Just because they see something physical there immediately they sort of like, you know, make a judgement and they're scared and they're like fighting but they don't know what to say (M5:127).

Like Urania and Clio before, Melpomene anticipates questions and assumptions. She has felt judged in her life, and her scars have been used as a symbol of her being deemed mentally ill. She has come to resent this. In the quote above, she makes the distinction between visible and hidden distress.

At the same time, there is ambivalence about these scars that signify great turmoil and wanting them to be acknowledged. Although judgment is anticipated, and feared, there is an underlying wish to be seen and accepted.

> Why didn't no-one notice, why isn't people saying anything to me because obviously I'm in pain, and obviously I'm not doing the job I'm supposed to, I'm wearing the... you can always see tissue on my wrist, why doesn't people ask. No-one asked (E28:782).

Euterpe's quote is striking, vocalising what other participants have only implied. The ambivalence in meeting the Gaze of the Other is strong. On the one hand, participants hide their scars, not wanting to be judged, or rejected. On the other, being noticed acknowledges their pain. Euterpe recounts these thoughts from some years back, around the time she first self-harmed. She remembers walking around her house with a tissue on her hand, trying to do her chores, like washing the dishes. She could not bear the pain of water on her cuts, but what hurt her most was the fact that "No one asked". From then on, she would try to hide her

scars and wounds. She was rejected, not acknowledged by her family, when trying to show she was in pain. Perhaps this also gives us an indication about the reasons why she self-harmed.

The participants themselves have their own gaze at times, turning their eye upon the marks of other people. Calliope hides her scarred legs, with the awareness that she looks at other people too. In the place of judgment, there is identification.

> Constantly in trousers and yeah, that's... that's not nice but I'd rather do that than people... because I look at people who have scars, I don't judge them or anything but I just... I can see it and I think 'oh God that's me' you know, yeah (CA4:94).

It is implied that Calliope hides her marks and scars because she does not want anyone else to identify with her, to see the scars and then say "oh God that's me".

Echoing a similar observation, Terpsichore is also sensitive to the scars of others. She highlights identification with the object of her gaze, incorporating her own experience into what she assumes is the other's.

> Well I don't know, when I see somebody and I can see they've damaged themselves either with anorexia or cutting or... I kind of... I know there's a... there's a reason for that pain there or something that ha... you know, and it... so it's a kind of... it shows that visually and umm you feel a bit exposed because people can then see that maybe (T12:325).

Being seen means being "exposed", being vulnerable and Calliope and Terpsichore recognise that vulnerability in others. They can see it in their marks and scars, but they do not want to show that same vulnerability. There is a sense of isolation in these accounts, an isolation that is meant to not allow the Other to see.

The act of self-harm is affected by the presence of others. All participants self-harm in isolation and seem to experience it as a deeply personal, and lonely, moment. For Euterpe and Calliope, this also functions as a control mechanism, using the imposed presence of others to limit self-harm, expressing ambivalence about the act itself. Euterpe is grateful for having her children around and rarely being all alone, as this stops her from self-harming.

> If I didn't have my kids it emotionally would be a lot worse I would be a lot worse with the cutting because I could hide myself away... (E20:554).

Euterpe knows that when she is with others she does not cut. She attributes this to not wanting to be seen, wanting to keep it private. By framing it this way, she has a sense of agency over self-harm. She is the one who can hide away and do it, and others might get in the way of it and stop her. However, a second level interpretation can be made, that, once alone she is overwhelmed by loneliness, itself accompanied by the need to self-harm. When there is no one to see her and thus stop her she is alone, which becomes unbearable and in turn leads to self-harm.

Calliope has spent several years in and out of prison and now anticipates it, when considering how much she self-harms. She knows that having limited privacy and being seen will stop her.

> I am so conscious, I never, so my skin tend to get a break any time I'm in prison and umm yeah I've never... I don't do it when I'm in prison umm and I... and I think I know why that is, like I said, I'm so conscious of people being around (CA5:131).

Much like Euterpe above, on one level it seems that the lack of privacy and self-consciousness stop Calliope from self-harming. Furthermore, she described how prison provides her with a respected role. She mentors younger girls, even helping them when they self-harm. She feels useful and needed. Even more so, prison offered her mental health support for the first time. Whenever Calliope leaves prison, she returns to an insecure life of abuse and financial worries. She does have her much loved children and a home of which she is proud. However, it seems that having people around her also serves as a container, one that prevents self-harm because she feels acknowledged.

Filtering the Other. The second sub-theme focuses on relating to others. Self-harm and scars act as a filter, either to allow people close, or keep them away. There is some crossover with the sub-theme Gaze of the Other in the ambivalence towards relating. However this theme highlights intentionality and the recognition of self-harm and marks on the body as the catalyst of communication.

> There may be times where I might deliberately want to show someone my scars because I really want to connect with them and I can't work out how to do it. Umm particularly if I'm... if I am really low umm and ... because I've become very withdrawn and... and I lock myself away and stuff, and if I do it, if I cut umm I might sort of accidentally on purpose, accidentally let someone see it so they can see that something's not right (U23:647).

Urania's account encapsulates the ambivalence in relating and how the scars can facilitate it. She wants to "connect with them", but not knowing how to do it leaves her with the option to reveal her scars, in order to let someone else know that she is struggling. A connection to someone also means asking for help, support and acknowledgement. Although Urania does not feel able to ask for those things directly, she chooses not to show the scars outright. She does it "accidentally on purpose", acting out the pull to withdraw and lock herself away against her desire to connect.

In the sub-theme Screaming Body, self-harm is present when words are unavailable. The body is screaming when the voice is absent. In this theme, self-harm and the marks on the body facilitate communication. In a sense, the scars become language.

> I didn't know how to talk about it and stuff, and... and if anybody saw it, I would be... I'd be horrified. Umm then I started sort of letting people see, just so that they could see that I wasn't quite the bubbly person that they thought I was (U10:286).

Urania uses her scars to initiate conversation. They offer her a way to say that she is actually experiencing distress and in thus, they become her language. She is using the Gaze of the other (as explored previously) to manipulate what she reveals and what she does not in an attempt to say something about herself, to the Other. The purpose of her communication is to let the Other know who she really is. Urania does not expand on this concept, but it seems that she wants her distress acknowledged.

This creates a distinction between how things were when she would be horrified, ashamed of being seen and now, having realised her scars offer her a way to "talk about it and stuff".

For Euterpe, the process of self-harm itself has become a facilitator of communication in her family. When she discovered that her sister and also later her daughter self-harm, they found some common ground to start discussing family dynamics:

> It had got to that point and then that's when me and her started talking properly. When my daughter done it we started talking properly then so she will come up and tell me (E15:407).

Euterpe focused on the break-down in communication when discussing her family and relationships. She has felt unable to talk about the things that are important to her for a long time. On the other side, she speaks very fast, as if she tries to get out as many words as possible, perhaps while someone is listening. She reflected on this in the interview, saying that she has been told that she talks a lot, but that it never feels enough. Here, she makes the distinction between "talking properly", and simply talking. Self-harm gave the right, one might say, words, the ones that she needed to say and listen to. At the same time, the relationship with her sister and daughter is, to some degree, defined by self-harm now. Similarly to Urania, self-harm opens channels of communication; the Other being filtered through self-harm.

Through this process of filtering, participants find a sense of connection with other people who self-harm. The marks bring them together and potentially facilitate communication.

> There is that connection of umm this is someone who deals with incidents in a similar way to how I do...I suppose an... an assumption that I would probably be able to talk to them about things, if I wanted to, that they would probably be OK with me being as open as I wanted to be (U24: 677).

The Other who self-harms is similar, more identifiable. Urania sees a part of herself reflected in the Other who "deals with incidents" in a similar way. She explains that the connection she feels is a familiarity and an openness that does not require much introduction. She hopes that they will be willing to accept her, maybe unconditionally. This implies that someone who does not self-harm will not be "OK with me being as open as I wanted to be".

The experience of identifying with other people who self-harm is not universal among participants. Urania feels comfortable around other self-harmers but Terpsichore is reluctant to include herself in that definition. What is common though is that self-harm becomes a way to experience connection, or disconnection.

> Other people might, you know, because I suppose I'm coming here because it says that, you know, about self-harm and I think was I right to come... to... to... say, you know, to identify with that title I suppose... (T18:505).

Terpsichore questions her participation in the research. She self-harms by pinching and scratching her skin, leaving marks and broken veins along the way, but very rarely cuts her skin. She also actively avoids leaving scars. As a result, she is uncertain she can identify with the self-harm label, which is stereotypically associated with the cutting skin and multiple scars. She feels different to people who do not self-harm and different to those who do. Experiencing the Other through self-harm reduces her options, while enhancing a sense of isolation and loneliness.

Some of the most striking examples of relating through self-harm and the marks on the body come when participants speak about their experiences of motherhood. Melpomene has felt judged as a mother. She has experienced many mental health problems and carries resentment for the people who have evaluated her fitness to be a mother. Her scars have helped her connect with her children and allowed her to explain to them how she moves between different states of emotion.

> You see my daughter, she was never frightened of my cuts because I... I explained to her a long time ago I have a sad, bad and mad stage (M20:555).

Melpomene goes on to explain that the sad stage is feeling low, crying and experiencing desperation. The bad stage is when she self-harms. She did not give an explanation for the mad stage, but one can assume it is when she is angry or visibly upset. She has created this distinction and narrative for her daughter, incorporating self-harm in the wider context of her changes in mood and "stage". Melpomene implies that her daughter has accepted her explanation and the two of them now share this understanding and are able to communicate on this basis. She is referring to her youngest child, with whom she found some way to contextualise self-harm and talk about. This process may not have been accessible to Melpomene when her older children were growing up. For them, the scars serve a strong but perhaps more implicit communicative function.

> I find that by baring my arms more around the house is making my older kids kind of like try and accept it on a sub-cons... no... sub-conscious level... without it kind of like offending them because I've hid things from them for a long time (M24:680).

In both cases, she is trying to find a way to connect to her children and share her experiences with them. With her youngest daughter, she discusses it more directly. With the older children, she is attempting to do this on a "sub-conscious" level, by showing her scars, without talking about them. The symbolising function of the body as opposed to that of language is apparent here. The goal however is the same: to reveal herself, in a non threatening ("offending") way and in doing so come closer to them.

Calliope struggles to open up to people and tends to isolate herself. She experiences connection and feels seen by her son through the act of self-harm. He has become a part of it and she expects and welcomes his role, which she experiences as non-judgemental.

> My son, my son, when he stays with me, he helps me a lot. He will hide the razor blades or shit like that or he'll pop upstairs and 'Mum, you're not cutting up yourself again are you?' and stuff like that and he would get the antiseptic and thing. Umm he hates it but umm I think he realises that umm I think he understands that that has been part of me (CA10:264).

Even though Calliope acknowledges that her son hates the fact that she self-harms, there is sweetness and tenderness in this quote. Calliope feels that "he helps". He will hide her blades, or help her take care of the wounds. Nonetheless, she appreciates his presence. Arguably, the act of self-harm facilitates the connection, allowing her to show vulnerability.

A final observation can be made about the role of self-harm in the relating between mother and child. In the accounts above, the mothers seek acknowledgement and even care from their children, wanting to be seen and understood by them. Within the frame of the interviews, they did not speak generally about their relationships with their children, nor of the effect self-harm might have had on them. It is plausible that reflecting on motherhood through self-harm offers a unique view into the mother-child relationship, from the perspective of the mother as a person in need of support.

Finding self. The third sub-theme explores the way that self-harm brings connection back to the self. The focus is primarily on the act and not on the scars. This function is distinct from the relational aspect of the previous two themes. It explores a more personal process, through which participants gain a stronger sense of self. In Melpomene's words below, this connection forms a part of self-harm. What transpires is a doubt as to whether the self exists or the distress exists. Thus, self-harm may be grounding, drawing the line between the dots.

> Sometimes I wonder if it's just to prove that we still exist. I'm here, everything's going on, I'm here because I can feel... I can feel that... the stuff, that's real, I know that, I'm connected, you know (M25:718).

Here Melpomene is speaking slowly, almost as if to herself. The idea that self-harm can "prove" existence is interesting. "I'm here because I can feel" can also be read as I am here because my body can feel pain, and thus validate my existence and the existence of "the stuff, that's real". What reads as connection initially, incorporates a great split, between the psychic reality and the physical plane.

Urania expresses the difficulty of even acknowledging her own emotion at times. She feels it perhaps to some degree but cannot connect to it fully. Here, self-harm is the link and the pain validates the existence of the self.

> Sometimes if I really, really need to cry and I can't, and... and I end up cutting and I still can't cry, then I get really distressed then umm but usually by... by the end of it, I'm feeling more relaxed, the umm the... the pain of cutting will start making me connect with my emotions (U15: 417).

The notion of connection is interesting across these accounts. Urania describes a state where she feels the need to cry but cannot do it. She tries cutting to help, and sometimes even that won't work. But she has faith, or the experience, that at the end of it the pain will do something for her. She names this as connecting with the emotion, this being understood as being now able to cry. Similarly to Melpomene above, the idea of connection translates to something like acknowledgement. In both accounts, the participants gain some confidence through self-harm that they can actually bear their emotions, they can bear the distress, it is real. So the body getting hurt but not destroyed gives a sense that perhaps the self can get hurt but not destroyed, thus allowing a fuller experience of emotion.

Self-harm is seen as a conscious way to respond to emotion, distinct from the attempts to control emotion, seen in the sub-theme Paving the way. Here, participants recognise a value in self-harm, a function of connection that has worked for them in the past and are willing to try again.

Euterpe talks about cutting in a similar way, saying that the acute pain of a cut allows her to clear her mind and focus, to connect with the present.

> It's something I can do that gets me to... to reboot my mind so that I'm not thinking of my problem, I'm just thinking 'this hurts, this stings, this is bad.' But when I'm... I've got... when I don't do that then I've got loads of thoughts in my head... loads... it's just too much, my brain gets overloaded (E19:529).

Euterpe has a “problem” to deal with and initially it seems as if she uses self-harm to distract herself and not think about it. The pain requires her full attention. She explains that if she does not cut, then she has too many things to think about, gets “overloaded”. For Euterpe, the function of the pain from self-harm seems to be almost to disconnect from the brain, which is experienced as external and beyond reach. Worthy of consideration perhaps is what remains if she does not think about the problem; it is the pain, “this hurts, this stings, this is bad”. Even though Euterpe says she does not want to think about it, the pain allows her to say that it is bad; something is happening that is hurting her.

In this process of finding the self via pain, more weight falls on the breaking of the skin than the aftermath. However, the scars can act as an anchor even without the in the absence of pain. Urania remembers how self-harm helped her connect to her emotion and discover things about herself. This memory is alive in her scars and at times of distress, touching them gives her a similar sense of connection.

> It’s kind of reconnecting with... with that even if it’s subconscious and I’m just sort of stroking it umm but the feeling of the... the scars gives a bit of reassurance umm... (U17:464).

The scars remain on the body and perhaps function as a safety object, allowing Urania to access the “reassurance” that she described in her previous accounts; reassurance that she will be able to access her emotion, she will be able to cope, that she will not be overwhelmed or destroyed. This paradoxical destruction of the skin feels reassuring against destruction of the self. It allows the reader to appreciate how the marks and scars are much more than that which remains after a cut. They carry the multiple functions that self-harm offers for participants.

Drawing Butterflies

The fourth superordinate theme discusses the experience of transformation. A butterfly is a universal symbol for transformation, incorporating life, death and evolution. Euterpe has been drawing butterflies on her wrist instead of self-harming. She has also

likened self-harm itself to drawing. It felt appropriate to use her words to name this theme that addresses transformation in body and mind.

> When you get a pen and you draw on a piece of paper, instead of it being a pen it would be a knife or it would be something sharp and you just cut (E4:100).

Drawing butterflies is presented via two sub-themes, Re-telling the body and Transforming pain. They are presented as two aspects of a whole, rather than distinct experiences, exploring how transformation is experienced in the participants' interactions with their scars, how they interpret them and how the scars shape their experience of emotion and sense of self.

The nature of Drawing butterflies is more elusive than previous themes, moving away from the act of self-harm and for the most part, away from the Other. In this theme, participants reflect on themselves, they speak about how they have related to their scars and the intimate meanings they hold for them.

Re-telling the body. The first sub-theme focuses on the interactions that participants have had with their scars outside of self-harm. The marks and scars remain on the body even when the need, wish or urge to self-harm is not there. Several participants stopped self-harming a long time before they were interviewed, and have since engaged with their scars in different ways. A connection with the body and attempts at integration transcend the theme. They re-tell the story of self-harm, its origins and its impact, by changing the marks of self-harm on the body in some way. Thus, it seems that re-telling the body becomes re-telling the self. Even though dualistic thought can still be seen, these actions perhaps signify steps closer to embodiment.

At the same time, some thought is given to the possibility of being able to re-tell the body, or whether it is an unattainable desire expressed.

> I could still see the scars, you know, to have a horse's head come through would have been ideal because that was the gentleness of, you know, what you've gone through, you know, and the tender side of you is there as well, you know (C15:423).

Clio chose to tattoo over her most prominent scars. Initially she no longer wanted to see them but later reflected on how she transformed their story. The scars represent all that she has "gone through" and she re-symbolises them to include her "tender" side. She chose the symbol of a horse, which she considers the "emblem of an animal lover" (C15:418), a sign of gentleness (C15:417). This symbol of love and gentleness over her scars suggests that she hopes the harsh experiences can now be re-phrased on her body, co-exist with the tenderness of a love symbol. Even though Clio frames it as the "emblem of an animal lover", it is implied that she wanted a symbol of love for herself to be inscribed on her scars, as well as a symbol that states her capacity for love. She identifies as an animal lover, and she wants to symbolise the ability to love, others, animals and herself through the marks on her body.

Her desire can also be seen as an attempt to integrate internal splits; the suicidal wishes and attempts to stay alive through self-harm, the critical and aggressive voices she hears, the traumatic experiences of her past. Clio is perhaps declaring the triumph of gentleness over pain. She shapes the narrative on her own body, reflecting what she now wants to be. The tattoo also perhaps signifies the end of this cycle of pain and distress.

Urania has tattooed over her scars as well, blending them into her tattoo:

> That's managed to blend into the tattoo pretty well, because it looks like... because I've got a dragon and it looks like the dragon has scratched my arm (U8:225)

Urania did not reflect on why she chose to tattoo a dragon over her scars. She has extensive tattoos and piercings all over her body, but this is the one that she has on her left arm, where most of her scars are. She initially tattooed over her arm to preserve it, it was her favourite cutting place but did not want to damage it more "I still wasn't OK with it umm and I was trying to stop umm and... and I thought, and it worked, I don't cut there because I don't want to cut the tattoo" (C7:197). The initial motivation behind the tattoo appears to be one of control, trying to impose over her need to self-harm by taking away the place she preferred the most. At the time of the interview, she had come to view self-harm as coping and stopped trying to force herself to stop. She now self-harms much less often and less severely. She initially tried to re-tell the body as inaccessible. She now views the image on her arm as an

organic combination of the tattoo and the scars, which seem to interact with each other. The scars become part of the tattoo and the tattoo a part of the scars.

The symbol of the dragon brings to mind thoughts of power, good luck but also deadly force. It could be interpreted as a visualisation of the extremes that have brought Urania to the point of self-harming as well as a guardian of the scars and the arm itself.

For Melpomene, who also tattooed over her scars, the goal was to include the greatest joy of her life in the same place on her body that her deepest sorrows lie.

> I get tattoos done which again in my culture was a big no-no but anyway and I had it done over... on my marks because it's like 'no, there's more to me than the scars' umm my childrens' name and it's like I'm kind of like introducing the world here's my kids but you can see my marks at the same time (M9:237).

Melpomene has experienced stigma and marginalisation within her culture as a result of her mental health diagnosis (BPD), self-harm and non-conformity to cultural norms. She reflects on tattooing as a further addition to the list of things she has done which cause her to feel judged. However, it is significant that she is able to declare that there is "more" to her than this, highlighting her biggest achievement; her role as a mother. The story she wants to tell is directed to the Other via her body. She wants the "world" to know that there is more to her that what they see.

Whilst Clio and Urania's tattoos hold a personal value, Melpomene is also concerned with how the story her body tells is being perceived by the Other, as explored in the theme Connecting the dots. However implicitly, she also re-tells the story for herself, by making sure that since self-harm is visual, the names of her children will be too. There is a sense of pride and determination in this quote; pride for her children, but also for herself for all the adversities that she has endured and can now talk about.

The common thread to these experiences is perhaps the wish to tell a different story from that which the scars alone reveal. To add to that narrative and perhaps in that way, also unify self and body. The dualism present in previous themes is evident here as well. By tattooing over the scars, the participants perhaps attempt to end the chapter of their life that

is self-harm. Indeed, Clio initially tattooed to hide her scars, Urania to stop cutting and Melpomene to signal to the world that there is more to her than self-harm. These wishes signify an imposition on time, like closing a chapter. They imply that, if granted, everything has been put in place and indeed the story can be re-told in a different way; assuming that the story is linear, they can be interpreted as wishes for closure, moving on. It is worth wondering though; can transforming the scars offer that?

For Clio, the answer was no. The wish is impossible. She ended up with a tattoo much different to that she envisaged, a whip instead of a horse, based on the way that the artist saw her scars. The tenderness she was craving for became the image of punishment.

> It just took away the... the feeling of seeing them scars and knowing that they saved my life, you know, and I should never have had the tattoo done... (C13:368).

Clio did not see the tattoo at all until it was completed. It was very important to her to have the horse on her scars, yet when the time came handed control over to the tattoo artist. The artist conceptualised her scars as whips, so he tattooed a whip and a horse petal instead of a horse head. Clio remains deeply upset about this. She finds the image of the whip abhorrent and punishing - the exact opposite of what she was hoping for. Not only did the gentleness and tenderness for which she hoped eluded her yet again but she also lost the scars as mementos of life. She had arguably recreated the trauma, symbolically inked onto her body.

Re-telling the body is certainly desired but for participants it happens in an adversarial way. They attempt to control the body-narrative, change it and impose on it. At the same time, they hope that the story that the body tells is linear, it goes from past to present and that markers can be put to signify a change of course. The use of tattooing as a method to do that is interesting. One could say that it is one of the most common ways to transform one's body, or to write (say) something on it. However tattooing involves an artist, who needs to understand and execute the request for transformation. The artist is both the witness and the bringer of transformation. In Clio's case, this failed and she did not achieve her aim. It is worth reflecting on which function of the Other the artist performs: the

accepting, nurturing Other who will satisfy the unattainable desire, or the punishing, distant Other who needs to be won over.

Moving away from tattooing as a method, Terpsichore has interacted with her scars by trying to minimise their visibility. Her motivation was different, but the desire to re-tell the story of her body appears similar to other participants'.

> I did go and have that like laser treatment you can have to kind of umm correct some of them so that was good and that got rid of some (T9:219).

For Terpsichore it is particularly important that her scars and marks are not visible, as it has been explored in the sub-theme Right to be forgotten. Her seemingly unattainable wish can partially be granted by laser treatment, so she does not see the scars, at least until new ones are formed. Similar to tattooing, this process of erasing the scars from her body requires an Other to do that, the aesthetician or dermatologist who will perform the treatment. Even if Terpsichore does not disclose where her marks and scars came from, they will still bear witness to their disappearance and they will grant her wish to not have them.

Clio and Melpomene have stopped self-harming, Urania has changed her stance towards, but Terpsichore still self-harms regularly and her way of re-telling her body differs. An interpretation of this difference could be done based on the perception of time and its linearity. While Clio, Melpomene, Euterpe and Urania can conceive of end to self-harm, Terpsichore (and indeed Calliope who actively self-harms as well) does not. Instead, re-telling of the body involves reducing the marks of ongoing self-harm; perhaps re-telling the severity or impact of it on the body.

Transforming pain. The second sub-theme of Drawing Butterflies explores the transformation of emotion. More so than their meaning, the distinct function of self-harm scars is discussed as an agent of this transformation. It is perhaps the most elusive and difficult to define of all the themes presented, it is felt thought that it is of great importance and definitely underexplored in other accounts of self-harm.

> There are certain ones here on my arm, which were quite deep and they've got big scars and I'll just... even though it's painful memories, I've got the scars that make me feel better (U7:173).

Urania is touching her arm while describing how her scars transform pain to relief. The scars do act as reminders, but knowing that they are there and seeing them facilitates a second function: that of a safety object. Her most recent practices of self-harm include doing "decorative" scars, that she knows she can use as a coping strategy when feeling very distressed. She no longer self-harms impulsively and does not leave random marks on her body. She finds reassurance knowing that she can do this and that afterwards she will have a scar that will hold this meaning of safety and reassurance.

Self-harm as release and as a coping strategy has been discussed before, here however the scars themselves contribute to the nature of coping and have a role in it. Urania wants her scars to be beautiful, and knows that she can make them this way. The scars hold her desire and her ability to transform her distress into something she likes having on her body.

The sense of time in this aspect of transformation is not linear, but rather cyclical. It moves from self-harm, to the scars, to the sense of self and then back to self-harm. As Urania says above, she gets reassurance from the scars she carries in the present, whilst acknowledging the past distress that created them. Additionally, the scars in the present transform the experience (or memory) of past distress. There is no wish to end, or change chapters. In a sense, the experience of emotion and the transformation of emotion in relation to the scars happen in the present, unifying the past acts that caused the scars, with the current sense of self. Additionally, the act of reflecting on the scars and their meaning and function during the interview happens in the present.

In contrast to speaking about self-harm, where participants speak about an action of the past, when speaking about the scars the topic of conversation is directly accessible. Participants would touch their scars, show them to me, caress them, interact with them while talking about them. This makes the experience much more present and grounds it in the

room. They are not talking about something abstract, or something they need to recall, but about something that they carry with them always, and now.

For Clio, the turmoil that caused her scars is being transformed into pride for staying alive. She battled with abusive voices and intrusive suicidal thoughts all her life. Now, at 72, she can say that her life has been saved.

> I think each scar is special to me because each scar saved my life, you know (C6:149).

Clio attributes meaning to her scars saying that each one of them “saved her life”. The scars gain a function, that of the saviour. It is worth noting that it appears as if the scars are separate to Clio, perhaps echoing the way that she has experienced self-harm as a tool to use in her battle with suicidality. The image of her carrying all these specials scars, that transform a wish to die into joy for being alive, can be likened to that of a decorated soldier, proud and reminiscent of each of her special medals.

> They don’t define who... who I am but it’s like the marks of your... or a storm that my inner self was having with itself. I know... and not because I deserved it either (M19:524)

Melpomene describes her scars as marks of a storm within herself. She embraces this pain but it does not define her, not in the way that she described her tattoo defining her as a mother in the previous sub-theme. The way she frames this concept is interesting: “a storm that my inner self was having with itself”, with the marks of it being on her body. A storm is a natural phenomenon, overwhelming, and applicable to anyone in its path. What Melpomene describes seems more like a battle, a conflict between split parts of herself. She chooses the word storm though, perhaps in a less conscious attempt to integrate these split parts and have them battle a storm together, a storm that could signify her life experiences. Ultimately, she gives meaning to these scars by saying that all of this is not something that she deserved. They signify what she has been through, but their existence on her body allows her to say that she would have deserved something better. On earlier accounts Melpomene has described the feelings of low self-worth and the overwhelming lack of love and nurturing she has

experienced. Her scars, in a paradoxical way, allow her to re-define herself by differentiation. She can take ownership and agency over how she views herself now, whilst also acknowledging her past.

Discussion

Chapter Overview

In this final chapter, the analysis findings are discussed in relation to the existing literature. A critique of the methodology and process of the study is presented and the researcher's final reflections are incorporated in it. Furthermore, implications for clinical practice and suggestions for future research are given. The chapter ends with a conclusion of all of the above, which also marks the conclusion of this thesis.

Situating Findings within the Literature

In the introductory chapter of this study, the various debates and perceptions about the nature and function of self-harm were highlighted. Across the world, opinions are hardly in consensus as to what self-harm is and how it should be approached by health professionals. A selective overview of relevant research was compiled, as a setting of the scene for this present research. When considering the research question, two very recent and relevant studies were identified. A qualitative study by Chandler (2014) and a quantitative study by Bachtelle (2014) are marking a shift in psychological thinking regarding the way that professionals approach self-harm. In both studies, the focus was on the body, acknowledging that self-harm is a primarily embodied experience that cannot be fully explored unless the body is involved in the dialogue.

In this section, the superordinate themes identified and explored in the analysis will be revisited, this time summarising their main findings and situating them within the literature. This section is meant to facilitate the reader in progressing from the detailed exploration of the analysis to the situating-in-context of the discussion chapter. The participants produced rich accounts of experience and a multitude of aspects of self-harm was explored. I am giving particular weight to novel and previously unexplored findings. Subsequently, some overarching concepts that transcend the superordinate themes will be explored. It should be noted that this discussion does not make claims of empirical

generalisability. Smith et al. (2009) highlight that, as an IPA study, the findings need to be thought of in terms of theoretical transferability instead. Thus, the reader is invited to make connections between the analysis that has just been presented, their own experiences and the existing literature, and as such evaluate the transferability of the findings.

All participants spoke about the reasons why they self-harm and the different functions of self-harm. Throughout the analysis, I noticed the various ways in which self-harm is intertwined with emotion. It appears that self-harm serves a functional purpose, facilitating the expression of emotion and at times controlling it. Participants identified self-harm as a nearly unconscious response to the emergence of emotion, particularly in younger ages. For some participants, self-harm developed into a more conscious coping mechanism later in life. Additionally, the experience of self-harm as a way to express when language is not available was explored. I noted the various ways in which participants seem to express dualistic perceptions of themselves. The body often appears to feel separate and alien, split from the participants' sense of self. Paradoxically, this body seems able to bear the emotions that are otherwise unexpressed, arguably symbolising a part of the self that is experienced as more resilient.

These findings fit well within the existing body of literature that views self-harm as functional. In 2007, Walsh called for a formalised assessment procedure for clients who self-injure (choice of term in the article), as opposed to suicidal clients. He highlighted the emotion regulation function of self-harm, as well as the interpersonal motivations that can lead to self-harm, such as a need for communication. He brings attention to the fact that a lot of clients who self-injure do not have mental health diagnoses; they are often highly functioning individuals, who nonetheless are in emotional distress. The participants of this study described intense emotional distress that accompanies self-harm. They have also explored the ways that self-harm functions as a way to control the emergence of emotion. These findings are in accordance with pre-existing literature supporting that self-harm serves an emotion regulation function (Borill et al., 2011; Motz, 2009).

The participants' experience of self-harm was often one of expression, which communicates the distress they are in. Walsh (2007) and Sutton (2007) both describe the

communicative function of self-harm. In this study, participants described their experience of self-harm as, at times, the only method available to communicate. The study did find a differentiation between the conscious and unconscious communicative function of self-harm. Participants described their body as screaming out the internal distress with little or no intention to do so. The majority of participants described this function of self-harm as historic, remembering that this was the case in adolescence or early adulthood. Sho el al. (2009) theorised that adolescence, in combination with trauma, abuse or neglect in childhood, are predictors of self-harm. It is also widely documented that adolescent girls self-harm as a way to communicate distress (e.g. Bhui et al., 2007; Chassler, 2008; Hawton & Harris, 2008a; Tofthagen & Fagerstrøm, 2010). The experience of participants in the present study reflects this existing knowledge, as they are female, started self-harming at a young age and report experiences of abuse and neglect.

Later in life, participants communicate and connect with others through self-harm in a more conscious way, at times using the disclosure of self-harm marks as a tool. The visibility of marks and scars has been discussed in previous research in various ways. For example, Sonntag (2006) describes a patient baring or hiding the marks during therapy and the meaning this holds and Walker (2009) discusses the experiences of her participants feeling invisible behind their scars or judged for their presence. In the context of the present study, the marks and scars functioned as a signifier for the Other, a way to facilitate discussion about how participants experience themselves or as a way to frame identity.

The role of the body was discussed as central to the experience of self-harm, but also felt as distinctly separate from the participants' sense of self. Connecting the element of emotion regulation to that of the body experiencing pain, dualistic accounts of self-body, internal emotional pain-external physical pain are evident. Chandler (2013) explored narratives of pain in self-injury (choice of term in the study). The findings of her study indicated that the element of pain initially suggests dualism. Self-harm transforms emotional pain to a more acceptable, socially and personally, form of pain (physical) that can be more easily managed. However, Chandler argues that eventually the act of self-harm signals an attempt at experiential embodiment. The findings of the current study support this non-linear

reading of dualism. Participants experience the self and the body as distinct. Even more so, harming the body is a way to manage emotional pain, which is again experienced as distinct from physical pain. However, the act of self-harm itself unites emotional and physical pain and attempts to bridge the inherent dualism.

The connection of self-harm to suicidal thoughts and acts was represented strongly in the participants' narratives. I noted the different ways in which self-harm is used, from some participants more consciously than for others, in order to either protect from suicidal thoughts or to relieve self-hate by partially enacting a destructive act upon the self. This use of self-harm was interpreted as bargaining, a way to manage opposing forces. The marks and scars on the body carry the meaning of this bargaining and are experienced accordingly, depending on which side the participants find themselves at.

Drawing from the participants' accounts, self-harm and suicide are distinct and are experienced in different ways. This finding contributes to a growing body of research and theory which acknowledges that behaviours that harm the body do not necessarily have a suicidal motivation (e.g. Bandalli, 2011; Sutton, 2007; Walker, 2009; Walsh, 2007). However, the presence of suicide and suicidal thoughts in the narratives does suggest that there is a connection between self-harm and suicide. This research has indicated that the connection is not necessarily one of risk. In fact, for the participants of this study, self-harm was at times a protective factor against suicide. This finding can be discussed in relation to the study of Hawton and Harris 2008(a), who researched the occurrence of DSH (choice of term in the study) in relation to suicide. Their study acknowledges that from all the incidents who present to hospital and are recorded as self-harm, only some are suicide attempts. They did not differentiate on the level of data based on intention; their analysis though did demonstrate that DSH is much more common that completed suicide. Some of the participants of the present study have repeatedly attempted suicide and have received medical attention for it. However, they have self-harmed much more often than that, usually without needing any care from medical professionals. This supports the repetitive nature of self-harm as well as its differentiation from suicide. A potential implication from this finding is a re-evaluation of the ways that hospitals and A&E departments gather data on self-harm. Perhaps a more

careful differentiation based on intention can reflect the experience of people who self-harm more accurately.

Additionally, participants did differentiate between self-harm and suicide by method, as well as by intention. Bandalli's (2011) research found a continuum of preferred self-harm methods and their connections to communicative functions. In this present research, the majority of participants cut, burned or scratched their skin, thus leaving physical marks and scars. However, in the analysis qualitative differences were highlighted in the occasional use of different methods by participants. For example, Calliope attempted suicide by drug overdose, but used cutting and burning as her preferred method of self-harm on an everyday basis. This supports findings like Bandalli's, suggesting that different methods of self-harm have different meaning and function. However, further exploration is needed to unpick these differences and find potential implications and correlations.

The function of self-harm as a way to express self-hate or anger turned inwards has been widely discussed in psychodynamic literature (e.g. McAllister, 2003; Hurst et al., 2013; Sonntag, 2006). The participants of this study gave accounts of self-hate, self-disgust, neglect towards the self. I noticed the use of self-harm as a way to cope with this internal split, in a sense as a bridge between self-hate and the wish to live. The body again manifests the split, at the same time that it marks an attempt to make the person whole. Galioto (2013) argues that repetitive self-harm serves a unique function, that of self-recognition. The person who self-harms attempts to experience wholeness through rupture; this attempt is motivated by incomplete experiences of wholeness and mirroring in childhood. Galioto also notes a lack of confidence in the ability to symbolise, most notably through language, which is reported by people who self-harm. She writes that the act of self-harm is an attempt to communicate linguistically but also an attempt to express this lack.

The findings of the present study seem to be supporting these understandings of self-harm. Participants described self-harm as a way to acknowledge the self and connect to the self. Additionally, they gave accounts of self-harm as language, and described the lack of words or difficulty to find words. A connection can be made to the previous point in this section, regarding dualism and the view of self-harm as an expression of dualism, as well as

an attempt at embodiment. Arguably, self-harm as language and self-harm as connection to the self implies that the self and the body are separate. At the same time, through the act a connection is achieved. Thus, a cycle of split and integration can be observed.

One of the most striking findings of the study was that of bargaining with time. Some participants intentionally self-harm in ways that leave few to no scars. Additionally, they feel very strongly about the absence of scars on their body. This is a finding that no empirical data has explored, to my knowledge. Research has focused either on the function of self-harm, or recently on the meaning of marks and scars, assuming that there are some. This study suggests that self-harm that is intentionally done in ways that leave no scars represents a wish to deny all the emotional distress that leads to the act, and with it, the experience of being in this distress. Participants have described scars as anchors to memory, implying that without them there is a possibility for oblivion. Thus, self-harm marks and scars have a connection to memory and time. They are reminders of events, as well as reminders of existence. They are, potentially, unwanted because they anchor the experience of participants and cannot be split from the body, thus integrating the self, what the self goes through, and the body.

Previous research has suggested that the amount of time that passes between the creation of the scars and the time of the interview is of potential importance. Additionally, it has indicated that participants who self-harm at the time of the interview experience their marks in ways that indicate greater distress and disorganisation (Bachtelle, 2014; Chandler, 2014). In the present study, three participants had stopped self-harming at the time of the interview and three were continuing to self-harm. The way that they experience their marks and scars did bear similarities, but also quite a few differences. Participants who had stopped self-harming subsequently made attempts to interact with the scars and transform the story that their body tells. This was not exclusive though, with one participant tattooing over the scars whilst still self-harming. The participants who continue self-harming have also attempted to interact with their scars in what could be described as harm reduction. The element of time was found to not be consistent within participants, with some accounts expressing a wish for linearity, beginning, middle and end of self-harm, while others did not make such impositions.

These findings highlight ambivalence more so than anything else. As an indicative context, previous research on body modification (e.g. Lemma, 2010; Pitts-Taylor, 2003) has explored accounts of people who go to extensive lengths in order to gain control over the body, claim the narrative in their own terms or "match" the body with what they feel inside. Lemma (2010) discusses repetitive and compulsive body modification, reminiscent in some ways to self-harm, in object-relations terms. She discusses violence and hatred towards internal objects, acted out on the body, but also the creation of an idealised self, that will be loved after all. Moving back to the present study, participants did express notions of love, towards the self, or towards others, as the motivation behind an attempt to enhance, or transform their scars. Some ambivalence was expressed as to whether the scars are wanted, or they are inevitable. Additionally, some participants suggested that the marks and scars have a transformative function on the way that they experience emotion or themselves. Overall, the most consistent finding was that there is no consistent finding and participants move between positions or differ greatly between them. This implies that there is some connection between time, scars, transformation of scars, emotion and sense of self, but within this study this was unique for each participant.

Overarching concepts. In order to conclude the discussion of the study's findings within existing literature, I want to focus on two overarching concepts, which transcend the superordinate themes and can be found throughout the analysis.

The first one is the various layers of meaning that participants attributed to their marks and scars. All participants reported some way of connecting to their scars and attributing meaning to them, whether this was positive, negative or ambivalent. Moving even further than that, the study demonstrated that participants attribute meaning to the absence of scars as well. Supporting the results of Bachtelle's (2014) study, the marks and scars that are produced through self-harm carry meaning. Areas that participants highlighted include pride, disgust, regret, reassurance, memento, guilt, shame. The unique combination of meaning for each participant amounts to a universal sense among them that they are not indifferent to the marks on their body.

A second point of convergence across superordinate themes is the dualistic thought and perception of self. The participants of the study described various ways in which they experience a split between self and body. This finding situates this study within a body of literature that addresses embodiment and highlights dualism in modern psychological thinking. Interpreting the findings of this research in relation to the Forstmann et al. (2012) study, which showed that dualistic perceptions affect health choices, it appears that the more participants view their bodies as separate to themselves, the more they harm them.

It seems that self-harm and dualism are interconnected. Internal splits and fragmentation are expressed through experiencing a split between self and body. When participants feel fragmented, unconsciously or consciously, they attempt to integrate through self-harm. Paradoxically though, it appears that they can only do that while the body is experienced as foreign. When some participants started seeing themselves in a more holistic way then self-harm did subside and other ways of coping or expressing were found.

A final reflection on this concept is to wonder whether self-harm in some way promotes integration and a more holistic experience of being. Participants have expressed connection to the self, as well as transformation of their experience of emotion as a result of self-harm. Potentially, this action (initially motivated by internal splits) does produce integration through the repetitive symbolisation of emotional pain on the body.

Evaluation of the Study

This research achieved its aim in generating in-depth accounts of the experience of having marks and scars on the body as a result of self-harm. This is a topic that has been particularly under-researched and is not well explored in the existing literature. Therefore, the findings of this study contribute to the small, existing body of knowledge and hopefully expand it.

The data provided by the participants addressed the research topic but also shed light into areas that were not intentionally explored. For example, all participants spoke about the reasons why they self-harm and the communicative and connecting functions of self-harm. These findings contribute to the larger body of theory and research around self-harm and add to the understanding of the phenomenon of self-harm as holistic and embodied. The act and

function of self-harm cannot be separated from the experience of the marks and scars on the body and vice versa.

Whilst the sample of this study was small and purposive, it was well within the suggested guidelines for IPA (Smith et al., 2009). The analysis of the data produced findings that are situated in the extant literature, as well as producing promising areas for further research, which will be explored later on in the chapter.

When addressing the quality of the current study, the reader has already become familiar with my considerations regarding Yardley's (2000) criteria in the chapter Method. In this section, I will focus on a critique of methodology that extends beyond what has already been covered, addressing some overarching points that warrant discussion. Finally, I am presenting some personal reflections, relevant to the way that this study was conducted.

Methodological critique.

Language and embodiment. IPA as a methodology depends on language as a way to access the participants' experience. Whether it is via interviews, focus groups, observation of discussion or diaries, IPA requires rich, detailed, first-person accounts of experience (Smith et al., 2009). Willig (2013) highlights the underlying presupposition that language does indeed offer to participants the necessary tools to be able to express and convene their experience. She continues with the argument that language in fact constructs, rather than describes experience. The same person can potentially describe the same event in a number of ways, using different words each time, which means that words do not only express the experience but also shape it. Words carry meaning in themselves, so every time that different words are being used, the meaning conveyed is slightly changed; furthermore, from this point of view direct access to experience is not possible. Willig (2013) invites some critical thought as to how much does IPA address this constitutive role of language.

In the context of this study, the participants expressed themselves in various ways, using rich and detailed language. In their accounts, they used reflection, metaphor and extensive description of their experience. Recruitment was purposefully targeted to participants who would be able to communicate their experience in an articulate way and in a language that I would be able to understand, acknowledging the co-construction of meaning

of IPA (Smith et al., 2009). All participants who did come forward satisfied this requirement, including those who did not fulfill other criteria and were not eventually interviewed. However, as Willig (2013) notes, the focus on language could have potentially disadvantaged participants without extensive vocabularies, or unaccustomed to articulating thoughts, emotions and experiences.

Non-verbal communication is often highlighted within the analysis chapter. As the researcher, I remained sensitive to the audio files and transcriptions, as well as to my observations at the time of the interview, as a way to enrich the linguistic data. To further discuss the importance of verbal and non verbal communication, I will touch upon the embodiment perspective in IPA, acknowledging its roots in the philosophy of Merleau-Ponty and Sartre, as it has been discussed in the Method chapter. Finlay (1999; 2006; 2008) has extensively discussed the role of the body in phenomenological research. Drawing from the writings of Merleau-Ponty and Sartre she brings the attention of researchers to three distinct dimensions of the body: the body-subject, our embodied consciousness as it has been described by phenomenological philosophers; the body-object, which is the body as it is known by the Other; and finally bodily self-consciousness. This last dimension describes how through a relationship with the Other, through the eyes of the Other, the body can be experienced as separate from the self.

Having an awareness of these dimensions is necessary for researchers willing to acknowledge embodiment in a systematic way. Finlay (2006) suggests three ways for researchers to do that. The first, bodily empathy, calls for researchers to be particularly attentive to their participants' bodily gestures. The second, embodied self-awareness refers to the researcher's reflexivity in regards to their own bodily experience. The relationship between the previous two leads to the third area of attention for researchers: embodied intersubjectivity. By paying attention to the embodied participant and researcher, Finlay argues that a progressive attunement can be achieved, which offers a deep understanding of the Other and the self.

This present study did not systematically address embodiment in the way that it was conducted. As the researcher I did remain observant and reflective regarding the participants'

bodily gestures, encompassing bodily empathy. However, my embodied experience was not recorded, and as a consequence, potential manifestations of embodied intersubjectivity have not been picked up. In hindsight, this is a potential limitation of this study, especially since it was a subject so directly addressing embodiment. Connecting to the limitation of articulate language, discussed above, this research has produced data and knowledge that favour verbal communication but not non-verbal. Further research can address this by systematically employing an embodied approach in the collection of data and directly acknowledging it in the analysis.

Cognition. The role of cognition has also been an area of discussion in regards to IPA. Willig (2013) discusses the apparent incompatibility of cognition with IPA, where cognition represents an individual's beliefs, ideas, expectations, which (s)he uses to make sense of the world. This is not consistent with phenomenological inquiry, which challenges the division between subject and object. Willig brings attention to the pre-cognitive aspects of experience, vague feelings, ideas on the margin of consciousness, as the most appropriate focus for phenomenology, which seeks to capture the way in which the world presents itself to the individual. Conversely, Smith et al. (2009) recognise significant experiences, instances that provoke conscious thought, as the main focus of IPA.

This incompatibility is being discussed and addressed in recent writings. Smith et al. (2009) provide an extensive discussion on IPA's position regarding cognition, directly addressing Willig's concerns. They refer to layers of reflection, ranging from pre-reflection, the informal or intuitive reflection that happens spontaneously in everyday life, to formal or phenomenological reflection, which is produced when a participant engages with a researcher. Smith et al. argue that IPA is concerned with all of those layers. Thus, everyday cognition is the subject of IPA, whilst self-conscious cognition, produced as a result of the research process, is the process of IPA. In fact, the researcher's formal cognition is included in the definition. It is acknowledged that this conceptualisation of cognition is different from that of mainstream psychology, in the sense that it is not seen as compartmentalised, but rather as dynamic, emotional and embodied.

In 2011, Larkin, Eatough and Osborn wrote about the concept of embodied, active, situated cognition (EASC) as a fundamental way to re-think cognitive science. Cognition is not something that takes place in someone's "head"; rather it is a conscious, intersubjective process of sense-making. This process is sensitive to context (situated), it varies according to time, it is engaged with the world and is embodied, at the very least in the way that the body defines the perception of the world. Larkin et al. recognise IPA as uniquely positioned to contribute towards the development of EASC. The focus on meaning and sense making is fundamental, but more importantly IPA already situates experience in its context, be it social, cultural, linguistic or embodied. The present study approached meaning-making from a uniquely embodied perspective. Whilst acknowledging the limitations discussed previously, it produced accounts of self-harm that cannot be contained within a strict definition of cognition. The accounts regarding the act of self-harm, as well as the reflection on the marks and scars, amount to what Larkin et al. describe as "becoming aware of ourselves as body-subject" (p.331), a sense of separation from the body, at the same time as the body is inescapable. It is thus argued that this present study contributes to the growing body of evidence asking for a wider definition of cognition.

Procedural challenges. This study included a fairly homogeneous sample, even more so than it was intended. As it has been explored in the chapter Method, all six participants were female, as no male participants who fulfilled the study's criteria came forward. This was an unexpected outcome, however some insight can be gained through the literature. Hogg (2010) reflects on the greater understanding and visibility of self-harm amongst females, to the degree that it is becoming a stereotype of female behaviour. At the same time, self-harm in men is an invisible phenomenon. Moving even further, Inckle (2014) explores the connection between traditional, or normative, masculinity and self-harm. Dominance, sexual agressiveness, power, are traits of the traditional masculinity ideal that conflicts with emotional vulnerability and even more so with disclosing it. However, men are more likely to die younger, die of suicide, be imprisoned or commited involuntarily. When it comes to self-harm and marks or scars on the body, these can be easily dismissed or even socially accepted as sports injuries or signs of heroic, masculine acts (Inchkle, 2014). As such,

it seems that is not a case of men not self-harming, but rather self-harming in different ways and not identifying with the mainstream narrative of the young woman who cuts or burns her skin. Whilst the frequency or severity of self-harm might not be different in men and women, the representation in literature and mental health services is skewed (Hogg, 2010; Inckle, 2014; Souter, 2015).

This study did not actively seek female participants, it is possible though that the advertising materials and the setting made the recruitment of female participants more likely. For example, the advertising poster showed a graphic of a hand resembling cutting scars. This could potentially make the study seem non-relevant to males who self-harm. Additionally, as Souter (2015) highlights, males who self-harm are less likely to seek treatment or support. Since all participants were clients of a mental health charity, it can be assumed that the number of potential male participants would be quite small. Further research can address this issue more sensitively and design recruitment in a way that recognises the different expressions of self-harm according to gender.

Following up from the above, another point of homogeneity is the status of all participants as clients of a charity who have received various degrees of support and psychological input regarding self-harm. It can be argued that the participants who chose to participate in this study are representative of a group that already has a relative ease talking about self-harm. Connecting to the previous point regarding linguistically able participants being favoured by the methodology chosen, this study produced data that are reliant on language.

Inside this group of participants, historic and current self-harm was equally represented. My inclusion criteria stated that participants who actively self-harm would be preferred, given the limited number of participants though, both were included. As it has emerged from the analysis, time plays a role in the way that marks and scars are experienced, although it is not the only factor. Potentially, a more uniform sample in regards to the time passed since the creation of self-harm scars would have produced different findings. Conversely, IPA's idiographic approach means that the focus is on the individual's experience, and as such, the data produced represent individual and unique experiences of carrying

marks and scars on the body. Future research can address this by following individuals for a period of time, during and after self-harm. This can provide insight in the potential difference or evolution of meaning regarding marks and scars over time.

During the interviews, participants recalled events and memories spanning several decades. They spoke about their childhood experiences, past self-harm episodes, or they made connections between a scar and the circumstances that led to its creation. It can be argued that any experience discussed during the interview would be a past experience, unless it was happening at that very moment. In this case, the question is whether the amount of time that passed since those experiences makes a difference regarding their nature, arguably whether participants speak about experience or the memory of experience. A potential implication stemming from this is the re-conceptualisation of past and past experience regarding people who self-harm. Participants in the study described a complex relation to time, with their marks and scars acting as reminders. At the same time, when participants spoke about their marks and scars, these were present in the room, grounding the experience in the present moment. However, since IPA's main focus is on the hermeneutic cycle, the researcher making sense of the participants' meaning making, it is enough to say that the participants were making sense of their experiences during the interview and that was the subject of the analysis.

Reflexivity. As this study is coming to a close, I am providing some final reflections, as a way to invite the reader into my experience as a researcher. One of my greatest concerns when I started to engage with the data was ensuring that my experience would not impose on that of the participants'. In my attempts to safeguard their experience, especially in the early stages of this study, I became timid in my interpretations and insecure about my role as a researcher. However, as the research process evolved, I developed with it and inevitably gained insight into my own processes of meaning making.

Reflecting on my initial resistance to interpretation, I came to understand that I was trying to find and clarify my role as the researcher. Being a novice in IPA meant that everything was new; all the concepts had to be gained and conquered from the beginning. It took time and effort for me to feel more comfortable with phenomenological inquiry. To some

degree, I harboured positivistic stereotypes towards research, expecting it to solve a mystery or reach some truth. On an intellectual level I would position myself differently, however in practice I was terrified that I would get it wrong, that I would not be able to see what I was supposed to see. In these dialogues, I would also add the voice of my clinical interpretations, trying to perhaps clarify the nature of interpretation itself.

Willig (2012) very eloquently describes some of the thoughts that I was entertaining. Interpretation can translate into a claim for reality, privileged access to the underlying meaning. I did not feel however that I wanted or that I was able to make such a claim. At the same time, I did recognise the importance of interpretation. Through the process of the analysis and following write up, I came to experientially acknowledge the difference between a certain and a tentative interpretation (Willig, 2012).

My initial resistance was towards certain, closed types of interpretation that imply that the phenomenon observed is not what it is, rather that its true meaning needs to be uncovered. IPA calls for tentative interpretations, open in nature, that are meant to enrich that which is presented by noticing details, patterns and connections. This type if interpretation does not assume a position of expertise, or higher knowledge, and in that sense it is more difficult to achieve. It requires openness and devotion to the research material. Looking back, I feel comfortable with my role as the researcher who interprets the data, in a tentative way, whilst acknowledging that the end result, this research, is a product of my meaning-making process.

This study represents a four year journey, through research and clinical practice. My vested interest in the research topic was disclosed from the beginning. I could not have anticipated though the ways in which my understanding of self-harm and the way in which I experience embodiment would change by making sense of the participants' stories. My shifting and growing experience as a researcher has come to sit alongside my identity as a clinician, encompassing the scientist-practitioner stance that Counselling Psychology identifies with. Through the research process, I have been able to consider, slowly and systematically, the way that meaning-making occurs, the nature of interpretation, the importance of words, the absence of words, and the nature of embodiment. Undoubtedly, this

enriches my clinical practice, as well as my personal growth. What was initially felt as fragmented parts and requirements for qualification comes to be a whole, cyclical experience.

Implications

Implications for practice. The participants of this study were involved with a non-judgemental, open, therapeutic organisation, where they have been able to explore self-harm in various ways and degrees. However this is not the case for everyone. As I have stressed at the introduction chapter, this research aimed to offer a voice to the experiences of individuals who self-harm. I expected this voice to be different from what health professionals often consider self-harm to be about, based on previous research that focuses on the perspective of people who self-harm. Additionally, I highlighted that the body is paradoxically ignored in the way that professionals make sense of self-harm, even though it is the context for this act.

A number of implications can be drawn from this study, for the discipline of Counselling Psychology, as well as for individual therapeutic practice. The study has demonstrated the various layers of meaning that marks and scars hold for its participants. Additionally, the study has pointed towards the direction of viewing self-harm as functional and communicative, whilst acknowledging that is stems from intense emotional distress.

The socio-cultural context of self-harm is important to be addressed in clinical work. For many of the participants of this study, childhood abuse and neglect was identified as closely connected to beginning to self-harm. Not feeling able to express emotion or not having the opportunity to do so can be seen as a factor contributing to the employment of self-harm as a coping strategy. Thus, the experience of self-harm as language can be explored in therapy in order to facilitate a deep exploration of that which is not being said. This might be particularly important for young, female clients who might be self-harming as a way to express and communicate distress.

One of the reported challenges of people who self-harm is the dismissive behaviour of health professionals. The participants of this study did not reflect directly on this, however an important insight from their accounts is that self-harm can have a protective function against urges of suicide. Thus, practitioners can approach the issue with sensitivity and explore the

functions of it first, before suggesting that it needs to be replaced with another strategy. Whilst being mindful of the connection between self-harm and suicide, sensitive and compassionate clinical practice can reflect on self-harm and its meaning, showing respect towards the individual and not dismissal.

The findings suggested an overarching prevalence of dualistic thought, representative of internal splits. Counselling psychologists who work with clients who self-harm might find this study useful in gaining the confidence to acknowledge the body in the therapeutic space. Psychological interventions have often been criticised for staying on an intellectual level (e.g. Lombardi, 2007), which in the case of self-harm might be particularly unproductive. Talking about the marks and scars that clients have can facilitate the discussion about sense of self, self-worth, confidence. Additionally, moving towards a more embodied practice, addressing how self-harm feels, instead of only asking why, can lead to important insights. As this study has demonstrated, separating the act of self-harm from the marks it produces is not possible.

This study has demonstrated strongly that the exploration of the meaning of the marks leads to powerful insights regarding the person. As participants have described, talking about the marks and scars is not commonplace experience; others are usually afraid to ask and the participants themselves do not allow such discussions to take place. The data produced from this research touched upon varied and sensitive aspects of the participants' lives and experiences. By addressing the skin and the marks directly in therapy, similarly rich material can emerge that can progress and facilitate therapeutic change. Experiences such as suicidality, motherhood, sense of self can be further explored by talking about the scars. Arguably, talking about the scars can facilitate the emergence of material that would otherwise remain hidden, as it might not be consciously accessible or possible to articulate through discussion alone. Thus, this study strongly encourages clinicians who work with clients who self-harm to acknowledge their marks and scars and be curious about the meaning they hold.

Another consideration that emerges from the exploration of meaning of the marks is the long-term nature and implications of self-harm. When treating self-harm as a symptom, it is implied that once it is stopped, then it can be left aside. However, the embodied perspective

that I have advocated throughout this study cannot ignore the long-term presence of marks and scars. Clinical practice can remain mindful of this and address it in the therapeutic space, in order to support the clients' development through time. The participants of this study have indicated that, even years after the last time they self-harmed, they interact with their scars in various ways, pointing towards an active and ongoing process of meaning making.

The discipline of Counselling Psychology is associated with phenomenological and humanistic concerns (Bury & Strauss, 2006), as well as scientific research, albeit from a non-positivistic frame. Through this research study, more general concepts have arisen, which are relevant to clinical practice and can be evolved further. For example: the paradoxical nature of harming the self to "save", or protect the self; inviting pain; dualism and its effect on behaviour. These can be explored further in the training of counselling psychologists, broadening the scope towards sociology, philosophy, history, in order to better support clients.

Suggestions for future research. The findings of this study have illuminated the lived experience of six female clients of a mental health charity, who carry marks and scars on their bodies as a result of self-harm. These findings cannot be generalised because of the small sample and the nature of the methodology chosen. However, the do offer transferable insights to researchers interested in the field. I will provide some suggestions for future research, which could enhance and further develop the psychological understanding of self-harm.

One of the most striking findings of this study is the differentiation between suicide and self-harm. Various definitions of self-harm do acknowledge this divide and offer different terms, depending on the motivation behind the act of self-harm. However, more work can be done in the UK in order to inform research and open up the dialogue. A clearer and more precise definition of self-harm would affect research output in a great way. For example, if more studies differentiate based on intention, or capture a continuum, a much clearer picture can emerge. Additionally, a definition that includes functions of self-harm, such as emotion regulation or communication, can further highlight the differences with attempted suicide. This of course bears challenges; it is nonetheless a direction worth considering.

Further research could clarify the implications of different methods of self-harm. This was not explored in depth in the present study; however it was indicated that there might be some differences between cutting, burning and self-poisoning. Additionally, methods of self-harm that leave minimal or no scarring have not been researched adequately. There are two strands to consider here: one is the potential connection of different methods of self-harm to more or less suicidal intention, as Bandalli (2011) has suggested. The other is the difference of visible or non-visible self-harm on a psychological level. Both strands can provide valuable insights to function, symbolisation and underlying motivation.

A longitudinal approach on data collection may provide opportunities to explore the changing nature of self-harm across the lifecycle and the long-term implications of carrying marks and scars, even after self-harm has stopped. Chandler (2014) drew some parallels between the narratives of people with scarred bodies from self-harm and those of people who suffer from chronic illness. It would be interesting and useful to further explore such narratives, potentially offering insight to a group of people that has been overlooked, as they no longer engage with health services.

Future research can address the socio-cultural context of self-harm and approach it from a quantitative and qualitative perspective. As it has been demonstrated in the introduction chapter, women are overrepresented in research regarding self-harm. Some studies have shown that the ratio of men and women who self-harm changes across the lifecycle (Hawton & Harris, 2008b), however for the most part it is accepted that women do self-harm more than men. In this present study, only female participants were included. Future qualitative research can purposively recruit male participants, in order to gain insight into the experiences and perception of males who self-harm. Additionally, quantitative research on a large scale can revisit the suggested ratios of self-harm and further explore changes based on age or stage of life.

Finally, the relational perspective of self-harm can be explored further. Newton and Bale (2012) indicated that members of the public judge self-harm based on how visible it is to them, not based on objective damage to the person (e.g. cutting seen as more severe than anorexia). The participants of this study have indicated communicative functions of self-

harm, either with strangers or people close to them, occasionally using the visibility of scars to facilitate it. A potential direction for research would be to combine these two insights and explore how self-harm marks and scars function on a relational level, either within personal relationships, or on a more general social context. Research that focuses on the perceptions and experiences of the other, the person who is shown the scars in order to be told something, can enrich the understanding of this relational perspective.

Conclusion

Within this chapter, I have explored the strengths and limitations of this study and challenges that emerged through conducting it. This research project offered in-depth insight into the experience of carrying marks and scars on the body as a result of self-harm. The findings support functional and embodied models of self-harm and open up the dialogue for clinical practice and further research, indicating that there are unexplored aspects of the experience of self-harm.

The findings regarding the absence of marks and scars from self-harm were unexpected. They can indicate new pathways for clinical practice and research, and raise awareness against stereotypical views of self-harm. In exploring the meaning(s) of marks and scars, this study may offer contribution to holistic, embodied therapeutic interventions and strengthen the position of Counselling Psychology as an innovative, humanistic and applied discipline.

I would like to dedicate the concluding words of this thesis to the six participants that made it possible. Throughout the course of eight months, they opened up and shared deeply personal experiences with me. In one way or another, they expressed a wish to see a more sensitive and accurate representation of self-harm in professionals' narratives. Even more so, they were interested in knowing how other people who self-harm experience their marks and scars, indicating the still existing taboo around sharing these stories. They have all experienced adversities and are in a journey towards self-acceptance and integration. I hope that this study has fulfilled their expectations and that they will be able to benefit from its impact.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC

Bachtelle, S. E. (2014). The physical results of non-suicidal self-injury: The meaning behind the scars (Master's Thesis), University of Wyoming

Bandalli, P. K. (2011). A phenomenological analysis of the expressive and communicative functions of deliberate self-harm. (PhD Thesis), University of Bath

Bertrando, P., & Gilli, G. (2008). Emotional dances: Therapeutic dialogues as embodied systems. *Journal of Family Therapy*, *30*(4), 362-373. doi:10.1111/j.1467-6427.2008.00448.x

Bhui, K., McKenzie, K., & Rasul, F. (2007). Rates, risk factors & methods of self harm among minority ethnic groups in the UK: A systematic review. *BMC Public Health*, *7*, 336-336. doi:10.1186/1471

Blass, R. B. (2015). Conceptualizing splitting: On the different meanings of splitting and their implications for the understanding of the person and the analytic process. *International Journal of Psychoanalysis*, *96*(1), 123–139. doi:10.1111/1745-8315.12326

Borrill, J., Fox, P., & Roger, D. (2011). Religion, ethnicity, coping style, and self-reported self-harm in a diverse non-clinical UK population.*14*(3), 259-269. doi:10.1080/13674670903485629

British Psychological Society. (2009). Code of ethics and conduct . Retrieved from http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards

Brook, J. A. (1992). Freud and Splitting. *International Review of Psycho-Analysis*, *00*(19), 335–350.

Brown, S. A., Williams, K., & Collins, A. (2007). Past and recent deliberate self-harm: Emotion and coping strategy differences. *Journal of Clinical Psychology*, *63*(9), 791-803. doi:10.1002/jclp.20380

Bury, D., & Strauss, S. M. (2006). *The scientist-practitioner in a counselling psychology setting* doi:10.1007/978-3-540-25939-8

Chabert, C. (1996). Introduction to the work of Didier Anzieu. *The International Journal of Psycho-Analysis, 77,* 601-613.

Chandler, A. (2013). Inviting pain? pain, dualism and embodiment in narratives of self-injury. *Sociology of Health and Illness, 35*(5), 716-730. doi:10.1111/j.1467-9566.2012.01523.x

Chandler, A. (2014). Narrating the self-injured body. *Medical Humanities, 40*(2), 111-6. doi:10.1136/medhum-2013-010488

Chassler, L. (2008). Traumatic attachments and self-harm behaviors. *Psychoanalytic Social Work, 15*(1), 69-74. doi:10.1080/15228870802111815

Cooper, J. (2010). High mortality and reduced quality of life in people who have presented to hospital for self-harm in the UK. *Evidence-Based Mental Health, 13*(3), 74-74. doi:10.1136/ebmh1067

Cooper, J., Husain, N., Webb, R., Waheed, W., Kapur, N., Guthrie, E., & Appleby, L. (2006). Self-harm in the UK: Differences between south asians and whites in rates, characteristics, provision of service and repetition. *Social Psychiatry and Psychiatric Epidemiology, 41*(10), 782-788. doi:10.1007/s00127-006-0099-2

Crome, I. B., Bloor, R., & Frisher, M. (2008). Self-harm and substance misuse in the UK - key issues for treatment and research. *Drugs: Education, Prevention & Policy, 15*(2), 121-127. doi:10.1080/09687630701377322

Descartes, R. (1641/1984). The philosophical writings of descartes. In J. Cottingham, R. Stoothoff & D. Murdoch (Eds.), *Meditations on first philosophy (vollume II)* (). Cambridge: Cambridge University Press.

Dolan, M., & Völlm, B. (2009). Self-harm among UK female prisoners: A cross-sectional study. *Journal of Forensic Psychiatry & Psychology, 20*(5), 741-751. doi:10.1080/14789940903174030

Duncan, G. (2000). Mind-body dualism and the biopsychosocial model of pain: What did Descartes really say? *The Journal of Medicine and Philosophy, 25*(4), 485-513. doi:10.1076/0360-5310(200008)25:4;1-A;FT485

Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. the SAGE handbook of qualitative research in psychology. SAGE publications ltd.

Emerson, A. (2010). A brief insight into how nurses perceive patients who self-harm. *British Journal of Nursing, 19,* 840-843.

Favazza, A. R. (1996). *Bodies under siege: Self-mutilation and body modification in culture and psychiatry* (2nd / Armando R. Favazza. ed.). Baltimore, Md; London: Johns Hopkins University Press.

Finlay, L. (1999). Applying phenomenology in research: Problems, principles and practice. *British Journal of Occupational Therapy, 62*(7), 299-306.

Finlay, L. (2006). The body's disclosure in phenomenological research. *Qualitative Research in Psychology, 3*(1), 19-30. doi:10.1191/1478088706qp051oa

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude". *Journal of Phenomenological Psychology, 39*(1), 1-32. doi:10.1163/156916208X311601

Forstmann, M., Burgmer, P., & Mussweiler, T. (2012). "The mind is willing, but the flesh is weak": The effects of mind-body dualism on health behavior. *Psychological Science, 23*(10), 1239-1245. doi:10.1177/0956797612442392

Fox, C. (2011). Working with clients who engage in self-harming behaviour: Experiences of a group of counsellors. *British Journal of Guidance & Counselling, 39*(1), 41-51. doi:10.1080/03069885.2010.531383

Frost, N. (2011). *Qualitative research methods in psychology*. Maidenhead: McGraw-Hill Open University Press.

Galioto, E. D. (2013). Split skin: Adolescent cutters and the other. In R. A. L. Hurst, S. L. Cavanagh & A. Failler (Eds.), *Skin, culture and psychoanalysis* (pp. 188) Palgrave Macmillan.

Georgakopoulou, A., & Goutsos, D. (1997). *Discourse analysis: An introduction*. Edinburgh: Edinburgh University Press.

Giorgi, A. (2002). The question of validity in qualitative research. *Journal of Phenomenological Psychology, 33*(1), 1-18. doi:10.1163/156916202320900392

Giorgi, A. (2008). Difficulties encountered in the application of the phenomenological method in the social sciences. *Indo-Pacific Journal of Phenomenology, 8*(1), 1-9.

Giorgi, A. (2011). IPA and science: A response to Jonathan Smith. *Journal of Phenomenological Psychology, 42*(2), 195-216. doi:10.1163/156916211X599762

Glucklich, A. (2001). *Sacred pain: Hurting the body for the sake of the soul*. New York: Oxford University Press.

Goodbody, L., & Burns, J. (2011). A disquisition on pluralism in qualitative methods: The troublesome case of a critical narrative analysis. *Qualitative Research in Psychology, 8*(2), 170-196. doi:10.1080/14780887.2011.575288

Google Spain SL, Google Inc. v Agencia Española de Protección de Datos, Mario Costeja González, (2014). Case C-131/12

Hawton, K., & Harriss, L. (2008a). The changing gender ratio in occurrence of deliberate self-harm across the lifecycle. *Crisis, 29*(1), 4-10. doi:10.1027/0227-5910.29.1.4

Hawton, K., & Harriss, L. (2008b). How often does deliberate self-harm occur relative to each suicide? A study of variations by gender and age. *Suicide & Life-Threatening Behavior, 38*(6), 650-660. doi:10.1521/suli.2008.38.6.650

Hogg, C. (2010). Exploring the issues of men and self injury. *Mental Health Practice*, *13*(9), 16–20. Retrieved from http://usir.salford.ac.uk/14017/

Hurst, R. A. L., Cavanagh, S. L., & Failler, A. (Eds.). (2013). *Skin, culture and psychoanalysis*. Basingstoke: Palgrave Macmillan. doi:10.1057/9781137300041

Inckle, K. (2014). Strong and Silent: Men, Masculinity, and Self-injury. *Men and Masculinities*, *17*(1), 3–21. doi:10.1177/1097184X13516960

Jiraskova, T. (2014). Splitting of the Mind and Unconscious Dynamics. *Activitas Nervosa Superior*, (56), 24–27. doi:10.1227/01.NEU.0000240227.72514.27

Johnston, A. (2014). Jacques lacan, *the stanford encyclopedia of philosophy*, (summer 2014 edition), edward N. zalta (ed.). Retrieved from http://plato.stanford.edu/entries/lacan/#OthOedComSex

Kapur, N. (2005). Management of self-harm in adults: Which way now? *British Journal of Psychiatry, 187*, 497-499. doi:10.1192/bjp.187.6.497

Katz, A. W. (2010). Healing the split between body and mind: Structural and developmental aspects of psychosomatic illness. Psychoanalytic Inquiry, 30(5), 430-444. doi:10.1080/07351690.2010.482403

Keegan, S. (2009). Qualitative research: Good decision making through understanding people, cultures and markets. London: Kogan Page.

Kilborne, B. (1999). When trauma strikes the soul: shame, splitting, and psychic pain. *American Journal of Psychoanalysis, 59*(4), 385–402. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/10646055

Knowles, S. E., & Townsend, E. (2012). Implicit and explicit attitudes toward self harm: Support for a functional model. *Journal of Behavior Therapy & Experimental Psychiatry, 43*, 730-736.

Langdridge, D. (2008). Phenomenology and critical social psychology: Directions and debates in theory and research.*3*, 1126-1142. doi:10.1111/j.1751-9004.2008.00114.x

Larkin, M., Eatough, V., & Osborn, M. (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology, 21*(3), 318-337. doi:10.1177/0959354310377544

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102-120. doi:10.1191/1478088706qp062oa

Lemma, A. (2010). Under the skin: A psychoanalytic study of body modification. Taylor & Francis.

Lombardi, R. (2008). The body in the analytic session: Focusing on the body-mind link. *The International Journal of Psychoanalysis, 89*(1), 89-110. doi:10.1111/j.1745-8315.2007.00008.x

McAllister, M. (2003). Multiple meanings of self harm: A critical review. *International Journal of Mental Health Nursing, 12*(3), 177-185. doi:DOI: 10.1046/j.1440-0979.2003.00287.x

Mcdougall, T., & Brophy, M. (2006). Truth hurts: Young people and self-harm. *Mental Health Practice, 9*(9), 14-17.

Meissner, W. W. (2006). Psychoanalysis and the mind--body relation: Psychosomatic perspectives. *Bulletin of the Menninger Clinic, 70*(4), 295-315.

Mental Health Foundation. (2006). Truth hurts: Report of the national inquiry into self-harm among young people

Millard, C. (2013). Making the cut: The production of 'self-harm' in post-1945 anglo-saxon psychiatry. *History of the Human Sciences, 26*(2), 126-150. doi:10.1177/0952695112473619

Motz, A., 1964. (2009). *Managing self harm: Psychological perspectives*. London: Routledge.

Muehlenkamp, J. J., & Brausch, A. M. (2012). Body image as a mediator of non-suicidal self-injury in adolescents. *Journal of Adolescence, 35*(1), 1-9. doi:10.1016/j.adolescence.2011.06.010

Murray, M. (2003). Narrative psychology and narrative analysis. In P. M. Camic, J. E. Rhodes & L. Yardley (Eds.), (pp. 95-112). Washington, DC, US: American Psychological Association. doi:10.1037/10595-006

Murray, S. J., & Holmes, D. (2014). Interpretive phenomenological analysis (IPA) and the ethics of body and place: Critical methodological reflections. *Human Studies, 37*(1), 15-30. doi:10.1007/s10746-013-9282-0

National Institute for Health and Care excellence. (2015). *Self-harm* pathway. Retrieved from http://pathways.nice.org.uk/pathways/self-harm

Newton, C., & Bale, C. (2012). A qualitative analysis of perceptions of self-harm in members of the general public. *Journal of Public Mental Health, 11*(3), 106-116. doi:10.1108/17465721211261914

Oultram, S. (2009). All hail the new flesh: Some thoughts on scarification, children and adults. *Journal of Medical Ethics, 35*(10), 607-10. doi:10.1136/jme.2008.027615

Paul, S., & Hill, M. (2013). Responding to self-harm: A documentary analysis of agency policy and procedure. *Children and Society, 27*(3), 184-196. doi:10.1111/j.1099-0860.2011.00399.x

Pembroke, L. R. (1996). *Self-harm: Perspectives from personal experience* (Rev. ed.). London: Chipmunka Pub.

Pitts-Taylor, V. (2003). *In the flesh: The cultural politics of body modification*. Basingstoke; New York: Palgrave Macmillan.

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136. doi:10.1037/0022-0167.52.2.126

Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: A discussion and critique. *Nurse Researcher, 18*(3), 20.

Rayner, G., & Warner, S. (2003). Self-harming behaviour: From lay perceptions to clinical practice. *Counselling Psychology Quarterly*, *16*(4), 305-329. doi:10.1080/0951507032000156862

Savvopoulos, S., Manolopoulos, S., & Beratis, S. (2011). Repression and splitting in the psychoanalytic process. *International Journal of Psychoanalysis*, *92*(1), 75–96. doi:10.1111/j.1745-8315.2010.00363.x

Scourfield, J., Roen, K., & Mcdermott, E. (2011). The non-display of authentic distress: Public-private dualism in young people's discursive construction of self-harm. *Sociology of Health and Illness, 33*(5), 777-791. doi:10.1111/j.1467-9566.2010.01322.x

Sechaud, E. (2015). The double nature of splitting. *International Journal of Psychoanalysis*, *96*(1), 141–143. doi:10.1111/1745-8315.12325

Sharma, S., Reimer-Kirkham, S., & Cochrane, M. (2009). Practicing the awareness of embodiment in qualitative health research: Methodological reflections. *Qualitative Health Research, 19*(11), 1642-1650. doi:10.1177/1049732309350684

Sho, N., Oiji, A., Konno, C., Toyohara, K., Minami, T., Arai, T., & Seike, Y. (2009). Relationship of intentional self-harm using sharp objects with depressive and dissociative tendencies in pre-adolescence-adolescence. *Psychiatry and Clinical Neurosciences, 63*(3), 410-6. doi:10.1111/j.1440-1819.2009.01959.x

Skegg, K. (2005). Self-harm. *Lancet, 366*, 1471.

Smith, F. (2006). Call for improved UK-wide response to self-harm. *Paediatric Nursing, 18*(4), 4-4.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London; Los Angeles: SAGE.

Smith, J. a., & Osborn, M. (2003). Interpretative phenomenological analysis. (pp. 53-80) doi:10.1002/9780470776278.ch10

Sonntag, M. (2006). I have a lower class body. *Psychoanalytic Dialogues, 16*(3), 317. doi:10.2513/s10481885pd1603_6

Souter, G. (2015). Why do men self-harm? A literature review. *Journal of Mental Health Nursing*, *4*(4), 167–171.

Straker, G. (2006). Signing with a scar: Understanding self-harm. *Psychoanalytic Dialogues: The International Journal of Relational Perspectives, 16*(1), 93-112. doi:10.2513/s10481885pd1506

Sutton, J. (2005). *Healing the hurt within* How To Books.

Tate, A. (2010, Old wounds. *Emergency Nurse, 18*, 11-11.

Tofthagen, R., & Fagerström, L. (2010). Clarifying self-harm through evolutionary concept analysis. *Scandinavian Journal of Caring Sciences, 24*(3), 610-9. doi:10.1111/j.1471-6712.2009.00749.x

Van Deurzen-Smith, E. (1988). Existential counselling in practice. London: Sage.

Walker, T. (2009). "Seeing beyond the battled body" an insight into selfhood and identity from women's accounts who self-harm with a diagnosis of borderline personality disorder. *Counselling and Psychotherapy Research, 9*(2), 122-128. doi:10.1080/14733140902909174

Walsh, B. (2007). Clinical assessment of self-injury: A practical guide. *Journal of Clinical Psychology: In Session, 63*(11), 1057-1068. doi:10.1002/jclp

Wheatley, M., & Austin-Payne, H. (2009). Nursing staff knowledge and attitudes towards deliberate self-harm in adults and adolescents in an inpatient setting. *Behavioural and Cognitive Psychotherapy, 37*(3), 293-309. doi:10.1017/S1352465809005268

Williams, H. (2011). Is there a role for psychological wellbeing practitioners and primary care mental health workers in the delivery of low intensity cognitive behavioural therapy for individuals who self-harm? *The Journal of Mental Health Training, Education and Practice, 6*(4), 165-174. doi:10.1108/17556221111194509

Willig, C. (2007). Reflections on the use of a phenomenological method. *Qualitative Research in Psychology*, (4), 209-225. doi:10.1080/14780880701473425

Willig, C. (2011). The ethics of interpretation. 255-272. *Inaugural Professorial Lecture.*

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead: McGraw-Hill Education.

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method*. Maidenhead: McGraw-Hill Open University Press.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*, 215-228. doi:10.1080/08870440008400302

Yin, R. K. (2011). *Qualitative research from start to finish*. New York: Guilford Press.

Appendices

Appendix A – Recruitment Poster

Appendix B – Ethics Release Form

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology,** prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc ☐ M.Phil ☐ M.Sc ☐ **D.Psych** ☐ n/a ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

How do people who self-harm experience the marks on their body?

2. Name of student researcher (please include contact address and telephone number)

Kornilia Givissi [redacted]

3. Name of research supervisor

Pavlos Fillipopoulos

4. Is a research proposal appended to this ethics release form? **Yes** No

5. Does the research involve the use of human subjects/participants? **Yes** No

If yes,

a. Approximately how many are planned to be involved? 9

b. How will you recruit them?

I will conduct my Research in collaboration with [redacted]

My agreement with the organization includes that I will recruit participants from their clientele, so I expect that I will be able to get all the participants that I need from within the organization. I plan to post my advertising flyer to the message boards in the organization and leave the explanatory statement at reception, so that clients that are interested in participating in the study can contact me.

I also plan to inform the clinical managers and provide my material to them so that they can refer any clients that express interest to me, if they feel that they are suitable. [redacted] also operates a therapeutic day centre, called [redacted] where I plan to post my advertising flyer as well.

My agreement with [redacted] the clinical director of [redacted], states that she may forward my advertising material to her colleagues and that she will be responsible for the screening of potential participants. The reason for this is to avoid me performing two interviews with the same person and to preserve the interview experience as something unique.

I plan to do one pilot interview, that will require one person, to reflect on the interview schedule and gain insight on the process of the interview. Following that, I would need 6-8 participants to have sufficient data for an appropriate analysis in IPA.

c. What are your recruitment criteria?
(*Please append your recruitment material/advertisement/flyer)*

Inclusion:

The participants identify self-harming behaviour in themselves that has caused some form of mark on their body.

The participants actively self-harm.

If the necessary number of participants is not gathered, people who have self-harmed historically and still carry marks on their body will be included.

Exclusion:

Participants with active psychosis or who are at the time of the research receiving in-patient care for mental health problems.

Participants with active suicidal thoughts or ideations.

Participants who are not fluent in English or Greek

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? Yes **No**

d1. If yes, will signed parental/carer consent be obtained? Yes No

d2. If yes, has a CRB check been obtained?

_Yes No

(*Please append a copy of your CRB check*)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification)*.

Each participant will be required to provide one interview, lasting 40 to 50 minutes. The interview will be semi-structured and audio-recorded.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes No

If yes,

a. Please detail the possible harm?

Clients who self-harm are considered of higher risk and constitute a vulnerable group of adults. There is a possibility that the interview process might increase anxiety and invoke painful memories, thoughts and feelings. There is also a possibility that self-harm actions might increase following the interview, as a result of the in depth reflection of the practice.

In the case that a client is rejected from the study, there is the possibility of increased anxiety and feelings of rejection and low confidence.

b. How can this be justified?

The risk of increased anxiety is small, considering that participation in the study is optional and that there will be the option to withdraw at any point. Also, the exclusion criteria act as a safety mechanisms to keep individuals who are very vulnerable out of the study. However the possibility of risk still exists.

It can be justified by the increased insight that participants can get from the process interview. The focus of the research is on the alternative mechanisms that self-harm can carry and is not focused on pathologizing this practice. Clients who participate will have the opportunity to talk about their experience in an open and non judgmental environment and they can also gain access to bibliographic material on the subject if they require. The experience can act as a trigger for reflection and can promote a feeling of being heard. It also promotes the importance of the individual experience.

Overall, the potential gain from participation in this research outweighs the possibility of harm.

c. What precautions are you taking to address the risks posed?

I intend to use my own skills as a psychologist to ensure that clients do not leave the interview process distressed and to minimize the possibility of any anxiety increasing after the interview.

The status of participants as clients of [redacted] offers and additional protective environment around them, since they will be monitored by a therapeutic team. I will contact their therapists if I feel that a client has become distressed from the interview process beyond the degree that my own skills are sufficient to contain that.

If a client becomes distressed from being excluded from the study, I will contact them personally to explain the limitations of my study.

All participants will be given the option to withdraw from the research at any point before the interview and up to one month after the interview is completed, to provide with enough time for them to reflect on the process and decide whether they would wish or not to be included in the study.

Also, all participants will be de-briefed at the end of the interview and time will be provided for questions.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes No

(*Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

Yes **No**

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes No

If no, please justify

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

I will be keeping research notes from the interviews, a notebook with my personal reflections during the interviews and tape recordings. I will also have access to the participants' client records in the setting of [redacted]

12. What provision will there be for the safe-keeping of these records?

All digital data will be kept in a computer and an external drive with password and encryption.

All hardcopies will be kept in a hidden, locked cupboard.

Client names and identifying details will be kept separately from the hard copies and the tape recordings.

I have access to the online database of client records as a trainee at [redacted]. The database is password protected and secure and no records will be removed from it.

13. What will happen to the records at the end of the project?

All records will be destroyed after 5 years from the end of the study, according to BPS guidelines.

14. How will you protect the anonymity of the subjects/participants?

Any identifying information will be removed from the transcripts for the final publication. All participants will have pseudonyms and, if part of the narrative provides identification, it will be changed.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

All participants will receive a de-brief form stating the purpose of the research, ensuring the protection of their anonymity and providing further references to literature and research.

They will have the option to contact me if they wish to communicate any issues, questions or comments after the end of the interview.

All participants will be prompted to ask for additional psychological support within [redacted], if that is needed.

(*Please append any de-brief information sheets or resource lists detailing possible support options)*

If you have circled an item in **<u>underlined bold</u>** print or wish to provide additional details of the research please provide further explanation here:

Signature of student researcher ---Kornilia Givissi----------
Date ---22/07/2013-----

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal ☐
Recruitment Material ☐
Information Sheet ☐
Consent Form ☐
De-brief Information

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? **Yes** No
If yes,

a. Please detail possible harm?

My research topic derives partly from my personal experiences and the subject of self harm is close to some hurtful memories and thoughts for me. There is a possibility of increased anxiety and low mood occurring after listening to the accounts of other people around self harm.

b. How can this be justified?

My personal experiences around self-harm are from many years ago and they are not stress triggers from me.

I am very interested in the subject and I believe that I can gain a great amount of insight from completing this study. My personal experiences act as a way to maintain my motivation and it is more possible to feel more engaged with my study than experiencing anxiety from it.

c. What precautions are to be taken to address the risks posed?

I have informed my supervisor and my personal therapist of my past experiences around self harm in order to have a monitoring environment in case I do feel distressed. I intend to use my reflective abilities and my personal therapy as a way to process any emotions or memories that may arise.

Section C: To be completed by the research supervisor

(*Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.*)

Please mark the appropriate box below:

Ethical approval granted

Refer to the School's Research and Ethics Committee

Signatur [redacted] te [redacted]

Section D: To be completed by the 2nd Departmental staff member

*(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

Signature --- [redacted] ---------- Dat [redacted]

BACKDATED AS ORIGINAL COPY HAS BEEN MISPLACED.

Appendix C – Explanatory Statement

CITY UNIVERSITY LONDON

[redacted]

Information Sheet

City University London

School of Social Sciences

Professional Doctorate in Counselling Psychology

How do people who self-harm experience the marks on their body?

My name is Kornilia Givissi and I am a Counselling Psychologist trainee in City University. This research is conducted as part of my Doctoral Thesis and it is exploring the way that people who self-harm experience the marks/scars on their body. This research is conducted in collaboration with [redacted].

The goal of my research is to gain insight on the meaning of the marks that are left on the body of people who self harm. I believe that self harm can be a form of expression of emotions and that it can have a very different meaning for different people. I would like to understand how the participants of this study experience the marks on their body and what do they mean for them. The process of doing that is through individual interviews, which I will then analyze and interpret.

I would like to ask you to participate in my research and provide your unique individual experience.

You will be asked to attend a brief screening interview, either in person or over the phone. The purpose of this is to ensure that this research is appropriate for you at this point in time. Participants will then be interviewed by me, in the premises of [redacted] at a day and time of their convenience. The interviews will last approximately 40 to 50 minutes and they will be audio-recorded. I may be taking handwritten notes at the time of the interview.

The recordings will be transcribed and analyzed and then result in the Doctoral Thesis. I will append the transcript of the interview on the thesis unless it is otherwise agreed.

I will not provide participants with samples of the transcripts, however all participants can have access to the Thesis after its publication.

Any information provided is confidential, and no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organization. In accordance with BPS guidelines, all records will be destroyed five years past the completion of the study.

If you feel that you would want to talk to me about taking part in this study, please contact me by email or telephone during office hours.

Your participation in my research would be greatly appreciated, and only through individual experiences can this project become reality!

Kornilia Givissi

[redacted]

tel: [redacted]

Research Supervisor:

Pavlos Filippopoulos

[redacted]

Director of Clinical Services:

[redacted]

[redacted]

Appendix D – Consent Form

Consent Form

Project Title:

How do people who self-harm experience the marks on their body?

I agree to take part in the above City University research project. I have had the project explained to me, and I have read the Explanatory Statement, which I may keep for my records. I understand that agreeing to take part means that I am willing to:

- be interviewed by the researcher
- allow the interview to be audiotaped
- allow parts or quotes from the anonymized transcript to be published

Data Protection

This information will be held and processed for the following purposes:

- Transcription of the interview
- Thematic Analysis
- Doctoral Thesis write-up
- Further publication of the study

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published.

The identifiable data will be shared with [redacted] This organisation has made a written agreement with the University to abide by the Data Protection Principles.

I agree to City University recording and processing this information about me. I understand that this information will be used only for the purposes set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.

Withdrawal from study

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the study at any point before my interview or up until one month after my interview is conducted. Withdrawal from the project will not result in being penalised or disadvantaged in any way.

Name: .....(please print)

Signature: .....….

Date: .....

Researcher's signature: .....

Appendix E – Debriefing Form

DEBRIEFING FORM

How do people who self-harm experience the marks on their body?

PURPOSE

The interview that you provided will be transcribed and used as part of the researcher's doctoral study. The purpose of this study is to understand the meaning that marks and scars hold for people who self-harm. Your personal experience is valuable and by sharing it, you have contributed towards the completion of the study.

CONFIDENTIALITY

The information that you provided will be held and processed for the following purposes:

- Transcription of the interview
- Analysis
- Doctoral Thesis write-up
- Further publication of the study

Any information provided is confidential, and no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.

CONTACT

If you have *any* questions regarding this study, its purpose or procedures, please feel free to contact the primary investigator Kornilia Givissi, at

[redacted]

FOR FURTHER READING

If you wish to further read about self-harm, these are some interesting books:

- *Self-harm: Perspectives from personal experience* by Louise Roxanne Pembroke
- *Healing the Hurt Within: 3rd edition: Understand Self-injury and Self-harm, and Heal the Emotional Wounds* by Jan Sutton
- *Scars* by Cheryl Rainfield

ADDITIONAL SUPPORT

If you feel that you would need additional support around self-harm, outside of C [redacted] you can contact the following organizations:

- National Self-Harm Network (http://www.nshn.co.uk/)
- Selfharm.co.uk (http://selfharm.co.uk/)

COMPLAINTS

In case you have a complaint regarding your participation in this study, please contact the researcher Kornilia Givissi or the [redacted] Clinical Director [redacted].
You can follow the [redacted] complaints procedure, which can be found on [redacted].

Appendix F – Interview Schedule

Draft Semi-Structured Interview Schedule

1) What is your experience of self-harm at the moment?
(Prompts: how often, method, severity, feelings about it)

2) How do you feel about the marks that you currently have on your body?
(Prompts: amount of marks, visibility)

3) Do you have any marks that hold a special meaning for you?
(Prompts: connected to events, people)

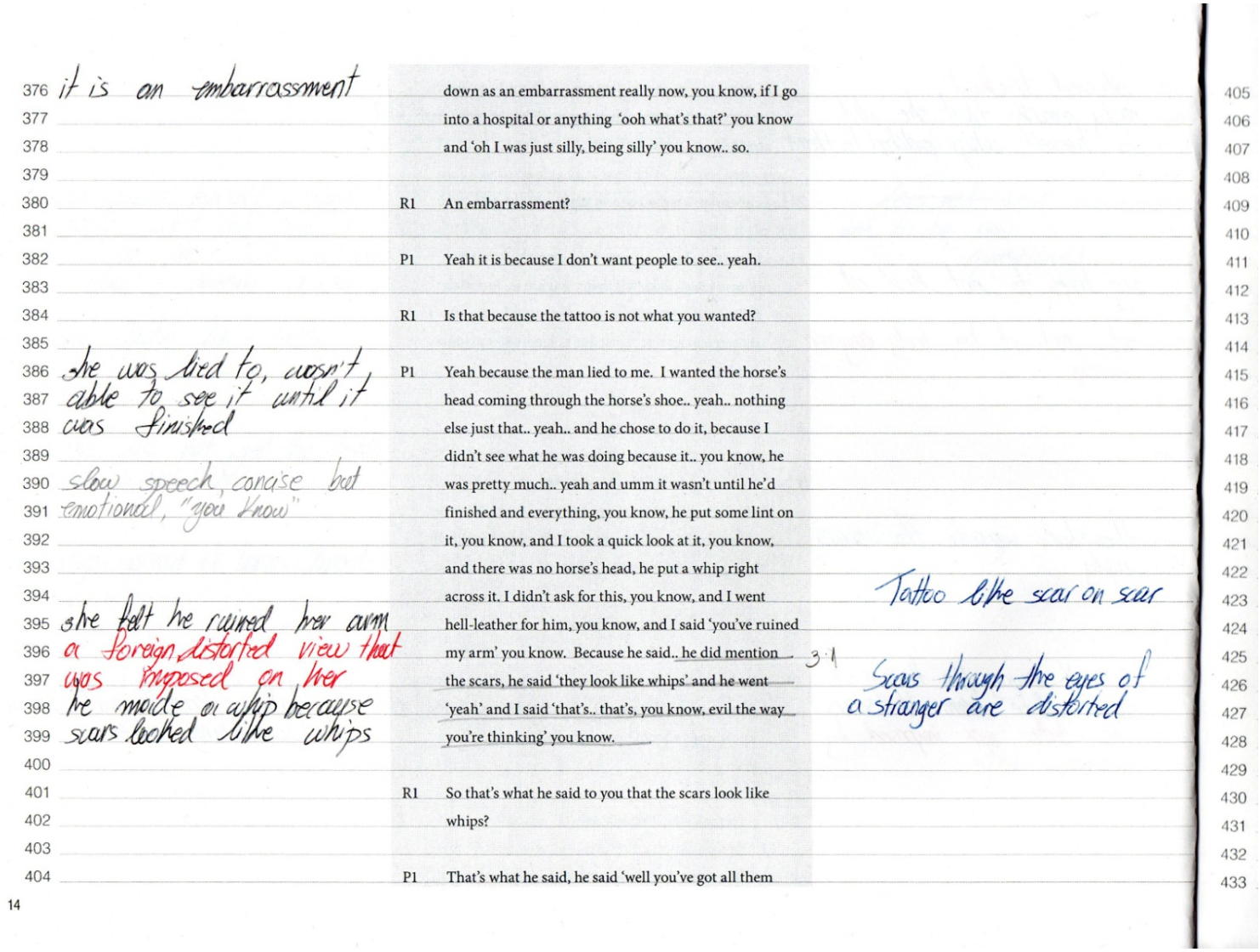
4) Have you ever felt that you self-harm on different parts of your body for different reasons?
(Prompts: meaning of different parts of the body, different methods of self-harm)

5) How would you describe your marks to somebody who doesn't know you?

6) What is your relationship with your body?

7) Is there anything else you would like to tell me that I haven't asked about?

Appendix G – Transcript Analysis



it is an embarrassment

down as an embarrassment really now, you know, if I go into a hospital or anything 'ooh what's that?' you know and 'oh I was just silly, being silly' you know.. so.

R1 An embarrassment?

P1 Yeah it is because I don't want people to see.. yeah.

R1 Is that because the tattoo is not what you wanted?

she was lied to, wasn't able to see it until it was finished

P1 Yeah because the man lied to me. I wanted the horse's head coming through the horse's shoe.. yeah.. nothing else just that.. yeah.. and he chose to do it, because I didn't see what he was doing because it.. you know, he was pretty much.. yeah and umm it wasn't until he'd finished and everything, you know, he put some lint on it, you know, and I took a quick look at it, you know, and there was no horse's head, he put a whip right across it. I didn't ask for this, you know, and I went hell-leather for him, you know, and I said 'you've ruined my arm' you know. Because he said.. he did mention the scars, he said 'they look like whips' and he went 'yeah' and I said 'that's.. that's, you know, evil the way you're thinking' you know.

slow speech, concise but emotional, "you know"

she felt he ruined her arm a foreign distorted view that was imposed on her he made a whip because scars looked like whips

Tattoo like scar on scar

3:1

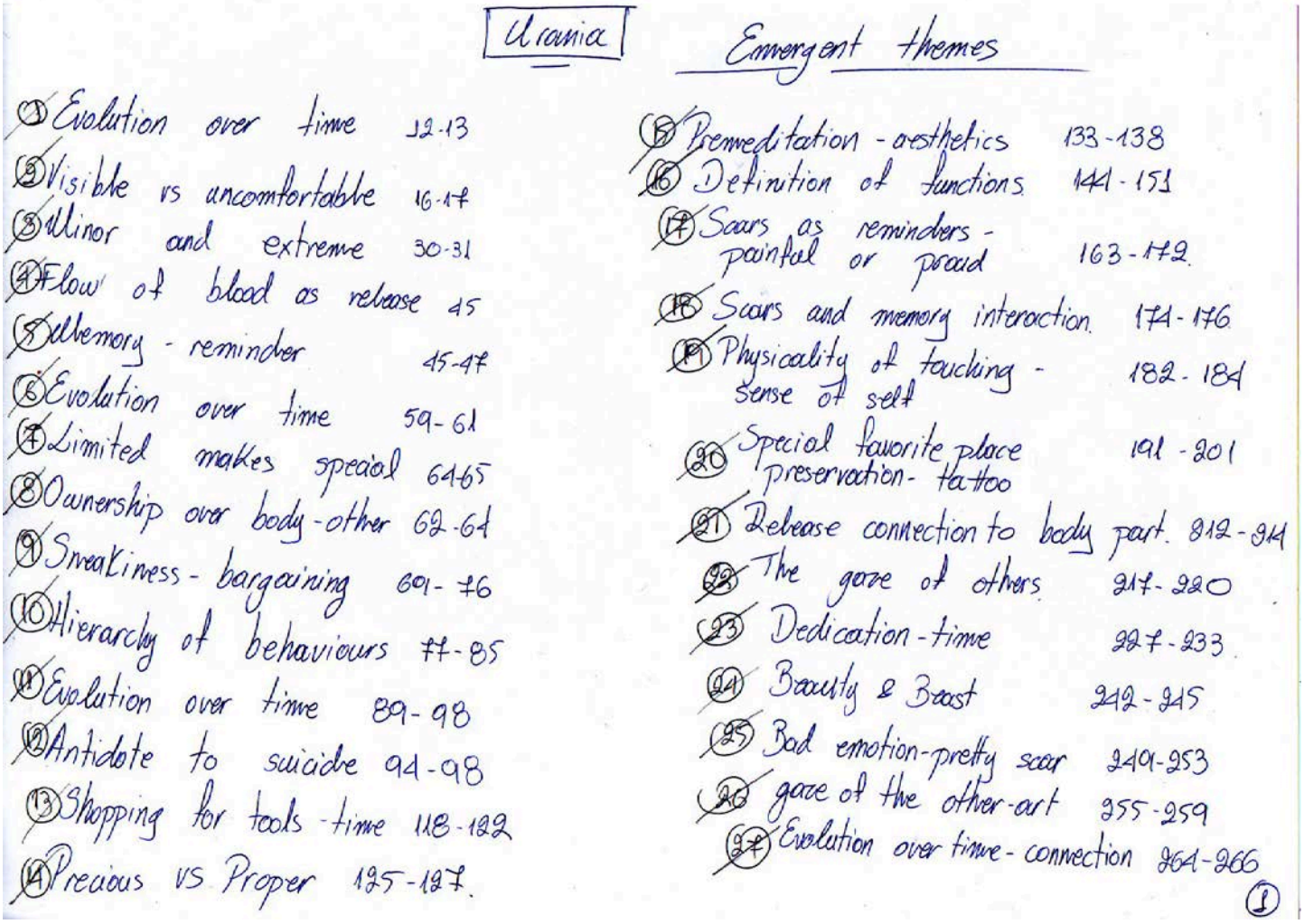
Scars through the eyes of a stranger are distorted

R1 So that's what he said to you that the scars look like whips?

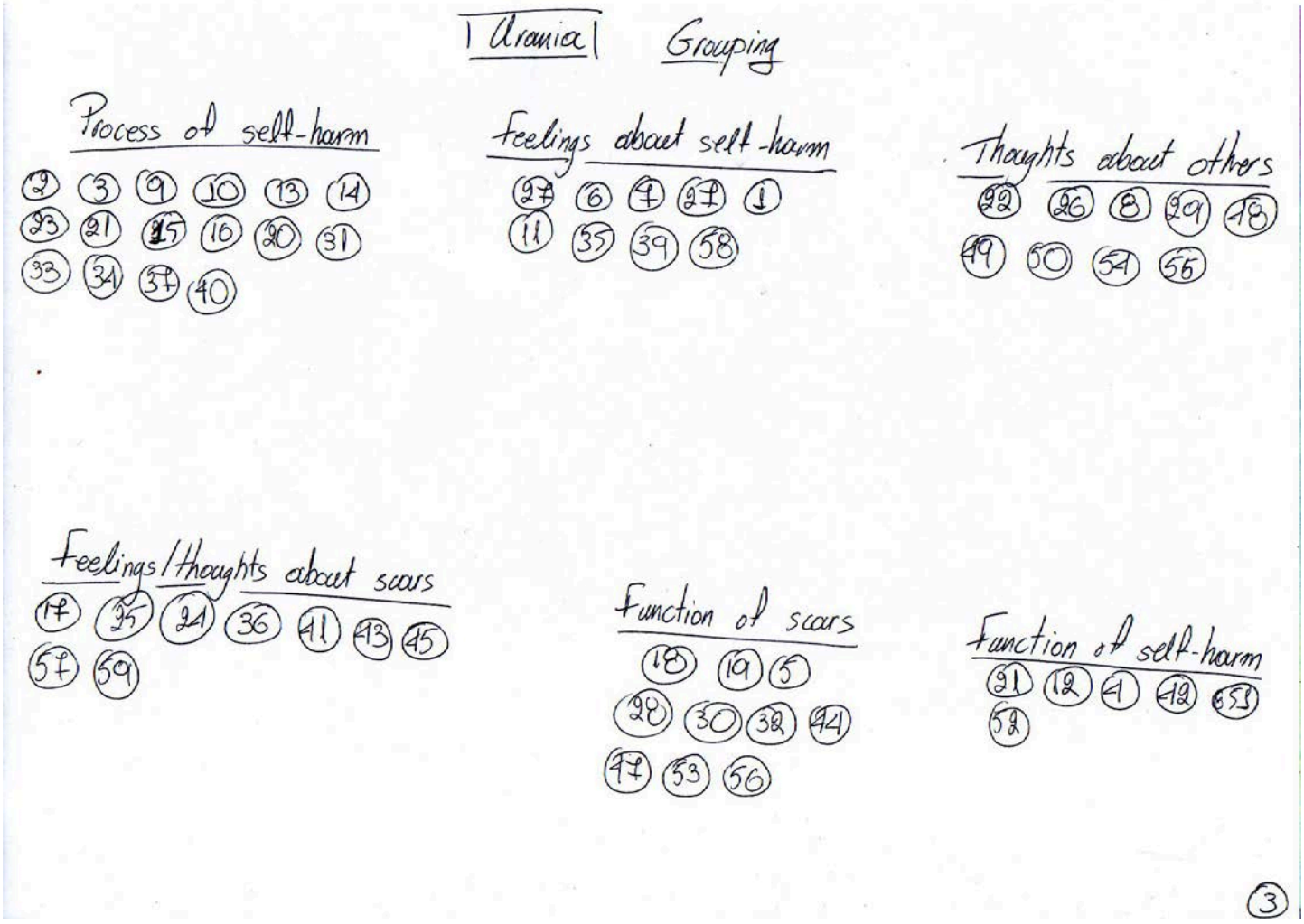
P1 That's what he said, he said 'well you've got all them

14

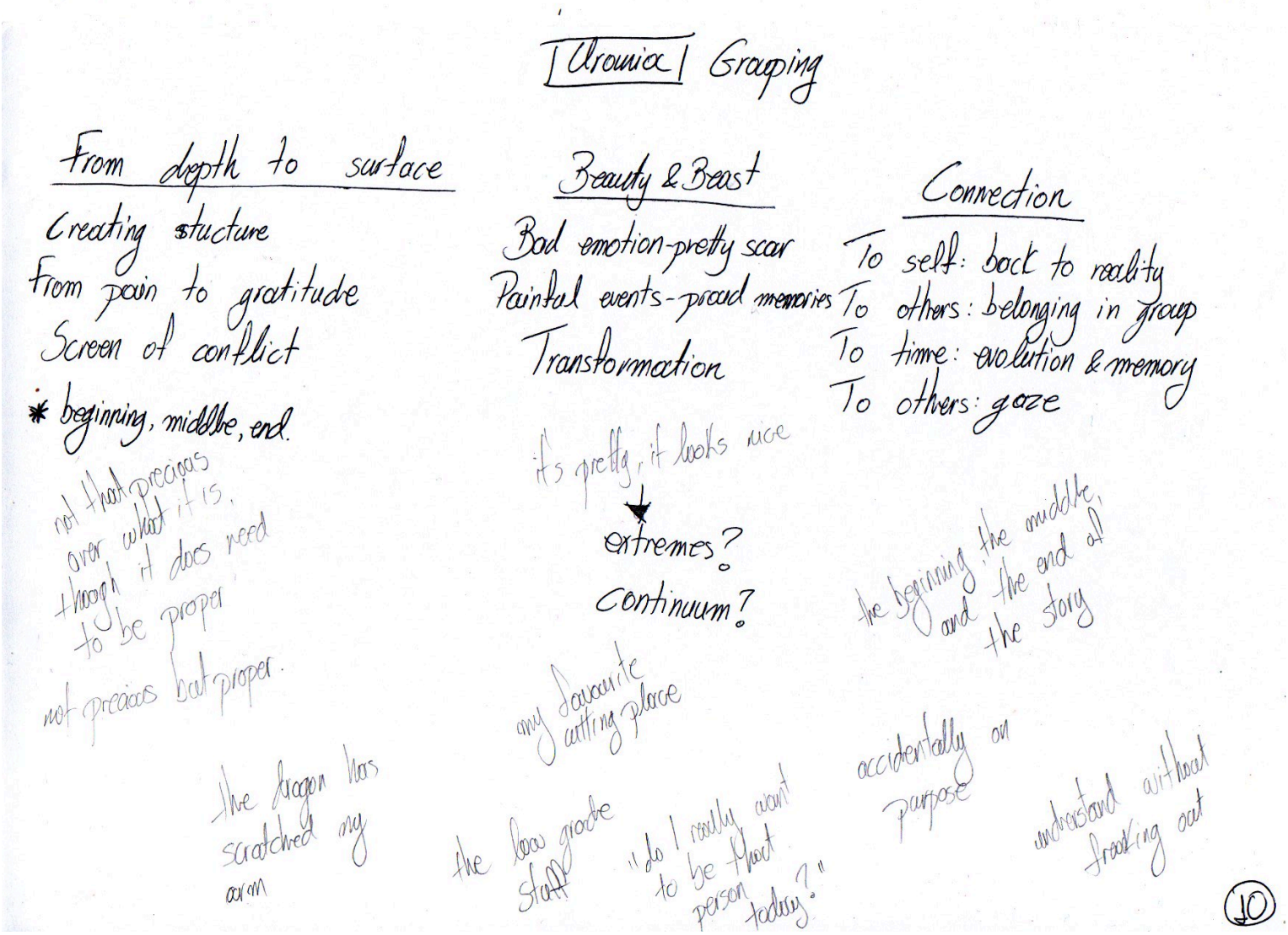
Appendix H – Emergent Themes



Appendix I – Grouping of Themes



Appendix J – Table of Themes (Case)



[redacted]

PART 2: Publishable Paper

"Each Scar is Special to Me Because Each Scar Saved My Life": Exploring the Meaning of Self-Harm Scars

Kornilia Givissi

Department of Psychology, City University, London

[redacted]

Abstract

What happens after the skin barrier has been broken? This study explores the experience of having marks and scars on the body as a result of self-harm. It investigates the meaning attributed to the marks and scars and how they shape the experience of self-harm and identity of the person. Six female participants gave accounts of their experiences, participating in semi-structured interviews. The interview transcripts were then analysed, using Interpretative Phenomenological Analysis (IPA). Four superordinate themes were identified, each representing distinct aspects of the participants' experience. A brief outline of the research is given and the fourth theme, Drawing Butterflies is explored in depth. A transcending wish to shape and transform the narrative, visual and emotional, is highlighted. The findings of the study indicate that marks and scars carry great meaning for the participants. An unexpected finding highlights the layers of meaning attributed to the presence or absence of scars. An extensive discussion is being made regarding representations of dualism throughout the analysis. Clinical and research implications for Counselling Psychology include the function of marks and scars as agents of embodiment and therapeutic change.

Keywords: self harm, scars, embodiment, IPA, counselling psychology