‘The Inner Scar’

Women’s experience of self-harm

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DECLARATION

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Section A

Introduction to the Portfolio

PREFACE

"One comes to see that it is not so much the nature of the act that counts but its meaning" (Chasseguet-Smirgel, 1990, p.77)

Women's phenomenological accounts of self-harm are often complex and require careful attention in clinical practice, theory and research. Therefore, providing women with space to voice their struggles and create meaning can be extremely favourable to both advancing clinical knowledge and improving women's psychological wellbeing. As a result, this portfolio attempts to share stories from women who self-harm. It focuses on paying particular attention to the meaning and process constructed within these women, and how these affect their psychological wellbeing. Through this portfolio, I hope to demonstrate appreciation of the uniqueness of each woman's subjective and inter-subjective experience of self-harm to help inform counselling psychologists and other clinicians working in this field.

The portfolio includes three sections: an empirical research study, a publishable paper, and a clinical case study. All the components of the portfolio are intended to shed light on the meaning of self-harm from the women's perspectives. Although suicide and self-harm are different concepts, much of the literature speaks of self-harm in the same breath as attempted suicide (Tolan & Wilkins, 2012). This is because both concepts include the infliction of pain on oneself, and individuals who self-harm have been found to commit suicide at a later stage. For these reasons both concepts in the literature were grouped together for some time (Klonsky, Victor, & Saffer, 2014; Winchstrom ,2009). However, the term 'self-harm' in comparison to 'attempted suicide' has generally been accepted to include behaviours without suicidal intention (Fliege, Lee, Burghard, & Klapp, 2009). Tolan and Wilkins (2012) explained that individuals who self-harm often describe their behaviour as a means of preventing suicide. They reported that individuals often described feelings of frustration at their behaviour being misunderstood by clinicians as a wish to die rather than to live. This demonstrates that

self-harm and attempted suicide differ in meaning and intention. Although individuals who self-harm may also feel suicidal, the difference between inflicting harm on oneself whilst feeling suicidal and undertaking a half-hearted suicide attempt has been reported to be much more complex (Fliege, Lee, Burghard, & Klapp, 2009). This highlights the complexity of self-harm and the need for it to be afforded greater attention and research focus.

Section B of the portfolio is an empirical research study exploring the subjective experiences of self-harm of five South Asian women living in the UK. For the purpose of the research study, the National Institute of Clinical Excellence guidelines (2013) definition of 'self-harm' as a form of self-poisoning with medication or self-injury, regardless of the apparent reasons for the act will be used. The definition excludes behaviour such as excessive consumption of alcohol or recreational drugs and eating problems. The study aims to convey the meaning of self-harm for this population of women and their attempts to make sense of the contributing factors that influenced them to choose to self-harm. This piece of research intends to capture the voices of this underrepresented and oppressed group of women in the field of research and provide them with an opportunity to be heard. Consequently, I hope that the findings will contribute to the limited existing body of literature on ethnic minorities and inform clinical practitioners working with this population.

The research idea and question were influenced by my first-year clinical training placement within a multicultural borough of London. During my placement, I was involved in service improvement meetings that brought to my attention the issues of ethnic minorities, particularly the issues of South Asian women, who are underrepresented in our service. Personally, as a South Asian woman, this attracted my personal curiosity and saw me develop an interest in South Asian women accessing mental health support. As I started to research this area, I came across a few articles discussing the high rates of self-harm and suicide among South Asian women in the UK and their continuing growth. I was surprised by the statistics and by

the lack of existing research in the area. I found multiple articles asking “why do South Asian women need to self-harm?” (Hussain et al., 2006, p.3; Hussain et al., 2011) but few studies providing sufficient explanations. I was drawn to papers that had identified the clinical management of South Asian women as different from that of their white counterparts, and was intrigued by the fact that this group of women were not accessing mental health support until they reached crisis point, a stage in which they had no other option but to seek medical attention and support for their distress (Hussain et al., 2011; Chew-Graham et al., 2002). The reasons behind why South Asian women only accessed support when they reached crisis point was understood to stem from the strong dynamics that operated within the collective Asian culture, which includes shame and honour systems and values associated with seeking ‘outsider’ support (Alexandre, 2001; Gilbert, Sanghera, & Gilbert, 2004). This will be discussed further in the research study chapter.

In addition, the notion of self-harm as a complex and indeterminate concept (Sutton, 2007) further prompted my intention to discover why this method was chosen by South Asian women, and increased my desire to contribute to this area. I also strongly believed that this was a significant area that could contribute to the field of counselling psychology. Bringing forth deeper phenomenological accounts of self-harm from South Asian women’s perspectives could help to conceptualise the behaviour differently for this population and help to inform treatment plans. Furthermore, having been inspired by my own clinical approach and by my fellow colleagues and supervisors who have worked with clients who have self-harmed, I was enthused by the power and value of focusing on the phenomenological and subjective narratives of self-harming clients. This led me to think about applying phenomenology to psychological research.

Section C of the portfolio comprises a publishable paper for the journal *Social Science & Medicine*. The paper is purely based on the empirical research study presented in the earlier section. Due to the scope and length of the study’s findings, it was not possible to include all of the themes that materialised in the main study. Instead, one of

the master themes was chosen to be presented. The chosen theme was thought to be the most compatible with the main theme of the portfolio, which focused on uncovering the hidden meaning and experience of self-harm through phenomenology.

Social Science & Medicine was chosen because it focuses on the dissemination of empirical social science research on health. Since the research study focused on a specific social group of women in society, that is, South Asian women and their mental health, disseminating the study's outcome seemed consistent with the journal's main focus. New meanings and understandings specific to South Asian women were discovered in the empirical research. This was believed to be of significance, particularly to professions concerned with both mental and physical health. Consequently, sharing novel findings around the meaning of self-harm from South Asian women's perspective with a journal that shares similar interests felt consistent with the counselling psychology philosophy on empirical research dissemination.

The final part, Section D, includes a clinical case study undertaken during my final year of training. The piece of work focuses on my therapeutic work with a white middle-aged British woman named Karen (pseudonym) who presented with severe depression and repetitive self-harming behaviour. The clinical case study was chosen to demonstrate my competencies when working with clients who self-harmed and presented with enduring mental health issues and risk. The therapeutic work with this client also relates well to the portfolio's theme. Specifically, the case study illustrates the effectiveness of exploring the meaning the client found in self-harm and their suicidal fantasies using a phenomenological approach. It provides readers with clarity on the two distinct concepts—self-harm and suicide—from my client's perspective. The case also illustrates how choosing to work with this client using a person-centred therapy approach enabled me to access my client's internal world and go beyond her presentational self, which enabled us to achieve relational depth. It further reflects the ongoing tensions I faced in my clinical practice and my growth as a counselling psychologist.

In conclusion, all three sections draw on the understanding that it is not so much the nature of the act of self-harm that counts but what is behind the act: its meaning. Each section attempts to demonstrate the significance of attending to and accessing the subjective meaning and phenomenology of self-harm in order to gain access to the individual's frame of reference and lived world. Taking a phenomenological stance moves the clinician away from pathologising an individual and instead makes it possible to discover a unique and humanising interpretation of an individual's psychological wellbeing.

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SECTION B

‘The means to survive’

South Asian women’s experience of self-harm

Empirical Research Study

1.0 ABSTRACT

South Asian women in the United Kingdom have shown higher rates of self-harm compared to their white counterparts and Asian men. However, only a few studies have attempted to use in-depth exploration on an individual level to understand the reasons behind this. The empirical study aimed to explore the subjective experience and meaning of self-harm from South Asian women's perspectives. It sought to appraise how they understood and made sense of their experience and the factors contributing to their self-harm using a qualitative phenomenological methodology. Five South Asian women, representing a non-clinical sample, were interviewed and their accounts were analysed using Interpretative Phenomenological Analysis (IPA: Smith, 2008). Four master themes, highlighting the women's experiences of self-harm, their understanding of the contributory factors, and their opinion of support services, emerged. In line with previous research, the study found self-harm to be a method of emotional regulation and a logical response to the distress these women faced in their lives. However, new meanings and understandings specific to South Asian women were also discovered. For instance, self-harm was perceived by these women as a friend; in other words, as a means of compensating for the loss of a visible companion in their lives. Self-harm's covert style was acknowledged as a significant means of surviving within the context of South Asian culture. Most pertinent and embedded in the study's findings was the concept of Family honour, otherwise understood as the South Asian cultural code of conduct and law of 'Izzat'. The concept was recognised as a subtle yet pertinent and underlying influence behind why the women chose to self-harm. These findings have not been produced by previous research, bringing forth novelty to the field. Furthermore, self-harm was experienced as a double-edged sword; this was considered to maintain and perhaps explain the increased rate of suicide following self-harm in this population. Participants' experiences and opinions of support services were also taken into account. Their suggestions and experience helped the study

inform clinical practitioners working with South Asian women to approach interventions differently. Limitations to the study and recommendations for future research have also been outlined.

2.0-CHAPTER ONE

2.1-Chapter summary

The chapter will begin with an introduction to the chosen research topic. It will then review the current understanding behind the term ‘self-harm’ and its function, etiological models and phenomenological accounts. Gender, race and ethnic inequalities found in mental health services and their impact on women will then be outlined. Using empirical studies, factors that have been identified to understand the high risk of self-harm in South Asian women will then be discussed. The chapter will also focus on the South Asian women’s reluctance and lack of engagement with mainstream services. Lastly, drawing from the above sections, the chapter will conclude by highlighting the gap in the literature and the rationale that has led to the research question of this study.

2.2-Introduction

Suicide and self-harm are major public health problems in the United Kingdom (UK), and prevention of both has been a major priority for health services (Department of Health, 2004, 2015). According to a four-year cohort study on deliberate self-harm and suicide, Cooper, Kapur, and Webb (2005) reported histories of self-harm and hopelessness to be strong predictive factors of completed suicide by women, highlighting the importance of research focusing on understanding and managing self-harm.

Research evidence has continuously shown that the risks of self-harm are higher in ethnic minority groups, particularly among South Asian women (Hussain et al., 2011). The high rate of self-harm in South Asian women compared to white British women and Asian men was initially stated by Merrill and Owen (1986) over 30 years ago. Several similar studies have been conducted since then and found further evidence. For

instance, Cooper et al. (2006) reported that South Asian women aged between 16 and 24 years experienced higher rates of self-harm compared to their white female counterparts. They also found that Asian men's rates of self-harm were lower than white and Asian women's across all age groups (supported by Gater et al., 2008). Research by Raleigh and Balarajan (1992) also indicated that young women from the Indian subcontinent were at a higher risk of suicide following self-harm. Taking into account the report by Cooper et al. (2005) regarding self-harm as a predictive factor of suicide, the findings have raised concerns over the mental health risk found in this population. Consequently, this has led researchers such as Hussain, Waheed, and Hussain (2006, p.3) to ask "why do South Asian women need to self-harm?" However, only a few studies have attempted to answer the question and provide explanations (Al-Sharifi, Krynicki, & Upthegrove, 2015). The studies that have attempted to do so have used clinical populations. This has limited knowledge, and understanding of South Asian women self-harming from a non-clinical sample is lacking.

Furthermore, literature that has focused on South Asian communities has stressed the lack of engagement and access to clinical support services by South Asian women (Bhugra, Desai, & Baldwin, 1999). This was frequently reported to be due to the strong dynamics that operated within the collective Asian culture, which includes shame and honour systems and values associated with seeking 'outsider' support (Alexandre, 2001; Gilbert, Sanghera, & Gilbert, 2004). The clinical management of Asian women has been identified to be different compared to the clinical management of their white counterparts (Hussain et al., 2011; Al-Sharifi, Krynicki, & Upthegrove, 2015). This has raised concerns and stressed the need for all those concerned with mental health services for ethnic minorities to prioritise and address this group by focusing on understanding self-harm from these women's perspectives and helping to develop appropriate services and interventions (Hussain et al., 2011).

2.3-Self-harm

2.3.1-The complex definitions of self-harm

To date, defining 'self-harm' has been found to be problematic due to the lack of a universal clinical consensus concerning the terms used to describe the behaviour within the literature. This has led to confusion when it comes to establishing the prevalence of the issue (Mangnall & Yurkovich, 2008). As a result, different terminology has been used in the psychological literature to describe this behaviour (e.g. deliberate self-harm, attempted suicide, self-injury, self-inflicted violence, para-suicide and self-mutilation). However, the most common term appears to be 'self-harm'.

Several disagreements on the definition of self-harm have been found, in particular whether the behaviour is intentional or accidental and whether it is distinct from attempted suicide (Sutton, 2007). A majority agreement on the definition of self-harm has been identified, this being self-harm as "the intentional and direct injury to one's body tissue without suicidal intent" (Herpertz, 1995, as cited in Klonsky, 2007, p. 227). The definition excludes self-poisoning behaviour. However, two review articles have stressed that authors have accepted the approach of evaluating self-harming as a behaviour of intentional self-poisoning or self-injury, irrespective of the apparent reasons for the behaviour (Fliege, Lee, Grimm, & Klapp, 2009; Lengel & Mullins-Sweatt, 2013).

Due to the complexity of the phenomenon of self-harm, authors have widely debated issues regarding what behaviours should constitute self-harm. For instance, Favazza (1989, 1996) claimed that certain harmful behaviours, such as piercing and tattooing, are societal and cultural rites of passage. Therefore, she argued that such socially and culturally accepted behaviours should not be considered self-harming behaviours; however, bodily harm that is not socially sanctioned and goes against cultural norms, such as cutting or self-poisoning, should be. Favazza (1996) also noted that self-harm can either be a repeated behaviour or a response to a one-off crisis. This suggests

that, for an individual, their experiences, motivations and reasons may vary across time, and depend on the method of self-harm used. This further demonstrates how the notion of self-harm as a mental health issue is problematic.

Consequently, the term ‘self-harm’ covers a wide range of behaviours and methods, such as scratching, hitting body parts, suffocation, ingestion of objects, and burning. In the UK, the National Institute of Clinical Excellence guideline (2013) defines ‘self-harm’ as a form of self-poisoning with medication or self-injury, regardless of the apparent reasons for the act. The definition excludes behaviour such as excessive consumption of alcohol, recreational drugs and eating problems.

Due to the lack of consistency and clarity among researchers and clinicians in the field of self-harm, studying self-harm has been made particularly difficult. This was highlighted by Nock (2010), who pointed out that, due to the various terms adopted by researchers without explicit definitions, establishing what form of self-harm was under investigation was problematic; this should be taken into consideration when reading the literature.

For the purpose of this study, the term ‘self-harm’ will be used consistently and, when identified by research studies the type of behaviour will be specified. The study will utilise the NICE guidelines definition of self-harm. The reasons behind this will be further addressed in the methodology chapter.

2.3.2-Theoretical models for understanding self-harm

While the level of research in the area of self-harm has increased over the years, there is still a lack of clarity on and limited understanding of the role and meaning underlying the behaviour. Many of the early studies and theories focused on the intra-psychic and interpersonal function of the behaviour more than its biological bases and physiological correlates (Favazza, 1989; Simeon et al., 1992); later studies have included biological basis in the understanding of self-harm (highlighted in Nock & Cha, 2009).

The existing literature acknowledges the difficulty inherent in differentiating the complexity and highly contextual embedded nature of the behaviour. Even systemically reviewing results on the function of self-harm has proved to be a difficult task due to the various studies examining different functions and referencing the different terms and methods used to define these functions (Nock, 2010; Suyemoto, 1998). However, in order to aid understanding, attempts have been made to tease apart the particular reasons why an individual engages in such behaviours. For instance, Suyemoto (1998) discussed six explanatory models of self-harm using evidence ranging from single case studies to well-supported empirical studies.

In his paper, recognition that the models are interrelated and that more than one model can apply to a given individual was emphasised. Suyemoto also highlighted that the models are predominantly based on self-cutting. However, he reasoned that the models can also be applied to other forms of self-harming behaviour.

The first model described in Suyemoto's (1998) paper was introduced as the environmental model, which explained self-harm in relation to the interaction between the self-harmer and their environment. The behaviour of self-harm produces environmental responses that are reinforcing to the individual (i.e. the individual receives secondary gains, such as control over others and care and attention). Concurrently, the behaviour meets the necessities of the environment by distracting attention away from inexpressible and threatening conflicts (e.g. familial and social systemic dysfunction). As a result, the self-harming behaviour maintains homeostasis since it serves both the self-harmer and their environmental system.

The drive model attempts to understand the behaviour of self-harm as an expression of sexual drives and life and death drives (Suyemoto, 1998). This theoretical model stems from psychodynamic developmental theory. The model is split into two: the sexual drive model and the anti-suicide model. The former model suggests that the act of self-harm provides sexual gratification, efforts to control sexuality or sexual maturation, and

constitutes punishment of or an effort to avoid certain sexual feelings and desires. Other authors, such as Woods (1988), further describe self-mutilation as a function for obtaining sexual gratification while at the same time punishing oneself for sexual drives and expressing one's unconscious desire to destroy the roots of their drives: the genitals. However, according to Nock and Cha (2009) it seems that there is a lack of research and evidence supporting such claims. This suggests that the model is perhaps outdated and theorists have questioned its validity and appropriateness in understanding self-harm (further supported by Polk & Liss, 2009, who reported the motivations behind self-harm to be more related to regulating affect and regaining a sense of control rather than sexual drives). It could be argued that this reflects the complexity behind the meaning of self-harm and how theorists' perspectives and understanding of self-harm have changed and grown over the years. Thus it is important to continue and develop research on the meaning of self-harm.

On the other hand, the anti-suicide model suggests that self-harm is distinct from suicidal intent and instead perceives the behaviour as a compromise between the life and death drives. As a result, self-harm is viewed as a means of expressing suicidal ideations without risking death, replacing the desire to end one's life. In other words, self-harm has been theorised as an active coping strategy intended to avoid and resist suicidal urges by channelling self-destructive compulsions through the behaviour (Suyemoto, 1998; Klonsky, 2007).

Several authors have agreed that the behaviour of self-harm is used to regulate affect, that is, to alleviate acute negative affect or affective arousal. As a result, the affect regulation model emerged (Suyemoto, 1998). It has been theorised by Linehan, Heard, and Armstrong (1993) that early invalidating environments may lead to individuals learning poor emotional coping strategies. Thus, individuals from such environments, or individuals with biological dispositions towards emotional instability, may be less able to manage their emotions, increasing the likelihood that self-harm may be used as a maladaptive affect regulation strategy. The model further suggests that self-harm

serves to express feelings that cannot be verbally communicated to the self or others. It enables an individual to achieve a sense of control over the emotions that seem threatening and overwhelming to the individual and their sense of self, as well as their association with the world, by externalising their emotions. This has been further supported by more recent qualitative studies that focused on understanding the meaning of self-harm from women with a history of childhood abuse (Reece, 2005) and studies which explored self-described motivations for self-harming behaviour in women (Polk & Liss, 2009). Much of the existing literature supports the affect regulation model, as many have found that negative arousal of emotions and tension frequently leads to the act of self-harm and reduces following the behaviour (e.g. Armey, Crowther, & Miller, 2011; Nock, Prinstein, & Sterba, 2009).

Authors such as Raine (1982) proposed that the emotions that come before the act of self-harm are often related to the perceived abandonment experienced by the self-harmer. Raine states that the emotion is usually anger, which is redirected towards the self from the other person due to the fear of destroying the other person. The anger is considered to arise from the other person who abandoned or rejected the individual (Darche, 1990; Gardner & Gardner, 1975). The notion of perceived abandonment as a trigger to self-harm was further supported by studies such as Martin, Bureau, Cloutier, and Lafontaine (2011) and Muehlenkamp, Brausch, Quigley, and Whitlock (2013). These studies both concluded that poor interpersonal and invalidating relationships with caregivers, such as parents, were significant factors that initiated feelings of anger and rejection that later precipitate the act of self-harm. These factors were also found to maintain and repeat the behaviour of self-harm in some individuals.

On the other hand, Leibenluft, Gardner, and Cowdry (1987) suggested that self-harm is a method that enables the individual to translate their feelings into an external physical injury, which in turn validates and expresses their emotions. Leibenluft et al. (1987) further conceptualised that the self-harmer needs this physical evidence to justify their emotional pain and tolerate their emotional injury. The different conceptualisation of

the affect-regulation model reflects the complexity of self-harm and its multiple meanings.

The dissociation model focused on self-harm as a way of creating and maintaining one's identity or sense of self when confronted by overwhelming internal emotions (Klonsky, 2007). Self-harm, therefore, functions as a means of ending or coping with the dissociation resulting from the intensity of the emotions experienced by the individual (e.g. a dissociative episode when a loved one is absent). Gratz (2003) explained that inflicting pain on oneself through physical injury, or even the sight of blood, may shock one's system, thereby interrupting the dissociative episode and restoring a sense of self. It has also been suggested that self-harm causes dissociation and allows the individual to escape from their pain. This model has been further supported by Williams (2001).

Lastly, the interpersonal boundaries model, rooted in the object relations theory, perceives self-harm in relation to the individual's need to affirm boundaries of the self in an attempt to distinguish the self from the other (Suyemoto, 1998). It is understood that the individual's lack of or poorly defined boundaries means that their perceived abandonment by others may create intense emotions that threaten to engulf their self (Raine, 1982). Since the skin is the most basic form of boundary between the self and the other, inflicting harm on the skin serves to redefine this distinction and protect the individual from the fear of loss of identity or feeling overwhelmed. Thus marking the skin separates the individual from their environment and others, asserting their identity and autonomy (Klonsky, 2007). This research paper questions how applicable this model would be to alternative methods that do not inflict harm on the skin, for example self-poisoning.

The view that the behaviour of self-harm stems from an individual's difficulty in differentiating the self from the other was supported by Woods (1988). Woods explained that the perceived abandonment creates unbearable feelings of isolation,

which result in a feeling of unreality. The individual becomes angry towards the other for their own neediness and this eventually turns into shame and rage. Rage emerges as the individual is confronted by the reality of their desire to merge with the other person and the threatened loss of self. It is this anger that is redirected at the self and which produces a fusion of the self and the other, as well as pleasure and pain. The notion of internalised anger and aggression has been found to be highly influential in psychopathological literature and the theory of self-harm. As suggested by Klonsky (2007), self-harm has been theorised to be an internalised expression of anger.

Klonsky (2007) proposed an additional model, the self-punishment model, which argues that self-harm is an expression of anger towards oneself or is used as a method of invalidating oneself. According to Klonsky's paper, the notion of self-harm as punishment and the model of affect regulation were found to be well received and the most supported. In contrast, Messer and Fremouw (2008), who critiqued the models of self-harm outlined by Suyemoto, stated that the environmental model received the strongest empirical support because it encompassed an integration of different models, such as the interpersonal boundary and affect regulation theories. The authors, as a result, concluded that the understanding of self-harm was arrived at in a number of different models, reflecting its diversity. Hence, this suggests to researchers and clinicians that self-harm can be understood using a number of different theoretical models, consequently serving multiple meanings, further demonstrating its complexity.

Although it was reasoned that the theoretical models outlined were applicable to other self-harming behaviours, the majority of the models derived from clinically based theory that focused on self-cutting. This suggests that perhaps the models are more representative of self-cutting and do not adequately apply to all types of self-harming behaviours. Therefore, more phenomenological accounts focusing on the meaning of self-harm are perhaps needed to see whether the models apply across the range of self-harming behaviour. The study further criticises Suyemoto's (1998) and Klonsky's (2007) papers for failing to evaluate and consider the theoretical models on the basis of

the ethnic and cultural differences of the participants involved. Therefore, whether the models apply cross-culturally is unknown and can be put under question.

2.3.3-Phenomenological accounts and etiological models of self-harm

According to Suyemoto's (1998) paper, there is a majority agreement in the phenomenological accounts of self-harm within this field of study. His paper predominantly refers to the method of self-cutting, which causes moderate physical injury, and draws from a review of the literature that existed at the time. It has been reported that the precipitating event of self-harm is most commonly the perception of an 'interpersonal loss' experienced by the individual, which leads to feelings of anger, extreme tension, anxiety and fear before they carry out the act of self-harm. This is often, but not always, followed by the individual experiencing dissociation when reacting to the overwhelming feelings that lead to isolation preceding the actual act of self-harm. It has been stated that the act of self-harm is itself often controlled with a lack of suicidal intent and relieves the built-up tension. It appears that the majority of self-harmers commonly experience disgust or guilt after the act, while at the same time feeling satisfied by the ensuing sense of relief and calm. Whether these accounts have considered the ethnic and cultural differences of the participants was, again, not stated. Therefore, whether this would again apply cross-culturally and to specific ethnic minority groups can be questioned.

In the literature review, it was interesting to find that there were few to no culturally specific models for the function and aetiology of self-harm. Only two papers were found to suggest conceptual models for understanding self-harm in South Asian women. Khan and Waheed (2009) discussed a model for stress and suicide in ethnic minority groups and applied this to explain the high rates of self-harm in South Asian women. The model focused on cultural and social factors (mainly religion and social integration) as significant stressors in explaining the varying rates of suicide from ethnic minority groups. Self-harm and suicide are distinct concepts (Gollust, Eisenberg, & Golberstein,

2008), therefore it can be critiqued that their paper fails to singularise a specific model for self-harm. Furthermore, Thompson and Bhugra (2000) have suggested a theoretical model for the aetiology of self-harm in Asians living in the UK. Their model proposed an intermediate role between self-esteem and self-identity (including cultural identity). Rather than focusing on the function of self-harm and how it may serve individuals of an Asian background, they referenced Hendlin's (1969) paper on suicide in black Americans to understand self-harm. Self-harm was cited as a behaviour that served to release feelings of rage and aggression towards others and oneself. The rage and self-hatred were considered to be derived from the individual's rejection of their cultural and racial experience, which becomes internalised. Thus, Hendlin (1969) conceptualised that race is related to self-hatred and violence, which contributes to internalised anger and destruction. Therefore, being black in America was observed to be a stressor. Thompson and Bhugra (2000), as a result, concluded that it is likely that being Asian in the UK may also be a stressor. However, it is perhaps important to argue that there are possible limitations to the author's comparison and conclusion. For instance, Hendlin's study included a different group of ethnic minorities from a different country. Therefore, whether such observations can be transferable to Asians living in the UK fails to address the different socio-political factors and other determinants that may have been involved when such observations were made for being black in America. As a result, this leaves this research study to question the authors conclusions and the validity of making such claims.

The lack of culture-specific aetiological models and ethnic specific phenomenological accounts perhaps highlights a gap in the literature focused on theoretical understandings of the function of self-harm in different cultures and ethnic populations.

2.4-Impact of gender disparities on women's mental health and self-harm

Afifi (2007) refers to 'gender' as socially and culturally determined differences between women and men. The author explained that, due to the way in which society has been

organised, gender has been associated with how men and women are perceived and expected to think and behave. Thus, gender has been recognised as influencing the level of control that men and women have over significant aspects of their life (e.g. economic and social position), which can lead to differences in their life experiences, potentially affecting their mental health differently. Since, struggles faced by South Asian women thus lie within the context of widespread gender inequalities in health. The following section will highlight existing literature that discuss the influence of gender disparities on women's psychological wellbeing and self-harm.

Astbury's (2001) paper examined the existing evidence regarding the risk factors, rates and consequences of gender disparities in mental health problems. The author conceptualised gender as a structural factor of mental illness that has been associated with other important socioeconomic factors, such as social position and employment. Astbury also emphasised how gender differentially affects the power and control that both men and women have over socioeconomic determinants, i.e. social position, access to resources, roles and treatment in society. Thus, gender has been portrayed as having significant explanatory power regarding differential susceptibility and exposure to mental health outcomes and risks.

Gender inequality has also been referred to as a system that tends to favour men in terms of ownership, status and employment (Afifi, 2007). Women are frequently expected to perform menial jobs that are undervalued and poorly paid or unpaid; for example, looking after others in the home and society, which leaves them in a double bind (William & Miller, 2008). They are also known to fall victim to domestic violence and abuse more often than men (Afifi, 2007). Women are also largely responsible for childbirth and childcare which are stressors recognised as influencing poor mental and physical health in women (William & Miller, 2008). Thus, several gender-acquired mental health risks have been found to arise from women's increased exposure to discrimination, gender-based roles and socioeconomic disadvantage (William & Miller, 2008).

Gilbert, Gilbert and Sanghera (2004) discussed the impact of the gender disparity in mental health. They suggested that several factors—such as socioeconomic adversity and cultural values and traditions, create an impression of entrapment and subordination for women, impacting on their mental health. Their report was further supported by Gilbert and Allan (1998) who highlighted how low social position can lead to a sense of entrapment and shame. Feelings of entrapment and shame have been linked to poor deteriorating mental health and found to be reinforced by traditional gender roles (e.g. women's responsibility to take care of others). The authors emphasised reliance, passivity and compliance to others as factors increasing women's susceptibility to poor mental health. The studies highlight the implications of socio-political gender roles on women's mental health; importantly, they highlight the need for consideration when researching and evaluating mental health issues in women.

However, it is unclear whether self-harm is more prevalent and common in females than in males (Klonsky, Oltmanns & Turkheimer, 2003). Some of the early research reported that deliberate self-harm (self-poisoning and cutting) was less predominant in men than in women (Ogundipe, 1999; Suyemoto, 1998). Zlotnick, Mattia and Zimmerman (1999), for instance, reported higher rates of self-harm in women from clinical settings. Favazza (1989) further reported that the majority of adolescents who self-harmed were females. However, similar rates of self-harm in male adolescence have also been indicated by Hawton, Kingsbury, Steinhardt, (1999). Given the research evidence on gender inequalities in mental health, it is expected that research has found gender differences with self-harm. However, it could be argued that the differences in the reported rates of self-harm between the genders may be a result of the varying definitions of self-harm and the samples (clinical or non-clinical) used by different studies. In contrast, more recent studies have indicated that the ratio of self-harm found in women and men is more equal than was previously understood to be the case (Stanley, Gameroff, Michalsen & Mann, 2001; Hawton et al., 2007). Studies using non-

clinical participants also reported no gender difference in the prevalence of deliberate self-harm in both genders (e.g. Gratz, 2001).

Regardless, consistent with research on gender inequality, studies have associated self-harm with gender differences and role expectations. For instance, Sutton (2007) explained how socialisation has led to different expectations of emotional expression from men and women. The author noted that males tended to externalise their emotions as this was more socially acceptable, whereas females were more likely to internalise their emotions and direct their anger towards themselves; for instance, through self-harm. In agreement, Spandler's (1996) study recognised self-harm as a means of communicating feelings such as anger and frustration internally. Specifically, they noted that the women viewed self-harm as a means to control expression of emotions that did not adhere to the traditional gender expectation of 'passivity' in a safer way. The reports were consistent with Arnold (1995), who also described how women used self-harm as a way of controlling their inner feelings of rage towards others, which they feared could be harmful if expressed.

Burstow (1992) outlined that self-harm, manifest through cutting, burning and banging, is strongly related to receiving power and projecting resistance. It was explained that women who perceived themselves as 'weak', may draw feelings of empowerment from self-harming. It was understood that the behaviour enables the women to challenge people who attempt to control them, as they objectify their bodies in a manner that opposes the cultural expectations of how women should behave. In line with Burstow's findings, are studies that have identified women using self-harm as a means of regaining control in the face of perceived helplessness as a result of their gendered and cultural position (Barbiker & Arnold, 1997; Marshall & Yadani, 1999). Thus, it can be suggested that, for women, self-harm functions as a means of regaining control, controlling emotions and complying with gender roles. Linking self-harm in women with control has been widely documented by existing literatures in this field, including studies that focused on South Asian women population (Marshall & Yazdani, 1999;

Sutton, 2007). Thus, reports of a high rate of self-harm in South Asian women (i.e. in Cooper et al., 2006) may reflect the widespread gender differences that exists.

Adversity can be experienced by both men and women due to gender-based assumptions, social pressures and stereotypes. The World Health Organization (WHO) report highlighted in Afifi's (2007) paper claimed that researchers have placed excessive emphasis on the influence of biological factors, such as menstruation and childbirth, on women's mental health. The report aimed to stress that women's mental health is more often influenced by what is occurring in their social and emotional lives rather than biological changes. It is therefore important to consider how social and emotional differences in gender can affect mental health outcomes, and the attention paid to emotional coping should also be taken into account.

2.5-The impact of race and ethnic disparities in women's mental health

Similarly, to the above section, South Asian women will now be considered within the context of widespread race and ethnic inequalities in health. It has been estimated that approximately 6.4 million people are part of the ethnic minority community in England (Hussain, Waheed & Hussain, 2006). Individuals from ethnic minority groups have been known to experience discrimination and disadvantage in almost all aspects of their lives, especially in the health and mental health care system (Hussain, Waheed & Hussain, 2006).

Hussain, Waheed and Hussain (2006) highlighted that the members of the ethnic minority groups experienced worse health and difficulties getting healthcare support compared to the majority white British population. Similar findings have been reported from more recent evaluations conducted by the National Survivor User Network organisation (2014). They concluded that differences in the quality, outcome of treatment and healthcare experienced by different groups of ethnic minorities in the UK still exist compared to the dominant white British population. Aspinall and Jacobson

(2004) states that although there is continued evidence to suggest that ethnic disparities in health are attributable to both genetic and non-culturally specific explanations, they also stress that socioeconomic factors and experiences of racism may be a significant cause of the existing disparities. Although the extent to which socioeconomic factors underlie these health inequalities remains contested, there is a large body of convincing evidence that supports the notion that the social and economic disadvantage experienced by the ethnic minority population is an important contributory factor for the identified disparity in health (Nazroo, 2003).

For instance, in Cooper et al., (2012) research based in the multi-centre study of self-harm in England, rates of self-harm (i.e. self-poisoning and self-cutting) were found to be highest in ethnic minorities, particularly with black females compared to white females. Using their results, they explained that the black and ethnic minority group's experience of socioeconomic inequality was strongly linked to the inequality in health. They also reported that racial and ethnic discrimination had a strong association with common mental health disorders such as depression. This was further supported by Nazroo (2003), who reported that health outcomes such as poorer self-rated health and psychological distress were linked to experiences of racial discrimination and harassment and perceptions of living within a discriminatory society.

Smith, Cox and Saradjian (1998) argued that it is unsurprising that women from ethnic minority groups (e.g. black and Asian) have been associated with relatively high incidences of self-harm. They explain their statement in the context of the racial prejudice that exists in Britain, which results in invalidating environments, compounding the stress and isolation that influence self-harming behaviour. Babiker and Arnold (1997) reported that women who self-harm are influenced by their struggle to cope with the pressure of living within conflicting cultures (those of their family, their community, and the wider dominant white community). They concluded that women's experiences of racism were strongly related to their self-harming. The conclusions of both studies are time-context related. However, given that more recent studies (discussed above)

continue to reflect similar findings, this is perhaps still an existing issue to be addressed. Consequently, it can be suggested that this highlights the implications and significance of both race and ethnicity for women's mental health. Therefore, the studies indicate that South Asian women may face greater disadvantages, as their self-harm may occur within the context of ethnic, race and gender disparities.

2.6-South Asian women self-harming in the UK

In the UK, South Asian women have been identified as being at enhanced risk of self-harm and completed suicide (Hussain et al., 2011). Studies have also found UK-born South Asian women to be at an elevated risk of self-harm, with evidence suggesting that rates of self-harm among Indian women are 7.8 times higher than those of white women born in the UK (Neeleman, Jones, Van Os & Murray, 1996).As a result, researchers such as Hussain et al., (2006) have attempted to explore the reasons why members of this ethnic group may be more prone to self-harming in comparison to their white counterparts. A few empirical studies have identified characteristics related to self-harming behaviour in South Asian women. However, even fewer qualitative studies have attempted to explore South Asian women's perceptions and experiences of self-harm. Researchers such as Hussain et al., (2011) have suggested that self-harming behaviours are characterised by complex interactions between emotional, social, biological, personal, cultural and psychological factors. The following section attempts to discuss and review the existing understanding and the factors associated with and recognised as influencing self-harm in South Asian women.

2.6.1-Family and culture

Family conflict and identity flux between Western and traditional Asian cultures have been identified as major precipitating factors (Bhugra, Desai & Baldwin, 1999). It was suggested by Hick and Bhugra (2003) that educated South Asian women faced the predicament of being caught between being culturally productive and educated in mainstream British culture and being expected to fulfil traditional Asian women's roles.

This ‘culture clash’ has been viewed as one of the most challenging aspects of the post-migration experience in Britain. It is considered a significant contributing factor in increasing the sense of hopelessness and distress among South Asian women who self-harmed through self-poisoning (Biswas, 1990; Yazdani, 1998).

Bhugra’s (2002) study claimed that young South Asian women who self-harmed through self-injury and poisoning had a cultural identity that adopted a more contemporary outlook, thus forming a conflict with older generations who held more traditional cultural ideals. Similar findings were reported by Bhugra and Desai (2002) who associated adolescent South Asian females, growing older, with increasing rates of self-harm. They suggested that this was because South Asian women aged between 18 to 24 years faced more stress related to individualisation, gender role expectations, culture conflict and pressure for arranged marriages. This was further supported by Ineichen (1998), who also identified that pressures to conform to traditional values set by the older generation in the family increased self-harm and distress in young married South Asian women living in the UK.

Cooper et al., (2006) also reported higher levels of self-harm in South Asian women aged between 16 and 24. It was postulated by Thompson and Bhugra (2000) that young Asian women self-harmed, through excessive substance ingestion (self-poisoning), as a result of greater conflict between cultural expectations when leaving their homes for higher education. Hussain, Waheed and Hussain (2006) further explained that cultural attitudes specific to South Asian culture placed hard to achieve expectations on young South Asian women. For example, the pressure to maintain a traditional cultural identity, the instant obedience by younger members of the family when in the presence of elders and the dishonour attached to failing were noted as attitudes that placed large amounts of stress to these women’s lives, which contributed to their self-cutting and self-poisoning behaviours. The author’s further emphasised the importance of academic and economic success by young Asian members. It can be suggested that the significant pressure to achieve economically highlighted other

factors that may have conflicted with ethnicity, i.e. the socioeconomic disadvantage associated with ethnic minorities (as reported by Aspinall & Jacobson, 2004). Furthermore, these studies which have associated higher rates of self-harm in young transitioning adolescent Asian women, perhaps suggest that South Asian women's transition to adulthood may be a period of particular stress for them, and this should be taken into account and explored further.

Chantler, Burman, Bastleer and Bashir (2001) conducted in-depth interviews with seven South Asian women suicide survivors. During their interviews they found that these women stressed that their arranged marriages were a significant determinant of their self-harming behaviour and suicide attempts. This was further supported by a study by Merril and Owens (1986), who stated that, of the 52 women who were admitted to hospital after deliberate self-harm through self-poisoning, 14 blamed their marital problems on arranged marriages they never wanted. These women explained that this was because their mother-in-law's increasingly interfered with their relationships and they felt pressurised to behave in a less Westernised fashion by their husbands. Conversely, it has been argued by Burstow (1992) that there would be a higher tendency to blame the 'arrangement' and ignore the other factors that cause marital problems in arranged marriages. This highlights the need for research to explore, using in-depth individual interviews, how the individual's perception of self within the context of their culture and arranged marriages may contribute to their self-harming behaviour.

In the literature above, the dominant explanation for self-harm and attempted suicide among South Asian women living in Britain has been in terms of the 'culture conflict'. This phenomenon has not been explicitly defined, yet it has generally been related to a "disjuncture between the values of 'traditional Asian' culture with those of 'Western' culture" (Marshal & Yazdani, 1999, p.415). However, the concept as causative of distress leading to self-harming acts by South Asian women has been subject to criticism by several researchers and argued as an insufficient explanation (Burman et

al., 2002). From a methodological perspective, it has been criticised that research studies have depended on the researcher's valuation of 'culture' rather than the individual accounts of the women involved, making it difficult to evaluate how the researcher has moved from research data set to interpretations (Marshal & Yazdani, 1999). Conceptually, it has been argued that the term 'culture' in culture clash inevitably singularises 'Asians' from 'British western culture' and so cultural diversity in values, views and behaviours has been thought to be hidden and the possibility of cultural fusion and interaction has been considered to be negated (Marshall & Yazdani, 1999). As a result, authors such as Burr (2002) have contended that cultural stereotypes formed a racist discourse whereby the Western culture is preferred to the repressed Eastern culture. Consequently, the stereotypes that are formed are used within theoretical models and are unintentionally acknowledged as evidence and truths. Politically, Marshall and Yazdani (1999) emphasised the significance of taking into account the perspective in which different cultures are understood and urged that this be perceived from a broader socio-political basis. For instance, instead of attributing the social disadvantage experienced by ethnic minorities to cultural and social disadvantage, discrimination and socioeconomic disparities, as reported by Cooper et al., (2012), should be considered.

2.6.2-Family honour

The concept of 'izzat' (family honour/respect) was also identified to be a contributing factor to self-harm. Izzat was recognised as playing a central role in the way an individual was perceived by their family and within their community. To lose honour or to bring dishonour was to be publicly shamed by the Asian community. This often resulted in individuals and their families losing status in the eyes of others in the community or even being disowned by the community (Bhardwarj, 2001). Chew-Graham et al., (2002) conducted a qualitative study using four focus groups with women who used a broad range of methods (i.e. self-poisoning, cutting and hanging). They found izzat to be highly valued in Asian families and a dominating force in Asian

women's lives. It was stressed by the women in the study that izzat was unequally distributed upon Asian women, and was viewed as a "burden" by many. This, they explained, meant that women were set very high expectations that could not be met and increased the level of distress they experienced.

Moreover, the study elaborated that Asian families were highly critical of the behaviour of Asian women within their community. This was because 'good' behaviour by Asian women was essential in attaining prestige and status in families. As a result, a community grapevine usually developed within Asian communities, decreasing the level of privacy and trust afforded to Asian women. This lack of trust and isolation was assumed to push these women to resort to self-harm and contributed to the reason behind why they were not able to access mainstream service provision. Thus, the pressures the Asian women received to fulfil gendered and cultural expectations, such as getting married, were not only issues for the individual or their family, but were also associated more widely with the family's status within the community (Marshall & Yazdani, 1999). This further highlighted the implications of izzat on women's ability to vocalise their problems, supporting the affect regulation model, which suggests that self-harm externalises unexpressed feelings.

Mesquita (2001) stated that there is sufficient evidence to suggest that, within collective cultures, emotions such as shame are more linked to how behaviours reflect on other people in the community, while in individualistic cultures the emotions reflected on the self. Therefore, cultural values have been recognised to influence the dynamics of shame, subordination and entrapment and impact on individuals' mental health. Using focus groups, Gilbert, Gilbert and Sanghera (2004) conducted a study with South Asian women to examine their views on the processes and meaning of shame, subordination and entrapment and how they impacted on their lives. They found that izzat (the shame and honour brought to others by an individual's own behaviour) and the significance of maintaining family honour were associated with entrapment and subordination, which the women related to their poor mental health. For instance, the women in the study

used izzat to explain why they remained in difficult relationships and preferred not to access mainstream services. The authors highlighted how izzat was both implicated internally by the women and externally by others. For example, women's behaviours were adapted to protect izzat, consequently affecting their self-perception and women's behaviours were restricted by other members of the community. The study further stated that the women in the group described how lacking control meant they felt disempowered, and explored how this impacted on their mental health. It can be noted that the study's outcome is consistent with the literature identifying women (from different ethnicity) who experience no control (due to their gendered and cultural positions) as being at an elevated risk of self-harm (e.g. Barbiker &Arnold, 1997).

2.6.3-Acculturation

According to Anand and Cochrane (2005), acculturation has been reported to affect the mental health status of British South Asian women. Acculturation has been understood as the process of socio-cultural and psychological adaptation experienced by an individual following intercultural contact (Berry, 2003, cited in Chun-Kevin, Organista & Marin, 2003). The process of acculturation describes how ethnic minority people adjust to the dominant majority. Doing so involves the individual changing their beliefs, attitudes and social behaviours in line with the new dominant culture and the people they are in contact with (Phinney, 1991).

Guglani, Coleman and Sonuga-Barke's (2000) study investigated the impact of cultural identity on Indian Hindu women's psychological adjustment as a result of acculturation. Their sample included mothers and grandmothers born in India and their British born granddaughters. They found that grandmothers, whose family assimilated into the British culture and therefore were less traditional, experienced greater mental health problems. Also they stated that grandmothers whose granddaughters adopted a cultural identity as 'Asian' had significantly better psychological outcomes compared to granddaughters who perceived themselves as 'British'. As a consequence, the authors

postulated that psychological adjustment was mediated by the level of traditionalism kept within the family. This was further supported by Anand and Cochrane's (2003) study outcomes which suggested that there was a strong relationship between acculturation and overall psychological distress, in particular, depression in South Asian women. Their study showed that being less involved in the British culture and holding more negative attitudes towards the dominant white culture were important factors in the development of depression in both first and second generation South Asian women. This was further supported by Burstow et al., (1999) study who reported that acculturation and generational differences in the 'protective' value of tradition set against modernity were risk factors associated with the possible development of psychopathology, for instance, self-harm in South Asian women. Consequently, the studies above have indicated that acculturation can have negative mental health outcomes in South Asian women that may contribute to South Asian women self-harming.

Conversely, the findings from a cross-cultural study of Pakistani families in the UK and in Pakistan (by Shaw, 1988, cited in Duncan, 1989) have demonstrated that inter-generational conflict did in fact take place in families living in Pakistan and the UK. It was, therefore, argued that by associating cultural conflict, wider explanatory theories valid across cultural groups were being overlooked and cultural explanations were instead being favoured. The acculturation process may be conflictual. Therefore, careful consideration should be taken into account to prevent attributing specific features to ethnicity. The findings support criticism made towards the concept of 'culture conflict' discussed earlier.

2.6.4-Ethnic and collective identity

Ballard (1982, cited in Rapoport, Fogarty & Rapoport) focused on understanding the family organisation in South Asian culture. They highlighted how the concept of self in South Asian community, differed to that found in other cultural belief systems,

particularly white British culture. For instance, their reports suggested that South Asian individuals defined themselves in relation to their Asian family and community. The family and self were perceived to be integrated, representing a collective identity rather than an individualistic identity. As a consequence of this, the integrity and wellbeing of the family were found to be prioritised over an individual's self-identity and needs. A separate identity was, therefore, not recognised or valued within the collective South Asian family system. In the Western culture, individuating from one's family is perceived as an important developmental aspect within the adolescent phase for healthy identity formation and good psychosocial development (Gupta, Johnstone & Gleeson, 2007). This implies that interdependency and conformity found within the South Asian collective culture, perhaps leaves an individual with identity confusion and psychological maladjustment and psychopathology.

The importance of individuating and separating from one's family during the adolescence stage derived from the theory of psychosocial development by Erikson (1968). The theory established that individuating away from parents played a significant role in an individual's identity formation and psychological adjustment. Therefore, one could argue that, given the description of a collective identity culture, some South Asian women may experience conflicted identities that could contribute to their self-harm. However, it has been debated by Ramanukam (1997) whether it is appropriate to apply a Western model to a non-Western culture. The author reasoned that some studies on Asian women have showed how different cultural norms within their cultural context resulted in good psychological functioning, therefore, arguing that a culture, in itself, cannot be pathogenic (Ramanujam, 1997). Perhaps, it could be suggested that further exploration on an individual level, looking at whether South Asian women living in the UK struggle to find stability between their family, culture and self-identity is required.

Phinney (1991; 1998) discussed the concept of 'ethnic identity'. The notion identifies the significance, for a member of an ethnic minority community, of drawing a sense of belonging in order to obtain self-identification as a group member. Phinney highlights

the importance of one's attitude concerning one's group affiliation and ethnic participation as essential elements central to an ethnic minority individual's psychological wellbeing. The author also suggested a stage model for ethnic identity formation. They proposed stages of exploration and searching before ultimately achieving an ethnic identity which results in high levels of self-esteem in individuals. Nevertheless, Phinney stressed that ethnic identity formation is a vigorous process that takes into account an individual's context i.e. factors such as racial discrimination and set expectations by Asian parents, recognised in South Asian women, may result in limiting these women's development of an identity.

2.6.5-Violence and abuse

A study by Hick and Bhugra (2003) found that a large proportion of South Asian women (40%) 'Strongly agreed' that violence by their husbands was a causal factor behind their self-harming behaviour and attempted suicides. This highlighted the significance of domestic violence in this group. Their method of data collection involved using questionnaires compiled of a list of causal factors derived from previous focus group studies, which identified themes of suicide and self-harm. The authors argued that because the list emerged from previous focus group studies, this increased its validity and social relevance. However, other determinants (e.g. cultural and gender-political factors), which were not offered to participants, may have been important. This means that the list may have been less comprehensive than it was believed to be and this could have limited exploration.

Violence in the family, particularly by husbands, was also found to be a risk factor in Bhardwarj's (2001) focus group study with young Asian women. The trauma of domestic violence was also a common theme that emerged from Chew-Graham et al., (2002) study. The study used focus groups, which may have limited the room for other themes to emerge and be discussed at length. Their study suggested that sexual abuse and rape were often common precursors to self-harming behaviours within this

cohort. Correspondingly, Arnold (1995) noted that self-harm was a rational method used by women to cope with the distress caused by abuse. Self-harm as a logical response to distress was further supported by Bhardwarj's (2001). This paper critiques that studies have failed to question why self-harm is more likely to be used as a coping method by the South Asian women doing it. Therefore, it is proposed that a more in-depth understanding of the meaning of self-harm in South Asian women needs to be developed.

In opposition, Bhugra's (2002) study reported that South Asian women were slightly less likely to attempt suicide following self-harm because of sexual abuse in comparison to white women. Bhugra recruited women from a general practitioner's surgery and asked women from white and Asian backgrounds for their apparent reasons for attempting suicide. The author carried out the interview using the cultural identity schedule, general health questionnaire and life events questionnaire. However, the researcher seems to have failed to consider the impact of their own ethnicity on the responses they received from Asian women. It can, therefore, be suggested that Asian women in the study may have been both sexually and physically abused but felt unable to share this information with a researcher who shared a similar ethnic background, as a result of feeling ashamed or fearing exposure within the community. This also highlights a discrepancy in the literature and the need to understand in-depth casual mechanisms.

2.6.6-Racism

Racism emerged in the literature as a precipitator of self-harming acts and attempted suicide. Chew-Graham et al., (2002) found that younger Asian women experienced racism from their white peers, who had difficulties understanding the cultural predicaments they faced and spoke to them using their own stereotypes of Asian families. This study questions whether racism is a two-fold concept, i.e. do Asian women also stereotype their white peers and does that produce an internal conflict that

could lead to self-harm? This suggests that further exploration of racism is required but also highlights the issue of specificity when taking into account factors that may be related to South Asian women self-harming, e.g. racism could be described as being specifically related to ethnicity.

The risk factors identified by the studies have suggested that the distress experienced by South Asian women is influenced by the individual, cultural, societal, political and familial domains. As a result of this, understanding women's attitudes and experiences of self-harm from a broad context and culture has been emphasised and advocated by researchers.

2.7-South Asian women's lack of engagement with mainstream services

Studies in Asian communities have reported how barriers to and reluctance to seek support stemmed from racial stereotypes about the value of mental health and counselling for Asian people (Alexandre, 2001; Marshal & Yazdani, 1999). They described how people from collective cultures held the belief that they did not need to use or access 'outsider' support and were instead expected to get help from within their families and social groups. This was associated with the strong dynamics that operated within the collective cultures, which reflected shame and honour systems and values (Netto et al., 2001). For example, South Asian women seeking support from their GP shared the fear that details of their distress would be exposed and not kept confidential by professionals, especially in situations where the GP was a relative, family friend, or simply of the same ethnicity (as stated in the Newham Innercity Multifund and Newham Asian Women's Project, 1998). Thus, the fear of discovery by others in the community, which could result in bringing shame or loss of Izzat, acted as a key theme that prevented South Asian women from accessing support when problems initially arose (Gilbert, Sanghera, Gilbert, 2004; Chew-Graham et al., 2002). Therefore, South Asian women accessing care only at times of crisis, as a last resort, has meant that

opportunities for early intervention have been missed, raising concerns in mental health services (Bhugra, Desai & Baldwin, 1999; Hussain et al., 2011).

Studies which have explored further these women's reluctance to access professional support, found that South Asian women often predicted professionals' responses to their distress, mostly in relation to their cultural identity as 'Asian women'. They feared that judgement and cultural bias from white professionals would impact the form of treatment they received, (Hussain, Waheed & Hussain, 2006). For example, they worried that white professionals who had fixed views about the Asian community would offer these women more simplistic and sweeping solutions, such as 'leave your family', without recognising or understanding the complexities of their distress and experience (Chew-Graham et al., 2002). Concerns surrounding receiving patriarchal and accusing responses from Asian professionals were also highlighted. Taking into account the fears surrounding confidentiality, some women had indicated that they would prefer working with professionals from a different ethnic background, to reduce the chances of confidentiality being broken and community grapevines to develop. Others said they preferred professionals from the same ethnic background who could share similar understanding of values and beliefs from the culture (Hussain, Waheed & Hussain, 2006). These studies indicate that there is a failure to understand the complexity of South Asian women's distress (in the context of their culture and family) by mainstream professionals. This brings forth the need for phenomenological research focused on South Asian women who self-harm and their experience of clinical services to be prioritised, to allow the spread of awareness among mental health professionals concerning the complex nature of these women's distress.

Moreover, it is important to reflect that South Asian women's reluctance to initiate seeking support may also be associated with the realities of the systemic problems in service provisions that exist and have been experienced by the women who have tried to access them. For instance, Cooper et al.'s (2010) study highlighted how South Asian women admitted to accident and emergency services were unlikely to be referred on to

specialist mental health professionals for further assessment in comparison to their white counterparts. They also found that healthcare professionals were more inclined to assess these women as being less likely to repeat their self-harm in the future and as being at lower medical risk. This meant that they tended to be discharged from emergency departments without follow-ups more quickly. Similarly, Batsleer, Chantler and Bruman (2003) discussed the implications of race-anxiety experienced by white healthcare staffs within mainstream health services. The concept describes white clinical staffs' likelihood of feeling hesitant to discuss race and culturally related issues with these women. It was considered safer to remain silent or signpost referrals by avoiding contentious issues in order to avoid being misunderstood or being perceived as offensive. This reflects possible neglect in the care of South Asian women in crisis and the significance of increasing awareness of cultural sensitivity and diversity within services.

Taking into account the above evidence, researchers such as Hussain et al., (2011) have stressed the significance of understanding South Asian women's perspectives of self-harm and service provision. However, this paper debates that the above findings have stemmed from women who accessed clinical services only, therefore it could be suggested that other pertinent reasons for their reluctance may exist from non-clinical samples. This argues for qualitative research to consider non-clinical samples when focusing on exploring the meaning of self-harm from South Asian women's perspective, as accessing them may be vital in encouraging the development of appropriate interventions that meet these women's needs before they reach crisis point and help increase service engagement.

2.8-Conclusion and research question

The literature review has highlighted the scope of the problem, and the risk factors identified seem to have provided some explanations and postulated some understanding of the reasons behind the high prevalence of self-harm behaviours in

South Asian women. However, the correlating factors identified failed to indicate how they are related (if they are) and lacked perspective in relation to the underlying reasons that led these women to choose to self-harm. This could be due to the complex nature of this phenomenon, since definitions of self-harm vary depending on individual experiences (Burstow, 1992). Thus, it can be argued that the general themes collected need more in-depth exploration on an individual level.

Papers have criticised how it is difficult to compare the studies in the literature review due to the differences in the self-harm definitions used and other unspecified terms applied such as 'ethnicity' and 'culture' (Anand & Cochrane, 2005). Therefore, the research studies discussed have used different understanding and perspectives, which impact on their reports. Importantly, the term 'South Asian women', which is used consistently throughout the literature review, encompasses a particular group but does not take into account the subgroups that subsist within the South Asian population. For instance, as pointed out by Anand and Cochraine (2005), there are many distinct subgroups in the national identity, language and religion in South Asian communities, and this impact on the reports made by existing studies. For example, Ineichen (1998; 2008) reported how different attitudes and religious beliefs towards suicide that exists within the distinct sub-groups of religion in South Asian community reflected the different reports of suicide rates. They reported higher rates of suicide by Hindus, compared to Muslims. The authors postulated that this may be a reflection of different religious beliefs held by both religions. For instance, suicide is prohibited in the Islam religion. The author's findings highlight that members of different religious group may also hold different views and beliefs about self-harm. Thus, the variation that exists within the South Asian community could itself have implications on outcomes from research focused on exploring the experiences of South Asians who self-harm.

Furthermore, Anand and Cochraine (2005) highlighted possible issues and limitations to the research studies discussed earlier, on the basis of their recruitment and sampling of participants. For instance, in the majority of the studies, the recruitment

methods have often been from clinical services such as accident and emergency departments and specialist domestic abuse services. This means that study samples have predominantly represented South Asian women who managed to access clinical services. Therefore, it could be argued that little information regarding non-clinical samples that include South Asian women who do not access services has been reported. Furthermore, Horrock and House (2010) estimated that the prevalence of self-harm within the community is more than two times that found in clinical services. This has consequently brought into question whether statistics from existing research studies—which have, for instance, claimed self-poisoning to be the most shared method of self-harm—may in fact be an artefact of the research method rather than a true representation (Horrock & House, 2010). It is, therefore, possible to postulate that other methods of self-harm that do not lead individuals to access services may be more common and underrepresented in existing literature. Consequently, it could be that non-clinical samples may offer further insight into the experience of self-harm in South Asian women. Thus, accessing this group of women would be particularly vital in adding to the existing knowledge in this area and shedding light on a broader context.

Another major criticism of this area of research has concerned the method of data collection used in most of the qualitative studies. The most common method of data collection has concentrated on utilising focus groups. The use of focus groups may have meant the general themes reflect the meaning of self-harm and attempted suicide under a collective construct rather than on an individual basis. While this is important in giving strength to arguments to improve wider social experiences, it is less useful in informing clinical practice with an individual focus. This highlights a gap in the literature on exploration focused on individual phenomenological accounts of this phenomenon.

As Burstow (1992) suggested, it is important to recognise that self-harm experiences are subjective experiences whereby individuals express themselves in distinct ways. Exploring subjective meaning and experience will help researchers to learn about other important contributing factors that are unlikely to have been shared by women in a

group setting. Hence, subjective exploration of this phenomenon from South Asian women's perspective is of significant value. It can help to improve on the development of psychological models relevant across diverse cultural contexts and culturally appropriate services that meet the needs of this population.

The study therefore aims to contribute to the existing knowledge base. The research will seek to appraise how South Asian women (not necessarily UK born but living in the UK and recruited from a non-clinical sample) understand and make sense of their experience of self-harm and the contributory factors. To achieve these aims, a qualitative phenomenological study seems appropriate to develop our understanding of the problem, address the gap in the literature, and advance clinical knowledge.

Furthermore, taking a phenomenological approach (Willig, 2008) demonstrates the study's appreciation of the uniqueness of each woman's subjective and inter-subjective experience of the phenomenon. It also values and pays particular attention to the meaning and process constructed within these women, which affect psychological wellbeing. This illustrates how the study will be in line with the founding principles of counselling psychology, as well as its contribution to research on ethnic minorities within the field. The outcome of the study will also help to inform the clinical practitioners and counselling psychologists working with South Asian women and will advance knowledge for the development of specific treatment prevention for this group.

Drawing from the existing literature and the gap identified, the research question driving this study is:

How do South Asian women, from a non-clinical sample, experience self-harm and how do they make sense of the contributing factors that lead them to self-harm?

3.0-CHAPTER TWO

3.1-QUALITATIVE STUDY AND METHODOLOGY

3.1.1-Chapter summary

This chapter outlines the methodology chosen to address the research question. It begins with a justification for choosing a qualitative study and an Interpretative Phenomenological Analysis (IPA) methodology. It further explains the methodology's relevance to the field of counselling psychology and describes the epistemological and ontological basis deemed appropriate for the study. It continues to describe and provide reasons for its choice of method for the data collection, sampling and recruitment procedure. This chapter also includes a section on the ethical issues considered and formal ethical approval. Participants' demographic samplings are outlined and the stages of the analysis are defined. To conclude this chapter, a reflexive section was included to address the researcher's role, experience of recruitment, and interest in this area of study.

3.2-Qualitative methodology research

3.2.1-Rationale for qualitative study

Qualitative studies are concerned with meaning, sense making and how individuals experience events (Willig, 2008). They respect the complexity of the phenomenon being studied and aim to capture the texture and quality of the participant's experience rather than identify cause-and-effect relationships (Willig, 2013). Qualitative studies are useful for data that cannot be explained by numbers and are often used to explore substantive areas where little is known (Maxwell, 2008). As a result, they are known to give a voice to oppressed and underrepresented social groups. Moreover, their inductive process avoids the imposition of existing theories, allowing space for new understandings to arise (James & Busher, 2009; Willig, 2008).

By prioritising depth of understanding over breadth of coverage, qualitative research generates knowledge that is context-specific and localised. Therefore, the insights produced convey the meaning that each participant has attributed to their lived experiences (Willig, 2008). Although the findings are not generalisable to the general population, this form of methodology permits in-depth exploration on an individual level (McLeod, 1999), which is of interest to the current study's aims.

3.2.2-Rationale for choosing Interpretative Phenomenological Analysis

To address the aims of the study, different qualitative methodologies were considered. Initially, the Grounded Theory approach, which aims to "develop explanatory theory of basic social processes by examining concepts grounded in the data" (Starks & Trinadad, 2007, p.1373), was proposed. However, the current study's primary concern with collecting data that developed an in-depth understanding of the participant's experience of self-harm, rather than generating theories generalisable to the wider population meant that Grounded Theory was discarded. Secondly, discourse analysis, which aims to study how people use language to produce and enact identities, knowledge and meaning (Starks & Trinadad, 2007), was also explored as a possible method of analysis. This method was also rejected, because its primary focus was on how participants related their accounts with a particular focus on the function of language within a specific context, rather than how they made sense of their experience, which is the focus of the present research (Reid, Flowers & Larkin, 2005). Both methodologies were thought to contradict the aims of the current study, which focuses on the sense making and lived experiences of South Asian women who have self-harmed.

On the contrary, with roots in phenomenology and hermeneutics, IPA, which has both a reflexive function and a central focus on understanding participants' personal experiences (Willig, 2008), was considered to be a highly appropriate methodology for the study. The objective of IPA is for the researcher to engage with the participant's

account and obtain insight into the personal thoughts and beliefs associated with their experience of the phenomenon investigated (Smith, Larkin &Flowers, 2009). IPA's idiographic approach postulates that individual participants attribute meanings to events that consequently shape their experience of those events. Therefore, IPA's main concern is the participant's sense making and the meaning of their experience, rather than the 'reality' of their experience (Biggerstaff & Thompson, 2008). In opposition to discourse analysis, Lyons (2007) stated that IPA aims to disclose the internal processes within participants' lived experiences, which they may not essentially be conscious of themselves. Considering that the aim of the study is to delve into and understand the participant's internal thoughts and sense making process, rather than verbal reports of the behaviours in their own right, IPA seemed to be an ideal method of analysis.

Furthermore, IPA's inductive feature means that it does not focus on testing psychological hypotheses based on existing literature, and instead provides flexibility for unexpected themes to materialise during the analysis stage (Smith, 2008). Thus, in contrast to Grounded Theory, IPA develops a more tentative model that captures and brings to light the participants' experiences through relationships between themes (Smith, Flowers & Larkin, 2009). Furthermore, IPA's interrogative position enables the results from the analysis to be considered in relation to existing psychological theories as opposed to in isolation, providing theoretical rather than empirical generalisability (Larkin, Watts & Clifton, 2006). As a consequence, IPA was considered more attuned with the current study's exploratory aims than the other methodologies considered.

Although IPA aims to capture the quality and texture of the participant's subjective experience from their perspective, IPA recognises that the understanding of participants' experiences is influenced by the researcher's own style of thinking and individual conceptions of the world. This means that the analysis produced is always an interpretation of the participant's experience made by the researcher's engagement

with the data (Smith, Flower & Larkin, 2009). Willig (2008) viewed this as a necessary precondition that must be reflected upon, not disregarded as bias. It was particularly important to address this component of IPA in the present study, because it makes it possible to acknowledge that the researcher's shared identity with the participants and their epistemological position would influence the research analysis process and subsequently require exploration. This aspect further strengthened the reasoning behind the choice of IPA.

3.2.3-Overview of Interpretative Phenomenological Analysis

IPA was developed by Jonathan Smith as a qualitative method intended to offer insight into how individuals experienced, understood and made sense of their personal and social world (Smith, 2008). Typically, the method focuses on providing detailed accounts and meanings of a particular phenomenon experienced by individuals in their lives, and it is concerned with exploring individuals' experiences in their own terms (Biggerstaff & Thompson, 2008). IPA's method draws from three main philosophies: phenomenology, hermeneutics and ideography.

Central to IPA is the philosophy of phenomenology, which is principally concerned with the exploration of an individual's subjective lived experience and the world as they perceived it. IPA has been highly influenced by phenomenological philosophers, such as Husserl (1927) and Heidegger (1927/1962), who committed themselves to "thinking about what the experience of being human is like… and how we might come to understand what our experiences of the world might be like" (Smith, Flowers & Larkin, 2009, p.11).

Husserl was particularly concerned with exploring how individuals may come to understand their own experience of a specific phenomenon with such thoroughness that it makes it possible to identify the "essential qualities of that experience" (Smith, Flowers & Larkin, 2009, p.12). He reasoned that, if this could be achieved, the

essential qualities of an experience may transcend and potentially bring light to a given experience of the phenomenon investigated for others too (Husserl, 1927). Husserl believed that one must, therefore, adopt a more descriptive phenomenological attitude when stepping outside of their everyday experience and attitude. Therefore, Husserl's primary interest has been the individual's psychological processes (one's perception, awareness and consciousness) as stated in Smith, Flowers and Larkin, (2009).

On the other hand, Heidegger supposed that an individual is always a 'person in context', i.e. entwined in the world, in a specific social, cultural and historical context (Smith, Flowers & Larkin, 2009). He refers to the phenomenological concept of inter-subjectivity, the shared and intertwined relational nature of one's engagement with the world, to justify individuals' ability to communicate with and make sense of one another. Thus, he concludes that human existence is inevitably connected with and confined to the world: people, culture, relationships and language (Larkin, Watts & Clifton, 2006). In light of this, Heidegger recognised that it is not possible to bracket off or disconnect human existence from the world in order to discover the true essence of anyone's lived experience (whether it is by a researcher or a participant); therefore, he made the case for a hermeneutic phenomenology (Smith, Flowers & Larkin, 2009).

Consequently, Heidegger linked phenomenology with hermeneutics, which deeply influenced IPA. He noted that our access to one's lived experience can only be achieved through interpretation. Heidegger explains that phenomenology is concerned with "seeking after a meaning which is perhaps hidden by the entity's mode of appearing. For that case, the proper model for seeking meaning is the interpretation of a text" (Heidegger, cited in Smith, Flowers & Larkin, 2009, p.24). Hence, in accordance with Heidegger's approach to phenomenology as an explicitly interpretative activity, IPA has drawn on hermeneutics and proposed that understanding and making sense of the lived experience can only be achieved and investigated through the lens of our interpretation (Smith, Flower & Larkin, 2009).

IPA's hermeneutic stance, following Heidegger and Gadamer (1990/1960), encompasses a cyclical and iterative process. Heidegger argued that "whenever, something is interpreted as something, the interpretation will be founded essentially upon the … fore-conception. An interpretation is never a pre-suppositionless apprehending of something presented to us" (cited in Smith, Flowers & Larkin, 2009, p.25). In other words, the researcher always brings forth their preconceptions (assumptions and preconceptions of their world) and cannot help but understand and perceive others' experiences using their own prior experiences. In agreement with Heidegger is Gadamer, who further emphasised the fact that it is difficult for a researcher to be aware of or identify when his or her own preconceptions may be imperative to the enquiry itself. He stated that the researcher might only become conscious of their preconceptions during the ongoing process of interpretation. Therefore, the process of co-construction and interpretation is inevitably influenced by the researcher's own beliefs and presumptions, making the interpretation process iterative (Smith, Flowers & Larkin, 2009). Thus, in IPA, the researcher engages in a cyclical process whereby they intentionally bracket their own experiences so that they can engage wholly with the participant's account. From the researcher's perspective, a process of analysis is undertaken that acknowledges his or her standpoint. Following this, the research will return to the participant's account and reflect on their process of sense making and whether their analyses are closely related to the participant's account and meaning making (Smith, Flowers & Larkin, 2009). Thus, in an effort to understand the participant's lived experience in IPA, a process referred to as being 'double hermeneutic' is involved. The participant initially attempts to make their own sense of their world and lived experience, while the researcher attempts to make sense of the participant's sense making of their lived experience (Larkin, Watts & Clifton, 2006; Smith, Flowers & Larkin, 2009).

IPA's idiographic approach means that it is concerned with understanding and making sense of the particular (detailed accounts of and specific occurrences in a participant's lived experience) rather than the general. Its idiographic position enables the process of analysis to draw on distinctive processes and meanings that can perhaps tentatively inform researchers about the wider experiences (Smith, Flowers & Larkin, 2009). IPA proposes the use of small size homogenous samples in order to allow in-depth exploration to a degree of closure for each case to occur before the next case is visited. Once all the cases have been individually analysed, cross-analyses can tentatively be done that can evaluate the level of convergence and divergence through the sample, which reflects patterns and meaning for participants with a shared experience (Larkin, Watts & Clifton, 2006). Smith, Flowers and Larkin (2009) argue that the idiographic process makes way for IPA researchers to make significant contributions, as the findings can shed light on, as well as critically evaluate, existing psychological literature and do "justice to the complexity of human psychology itself" (p.38).

3.2.4-Compatibility of the method with counselling psychology

Both the qualitative approach and counselling psychology understand that a participant or client's world is a co-constructed reality subjective to them (Gergen, 1985). Thus, the participant or client's subjective experience is central and their frames of reference are used as a basis on which to generate data or initiate a therapeutic intervention (Gergen, 1985). Authors such as Clarkson (1998) defined the characteristics of qualitative research as a focus on process and an openness and flexibility that enable unexpected avenues and experiences to be discussed. These features can be found to be similar to the process of therapy. Mearns and McLeod (1984) stated that good qualitative researchers require valuable skills such as empathy, acceptance and genuineness in order to develop a relationship with their participants and create the conditions necessary for in-depth exploration. These essential features are also

required of IPA researchers, as they allow them to follow the double hermeneutic position, i.e. they allow the researcher to access an insider's perspective through empathy while still maintaining an inquiring stance to enrich the experience through psychological theory (Smith, Flowers & Larkin, 2009). The features characterising qualitative IPA studies highly overlap with the characteristics of counselling interaction and reflect the practice and values of counselling psychology highlighted by Orlans and Van Scoyoc (2009).

Counselling psychologists value in-depth exploration of clients' struggles and lived experience, which is congruent with the ideologies of IPA. Furthermore, IPA's interpretative position can be argued to have significant relevance and suitability in the context of counselling psychology. For instance, as stated by Lopez and Willis (2004), "the interpretative approach is useful in examining contextual features of experiences that might have direct relevance to practice" (p.734). Since interpretations are implicit undertakings commonly conducted by counselling psychologists during their practice, the interpretative feature makes it appropriately relevant.

IPA qualitative studies are, therefore, highly consistent and in line with the values of counselling psychology. This makes it credible and relevant to practitioners and an appropriate choice of method for research within this field (supported by Clarkson, 1998; Willig, 2008).

3.2.5-Epistemological and ontological basis

According to Willig (2008), the epistemological and ontological positions chosen by qualitative researchers are vital in determining how the research data is approached and understood. Epistemological positions are concerned with the acquisition of knowledge and the kind of assumptions made about the world and the researcher's role in the process (James & Busher, 2009). Ontological positions are interested in the 'nature of being' and 'reality' (James & Busher, 2009). For the purpose of the current

research, the researcher chose to approach the study from a relativist ontology that subscribes to IPA and the constructivist–interpretivist epistemological position.

The chosen positions are based on the belief that there are multiple constructed realities that exist and that, in the 'the act of knowing', it is the individual's mind that actively gives order and meaning to the phenomenon investigated (Sciarra, 1999, cited in Ponterotto, 2005). According to the constructivist–interpretivist position, reality is subjective in nature and influenced by the participant's experience and perception, as well as their social environment and individual interaction with the researcher (Ponterotto, 2005). Thus, its ontological position subscribes to the notion that reality is constructed by the research participant, making the chosen positions distinct and highly suitable for research conducting qualitative methods.

Constructivist–interpretivists advocate a hermeneutic approach maintaining that meaning is naturally hidden and that only through deep reflection stimulated by researcher–participant dialogue can this be brought to the surface and uncovered (Denzin & Lincoln, 2002). It is assumed that the findings from this interactive dialogue are co-constructed by the interpretations of both the researcher and the participant. Ponterotto (2005) highlighted the goals of the constructivist–interpretivists to be both idiographic and emic (i.e. constructs and behaviours are unique to an individual and their sociocultural context, and are not generalisable). Schwandt (1994, cited in Denzin & Lincoln), a follower of constructivism–interpretivism, goes on to stress that the goal of understanding the 'lived experience' comes from the individual who lives it. Although it is recognised that the lived experience may be outside of the individual's immediate awareness, it is argued that it could be brought to consciousness. These goals were found to be in line with IPA's ideologies.

It is further understood that the researcher's aim would be to investigate how participants create systems for meaningful understandings of their experiences (Raskin, 2009). Consequently, this position suggests that the phenomenon investigated

can be described and understood in different ways and the researcher's understanding is, therefore, unique to her. Rather than viewing this as a weakness, constructivist epistemology arguably understands this unique perspective to add a further rich layer to the phenomenon being investigated (James & Busher, 2009). This was found to be in parallel with Smith, Flowers and Larkin's (2009) argument with regards to IPA's interpretative aspect. Furthermore, IPA's interpretative approach and central notion that something can be learned from the participant's experiences, their private thoughts and feelings, put it in an intermediate position from an epistemological standpoint, moving away from radical constructivism and instead in line with the constructivist–interpretivist position (Ponterotto, 2005), further supporting its selection as the appropriate epistemology for the study.

3.3-Method of data collection

In IPA, face-to-face semi-structured interviews have been known to be common and appropriate methods of data collection for eliciting detailed accounts, thoughts and feelings from participants about the phenomenon of interest (Reid, Flowers & Larkin, 2005). As reported by Smith, Flowers and Larkin (2009), face-to-face interviews provide a space for the participant to think, speak and be heard, enabling a rapport to be established. It also enables the interviewer to engage in an empathic dialogue and enquire about any areas of interest that arise in light of the participant's response. In consequence, it provides both a framework and the flexibility needed to enable unexpected avenues to be opened up, positioning the participant as the experiential expert (Willig, 2008). Thus, its appropriateness in collecting subjective and descriptive accounts of individual experience stays in line with the study's research question and adheres well to the sensitive nature of the phenomenon under investigation. As a result, the study chose to use semi-structured interviews as a method of collecting data.

To encourage participants to enter their subjective world and recount their experience of self-harm during the interviews, an interview schedule was developed for the study. Smith, Flowers and Larkin (2009) supported the idea of interview schedules, particularly for novice IPA researchers. They considered the schedule important in enabling the researcher to think explicitly about what the interview was expected to cover and plan ahead for any difficulties they may encounter during the interview process. Hence, the study's schedule included open-ended questions to cover areas of interest and probes to encourage participants to talk about their intimate and personal experiences of the phenomenon (see appendix-A). The questions developed in this study were not drawn from previous researches. They were produced to ensure they captured the participants' complete embodied experience of self-harm. The chosen questions aimed to elicit in-depth understandings of the meanings of each individual's experience of self-harm (e.g. triggers, experience during, aftermath, and meaning of self-harm). It also included questions around how they made sense of the triggers that contributed to self-harming and their experience and perception of seeking support. The interview started with an open-ended question about their most recent experience of self-harm. This was thought to invite them to relate a fairly descriptive account of the episode and ease them into the interview.

The interview schedule was merely used as a guide rather than a rigid structured protocol. Therefore, questions in the schedule were modified in light of the participants' responses. The questions were asked in an open and exploratory way, depending on the flow of the conversation with the participants, rather than verbatim as written down. This was to allow participants to feel able to open avenues they deemed important and that had not been predicted (as encouraged by Smith & Osborn, 2008). As part of the data collection, participants were requested to complete a demographic questionnaire prior to the interview to help place their response into context and enable a description of the sample. For example, their ethnicity, age, country of birth, parent's country of birth, educational history, marital status, religion and number of dependents were

recorded. The purpose of collecting such information was explained to each participant prior to the interview (see Appendix-B for the demographic questionnaire).

3.3.1-Pilot study

Due to the sensitive nature of the phenomenon investigated, it was considered intrusive to test the questions on a colleague or peer. It was believed to be more ethical to use the first participant's results as data for the pilot study and to help examine the suitability of the interview schedule and comprehension of the questions (method supported by Harper & Thomson, 2012). Plenty of feedback was, therefore, collected at the end of the interview to help identify ambiguous and difficult questions. The data collected from the first participant was used to assess whether each question was easily understood and was able to prompt detailed descriptions. The participant's experience and feedback also enabled the researcher to assess the level of adverse effect (level of distress) and the effectiveness of the risk procedures intended to reduce the level of emotional distress predicted. For example, when seeking feedback, some participants mentioned that they felt comfortable and safe to know that if they felt distressed there were services they could seek support from after the interview. Also, one participant specifically said being aware she could withdraw at any point during the interview helped her feel less pressurised to continue with the research. The majority of the participants also felt that the interview questions were open enough to give them enough choice to decide for themselves how much they wanted to share. They felt this reduced the level of distress evoked during the interview. The feedback on the safety procedures outlined to the participant and how much distress the participant felt the interview schedule evoked helped confirm the effectiveness of the risk procedures (see the 'ethics and approval' section for further details outlining the safety procedure).

Modifications to the interview questions were made from the initial data. For example, during the first interview, the initial open question was "*can you tell me when you first thought about self-harm?"*. This was found to be less effective as an opening question

as it was not well received by the participant. This was evident from her lack of detail when answering and from the researcher's effort to prompt for more information. This led to the first question being changed to *"can you tell me about a recent time when you self-harmed",* which was found most effective as it invited subsequent participants to provide a fairly descriptive account. Ultimately, this method of piloting enabled the interview schedule to evolve over succeeding interviews and helped shape the proposed design (see Appendix-A for modified questions).

3.4-Sampling

3.4.1-Sample size

Since IPA's idiographic approach is concerned with obtaining detailed accounts of each participant's experience, Smith, Flowers and Larkin (2009) have suggested using small sample sizes. They argued that by choosing between three to six participants, the researcher is able to focus on the quality and details of the participants' accounts. The small number of participants was considered sufficient for the development of meaningful data and for points of similarities and differences to be collected between participants. Thus, in keeping with Smith's et al., suggestions, the study aimed to recruit approximately six participants with the view that they represented a perspective of the phenomenon under study rather than a population. In this case, South Asian women with experience of self-harm from a non-clinical sample through purposive sampling were recruited. The study refers women of South Asian origin to those of Indian, Sri-Lankan, Pakistani and Bangladeshi ethnicity (which keeps in line with previous studies such as Chew-Graham et al., 2002).

3.4.2-Criteria

IPA studies often recruit participants from a relatively homogenous sample as they are interested in common features of a lived experience (Larkin, Watts, & Clifton, 2006). Participants are therefore selected on the basis that they can grant the researcher

access to a particular perspective of a phenomenon investigated, in this case their experience of self-harm.

As highlighted in the previous chapter, South Asian women refer to a diverse group. The large diversity that exists between these women and its impact on the homogeneity of the study's sample were considered. However, it was deemed unfeasible to restrict the target population, for example by national identity or religious subgroups, given that South Asian women do not regularly access mainstream services (as discussed in the literature review). Doing so would limit possible recruitment contact. In addition, considering the issues around confidentiality and stigma regarding the phenomenon, it was anticipated that this would impact women coming forward to participate in the study.

Thus, in view of the expected difficulties in restricting the target group, the inclusion criteria were set as widely as possible but kept in accord with previous researches which have used 'South Asian' ethnicity in their recruitment sample (e.g. Hussain et al., 2011). Yet, to increase the homogeneity of the study's sample, women of mixed race were excluded. The inclusion criteria involved South Asian women who lived in the UK but were not necessarily British born and shared experience of self-harm. It is of note that the study primarily focused on the experience of self-harm. For that reason, both women who have self-harmed in the past and women who continue to self-harm were included.

The study chose to recruit women under the age of 30 years to help address the literature that highlights the risk of self-harm in young South Asian women (Bhopal, 2011). But, due to the sensitivity and vulnerability of the women involved, women under the age of 18 years were excluded. It was important to the study that only women who showed they had the emotional resources to cope with the demands of discussing the phenomenon in detail were chosen to participate (see recruitment procedure section for further detail highlighting how this was determined in practice).

Furthermore, many research studies have attempted to compare methods of self-harm in different ethnic groups by using medical records and by interviewing patients admitted to hospital (e.g. Bhugra, Desai, & Baldwin, 1999; Biswas, 1990). They noted oral ingestion of domestic substances as the most common method of self-harm used by South Asian women. However, according to a systematic review paper on self-harm only a few significant findings supported these reports (Bhui, Mckenzie, & Rasul, 2007). Also, in opposition to such reports, Sheth, Dziewuldki, and Settle (1994) reported inflicting pain through burning as a more specific method used by South Asian women admitted to hospital. Taking into account the lack of support around the most common method of self-harm used by South Asian women and the possibility that self-poisoning reports could be an artefact of the research method used rather than a true representation (as previously criticised in the 'conclusion and research question' section in chapter one). The current study takes into account the possibility that other methods of self-harm that do not lead South Asian women to access services may be more common and underrepresented in the existing literature. As a result of this, rather than limiting recruitment to South Asian women who self-harm through self-poisoning only, the study chose to use the NICE guidelines definition of self-harm which incorporates both self-injury and self-poisoning (definition outlined in chapter one).

To summarise, the inclusion criteria involved:

- English speaking South Asian Women living in the UK
- Experience of self-harm (past and/or present) and in accordance to NICE definition of self-harm
- Aged between 18 to 30years
- Have the necessary emotional resources to cope with the demand of the phenomenon at the time of the study
- Can attend a face to face or skype interview

3.5-Recruitment strategy

A number of avenues were used to recruit the women in the study, due to the predicted difficulties recruiting. These included:

- Contacting South Asian charities that provided support for Asian women across the UK (i.e. specific BME charities in Leicester, Scotland, London, Bristol, Birmingham were contacted)
- Advertising posters in specific Asian community centres in London and Asian newsletter
- Advertising poster on online self-harm chat forums was attempted and on an Asian radio called 'Nusound'.
- Advertising posters using social media such as Facebook.
- Advertisement at two higher education establishments (one in London and one in Leicester). Posters were advertised across campus and specifically in the female toilets to provide a more confidential setting.
- Contact with Black and Asian Counselling Psychology network group was attempted to alert members who know of BME group centres to advertise the research.
- Poster was advertised on BPS E-letter to alert therapists working alongside BME group and to attract members who may meet the criteria of the research.
- Word of mouth through friends, family and colleagues.

3.5.1-Recruitment challenges encountered

Once leaflets and posters were produced (see Appendix-C), several attempts to make contact with gatekeepers from the various recruitment strategies highlighted above were made. Only a few charities and community centres were interested in the study and accepted to advertise posters on their notice board and inform South Asian women of the study. Most charities and community centres were unable to support the research due to lack of resources and funding issues as well as apprehensions over

the sensitive nature of the phenomenon investigated by the study. Five different higher educational institutes were contacted to access students of South Asian origin. But, only two institutes agreed to advertise the study across their campus and in female toilets. Two declined for reasons that this study's recruitment may compromise their student's efforts of recruiting similar population and one did not respond to requests made.

Despite over thirty posters and leaflets being distributed, the study had not received any interested participant within a six month waiting period. The recruitment strategy was therefore reviewed and offering a cash-incentive was decided to help with recruitment. Including a cash incentive on the posters was considered important in the context of recruiting a marginalised population and in increasing a sense of mutual benefit within the researcher -participant relationship. This was supported by Mir (2008), who reported the importance of reciprocity within the researcher- participant relationship in culturally competent researches. Mir's article explained that building reciprocity within the research design establishes equal power within the relationship which increases engagement, acceptability and credibility of research, particularly for communities who have benefited little in past researches.

3.5.2-Recruitment procedure

Participants were encouraged to contact the researcher directly using the contact details (telephone or email) on the posters and leaflets. Alternatively, participants who heard of the research through word of mouth from friends and family of the researcher and indicated willingness to participate were asked whether they would be happy to be contacted by the researcher. Once contact was made, a screening process over the telephone was arranged as an initial phase to ensure interested participants met the study's criteria.

The screening involved a thorough assessment of their current risk level and sufficient robustness to advance to the interview stage (see Appendix-D, for assessment

screening questionnaire). Confidentiality was verbally stated to provide each participant with reassurance and to allow trust to be built from an early stage. Demographic questions were also asked to ensure they met the criteria. Participant information leaflets were also emailed to each interested participant to ensure they understood the process and were made aware of the study's expectations. If participants continued to show interest in participating, a meeting was arranged at a convenient date and safe confidential location to both researcher and participant. Most interviews were conducted at City University's Social Sciences building and one was conducted at a location convenient to the participant (i.e. a confidential room within the participant's work place, assessed to be safe).

During each interview meeting, participants were asked to complete a demographic questionnaire and asked to sign a written consent form. Participants were reminded of confidentiality and their rights to withdraw at any time during the study. They were also informed of the safety procedures planned to help minimise the level of distress potentially evoked during the interview (e.g. breaks during interview and allocated time to debrief). Any concerns or questions about the process of the interview were also answered.

Following the interview, participants were debriefed about the research and asked for feedback about their experience of the interview. They were also provided with the opportunity to raise any issues with the researcher and concerns with regards to the interview questions. If participants had become distressed during the interview, the researcher was prepared to provide support and containment. All participants were provided with a debrief sheet, a list of support services and a gift of £20 cash as an acknowledgement and appreciation of their contribution to the research study.

3.6-Ethics and approval

Before commencing the study, ethical approval was obtained at City University (see Appendix-E for ethics form) and permission to advertise at chosen premises was given by relevant gatekeepers.

The sensitive nature of the phenomenon was carefully considered and taken into account throughout the study. It was predicted that the primary ethical concern would be that the interviews would evoke some emotional distress in participants when they recounted their personal experiences. Hence, participants' welfare was of paramount importance throughout the study and was managed by a pre-planned safety procedure protocol. For instance, prior to the interview, the participants' level of risk, upset and ability to cope with the demands of the topic was assessed and they were all adequately informed about what the research involved and of their right to withdraw at any time. Participants were always allocated sufficient time to debrief and support details of counselling services, crisis numbers and mental health service that were both generic and culturally targeted were also provided (See Appendix-F & G for debrief sheet and support details given).

If participants became distressed during the interview process, the researcher had planned to provide participants with breaks or in the event of acute distress to terminate the interview immediately and provide instant support. It was considered that the researcher had adequate level of clinical training to be able to manage this properly. If appropriate, further support and action would have been taken such as contacting the participant's family or friend. The study was also open to conducting skype interviews, especially when both the participant and researcher felt that they could not meet face to face (e.g. due to location). This was considered to broaden the recruitment strategy and allow maximum opportunities to overcome anticipated difficulties for this group of women to part take. However, no skype interviews were conducted. Had a skype interview been conducted, the researcher would have taken

into account additional ethical concerns such as emotional containment during the interview in such a setting.

Arrangements to protect the safety and welfare of the researcher were also planned. For instance, the researcher sought support from their research supervisor, through a peer support group and committed to a reflexive diary. On one occasion, during the telephone screening an interested participant had demonstrated recent attempts to end her life and was actively self-harming. This was considered high risk and was brought to the research supervisor's attention, which led to appropriate actions to be taken. For example, on one occasion, the researcher telephoned the client back and gently explained that given her recent suicide attempt and her current involvement with therapy, there were concerns that the interview may be unhelpful as it could evoke difficult feelings that perhaps would be best addressed during therapy. This was well received and agreed by the interested participant. The researcher also thanked the client for their interest and provided the client with the details of crisis services.

3.7-Materials

The study included the following materials/ equipment's:

- A digital voice recorder, Dictaphone to record the interviews.
- A mobile phone was set up solely for the purpose of the research and the researcher's City University email address was given as contact details.
- A coloured poster was compiled and several copies were made as a way of advertising the study (See Appendix-C)
- Participants information sheet highlighting what the research involved in detail (See Appendix-H)
- Participant consent form (See Appendix-I)
- A debrief sheet with a list of support services and £20 cash (See Appendix-F & G)

3.8-Transcription

Each participant's audio tape was transcribed by an external transcriber. This was because each tape recording lasted approximately 1.5hrs long and the researcher took into account the study's time constraints. To preserve confidentiality, a confidentiality contract was signed by the external transcriber. The transcriptions produced semantic recordings of each interview. This meant that all the words that were spoken by the interviewee and interviewer were recorded. Every word was spelt conventionally when possible and notes of non-verbal utterances were bracketed (as guided by IPA guidelines in Smith & Osborn, 2008)

The researcher was aware that transcription in itself is a form of interpretative activity helping the researchers to engage with the data (as explained by Smith, Flower & Larkin, 2009). To account for this, the researcher ensured that each tape was listened to three times and concurrently when reading the transcripts to immerse in and connect with the data.

3.9- Demographic of sample

Seven participants showed interest in the study and contacted the researcher but only five were interviewed and included in the analysis. This was because two interested participants demonstrated high levels of risk and poor emotional resources to cope with the demands of the interview during the telephone screening assessment. From the five participants interviewed, four of them responded to leaflets found within a higher educational establishment and one was through word of mouth (see table 1.). Each interview lasted approximately 1.5 hours each.

Table 1. ***Sample demographic information***

Pseudonym	**Aditi**	**Beena**	**Aarti**	**Divya**	**Aman**
Age	Early 20's	Early 20's	Late 20's	Early 20's	Early 20's
Ethnicity	Sri-Lankan	Indian	Indian	Indian	Pakistani
Religion	Hindu	Muslim	Sikh	Hindu	Muslim
Country of birth	France	England	England	England	Pakistan
Parents country of birth	Sri-Lanka	India	India	India	Pakistan
Occupation	Student	Student	Student	Student	Student
Marital status	Single	Single	Married	Single	Married
Living situation	With Parents and siblings	Alone	With partner and family	With parents and siblings	Living with partner
Education level	Undergrad Degree (ongoing)	Undergrad Degree (ongoing)	Postgraduate Degree (ongoing)	Undergrad Degree (ongoing)	Undergrad Degree (ongoing)
Dependents	none	None	none	None	none
Type of self-harm	Cutting arm using knife and compass.	Burning, cutting and biting	Cutting using sharp objects	Suffocating self	Scratching and cutting

As anticipated, recruiting a homogenous sample was deemed difficult due to the diversity within South Asian women population. However, as illustrated in table 1, the women recruited, shaped a relatively homogenous sample. For instance, most were in their early twenties with no dependents and were attending higher educational level degrees. They were all of South Asian origin living in the UK, had experience of self-harm and represented a non-clinical sample.

3.10-Analysis procedure

3.10.1-IPA analysis process

The transcripts were analysed by the researcher individually using the process of IPA outlined in Smith, Flowers and Larkin (2009). The linear stages described were used as guidance. The researcher went back and forth with various ways of thinking and managing the data, employing an iterative and inductive process throughout the analysis stage. Each transcript was read and analysed individually and the following stages were applied to data obtained on all five transcripts.

Stages employed:

Firstly, to enable the researcher to enter the participant's world, the researcher immersed herself in the original data through a phase of active engagement. This involved reading and re-reading the transcript whilst at the same time listening to the audio tape. In doing so, the researcher was able to pay attention to the emotional tone and rhythm of the participant's account and take note of how their account flowed and experience were described. As the researcher read the transcript, line by line, and listened to the tape, notes were written on the margins on the transcript and further exploratory comments were added during subsequent readings. Initially, comments were focused on anything that was significant within the transcript followed by looking into specific ways things were said, thought about and understood by the participant. The explorative comments were structured by using three discrete processes on the right columns (suggested by Smith, Flower & Larkin, 2009) combined within the same transcript (See Appendix-J, for example of transcript). The researcher also made sure that she went back and forth between the words/ sentences and the whole of the text to help develop her interpretation. This was to ensure that she kept in line with the hermeneutic cycle process crucial in IPA work (Smith, Flower &Larkin, 2009).

The three processes employed:

1. *Descriptive comments*- the researcher focused on what was said by the participant and the topic of talk within the transcript. It very much focused on taking participants' accounts at face value and identifying the objects that structured the participant's way of thinking and experience.

2. *Linguistic comments*- the researcher focused on describing the participant's specific use of language, especially looking at how the content and meaning were presented by the participant.

3. *Conceptual comments*- the researcher aimed to engage and focus on the transcript data from an interrogative, conceptual and more interpretative position.

To ensure these processes took place, attention was placed on looking for repeats and contradictions in what the participant said. Questions such as "what does this word/ phrase mean to the participants" were also considered and kept in mind. The use of deconstruction techniques was also utilised to avoid the researcher focusing on simplistic reading and to allow the researcher to get closer to what the participant was saying (encouraged by Smith, Flowers & Larkin, 2009). Following the process of explorative commenting, the researcher focused on developing and identifying emerging themes that captured the complexity of meanings that existed within the transcript. The themes identified aimed to reflect a synergistic process of description (participant's original words) and researcher's interpretation. Once a set of themes were established and chronologically ordered, the researcher searched for connections across the emergent themes. This was achieved by initially printing each theme on separate pieces of paper. Using a large space (i.e. the floor) they were moved around and, experimenting with different groupings and then clustered according to their shared meaning and relationship into super-ordinate themes. Each super-ordinate

theme was given a name that captured the essence of the patterns between the emergent themes (See Appendix-K).

This was then repeated across each participant's transcript and connections across the transcripts were identified. A table of master themes with subthemes was then composed. The researcher then went back to the transcript and added quotes/ extracts representing each theme to help demonstrate internal consistency between them (See Appendices-L & M).

During the process of analysis, the researcher attempted to minimise influencing the data by being continuously reflexive and aware of her own preconceptions and assumptions. This was achieved by using the process of 'bracketing' personal reflections and associations between transcripts in a separate document (encouraged by Smith, Larkin, Flowers, 2009). When analysing each participant's transcript, each case was treated on its own terms and individually. This meant that bracketing was also used to bracket ideas from previous cases when working on another.

3.11-Quality Criteria

Methods of assessing quality of qualitative studies have been vastly debated and discussed amongst qualitative researchers. Concepts such as reliability and validity have been typically associated with quantitative studies and their applications to qualitative studies have been highly debated (Smith, Flowers, & Larkin, 2009). As a result, alternative quality assessment criteria and guidelines for evaluating these concepts for qualitative research have been produced. However, Smith, Flowers, and Larkin (2009) warned of the danger of producing easy to use checklist procedures that could potentially become too simplistic and rigid and therefore overlook the subtle characteristics of qualitative work. The authors have encouraged the use of Yardley's (2000, 2008) guidelines for assessing the validity and reliability of qualitative studies due to its sophisticated stance thought to be better suited for IPA methodology. For this reason, the current study chose to follow Yardley's guidelines.

Four broad principles for evaluating the quality of qualitative studies have been established by Yardley (2000). Firstly, is '*sensitivity to context'*; Yardley claimed that a good qualitative study will show sensitivity to context. She outlined several ways in which this can be recognised. For instance, sensitivity may be shown in the researcher's awareness of the current research and theories of the phenomenon under investigation, in being sensitive to the socio-cultural milieu of the study and in the characteristics of the researcher that may impact the power balance in the course of the study. IPA researchers have been thought to show sensitivity to context from the very initial stages of the research process, as early as when the rationale for choosing IPA as a method was established. This is because the reason for its choice is often based on the apparent need to be sensitive to the context of the phenomenon and lived experience of the participant, in order to engage closely with the idiographic and the particular (reasoned by Smith, Flowers, & Larkin, 2009). The current study hopes that its research question and applied methodology reflects meeting this principle, since the study aimed to portray an authentic reflection of the experience of self-harm from South Asian women's perspective.

The analysis process in IPA is strengthened by its rigorous data collection. Thus, according to Smith, Flowers, and Larkin (2009) researchers must show care with the collection of data from participants, good awareness of the interview process, dedication and specific skills. For example, the researcher adopts an empathic stance during the interview process in order to allow participants to feel at ease, to negotiate the power balance between participant and researcher and recognise any interactional problems that may arise. It is thought that these skills reflect sensitivity to context from the stages of data collection through to data analysis in IPA research.

The second principle described by Yardley (2000) is '*Commitment and rigour'*. With IPA, commitment is expected to be demonstrated by the level of attention paid to the participants during data collection, and with the depth of care in which the analysis has been conducted (Smith, Flowers, & Larkin, 2009). In the current study, thoughtful

consideration and care were exercised throughout the data collection and analysis process. Sensitivity and attentiveness to participants was ensured throughout the interview process to allow the women to be open about their experience. The researcher also believes that this was achieved as demonstrated by the length of the interviews and depth of the experience obtained by each participant. Furthermore, taking into account IPA's idiographic stance, the researcher needed to immerse herself in the data and commit to analysing each participant's account profoundly and with attentiveness before moving on to the next case. This was believed to meet the commitment and sensitivity principle. Yardley (2000) used 'rigour' to refer to the diligence and completeness of the study in terms of the quality of the sample, the interview and data analysis. Smith, Flowers, and Larkin (2009) stated that for IPA the quality of the data sample is fundamental and carefully chosen to ensure a relatively homogenous sample that can relate to the study's research question. The authors further claimed that within the interview process, rigour is often demonstrated by IPA researchers' aspiration to keep equilibrium between closeness and separateness and consistency when using probing questions, and when being attentive to signs from participants for deeper exploration. This can be particularly demanding for novice researchers, as a consequence advance preparation was conducted for the current study. For instance, the researcher had pre-planned appropriate probing questions and practised interview skills using supervision to ensure the study was conducted thoroughly. Furthermore, Yardley (2000) stated that rigour involves the complete interpretation of data that addresses the complexity and differences observed between participants. This is in line with what a good IPA study would be expected to involve, that is, thorough and systematic analyses to ensure adequate idiographic engagement (Smith, Flowers, & Larkin, 2009). This means that the data analysis would need an adequate level of interpretation that moves beyond a simple description to an interpretation of what the subject matter means. This is hoped to have been achieved by the current study as demonstrated by the analysis write up.

Thirdly, the principle of '*Transparency and coherence'* was advocated by Yardley (2000). She suggested the need for a clear description of the stages of the research process, for example, how participants were selected and the steps used during the analysis process (evident in the current study's methodology chapter). Coherence refers to the degree of fit between the theoretical assumptions of the IPA approach used and the research that has been conducted (Yardley, 2000). The researcher hopes that the reader can see the study's commitment to staying consistent with the underlying principle and ethos of an IPA approach as she tried to implement phenomenological and hermeneutic standards throughout the report.

Lastly, Yardley (2000) discussed the principle of '*importance and impact'* as the final guideline for evaluating the quality of qualitative research. She stresses that no matter how well a study is conducted, the test of true validity is whether it is able to present something interesting and important, adding new knowledge to existing theories, which the researcher believes has been achieved here.

3.12-Reflexivity

Qualitative researchers have acknowledged that the researcher shapes and influences the process of the research conducted as both a theorist and a person (Willig, 2008). Reflexivity as a consequence has become an important element in qualitative study that encourages reflection on how the researcher is implicated within the study and its findings (Willig, 2008).

Within IPA, reflexivity is a central component and process considered throughout the research. IPA recognises that the researcher plays a significant and inescapable part in the process of data collection (Biggerstaff & Thompson, 2008). For example, the researcher's influence begins from the early stages of interactions with participants and what questions are asked during the interview through to interpretations made during the data analysis stage. It is therefore important that throughout the study the researcher engages in critical self-reflections and is aware of their own preconceptions

and assumptions about the phenomenon investigated. It has been suggested that this will enable the researcher to be more open to the subjective meaning of participants engaged within the research (Biggerstaff & Thompson, 2008).

As a result, several different plans were set in place to facilitate this central feature in the study. For instance, the researcher recorded personal reactions, thoughts and feelings in a reflective diary throughout the process of the study (i.e. the recruitment stage, process of interviewing and analysis stage). Throughout the course of data analysis attention was paid to the impact of differences and similarities shared between participants and researcher. The technique of 'bracketing' was also used to set aside personal assumptions. Further discussions with supervisors and peer support groups helped recognise preconceptions outside of the researcher's personal awareness.

3.12.1-Researcher's background and interest in the phenomenon investigated[1]

As a researcher following IPA methodology, it was important for me to address my interest in this field and outline some personal background information that may have affected the process of this research study. My interest in the chosen area of study was influenced by my first year clinical placement in a psychological department in a hospital based within a multicultural London borough. During this placement, I was involved in service improvement meetings. These meetings brought to my attention the issues of ethnic minorities', particularly South Asian women, being disproportionally represented in our service. As a South Asian woman, this struck a personal curiosity and led me to read further about the subject of South Asian women accessing mental health support. During my literature search I came across a few articles which discussed the high rate of self-harm and suicide among South Asian women in the UK. Whilst reading, I was staggered by the statistics and was prompted by a desire to

[1] It was decided that the following reflexive section would be best written in the first person to help engage the reader with the researcher's experience.

further understand self-harm by South Asian women and a wish to contribute to the literature on ethnic minorities.

In terms of my personal background, I am a South Asian woman in my mid-twenties, born in India. I am a single woman with no dependents living in the UK and describe my religion as Hindu. My parents were also born in India. I have completed undergraduate degree level education and I am currently undertaking doctoral training in counselling psychology. In many respects I shared a similar demographic background with the women in this study, in terms of age, gender, educational level and ethnic origin. However, I seemed to have differed from my participants in relation to country of birth and experience of self-harm.

The shared features were taken into account and the impact of this on the study was considered thoroughly. For instance, sharing a similar identity and having a particular interest in the area of study were considered in a positive light, as it enabled me to bring cultural elements of inquiries to the study. In addition, it was thought that this would encourage participants to come forward and feel more comfortable in disclosing meaningful information to another South Asian woman, providing richness to the data. This was supported by Bhopal (2001) who contended in her study with South Asian women that the researcher's racial identity does impact on the course of the research. She explained that participants who shared similar identity and experiences were more prepared to engage with researchers who reflected this. Hall (2004) suggested that researchers with similar ethnic identity were viewed as an 'insider' by ethnic minority participants, helping to develop a positive relationship with interviewees. On the other hand, Chaudhury (1997) noted that even with shared identity it is not possible to assume this correlated with a shared experience. Especially, since there are several characteristics (e.g. experience of self-harm) on which a researcher can be viewed as an outsider and perceived as either problematic or beneficial.

Therefore, it is possible that sharing a similar identity may have hindered the process of women volunteering during recruitment due to the researcher being perceived as 'being part of their community' and knowing people they know. In line with authors such as Song and Parker (1995) it was thought that assumptions made about the researcher's cultural identity would impinge upon the process of attaining clarity and validity of the information given. This may be due to participants assuming that the researcher understands their subjective view or that they may feel the need to withhold certain information**.** As highlighted by Song and Parker (1995) several connections and disconnections may be more likely to have occurred through the interviewing process.

Taking into account the implications of sharing a similar identity, it has been imperative for me to reflect upon my own assumptions and values derived from my personal experience as a South Asian woman and from the knowledge gathered through my literature review during the process. As a result, I have attempted to remain reflexive, both personally and epistemologically throughout, to avoid imposing my views whilst obtaining new meanings and understanding. It was also important for me to attempt to remain impartial consistently throughout the process and be aware of the risk of colluding with participants' accounts.

It is of significance to acknowledge that the descriptions of experiences given by the participants have been those given within the context of one Asian woman to another and should be understood as such by those reading the study.

3.12.2-Recruitment reflections

As highlighted in the recruitment challenge section, recruiting participants was an extremely challenging process. Early contact with gatekeepers was attempted and various measures were sought to make the study possible. Over fifteen charities and five universities across England were approached as possible sites for recruitment and advertising. Various advertising strategies were used such as social media, radio and advertising within community newsletters. However, for a period of 6 months,

recruiting South Asian women was found difficult and this evoked growing levels of anxiety and frustration.

As an external researcher I faced certain barriers with gatekeepers who had agreed to support me with recruiting. For example, I felt that some leaders and managers of community centres struggled to recruit women because they may have viewed me as demanding without contributing. I also sensed that there was some reluctance from managers of community centres to ask women to participate in research focused on such a sensitive and stigmatised issue. Although I had attempted to build good relationships with some gatekeepers, I felt that this was not always possible. My supervisor and I believed it was more important to focus on maximising opportunities by spreading recruitment as widely as possible. Preferably, it would have been helpful to have built good relationships with each gatekeeper working within the charities as this may have helped address some of the barriers described above.

Interestingly, it was not until a cash incentive was offered in the adverts that women, particularly students, showed an interest in volunteering. When participants were asked about their motivations to participate, some agreed that the cash incentive had persuaded them come forward. This seems to support Mir's (2008) notion about the importance of reciprocity within the relationship between researcher and participant in increasing engagement. Another common reason for participating among the participants was their personal desire to raise awareness of the issue and for their experience to be voiced. One participant said that it was her disbelief in finding out that other South Asian women also struggled with self-harm and that she was not alone that encouraged her to part take. In addition, it is perhaps important to bring to attention that all participants were students from higher educational institutes. It is therefore possible that they may have been more accustomed with the concept of research and therefore felt more motivated to participate and help another student.

Participants were also questioned about the impact of my shared identity on their experience of the interview and in their decision to volunteer. One participant stated that my shared ethnic origin was important to her and that my name on the poster had helped confirm this. She felt that by sharing a similar ethnicity I was more likely to understand her problems than if I originated from a different ethnicity and background. Most participants had reflected this similar experience and had suggested that it helped them feel understood when discussing cultural elements to their self-harm.

4.0-CHAPTER THREE

4.1-ANALYSIS

4.1.1-Chapter summary

Using the IPA method outlined in the methodology section, this chapter focuses on the phenomenological analyses of the women's accounts. During the analysis process, the themes were chosen to ensure that they were directly related to the research question and to the target population. The analysis of the data produced a total of four master themes and ten sub-themes (see table 2. below) to illustrate how the women who participated in the study experienced self-harm and made sense of the contributory factors.

The master themes have been organised in a way that follows a narrative style, beginning with the struggles that the women experienced and how it led them to an overwhelming state of mind, through to why they chose self-harm as an emotional response and what it meant to them. Finally, exploration and experience in relation to seeking external support for their self-harm was discussed. Following this thematic and narrative approach to writing up, the analysis was influenced by IPA researcher Smith (2004). Smith claimed that writing up in this way enabled the themes to take the form of an 'unfolding narrative,' outlining the meaning inherent to the participant's experience in a timely manner. He also argued how this style of approach remains in line with the theoretical standpoint of IPA.

The first master theme focused on the struggles the women shared and the psychological impact this had on them. Importantly, it captured how the struggles left these women in a helpless and overwhelmed state of mind that was recognised as a trigger for an emotional response through self-harm, as discussed in the second master theme. The third master theme focused on the conflict in the women's experience and meaning of self-harm, and how this played a significant role in maintaining their distress. Lastly, the fourth master theme captured the women's

experience and opinions around seeking external support, providing further understanding for why self-harm was perhaps more acceptable and a significant means of coping for this population of women. The theme also considered the women's perspectives about how they would like current services to improve for the South Asian women population.

In this chapter, the data has been presented in the form of direct quotes from the interviews. However, pseudonyms were used and identifiable details have been changed in order to preserve the confidentiality of the participants. Quotes that have been used locate the pseudonym of the participant and location of the text in the transcript. A number system was used to locate the quote i.e. line number and page number (e.g. 113: 9). The transcripts and quotes used were left un-edited in order to present the participants language and expression. This meant that grammatical errors, pauses and silences were included so that the texts echoed the women's stories as much as possible. However, in circumstances where additional words needed to be included, to make the participant's quote clearer, words were added or omitted in brackets.

Table 2. Master themes

Master Themes	Sub Themes
The overwhelming struggle *"I couldn't take it anymore"*	**Feeling oppressed by several expectations** *"too many expectations…I didn't have a choice"*
	Sacrificing identity *"trying to live up to what they want me to be"*
	Feeling abandoned as a result of interpersonal loss *"forgotten me"*
Self-harm as a form of emotional response to the struggles *"self-harm is just coping"*	**Self-harm as an expression of trapped emotions** *"let it out"*
	Self-harm as covert punishment *"hurt myself…hurt them"*
	Self-harm as a friend *"A companion"*
Self-harm as a double edge sword *"It's really oxy-chronic[2]"*	**Self-harm as a means of survival** *"I just feel really good"*
	Self-harm as a means of wrongdoing *"I feel Selfish"*
Experiences of support services	**Ambivalent feelings towards health professionals** *"I just don't know if I can trust them"*
	Improving services for South Asian Women *"increase awareness"*

[2] '*Oxy-chronic'*-Participant Beena, made up a word to describe the contradictory meaning and experience of self-harm. It seemed Beena was alluding to the term 'oxymoron' to describe the double meaning and contradictory terms she used in conjunction to describe her experience and meaning of self-harm.

4.2-Master Theme-1: The overwhelming struggle

"I couldn't take it anymore"

Throughout the interviews the participants attempted to make sense of the contributory factors that led them to self-harm. In doing so, each participant recognised that the difference between acting on the thought of self-harming and actually self-harming was triggered by a build-up of psychological tensions, and a sense of feeling overwhelmed by their struggle which led them to reach a distinct stage of helplessness and feeling "I couldn't take it anymore". As a consequence, master theme one attempted to describe the women's struggles that led them to reach this distinct state of mind. It focused on how the women experienced the struggles which played a significant role in their self-harm.

4.2.1-Sub-theme-1: Feeling oppressed by several expectations

"Too many expectations… I didn't have a choice"

The women in the study explicitly described being exposed to various challenging expectations as South Asian women growing up in a British culture. When exploring the issues that led to their emotional pain and self-harm, most of the women based their distress on their family, community related and parental oppressions. Predominant across all transcripts was the dialogue centred on community and cultural oppressions, which focused on rigid and defined gender-based roles and responsibilities to preserve their family honour.

"Basically there's this thing that they [Asian women] have to protect the reputation and sort of stuff and they have these boundaries that doesn't make sense" (Aditi, 68.3)

The majority of the participants described the impact that achieving success and maintaining their "family reputation" had on their emotional distress. In particularly,

many viewed family honour as a burden and as unrealistic demands imposed by their family. For instance, Aditi highlighted how she disagreed with the expectations and demands requested from Asian women. She expressed how for her it meant "control of my life".

"The fact that I had a family reputation to keep up that I wasn't ready to hold onto because I don't understand women. We're living in um in the 21st Century where everything's going to be different and they still expect me to be like um what a housewife in Sri Lanka, I don't know. I mean, even now, they're like you listen to your parents for now and then after you get married you listen to your husband and I'm not ready for that, I'm not ready to let someone else control my life" (Aditi, 15.20)

Her account appeared to show her conflicted feelings between being expected to maintain traditional eastern roles whilst living in a "21st century" western society. Not only did she highlight her clash with traditional values she also drew on how she believed the idea of upholding her family's reputation meant she had to give up control of her life and instead live a life of subjugation by her parents and future partner. It can be interpreted that by succumbing to the traditional gender role expectations in order to maintain family honour, there was an expectation for her (perhaps generally Asian women) to hold less power and control and to tolerate passively situations she disagreed with or in which she felt taken advantage of. It was clear from the repetition of the words *"I'm not ready*" that this was something Aditi felt forced to follow but was not prepared to give into easily and instead was willing to challenge, possibly creating internal and external conflict.

Aman explicitly talked about her understanding of family honour and brought forth deeper meaning to the structures and dynamics that exist in Asian families and communities.

"I guess there's always this kind of like shame that people feel like for example a family wouldn't want another family to like want to know that "oh this... you know, this girl's really bad or like their daughter's really bad" ... That it's that kind of like dignity they want to maintain so that other families... I don't know, Asian families are very proud, they like... talk... when they go and see other people, they want to tell them about their good things, they never want to tell them about their bad things which is something that my family does a lot like when you go to someone else's house it's always talking about the new car that you've got or um anything exciting, they would

never talk about anything that would bring them down. So it's the same thing with their... with their daughters and stuff. They want to talk about good things that their daughters have done, they would never want to talk about anything bad that their daughters have done and especially with girls it's like I don't... I don't know why but it's like they try and protect them a lot…" (Aman, 179.33)

Aman openly stated that *"Asian families are very proud"* and for this reason women are expected to behave in a manner that enables their family to attain prestige and "dignity" in the eyes of others in the community. She went on to describe the impact and burden this had on Asian women, particularly daughters, for instance, and the stress felt to maintain a "perfect" image. The notion of being perfect to enhance the family's status was further supported by Aarti who described herself as a "trophy" wife and daughter in law. Aarti's metaphor brought light to the way the women perceived and experienced themselves in the context of family honour, for instance, a sense of being exposed and under a 'spotlight'.

"…like a little trophy for them, you know for them to show off, you know "this is our daughter in law, here you go, have a look" (Aarti, 28.37)

On the one hand it can be interpreted that by being under the spotlight these women have little power and are therefore restricted. However, it seemed Aman's extract illustrated that they were restricted, or using Aman's language "protected", not as a consequence of having little power, but because they represent the bearers of their family's reputation. In other words, it could be perhaps interpreted that by being under the spotlight, they were restricted because they had the ultimate power to singularly risk and damage the honour of their family.

Furthermore, Aman's account uncovered a further layer to the dynamics within Asian families as a result of expectations in the context of family honour. For instance, she explicitly stated how families attempted to deny or hide problems for fear of social shame and community reprisal. It seemed that there was an underlying belief that if problems were not evident or exposed to the external world then they were not real. It seemed that as a consequence of this belief, the women were denied the opportunity

to communicate or seek intimacy and support from their families. It can be suggested that family honour has the power to include or exclude families through cultural judgment. As a consequence, the participant's parents may have found it difficult to recognise their children's distress and provide a source of support for their struggles, leaving the participants isolated and unaware how to manage their distress.

The significance of family honour was often described through means of parental control and expectations by most of the women. For instance, Aditi began her interview by explaining how following her parents' separation, her mother became "stricter", imposing greater restrictions and expectations upon her. She associated her mother's restrictions as typical of "Asian mothers" and "over-protective."

"after my Dad left and Mum got stricter, over-protective... and especially Asian mothers, so I was actually going through a lot and she wouldn't listen, she took my phone off me and my camera off me at that time. I got caught with my boyfriend as well, so... it was pretty bad and then I was... there was a limit when I couldn't... like, there was a limit... you know when there's boundaries and you just want to push them and... go over them and my Mum just... she gave me these strict guidelines like I couldn't use the computer or anything and I couldn't do my homework sort of thing and it was so bad and so in the end I thought self-harming..." (Aditi, 46.3)

The extract highlighted how Aditi felt the restrictions set by her mother became too much for her to cope with. She explained how her personal possessions were taken away from her and how she felt immobilised and "so bad" as a result. In the extract, Aditi asserted the unsettling nature of being denied freedom through the confiscation of her personal possessions. She also hinted at how she wanted to "push" the boundaries which she felt limited and restrained by. This indicated a feeling of entrapment, stuck by the restrictions and expectations.

"I wasn't allowed to see or talk to my Dad or anyone from his Dad... my Dad's family but that was very hard because my Mum's family is not here, the only family we had was my Dad's and we see them everywhere, so it's pretty much awkward to avoid them and yeah so there was that and no make-up. Um I didn't have a choice in what I was wearing at the time, she went shopping for me and everything. I had to look after the brothers and it was like I had to do my homework with them, I had to sit down and do it with them, even if they knew what they were doing, I just had to be there. It was like being another parent for them sort of thing and I just couldn't deal with that. It was too much for me at the age of 14."(Aditi, 99.4)

Here, Aditi described the expectations imposed upon her by her mother and family. She highlighted the lack of “choice” she had in the outfits she wore and who she communicated with. In her account, she explained how this was to protect her family from shame and dishonour. In addition, as the eldest child and only daughter, Aditi explained how she was expected to take care of her younger siblings, illustrating the level of gender-based responsibility she was expected to fulfil from a very young age. “*I just couldn’t deal with that. It was too much for me at the age of 14”,* this part of the extract really expressed her concerns at the demands set by her family and the overwhelming impact it had on her.

In addition, throughout her account, Aditi repeatedly used the phrase “I didn’t have a choice” and “I wasn’t allowed” to describe her restrictions and expectations for her behaviour. It could be interpreted that her description and use of language described the confinement of a prisoner, deprived of liberty against her will. Consequently, it could be suggested that this emphasised the lack of influence and agency she had to make her own decisions, leaving her feeling oppressed. Her account also perhaps captured the power differential between the parent and child relationship and dynamic in her family. It can be thought that in her family, the parental figure had a powerful standing in terms of who made the choices, leaving the child controlled and powerless with little agency. It also seemed through the accounts of most of the participants that the parental control they experienced was not only a mechanism to avoid potential dishonour but a latent lesson to teach the women about traditional cultural expectations and gender roles.

Similarly, Aman described her parents asserting control over her behaviour. Her extract illustrated a lack of privacy and personal space. Further indicating that her life was always exposed or under a spotlight, limiting her liberty.

".. I didn't have much freedom, everything was checked like how much I used my phone was checked... who I text was checked and I felt like I had no freedom at that time so I couldn't even talk to anyone."(Aman, 28.20)

She also went on to mention additional pressures and expectations placed upon her by her parents, for example, to manage difficulties at home (father's illness), house responsibilities and educational success.

"he [father] suffered a stroke which was a big thing for all our family and also um I was doing my A Levels which I found really hard at that time because of what was going on at home and I was just the only child at home at that time so it made things very difficult for me because obviously my Mum was going through the stress as well because obviously her partner's like um very ill and um it made me feel like there was too much responsibility on me and um at the same time my family has this expectation from me that um especially with studies that I really have to get either an A or a B grade. If I got like a C grade, they would like be very angry and be very upset" (Aman, 9.1)

The pressure to achieve high grades in school, on top of responsibilities at home, in order to avoid disappointing her parents meant that Aman felt stretched and emotionally pressured. Also, her lack of privacy and control over her behaviour meant that she was left feeling "alone" and disconnected from others. This was also echoed in the other participants' accounts i.e. in Aditi and Aarti's accounts. It can be suggested that there is a strong desire for the women to prioritise parents' needs ahead of their own. This almost seemed a way for the families to curb the participant's independence and ability to damage family honour.

The pressure and expectation to succeed educationally and professionally in relation to family reputation was also common in Beena's and Aarti's accounts. Aarti explicitly demonstrated how reaching the top of her qualification led to "brownie points in society" and approval from her family, emphasising the pressure of bringing pride to the family.

"even when I qualified I think I rarely used that title but for my Mum it was a big thing because that gave her brownie points in society, you know, "my daughter's a doctor" albeit not in the traditional sense but she doesn't care… the same with my in laws. I think the only reason why they're letting me study now is because of that title, you know, "she will be a doctor at the end of it." If I was just doing a Masters, they would be like "oh, we don't really want you to study." (Aarti, 253.17)

Furthermore, Aarti illustrated how protecting honour placed pressure to sacrifice her own needs and necessities. For instance, she discussed how she was in love with another Asian man before she got married, however, because he did not meet the educational and financial standards deemed acceptable and honourable by her family, the relationship had to end. Aarti described how she had to sacrifice her wish to be with him, put her "needs to one side" and end her relationship to marry another man with reputable standards (of her parents' choosing) in order to avoid dishonouring and shaming her family.

> *"I mean, protecting the honour of the family is another expectation… with that guy if I'd married that guy from India, he wasn't educationally to the same level as I was he just worked in a petrol station, that wouldn't be protecting the family honour, you know, people would laugh at my Mum and Dad, you know, "you've got an only child and look what she's done" So the expectations of yeah, you know, I've got to put my own needs to one side and protect my family name. I think I've always done that a lot, put my needs aside so self-harm has also been a way of putting my needs first, seeing my needs"(Aarti, 26.46).*

It could be suggested that family honour was viewed as a community-sanctioned method of curbing these women's independence, leaving them feeling powerless and subjugated. It seemed the women felt being under the spotlight limited their freedom and ability to take control and agency in their life. It also meant that they had to sacrifice their own needs and instead prioritise the wellbeing and integrity of their family, dynamics that seemed to have played a significant part in the participants reaching their described overwhelmed state of mind.

Another significant pressure and expectation from Asian families, was to remain silent and to respect elders. This formed an additional dimension to the participants' distress which seemed to have influenced their self-harm. Echoed across the transcripts of most participants were the tensions experienced by the chain of power and hierarchy in the family unit.

"Whatever your father says, you kind of have to do, it's an authoritative kind of thing". (Beena, 88.49)

The women explained how it was "typical" in Asian families "not to talk back to your parents" and the "elders" in the family, as this was perceived to be disrespectful. The women stressed how they were brought up obeying this family value. For some going against these values led to negative repercussions such as punishment through physical violence, while others were led to feel disappointed and ashamed for letting their family down.

"…I couldn't talk back at the time. If I talked back, then I would get smacked each time" (Aditi, 1.19)

As a consequence of this family value, the majority of women in the study explicitly associated the inability to "talk back" to members of their family with self-harm. It seemed that this was because by obeying this family value they were denied the opportunity to express their feelings or share their complaints against the demands and expectations imposed on them that were perceived as controlling.

"*I mean I love them and all but it's just sometimes you can't tolerate it and I don't talk back to people, I stay quiet and I suppose my face gives it away that I'm pissed but I stay quiet, I don't talk back to people and that was a problem for them. They were like "if you've got an issue you talk about it", if I talk about it they're going to be like I'm talking back to them... they're very hypocritical when it comes to this kind of thing. They say one thing and then if you do it, then they're going to complain about it as well"(Aditi, 125.23*)

It was thought that the extract from Aditi highlighted how she felt gagged and manipulated by the family value, consequently, leaving her feeling defeated and angry. Her anger was also evident in her tone of voice during the interview. In addition, the first line of the quote *'I love them and all but it's just sometimes you can't tolerate it*", indicated conflicting feelings towards her family, a sense of animosity towards them as a consequence of the value. This revealed a further layer to the level of psychological and emotional control experienced from the family expectation.

Divya showed how relationships are not only hierarchical between sexes and generations in the family but also between older and younger members of the same generation.

"my sister…she's older than me so I've looked up to her and... but at the same time, you know, I see, you know, everything that she says has to be right because she's older, you know, she's got more authority...um… and in my family, you know, you listen to your elders, they must be right, they must know what the… because they've been there, done that, they've learned..." (Divya, 14.20)

Here it can be seen that Divya was highly influenced by the chain of hierarchy within the family unit. It can perhaps be suggested that she even depended on it to make decisions about her life. Furthermore, it could be interpreted that the family value controlled Divya by placing her in an inferior and powerless position when in the presence of a family member with higher authority. Moreover, it could have suggested that the intrinsically hierarchical relationships in Asian family units play a significant role in forming a respected part of these women's identity and emotional conflict. The notion of sacrificing identity will be further discussed in the following sub-theme.

The sub-theme captured how the expectations and traditional values led these women to feel trapped in subordinate positions. It also demonstrated how this led them to feel powerless, entrapped and oppressed, factors that have been strongly linked to distress and an overwhelmed state of mind (according to Gilbert & Allan, 1998).

4.2.2- Sub-theme-2: Sacrificing Identity

"Trying to live up to what they want me to be"

Interlinked with sub-theme one is the concept of sacrificing one's identity. Identified across all transcripts was a sense that the participants felt the need to sacrifice their sense of self in relation to their families and ethnicity. Their tendency to negotiate and sacrifice their self to form an identity separate from others was recognised as a separate struggle that played a significant role in the build-up of psychological tensions associated with an overwhelmed state of mind.

Throughout Aarti's account there was a sense that she was attempting to bolster her identity and sense of self in relation to others e.g. her mother, previous boyfriends, mother-in law and husband. Her sense of self seems to have been closely bound to her relationship with them. This was evident in the way she described feeling pressurised to fulfil each role but always "falling short".

"I don't think I've never lived up to what anyone's wanted me to be. I've never quite been the right daughter, I've never quite been a good girlfriend, I've always fallen short and when I fall short, that leads me to get really unhappy. I'm a real person... People pleaser, I like to do a lot to make people like me so when... Even despite me trying so hard, I still don't make people happy, that makes me upset you know, makes me self-harm"(Aarti,237:25)

Aarti emphasised the pressure she received from her family to fulfil multiple roles, to be a "good little daughter, daughter in law and wife". Her tendency to prioritise the needs of others over her own, meant that she felt "too busy fulfilling other roles in my life" over her own. It can be interpreted that by feeling controlled by the demands and gender role expectations, Aarti needed to continuously compensate and sacrifice her sense of self in order to manage the demands.

"*When…my life isn't intertwined with anyone else's so I'm not, you know, living with my Mum and Dad, I'm not married or I'm not with a boyfriend, I'm just me. When I'm me, then I'm fine. When I'm so close to someone else, that's when things get messy" (Aarti, 207.25)*

It was particularly interesting how Aarti was able to reflect how she tended to feel more content with herself when separating herself from her family and others. This perhaps suggested that when she was provided with the space to develop an identity separate from her family (i.e. when she was at university and when single) she was able to preserve her self-esteem and sense of self better. Perhaps, it could be interpreted that when her sense of self was closely bounded to her family or others, she was more susceptible to interpersonal loss (e.g. disappointment or rejection from others); producing intense emotions that threatened to engulf her individual self. Consequently, it could be suggested that she sacrifices her individual identity and subsequently feels

a loss of self and an overwhelmed state of mind (supporting the boundary model discussed by Suyemoto's 1998 in chapter one).

The above interpretation has been further supported by the following extract in which she demonstrated that her struggle to develop an individual identity was influenced by her experience of culture clashes, i.e. the expectation to be culturally productive and educated in mainstream culture in Britain, whilst at the same time being expected to fulfil traditional Asian women roles.

"*I think the modern daughter in law goes to work, comes home, earns money... I give a portion of my pay to my mother and father in law, a sort of rent for living with them. So you have to have a job, and come home, give them money. On top of that, you've also got to do the cooking, the cleaning um... I've got three brother in laws, so look after them um do their washing, cleaning, cooking um and then just be this sort of prize little daughter in law, you know, someone comes round, get dressed up in all my gear and be like "hm, hm, yes" just…like a little trophy for them, you know for them to show off, you know "this is our daughter in law, here you go, have a look" um and there's so much... there's so much expectation around that because [pause] you've got... you've got to look perfect and obviously I'm not, in the sense of my weight and my mother in law, she will be like "hm" you know "can you go and put something else on because that's showing..." So there's so many expectations there. Other expectations... that are imposed on a girl... I think it's just keeping your Mum and Dad happy as well so I'm trying to be a good daughter in law and still be a good daughter to them um it's really hard"(Aarti, 22.37)*

Here it can also be seen how Aarti felt she needed to maintain a perfect "prize little daughter in law" image that did not fit with how she perceived her true self. It could be suggested that this demonstrated a sacrifice and conflict of identity and sense of self. It also stressed how difficult it had been for her to separate her real self and maintain a "trophy" self. Perhaps, as Ghuman (1999) stated, the restrictions imposed through expectations to be perfect may have limited Aarti's identity formation and left her to form a poorer sense of self.

Aditi further emphasised how protecting eastern values whilst living in a multicultural western country which held different cultural expectations and values made it very difficult to "fit in", implying a 'self' different to the society she lived in.

"We're not back in Asia where everything's simple, we have to deal with a lot... it's a multi-cultural society here and if you want to fit in there's... there's going to be

stuff, like going out and stuff and I never went out or anything and I always used to miss out on the fun with my friends and stuff and it wasn't fair on me"(Aditi, 69.4)

She described how certain behaviours were perceived negatively within her culture and how they conflicted with her aspirations and desires to fit in with her western friends. In particular, she explained how the pressure to protect family reputation meant abiding by certain traditional eastern values unfamiliar in a multicultural western society, which led her to feel excluded. It seemed Aditi experienced externally imposed pressures to conform from both cultures, leaving her feeling conflicted and stressed. As a consequent this could be viewed as a struggle for her to individualise and form an individual identity.

Furthermore, throughout Aditi's account there was sense of her trying to develop an identity separate from her family and culture. She claimed to *"follow my culture but not as thoroughly as the other people would";* indicating that part of her was in conflict with family and traditional cultural values.

"I do follow my culture but not as thorough as the other people would simply 'because we're living in a, like, mixed society sort of thing where everyone is here so I don't understand how they expect us to be the same way they want us to be there [in Sri-Lanka]"(Aditi, 43.47)

By living in a multi-cultural western society, Aditi seemed to have adopted an integrated cultural identity, one with a modern perspective that was in conflict with older generations or people living in eastern countries. Her account shows how she attempted to "get away" from the Asian culture and selective teaching of traditional values expected to be followed and respected.

"in all Asian families… there's so much gossip about everyone, like, you can't walk with a guy, like, even if you walk with your brother, some woman will call up your parents saying "your daughter slept with another guy." That's the sort of community this society is, to be honest, it's so disgusting and I tried to get away from it and that's the problem because I'm trying to get away from it, they're like, "you're ruining our name"… "you're supposed to be doing what we tell you." and I wanted to do modelling and I got into modelling as well but they were like... they compared a model with a prostitute so what was I supposed to do, it's a job and I'm not selling my body for

money, it's a different story but they don't understand that, it's all about how everybody looks at you sort of thing. That's what they care about and I can't... I couldn't deal with that. (Aditi,55.12)

Her experience in the above quote reflected her rejection towards traditional values and norms within the Asian culture and community that controlled her behaviour. Aditi expressed anger and disgust towards community grapevines in her culture, she further qualified the above with a statement such as *"I hated myself for being born in this family, for being Tamil [an ethnic group and language spoken predominantly in Sri-Lanka]",* demonstrating a conflict with her ethnicity and self.

On the other hand, it seemed her rejection was not completely absolute, as Aditi stated how she accepted certain aspects of her culture such as her mother tongue and cultural history which she planned to embrace in the future.

"I love my language, I um... I'm planning to do a BA in it, I've done my A Level and stuff, I mean I love my literature and all and this is my family" (Aditi, 126.41)

She also accepted that this was her family, despite the disagreements and conflicted feelings she had towards her culture and ethnicity. Moreover, rather than pursuing her ideal career she chose to sacrifice it and instead negotiate within the context of her families' expectations and family honour, consequently choosing a degree that was partially acceptable and that she had some interest in. Thus, it seemed that Aditi attempted to construct a positive sense of self, partially separated from her family through negotiation and by positioning herself as 'different' to the family.

The idea of positioning one' self as different to the family was also recognised by the other women in the study. In particular, Beena explained how her conflict with her family was because she recognised herself as being different from them.

"so my Mum is a very pro –Ismaili and my sister converted to being a Nizari [a sub-group of Islam] and like you'll see the typical Muslims with the headscarf and the no boys, no drinking, all of that so my sister has that and I'm the complete opposite, like, I like to go out party, make friends all my best friends are boys... So for them it's kind of taboo…" (Beena, 251.9)

Here, she highlights how her values and religion were in conflict with members of her family, as they were perceived as “taboo”. Beena described her morals and values to be those from a more modernistic perspective compared with a traditional Asian perspective. This indicated how she had perhaps deviated away from her family’s traditional teachings and formed a separate identity.

Similarly, Divya positioned herself as different to her family, however, she stressed that this was due to her failure to meet her parents and family’s academic expectations. Divya stated that in her community and family individuals were defined by their occupation and professional achievement. Thus, failing to achieve professionally led to a sense of being ‘nobody’.

“Because you have to be someone... people are defined by their, you know, it sounds so petty but their occupation in a way or sort of this... that determines like their status, you know, how well educated, you know, if they’re professional rather than if they’ve just done something, you know like, they’re just an administrator, that doesn’t really hold the same, you know, shock factor as, you know, if they’ve done, like, medicine”.(Divya, 286.10)

In her account, Divya goes on to explain how she felt that she did not work hard enough to meet her parents’ level of achievement and strongly associated identity with occupational label.

“Within my family like I want them to be not so and so “oh they’re the doctor” but, you know, me and “oh they’re the [optometrist]” and just have that real, you know, identity.”(Divya, 255.9)

It seemed this strong belief appeared to have left her little space to explore a ‘self’ outside of her profession, forcing her to forego her complete self and instead leaving her feeling conflicted, unworthy and lost as an individual.

In conclusion, the sub-theme illustrated how each of these women experienced a struggle in forming an identity separate from their family. In particular, the women’s account demonstrated their tendency to sacrifice, compensate and negotiate their sense of self in relation to their family and wider community due to factors such as

family and cultural expectations and conflicts. For most of the women, the values and expectations of 'who they should be' (conveyed by their parents and Asian community) seem to have left them feeling ambivalent about their cultural identity and self-identity. However, each of the women learnt ways of managing these conflicts in different ways, some like Aditi and Beena rejected part of their ethnicity, whilst others like Aarti embraced them. However, in doing so, it could be suggested that these women's sense of self had been left in a state of conflict, potentially maintaining their distress.

4.2.3-Sub-theme-3: Feeling abandoned as a result of interpersonal loss

"Forgotten me"

Another commonality across the participants' accounts was the feelings of abandonment and rejection through a perceived interpersonal loss experienced by each of the women with a member of their family. It was interesting to find that the loss played a significant role in the precipitation of their despair, isolation and lack of worth, which appeared to contribute to their overwhelmed state of mind. Although interpersonal loss is often narrowly confined to bereavement or separation with a significant other, this study included 'feeling rejected by mothers during arguments' as a form of interpersonal loss. This is because the women who had arguments with their mothers appeared to mirror the feelings of rejection through loss found by the other women in the study whose parents' separated. During the arguments, it seemed the women experienced invalidating relationships with their caregiver, leaving them feeling unworthy, rejected and abandoned. Thus, each of the women experienced their interpersonal loss with someone differently (e.g. parents' separation, father's affair and feeling rejected by mothers during arguments).

All participants noted in their accounts the impact of a distant relationship with a parental figure on their sense of worth and esteem. Beena explicitly described how the

impact of reduced intimacy with her father, following his affair with another woman, led her to feel “forgotten” and abandoned.

“My Dad and I used to be really close. After his affair and his kid, I didn’t really talk to him for a while and he was very distracted... Um, yeah, he kind of forgot about our existence for a while but he actually doesn’t get along with my sister so I was always the one, it was me and his girlfriend…”(Beena, 122.14)

Aman focused on her poor relationship with her parents, in particular her mother who she felt continuously criticised her weight whilst she was growing up and penalised her for her poor school grades. Aman perceived her arguments with her mother as a form of interpersonal rejection which led her to feel “depressed”.

“felt really depressed so I was like in my room and I just felt like I didn’t want to exist anymore, I felt like there was no point because everyone just kept having a go at me all the time and like what is the point of me being here if like everyone just hates me” (Aman, 44.2)

It could be interpreted that both extracts capture how the perceived interpersonal loss led these women to feel that their existence was overlooked and rejected. This seemed particularly powerful in their narrative and associated with their language of despair and anger. According to Woods (1988), perceived abandonment which leaves individuals feeling isolated and non-existent can lead to the individual feeling rage and despair towards the other for their own neediness. When individuals are confronted by the reality of their desire to merge with the other and their threatened loss of self, the rage becomes intolerable and can perhaps leave them in an overwhelmed state of mind.

Aditi described how she perceived her father abandoning her and her family and losing complete contact to be with another woman as “hard”, indicating how painful and difficult it was to let go and accept this loss.

“I need a friend because I was always a Daddy’s little girl and when my Dad left it was like, I didn’t have my friend anymore and it was so hard for me…” (Aditi, 180.7)

Her use of the word “daddy’s little girl” and “friend” indicated a strong relationship between them. The lost relationship led Aditi to seek intimacy outside of the home and from other male figures in her family. For instance, Aditi explained how losing her father meant she wanted to reconnect with another family member she felt intimate and connected to, her deceased grandfather.

“he was the only granddad I had and he was a close dad as well and to be honest I was like I’m going to join you, I’m going to be with my granddad finally, no-one cares about me... It was real bad... bad thoughts at the time.”(Aditi, 269.9)

Aditi attempted to make sense of her thoughts to be close to her grandad:

“He loved me so much and that... because I was the only grand-daughter not living with him either, everyone else was in [America] and I was in London so he cared about me a lot and when he died he had um dementia so he didn’t recognise me or anything so um in his last few days he didn’t know who his favourite granddaughter was and that really hurt and when my Dad left it was like.. so my Granddad left without saying goodbye and without even remembering me and then my Dad left for another woman and then my boyfriend cheated on me at the same time so it was like all the men in my life just ditched me.... I wanted someone to substitute my Dad.” (Aditi, 285.10)

Aditi understood that her desire to be close to her grandfather and being in a relationship with her boyfriend were attempts to substitute and compensate for the loss of her father. This perhaps further indicated the impact of the interpersonal loss experienced on her emotional distress, neediness to merge and sense of isolation, similar to the other participants. Furthermore, the perceived loss of visible intimacy and nurture from a parental figure was also found to lead some of the participants to seek external relationships with abusive men (this will be further discussed in the following sub-theme, ‘self-harm as covert punishment’, using Aarti’s account). Thus, the perceived abandonment and interpersonal loss experienced seemed to have created unbearable feelings of rage, isolation and despair for each of the participants, contributing to an overwhelmed state of mind.

To summarise, the three sub-themes have helped portray the key struggles that led to a build-up of psychological tensions resulting in an overwhelming state of mind. By

focusing on how the women in the study made sense of the contributory factors, it has helped capture important tensions associated with their understanding behind the precipitation of their self-harm, discussed in subsequent themes.

4.3-Master theme-2: Self-harm as form of emotional response to the struggles

"Self-harm is just coping"

The following sub-themes focus on the meaning of self-harm. Across the transcript, it seemed the women saw their self-harm as a form of emotional response to the struggles they experienced. Three key motives their self-harm afforded them were identified.

4.3.1-Sub-theme -1: Self-harm as an expression of trapped emotions

"Let it out"

Many of the participants vocalised the urge for "getting rid" of their unbearable emotions triggered by master theme one. They described a sense of relief, however temporary, from the release that their self-harm provided them.

The struggle of keeping silent in the presence of those with higher authority captured how the women felt gagged and powerless by family expectation. When exploring this further with the women, many of them explained how it led them to supress their feelings of anger and rage.

"*I was angry at my Mum so it gave me relief when I was doing something to myself it was that I was so angry at them I wanted to let it out. I suppose it was a way of getting rid of my stress at the time… because I couldn't talk back at the time. If I talked back, then I would get smacked each time" …(Aditi,295.19)*

It seemed the extract illustrated how Aditi felt overwhelmed by her suppressed anger and how this led her to experience strong desires for release. The compelling part of this extract, was how self-harm afforded her a sense of release without disobeying the

family value and facing possible repercussions. It could perhaps be interpreted that by redirecting her anger towards herself, Aditi was able to discover a way of expressing her anger. Thus self-harm was an internalised expression of anger (commonly found in the literature, Klonsky 2007; Nock & Cha, 2009). However, on a deeper level, self-harm not only expressed the anger, it did so in a non-assertive safe way, which seemed significant to Aditi.

Similarly, Aarti demonstrated how scratching and attempts to inflict pain on herself, using several different objects, was also her way of indirectly communicating and expressing the rage that she felt towards others, without defying the family value.

"*I could never shout at my Mum, it was never the done thing to argue back. Even to this day I don't think I've ever shouted back at her it's just not the done thing, you... you don't shout at your parents so that was just me saying what I wanted to say to her and I think I can remember talking to myself like "oh fucking hell, you think I'm fat" and... I was just talking to her but I wasn't… without actually talking to her but then just saying it and just scratching myself at the same time and that's something that I've done a couple of times afterwards when people have said something about my weight I would imagine what I'm saying to them but then doing it to the narrative of them actually like hurting myself."(Aarti, 54.20)*

Aarti further noted how self-harm compensated for the lack of vocabulary she possessed to express her emotions non-assertively. It could be suggested that she felt stuck through language, perhaps implying that her emotions were 'trapped', as she didn't have the correct lexis to access and release those trapped internal feelings verbally.

"I think being quite young I just didn't have... I didn't have the vocabulary to express myself. Um I didn't have anyone to express myself to so it was just, again, a way of expressing myself…"(Aarti , 138.33)

Beena viewed her self-harm as a means of accessing her emotions in order to "feel" and dispose of the unbearable emotions. Rather than perceiving self-harm as a form of expressing emotions indirectly to others like the other two, Beena focused on how self-harm enabled her to "get rid" of emotions such as fear and anxiety associated with the uncertainty of her existence.

"It's about getting rid of feeling scared and getting rid of feeling anxious all of those negative feelings that make you feel unsure about your existence…" (Beena, 102.31)

Beena also reported periods of "numbness" which led her to question whether there was "something wrong" with her. I wondered if Beena was in fact describing her emotions as "trapped", leaving her in an unpleasant self-state (i.e. a dissociative state suggested by the dissociation model, Gratz, 2003). It seemed that she was describing self-harm as a method of hope for accessing and releasing the trapped emotions that made her feel as if she did not exist. Thus self-harm was perhaps considered a method that allowed her to return to her reality and increased her sense of aliveness (Williams, 2001), consequently validating her existence. Alternatively, perhaps self-harm enabled her to compromise between her life and death desires. By channelling self-destructive compulsions through cutting, Beena was able to contain and resist her fear to end her life (as suggested by the drive model highlighted by Suyemoto 1998).

Aman described how her feelings were difficult to bear and hard to express. This was highlighted in her attempt to make sense of how she felt, but feeling unable to vocalise this in the interview fluently. Instead in a few lines, she explained how she felt conflicted and helpless.

"I was like trying to cut myself because it's really difficult at the same time you don't want to feel pain but at the same time you want to harm yourself because you feel like what, you know, you get really upset and angry and you're crying and you don't know what you want to do…" (Aman, 69.3)

This extract could be understood as her way of communicating a need to see and feel real physical pain for her emotional injury. The confused and helpless feeling, *"you don't know what to do,"* could underlie the trapped and unseen pain that she sought to release through physical injury. This would justify the feelings of anger and distress and allow her to tolerate and manage them (as suggested by the Affect regulation model Suyemoto, 1998). Furthermore, it could be considered that her helpless state represented her experience of her struggles.

Thus, self-harm was a method that enabled the women to express and access their trapped emotions. It also allowed them to regulate these difficult emotions in a safe way and without defying their cultural and family values, thus protecting them from external repercussions.

4.3.2-Sub-theme-2: Self harm as covert punishment

"Hurt myself…hurt them"

In addition to using self-harm as a method of expressing trapped emotions, some of the women elaborated on how it provided a further function of secretly punishing themselves or others. For some of the women, the act of self-harm was intended to punish one's self due to feelings of self-loathing and low self-esteem. For others, self-harm had an additional secondary meaning of inflicting indirect punishment and harm towards others.

As discussed in sub-theme one, most of the women reported a lack of power to directly assert their needs and express their feelings towards their elders, as this was considered disrespectful and un-family orientated within the South Asian culture. As a consequence of this, it seemed that indirect methods, such as threatening one's life using self-harm, were considered helpful for asserting their needs and desires to hurt the other person.

Earlier in the chapter, self-harm was considered to be an expression of Aditi's anger. However, when exploring this further, the expression of anger for Aditi held a secondary meaning.

"I could prove a point and that you have to start looking out for me as well, not just my brothers because I could die sort of any minute so... what is she going to do after I die, if you get what I mean, like, she wants me to look after the family but I need to be looked after as well. I wasn't an adult, I was just 14 who'd just lost a Dad and I didn't know what to do…"(Aditi, 230.8)

"…whenever I hurt myself, I was hurting my family, I knew I was doing that…. It's like it made me feel better to know that I was hurting them [family] to be honest"(Aditi,287.28)

Her anger was strongly associated with her family and expressing it was intended to secretly harm and punish her mother. She suggested that the process of cutting inadvertently inflicted pain on her mother and family. Thus, the pleasure she received seemed to have stemmed from the imagined control and power she felt she had over her mother's defenceless position, as she used her life as a form of threat. On a deeper level of interpretation, it could also be perceived that due to the absence of empowerment in her life, the last remaining site over which she could effect control was through her own body.

This was further supported by Aman who also, upon further exploration, indicated that self-harm functioned to punish her family.

> *"…I was punishing myself as well... as well as making them realise, yeah, kind of punishing them, yeah, I'd say so they would realise their mistake I guess."(Aman, 246.26)*

Aman's extract brings forth further meaning to the sub-theme. She described wanting her mother to be aware of her "mistakes", indicating that there was a desire for her mother to take responsibility for her actions and feel guilt for the pressures and criticism she directed towards her daughter. Inflicting pain indirectly through physical injury may have also forced her mother to acknowledge her distress as her emotional pain became visible. This could potentially influence change to occur.

The other women who also identified self-harm as form of punishment viewed themselves as the object deserving of punishment. The language of despair, self-loathing and self-annihilation was pervasive in the accounts of most women. Each of these women described a strong sense of internal hatred and dislike towards themselves. These strong negative feelings seemed to be closely associated with failure to meet expectations set by themselves or by others (i.e. their parents). There was a tendency for them to place blame firmly on themselves. As a consequence,

imposing a form of penalty on themselves as retribution for their failures seemed a necessary and appropriate means of management.

Beena explicitly described how she felt unworthy and "pathetic" as a person, and as a consequence she believed she was deserving of punishment.

"I felt pathetic… I might as well feel pathetic by doing something pathetic as opposed to just existing and being something crappy and I guess every time someone offered me food and I ate it I would cut, like I said, it was like a punishment for me…"(Beena, 187.16).

The extract focuses on how self-harm enabled her to confirm her negative beliefs and self-loathing. It seemed that it was easier for Beena to justify and make sense of her thoughts and feelings by translating them into an external physical injury. Thus, self-harm for Beena seemed to be a manifestation of her self-hatred and low self-worth. Self-harm represented her blame for being "pathetic" and an expression of anger towards herself (supporting the self-punishment model proposed by Klonsky, 2007). This was also supported by Aman, evident in the following extract.

"…I guess punishing me, I feel like it's a way of telling me that um I am, I don't know, I am worthless or there's no point in my existence…"(Aman, 204.16).

Similarly, Aarti also demonstrated how her self-harm enabled her to translate her beliefs into physical injuries. However, Aarti's feeling of self-loathing was influenced by abuse she received from her ex-boyfriend and mother who often criticised her appearance and weight.

"I was with a really abusive boyfriend for, like, two years who would just take any opportunity just to make horrible comments about my body and I really began to hate my body and I think during that time self-harm turned into um... "'I'm disgusted with myself and because I'm disgusted with myself, I'm going to make myself look even more disgusting" and that was when I um started self-harm… harming my lower tummy a lot…"(Aarti, 159.23)

Her extract therefore closely highlighted how her sense of self was closely bounded by her interactions and relationships with others such as her ex-boyfriend. Her account

also linked well to the above sub-theme looking at how perceived interpersonal loss and nurture within the family can lead to a woman seeking intimacy outside her family i.e. an external relationship with a man who may be emotionally abusive, meaning emotional nurture may become a cyclical problem (Bhardwaj, 2001). Divya's sense making of self-harm as a form of covert punishment to the self, added a deeper layer of meaning.

"I haven't really done that much [studying] so I feel quite behind and then I just thought, you know, trying to punish myself for not doing my work…"(Divya, 4.2)

"if you hold your breath for one... one second longer, you might not be here and then what will you... just sort of the aftermath of everything, like, if something wrong does happen, you know, I know my intention was not, you know, to harm myself, you know, to be hop... hospitalised in any way…just to scare myself, to shock myself, to get me going and to *motivate"(Divya, 182.16)*

In the above extract, she emphasises how self-punishment was "necessary" and "deserved". She explained that this was because it not only provided retribution for her failures, but also provided a sense of "threat" to her life which evoked fear intended to "motivate" her to activate change. Her account stressed how it was not only a means of covert self-punishment, but an effective method of discipline through positive reinforcement (i.e. receiving self-compassion after self-harm). Self-harm as a means of producing effective change will be discussed further in the following master theme.

The sub-theme captures how self-harm had a secondary meaning as punishment. However, it recognises how the style of punishment was covert and how this was of particular importance to these women within the context of their family and cultural values. Similarly, to the previous sub theme, self-harm's secretive function provided a safe way of meeting these women's needs, in this case to punish without defying their family values and honour.

4.3.3-Sub-theme-3: Self-harm as a friend

"A companion"

Most of these women explicitly described a sense of feeling alone and receiving little care, understanding and containment from their loved ones. The women in their interviews emphasised the tendency to feel emotionally neglected or even forgotten. Particularly, the women described having no one to communicate their distress to or tend to their problems.

"I think if everybody has someone to talk to then it would be fine. I think the problem was I didn't have anyone to talk to at the time. My Dad wasn't there, I think my friend manipulated me, my Mum wasn't listening to me, my brothers didn't care, my family is like they'd ask the question and answer it themselves. Maybe if I had someone, like an older sibling or someone trying to talk to me and understand what the issue is then I wouldn't have done that. I mean, now I'm here for all the girls that are self-harming that I know and they don't do anything stupid anymore because they know that they can always turn.. like I always have their back and maybe if I had that person in my life, I wouldn't have done this" (Aditi, 235.35)

Aditi's extract defined the significance of a trusting companion in the management of emotions. She brought to the forefront of the discussion the lack of a companion as a causal factor in women choosing to self-harm. Similarly, Divya added how her perceived loss of interpersonal connection with her family whilst growing up made a significant difference between thinking about self-harm and intentionally acting on the thoughts.

Researcher: "Can you tell me what stopped you before from acting on the thoughts and what led you to?"
Divya: "*That was when I was more close to my family before…You know when I didn't... I just used to have these thoughts and um I think they were more supportive."(Divya, 37.30)*

The lack of support, could be perceived to have played a significant role in all of these women accounts, particularly in the meaning of self-harm. For instance, Divya talked about the importance of the positive experience following suffocation. She highlighted

how experiencing a level of self-care through “feeling sorry for myself” was a “crucial” part in her emotional recovery and the management of painful feelings.

“I think feeling sorry for myself... is a crucial part, you know, that sympathy I have just saying “oh you shouldn’t... don’t do that” you know “you don’t need to do that” and um that kind of helps me to see that I can, you know, push on…”(Divya, 160.15)

The extract illustrated how significant a role receiving self-compassion played in self-harm and in motivating herself to effect some form of change in her behaviour. Importantly, it highlighted how losing her family’s support correlated with losing some form of care and love, consequently seeking this care through inflicting harm. It was particularly striking during the interview to hear how Divya expressed the compassionate messages during the aftermath stage of self-harm. The encouraging statements were thought to be those you would expect to hear from a friend. This led to the interpretation that perhaps self-harm also compensated for the absence of a trusting and compassionate companion in her life, similar to Aditi’s account above.

Likewise, for Aarti, receiving self-care through the visibility of permanent scars played a significant role in her experience and understanding of self-harm. The following extract outlined her process and meaning making around cutting and the scars that followed from the act.

“I’m an only child, I’ve always been pretty alone and that’s the only way I know how to cope. I don’t really talk, self-harm is just coping, expression of my mind” (Aarti , 296.9)

“It’s that permanence of that scar that it’s something there that I... I know I can relate to and that... companionship, that’s a really good word, I didn’t really think of it like that but I guess that is what I was trying to allude to, that, yeah, having those scars there and I don’t think they’re going to go for a... for a long, long time yet, yet it’s having that feeling of that’s my personal…”(Aarti , 17.10)

“….I mean whereas if you go to therapy, you might have letter to hang onto you can re-read that and “oh” you know “someone understood me” These are my scars and that’s my way of making myself understood. So that’s my... my object to sort of refer back to”(Aarti, 37.11)

Her account explains how the scars not only validated and soothed her feelings, but their permanence compensated and filled the void felt by being alone. Comparing her scars with a therapy letter indicated the desire to be understood by 'someone'. During the interview, it really seemed like Aarti was describing and comparing her scars to a friend, a companion who she spent a lot of time with and with whom she could "relate" to, whilst also providing her with care and emotional healing.

Experiencing the process of self-harm as a friend was also noted in the way Beena described the meaning it had for her. In contrast to Aarti, it was the objects used to self-harm that held the position of a friend, *"it was just me and my blades"*.

> *"It made me feel, like, in my own little world, I mean, it was just me and my blades and... I think it just... it made up for the fact I had no-one there, like, I had my sister who was driving me insane because we were so different and my parents weren't there and my chef didn't speak English, my nanny didn't speak English, my butler didn't... they all spoke different languages, one speaks Korean…and I'm just sitting there…it definitely just made me feel better somehow". (Beena, 286.19)*

The lines *"it made up for the fact I had no one there" and "definitely just made me feel better somehow"*, seemed to have really captured how the blades used to self-harm enabled her to feel a presence that provided her with comfort, similar to what people tend to find in a friend. It seemed that self-harm provided Beena and the other women with visible intimacy often found in the presence of a companion.

4.4-Master theme- 3: Self-harm as a double edge sword

"It's really oxy-chronic"

Interestingly, across all participants' transcripts, self-harm was experienced in two polarised states. The struggles experienced by the women served to position the women as victims, which often elicited sympathy and care from the researcher. Thus, when the women ascribed positive meaning to self-harm it was experienced as a means for the women to survive. Conversely, the women also perceived self-harm negatively, as a means of failing and a behaviour to be ashamed of. They also viewed

the act of inflicting pain as “disgusting” and socially wrong, positioning themselves as “selfish” and wrongdoers. This was a particularly interesting conflict that each participant struggled to make sense of during their interview.

4.4.1-Sub-theme-1: Self-harm as a means of survival

“I just really feel good”

It appeared in the transcripts of some of these women that self-harm was a catalyst for change and an instant short term solution to survive the psychological and emotional distress experienced in the moment. For some, it enabled them to regulate and process their emotions instantly in order to reconnect with reality and continue with their day to day living.

“Just seeing something [The blood and scar] felt like it’s out of my mind now even though it never really is out of my mind, but it was out of the forefront of my mind. It’s just gone from there into here and that’s it then, I can get on with my daily activity” (Aarti, 16.19)

Aarti described how seeing the blood and scars enabled her to attend to her thoughts and emotions immediately. Consequently, she explained how this enabled her to achieve a sense of control over her emotions that may have been threatening to her sense of self and ability to function. It could be interpreted that the discharge of blood may have been a significant physical manifestation of the release and an outlet for unpleasant emotions that threatened her sense of self.

Beena noted her experience of self-harm as a means of effectively seeking attention from her parents. She described self-harm as a way of “acting out” against the restrictions and boundaries set by her parents and as a means to receiving containment and attention, as well as external professional support.

“when I finally made friends and I wanted to go out, they’re like “OK, you’re not allowed to go out” and it’s kind of like revenge in a way, I wanted to act out, I wanted them to see that what they’re doing to me isn’t fair”(Beena, 139;24)

Beena specifically stated how it was only by 'acting out' through self-harm that she received the attention and support she desired from her parents. This perhaps captured how powerful the act of self-harm could be in controlling ones' parents and asserting immediate needs.

"They're always going to be there for me but that's only been enforced after I've acted out."(Beena, 132:41)

However, upon further exploration, it seemed that self-harm was more than just an attention seeking behaviour, but a way in which these women truly believed they could effect and make real changes in their personal and family lives.

"I think self-harming was... is the easiest way to get people's attention. Stupid but easiest 'cause talking, they're not going to listen. Do something to hurt them.. because it's going to hurt their name if we do something wrong"(Aditi: 47.47)

The above extract, demonstrated how cutting enabled Aditi to damage her family's status, drawing her mother's attention to her needs as a consequence. However, when exploring the use of the word "attention", Aditi explained that it was more than receiving attention from her mother, but actually effecting real change in a way that enabled her to regain some form of control over her life again, for example her personal possessions.

"My Mum actually gave my phone back, my laptop back and everything" (Aditi,273.18)

What was particularly striking in her extract was how the only way to get her mother's attention was to damage the family's honour. This supported the interpretation made earlier that Asian women actually hold a great deal of power as they can single handily jeopardise their family's standing. This further highlighted how women could potentially feel conflicted with the paradox around the control and power they have with their family's honour.

"cutting my arm with a knife that was purely because I wanted to go out with my boyfriend, my Mum said no and I was going to go with a friend and it was my Birthday as well that time so we wanted to do something for my Birthday and she didn't let me and that's the time when I didn't know what to do and I wanted something to happen instantly so that she lets me go sort of thing and that's when I cut my arm"(Aditi:163.15).

Although the above extract showed how self-harm was an "easy" means to effect positive change, it was interesting to find it was also described as "stupid" (as described in her earlier quote). This negative connotation was also found in transcripts from other participants when describing self-harm. It could be interpreted that this illustrated an underlying double meaning and perception of self-harm, which will be discussed further in the following sub-theme.

Similarly, Aman described perceiving self-harm as a beneficial method of capturing her mother's attention and effecting change in their relationship.

"all my problems I used to keep to myself cause I felt like no-one listened… I thought it was easiest to cut my hands maybe. I felt like someone would realise, someone would see it and think... and talk to me about it... I felt like I felt like if someone saw signs of me like harming myself… I would be less responsible, they would like... they would talk to me, they would realise… I felt like I would be listened to more in a way that I can't go and express myself to someone but maybe they could see signs. That's how I felt like"(Aman,208.7).

"…as in my Mum got to see it and got to like stop me from doing it and um started talking to me a bit... bit more. She kind of realised the kind of person I was maybe she kind of realised that I wasn't being listened to. So it did kind of help me in the short term but if I'd gotten way out of hand then maybe it wouldn't have like if she hadn't realised or if she hadn't seen it then I probably... it wouldn't have benefitted me"(Aman, 65.30)

For Divya, as briefly discussed in the earlier master-theme, not only did suffocation provide her with self-compassion, but it effected a personal motivation to change, however short term this was. This was particularly important for Divya to continue striving and meeting her expectations and maintaining homeostasis from the personal, familial and systemic dysfunction she experienced on a day to day basis.

Further to self-harm being perceived as an effective coping strategy to provoke change, it was interesting to find that its secretive nature added a further dimension

and value for the women in the study. When asked why they chose self-harm as a coping strategy in comparison to others means of coping, such as alcohol or drugs, it was interesting to find, echoed by most of the women, how self-harm was the most 'accessible' and 'acceptable' means, that enabled them to survive in the context of their culture.

Aarti and Aman, clearly explained how its secretive and accessible nature prevented them from going against their religion and family value. They also perceived it as less damaging to their mental health in comparison to alcohol and drugs.

"Just because of the privateness of it all. It's private, it's my body. No-one has to see it... with alcohol, I mean I don't drink, it's against my religion and my parents would find out if I was intoxicated so that wasn't a way of dealing with it. Gym and running and exercise, I've just got such a weird relationship with food and exercise anyway that that would just depress me even more."(Aarti, 255.26)

"I never thought about alcohol or drugs because ... alcohol we don't drink because it's obviously not allowed but um with drugs like I've seen the effect of drugs on other people so I didn't want that... me to have that kind of effect, I don't know why but I feel like um I've got... I've got... I know people that have had drugs and it's affected their mind to such an extent that they can't think properly anymore and because they've over-used it and it affects their mind so I didn't want it to affect my mind and as I become dumb because I was... I felt like I was dumb already, I don't want to be more dumb."(Aman, 21.28)

4.4.2-Sub-theme-2: Self-harm as means of wrongdoing

"I feel Selfish"

As noted in the previous sub-theme, inconsistency in the way self-harm was perceived and described was identified. This highlighted the complexity and contradictions in the sense making of self-harm experienced by the women in the study. This sub-theme will focus on the conflicting descriptions found in the transcripts by the participants. There are two dimensions to the negative meanings ascribed to self-harm. At the outset, self-harm was recognised to be damaging, resulting in unpleasant feelings during the aftermath. Furthermore, the women were influenced by the social stigma around self-

harm imposed by society and within their community, positioning these women as wrongdoers.

Within the process of self-harming, it was identified that the women felt conflicted by opposing emotions. For instance, in the following extract, Beena illustrated how she perceived herself as both proud and a failure when cutting.

"I would feel proud, like, I'm trying very hard to stop but I just feel really good when I do it, I feel like it's fair but then when I do it I feel like I've failed as well so it's kind of really oxy-chronic right now, I'm a bit confused. …I feel kind of disgusted, I mean... people shouldn't have to do that and I have to hide it from a lot of people, like, my boyfriend isn't... he doesn't seem to get it very much so he's seen pictures of me in my past and all of that and he doesn't agree with it at all. So it's kind of difficult, like, I usually resort to cutting but then cutting... people can see it and even if you don't cut on your wrists he would see it because we're together all the time and it's easier, I thought it would be easier because I'm not with my family here so I can just do as I please but that's another big risk of them letting me come here alone so I'm trying to respect that but at the same time it's kind of like I want to do it but if I do do it, there's a lot of consequences for me that I cannot hide…"(Beena 101.5)

Beena described feeling disgusted and guilty after the act of cutting, but at the same time feeling satisfied and fairly punished. She described her feelings as "oxy-chronic", suggesting that she recognised the double meaning and effect self-harm had on her. On one hand, it seemed that self-harm enabled her to feel fulfilled and content, which could be interpreted as her way of managing and surviving her overwhelmed state of mind. On the other hand, her accounts also evoked a sense of wrongdoing on her behalf. The shame and feelings of disgust seemed to be strongly associated to her fear of judgment from others, such as her boyfriend, and the act of inflicting pain itself. It also seemed to be related to the guilt of being trusted to live away from her family with the expectation that she would not disrespect her parents by self-harming.

Interestingly, a similar relationship between self-harm and feelings of shame and guilt in relation to family was also noted in the other participants' accounts. For instance, Aarti explicitly described how she felt both "guilty" and "good" at the same time after cutting her arms. She related the guilt to the imagined impact this would have on her parents if they ever discovered her self-harming. The shame she attributed to cutting

was focused on the notion that she was misleading her parents by doing something that was secretive and deceiving of her external "image". This showed how by positioning herself as 'false' in the context of her family and in her relationship with her parents, she perceived self-harm as wrong.

"I think guilt, because I used to live with my Mum and Dad then, I think I used to feel guilty that they're probably thinking "oh our daughter's so together" and... and, you know, "she's helping other people" and I felt guilty that if they found out that I was doing this to my body that would really hurt them and really upset them so I felt guilty for doing something behind their back." (Beena, 173.6)

Correspondingly, Aman showed how she also felt guilty following self-harm and perceived her behaviour as "selfish," because she failed to recognise or put others needs ahead of her own (a cultural teaching she grew up with).

"it was unhelpful I would say because um I feel like when I was doing it I wasn't thinking about other... I wasn't thinking about happy thoughts I was just thinking about negative thoughts but when I do come out of it I feel like I realise I shouldn't have done it but because there's more to life…I felt like I was being selfish, I was just thinking about myself rather than thinking about how I would affect other people. I felt like other people were being selfish but then if I self-harm…I felt like I was actually being selfish doing something like that" (Aman, 212.16)

Her account illustrated how her sense of shame was connected to how her behaviour reflected on other people. It seemed that after self-harming she was reminded of the integrity and wellbeing of her family before her own, leading her to feel regretful about her behaviour and associating self-harm with a self-centred act, even though she recognised that others were also being selfish. This conflict itself could be distressing for an individual, maintaining their feelings of helplessness and entrapment.

When exploring the perceptions around seeking external support, many of the women described how the stigma attached to self-harm and mental health prevented them from disclosing to someone or accessing professional help. For most of the women, self-harm was viewed as a "joke" and taken with little seriousness. In particular, the fear of being judged and perceived as abnormal and "crazy" by families, communities

and professionals affected these women's willingness to access support from friends, family and health care services. Consequently, such external perceptions appeared to play a significant part in the women's negative perception of self-harm.

"They'd see it as a joke because there's not enough understanding about mental health, you know, it's always a physical illness "oh" they've got" you know "flu" or "they've had an... an accident" you know, it's physical, you can see they've broken their leg whereas something like this depression," oh, it's all in the mind, you know, they can recover"... it's not seen... it's seen quite lightly and then there's that judgement, you know," oh, you know, mental, you know, depression equates to, you know, being crazy and, you know, you need to be locked.. locked up in your room or something" (Divya, 84.40)

Furthermore, the concept of seeking external support, particularly psychological support, was identified as problematic for the family's honour. Aditi, focused on how her community and family viewed her as "mad" for having sought support. She highlighted the misconceptions and lack of understanding of counselling within the community, as well as the damaging future consequences.

"it's just damaging the family name by talking about your family problems to someone else because they think that anything to do with psychology means mad so, like, I'm a mad person or whatever and I don't think they want people to know that. There's this thing that, to be honest, they think that you wouldn't get married sort of thing if you have a bad name and if someone knows that you've gone counselling people seem to think that you're just a bit odd but they don't understand what counselling is."(Aditi, 277.54)

The two sub-themes provided the evidence to illustrate the conflicting cycle of self-harm and the double meaning and experience of self-harm. The negative experiences of self-harm stemmed from the context of their family, culture and wider community. Whereas, the positive experiences of self-harm stemmed from it representing an individual means of surviving. For each of the women, their self and family were perceived as integrated, forming a collective, rather than separate, identity. Therefore, engaging in a personal means of surviving, that went against the integrity and wellbeing of the family as a whole meant that self-harm could be described as a double edge sword.

4.5-Master theme-4: Experiences and Opinions about support services

It is important to note that the women interviewed in this study had different levels of experience and contact with external support services and so described different experiences. Some were able to access support for their self-harm, whereas, others were not, due to having little awareness of accessible services. Taking this into consideration, the theme focused on recurrent themes about the women's experiences and meaning of accessing or thinking about accessing services. It also focused on their opinions about how services could be improved.

4.5.1-Sub-theme-1: Ambivalent feelings towards health professionals

"I just don't know if I can trust them"

Most of the women in the study explicitly linked their ethnicity with their feelings towards accessing and seeking professional support for their distress and self-harm. However, many expressed feeling ambivalent regarding working with health professionals in general. Participants, like Aditi, described a lack of trust with professionals of different and same ethnicity. She associated a lack of trust with the service structure and confidentiality system.

"I just don't know if I can trust them because you know sometimes if I think that you're in danger or whatever" (Aditi, 131.50)

Aditi referred to the danger in relation to a confidentiality breach due to the culture clash that exists between eastern and western values and teaching i.e. marrying young or smacking. Although she valued her experience of counselling and referred to counselling as a "bridge", she felt that she was always limited and worried about disclosing something that was considered illegal or frowned upon in western society.

Her excerpt highlighted how a clash in cultural principles led to difficulties about being open and building therapeutic rapport.

Some participants valued shared ethnicity with professionals due to the shared understanding of cultural issues and dynamics. However, they also feared judgement and comparison by professionals of the same ethnicity.

> ***"****I'd just be really scared that they're judging me and thinking... and comparing my experiences with their own of being an Asian as well. So if I said to someone, you know, "there's so many expectations on an Asian girl" they might internally think "well not there's not, you're just... you're just over-exaggerating it a little bit because it's fine for me."(Aarti, 242.44)*

Here, it can be seen how Aarti worried that her experiences, as an Asian woman, would be compared to the professional's experiences as an Asian woman, leaving her concerned that her struggles would be compared and minimised/invalidated, rather than understood as subjective and distressing. This brought forth fear of distress at being dismissed or perceived as "exaggerating".

Aman on the other hand, talked about accessing support from individuals outside of professional settings, someone that she felt could relate to her experience, and possibly of a similar ethnicity.

> *"I'd probably go and see someone…who'd probably shared similar experiences or probably known what kind of things I'd been through like as in not someone who was just there like... like as in she could relate to me maybe" (Aman,3.46)*

Her account, I thought was particularly interesting, as she felt that she would benefit more from a non-professional external source. This opened the question to whether she believed that professional's lack of personal experience would act as a barrier to the level of understanding and empathy needed to meet her needs.

In contrast, Beena stated that receiving a level of cultural understanding from professionals of similar ethnicity was important. She identified this to her personal experience of being able to relate and connect easily with individuals of same ethnicity.

She also justified this using her own experience of therapy with a non-Asian professional whereby she felt she had to put "extra effort" to make them understand. Beena also explained how approaching the study was influenced by my ethnicity. She explained that she recognised my ethnicity through my name, and that this enabled her to feel safe to part take and share her experience.

"if you go to any British person here, they probably wouldn't understand a lot of it and they will try definitely because that is their profession but to an extent you want someone you can have a connection with… I think Indians in general, this may be a stereotype but from what I've seen, like even on the train, they will just be nice to you if they see that you're the same skin" (Beena, 231.53)

Interestingly, Divya explained using her own therapy experience, that someone from an ethnic minority background was equally helpful to professionals who shared similar ethnicity. She expected professionals from an ethnic minority background to be more understanding of the cultural issues than those that were not. She used the word "reassuring" to explain the impact it had on her to be able to share her distress with someone from a different ethnic minority group, identifying this with the notion that ethnic minorities have similar "processes" and "perceptions" of life and family dynamics found in South Asians.

"…I know it doesn't sound important but you know, having another ethnic minority with you you know, kind of is reassuring in a way, kind of you expect them to understand a bit more" (Divya,222.44)

"…there's some things that other people probably understand more because they're from the same... well their culture has like similar you know, processes or similar ways of perceptions and viewing things" (Divya,236.44)

Perhaps, this highlighted the importance of a shared cultural perception and dynamic for some of the Asian women in feeling able to relate and address their difficulties.

4.5.2-Sub-theme-2: Improving services for South Asian Women

"Increase awareness"

Many of the women communicated their desire to raise awareness of self-harm by South Asian women. They felt that the lack of awareness around self-harm in the community prevented South Asian women from accessing support, instead leaving them to suffer alone. Although, some of the women accessed psychological support through their GP's after reaching crisis point, many expressed the need for support and awareness to be focused at a more basic systemic level. Below are some of the suggestions made by the women to improve support services.

"I've never heard of anyone going to see someone because of self-harming. Maybe because I don't talk to people or I don't know people who are really self-harming at the moment but if they were seeking help…I wouldn't know how to go about it unless I searched for it…" (Aman, 192.42)

"*I've not really sought help but… they could be targeted, like temples and things there's no mention of, like, the support services out there. Like I said, I'm lucky because I work in the [healthcare] if I went to the temple and spoke to a girl who wasn't in this field at all, I don't think she'd know where to go for services so there's not that awareness of where to go or what to do." (Aarti, 266.44)*

Aman and Aarti's accounts highlighted a lack of awareness of support services and forums available for self-harm. Aman's excerpt appeared to imply that self-harm is still a stigmatised and unspoken topic. Its hidden nature means that people, like Aman, are left to think that they are suffering alone. This was echoed by all of the women in the study.

In order to confront such a contextual issue in the society, Beena suggested promoting awareness of self-harm in places of worship such as temples or mosques. She believed that this would be helpful in communicating to women and the wider community that this was a common struggle faced by South Asian women, consequently, de-stigmatising self-harm. She also expressed how this would allow the community to normalise distress, and instead of judging an individual, promote external

help seeking behaviour. She also explained that having professionals of the same ethnicity working in such settings could be helpful in overcoming cultural barriers, such as language and values, and in developing a trusting relationship. She related this to her experience of the connections she was able to make with strangers and new people of the same ethnicity.

"I think if we're targeting South Asian women as a sample, I would definitely, like, maybe within communities, like I don't know if it's the same in London but for us, we have quite a small community, so if you're like within one temple or one mosque or any place of worship, you could have that one person you could go and talk to, especially one that's considered a taboo, because, like I said, language barriers, cultural barriers, if you go to any British person here, they probably wouldn't understand a lot of it and they will try definitely because that is their profession but to an extent you want someone you can have a connection with…if you share the same skin colour it's a good thing so I think definitely with that, they should have something like that within each um cultural place because that is..." (Beena, 227.53)

This seemed to have further instated a need for professionals to openly acknowledge their ethnic and cultural similarities and state a non -judgement position. Perhaps, stating cultural position regardless of ethnicity (i.e. non-Asian professionals) is crucial to allow openness and discussion of cultural issues and for trust to develop. Also, the data from the women indicated that professionals need to work more within community based settings, to allow for greater access and improved support for the South Asian population.

Divya further emphasised the need to encourage women of South Asian backgrounds to talk freely about self-harm and emotional distress. She believed targeting educational systems, such as universities, to prioritise support groups with women of the same ethnicity and similar experiences would help de-stigmatise self-harm in Asian communities and prevent the isolation common within the population.

"trying to encourage more women to talk about maybe support groups or something. Maybe if I'd known about something like this and other um females of the same ethnicity who had similar experiences…

…. Yeah, universities... any... any place really where there's people from... who know... kind of have an insight into what you're going through and just sort of share... that can be part of the healing process to hear stories and to help other people"(Divya, 157.51)

This was similarly found in Aman's account:

"I feel like if there was someone in the college because someone who would understand what students are going through I would have preferred it. I would have actually gone and seen them, I would have told them like "this is getting really stressful for me, I can't do..." especially in University, I feel like I wish there was someone like that because um especially during your final year, you go through a lot of stress, you've got loads of deadlines due at the same time and you have no-one to talk to like as in... I feel like no-one's there to like kind of listen to you or know what you're going through because your family doesn't know what you're going through you just know yourself because you're doing that module and you're doing that degree" (Aman, 140.41)

Here, she further explains the desire to be listened to, acknowledged and not judged. It could be that this highlighted the need for a free confidential space to talk and feel heard, perhaps schools and educational settings being places recognised as safe and private, rather than medical settings.

Aarti discussed the need for awareness of self-harm and mental health to be spread across generations. She highlighted the extent of the shame and the impact community grapevines had in leading women to "deal with problems internally".

"I think awareness of where to get help for the younger generation so what I mean by younger is like British Asians, so the people that are born in England but in terms of increasing awareness for like my Mum and Dad's generation, my in Laws' generation, I think they would just laugh at it and be like "oh, what, you want to go and talk to a stranger" "about self-harm" like my parents, they still don't quite understand that. Like, my Mum always says to me "have you seen any... have you seen any Indians in your service?" and I used to think, you know, Indians deal with it ourselves, you know, we deal with problems internally you know, we don't go outside to get help. So I think it's about breaking that [pause] misconception…"(*Aarti , 284.45)*

In contrast to the other participants' views on how to improve services, which focused on bringing awareness to second and upcoming generations, Aarti highlighted the need to focus on older generations. In particular, she discussed how awareness of self-harm and the significance of seeking support should be taught and targeted at older generations, in order to bridge the gap between the older and younger generations.

4.6-Summary of Analysis

Overall, it seemed that self-harm held multiple functions simultaneously for each of the women. The struggles captured by the first master theme, particularly the feelings of oppression associated with the expectations of maintaining their family reputation, played a significant role in the way the women experienced an overwhelmed state of mind. As a consequence, the process of self-harm and its method enabled each of the women to regulate their emotions safely and covertly, allowing them to survive within the context of their culture and family. Interestingly, perceiving and experiencing self-harm as a double sword, meant that the women found themselves in a vicious conflict that perhaps played a significant role in maintaining their distress. The findings will be discussed further in the next chapter.

5.0-CHAPTER FOUR

5.1-DISCUSSION

5.1.1-Chapter Summary

The following chapter will begin with a brief overview of the findings. It will then discuss the master themes in relation to existing knowledge and literature in this field. The chapter will also aim to highlight the study's contribution to existing research and include suggestions for clinical implications to the field of counselling psychology. Finally, to conclude, sections on strengths and limitations to the study, areas for future research and personal reflexivity will be addressed.

5.2-Overview of the analysis findings

When exploring the women's experience of self-harm and contributory factors, the women recognised that their intentions to act on their thoughts of self-harm were influenced by the build-up of psychological tensions and a sense of feeling overwhelmed by their struggles. In the participants' accounts, reaching a state of "I couldn't take it anymore" was particularly important, as it seemed to define their search for emotional regulation, in this case through self-harm. This was reflected by master theme one. The study identified three precipitating struggles which contributed towards reaching this distinct state of mind. These were identified in the subsequent three sub-themes of master theme one. The contributory factors included 'feeling oppressed by several expectations', 'sacrificing identity' and 'feeling abandoned as a result of interpersonal losses'.

The first sub-theme outlined how each woman described feeling oppressed by family, community related and parental expectations in their life. These expectations left these women feeling entrapped, alone, subjugated and disempowered. Consequently, the women felt they were denied the opportunity to speak out against the demands that they felt controlled them and articulate negative feelings towards others without defying

or bringing shame upon their family. These difficult feelings were also found to be reinforced by their second struggle, their difficulties individuating away from their family in order to develop a separate identity, reflected in sub-theme two. There was a tendency for the women in the study to sacrifice their own identity and put the needs of their family and community before their own, leaving them feeling confused and with a conflicted sense of self.

The participants also perceived some form of interpersonal loss in their lives which left them feeling abandoned and increasingly isolated. The loss was recognised as an additional precipitating factor that contributed to their emotional distress, as demonstrated by sub-theme three. In the women's' account, self-harm was viewed as the appropriate method of regulation and an acceptable means to survive the tensions created by the struggles, (as portrayed in master themes two and three). For them, it seemed to be the logical response to surviving the struggles within the context of their culture as it provided them with a sense of relief, albeit temporarily.

5.3-Master theme-1: 'The overwhelming struggles'

The first sub theme of master theme one identified and attributed the women's distress to family, community and cultural oppressions, specifically the responsibility to maintain family honour and follow defined Asian women roles and values. The second sub-theme recognised that as a result of the expectations and family values imposed on these women, there was a tendency for them to sacrifice their own identity for the sake of their families, leaving them with a conflicted sense of self. Finally, all of the women experienced a form of interpersonal loss with their parents, which appeared to play a significant role in them feeling abandoned and increasingly isolated. These emotions further contributed to the psychological tensions and distress experienced prior to their act of self-harm. These three struggles were considered to be fundamental contributory factors that shaped the women's understanding and sense making behind why they chose to self-harm.

Family honour, otherwise understood as the South Asian cultural code of conduct and law of 'Izzat' (Peart, 2012) was mentioned throughout the women's accounts, especially in the context of parental control and expectations. Previous studies such as Chew-Graham et al., (2002) identified Izzat to be a contributing factor to self-harm in South Asian women. They acknowledged Izzat, amongst other factors, to be significant in increasing distress in Asian women's lives. However, rather than family honour being a separate factor, the current study recognised it to be more embedded in the participants' struggles and narrative of self-harm.

In the study, the participants explicitly described how they perceived their responsibility to fulfil multiple roles and high expectations in order to safeguard their family honour as unrealistic demands that played a central part in their emotional distress. The majority of the participants provided examples of parental control and expectations asserted on them in the name of family honour, which they felt oppressed by. For example, the women described feeling limited and controlled by their parents in their career choices, future husbands and role within the family. Some of the participants, like Aditi and Aman, noted how their parents controlled their behaviour i.e. restrictions on personal possessions, social outings and monitoring phones, to protect them from shame and dishonour. Similarly, the other participants described feeling pressurised to achieve well educationally, and to maintain the "perfect image" in order to bring dignity to their family. The analysis discovered that, as a consequence of the demands of Izzat, the women experienced being under the spotlight and like "trophies" in the eyes of their family and community. The implications resulted in a sense of vulnerability and exposure to scrutiny and judgment by others, taking away a level of freedom and personal identity for these women. It also placed unachievable expectations upon the women as daughters, wives and daughter-in-law's and imposed greater control on their lives (also supported by Chew-Graham et al., 2002). Consequently, the analysis viewed family, community and cultural oppressions that entwined family honour evoked feelings of entrapment and subjugation in the participant's accounts. These strong

feelings were considered to play an important role in their distress and meaning of self-harm, supporting previous research which have recognised such factors to influence poor mental health (Gilbert & Allan, 1998).

The women in the study described difficulties communicating feelings and restrictions on the freedom to "talk back" to their elders. Talking back to those of higher authority was perceived as disrespectful and "not the done thing to do". The women explicitly described how this left them powerless to disagree with demands they perceived as controlling and to articulate their feelings towards others. However, it can also be argued that the women's difficulties with expressing their emotions, such as anger, may reflect wider cross-cultural related gender role expectations (as noted by Spandler, 1996). For instance, their inability to communicate their emotions assertively may have been due to their attempts to adhere to the socially accepted behaviour for females within the wider society when expressing emotions (reported by Sutton, 2007) rather than specifically within the Asian culture and by the family values. Even so, the values positioned these women in an inferior position within the context of their family dynamic. This seemed to contribute to the feelings of subjugation and oppression strongly communicated in their accounts, which also seemed to influence their low mood and overwhelmed emotional state. The women's reported feelings echoed previous findings from Gilbert, Gilbert, and Sanghera (2004) and Gilbert and Allan's (1998) studies that have associated depression and poor mental health with concepts of subordination and entrapment in an individual's life.

Vinokour and Van Ryn (1993) reported how an individual's mental health is strongly affected by negative social support and conflict. The authors' findings were thought to relate well to the participants' description of family honour and its implication on their lives. For instance, the participants explicitly explained in their interviews how South Asian people preferred to hide or deny problems for fear of community reprisal and social disgrace. In particular, their accounts stressed that there was an underlying belief that if problems were not visible or discussed with the outside world then they

perhaps did not exist. This was considered to leave these women with negative social support from their families, friends and community (Vinokour & Van Ryn, 1993). It also appeared to leave them isolated, denying the women the opportunity to communicate or seek intimacy and support when needed the most. This was further supported by findings from Muehlenkamp, Brausch, Quigley, and Whitlock (2013), who reported poor social support from family and friends and difficulty seeking external advice to be significant factors that initiated self-harm and influenced repeated self-harm in individuals, consequently maintaining their poor mental health.

The participants described Izzat, the code of conduct, to be highly dominant in the social dynamics of Asian families and community, supporting findings from previous studies (Chew-Graham et al., 2002; Bhardwarj, 2001). This perhaps suggests that it makes it difficult for parents to be aware of their children's distress and for their children to find containment for their struggles, leaving them in an isolated and helpless position. Furthermore, the women's accounts indicated that the fear of their problems being discovered by others in their community, bringing shame and dishonour upon themselves and their family, coerced these women into remaining silent rather than communicating their distress to others, for example, friends or professionals. It could therefore be postulated that as a result of the code of conduct, a poor family and social supportive environment can be constructed that undervalues emotions and mental health in general (Bhardwarj, 2001; Graham, Gilbert, & Sanghera, 2004). As a consequence, it is difficult for some South Asian women to regulate distress safely, increasing their susceptibility to poor mental health. Thus, the concept of family honour could be seen as a subtle and understated issue that may require greater attention and understanding in the context of South Asian women's mental health and reasons for self-harm.

The concept of family honour seems to hold much power in including and excluding families through cultural judgement (Bhardwarj, 2001). This consequently can cause different degrees of shame and humiliation to be experienced, leaving individuals and

families extremely cautious in respect of their external image and status. For instance, as a means of avoiding social disgrace and shame, the women in the study felt pressured to behave in a manner that enabled their families to attain prestige and "dignity" in the eyes of others within the community. This was highlighted by their efforts to maintain a "perfect image" and attempts to fulfil the traditional Asian women roles whilst being professionally successful. This was consistent with findings by Graham, Gilbert and Sanghera (2004) who stated how Izzat was both implicated internally by the women and externally by others. For example, women's behaviours were adapted to protect izzat, consequently affecting their self-perception and women's behaviours were restricted by other members of the community, consequently, leaving the women feeling disempowered and at an elevated risk of poor mental health. The current study supports conclusions made by Bhardwarj (2001) who perceived the notion of family honour as a community sanctioned method of curbing Asian women's independence in order to pre-empt potential disgrace. The powerful cultural standing and belief driving family honour was viewed as a way in which oppressions were legitimised in the Asian culture, preventing South Asian women from challenging them. It is believed that this highlights the long standing implications of family honour in South Asian women's lives and its significance as a major underlying influence for creating emotional distress and self-harm, specific to this group of women.

In the wider literature search, a 'lack of control' was noted as a significant contributory factor to self-harm (Arnold, 1995; Polk & Liss, 2009). A 'lack of control' as a factor was duly found in the participants' accounts, specifically in association with their gendered position and cultural values. This was found to be consistent with the literature that identified women who experienced no control due to their gendered position to be at an elevated risk of self-harm (Marshal & Yazdani,1999), as well as studies which noted how an individual's cultural values and traditions that impose control impacted on their identity and feelings of oppression (Gilbert, Gilbert & Sanghera, 2004).

The notion of identity was pertinent to the participants' experience of self-harm. Many of the women positioned themselves as "different" to their family and culture. This often stemmed from conflicts between their own beliefs and desires and those of their family and community. As a consequence, the women experienced feeling ambivalent about their sense of self. These findings support previous research that noted 'culture conflict' and complications that emerge from acculturation and generational gaps to be associated with self-harm in South Asian women (Bhugra, 2002; Guglani, Coleman & Sonuha-Barke, 2000). The women in the study explicitly reported how restrictions in the name of family honour led the women to sacrifice their own needs and desires (i.e. choice of career and husbands). It also noted that the women continuously felt the need to compensate and negotiate their own sense of self in order to manage the expectations and demands of fulfilling the multiple gender based roles. Moreover, the women described how their sense of self was often bounded by their relationship with their parents. This indicated a limitation to their developing sense of self and sacrificing of their identity, supporting studies by Bhugra and Desai (2002) who associated self-harm in South Asian women with difficulties individuating.

Ballard, (1982, cited in Rapoport, Fogart &Rapoport) suggested that South Asian individuals tend to define themselves in relation to their Asian family and community, impacting on their individual sense of self. This was evident in the participants' account, who often described their self-identity as undervalued and instead integrated with their families as a whole. Phinney's (1990) notion of ethnic identity achievement was also revealed in the participant's efforts to follow the cultural values and expectations in order to feel a sense of ethnic belonging. Phinney specified the essentiality of an ethnic member drawing a sense of belonging from ethnic involvement on their psychological wellbeing. However, Phinney stressed that ethnic identity is a dynamic process that takes into account an individual context, such as restrictions by parents, recognised in South Asian women. This was considered to limit their identity formation and result in the women forming a poorer sense of self. The study's findings

were considered in line with the participants' experience of culture and ethnic conflict highlighted in the 'sacrificing identity' sub-theme. The findings further postulate that perhaps South Asian women in the UK experience greater conflict when searching for equilibrium between their family, ethnic and self-identity, which influences these women to self-harm.

Feelings of isolation, exclusion and abandonment were found to be embedded in the participants' accounts. The data analysis suggested that these feelings stemmed from a form of interpersonal loss experienced by each of the participants with a significant figure, often a parent, and by the values and expectations driving family honour. The interpersonal losses experienced were recognised in the participants' accounts through events such as parent's separating, father's affairs and feeling rejected by mothers during arguments. The study's findings suggested that these events were strongly associated with the participants' descriptions of despair and lack of worth which influenced their overwhelmed state of mind. However, the sense of loneliness was thought to be further reinforced by the cultural and family values, expectations and implications of family honour that was prominent in the women's lives, highlighted above. The women's descriptions of having nobody to communicate their problems to reflected findings by Chew-Graham et al., (2002) who also reported isolation to play a significant role behind why these women self-harmed.

Thus, master theme one captured three significant precipitating factors in the phenomenological accounts of self-harm by South Asian women. Suyemoto's (1998) paper highlighted that there was a majority agreement in the phenomenological accounts of self-harm in previous studies that failed to acknowledge the participants' cultural and ethnic differences in their sample. It was claimed that the precipitating event of self-harm (i.e. predominantly self-cutting) was most commonly the perception of an 'interpersonal loss' experienced by individuals. The study's findings support such a claim, however, it adds to the report by suggesting that perhaps two additional precipitating factors, 'feeling oppressed by expectations' and sacrificing identity' are

more pertinent events indicative and specific to the phenomenological account of this population of women. Furthermore, taking into account the recruitment sample of this study, the current research would like to open the notion that 'interpersonal loss' is also a precipitating factor, that may potentially be applicable to broader methods of self-harm rather than solely self-cutting as stated in Suyemoto's paper.

5.4-Master theme-2: Self-harm as form of emotional response to struggles

Across the transcripts, the women explained how self-harm seemed to be the most appropriate and efficient means of surviving and coping with the emotional struggles they were confronted with. In particular, the women explained how self-harm served multiple meanings and functions simultaneously, consistent with previous studies (i.e. Chew-Graham, et al.,2002). For instance, self-harm enabled the women to regulate their emotions and communicate their feelings towards others indirectly. It enabled them to punish their self and others, and manage the isolation they endured by using self-harm to compensate for the lack of a trusting companion in their lives. The multiple meanings ascribed to self-harm by the women in the study was found to complement a number of psychological models discussed by Klonsky (2007) and Suyemoto (1998).

For instance, the study identified a common narrative across the transcripts, the desire to "get rid" of unbearable emotions stemming from particular struggles such as, feeling gagged and powerless by the family value of keeping silent in the presence of higher authorities (e.g. parents) and entrapped by the expectations imposed upon them to safeguard family honour. As a consequence of these struggles, the women felt the need to supress their feelings of anger and frustration. However, the build-up of suppressed emotions led them to seek a method of emotional outlet and expression, found through self-harm. The use of self-harm for supressed feelings was recognised to fit well with Klonsky's (2007) perspective of self-harm as an expression and communication of anger (further supported by Nock & Cha, 2009). Many of the participants explicitly stated how inflicting pain through self-harm enabled them to

indirectly communicate and express their feelings towards their family. One of the participants, Aarti, openly shared how she felt she “didn’t have the vocabulary” to express herself. It was thought that this further enhanced a sense of feeling stuck through language, perhaps inferring that her emotions were trapped and that she didn’t have the means to communicate and alleviate negative thoughts through language. Thus, using self-harm as a strategy to regulate affect and express feelings that could not be communicated to self or others supported the Affect Regulation model specified in Suyemoto’s (1998) paper. Furthermore, parts of the transcripts that recognised the participants’ descriptions of using self-harm as a means to translate their emotions into physical injury in order to justify their emotional pain supported Leibenluft et al., (1987) understanding of the Affect model further.

In line with the participants’ feelings of disempowerment within the family unit, self-harm held a secondary meaning of punishing. The participants recognised self-harm as a method that met their necessity to punish themselves for their failures to meet expectation set by them or their family. When exploring the meaning of punishment further, the participants acknowledged how self-harm confirmed and manifested their negative self-beliefs and self-loathing, and marked them as unworthy. This supported Klonsky’s (2007) proposal of the self-punishment model, which perceived self-harm as an expression of anger towards oneself or as a method of invalidation. However, adding to the self-punishment model was the perception that the women also wanted to covertly punish their family or others at the same time. The majority of the women viewed self-harm as a hidden method of punishing others using their own body. The study associated the women’s desires to punish others who had imposed restrictions with their own internal desires to regain power and control over those they felt inferior to and subjugated by. It was interpreted that self-harm provided them with an imagined sense of empowerment and justice as they inflicted pain over the only remaining possession they felt they could really effect control over their body. Thus self-harm as a means of punishment and retaking control supported the wider literature that linked

power and control with self-harm (e.g. Burstow, 1992) and qualitative studies exploring South Asian women's experiences of self-harm (Bhardwarj, 2001).

Further meaning to self-harm as a method of regulating emotions was also identified. For instance, some of the participants expressed using self-harm as a means of removing trapped feelings that left them in an unpleasant self-state, and associated with the uncertainty of their existence. Self-harm was considered a method that enabled the participants to bring about an abrupt return to reality and an increased sense of feeling alive, relating self-harm to the dissociative model discussed by Gratz (2003) and Williams (2001). Self-harm was also viewed as an alternative to suicide and perhaps a method that enabled participants to channel self-destructive compulsions through cutting in order to compromise between life and death desires, associating their experience to the psychodynamic anti-suicide model outlined in Suyemoto's (1998) paper. Moreover, some of the participants described a struggle to form an identity separate from their family and others because they expressed a sense of self closely bound to their families. From the analysis, it was thought that the women's' experiences demonstrated a form of struggle and sacrificing of their identity in order to maintain homeostasis in their family and community. Thus, the extended meaning of self-harm in relation to identity was considered to follow the interpersonal boundaries model rooted in object-relations theory (Suyemoto, 1998).

Simpson and Porter (1981) applied the concept of Social Learning Theory to the environmental model and suggested that the self-harmer learns through their parents that injury and care are associated. Thus, through self-harming the individual attempts to self-care. This theory was supported by the sub-theme 'self-harm as a friend'. This particular subtheme highlights how all of the participants in the study described feeling rejected and isolated from their loved ones. They all experienced a form of interpersonal loss in their lives and described having no one to communicate their problems and distress to, leaving them feeling alone and misunderstood. Their isolation, which seemed to stem from their inability to seek external intimacy, was often

related to the concept of family honour, a notion that encourages South Asian families to deny or hide problems for fear of community reprisal and disgrace, consequently advocating that problems should be kept to oneself (Netto et al., 2001). This reflects the findings of Hussain and Cochrane (2004) who reported that the lack of a trusted individual can lead to a sense of isolation, precipitating and maintaining distress for women from South Asian backgrounds. The lack of a trusted companion was explicitly noted as a causal factor by the women in the study. It was also found to be an important factor that determined the difference between thinking about self-harming to intentionally acting on thoughts to self-harm.

The current study supports previous researchers that have stated that interpersonal loss and abandonment are precipitating factors in self-harm (Suyemoto, 1998; Woods, 1988). It also further supports research that has noted how invalidating relationships with caregivers during childhood can increase the possibility for individuals to engage in self-harming behaviour (Martin, Bureau, Cloutier, & Lafontaine, 2011). Interpersonal loss and invalidating relationships with significant parental figures played a crucial role in the women experiencing intense feelings of rejection and isolation. Whether it was through a father's affair, parents separating or feeling rejected during arguments with a mother, the women in the study during each incident experienced rejection as a loss of intimacy and care which led to intense emotions that added to their overwhelmed state of mind and influenced their thoughts of self-harm. Therefore, perceived interpersonal loss and abandonment through invalidating relationships has been found to precipitate self-harming behaviour. However, the current study adds to this notion, by suggesting that not only does perceived interpersonal loss precipitate the behaviour but the process and aftermath of self-harm itself held a deeper meaning and position for the loss. Whether it be the object (e.g. knives) or the aftermath experience (self-compassion or scars), the process seemed to compensate for the loss of 'visible' intimacy often found in the presence of a companion or friend. Thus, self-harm seemed to be more than receiving self-care or attention, instead it represented the absence of a

caring figure and compensation for this loss. The study argues that perhaps the extent of the isolation experienced and lack of companionship is more pertinent in South Asian women due to the imposition of family honour that can be experienced as controlling and isolating for an individual. The study's findings seem to have brought to light deeper meaning ascribed to self-harm for South Asian women, unstated by previous studies, perhaps adding novelty to the current literature focused on the meaning of self-harm for South Asian women.

The literature review chapter criticised and questioned whether the psychological models of self-harm could be applied cross-culturally and to specific ethnic minorities, since it was unstated by previous studies. A significant strength of the current study's phenomenological approach is that the data analysed is grounded in the participants' accounts and experiences. Thus it can be argued that since the participants' experiences related well with some of the psychological models of self-harm, the theories perhaps may be applicable cross-culturally (supported by Smith's, 2009, theoretical transferability concept, discussed later in the chapter). However, the study believes that the data adds to the models and meaning of self-harm in South Asian women by stressing that self-harm enabled the women to regulate and manage their emotions in a covert and non-assertive safe way. This was considered to be of vital significance to the women in the study, as it enabled them to meet their emotional needs, that is, to punish and express emotions, without defying their cultural and family values. The study's perception that isolation and secrecy are perhaps two dimensions and motivators of self-harm seems to reflect the existing literature among other groups of women who self-harm, for example, victims of childhood abuse (Muelhenkamp, Kerr, Bradley, & Larsen, 2010; Reece, 2005). However, the study emphasises that perhaps both dimensions seem to be tied to the cultural elements of being South Asian, for instance, being able to maintain family honour and obey family values expected by the South Asian community. This therefore brings forth distinct meaning unique to this population of women. Thus it could be suggested that perhaps recognising self-harm's

covert style as a substantial factor in understanding why South Asian women choose self-harm has wider implications for the existing psychological theories on the meaning of self-harm, making it specific to this ethnic minority group of women and different from the existing knowledge regarding self-harm for women from different ethnic backgrounds.

5.5-Master theme 3: Self-harm as a double edge sword

The analysis of the data recognised a conflicting cycle and double standard meaning in the way self-harm was perceived by the women in the study. The data suggested that self-harm was experienced by the participants in two polarised states, as a means of doing something good and bad to one's self and others at the same time. The women often described self-harm using both negative connotations such as "it's stupid and selfish" and positive "it's easy and effective". As highlighted in the analysis chapter, when the women perceived themselves as victims, self-harm was experienced as a positive and acceptable means of effecting immediate change in their life. For instance, self-harming enabled some of the participants to process emotions instantly in order to reconnect with reality and continue with day to day living. For others it enabled them to seek care and attention from parents and even professional help. On the other hand, self-harm was also perceived as a weapon to draw attention to their families and to effect immediate changes in their lives. The study's findings proposed that the women recognised the power in using self-harm, enabling them to threaten their family's honour and regain control.

Furthermore, the nature of self-harm itself held significant value to these women. For example, it was explicitly explained by the participants, that in comparison to other means of coping, such as alcohol or drugs, self-harm's secretive and accessible nature prevented them from going against their religion and values in respect of maintaining family honour. This related well with Ineichen's (2008) study which noted the implications of religious attitudes towards self-harm and suicide. Consequently, it could

be suggested that in the context of religious restrictions, self-harm could be perceived as the individual's 'safer' approach for expressing suicidal ideations, without challenging their religious beliefs and values. Self-harm was efficient in both protecting their family's standing and damaging when disclosed, as it was an effective means of drawing attention from their families and effecting real changes as they threatened to jeopardise their family's reputation using their own life. Thus, self-harm seemed to be more than a coping strategy for managing distress and emotions (identified by previous literature such as Chew-Graham, et al., 2002). It was perceived as a relevant means of 'surviving' within the context of South Asian culture, particularly given the constraints and expectations set in the name of family honour. This was considered to be in keeping with the notion that self-harm is a 'logical psychological response' to emotional suffering (Babiker & Arnold, 1997).

In contrast, the negative meaning ascribed to self-harm was often associated with the unpleasant feelings that were experienced during the aftermath stage, and by the social and cultural stigma imposed by their community and wider society. Commonly shared by self-harmers of different ethnicity is the feeling of guilt and disgust after the act (as stated by Suyemoto, 1998). However, the women specifically identified their guilt and disgust with shame associated with the fear of judgement from their loved ones and wider community, as well as with the failure to put their family's integrity and wellbeing ahead of their own, thus positioning these women as wrongdoers and selfish. Again, the current study found that the concept of family honour played a relevant role in their conflicting feelings towards self-harm. This is because engaging in a personal and sole means of survival, which went against the integrity of the family as a whole, maintained self-harm as both favourable and unfavourable, leaving the women conflicted. It could therefore be suggested that as a consequence of self-harm being experienced as a double edge sword the distress is maintained, which in the long run leads to deteriorating mental health within this group. This perhaps, explains the high

level of future suicide attempts following self-harm by this population reported by Raleigh and Balarajan (1992).

5.6-Master theme-4: Experiences of support services

The women in the study explicitly described the stigma attached to self-harm and mental health in general as impacting upon their ability to seek external and professional support. The majority of the participants described how self-harm was perceived as a "joke" in the eyes of their community and wider society, emphasising its lack of significance. This linked with the women's beliefs that their distress was often not taken seriously by their families and explained why they felt misunderstood. The fear of being judged and perceived as "crazy" and "mad" by professionals and in particular their community was often explained to be the reason for their reluctance to access mainstream support. This associated well with previous findings, which stated that the fear of 'community grapevines' (Chew-Graham et al, 2002) and damaging consequences to Izzat were factors that led South Asian women to feel reluctant about seeking support or sharing their problems (Marshall & Yazdani, 1999). Specifically, the participants stated that the risk of getting caught when seeking psychological support by others in their community or by members of their extended families would be to too problematic as it may result in shame and loss of honour to their self and family as a whole, and lead to damaging consequences such as to future marriage proposals (this supported similar findings by Gilbert, Gilbert & Sanghera, 2004). The current study suggested that the women's fear of being caught seen in medical settings was potentially important to acknowledge when targeting these women, opening suggestions for alternative supportive settings to be considered for this population.

The women in the study had different levels of experiences with external support services. Therefore, each described varying experiences. The literature recognised that South Asian women only accessed mainstream support during times of crisis (Hussain,

et al., 2011). This supported the experience of three participants in this study. On the other hand, the other two participants avoided external support at all costs. The majority of the participants explicitly linked their ethnicity with their feelings towards accessing professional support, often describing feeling ambivalent with regards to working with professionals in general. Some explained that this was due to the lack of trust in service structures, confidentiality policies and professionals. One participant explicitly stated concerns that the clash in cultural principles may lead to confidentiality breach by professionals, making it difficult to build rapport. This perhaps, illustrated the cultural concerns and fear of being misunderstood by western services, but also perhaps reflected the power dynamic these women feel between professionals and themselves within medical settings. The increased power professionals hold in the eyes of these women perhaps reflects and replicates difficult interactions and feelings of disempowerment within their own family units, making it harder for them to feel comfortable accessing and trusting mainstream support. This suggests that South Asian women perhaps require a setting that situates them in a position of equal power and control. It also brings forth Burstow's (1992) suggestion that women who feel empowered do not need to self-harm. Therefore, rather than challenging self-harm which provides control, the underlying reality of powerlessness in the lives of these women should be acknowledged within therapy.

Rather than the 'fear of confidentiality breach' being the determinant factor that influenced which professionals these women preferred to work with (as claimed by Chew-Graham, et.al, 2002) the study's findings suggest that it is more centred on the fear of judgement by the professionals themselves. For instance, some participants said they valued shared ethnicity with professionals, due to shared understanding of the dynamics and cultural issues. However simultaneously, they voiced concerns and fear of being judged and for their experiences to be compared and minimised by the professionals. The fear of judgement by professionals from either ethnicity perhaps reflects the dynamics of judgement found within the community and family, making it

harder for these women to trust anyone. Their reluctance to open up to a non-Asian professional may also reflect their perceived need to ensure that they do not show their Asian community in a negative light. Consequently, in protecting a positive Asian community identity, the participants may fear being honest about their problem and be more defensive. It could therefore be pertinent to these women that professionals from either background openly acknowledge their ethnicity and cultural similarities and differences, and state their non-judgemental position. Stating cultural position regardless of ethnicity could be a crucial element that allows openness of cultural issues to be discussed, trust to develop between professionals and South Asian women who self-harm and power differentials within the therapeutic relationship to be addressed.

Interestingly, one of the participants suggested preferring to seek emotional support from a non-professional source that related to her experience. This perhaps suggested that she would benefit from supportive forums rather than medical professionals. The study questioned whether her response stemmed from a racial stereotype about the value of mental health and counselling for Asian people, recognised by Alexandre (2001). If so, this perhaps highlights the necessity for professionals, such as counselling psychologists, to build good rapport within the Asian community in order effect change in such stereotypes. On the other hand, one of the participants brought to attention that a professional from a different ethnic minority background would be equally as helpful as a professional of a similar ethnicity. It was explained that ethnic minorities as a whole share similar processes and perceptions of life and family dynamics, perhaps unfamiliar and misunderstood by white professionals. This seemed to highlight the need for a ‘shared cultural perception’, in other words, understanding of cultural dynamics within ethnic minorities. Therefore, professional training may benefit from including in depth cross-cultural teaching for professionals of all ethnicity and cultural background.

The study recognises that certain themes, such as interpersonal loss and control, identified in the participants' accounts could be said to be related to self-harm in women from different ethnicity. Aspects such as cross-cultural gender-based role expectations of expressing feelings, as well as trans-generational conflict are also universal rather than specific to South Asian culture. However, the study argues that there are some aspects in the participants' experiences that were more salient to them being South Asian. For example, feeling oppressed by expectations and sacrificing their identity in relation to family honour and forming part of the collective culture was considered pertinent in their experience and meaning of self-harm. Also, their issues around fear of judgement and feeling misunderstood by professionals' raises the need for mainstream services to take these differences into account when implicating and providing support for South Asian women.

5.7-Clinical Implications

Although the last master theme was less focused on the experience of self-harm, it offered a significant contribution to the study. Since past research has identified clinical management in Asian women to be different compared to their white counterparts (Hussain et al., 2006; 2011), including the participants' opinions for ways to improve services and clinical intervention was considered fundamental in providing a voice to this oppressed and underrepresented population. Furthermore, including this theme in the study was thought to allow space for new suggestions to arise from the targeted population itself and help the study advocate ways of developing appropriate services.

From the participants' accounts, it was found that all of the women shared a desire to raise awareness around self-harm in South Asian women. Importantly, they communicated their concern that the lack of awareness around self-harm and mental health in general within the community prevented South Asian women from accessing support. They believed that this explained the high rate of self-harm and suicide in this population. However, many of the participants expressed a need for mainstream

services to increase awareness and provide support at a more systemic and community based level rather than solely within medical settings.

Echoed across the transcripts was the lack of awareness the participants themselves had around seeking professional support for their self-harm and emotional distress. This appeared to suggest that self-harm itself is currently still a highly stigmatised and unspoken topic within the wider society. This, perhaps, further affects the South Asian population due to the cultural impositions and constraints with seeking external support and the lack of recognition of, and value placed upon distress. This suggests that raising awareness of self-harm within the South Asian community and wider society needs to be prioritised to allow de-stigmatisation of such mental health issues to occur within wider systemic systems. Indeed, in order to confront such contextual issues within the South Asian community, some of the participants suggested promoting awareness of mental health issues, such as self-harm, by targeting educational systems and community based settings such as places of worship (i.e. temples and mosques). It was believed that doing so would help explain to women and the community that self-harm is a common struggle faced throughout the population, consequently de-stigmatising self-harm within the community and sanctioning the importance of wellbeing.

Focusing on increasing awareness of mental health and self-harm would allow the South Asian community to potentially normalise distress and instead of judging, promote help-seeking behaviour. On a wider systemic level, this could potentially change South Asian people's beliefs that they do not need to seek outsider support (Netto et al., 2001), and instead encourage valuing emotions and mental health problems, often overlooked within the community (Gilbert, Gilbert & Sanghera, 2004). The participants' suggestions to target educational settings, such as colleges and university, was deemed extremely important and in line with previous studies which reported how 16 to 24-year-old South Asian women were at a higher risk of self-harm (Cooper et al., 2006). This, perhaps, also reflects and supports Cooper et al., (2006)

suggestion that the transition to adulthood for South Asian women is more of an elevated risk to poor mental health compared to their white counterparts. This was postulated to be due to greater cultural conflicts between young Asian women who had adopted more modern perspectives and the older generations who held more traditional Asian expectations (Thompson & Bhugra, 2000).

Furthermore, in recognising the community's tight knitted attitude, it was suggested that professionals from South Asian ethnicity working closely in these community settings would help overcome cultural barriers, such as language and understanding of family honour, allowing the development of a trusting relationship between South Asian women, the community and professionals. Even though, professionals of similar ethnicity may be preferred to help overcome such cultural barriers, taking into account the mixed feelings of South Asian women working with professionals with different ethnicity (highlighted by the participants in this study and other studies such as Chew-Graham, et al., 2002), it could be suggested that even professionals of different ethnicity could develop a similar relationship if they worked closely with community based settings. This would be helpful if professionals of both Asian and non-Asian background were to openly acknowledge their ethnicity and cultural similarities and differences whist at the same time adopting a non-judgemental position. This is considered crucial in allowing cultural issues to be discussed and reducing the unspoken power differential in the therapeutic relationship. Thus, the study strongly suggests and encourages for counselling psychologists to target and work in South Asian community based settings rather than medical settings, such as GP surgeries, to access and improve support for South Asian women. This would allow issues surrounding a lack of trust within medical settings, commonly found in South Asian women (Gilbert, Gilbert & Sanghera, 2004), to be addressed and encourage counselling psychologists to build rapport with the community. This could consequently lead to a ripple effect with the Asian community sanctioning help seeking behaviour and mental health wellbeing.

5.8-Strengths and Limitations of the study

5.8.1-Limitations of research method

Although the study has attempted to meet Yardley's (2000) four broad principles for assessing the quality of qualitative research (discussed in methodology chapter), it is important to note some of the limitations of IPA as a research method while evaluating this research study. For example, it was argued by Smith, Flowers and Larkin (2009) that it is impossible to access the participant's lived experience directly, as the researcher plays a significant role in co-creating the participant's account by analysing and interpreting the participant's own understanding of their experiences of the phenomenon under investigation. Hence, it is probable that other researchers would interpret the data differently by focusing on different features of the data.

Furthermore, Willig (2013) raised the concern that IPA tends to focus too much on cognitions, implying that the focus on meaning and how participants make sense of their experience gives less room for the participants embodied experience. However, it has been acknowledged by IPA researchers that direct access to the level embodied experience felt in a direct and pre-reflective way is practically impossible and that participants' experiences cannot be fully accessed without their cognitions and expression (Smith, Flowers & Larkin, 2009; Willig, 2008).

Willig (2008) further reported some of the implications of using IPA. For instance, she highlighted IPA's dependency on language and explained that IPA significantly relied on language as the vehicle participants use to communicate and make sense of their experience of the phenomenon under investigation. Therefore, the participants' ability to communicate and express the wholeness of their lived experiences has been an issue that has been frequently raised by qualitative researchers, as some participants may have struggled to use language to accurately express their experiences. With regard to this research, having chosen to conduct the interviews in a language which was not necessarily some of the participants' first language, could have restricted their

ability to fully express their experiences. However, it was thought that since all the recruited women had attained high educational qualifications in the UK, their level of English language could be considered adequate for the interviews. Also, given the complex nature of self-harm and multiple functions it held for the women, such as communicating feelings that they did not have the vocabulary to, it is possible that a degree of filtering may have taken place when the women attempted to describe their experiences. This should be considered a possible limitation of the study.

While efforts were made to be transparent and thorough throughout the study, it is important to acknowledge that as the researcher my own assumptions and perspectives, as well as my position as a practicing counselling psychologist in training, may have influenced the interview process and the type of data gathered from the participants. For example, the way questions were asked to certain participants and not others (e.g. to elaborate). Also, my clinical training and personal background unavoidably perhaps served as a filter through which I interpreted the participants' experiences (discussed further in reflexivity section).

5.8.2-Generalisability of findings and sample

As pointed out by Malim et al., (1992, cited in Pringle, Drummond, McLafferty & Hendry, 2011), generalisation within IPA qualitative studies are not feasible due to the small sample size advocated and its subjective, impressionistic and intuitive nature which makes it difficult to establish which factors are significant. However, it has been argued, that although broad generalisation is a limitation, as it may not be achievable, analytic commentary and commonalities across participants' accounts can generate useful insights that may have wider implications for the existing knowledge. Thus by achieving insight into an individual's particular experience, an insight into the whole can be possible (Caldwell, 2008 cited in Pringle, Drummond, McLafferty & Hendry, 2011). Smith et al., (2009) reported this in terms of 'theoretical transferability' and advised IPA researchers to work along this concept rather than in terms of empirical generalisability.

Thus, readers of the analysis can evaluate the transferability of the data to other individuals who experienced a similar phenomenon. The current study as a result has aimed to follow this advice. However, the current study recognises that the sample size recruited is smaller than IPA's qualitative criteria. Nevertheless, it argues that the size enabled the study to address the wholeness and uniqueness of each account, giving each participant's account a complete and in-depth analysis. The size of the sample also reflected the nature of this under-represented and hard to reach population. Therefore, the sample is of significant value as it adds to the small body of research that currently exists.

5.8.3-Recruitment challenges and homogeneity of sample

As stated in the methodology chapter, the study recognised the large diversity that subsists within the term 'South Asian women' and its impact on the homogeneity of the sample. It was concluded that the women recruited in the study shaped a reasonably homogenous sample, since all of the women were recruited from a non-clinical setting and attended higher educational level institutes. Also, four out of five were in their early twenties, all had no dependents and lived in the UK and the ethnicity of the women recruited matched previous researches which have used 'South Asian' ethnicity in their recruitment sample (e.g. Hussain et al., 2011).

The fact that all of the participants were currently in higher-education, strengthened the homogeneity of the sample, as it can be argued that a particular demographic and socioeconomic background of South Asian women was accessed. Thus, the effect of the study's sample on the type of data attained has implications for the transferability of the study's outcomes. It is also important to note that majority of the women (four out of five) were within the age range considered high risk of self-harm and suicide, as reported by Cooper et al., (2006), further representing useful data from a high risk population.

5.8.4-Researcher and participants shared ethnicity

The current study has previously stressed that the experiences given by the participants have been those given within the context of one Asian women to another and should therefore be understood as such by those reading the study. Therefore, it is significant to highlight that a shared ethnicity with the participants may have affected and influenced the participants' accounts, as contended by Bhopal (2001). When discussing accessing and seeking external help, although the majority of the recruited women shared ambivalence towards professionals in general, most also shared mixed preferences towards working with a professional of similar or different ethnicity. Some of the women expressed the value of working with professionals of the same ethnicity due to the perceived shared understanding of cultural issues and dynamics. This is perhaps unsurprising as these reasons were found to have driven them to part take in the study. However, some participants expressed criticism towards working with professionals of the same ethnicity as they feared judgement and comparison by professionals of the same ethnicity. This perhaps played a significant role in the way the participants shared their experience with the researcher. For instance, the participants may have imagined the researcher to have judged their distress in a similar way, potentially hindering their confidence to share the extent of their distress related to cultural dynamics. On the other hand, it could be argued that this may have led some of the women to overemphasise and stress the depth of their experience in which some of the cultural dynamics impacted on them. The researchers shared ethnicity may have also limited their criticism towards professionals of similar ethnicity and played a significant role towards the small sample size of the study.

Nonetheless, taking into account discussions with participants in relation to sharing their experience with another South Asian woman, many expressed how this encouraged them to participate and enabled them to disclose meaningful information in more depth as they felt that there was an existing basic fundamental level of understanding by the researcher. This perhaps indicated that the participants were able

to develop a more positive and open relationship with the researcher. Consequently, it could be suggested that the shared ethnicity was a significant strength for the current research and may explain why the research was able to identify deeper meanings associated to self-harm (e.g. self-harm used to compensate for a friend) and for the identification of family honour to be more pertinent than previously stated. On the other hand, such novel findings may stem from the fact that the study recruited a non-clinical sample, unlike previous researches which have used samples of South Asian women who came into contact with clinical services, for instance, general practitioners, emergency services and specialised services for women.

5.9-Future research

The current study identified possible new meaning and understanding behind the function of self-harm, and why South Asian women choose to self-harm. Specifically, the findings recognised how self-harm compensated for the loss of a visible companion in these women's lives, emerging as a result of particular cultural constraints and family events. It also suggested that family honour is a subtle and yet pertinent underlying causal factor behind the women's struggles and distress. However, it acknowledges that these new findings perhaps reflect the non-clinical sample used in this study, which has not been previously focused on by former researches. It would therefore be useful to encourage future research to replicate the study and continue to conduct phenomenological studies on South Asian women's experiences of self-harm using non-clinical samples to determine if similar themes emerge. Furthermore, it may be helpful for future research to focus on exploring the experience of older South Asian women self-harming to determine whether similar themes also occur across different age groups. The current study would also like to advice future researchers focusing on this population of women to prioritise and consider spending more time building positive relationships with gatekeepers to allow maximum chance of recruitment to take place.

When searching for existing literature on family honour, it was notable how the majority of the research appeared to have studied the impact of family honour in the context of honour killing and violence (Gill, 2008; Pope, 2012). As a result, there appeared to be limited research focused on exploring the experience of family honour in Asian women's lives and a gap on the experience of South Asian women challenging family honour. One study by Gilbert, Gilbert and Sanghera (2004) offered some insight on honour, shame, entrapment and subordination, associating such concepts with poor mental health and service access in South Asian women. They advocate that such concepts require more research if researchers are to gain meaningful understanding behind the culturally variant dynamics of mental health and support seeking behaviour in South Asian women.

Since the concept of family honour was recognised as a subtle and relevant underlying factor in the participant's meaning and experience of self-harm, the current study encourages future studies to solely focus on exploring the experience of family honour for South Asian women. The study believes that this would potentially offer additional significant understanding behind the implications of the code of conduct on this population's mental health and help improve current clinical interventions and management for South Asian women who self-harm.

5.10-Personal Reflexivity of Research process

As previously stressed in the second chapter, reflexivity remained a central and inescapable component throughout the research process. Therefore, it feels important to return to this process in retrospect, looking at the personal processes and challenges faced during the second half of the research.

From the early stages of the interview process, there were times when I felt that my personal experience as a South Asian women and position as a trainee counselling psychologist and researcher led to multiple connections and disconnections in the relationship with the participants. Consequently, I felt that these multiple roles both

enriched and impinged on my ability to fully immerse and engage with the rich experiences each of the women shared. For instance, I felt a connection with the participants on the grounds of my South Asian heritage, educational background, age and gender. This meant that at times my own experiences seemed similar to many of the women's experiences. Perhaps, by approaching from an insider's perspective (Halls, 2004), the manner in which I conducted my interviews, e.g. the level of empathy and care I provided, influenced the process. I felt that my 'insider's' perspective enabled me to build trust quickly, allowing me to facilitate a good relationship and a safe atmosphere for the participants to share emotionally challenging experiences. I believed that this was further influenced and facilitated by the way the majority of the participants perceived me as an "insider" as a consequence of my shared ethnicity, offering statements like "I could just tell you stuff, you'd understand" (supporting Halls, 2004, statements on the positive implications of researchers being perceived as an insider). However, I also recognised that taking such a position potentially led to shared assumptions, and may have at times limited my prompting for further clarification on certain experiences, and instead led me to implicitly acknowledge these experiences. This could have prevented new unexplored areas or meaning to appear during the research.

On the other hand, some of the women indicated that they potentially viewed me as an outsider due to my professional position and lack of insider experience regarding self-harm. In particular, one of the participants highlighted her concerns about sharing her experience with professionals with a similar ethnicity, for fear that her distress would be minimised. I contemplated whether all the participants, on some level, felt the same way about me. This led me to reflect upon and question the power differentials between me and the women in the study. I took the time to address this during the debriefing session and found that those who had originally felt this way were surprised that they were able to share more than they had anticipated at the outset of the interview. I wondered whether this reflected the achievement of equality in the

relationship between the participants and me as a professional, or whether this was a reflection of the equality shared within the context of one Asian woman to another.

During the analyses process, I encountered various uncomfortable tensions and challenges. For instance, in aiming to capture the idiosyncratic concerns and meaning of each participants' lived experience of self-harm, I felt condensing the large amount of data collected was uncomfortable. Also, taking on an interpretative role, whilst trying to understand the participants' views and experiences, was particularly challenging. I felt that the constant tensions of moving between attempting to understand the participants' perspective to imposing my interpretations (influenced by my own experiences and preconceptions) evoked the fear of losing the richness and complexities of the participants' narratives. Upon reflection, the fear I felt came from the pressure I placed upon myself to capture and honour the women's experiences as fully as possible. As a result, I felt that this responsibility impinged on my confidence to completely engage in the double hermeneutics cycle. Supervision enabled me to recognise these tensions and understand the process differently, encouraging me to be more assertive in my interpretations and hold a level of curiosity in the way the participants' experiences of self-harm were understood. This strengthened my efforts to make sense of my participants' attempts to make sense of their world.

Furthermore, in keeping a reflective journal whilst analysing the data I noticed specific tensions that had occurred when reading and immersing within the data. I often felt strong feelings of anger at the level of oppression experiences by the women in the context of being South Asian. I also experienced feelings of sadness which I believe emerged from the depth of the participants' distress, as well as the experiences I could relate to as a South Asian woman. These strong feelings meant that at first I struggled to stay with the data for long periods of time, leading to feelings of frustration. It also brought forward the tensions of bracketing one's own experience with others. However, supervision helped me recognised that the depth at which I felt these emotions were perhaps what was being projected by the participants' accounts. Consequently, I was

encouraged to use them to access and make deeper sense of the participants' inner world and lived experiences, strengthening my interpretation. I also felt that this was a great personal and professional development, as it enabled me to work with the tensions of human experience, my own and my participant's experience of contradictions and ambiguities from a lived experience.

I would like to add that I feel very honoured that these women have allowed me to access their lived experiences of self-harm. I also strongly believe that they have demonstrated great strength and resilience in managing their struggles and in coming forward to part take in this project.

5.11-Conclusion

In summary, the study's results captured the complex experience of self-harm from five South Asian women's perspectives. It also focused on how the women made sense of the contributory factors that led them to consider self-harm. In doing so, the analysis produced four master themes. They included: the overwhelming struggle, self-harm as form of emotional response to the struggles, self-harm as a double edge sword and the experience of support services.

The four themes produced a narrative that highlighted the contributory factors and meanings of self-harm and were presented in a way that showed how they interrelated with one another. From the phenomenological accounts of self-harm offered by the women, some of the precipitating factors and meanings of self-harm were found to be in line with previous studies (Chew-Graham et al.,2002; Gilbert, Gilbert & Sanghera, 2004). The participants' accounts were also considered to be consistent with the existing theoretical models of self-harm highlighted by Suyemoto's (1998) and Klonsky (2007). The concept of self-harm being used as method of emotional regulation and a logical response to distress for these women was thus in agreement with previous studies (Bhardwarj, 2001; Chew-Graham et al., 2002). However, the current study's findings stressed that self-harm was more than a coping mechanism for emotional

distress but a convenient method of surviving within the context of the women's culture. It further emphasised the importance of family honour as a subtle and yet pertinent underlying causal factor that related to the contributory factors which influenced these women to self-harm.

Furthermore, the current study contributed to the existing knowledge on the meaning of self-harm, suggesting that the process of self-harm perhaps has distinct meaning for South Asian women. It postulated that the act of self-harm and its process compensates for the loss of a visible friend or companion in these women's lives. Its covert nature also makes it a highly appropriate and acceptable means of coping and surviving within the context of their culture. These suggestions drawn from the participants' experiences were considered to be possible explanations to Hussain, Waheed and Hussain (2006, p.3) question "why do South Asian women need to self-harm?"

5.12 REFERENCES

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5.13 APPENDICES

Appendix A

Semi- structured interview schedule

Of note: Although questions were written down, the way I asked the questions evolved throughout the interviews to allow a natural development of the conversation to take place. As a result, the questions were asked in an explorative way, depending on the conversation, and were not necessarily asked verbatim as they were written down. The questions below were used as a guideline. The schedule includes some of the initial pilot questions which were later modified in light of the interviews.

Before interview or right at the start:

- How are you feeling? - **Do please let me know if at any point during the interview you are feeling distressed and are unable to continue or would like a break.**
- Is there anything you would like to start talking about with regards to this interview?

Research questions:

1. Can you tell me about a recent time you self-harmed?
   Initial Pilot study question: *can you tell me when you first thought about self-harm?*

2. When you self-harmed, what was going on for you at that time?
   Initial pilot question: what was going through your mind when you self-harmed?

3. What is your understanding behind why you self-harmed?

4. What does it mean to you to self-harm?
   Initial Pilot question: what is the meaning behind why you self-harmed?

5. Why do you think you chose to self-harm this way (method) rather than some other way of harming yourself?

6. If it's to cope with the distress- why do you think you chose to self-harm as a way of coping rather than other ways like alcohol or drugs for example?

7. In what ways has the meaning of self-harm changed for you over time, if at all?
   Initial Pilot question: Do you think the meaning of self-harm changed for you over time?

8. What thoughts do you have on research that has reported a high rate of self-harm in women of South Asian ethnicity?

9. Have you spoken to anyone about your self-harm?

10. Have you ever sought help from professionals like your GP or care worker about your self-harm?

    If YES;
    -What was it like?
    -Do you think that your self-harming affects the way that professionals see you?

    If NO:-

    -What has stopped you from accessing support?

11. To what extent do you think current services meet the needs of South Asian women?

    -What do you think you would find helpful from services?

12. Is there anything you would like to say which have not been covered in the interview?

13. What motivated you to take part in the study?

14. To what extent did my ethnicity have an impact on you taking part in the study?

15. Do you have any feedback on the question I have asked in the interview?

16. Do you have any questions for me?

Thank you very much for your time, if that's okay with you we will end the interview here.

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Appendix B

Demographic questionnaire

All information provided will be kept confidential and all information will be destroyed at the end of the research. Your details will be anonymised at all times and you will not be identifiable.

Name:

Surname:

Age:

How did you find out about this research?

What is your Ethnicity?

How would you best describe your religion?

Marital status*(please circle):* Single Married Divorced separated co-habiting

Living situation: Alone with parents/ family with partner
other please state……..

Do you have any dependents (children/ carer): Yes or No
if yes- age of children……

Occupation:

Education history/ level:

Country of birth?

What is your Family's country of origin?

Where were your parents born?

If applicable, when did your family immigrate to the UK?

The questions during the interview will focus on your experience and meaning of self-harm and it is likely that this may evoke difficult emotions during the interview. Even though, there will be a debrief once the interview has ended to make sure that you are okay and information about support services will be provided, do you think that you would be able to cope with this and take care of yourself once the interview has ended? YES or NO

Thank you for completing this demographic form.

Appendix-C

PARTICIPANTS NEEDED FOR RESEARCH

£20 CASH REWARD

I am looking for volunteers who have experience of self-harming to take part in a study which aims to understand the unique experiences of self-harm in women of South Asian origin (India, Bangladesh, Bhutan, Nepal, Sri-Lanka and Pakistan). Your participation and support would really help the study inform and improve services for South Asian women.

You would be invited to attend a **one-off** face-to face/ skype interview with the researcher to discuss the topic. The interview will last between 1 and 2 hours, in which you can leave at any time you wish. Your personal information will be kept **confidential** at all times during the research and destroyed once the study is completed.

In appreciation of your time, refreshments will be offered on the day of the interview and at the end a gift of **£20 cash** will be given.

If you are a South Asian woman 18years and above, who has self-harmed or is currently self-harming and would like to take part or are interested in gaining more information please contact:

Aishwarya Sambath, *Trainee Counselling Psychologist*
By Email: [redacted]
Or
By phone: [redacted]
This research is supervised by Dr Jacqui Farrants, Consultant Counselling Psychologist

Please feel free to tear off a contact slip below. Many Thanks, Aishwarya (researcher)

This study has been reviewed by, and received ethics clearance through the Psychology Department,

Appendix D

Telephone screening assessment **Participant no:-**

Thank you for your interest in taking part in this research and for agreeing to speak over the phone. This call aims to explain what the research is about and what it will entail. I will be asking you a few questions to make sure that you meet the research criteria, and to answer any questions you may have. Will that be okay with you?

Confidentiality: *Also just to let you know, all details provided in this research will be kept confidential at all times and destroyed at the end of the research. Your name and information will be anonymised so that you will not be identifiable.*

Demographic questions

1. **Name:**
2. **Surname:**
3. **Age:**
4. **** How did you find out about this research?**
5. **Ethnicity *(how would you best describe your ethnicity?):***
6. **Religion:**
7. **Marital status: Single Maried Divorced Widowed separated co-habiting**
8. **Living situation: Alone with parents/ family with partner**
9. **Carer/ children (*do you have any dependents)*:**
10. **Occupation:**
11. **Education history/ level**
12. **Country of birth?**

RISK assessment:

As you are aware, this research involves participants to either have past experience of self-harm or who are currently self-harming:

What is your experience?

How did you/ do you self-ham?

Does it ever become too difficult that you have current thoughts of ending your life?

If so, do you have any current plans or intentions to act on those thought?

What stops you from acting on them? *(Identify protective factors and support systems)*

Have you ever attempted to end your life in the past?

If yes, how long ago was this and what did you do?

Were you hospitalised?

The questions during the interview will focus on your experience and meaning of self-harm and it is likely that this may evoke difficult emotions during the interview. Even though, there will be a debrief once the interview has ended to make sure that you are okay and information about support services will be provided, do you think that you would be able to cope with this and take care of yourself once the interview has ended?

YES or NO

Do you have anyone that could support you?

Do you have anybody you could call after the interview?

How will you make sure you will take care of yourself?

Thank you for answering these questions, do you have any questions for me?

Great, I will email you a participant leaflet which will provide you with further details of the research. Please do have a read and let me know if you have any questions and whether you are still interested in taking part.

Interview date and time convenient to participant: ……

Appendix E

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

South Asian Women in the UK: Understanding their subjective experience and meaning of self-harm (working title)

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

Aishwarya Sambath
Address: [redacted]
Contact: [redacted]

3. Name of research supervisor

Dr Jacqui Farrants, Consultant Counselling Psychologist

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? 6-8

b. How will you recruit them?

Participants will be recruited using purposive sampling, from voluntary charity services that support South Asian women in East London, women Asian community centres and online self-harm chat forums. Leaflets, flyers and online adverts will be used to recruit participants.

c. What are your recruitment criteria?

(*Please append your recruitment material/advertisement/flyer)*

Recruitment criteria- English –speaking, second generation, South Asian women living in the UK, who have history/ experience of self-harm. Excludes: mixed race (in order to keep cultural homogeneity of sample), aged below 18yrs and actively suicidal. This will be assessed during initial contact with participant over the telephone (demographic questionnaire assessment in appendix A will be used).

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)*.

Participants will be required to attend a one-off interview, which will be audio taped and last approximately one to two hours. However, participants will be made aware that they can leave any time they wish.

Prior to the interview participants will be telephoned and assessed for suitability.

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

Yes **No**

If yes,

a. Please detail the possible harm?

Due to sensitive nature of phenomenon investigated, it is possible that the interview may evoke some emotional distress.

b. How can this be justified?

Participant's emotional resources to cope with discussing the sensitive topic will be assessed prior to the interview. This means that chosen participants will have (at the time of the study) necessary emotional resources to cope with the demands of discussing the topic in depth.

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

Safety procedure will be provided to help minimise level of distress experienced. For example, level of upset and risk will be assessed before interview and support details for mental health services, local counselling services and crisis numbers will be provided to each participant. They will also be provided with breaks during interview. As a clinician I will also have the advantage of using my clinical experience and skills to manage any distress that

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)?

Demographic details of participants will be kept. Research notes and tape recording will be kept until completion of research.

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

All confidential information and tapes will be kept in a secured and locked cupboard. Researcher will be the only person who will be transcribing and entering information into the computer. This will then be saved using a password only known to researcher.

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

All tapes will be erased and all information destroyed once research has completed.

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

Pseudonym names will be given to protect confidentiality and identifiable details will be changed throughout the thesis to preserve confidentiality.

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

Participants will be given contact details for psychological support if required and will have my email address to contact if post research debrief is necessary. However, all participants will be debriefed about the project once interview has completed.

(*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: Aishwarya Sambath Date –23.01.14

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?

b. How can this be justified?

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

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 X ↑

Refer to the Department's Research and Ethics Committee ↑

Refer to the School's Research and Ethics Committee ↑

Signature –Dr Jaqcui Farrants---------- Date 21.03.14

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 –Dr Pavlos Filippopoulos ----------
Date 21.03.14

To note- original signed Ethics form can be requested by psychology department at City University. Due to technical errors original scanned form could not be attached to this appendix. However for the purpose of this assignment a copy of the ethics form that was approved has instead been included with name of research and date of approval.

Appendix F

Debrief sheet

Dear Participant,

Thank you for your time to participate in the study, it has been greatly appreciated. If this interview has brought up any difficult issues for you, please refer to the support service information sheet provided to you.

I have also included a brief summary of the research for your information.

Summary of research

South Asian Women in the UK have showed higher rates of self-harm compared to their white counterparts and Asian men. Few studies have attempted to use in-depth exploration on an individual level to understand the reasons behind why they self-harm. For this reason, this study aims to explore the subjective experience and meaning of self-harm from South Asian women's perspectives. It seeks to appraise how they understand and make sense of their experience using semi-structured interviews. It is hoped that this will help inform clinical practitioners working with South Asian Women and contribute to specific treatment prevention.

Thank you again and all the best.

Aishwarya Sambath (researcher)

Appendix G

Support services and Crisis numbers

This is an information sheet about a few possible services that could support you, if you feel in distress or are in a crisis.

GP and A & E department (in an emergency)

- Please contact your GP, who can make a referral to your local Psychology/ counselling service.

- **If you are in crisis, call 999 for an ambulance or get yourself to your local A&E hospital. They will be able to assist you and provide immediate support.**

SAMARITANS (*listening support service/ practical information/ crises support)*:
Helpline number: 08457 90 90 90 (24 hours a day , 365 days a year)
IT MAY BE ALSO HELPFUL TO IDENTIFY YOUR LOCAL BRANCH NUMBER ON THEIR WEBSITE
http://www.samaritans.org/how-we-can-help-you/contact-us

SANE- ***mental health helpline (Listening support service/ practical information/ crises support):***
Helpline Number: 0845 767 8000 (open every day of the year from 6pm-11pm)
Or visit them on: http://www.sane.org.uk/what_we_do/support/helpline

AANCHAL WOMENS AID- for Asian women support with domestic violence/ any form of abuse.
Helpline number:- 0845 451 2547 (opened 24/7)
Muslim Women's Helpline
Helpline number: 020 8904 8193/ 020 8908 6715
Newham Asian Women's Project - advice and counselling support
Number: 020 8552 5524
MIND for better mental health

Support and advice number- 0300 123 3393, Text: 86463
info@mind.org.uk (open 9am to 6pm, Monday to Friday (except for bank holidays).
Visit their website on to search for your local service: http://www.mind.org.uk/information-support/helplines/

Asian family counselling service London office- Tel: 0208 571 3933

0208 813 914visit their website for other location and further information

Appendix H

Participant Information Leaflet

South Asian women in the UK: Understanding their subjective experience and meaning of self-harm

I would like to invite you to take part in this study. Please carefully read this information leaflet before deciding to take part in this research study. This leaflet contains information about why the study is conducted and what it would involve for you. This will help you decide whether or not you wish to part take in this project. If you require further information please do not hesitate to contact me.

What is the aim and purpose of this study?

The aim of this study is to understand the unique experiences of self-harm from British Asian women who are of South Asian origin. The research hopes to explore how South Asian women cope with difficulties and understand what factors lead to self-harming behaviour.

This will help provide health services with richer knowledge and understanding that will help improve support services for South Asian women.

Who is involved in organising this research?

This research study is organised and conducted by Aishwarya Sambath, Trainee Counselling Psychologist, as part of her research thesis for City University London Counselling Psychology Doctorate programme. This research is supervised by Dr Jacqui Farrants, Consultant Counselling Psychologist.

Do I have to take part?

Whether you choose to take part or not is up to you. If you decide to take part, your experience will help health professionals gain a better understanding of the factors that increase distress and lead South Asian women to self-harm. Your voice will also help health services improve current services and treatments available.

If you do decide to participate, you will be contacted to meet with the researcher and asked to sign a consent form. Your personal information will be kept confidential at all times during the research and destroyed once study is completed. If at any point you wish to discontinue, you are free to withdraw from the study at any time without giving reasons. Taking part in this study will not affect the care that you receive now or in the future.

What will the study involve?

Once you have contacted the researcher to let her know you are happy to participate. You will be invited to meet on one occasion to sign a consent form and take part in an interview. The interview will last between 1 and 2 hours, in which you can leave at any time you wish. The interview will be tape recorded so that it can be transcribed. Tapes will be erased and all information destroyed on completion of research.

Are there any risks or disadvantages of taking part?

You may find talking about your experiences distressing; if you find yourself distressed at any point, please let the researcher know at any time. The researcher will be able to provide you with appropriate services and support that you will be able to access following the study, if required.

The disadvantage of the study is the time required to take part in the **one off** meeting in which the interview will take place. The researcher is aware that providing this time may be difficult, however, your time will be highly valued and will allow meaningful information to be gathered.

Are there any benefits to take part in the study?

Although there may not be any direct personal gain, it is hoped that participating in the study will give you the opportunity to share and voice your experience in detail. Your information will then help inform health professionals and open better avenues and support for South Asian Women. You will also receive a gift of £20 as a token of our appreciation for your time.

Will my information be kept confidential?

All information collected from you will be kept strictly confidential at all times. This means that no one reading the study will be able to recognise you as the participant. All names used in the interview will be deleted or reported using a code name.

Who has reviewed this study?

The study has been approved by City University London Psychology Department Research Ethics Committee.

What happens to the results?

Once all data have been collected, it will be written up as part of the doctorate in Counselling Psychology. This may then be submitted for publication in academic journals.

What if there is a problem?

If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is *'South Asian women in the UK: understanding their subjective experience and meaning of self-harm'.*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [redacted]

Contact details

Researcher: Aishwarya Sambath, Trainee counselling Psychologist
Email: [redacted]

Please do not hesitate to contact the researcher if you require further details or have any questions about the research. The researcher is very happy to answer them for you.

Thank you for reading this leaflet and considering taking part in the study.

Appendix I

CITY UNIVERSITY LONDON

Consent form

South Asian Women in the UK: Understanding their subjective experience and meaning to self-harm

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve • being interviewed by the researcher • allowing the interview to be audiotaped • completing questionnaires asking me about demographic details • making myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose(s): • For the purpose of writing the research thesis, as part of the Counselling Psychology Doctoral Programme the researcher is in. 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 not be shared with any other organisation.	
3.	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 at any stage of the project without being penalized or disadvantaged in any way.	

4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) 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.	
5.	I agree to take part in the above study.	

Aishwarya Sambath _____ _____

Name of Researcher Signature Date

_____ _____ _____

Name of Participant Signature Date

When completed, 1 copy for participant; 1 copy for researcher file.

Appendix J

Aarti's Interview transcript

Exploratory comment Key: Descriptive commentary**,** *Linguistic commentary,* Conceptual commentary

Emergent Themes	Line number	Aarti's Interview	Descriptive/*Linguistic*/conceptual
	1	P1 OK. So I was wondering whether you could tell me a more recent time that you	
	2	self-harmed.	
	3		
Self-harm response to feeling overwhelmed and helpless	4	R1 Um the most recent would be about a month,, a month ago, just before I started	
	5	my.. my [omitted] Course, about six weeks ago I'd say. (R1: Hm, hm. Hm, hm). Um,	Repetitive use of glass to self-harm triggered by feeling overwhelmed by change and feeling alone despite people around.
	6	it was my sort of usual pattern of um using glass on my thighs. (R1: Hm, hm) Um I	
	7	think the trigger for this time was just feeling overwhelmed by everything. I've had	*Fast speech rate and sense of exhaustion in tone relating to "I couldn't cope"*
	8	a year of a lot of change. (R1: Hm, hm) and it was just,, I couldn't cope (R1: Hm) um	There seems to be a feeling of helplessness in her situation
Loneliness – nobody to communicate distress too	9	which is weird because I've got a lot of people in my family, there's a lot of people	
	10	around me, (R1: Hm) I live with my in-laws, I've got a husband, I've got my Mum	
	11	and Dad but despite having so many people, I can't talk to anyone (R1: Hm) so that	
	12	was my.. that was my way of sort of just getting my frustration out (R1: Hm) sort of	
	13	thing.	
	14		
	15	R1 And,, and what were you frustrated about?	
	16		
Self-harm response to unbearable emotions	17	P1 I guess,, to get onto this [course] training is all I've ever wanted (R1: Hm) and then	Feeling disappointed with self
	18	now that the time had come round I was just frustrated that I didn't.. I didn't feel	Feels stressed by personal life events
	19	ready. I felt like there was too,, there was too much stress in my personal life for	*Repetition of the word stress- emphasises feeling overwhelmed*
	20	me to give it my best shot (R1: Hm, hm) so I was just angry at myself that why.. why	Is there an underlying fear of failing the course and not being up for it because she doesn't "feel ready"?
	21	work so hard to get here and then sort of almost sabotage it myself (R1: Hm) with	
	22	so much stress (R1: Hm) around me.	
	23	R1 And um can you tell me how it was like,, like to.. to cut yourself?	
	24		
	25	P1 I mean.	
	26		
	27	R1 [Cough].	
	28		
	29	P1 Because I've been doing it about ten years now, nearly (R1: Hm) um it doesn't,, it	

Trapped emotions	30 31 32 33 34 35 36	doesn't really hurt. I don't know whether maybe I just don't really feel that pain anymore (R1: Hm, hm) but um [pause] I mean, it's quite a,, because I live with my in-laws still so I have to sort of do it in my own bedroom and it was very rushed if that makes sense. It was very much like, oh it was,, it was like a.. oh what's the word. I didn't plan it, it was just like, oh,,	Lack of pain when cutting for over 10yrs- is there a disconnection with emotions or inability to access them? Self-harming process is was rushed and done alone *Stuttering reflects struggle to articulate process*-could this also reflect reason for cutting?
Chaotic process of cutting	37 38 39 40 41 42	R1 Spontaneous?, P1 Spontaneous, that's it. There's,, there's a glass um.. the glass wasn't.. I had to,, I had,, I got a candle um and the lid, I broke the lid on the candle which was made of glass which then gave me the glass so it just really sort of spontaneous, I just done it and,, and it was quite bad, it's quite.. it's probably the worst ones I've done in a	Chaotic process to cutting. There seems to be a sense of urgency to cut for release
Blood represent emotional pain through physical injury	43 44 45 46 47 48	while. It's sort of lacerations all over my thighs, (R1: Hm) I mean, it's healing a little bit better now but it was very manic (R1: Hm) um and it was quite deep for my standards, like, I don't think I've done it that deep before. (R1: Hm) Um I know it's probably a cliché to say "oh it feels really therapeutic when you see the sort of,, it's like the blood coming out and	*"Manic" – reflects Chaotic cutting* – could this also reflect chaotic mind state at the time? *"it's therapeutic"- implies feelings of relief and relaxation. A sense of healing-(participant also breaths out)*
Self-harm as immediate means to survive	49 50 51 52 53 54 55 56	stuff" but it really does. (R1: Hm) It's just like "oh, OK and breathe, that, OK that's..." It's really,, really ironic because being a [medical professional] in training, I think I should have better coping strategies and better ways to think of things myself but I think.. I've never been good at that. I'm good at preaching to other people but for me, I'm not very good so for me it was just a really easy way to just get everything out and then clear my mind almost and then start again. R1 So it,, it sounds like on one hand it was a form of.. of release that all the pressure.	Release of overwhelming stress in mind when seeing blood. Could this reflect blood as a physical symbol of emotional mind state? Lack of tools for emotional coping
	57 58 59 60 61 62	P1 Yes.	Self-harm clears mind- does self-harm enable her to reconnect with reality and get on with day to day living? A means to survive?

Appendix K

List of Emergent themes for Aarti

Self-harm response to feeling overwhelmed/ helpless
Self-harm response to adjustment/ change
Self-harm response to anger, frustration and disappointment with self
Self-harm immediate means to survive
Self-harm for accessing trapped emotions
Self-harm secretive and Spontaneous process
Self-harm is therapeutic
Self-harm as emotional release
Blood represents emotional pain through physical injury
Self-harm as emotional expression
Negative feelings during aftermath (feels guilty, rubbish and ashamed)
Punished by others for self-harming and not coping
Self-harm means coping
Scars as form of companionship and comfort
Self-harm short term relief and solution
Self-harm gives voice to supressed emotions
Self-harm to punish others without repercussions
Self-harm to punish self
Self-harm more secretive and adheres to culture more than other methods
Shame associated with self- harm
Self-harm means crazy and stupid
Negative emotions ignored/ dismissed by family
Lack of emotional coping within the family culture
Lack of attendance to distress in culture
Self-harm viewed as mentally ill by family
Loneliness with nobody to communicate distress too
Pressures from expectations to meet traditional Asian women roles
Judgement and bullied from family around weight
Pressure from self and other's expectations
Negotiating identity to please others
Family's needs ahead of own needs
Critical mother and compared to others
Expectation to be educationally successful
Controlled by family values and honour
Powerlessness
Lack of emotional vocabulary
Negotiating identity and individuality leads to self-harm
Rejection for individuality
Burdened by expectations driving family honour
Professionals lack understanding of culture
Professionals over stereotype Indians and make false assumptions of experience.
Non ethnic therapist less judging
Improve service for South Asian women by promoting emotional support in community based locations
Promote awareness off emotional support services for South Asian woman
Need to break misconception of South Asian woman expectation to cope by themselves
Promote understanding of self-harm within community

List of Superordinate themes for Aarti with supporting quote reference from transcript (Line number: page number)

Negotiation and compensation of self and identity

- Rejection of individuality (236: 25)
- Negotiating identity and needs in order to meet expectations (26:46)
- Compared to others (199:15)
- Family needs ahead of own needs (176:15)

Burdened by Expectations

- Pressure to attain high education qualifications (246:17)
- Pressure to meet traditional and western woman roles (46:11)
- To maintain family honour (26:46)
- Own goals and expectations (59:11)
- To follow family values of not talking back to elders (56:20)
- Pressure to please Asian community (216: 16)

Isolation and Lack of emotion regulation

- No one to communicate distress too (196:6)
- Emotions dismissed by family (186:6)
- Lack of vocabulary for expressing emotions (138:23)
- Negative emotions ignored or punished by family (224.7)

Self-harm response to helplessness and overwhelming feelings

- Struggle to adjust to new family (61:11)
- Feeling stressed by demands of course (46:11)
- Feeling overwhelmed by family and cultural expectations (47:11)

Powerlessness and no control

- No control or influence in own decision making (152:32)
- Family's needs ahead of her own (165:35)
- controlled by family values and family honour (276:19)

Self-harm form of acknowledgement and expression of emotions

- Self-harm means of expressing supressed emotions (142:5)
- Blood represent physical release of mental state (chaotic mind) (79:3)

Self-harm provides care

- Scars provides comfort and companionship (17:10)
- Self-harm is therapeutic (45:2)

Positive experience of self-harm

- Secretive and adheres well with culture rather than other methods (255:26)
- Self-harm provides permanent support (70:30)
- Easier than verbally expressing emotions (270:36)
- Self-harm provides relief and calmness (76:3)
- Instant and accessible support (7:28)

Self-harm as form of punishment

- SH punishes self (161:23)
- SH punishes others without repercussions (103.22)

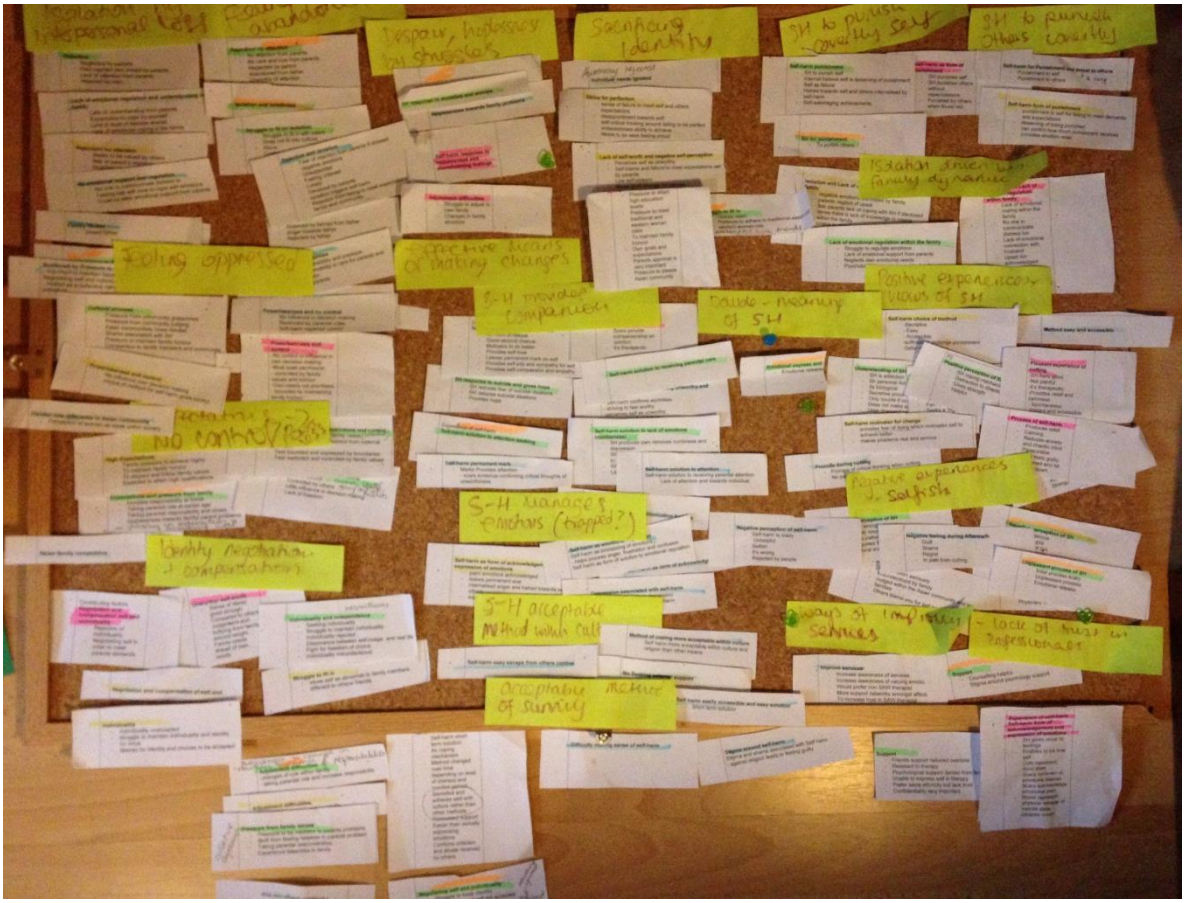
Process of self-harm

- Reduces anxiety and chaotic mind (15:19)
- After feels guilty and ashamed (153:5)

Experience of services and professionals

- Professionals lack understanding (157:41)
- Professionals over stereotype Indians and make false assumptions of experience. (211:43)
- Non ethnic therapist less judging (220:43)
- Improve service for South Asian women by promoting emotional support in community based locations (270:44)
- Need to break misconception of South Asian woman expectation to cope by themselves (284:45)

Process of moving Emergent themes into Super-ordinate theme



Appendix K

Recurring super-ordinate themes across all five participants

Super-ordinate themes	Aditi	Beena	Divya	Aarti	Aman	Present over half sample?
Interpersonal loss experienced (some form of relationship breakdown with loved ones)	x	x	X		x	Yes
Self-harm response to despair, overwhelming and helpless feeling	x	x	x	x	X	Yes
Punish and threaten family	x			x	X	Yes
Punish and threaten self		x	x	x	x	Yes
Provides Self-care and compassion		x	x	X		Yes
Solution to Care, attention and effective change	x	x	x	x	x	Yes
Self-harm response to process and acknowledgement of emotions	x	x	x	x	X	Yes
Powerlessness from family dynamic which dictates hierarchy and chain of command	x	x		x	X	Yes
Control and restrictions from maintaining family honour	x		x	x	X	Yes

Increase responsibility within family	x	x		x	x	Yes
Cultural importance on education and achievements	x	x	x		x	Yes
No one to communicate distress to and Lack of vocabulary and value for emotions	x	x	x	X	x	Yes
Restricted in the level of distress communicated due to Lack of emotional coping and regulation within family system			x	x	x	Yes
Struggle to fit	x	x		x	x	Yes
Negotiation and compensation of self and autonomy to protect Family honour indicated by being compared to others	X	x	x	x	x	Yes
Easy and secretive making it more acceptable to maintain family honour	x	x	x	x	x	Yes
Short term and instant solution	x			x	x	Yes
Negative aftermath experience		x	x	x	x	Yes
Negative experience of self-harm via Stigma around accessing psychological support	x	x	x	x	x	Yes

within culture						
Therapist to access, increase awareness and reach individuals within community based/ non-medical settings		x	x	x	x	Yes
Ambivalence towards working with professionals.	x	x	x	x	x	Yes

Appendix L&M

Master themes and sub-themes with supporting quotes for all participants

Master Theme 1: The overwhelming Struggle-*"I couldn't take it anymore"*		
Sub-Theme 1: Feeling oppressed by several expectations ***"too many expectations…I didn't have a choice"***		
Participants	**Verbatim quotes**	**Line Page Number**
Aditi	*"The fact that I had a family reputation to keep up that I wasn't ready to hold onto because I don't understand women. We're living in um in the 21st Century where everything's going to be different and they still expect me to be like um what a housewife in Sri Lanka, I don't know. I mean, even now, they're like you listen to your parents for now and then after you get married you listen to your husband and I'm not ready for that, I'm not ready to let someone else control my life"*	*15.20*
	" my Mum just.. she gave me these strict guidelines like I couldn't use the computer or anything and I couldn't do my homework sort of thing and it was so bad and so in the end I thought self-harming.."	*46.3*
	"I wasn't allowed to see or talk to my Dad or anyone from his Dad.. my Dad's family but that was very hard because my Mum's family is not here, the only family we had was my Dad's and we see them everywhere so it's pretty much awkward to avoid them and yeah so there was that and no make-up Um I didn't have a choice in what I was wearing at the time, she went shopping for me and everything. I had to look after the brothers and I wasn't.. it was like I had to do my homework with them, I had to sit down and do it with them, even if they knew what they were doing, I just had to be there. It was like being another parent for them sort of thing and I just couldn't deal with that. It was too much for me at the age of 14."	*99.4*
	"…Yes I was, because I couldn't talk back at the time. If I talked back then I would get smacked each time. So yeah" (Aditi, 1.19) *"I mean I love them and all but it's just sometimes you can't tolerate it and I I don't talk back to people, I stay quiet and I suppose my face gives it away that I'm pissed but I stay quiet, I don't talk back to people and that was a problem for them. They were like "if you 've got an issue you talk about it", if I talk about it they're going to be like I'm talking back to them. There's a lot of.. they're very hypocritical when it comes to*	*125.23*

	this kind of thing. They say one thing and then if you do it, then they're going to complain about it as well"	
Beena	*"Whatever your father says, you kind of have to do, it's an authoritative kind of thing".*	*88.49*
Divya	*"Cause, you know, my sister, she's been, you know, she's older than me so I've looked up to her and.. but at the same time, you know, I see, you know, everything that she says has to be right because she's older, you know, she's got more authority ...um…and in my family, you know, you listen to your elders, they must be right, they must know what the…because they've been there, done that, they've learned.."*	*14.20*
Aarti	*" I mean, protecting the honour of the family is another expectation and for love, with that guy if I'd married that guy from India, he wasn't educationally to the same level as I was he just worked in a petrol station, that wouldn't be protecting the family honour, you know, people would laugh at my Mum and Dad, you know, "you've got an only child and look what she's done" So the expectations of yeah, you know, I've got to put my own needs to one side and protect my family name. . I think I've always done that a lot, put my needs aside so self-harm has also been a way of putting my needs first, seeing my needs"* "*I think the modern daughter in law goes to work, comes home, earns money, because I give a.. I give a portion of my pay to my mother and father in law, a sort of rent for living with them. So you have to have a job, and come home, give them money. On top of that, you've also got to do the cooking, the cleaning um there's two.. there's three.. I've got three brother in laws, so look after them um do their washing, cleaning, cooking um and then just be this sort of prize little daughter in law, you know, someone comes round, get dressed up in all my gear and be like "hm, hm, yes" just like a.. like a little trophy for them, you know for them to show off, you know "this is our daughter in law, here you go, have a look" um and there's so much.. there's so much expectation around that because [pause] you've got.. you've got to look perfect and obviously I'm not, in the sense of my weight and my mother in law, she will be like "hm" you know "can you go and put something else on because that's showing.." you know, "your flabby bits" you know "I don't want so and so to come round and think that your suits.. that your outfits are too tight on you." So there's so many expectations there. Other expectations that a girl.. that are imposed on a girl.. I think it's just keeping your Mum and Dad happy as well so I'm trying to be a good daughter in law and still be a good daughter to them um it's really hard"*	*26.46* *22.37*

Aman	*"I guess there's always this kind of like shame that people feel like for example a family wouldn't want another family to like want to know that "oh this.. you know, this girl's really bad or like their daughter's really bad" or something like that. That it's that kind of like dignity they want to maintain so that other fam.. so that they can.. they want.. they're like very, I don't know, Asian families are very proud, they like.. talk.. when they go and see other people, they want to tell them about their good things, they never want to tell them about their bad things which is something that my family does a lot like when you go to someone else's house it's always talking about the new car that you've got or um anything exciting, they would never talk about anything that would bring them down. So it's the same thing with their.. with their daughters and stuff. They want to talk about good things that their daughters have done, they would never want to talk about anything bad that their daughters have done and especially with girls it's like I don't.. I don't know why but it's like they try and protect them a lot (Aman, 179.33)* *".. I didn't have much freedom, everything was checked like how much I used my phone was checked.. how.. who I text was checked and I felt like I had no freedom at that time so I couldn't even talk to anyone."* *"he [father] suffered a stroke which was a big thing for all our family and also um I was doing my A Levels which I found really hard at that time because of what was going on at home and I was just the only child at home at that time so it made things very difficult for me because obviously my Mum was going through the stress as well because obviously her partner's like um very ill and um it made me feel like there was too much responsibility on me and um at the same time my family has this expectation from me that um especially with studies that I really have to get either an A or a B grade. If I got like a C grade, they would say.. they would like be very angry and be very upset"*	*28.20* *9.1*
Master theme1, Sub-theme 2: Identity struggle *"trying to live up to what they want me to be"*		
Aditi	*"We're not back in Asia where everything's simple, we have to deal with a lot... it's a multi-cultural society here and if you want to fit in there's.. there's going to be stuff, like going out and stuff and I never went out or anything and I always used to miss out on the fun with my friends and stuff and it wasn't fair on me"* *"in all Asian families. It's.. because there's so much gossip about everyone, like, you can't walk with a guy, like, even if you walk with your brother, some woman will call up your parents saying "your daughter slept with another guy." That's the sort of community this society is, to be honest, it's so disgusting and I tried to get away from it and that's the problem because I'm*	*69.4* *55.12*

	trying to get away from it, they're like, "you're ruining our name" "this is not what you're supposed to be doing, you're supposed to be doing what we tell you." and I wanted to do modelling and I got into modelling as well but they were like.. they compared a model.. a model with a prostitute so what was I supposed to do, it's a job and I'm not selling my body for money, it's a different story but they don't understand that, it's all about how everybody looks at you sort of thing. that's what they care about and I can't.. I couldn't deal with that.	
Beena	*"so my Mum is a very pro –Ismaili and my sister converted to being a Nizari and like you'll see the typical Muslims with the headscarf and the no boys, no drinking, all of that so my sister has that and I'm the complete opposite, like, I like to go out party, make friends all my best friends are boys, I do all of that. So for them it's kind of taboo but for me, it's fairly normal"*	*251.9*
Divya	*"Because you have to be someone, there's that, you know, you have to be this or this. People are defined by their, you know, it sounds so petty but their occupation in a way or sort of this.. that determines like their status, you know, how well educated, you know, if they're professional rather than if they've just done something, you know like, they're just an administrator, that doesn't really hold the same, you know, shock factor as, you know, if they've done, like, medicine".* *"I think it's more, you know, within my family like I want them to be not so and so "oh they're the doctor" but, you know, me and "oh they're the [audiologist]" and just have that real, you know, identity.*	*286.10* *255.9*
Aarti	*"I don't think I've never lived up to what anyone's wanted me to be. I've never quite been the right daughter, I've never quite been a good girlfriend, I've always fallen short and when I fall short, that leads me to get really unhappy. I'm a real person.. People pleaser, I like to do a lot to make people like me so when.. Even despite me trying so hard, I still don't make people happy, that makes me upset you know, makes me self-harm"* *"When I don't do it there's.. There's no pressure around me, there's no expectations. My life isn't intertwined with anyone else's so I'm not, you know, living with my Mum and Dad, I'm not married or I'm not with a boyfriend, I'm just me. When I'm me, then I'm fine. When I'm so close to someone else, that's when things get messy*	*237:25* *207.25*

Master theme1, Sub-theme 3: Feeling abandoned by interpersonal loss -"forgotten me"		
Aditi	*"I need a friend because I was always a Daddy's little girl and when my Dad left it was like, I didn't have my friend anymore and it was so hard for me…"* *"he was the only Granddad I had and he was a close Dad as well and to be honest I was like I'm going to join you, I'm going to be with my*	*180.7* *269;9*

	Granddad finally, no-one cares about me, this and that. It was real bad.. bad thoughts at the time."	
Beena	*"Um it was.. it wasn't very good. My Dad and I used to be really close. After his affair and his kid, I didn't really talk to him for a while and he was very distracted when my Mum got cancer because that's when he lost his job so finances and all of that was kind of difficult and, you know, I was flying there every weekend it's not cheap, so. Um, yeah, he kind of forgot about our existence for a while but he actually doesn't get along with my sister so I was always the one, it was me and his girlfriend…"*	*122.14*
Aarti	*If I'd have an argument with my Mum or if something would upset me at school or university then I just sort of resorted to just getting my frustrations out somewhere (R1: Hm) and as those things got more upsetting, my means became a little bit more severer (R1: Hm) if that makes sense so..* *My ex.. ex boyfriend, he was the one at university, he knew about it. (R1: Hm) But he almost normalised it. We'd have an argument and he'd say to me "what are you going to do now, you're going to go and have a session with your.. with your scissors at home" (R1: Hm) "oh, give it a rest." He just.. he normalised it as well because he.. he knew that it was my coping mechanism so he would just say "oh just go and cut yourself" you know "I haven't got time for this" (R1: Hm) so he.. he just normalised that behaviour*	*300:55* *85;30*
Aman	*"felt really depressed so I was like in my room and I just felt like I didn't want to exist anymore, I felt like there was no point because everyone just kept having a go at me all the.. all the time and like what is the point of me being here if like everyone just hates me"*	*44.2*

Master theme 2: Self-harm as form of emotional response to the struggles- *"self-harm is just coping"*

Master theme 2, sub-theme 1: Self-harm as an expression of trapped emotions-*"let it out"*

Participants	Verbatim quotes	Line/ number
Aditi	*"I was angry at my Mum so it gave me relief when I was doing something to myself it was that I was so angry at them I wanted to let it out. I suppose it was a way of getting rid of my stress at the time.* *R: So it…it feels like it relieved that anger that you were bottling up?* *P: Yes I was, because I couldn't talk back at the time. If I talked back then I would get smacked each time. So yeah"… (*	*295.19*

Beena	*"It's about getting rid of feeling scared (R1: Hm, hm) and getting rid of feeling anxious all of those negative feelings that make you feel unsure about your existence, that it helps with those"*	*102.31*
Aarti	*"I think I just felt like "oh…" because I could never shout at my Mum, it was never the done thing to argue back. Even to this day I don't think I've ever shouted back at her it's just not the done thing, you.. you don't shout at your parents so that was just me saying what I wanted to say to her and I think I can remember talking to myself like "oh fucking hell, you think I'm fat" and I just.. I was just talking to her but I wasn't. without actually talking to her but then just saying it and just scratching myself at the same time and that's something that I've done a couple of times afterwards when people have said something about my weight I would imagine what I'm saying to them but then doing it to the narrative of them actually like hurting myself"* *"Um I think being quite young I just didn't have.. I didn't have the vocabulary to express myself. Um I didn't have anyone to express myself to so it was just, again, a way of expressing myself. For me, it just felt like I'm quite a shy person, I don't like confrontations so this was my little secret space to.. to be myself and say whatever I wanted to say and get everything out of my system and it's all within my little world no-one else would have to know about this or hear about this"*	*54.20* *138.33*
Aman	*"I was like trying to cut myself because it's really difficult at the same time you don't want to feel pain but at the same time you want to harm yourself because you feel like what, you know, you get really upset and angry and you're crying and you don't know what you want to do…"*	*69.3*
Master theme 2, sub-theme 2: Self-harm as covert punishment -*"hurt myself…hurt them"*		
Participants	**Verbatim quotes**	**Line/ page number**
Aditi	*"So whenever I was angry, I just needed a way to get over it and whenever I hurt myself, I was hurting my family, I knew I was doing that….It's like it made me feel better to know that I was hurting them to be honest"* *" Kind of, yeah. I was punishing myself as well.. as well as making them realise, yeah, kind of punishing them, yeah, I'd say so they would realise their mistake I guess."*	*287.28* *246.26*
Beena	*" It was more like I wanted to lose weight so I would do it because (a) I felt pathetic and that really wouldn't have make a difference, I might as well feel pathetic by doing something pathetic as opposed to just existing and being something crappy and (b) I guess every time someone offered me food and I ate it I would cut, like I said, it was like a punishment for me…"*	*187.16*
Divya	*"I haven't really done that much [studying] so I feel quite behind (R1: Hm,hm) and then I just thought, you know, trying to punish myself for not doing my work…"*	*4.2*

Aarti	*"There was a little bit during university when I was with a really abusive boyfriend for, like, two years who would just take any opportunity just to make horrible comments about my body and I really began to hate my body and I think during that time self-harm turned into um.. "'I'm disgusted with myself and because I'm disgusted with myself, I'm going to make myself look even more disgusting" and that was when I um started self-harm… harming my lower tummy a lot. …"*	*159.23*
Aman	*"Um I feel like it's a way of.. I guess punishing me, I feel like it's a way of telling me that um I am, I don't know, I am worthless or there's no point in my existence. I feel like it's a way of um, yeah, that's what it means"*	*204.16*

Master theme 2, Sub-theme 3: *Self-harm as a friend-"A companion"*

Participants	Verbatim Quotes	Line/ page
Aditi	*"I think if everybody has someone to talk to then it would be fine. I think the problem was I didn't have anyone to talk to at the time. My Dad wasn't there, I think my friend manipulated me, my Mum wasn't listening to me, my brothers didn't care, my family is like they'd ask the question and answer it themselves. Maybe if I had someone, like an older sibling or someone trying to talk to me and understand what the issue is then I wouldn't have done that. I mean, now I'm here for all the girls that are self-harming that I know and they don't do anything stupid anymore because they know that they can always turn.. like I always have their back and maybe if I had that person in my life, I wouldn't have done this"*	*235.35*
Beena	*"It made me feel, like, in my own little world, I mean, it was just me and my blades and.. I don't know really, I think it just.. it made up for the fact I had no-one there, like, I I had my sister who was driving me insane because we were so different and my parents weren't there and my chef didn't speak English, my nanny didn't speak English, my butler didn't.. they all spoke different languages, one speaks Korean so he'd be.. he'd be.. and I'm just sitting there and I'm like "great" but it um.. it definitely just made me feel better somehow".*	*286.19*
Divya	*Researcher: Can you tell me what stopped you before from acting on the thoughts and what led you to?* *Divya: That was when I was more close to my family before…You know when I didn't.. I just used to have these thoughts and um I think they were more supportive* *"I think feeling sorry for myself is that.. is a crucial part, you know, that sympathy I have just saying "oh you shouldn't.. don't do that" you know "you don't need to do that" and um that kind of helps me to see that I can, you know, push on…"*	*37.30* *160.15*
Aarti	*"It's that permanence of that scar that it's something there that I.. I know I can relate to and that's yeah, that.. companionship, that's a really good word, I didn't really think of it like that but I guess*	*17.10*

	that is what I was trying to allude to, that, yeah, having those scars there and I don't think *they're going to go for a.. for a long, long time yet, yet it's having that feeling of that's my personal…"* *"….Yeah. I mean whereas if you go to therapy, you might have letter to hang onto you can re-read that and "oh" you know "someone understood me" These are my scars and that's my way of making myself understood. So that's my.. my object to sort of refer back to"*	*37.11*

Master Theme 3: Self-harm as a double edge sword -*"it's really oxy-chronic"*		
Sub-theme 1: Self-harm as a means of survival- "*I just really feel good*"		
Participants	**Verbatim quotes**	**Line/ page number**
Aditi	*"I think self-harming was.. is the easiest way to get people's attention. Stupid but easiest 'cause talking, they're not going to listen. Do something to hurt them.. to hurt.. because it's going to hurt their name if we do something wrong"* *"So yeah but um when I was cutting my knife…um cutting my arm with a knife that was purely because I wanted to go out with my boyfriend, my Mum said no and I was going to go with a friend and it was my Birthday as well that time so we wanted to do something for my Birthday and she didn't let me and that's the time when I didn't know what to do and I wanted something to happen instantly so that she lets me go sort of thing and that's when I cut my arm"*	*47.47* *163.15*
Beena	*"So we had a lot of conflict with that and that definitely did influence my self-harm sometimes because of all the…for that particular period when they switched all of a sudden and it was like when I finally made friends and I wanted to go out, they're like "OK, you're not allowed to go out" and it's kind of like revenge in a way, I wanted to act out, I wanted them to see that what they're doing to me isn't fair"* *"They're always going to be there for me but that's only been enforced after I've acted out"*	*139;24* *132:41*
Divya	*…Just being so lazy and not challenging myself enough and not working harder. So, you know, having that go.. it's like having a go at yourself in that moment and just getting everything out and in that way you punish yourself and then after, you know, there's that.. you have some renewed hope because you've talked yourself.. there's that motivation behind it as well, like, you know, you're kind of, [pause] you know, like you can [pause] sorry I was*	*114.14*
Aarti	*"Just seeing something [The blood and scar] felt like it's out of my mind now even though it never really is out of my mind, but*	*16.19*

	it was out of the forefront of my mind. It's just gone from there into here and that's it then, I can get on with my.. my daily activity" *"Just because of the privateness of it all. It's private, it's my body. No-one has to see it. Obviously my husband sees it now but before it was just my own personal thing. With alcohol, I mean I don't drink, it's against my religion and my parents would find out if I was intoxicated so that wasn't a way of dealing with it. Gym and running and exercise, I've just got such a weird relationship with food and exercise anyway that that would just depress me even more"*	*255.26*
Aman	*"all my problems I used to keep to myself 'cause I felt like no-one listened. Hm I don't know if I.. [pause] I was.. I was just thinking of ways I could harm myself. I felt like the easiest option was to cut my hands because um I don't know, I didn't want to like kind of stab myself or something so I thought it was easiest to cut my hands maybe. I felt like my.. m.. someone would realise, someone would see it and think.. and talk to me about it because I wasn't too easy to like sit down and talk to some.. I am now but before then I was very shy, I didn't use to talk much. I felt like I felt like if someone saw signs of me like harming myself, they would be more.. less like.. I would be less responsible, they would like.. they would talk to me, they would realise, you know. Something like that, I felt like I would be listened to more in a way that I can't go and express myself to someone but maybe they could see signs. That's how I felt like"* *"…..Um yeah like as in my Mum got to see it and got to like stop me from doing it and um started talking to me a bit.. bit more. She kind of realised the kind of person I was maybe she kind of realised that I wasn't being listened to. So it did kind of help me in the sh.. in the short term but if.. if I.. if I'd gotten way out of hand then maybe it wouldn't have like if she hadn't realised or if she hadn't seen it then I probably.. it wouldn't have benefitted me"* *"I never thought about alcohol or drugs because um as in .. alcohol we don't drink because it's obviously not allowed but um with drugs like I've seen the effect of drugs on other people so I didn't want that.. me to have that kind of effect, I don't know why but I feel like um I've got.. I've got.. I know people that have had drugs and it's affected their mind to such an extent that they can't think properly any more and because they've over-used it and it affects their mind so I didn't want it to affect my mind and as I become dumb because I was.. I felt like I was dumb already, I don't want to be more dumb"*	*208.7* *65.30* *21.28*

Master theme 3, sub-theme 2: Self-harm as a means of wrongdoing- *"I feel Selfish"*		
Participants	**Verbatim Quotes**	**Line/ page number**

Aditi	*Because it's, like.. it's just damaging the family name by talking about your family problems to someone else because they think that anything to do with psychology means mad so, like, I'm a mad person or whatever and I don't think they want people to know that. There's this thing that, to be honest, they think that you wouldn't get married sort of thing if you have a bad name and if you.. if you.. if someone knows that you've gone counselling people seem to think that you're just a bit odd but they don't understand what counselling is."*	*277.54*
Beena	*"I would feel proud, like, I'm trying very hard to stop but I just feel really good when I do it, I feel like it's fair but then when I do it I feel like I've failed as well so it's kind of really oxy-chronic right now, I'm a bit confused.)…I feel kind of disgusted, I mean.. people shouldn't have to do that and I have to hide it from a lot of people, like, my boyfriend isn't.. he doesn't seem to get it very much so he's seen pictures of me in my past and all of that and he doesn't agree with it at all. So it's kind of difficult, like, I usually resort to cutting but then cutting.. it's very.. people can see it and even if you don't cut on your wrists he would see it because he's.. we're together all the time and it's easier, I thought it would be easier because I'm not with my family here so I can just do as I please but that's another big risk of them letting me come here alone so I'm trying to respect that but at the same time it's kind of like I want to do it but if I do do it, there's a lot of consequences for me that I cannot hide…"*	*101.5*
Divya	*"They'd see it as a joke because there's not enough understanding about mental health, you know, it's alvways a physical illness "oh" they've got" you know "flu" or "they've had an.. an accident" you know, it's physical, you can see they've broken their leg whereas something like this depression," oh, it's all in the mind, you know, they can recover".. it's not seen.. it's seen quite lightly (R1: Right) and then there's that judgement, you know," oh, you know, mental, you know, depression equates to, you know, being crazy and, you know, you need to be locked.. locked up in your room or something" or that image of someone who's in their room all the time"*	*84.40*
Aarti	*"I think guilt, because I used to live with my Mum and Dad then, I think I used to feel guilty that they're probably thinking "oh our daughter's so together" and.. and, you know, "she's helping other people" and I felt guilty that if they found out that I was doing this to my body that would really hurt them and really upset them so I felt guilty for doing something behind their back."*	*173.6*
Aman	*"Um it was unhelpful I would say because um I feel like when I was doing it I wasn't thinking about other.. I wasn't thinking about happy thoughts I was just thinking about negative thoughts but when I do come out of it I feel like I realise I shouldn't have done it but because there's more to life than what you just think about, the negative things because there's always going to be ups and downs, obviously and there's no point like making yourself um go away during down times when you can affect other people's lives and you should not j.. I felt like I was being selfish, I was just thinking about myself rather than thinking about how I would affect other people. I felt like other people were being selfish but then if I self-harm I felt*	*212.16*

	like I was being sel.. like later on, I felt like I was actually being selfish doing something like that"	
Master theme 4: Experience of Support services		
Sub-theme 1: Ambivalent feelings towards health professionals -*"I just don't know if I can trust them"*		
Participants	**Verbatim Quotes**	**Line/ page number**
Aditi	*I just don't know if I can trust them because you know sometimes if I think that you're in danger or whatever"*	*131.50*
Beena	*"if you go to any British person here, they probably wouldn't understand a lot of it and they will try definitely because that is their profession but to an extent you want someone you can have a connection with. So.. and I think Indians in general, this may be a stereotype but from what I've seen, like even on the train, they will just be nice to you if they see that you're the same skin"*	*231.53*
Divya	*I think so because um because, you know, it sounds.. it's very.. I know it doesn't sound important but you know, having another ethnic minority with you you know, kind of is reassuring in a way, kind of you expect them to understand a bit more"* *"Um just subtly but, you know, there's some things that other people probably understand more because they're from the same.. well their culture has like similar you know, processes or similar ways of perceptions and viewing things "*	*222.44* *236.44*
Aarti	*"I'd just be really scared that they're judging me and thinking.. and comparing my experiences with their own of being an Asian as well. So if I said to someone, you know, "there's so many expectations on an Asian girl" they might inter.. um internally think "well not there's not, you're just.. you're just over-exaggerating it a little bit because it's fine for me"*	*242.44*
Aman	*"I'd probably go and see someone who's a bit more like.. who'd probably shared similar experiences or probably known what kind of things I'd been through like as in not someone who was just there like.. like as in she could relate to me maybe"*	*3.46*
Master theme 4, sub-theme 2 : Improving services for South Asian Women-"*increase awareness*"		
Participants	**Verbatim quotes**	**Line/ page number**
Aditi	*"I've never heard of anyone going to see someone because of self-harming. Maybe because I don't talk to people or I don't know people who are really self-harming at the moment but if they were seeking help, I would.. I wouldn't know how to go about it unless I searched for it on"*	*192.42*

Beena	*"I think if we're targeting South Asian women as a sample, I would definitely, like, maybe within communities, like I don't know if it's the same in London but for us, we have quite a small community, so if you're like within one temple or one mosque or any place of worship, you could have that one person you could go and talk to, especially one that's considered a taboo, because, like I said, language barriers, cultural barriers, if you go to any British person here, they probably wouldn't understand a lot of it and they will try definitely because that is their profession but to an extent you want someone you can have a connection with. So.. and I think Indians in general, this may be a stereotype but from what I've seen, like even on the train, they will just be nice to you if they see that you're the same skin. So, like, if you share the same skin colour it's a good thing so I think definitely with that, they should have something like that within each um cultural place because that is..."*	*227.53*
Divya	*"Because it's not really talked about you know, trying to encourage more women to talk about maybe support groups or something. Maybe if I'd.. if I'd known about something like this and other um females of the same ethnicity who had similar experiences. You don't know who else, you know, there could be more other women in my position that are going through this but I don't know…. ….Yeah, universities.. any.. any place really where there's people from.. who know.. kind of have an insight into what you're going through and just sort of share.. that can be part of the healing process to hear stories and to help other people"*	*157.51*
Aarti	"*I've not really sought help but there's no.. where they could be targeted, like temples and things there's no mention of, like, the support services out there. Like I said, I'm lucky because I work in the field if I went to the temple and spoke to a girl who wasn't in this field at all, I don't think she'd know where to go for services so there's not that awareness of where to go or what to do."(Aarti , 266.44)* *"I think awareness of where to get help for the younger generation so what I mean by younger is like British Asians, so the people that are born in England but in terms of increasing awareness for like my Mum and Dad's generation, my In Laws' generation, I think they would just laugh at it and be like "oh, what, you want to go and talk to a stranger" "about self-harm" like my parents, they still don't quite understand that. Like, my Mum always says to me "have you seen any.. have you seen any Indians in your service?" and I used to think, you know, Indians deal with it ourselves, you know, we deal with problems internally you know, we don't go outside to get help. So I think it's about breaking that [pause] misconception, I guess*"	*284.45*
Aman	*"I feel like if there was someone in the college because someone would.. who would understand what students are going through I would have preferred it. I would have actually gone and seen them, I would have told them like "this is getting really stressful for me, I can't do.." especially in University, I feel like I wish there was someone like that because um especially during your final year, you go through a lot of stress, you've got loads of deadlines due at the same time and you have no-one to talk to like as in.. I feel like no-one's there to like kind of listen to you or know what you're going*	*140.41*

	through because your family doesn't know what you're going through you just know yourself because you're doing that module and you're doing that degree"	

Section C

South Asian women living in the UK: understanding their subjective experience and meaning of self-harm

Journal Paper

1.0 PUBLISHABLE PAPER

Cover Page

Title: South Asian Women living in the UK: understanding their experience and meaning of self-harm

Authors: Aishwarya Sambath, Jacqui Farrants

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Acknowledgement: The author of this research study would like to thank all of the participants for agreeing to share their experience of Self-harm.

Research Highlights

- Self-harm as a means of expressing trapped emotions
- Self-harm to covertly punish one's self and others without defying family values and honour
- Self-harm as a friend, a means to compensate for the loss of visible intimacy in South Asian Women's lives
- Family honour is a subtle and pertinent causal factor embedded behind South Asian Women choosing to self-harm
- The participants constructed self-harm as an appropriate and acceptable means of surviving within the context of their culture.

Keywords: Self-harm, Interpretative phenomenological Analysis, South Asian Women

Prefix

This article has been prepared for submission to the *Social Science & Medicine Journal.* The paper has followed the criteria for submission found in the Journal's official website; a copy has been attached to the appendix of this section.

Abstract

South Asian Women (SAW) in the UK have shown higher rates of self-harm compared to their white counterparts and Asian men (Hussain et al., 2011). Existing studies have indicated UK born SAW are at an elevated risk of completed suicide following self-harm (Soni, Raleigh, & Balarah, 1992). However, only a few studies have attempted to use in-depth exploration at an individual level to understand the underlying reasons behind why these women choose to self-harm. Furthermore, researchers have identified how clinical management for this population is different compared to their white counterparts (Hussain et al., 2011). This has raised the need for studies to prioritise this group of women and focus on understanding self-harm from their perspectives.

The research study sought to appraise SAW's subjective experience of self-harm and the contributory factors using a qualitative method of inquiry. Five SAW, representing a non-clinical sample, were interviewed and their accounts were analysed using Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2009). The outcomes of the study were in line with previous researches that have perceived self-harm as a logical response to distress. On the other hand, new meaning to self-harm specific to SAW was also discovered. For instance, self-harm was perceived as a friend, in other words a means of compensating for the loss of a visible companion in these women's lives. The covert style of self-harm was identified as a significant means of surviving within the context of South Asian culture. Lastly, the current research recognised family honour as a subtle yet salient underlying factor behind why this population of women choose to self-harm. These findings have not been produced by previous researches, bringing forth novelty and new meaning to this area of research. Limitations of the study and future research implications will be discussed.