# Young adults' previous experience of self-harm in the context of school bullying:
# An Interpretative Phenomenological Analysis

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**Abstract**

This qualitative study explores the lived experience of previous self-harm in the context of school bullying. Based on semi-structured interviews conducted with a purposive sample of seven young adults, the study uses *Interpretative Phenomenological Analysis* to investigate the specific meaning attributed by participants to their own experiences. Four superordinate themes emerge from the data: dealing with rejection; expressing self-hatred; screaming alone and in silence; and taking back the pain.

Participants in this study give meaning to their self-harm in the context of bullying as a way of physically expressing both negative interpersonal and intrapersonal dynamics. Lack of belongingness; perceptions of unsupportiveness and invalidation from others; strong tendencies to withdraw and keep struggles hidden; intense self-hatred and desire to punish the self; and a need to escape and seek distraction, characterise participants' understandings of their experience.

This study adds support to the affect regulation theory of the relationship between bullying and self-harm; raises awareness that loneliness is a central mediator in this relationship; and strengthens the understanding that unsettling school environments are critical in adolescents' bullying and self-harming. As the first qualitative study the author has come across on the subject, it reveals participants' accounts that self-harm, whilst in many ways hurtful, is a way of escaping from the bullying-related pain, and that no theory can, by itself, explain the complex functions of self-harm within this context.

The findings of this study can be useful for future research and can hopefully have beneficial implications for the practice of Counselling Psychology.

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# Introduction

## Study context

School bullying, understood as a recurrent hostile behaviour to threaten or hurt others within a school setting, is a severe problem in Western societies (Olweus, 1994). During the last few years, awareness of bullying has increased in schools, with education policies introducing procedures to prevent it and revising guidance to discourage it (Arseneault et al., 2019). Importantly, social media has recently been used for the importance of speaking out about bullying as a means to deterring the phenomenon and its adverse consequences (Hinduja & Patchin, 2010). School bullying brings unfavourable physical, emotional, and social consequences to its sufferers (e.g. physical bruising, loneliness, low self-confidence, anxiety, PTSD, suicidal ideation), with self-harm being evidenced as one of the subsequent difficulties (Dantchev et al., 2019a; Hinduja & Patchin, 2010).

Self-harm is characterised as any deliberate harmful behaviour to the self without the intent to result in suicide. When studying the factors contributing to self-harm, researchers find evidence of multiple psychological and social challenges (Fliege et al., 2009), including early childhood exposure to abuse, neglect, absence of attachment, and being subject to bullying (Klonsky, 2007).

Taken together, the pieces of information mentioned above contribute to the understanding that bullying and self-harm seem to be related. However, when looking at self-harm within the context of bullying (e.g. self-harming occurring during the period an individual is bullied), there is limited understanding regarding how exactly the two behaviours interplay (Nock, 2012). Filling the gaps in the knowledge of the relationship between these two behaviours can help comprehend better the dynamics at play behind their mutual occurrence. Importantly, given the increasing self-harm rates during adolescence and its implications for mental health and quality of life, improved understanding of these

dynamics would help address the well-known fragmented services and interventions in school settings where bullying and self-harming are common, and in turn, assist in the treatment of those experiencing these behaviours.

Against this backdrop, this qualitative study explores the experiences of young adults who had previously self-harmed whilst being bullied in a school setting. Using *Interpretative Phenomenological Analysis* as its methodology, this research gathers in-depth retrospective accounts from a sample of participants and explores the dynamics at play when self-harm and bullying occur concurrently. Unlike other research on the subject, this study is focused on exploring the meaning that individuals who had self-harmed in the context of school bullying attach to their own experiences, with the purpose of delving into their unique descriptions to attain a deeper understanding of the phenomenon. The study pays utmost attention to the narratives, explanations, and emotions of the *individual,* and as such it steps away from studying the characteristics and causes of the *behaviour.* As a qualitative study in nature, its purpose is to provide insights into the factors at play in the co-occurrence of self-harm in the context of bullying that could be used for practical and therapeutic implications within the Counselling Psychology profession.

### My positionality as a researcher

The field of Counselling Psychology attaches importance to researchers' reflection and consideration of how their chosen paradigm and personal positioning guide their research (Woolfe et al., 2003). In this light, I have kept explicit awareness of the ways in which my own values, experiences, and interests could influence this research. Specifically, my critical-realist ontological stance that views reality as subjectively experienced; and my phenomenologist epistemological position, which believes in understanding a phenomenon through the interpretation and co-construction of meaning, largely inform this research. Similarly, I believe in prioritising individuals' subjective and intersubjective experiences—a

fundamental value of the Counselling Psychology profession (Woolfe et al., 2003). In addition, I subscribe to the scientist-practitioners' model of prioritising research that informs clinical practice. This is particularly important as my philosophical thinking of science interacts with all stages of this study—strategy, topic choice, data collection, and analysis.

### Personal context

My motivation to undertake this study is professional and personal. My professional interest in bullying and self-harm stems from my clinical experience in an in-patient setting, where I worked with young adults who were struggling with self-harm. I sought to explore this behaviour by engaging in conversations with my clients, many of whom voiced that they began to self-harm upon being bullied in their adolescent years. From the personal point of view, I witnessed and even experienced bullying as an adolescent, and was exposed to classmates who self-harmed, following feelings of distress and extreme loneliness. Sadly, a good friend also lost her life after a long period of self-harming following bullying. My career experience and personal insights have enormously influenced my interest and passion to further explore the connexion between bullying and self-harm.

### Overview of thesis

The rest of this research thesis is organized as follows. A presentation of the background literature on self-harming and bullying relevant to this study follows. The study then moves to a literature review and reflections on the rationale of the topic of research. A subsequent methodological assessment provides the justification for the chosen methodology and details of the research method applied. Thereafter, the study covers the analysis of the data gathered from participants' accounts and the consequent findings. This analysis is followed by a discussion of the findings, contrasting them to the existing literature; touching upon strengths and potential limitations of the study; reflecting on its clinical implications; and suggesting the direction for future research. General conclusions are presented last.

**Background Literature on School Bullying and Self-Harming**

**1.1     Chapter overview**

This chapter presents the background literature used as contextualisation for this research, focusing on the two central topics: namely, school bullying and self-harm. It starts by succinctly discussing school bullying and its prevalence and impact with the purpose of highlighting basic concepts relevant to this research. It then reviews, with somewhat more detail, the literature on self-harm, including the risk factors and theories that describe its function.

**1.2     School bullying**

*1.2.1   Concept and prevalence*

Bullying, understood as a specific type of aggressive behaviour—using threats or causing fear—to intimidate or dominate others (Smith et al., 2011) is known to take place in various contexts, including at home by siblings and extended family, in the community, and online. Research has found that bullying occurs mostly in areas where there is little or no adult supervision. However, bullying is common in school settings (e.g., in hallways, cafeterias, classrooms before lessons, etc.), despite the presence of adult educators and the general perception that school is a safe environment. School bullying, the subject of this research, includes elements of repetitive ridicule and humiliation in front of a large group of peers. Given that peers constitute the most important social environment of school students, school bullying-related exclusion, rejection, and mockery is socially more impactful than other types of bullying. Compared to cyber bullying, bullying in school premises leave sufferers with less capacity to conceal their immediate reaction, making them more vulnerable to repetitive bullying. In contrast to bullying at home, getting help from adults could be more challenging in school settings given students' tendency to avoid revealing to teachers others' misbehaviours.

Definitions of school bullying differ on the intent and extent of the behaviour and are subject to specific points of emphasis. Olweus (1994), for example, emphasises school bullying as "intentional and repetitive" hostility. Wang et al. (2009) highlight "aggression that produces social disgrace" as the main feature of bullying. Studies by Dukes et al. (2010) and Kaltiala-Heino et al. (2000), show that children do not include intent and power imbalance in their definitions of bullying at school. For the purpose of this study, school bullying is understood as any physical or verbal behaviour between peers used in a school setting.

School bullying is a severe problem in society that is understood to affect youths throughout the world. In fact, bullying is known to have been present for most of human existence (Olweus, 1994). There has been awareness of this social problem in academia for over sixty years of worldwide research. A recent study (Dantchev et al., 2019b) finds that one third of youth globally experiences bullying in school, with data originating from 200 countries. However, most studies on the nature and incidence of the phenomenon have been predominantly conducted in Europe and the US (Migliaccio, 2015). Therefore, the research findings that contextualise this study are predominantly applicable to Western culture.

Bullying came to special attention of the public and interest of academic research from a case of three Norwegian teenage boys' suicides in the 1980s (Olweus, 1994). The prevalence of bullying is found to vary greatly—anywhere from 10 to 90 percent of students report bullying in schools in Western countries, depending on the different settings applicable to the existing surveys (Dantchev et al., 2019b). During 2019, in the UK alone, 52 percent of young people were estimated to have been bullied and 450,000 children to have received bullying-related counselling (NSPCC, 2020).

### 1.2.2 Internalising effects of bullying

Externalising difficulties connected to bullying—actions directed toward other people, including criminal behaviour, hostility, impulsivity, and poor conduct—have been amply studied (Sigurdson et al., 2018). Internalising effects have received even more attention, although its analysis has proved more challenging as it is linked to individual feelings and emotions (Özdemir & Stattin, 2011). Internalising problems, which are more closely related to the focus of this study, are associated with expressions toward the self, including loneliness, insecurity, and low self-confidence (Kaltiala-Heino et al., 2000). Physical, mental, emotional, and social problems have also been associated with school bullying (Coggan et al., 2003; Klomek et al., 2010).

Most research has concluded that school bullying experiences often lead to painful reactions that cause distress, perceptions of loneliness, and overall unhappiness (Dukes et al., 2010; Hinduja & Patchin, 2010; Kaltiala-Heino et al., 2000). Those who have been bullied have also felt increased levels of anger, shame, and sadness (Migliaccio, 2015; Wang et al., 2009). Many bullying sufferers experience a loss of self-esteem, feelings of insecurity and overall distress, and some even struggle with severe depression (Dantchev et al., 2019b; Hinduja & Patchin, 2010; Imran, 2020). In a recent qualitative study, participants expressed that their experience of bullying resulted in struggles with social anxiety, shame, sadness, anger rage, and post-traumatic stress disorder, adding that they chose to self-medicate, drink alcohol or inflict self-harm as means to deal with the pain of bullying (Evans et al., 2017).

As school bullying occurs within an environment that is assumed to be safe, it can lead bullied individuals to distrust their surroundings and think that the world is dangerous and unsafe (Wojcik et al., 2020). Equally, school tolerance for bullying and discrimination has been known to generate feelings of unsafety that result in solitude, social isolation, and poor social relationships (Espelage & Swearer, 2003; Nansel, et al., 2004; Holt et al., 2007).

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Moreover, in environments where students no longer feel safe, there may be reluctance to seek out and receive professional help when they are being bullied (Radu, 2018). All in all, being bullied in an environment that should be safe can produce psychophysical symptoms, such as having trouble sleeping and eating, stopping activities once enjoyed, worsening academic performance, and missing or quitting school classes.

## 1.3    Self-harm

### 1.3.1    Definition and incidence

Debates in the field exist as to whether self-harm is limited to behaviours that are direct (e.g., cutting, hitting, burning the self, etc.) or also include those that are less deliberate (e.g., substance abuse, risky behaviour, eating disorders, etc.). Some think that both are behaviours that lead to a self-destruction outcome (Gillies et al., 2018). Others exclude the less deliberate behaviours from the definition of self-harm based on professional guidelines that consider them as non-intentional side effects as opposed to intentional damage to body tissue (Borschmann et al., 2017). Within UK and US societies, there is also a wide range of variation in the understanding and perception of the definitions as well as the attitudes toward them, particularly in relation to the type, frequency, and purpose involved (Edmondson et al., 2016). In general, there is a perception that direct damage to the body is a clearer manifestation of self-harm as it is observable and leaves deep long-lasting physical scars. Those who self-harm repeatedly report experiencing stigma in relation to their behaviour, and generally believe that others react negatively to it which makes them reluctant to seek help (Adams, Rodham, & Gavin, 2005; Moran et al., 2012; Mental Health Foundation, 2006).

Notwithstanding the ongoing debate, self-harm is generally conceptualised as any deliberate harmful behaviour to the self regardless of the intent or motivation (Cripps et al., 2020). In the UK, the National Institutes for Health and Care Excellence's (NICE) guidelines characterise self-harm as "any act of self-poisoning or self-injury carried out by an individual

irrespective of motivation. It does not include harm to the self that arises from excessive consumption of alcohol or recreational drugs, or from starvation due to anorexia nervosa, or accidental harm to oneself" (NICE, 2015).

Various terms to refer to direct self-harm are used interchangeably among researchers and clinicians, including self-injury, self-injurious behaviour, non-suicidal self-injury, deliberate self-harm or self-cutting (Brent et al., 2013). This divergence in terminology leads to uncertainty pertaining to the concept that is explored within research and makes it difficult to draw precise parallels between studies (Rasmussen et al., 2016). The words used to make up each definition is also guided by the location of the researcher. For instance, the term *self-injury* is more frequent in the US (Rasmussen et al., 2016) whilst the term *self-harm* is mostly used in the UK (Geulayov et al., 2018; McDermott et al., 2015).

For the purpose of this study the term self-harm is adopted, as it is the term more generally recognized in the UK. Self-harm is hereby understood as the intentional and direct injuring of one's body tissue without suicidal intent and for purposes not socially sanctioned (Klonsky et al., 2013). This definition acknowledges a characterisation that is well known and recognized in academia and research. However, this definition pathologizes the behaviour somewhat beyond what I as the researcher consider necessary as it implies that self-harm is negative and problematic. Accordingly, throughout the research process, I was mindful of the need to deal with this tension by strictly reflecting in the analysis participants' perceptions while leaving aside my own conceptions.

Self-harm has developed into a severe public health concern in the UK and much of the Western world due to the considerable increase in incidence rates over the past few years and shockingly high figures of self-harm-related hospital admissions (Cripps et al., 2020; Feigenbaum, 2010). It has a prevalence rate of 10 to 16 percent in the UK (Geulayov et al., 2018), with the most affected age group being adolescents aged 13 to 19 (Rasmussen et al., 2016). A recent study reported a 70 percent growth in 10-14-year olds' visits to Accident &

Emergency Services for self-harm related reasons over the last two years in the UK (Cripps et al., 2020). Research conducted in the US has found a wide variation in prevalence rates, from 13 to 45 percent, perhaps due to the wide range of definitions used across studies (Martin & Swannell, 2016; Swannell et al., 2014).

Studies on the subject have also indicated that young females are more prone than males to engage in the behaviour (Straiton et al., 2013). Brunner et al. (2014) found that in many European countries, the 'female' gender was associated with higher rates of both occasional and repetitive self-harm. However, recent studies have reported no gender difference in their prevalence rates, mainly based on the conclusion that women are more prone than men to reveal their self-harm and pursue support (Klomek et al., 2010; Klonsky, 2011; Nock, 2012). Although there is a call for more studies that include males, as many studies focus on females (Lloyd-Richardson et al., 2020), the incidence rates indicate that self-harm continues to affect individuals regardless of gender, and thus research should be firstly concerned on exploring the specific phenomena (Rasmussen et al., 2016).

As to the consequences of self-harm, these include rejection from others due to stigma, poor self-esteem and self-image, and feelings of shame and guilt (Motz, 2010; O'Neill et al., 2014; Xavier et al., 2015). Research has also exposed poor quality of life, deprived satisfaction with the self, and higher risk of developing mental health difficulties (e.g. depression, borderline personality disorder, social anxiety) following self-harm (Xavier et al., 2015). In addition to these psychological consequences, there is growing evidence of a link between self-harm and death (Sheehy et al., 2019). In fact, recent research concludes that self-harm precedes one fifth of suicide cases in 15-29-year-old individuals (Gurung, 2018).

As such, many researchers have viewed self-harm to be on the same spectrum as suicide attempts, although debates around this topic abound, with some believing that although both share the notion of inflicting pain on oneself, self-harm and suicide attempts are, in fact, very different topics (Geulayov et al., 2018). Whereas individuals who self-harm

may also feel suicidal, the difference between inflicting self-harm whilst feeling suicidal, attempting suicide, and self-harming that leads to accidental death has been reported to be complex (Hale et al., 2008). This difference of views further highlights the complexity of self-harm and the need for it to be given greater attention through continued research.

### 1.3.2 *Risk factors: personal and relational stressors*

Studies within the US and UK have found self-harm to be associated with a multitude of social, genetic, cultural, and mental factors (Fortune & Hawton, 2005). Specific attention has been placed on the relation between self-harm and adverse experiences in life (Fliege et al., 2009). Self-harm has been linked with low self-worth, body dissatisfaction, poor school achievement, and drug consumption (Bjärehed & Lundh, 2008; Gratz et al., 2002; O'Connor et al., 2009), among other factors. Psychological difficulties associated with self-harm include anxiety, depression, and dissociative symptoms, although there are limited insights as to how and why self-harm occurs (Nock & Favazza, 2009). Studies focused on causality indicate that relational difficulties (including school bullying) are central to self-harm (Brent et al., 2013).

Quantitative research has also looked into the sequence in the relationships between stressful life events; e.g., early childhood mistreatment, absence of attachment, domestic violence, and self-harm, with diverse findings (Emma Hilton, 2017; Larsson & Sund, 2008). Some studies show that stressful life events predict self-harm both in community and inpatient samples (Polk & Liss, 2009). Conversely, other research finds that the frequency of self-harm predicted the occurrence of stressful life events later on (Klonsky et al., 2013). To further complicate the difficulty in understanding the sequence between stressful life events and self-harm, there are studies that show that self-harm may perpetuate a "vicious cycle" of stressful life events, through which engaging in self-harm could predispose individuals to

negative life events, and these events could in turn increase the risk of further self-harm (Paivio & McCulloch, 2004).

Although limited in number, qualitative research on self-harm offers a deeper look at the potential role of interpersonal stressors, specifically focusing on individual accounts (Byrne et al., 2000; Fox & Flower, 2020; McDermott et al., 2015). These studies are interested in how individuals explained their experiences of self-harm in light of their interpersonal stressors. Abrams and Gordon (2003) found that self-harm was seemingly a response to anger and pain emanating from relational problems and family dynamics. Half of the participants (n=30) attributed their self-harm-related pain to interpersonal dynamics, such as parental death, divorce, violence, and family instability. The other half understood their self-harm as a reaction to pent-up anger due to interpersonal difficulties. Although both frames of reference pointed at interpersonal dynamics being at play, the first group identified their behaviour with suffering whilst the second one gave more importance to anger. Albeit very useful, the study was inconclusive on what emotion may have triggered self-harm, as it did not dig into the possible connexion between participants' suffering and anger.

All in all, although quantitative studies have begun to shed light into how stressful life events are related to self-harm, the conflicting findings, resulting from the limited nature of the methodologies used, call for further research to look into the connexion between stressful life events and self-harm. The existing qualitative studies have helped advance the understanding of this connexion, as expressed by individuals prone to self-harming, but also need to be complemented by further comprehension of the meaning making that takes place during self-harm to further understanding of why some individuals incur this behaviour.

### 1.3.3    *Theories of self-harm*

Using the knowledge on the functions of self-harm, a range of theories have been

produced and are used in clinical and research to understand the motivations behind the

behaviour (Nock et al., 2009). Notably, the different theories, detailed below, are seen not to

be mutually exclusive (Cripps et al., 2020). Research finds that a number of functions for

individuals who self-harm change over time (Amanda J. Edmondson et al., 2016). As such, it

can be argued that it is more important to move toward a phenomenological approach that

explores self-harm subjectively within individual contexts than to subscribe to a specific

theory to explain the behaviour. To date, how the purpose and motivations of self-harm are

applicable in different contexts remains unanswered, calling for further phenomenological

investigations to get deeper insights into dynamic and integrative theories that would have

positive implications for treatment (Kaltiala-Heino et al., 2000).

**1.3.3.1 Psychodynamic theories.** Psychodynamic theories view self-harm as a way of

preventing suicide (Guntrip, 2018). Self-harm is viewed as a negotiation between life and

death—an attempt to avoid complete damage by channelling harmful impulses directly into

self-harm. More recently, psychodynamic theorists have posited that self-harm as is an

expression of underlying and unconscious anger as well as other emotional issues (Hale et al.,

2008).

**1.3.3.2 Affect regulation theories.** Self-harm has been theorised as a technique used to

externalise intolerable and overwhelming emotions (Nock & Favazza, 2009). Individuals

often report negative emotions, such as anger, sadness, and anxiety prior to engaging in self-

harm, which then can give them temporary relief. Theorists have developed the *Experiential*

*Avoidance Model*, which sees self-harm as a means to escape from an undesired internal state

and remove negative experiences (Storey et al., 2005). This in turn reinforces the self-

harming experience conditioning of the behaviour (Chapman & Dixon-Gordon, 2007). *The*

*Feelings Generation Model* sees self-harm as a means to trigger a different feeling (possibly a better one), thus generating positive reinforcement to the individual (Klonsky, 2007). These theories have gained extensive support and momentum in the literature and clinical world (Klonsky & Muehlenkamp, 2007; Nock, 2009). However, they lack a complete explanation of the factors that lead to the onset of the self-harming behaviour.

**1.3.3.3 Self-punishing theories.** Self-punishing theories, based on anger directed at the self, suggest that self-harm is a tactic used to reprimand oneself for perceived flaws and an intense display of self-criticism and self-derogation (Polk & Liss, 2009). After 'affect regulation', self-punishment is the next commonly reported function of self-harm (Brown et al., 2002; Klonsky, 2007; Polk & Liss, 2009). Disciplining oneself for wrongdoings or misbehaviour is thought to come from moral principles existent in several societies that believe in punishment as the fair response to 'bad' behaviour and discourages it repeat (Rodham et al., 2004). Applied to the question at hand, self-harm is perceived as a way of atoning for wrongdoings in life in a manner that could bring a temporary sense of forgiveness.

**1.3.3.4 Psycho-physiological theories.** Self-harm is theorised by some as a way to regulate mood. As such, self-harm is thought to leading to a positive shift in mood via biological processes including the flow of endorphins (Nock & Mendes, 2008; Stanley et al., 2010). Endorphins—or endogenous opioids—are theorised to arise in response to tissue damage, act to suppress pain, and generate euphoric feelings (Tiefenbacher et al., 2005). Even though there are some accounts of increased threshold for pain and evidence of endorphin variation during the act of self-harm, the majority of this research has been conducted with individuals diagnosed with *Borderline Personality Disorder*, and not with the general community (Feigenbaum, 2010). This puts into question the generalisability of the findings. Additionally,

these studies frequently do not distinguish between suicidal ideation and self-harm, which makes it hard to elicit clear conclusions (Tiefenbacher et al., 2005).

**1.3.3.5 Social function theories.** Self-harm has been hypothesised as a means of communicating suffering and a cry for help from others (Hughes et al., 2018). Social function theories propose that in circumstances when traditional forms of communication, such as speaking, writing, or screaming are ineffectual, the affected individual may resort to harming the self (Nock et al., 2009). However, some researchers believe this is not the most widespread motive for self-harm (Laye-Gindhu & Schonert-Reichl, 2005) as this theory, often cited in inpatient sites, has obtained less endorsement in literature conducted outside of such settings (Klonsky & Muehlenkamp, 2007). Some researchers claim that although some individuals may use self-harm for the purpose of calling attention, the majority of individuals self-harm in secret, are generally regretful of the act, and actively hide their injuries and scars. An adapted version of the social function theory sees two interpersonal functions of self-harm: 'social negative reinforcement' and 'social positive reinforcement'. The former sees self-harm as way to prevent social outcomes, that is avoid engagement with others, whilst the latter states that those who self-harm are trying to obtain interpersonal outcomes, such as assistance from others (Lloyd-Richardson et al., 2009).

**1.3.3.6 Trauma theories.** Trauma theorists see the self-harm behaviour as a repetition, symbolisation, and communication of experienced abuse or other traumatic events (Gurung, 2018; Straker, 2006). For these theorists, traumas or emotions that are too intense for an individual to manage, are centrally associated with self-harm. Some models suggest that trauma triggers a disruption of the adaptive neurobiological systems, resulting in deficits of self-regulation and leading individuals to self-harm (Motz, 2010).

## Literature Review and Rationale for the Study

### 2.1 Chapter overview

This chapter critically reviews the rather limited existing literature on self-harm within the context of bullying, with an emphasis on research that provides a useful background for this study. It then presents possible gaps, mostly those that could be filled by qualitative research. The chapter subsequently moves to a reflection of the main motivations for conducting this study as well as the general objectives pursued. The chapter concludes by presenting the research question subject of this analysis.

### 2.2 Summary of the literature

This literature review is organized as follows. First, it touches upon quantitative studies that focus on self-harming and bullying through the use of statistics that bring about findings that can be relevant for this study. Then, it moves to studies that attempt to connect their findings to the existing theories in order to explain the relationship between bullying and self-harm. Finally, it reviews the relevant qualitative studies on the subject. On the latter, due to the dearth in qualitative research on the relationship between bullying and self-harming, the discussion covers studies that have focused their exploration *either* on self-harm *or* bullying. Despite the general nature of such studies, they have nonetheless begun giving voice to the subjective experience of self-harm in the context of bullying.

#### 2.2.1 *Quantitative Studies*

The review of the quantitative literature covers first those studies that have established a link between bullying and self-harm. It then moves to research focused on determining causality between the two behaviours. Thirdly, it reviews studies that identify predictors in order to further explain the relationship between self-harm and bullying. Finally, it presents a critical summary of the quantitative research presented.

**2.2.1.1 Establishing a link between bullying and self-harm.** Studies that have primarily focused on the connexion between self-harm and bullying have found a positive association between the two (Heerde & Hemphill, 2019; Islam et al., 2020; Klomek et al., 2010; Luukkonen et al., 2009; McMahon et al., 2012; Sourander et al., 2006). These studies show that bullying does in fact have a relationship with self-harm. An Irish study (n=3881) exposed that adolescents who were bullied were more likely to self-harm (McMahon et al., 2012). Similarly, Alfonso and Kaur (2012) and Bakken and Gunter (2012) compared bullied students to students who were not and found a positive correlation between bullying and self-harm. A study by O'Connor et al. (2014) also found a positive correlation, although the association differed in terms of gender, with female bullying sufferers being three times more likely to self-harm. Furthermore, a study byClaes et al. (2010) showed that 21 percent of the 487 sampled adolescents who self-harmed were also experiencing school bullying.

These studies have advanced the quantitative understanding of the relationship between self-harm and bullying by confirming that such association exists, and at the same time eliciting questions as to *how* these two relate. To further understand this relationship, quantitative researchers have focused on the causality between self-harm and bullying.

**2.2.1.2 Determining causality between bullying and self-harm.** In recent years, positivist epistemology researchers have attempted to pinpoint causality between risk factors and subsequent self-harm. As such, these studies have tried to examine if a history of being bullied (among other risk factors) reaches statistical significance so as to be said to 'cause' self-harm behaviour. Yet, results have been mixed, with some studies illustrating an absence of significant evidence of this hypothesis (Heerde & Hemphill, 2019; S. T. Lereya et al., 2013). For example, De Leo and Heller (2004) found that those who reported having been bullied at age 13 did not go on to self-harm at age 18. Equally, a study carried out over a two-

year period (n=383) found no link between being bullied and succeeding self-harming (Ivarsson & Gillberg, 2010).

Various other longitudinal studies, however, have concluded that bullying and self-harm may have a causal risk factor relationship (Barker et al., 2008; Dantchev et al., 2019b; Heerde & Hemphill, 2019). Sourander et al. (2006) exposed that one in six children who were bullied between ages 7 and 10 engaged in self-harm three years later. However, given the difficulties with exploring self-harm at an early age (children may have not even understood what they were asked about), the results should be taken with caution. Another two-wave longitudinal study on 880 adolescents concluded that those who were frequently bullied began to self-harm within three years (Jutengren et al., 2011). In meta-analytic studies, both van Geel et al. (2015) and Moore et al. (2017) concluded that there was compelling indication of a causal relationship between bullying and self-harm in adolescence. van Geel et al. (2015) results showed that the causality seemed to be bidirectional, as some studies found that adolescents who self-harmed experienced more bullying mainly due to the social stigma related to self-harm. At the same time, other studies found that bullying had a negative influence on clinical outcome symptoms of those who self-harmed (Özdemir & Stattin, 2011).

The abovementioned studies have exposed the complexities of understanding the causality between bullying and self-harm, as they have generated conflicting findings that make it hard to explain how specifically the two are sequenced. To further explore the coexistence, relationship, and progression of these behaviours, quantitative studies have also focused on exploring possible predictors or mediators that could enable the relation between bullying and self-harm.

**2.2.1.3 Identifying predictors.** Studies have tried to explain the relationship between self-harm and bullying by looking into the factors that mediate such connexion. A number of

intrapersonal factors have been found to coexist with self-harm and bullying. One of the key mediating factors appears to be depression, and several studies have focused on exploring the role it plays (Baiden et al., 2017; Evans & Hurrell, 2016; Rodham et al., 2004; Zimmermann et al., 2005).

For example, Baiden et al. (2017) surveyed 1650 adolescents aged 12-18 and revealed that 15 percent of the adolescents who self-harmed were also bullied and were undergoing depressive symptoms even after controlling for age, gender, history of child abuse, and mental health diagnoses. Findings suggest that bullying was a key factor in the development of these depressive symptoms, over and above other traumatic events, such as childhood mistreatment. Another study by Claes et al. (2010), which utilised figures from adolescents from Belgium and the Netherlands, discovered that the relationship between bullying and self-harm was also partly mediated by depressive symptoms. These findings point to the importance of emotional and psychological pain in those who have been bullied as a contributor to a negative relationship with the self, thus promoting depressive symptoms and the subsequent reliance on self-harm.

Both adolescents who are bullied and those who self-harm, in the context of unsettling school conditions (e.g., schools with gang violence, insufficient number of teachers, etc.), have been found more likely to be depressed, have low self-esteem, and experience social difficulties (Lloyd-Richardson et al., 2020; Migliaccio, 2015; Olweus, 1994; Patton et al., 2017). Heerde and Hemphill (2019) suggests that those who have been bullied, those who have self-harmed, or those who have gone through both experiences tend to develop complex feelings of hopelessness, loneliness, and social isolation, which prove difficult to deal with.

A group of studies have also found other mediators related to interpersonal difficulties in the relationship between self-harm and bullying (Azami & Taremian, 2020; Barker et al., 2008; Garisch & Wilson, 2010; Karanikola et al., 2018). Specifically, a study on 1,116 twin

children found that risk factors such as a history of maltreatment, family suicidal episodes, domestic violence, and family poverty mediated the positive association between bullying and self-harm (Fisher et al., 2012). Fisher et al. (2012) went on to conclude that children from their study may have practiced self-harm after being mistreated both by family members and by peers at school. Prinstein et al. (2010) concluded that risk factors such as lack of peer acceptance and popularity make adolescents targets of bullying and trigger their tendency to engage in self-harming behaviours.

Other quantitative studies have looked at risk factors in school settings and the role they play in bullying and self-harm (Berguno et al., 2004; Migliaccio, 2015; Prati & Cicognani, 2018). Madjar et al. (2017) specifically investigated the quality of peer interactions within a school context and found that students who self-harmed perceived teachers' support, sense of school belongingness, and peer environment more negatively than those who did not self-harm. Similar findings were found by Geulayov et al. (2018), who explored the association between self-harm and student connectedness at school, concluding that those who were less connected showed higher rates of self-harming incidents. Several studies concluded that adolescents who are bullied felt a sense of disconnection from their peers and teachers, thus finding the school environment unsettling, withdrawing, and seeking ways of escaping, including through self-harm (Ferguson et al., 2007; Kochenderfer & Ladd, 1996; Wang et al., 2009).

**2.2.1.4 Critical summary.** The studies reviewed so far, all quantitative in nature, focus on proving correlation or causality in the relationship between bullying and self-harm or on identifying predictors for these behaviours. They contribute greatly to the understanding of bullying and self-harm. In this quest, however, these studies generally ask individuals to complete questionnaires or psychometric measures that use predetermined lists of potential possibilities collected from the literature by the researchers (Klonsky, 2007). Specifically,

such methods restrict participants' explanations and the data gathered and may at times collect only minimal or minor information on the relationship. Moreover, possible underreporting could result from the overreliance on pre-determined queries, and insufficient clarity in the definition of the bullying and self-harm behaviours, among other factors.

In this context, these studies give little space to the exploration of personal experiences and prevents looking at the phenomenon in a more open-minded manner, to take into account divergent circumstances and thus expand the knowledge. Quantitative studies, by their nature, do not explore the connotation that individuals who are bullied give to their self-harm experiences, leaving out the unique meaning that self-harmers attribute to their interpersonal difficulties.

Proliferation of quantitative studies on this subject, as compared with qualitative studies have contributed to the existence of a gap in understanding the "*how*" of the specific dynamics of self-harm within a group of individuals who have been bullied. Similarly, these studies have overlooked the understanding of "*why*" some adolescents who have been bullied choose to self-harm instead of opting for other behaviours.

### 2.2.2    *Studies connecting findings to theory*

Researchers have explored the relationship between self-harm and bullying by attempting to apply the findings of studies to the self-harm theories mentioned in section 1.3.3. The literature reviewed shows that researchers have applied the *Affect-Regulation Theory* and the *Social Function Theory* in self-harm studies involving bullying, although analyses present some caveats as explained below (Fisher et al., 2012; C. Hay & R. C. Meldrum, 2010; Karanikola et al., 2018; Lereya et al., 2013; McMahon et al., 2012).

Some researchers have applied the *Affect-Regulation Theory*, and specifically the *Experiential Avoidance Model,* to the relationship between bullying and self-harm. These researchers consider self-harm as a way of avoiding or escaping undesirable negative

emotions present in bullying episodes, including depression symptoms, such as sadness, despair, and worthlessness. Bullying is seen by these researchers as stimuli that cause undesirable adverse emotions, with self-harm understood as an attempt to gain relief from these interpersonal emotional experiences (Wadman et al., 2018). Specifically, a study C. Hay and R. Meldrum (2010) looked at 426 students from schools in the US and found that self-harm was partially mediated by negative emotions among those who were bullied. By applying the affect regulation model to the relationship, this study concludes that self-harm follows bullying, and does so in order to distance from the intense emotions felt by those who have been bullied. Similarly, a study by Lereya et al. (2013), which looked at 4,180 children, showed that of 792 children who self-harmed, 516 were bullied. Researchers noted that depressive symptoms that followed bullying episodes increased the risk of self-harm, concluding that self-harm is a maladaptive behaviour to cope with these depressive symptoms.

These research studies are useful for my study, as it is interested in further exploring the relationship between bullying and self-harm. However, the relevance of their conclusions may be diminished by the fact that some of the findings result from the use of questionnaires based primarily on emotional regulation, and therefore should be taken cautiously. According to the positivistic paradigm, the reliance on biased questionnaires goes against the importance of designing a study that is refutable. Similarly, whilst the maladaptive behaviour interpretation of self-harm is popular in academia, there have been increasing calls for a more individualized understanding of self-harm, which seems to respond to individual factors not necessarily contemplated in questionnaires based on pre-assumptions.

Other researchers have implicitly tried to use the *Social Function Theory* by arguing that self-harm is a behaviour used to communicate distress following bullying. For these researchers, the purpose of self-harming is making others aware of the extent of the pain self-

harmers are undergoing (Chowanec et al., 1991). A study looking at this aspect found that 45 percent of students who self-harmed at the time they were bullied did so to communicate their distress to others (Hamada et al., 2018), adding to similar research findings (Chassler, 2008; Harriss & Hawton, 2011; Tofthagen & Fagerstrøm, 2010). However, the study limited the possible motives for self-harm to only four, two of which were subject to ambiguous interpretation (e.g., "to shock or hurt someone"), constricting participants' answers by leading to pre-established responses.

Another study concluded that children who were both bullied and physically maltreated at home were especially likely to self-harm after their verbal attempts to communicate distress had been unsuccessful (Özdemir & Stattin, 2011). That is, this study indicated that such children sought more 'drastic attention-seeking behaviours' through self-harming, specifically in situations where children were more likely to be abused or punished if they spoke out.

The above-mentioned studies that focus on the functions of self-harm in the context of bullying have vastly contributed to the literature. Nevertheless, the methodology used has limited the possible functions to only two contrasting theoretical models, not allowing for exploration of functions not specified in the surveys, and possibly creating biases in the results. Moreover, as theories of self-harm have been found to not be mutually exclusive and at times contradictory among each other, exclusive focus on self-harm function theories may not give researchers much insight into understanding the complexity of self-harm in other contexts. In addition to focusing on how theories explain self-harm, focusing on understanding the individual subjective process that takes place between being bullied and self-harming would provide necessary knowledge needed for more specific support for individuals who are affected, and prevent self-harm and its psychological distress

implications, e.g., poor social functioning, deprived quality of life, social anxiety, and even death.

### 2.2.3   Qualitative studies

Only a few qualitative studies have begun to shed light on the relationship between bullying and self-harm, although they have done so by focusing either on the study of bullying or the experience of self-harm, separately (Biddle et al., 2013; Hill et al., 2011; Evans et al., 2017; Evans & Hurrell, 2016; Fox & Flower, 2020; Klineberg et al., 2013; Lindgren et al., 2004). In a study by Patton et al. (2017), which looked into the bullying phenomenon, a few participants mentioned they self-harmed whilst being bullied. They explained how loneliness and hopelessness were central to their decision to 'deal with' the bullying by self-harming. Although this study begins to give meaning to the link between bullying and self-harm and related complex emotions, it was not focused on an examination of self-harm as a unique experience at the same time as being bullied.

A more recent study explored how fourteen female adolescents made sense of their self-harming behaviour, exposing rich data, and contributing substantially to the literature in this field (Wadman et al., 2018). The researchers observed four dominant themes that explained participants' self-harm, with one being: "long-term bullying is a backdrop to self-harm." Half of the participants in this study indicated they were being bullied at the time they self-harmed, and a few of them had been bullied repeatedly and over lengthy periods. They referred to having been bullied as an additional trigger to begin self-harming alongside other adversities within their environments. Participants in this study gave accounts of feeling lonely and rejected during the times they were bullied and self-harmed.

Similarly, a study by McAndrew and Warne (2014), which looked at the experience of self-harm, found bullying as an interpersonal predisposing factor for participants to self-harm. This study described through participants meaning making, that at times being an 'easy

target' triggers a predisposition to be bullied and leads individuals to struggle with their sense of identity and later to self-harm. This study adds another layer to the understanding of how loss of power among peers is important for self-harm in the context of bullying.

Additionally, a qualitative study, based on interviews to educational professionals on their understanding of self-harm in students, indicated that negative events at school, such as failing an exam or falling out with a peer, were understood as reasons that might lead students to self-harm (O'Connor et al., 2009). Similarly, a systematic review of qualitative studies found that pressure to perform and bullying within the school setting triggered and sustained engagement in self-harm (Evans & Hurrell, 2016). Bullying was seen in this review as an added stressor to multiple other events, and as a trigger for students to begin self-harming, calling for additional research on how the connexion occurs.

Compared to quantitative studies, the qualitative studies referred to have added richer and more detailed information to the literature on the phenomena by allowing participants to voice their experiences. These studies provide information about the coexistence of self-harming and bullying and the difficult emotions and complex school environments that are central to the behaviours. Yet, as the focus has been solely placed on either bullying or self-harm, these studies could not go on to explore the meaning that individuals give to self-harm within this specific context of bullying.

Qualitative methodologies are more appropriate to explore the complex and subjective experiences of self-harm in the context of bullying, as they can provide a less inhibited and more subjective information on the phenomenon (Wadman et al., 2018). Yet, surprisingly, to date there has been no qualitative study that I have come across in the literature that looks specifically at the experience of self-harm in the context of bullying. This may be so given the sensitivity of the topic, the complexity to find a relevant sample, or the tendency to rely on literature that studies the two behaviours separately.

## 2.3    Gaps in the literature

The existing literature on self-harm in the context of bullying, including the attempts to prove association and causality and the analysis behind the theories, provides an ample background for this study. Existing studies contain rich information to specifically explore self-harm in the context of bullying, but it remains unclear what factors are at play in this relationship and explicitly how those who previously self-harmed whilst being in a bullying-setting explain their experiences.

Questions also remain as to whether and to what extent self-harm is used to cope with the negative emotions generated by bullying or if a communicative function is at play; whether interpersonal difficulties are central to the bullying and self-harm context; and what is it that self-harm means, signals or communicates. Furthermore, research has still not explored with participants what exactly in the bullying context is central to the self-harming decisions.

Moreover, the common use of children and adolescents (ages between 8 and 17) to study bullying and self-harm (Karanikola et al., 2018) and the scarcity of studies on young adults that had experienced the phenomena is a gap in the literature. These behaviours generally begin at an early age, but there are clear difficulties in truly understanding children's and teenagers' accounts at a time they are generally going through a stressful and confusing developmental stage (Baiden et al., 2017). Adolescents, who are experiencing bullying, could certainly feel at risk to disclose openly their self-harm episodes when they are feeling hard-to-handle emotions, which would raise questions on risk issues and safeguarding of participants. Limited research has focused on young adults, who may be in a better position to explore the relationship, as they would have had time between their difficult experiences and their corresponding reflections. Equally, retrospective accounts from young

adults, who are in a 'more verbal' developmental stage could assist in the objective of preventing suffering in adolescents experiencing similar behaviours in the future.

**2.4     Aims of and motivation for the study**

A deeper and more granular comprehension of the meaning of self-harm related to school bullying is crucial, particularly because it seems both behaviours frequently occur within the same period of time. Research that investigates personal accounts of self-harm in the context of bullying can help better comprehend the peculiarities of the phenomenon. As such, this study aims to contribute to enhancing the understanding—up to now inconclusive—of how individuals make sense of their own experiences.

This study is concerned with a group of young adults who had experienced previous self-harm in the context of having been bullied whilst in school, and who were willing to share their experiences a few years later when they presumably had a better understanding of the events going on in their lives. Focusing on young adults is innovative and effective. Young adults can report their past experiences in a more unbiased way, as it is expected that whilst specific details may have vanished over time, relevant experiences would remain latent (Klonsky, 2009).

Two very important motivations underlie this study. First, contributing to the literature by helping fill a gap in published research on how those who self-harmed in the context of bullying made sense of their own experiences. Second, informing preventive measures as well as therapeutic interventions applicable to the affected population, given that self-harm is an increasingly growing and widespread behaviour that is causing extensive psychological and physical harm as explained above.

This study does not intend to prove causality in the relationship. Rather, it seeks to focus on the analysis of common themes that emerge from participants' narratives. Through

the use of qualitative methods, the analysis of these themes, supported by data, is expected to help draw relevant conclusions that contribute to the understanding of the forces at work for individuals who are experiencing bullying and self-harm within school settings. It is also expected to assist health professionals in preventing bullying and self-harm and treating it when it occurs.

**2.5        Relevance to Counselling Psychology**

This study intends to contribute to the practice of Counselling Psychology in multiple ways. First, the research looks at participants as experts of their own knowledge and experiences—a core humanistic value of the discipline (Woolfe et al., 2003)—which has not been thoroughly explored in the published literature. Second, a deeper understanding of the meaning of self-harm in the context of bullying in a school setting could aid counselling psychologists to be better equipped to deal with this phenomenon. Third, focusing on the connotations of the interaction between bullying and self-harm provides insights for further strengthening self-harm treatment and prevention programs within schools.

In this context, further understanding the relationship between school bullying and self-harm would provide insights to psychologists and educators to address these phenomena more efficiently, for instance by focusing treatment on emotional regulation and fostering communication of distress. Moreover, the valuable data gathered for this study could motivate further research on the subject, and ultimately help find ways of preventing young people from engaging in these behaviours. New knowledge could also enhance the professional treatment of self-harm in schools, thus reducing accidental deaths and contributing to improved quality of life and psychological well-being during adolescence and in adults' lives.

## 2.6     Research question

How do young adults make sense of their previous self-harm in the context of school bullying?

**Methodology**

## 3.1    Chapter overview

This chapter presents my ontological and epistemological positions of critical realism and interpretative phenomenology. I delve into the rationale for the use of *Interpretative Phenomenological Analysis* (IPA) in my research, including by aligning my research question with the importance of analysing subjective individual experiences and the idiosyncratic meaning given to them. I then proceed to describe in detail the steps taken during the data collection and analysis stages. Finally, I describe the reflexivity exercises utilised to strengthen the transparency and rigour of my research.

## 3.2     Ontology and epistemology

Various authors (Ponterotto, 2005; Willig, 2012) stress the importance for researchers to be aware of and have knowledge about the philosophical and conceptual frameworks that sustain the analysis used in their research studies. Ponterotto (2005), for example, highlights that both ontology (the different perspectives on the nature of reality) and epistemology (views on the way in which knowledge can be attained) guide these knowledge frameworks.

Ontological positions can be understood to be on a continuum that extends from understanding reality as objective and quantifiable, to considering it as subjective and incalculable. The realist paradigm is on one end of the spectrum, which advocates that there is one reality that can be uncovered, measured, and understood through research (Ponterotto, 2005). On the opposite end of the continuum is the relativist paradigm, which believes that there is no true reality to be revealed, but instead believes that reality is subjective, embodied and affected by the context.

In considering my own ontological and epistemological positions, I reflected on the nature of reality, the existence of the phenomenon subject of my investigation (self-harming

in the context of bullying), and the extent of subjectivity with which it could be experienced by different people. Personally, I subscribe to critical realism—an ontological position placed between the realist and relativist paradigms—according to which there exists a real phenomenon to be explored independent of researchers' perceptions while there are different ways to experience this phenomenon. I have grown into a critical realist through the experiences lived as a counselling psychologist trainee through constantly engaging with the complexities of human experiences but also questioning them.

I see both self-harm and bullying as existing, embodied, experiences, whilst I also acknowledge that personal perceptions and interpretations shape the way individuals understand and experience them. Although the meanings given to their experiences by those who are going through self-harming in the context of bullying are not directly observable, the phenomenon exists. My study aims to explore individual experiences as a way of uncovering participants' perceptions of their realities, which could in turn favor or add to existing concepts and theories.

Epistemologically, I adopted an interpretative phenomenological stance. I believe that I am only able to understand the meanings, intentions, and attributes of a phenomenon based on my own standpoint, perspective, and interpretation. It is certain for me that I cannot gain direct access to "the reality" of self-harm in the context of bullying as experienced by those who have undergone bullying and self-harm themselves. However, I consider it possible that by engaging in a reflective and relational process of understanding and making sense of others' meaning—through interpretation—I can get insights into the subjective experiences of self-harm in the context of bullying. In line with my epistemological position, the aim of my study is to understand how individuals relate to the world through their lived experiences. This phenomenological position and, in general, the aims of this research are therefore

aligned with my own values and those of the Counselling Psychology discipline, which sees humans are experts of their own experiences (Woolfe et al., 2003).

## 3.3 Rationale for use of IPA

The use of IPA responds to the need to make the methodology used in the study consistent with a study's aims and the researcher's ontological and epistemological positions (Willig, 2013). The research question of this study necessitates more in-depth exploration and analysis than would be possible with quantitative methods. Qualitative methodologies are thus more appropriate when exploring the complex and subjective experiences of self-harm in the context of school bullying, as they provide the needed unconstrained and subjective information on the phenomenon (Willig, 2012). My study aims to comprehend the meaning that participants give to their previous experiences of self-harm in the context bullying, in accordance with an interpretative phenomenological framework.

IPA was chosen as the appropriate qualitative methodology for this study because of its concern with subjective lived experiences within specific contexts whilst accepting that these perspectives are interpreted by the researcher (Smith & Shinebourne, 2012). As I recognize that one cannot obtain precise access to individuals' experiences, I agree with the IPA belief that a deeper level of meaning is only accessed through interpretation by the researcher (Eatough & Smith, 2008). My research question and aims to understand the specific phenomena of self-harm within the context of school bullying go alongside the contextual nature of this approach. The focus on understanding a subjective experience aligns well with my phenomenological epistemology and my values as a counselling psychologist in training.

My decision to phrase my research question as 'how' young adults make sense of their phenomena sits well with IPA's main aim of exploring in detail the manner in which individuals perceive the particular situations they are facing, and they make sense of their

personal and social world. The use of "how to make sense" in my research reflects my epistemological and ontological positions in that understanding an experience requires studying the meaning attached by involved individuals to that particular experience.

As IPA focuses on understanding and making sense of individuals' methods of comprehending their motivation and actions, this methodology fits with my objective of understanding the features of individuals' experiences with self-harm within the context of school bullying (Smith & Shinebourne, 2012). IPA focuses on describing and documenting lived experiences, fully aligning with the purpose of further understanding the meaning of self-harm in the context of bullying, without attempting to prove causality or dig into the functions of the experienced self-harm.

The question arises as to the benefits of IPA over other methodologies for this particular study. *Narrative Analysis* (NA) would have been less appropriate as it would have emphasized the way in which participants recounted their story rather than the meaning they gave to their experiences (Willig, 2013). NA was also discarded due to a tension between the social constructionist epistemological position that generally characterizes NA and my own interpretative phenomenological stance. NA's emphasis on the stories constructed around the topic of analysis did not necessarily align with my interest in underscoring the meaning assigned to the experience as opposed to the narrative behind the experience. Moreover, NA did not fully match my study's focus on the combined advantages of paying attention to the phenomenology and hermeneutics of the participants' lived experiences (through the use of IPA). Similarly, *Discourse Analysi*s would have highlighted the use of language and social construction, with less interest in the meaning ascribed by participants to their experiences (Ponterroto, 2005; Eatough & Smith, 2006). *Thematic Analysis* (TA) would have given less importance to the subjective meaning and would not have considered the researcher's subjectivity—not entirely matching my epistemological position and my intended use of

double hermeneutics. In addition, TA was discounted for its nomothetic focus rather than the emphasis on particular experiences of individual participants that was needed for my study. IPA's attention to comprehending individuals' means of distinguishing their motivations and actions was therefore deemed more appropriate.

## 3.4    Overview of IPA

IPA aims to understand personal and social realities based on the meanings that individuals give to them (Eatough & Smith, 2006). The process of understanding the lived experiences of the research participants is therefore interpretative in nature. The researcher tries to make sense of individuals' accounts through the lens of their own conceptions (Smith & Shinebourne, 2012).

### 3.4.1    Theoretical foundations of IPA

IPA is rooted in three central principles: *phenomenology*, which refers to the lived experiences of individuals; *hermeneutics*, which relates to the dynamic interpretative process during the analysis of a phenomenon; and *idiography*, which has to do with the study of the individual as opposed to the universal (Smith, Harré, & Van Langenhove, 1995). The section below describes these foundations further.

**3.4.1.1 Phenomenology.** IPA is inspired by phenomenology, a philosophical notion that refers to the study of human experiences. Phenomenology is concerned with the world as it presents itself, which is individually unique (Husserl, 1927). Central to this idea is the phenomenological attitude, which redirects attention from a 'real' object to the 'conscious' understanding of such object (Smith & Shinebourne, 2012). This means that people allow for the understanding of the subjective context in which every experience arises (Husserl, 1930).

As such, the meaning which individuals assign to subjects and objects is what forms their subjective reality.

*Phenomenological research* thus aspires to capture experiences and understand their meaning. IPA shares this view as it is mainly concerned with the meaning of subjective lived experiences rather than on discovering what is 'really going on' (Smith et al., 1999). My research question and aims fit well with the phenomenological approach of exploring the meaning people ascribe to their self-harm in the context of bullying. Heidegger argued that individual experiences arise in a certain environments and in relation to others (Eatough & Smith, 2008). Therefore, it is not possible to measure experiences on their own, as they are always related to people's interpretations. In line with IPA, experiences should be seen in the context of a binding interrelationship between the self and the world. Language and culture are viewed as enabling, shaping, and limiting people's interpretations of phenomena (Willig, 2012).

**3.4.1.2 Hermeneutics.** Hermeneutics, known as the philosophy of interpretation, is central to phenomenology and IPA. Hermeneutics states that knowledge is obtained when the phenomenon at hand is interpreted (Willig, 2012). Hermeneutics thus entails a close interpretative engagement by the researcher, who facilitates the understanding of a phenomenon as it emerges, whilst attending to his or her own biases. Following these ideas, IPA-based researchers try to understand what it is like to stand in the shoes of the subject (whilst recognising this is never completely possible) and, through interpretative activity, make meaning understandable (Smith & Shinebourne, 2012). In the analytic process of IPA, the researcher tries to comprehend of how participants make sense to their experiences, both personally and within their social world (Willig, 2012). The process, known as *double hermeneutics*, comprises of hermeneutic circle—the researcher makes sense of the participant's own meaning making and as such first looks at a part of the participants

experience (a single word, extract, or episode) and then of the whole experience (a sentence,

the complete text, or the whole life) (Smith & Shinebourne, 2012). My research makes use of

the double hermeneutics as it's bases its findings on my interpretation of individuals'

accounts of their experience of self-harm and bullying.

*Hermeneutic thinking* suggests that researchers bring their own prior experience,

principles, opinions, and presumptions to the investigation and that these influence the

interpretations that are made (Smith, 2012). Since the IPA researcher has an active role in the

process, they must use *reflexivity* as a crucial means of remaining open to own biases and

preconceptions during the process of understanding the phenomena. Reflexivity fosters

researchers' ability to specify the ways in which their backgrounds, presumptions, thoughts,

and feelings could be influencing in the study (Willig, 2013). Suggestions on how to use

reflexivity within IPA research include keeping a research journal, practicing reflexive

exercises, and clearly identifying examples of these implications throughout the research

process.

**3.4.1.3 Idiography.** Idiography is the third component of IPA and relates to the importance

of focusing on the microscopic view and detailed examination of unique, individual lives

(Smith, 2012). IPA is committed to preserving the idiographic nature and sense of detail in

experiences, with the aim of producing an in-depth analysis and insight of phenomena as they

appear in a specific context. This differs from most psychological research, which is

nomothetic in nature, and as such focuses on making claims at a group or population level.

*Idiographic approaches* are concerned with understanding and describing in detail the

meaning of individual life experiences based on views of a small group of individuals as

opposed to making more generalizable claims (Smith and Osborn, 2008). As such I apply an idiographic approach to gather detailed accounts of the experiences relevant to my study.

### 3.4.2    Focus on context

IPA has a unique *contextualist approach* as it believes that a person's experiences can only be meaningfully understood in context. The researcher thus makes interpretations keeping in mind the cultural and contextual background within which data are created (Smith and Osborn, 2008). Interpretations aim to emphasise the subjectivity of participants by centring on the psychological aspects of the material whilst keeping in mind the socio-cultural grounding of each participant and the researcher's own theoretical obligations and political backgrounds (Braun & Clarke, 2013).

### 3.4.3    The role of language

As with phenomenology, IPA is predicated on the theory that language offers essential tools to convey, capture, and transmit meaning. Language is viewed as expressive rather than performative or constructive (Smith and Osborn, 2008). The researcher thus pays close attention to the language used, such as words, phrases, inflections, and metaphors, whilst examining a phenomenon.

### 3.4.4    Epistemological basis

IPA is rooted in the interpretative *phenomenological epistemological position*, based on the principles that any understanding of the world necessitates an understanding of experiences; that participants' experiences are submerged in linguistic, interpersonal, physical, and cultural frameworks; and that entry to these accounts can only be attained through a process of intersubjective meaning-making (Willig, 2012). In agreement with the critical realism ontological position, IPA believes that reality exists in a subjective nature.

### 3.5 Ethics

Given the sensitivity of the topic at hand, ethical considerations remained at the forefront of the data collection process and the study itself. Several ethical codes were considered and met in preparing and carrying out this study, including those of the *University of East London* and the *British Psychological Society Code of Ethics and Conduct* (BPS Ethics, 2019). The study also used an "ethics-as-process" stance, which acknowledges that because of the dynamic nature of qualitative research, there is a possibility that new ethical questions could emerge during the interaction with participants, which would need to be resolved on the spot (Cutcliffe & Ramcharan, 2002). As such, as the researcher, I continuously payed attention to ethical concerns throughout my study. Mindful of the *ethics-as-process* stance I took, I periodically checked if participants were satisfied with the research process, and respected their autonomy in all decision making, alongside ensuring that rapport and a tentative relationship was established before interviews took place.

The study obtained ethical approval from *University of East London's School of Psychology Ethics Committee* (Appendix A). During recruitment, each participant interested in the study was given an information letter explaining the key aspects of the research (Appendix B) and was contacted via email with a full explanation of the nature of the interview. Emailing participants not only served to help answer any questions, address concerns, and check suitability, but also to begin establishing the needed rapport for the success of the study (Elmir et al., 2011). Each participant was then presented with a consent form to confirm their awareness of the content of the information letter (Appendix C). Participants were reminded of their right to withdraw from the study at any time during the interview and up to three weeks after the interview took place.

Various measures were put in place to safeguard participants' wellbeing. Before beginning each interview, a conversation with each participant took place to agree on allowing frequent check-ins and offering a number of breaks during the interviews to ensure

that participants remain comfortable at all times. During research interviews, participants were also encouraged to stop the interview at any point if they felt distressed or in any way unable to continue. For international interviews, which happened over Skype, an agreement was reached on what to do in case participants ended the call because of distress (successive calling back, email, and use of the chat function) and on how to proceed should the connection be lost due to potential technical problems. In the event that further contact with participants would not be possible following the interruption, I committed to send debrief forms with emergency contact numbers of counselling services that participants could use if needed.

The interviews were conducted in a non-judgemental and open manner to make sure participants felt safe, comfortable, and at ease when speaking about sensitive issues (Elmir et al., 2011). During the interviews, I took an informal and friendly stance, respecting periods of silence, and being prepared at all times to manage a range of emotions. I encouraged openness by using empathetic distancing while also avoiding the interview to turn into a therapy session (Valentine, 2007). Following the interviews, a debriefing took place to reflect on the interview experiences and provide detailed information on local counselling, mental health, and emergency numbers, which could be of help after the research study (Appendix D). Similarly, I cautiously ended the researcher-participant relationship once the interviews were over by clarifying boundaries.

Finally, my self-care as a researcher was also important, particularly given my previous personal experience with bullying. To that end, I limited the interviews to one a day and undertook reflexive exercises, such as keeping a journal and self-recording my reactions following interviews. Additionally, personal therapy and research supervision were utilised to explore whether the research process brought up any emotional difficulties.

### 3.6    Conducting IPA

#### 3.6.1    *Research sample*

The study is based on data gathered from young adults who had previously experienced self-harm in the context of having been bullied. The sample of young adults was determined through a careful selection of participants who met the needed criteria (see below). Seven participants were recruited and interviewed, constituting a relatively homogenous sample that would allow gathering rich data from their experiences of the phenomenon under study. The number of participants fits well with what is considered appropriate within the idiographic focus of IPA and the standards of the doctorate setting (Smith et al., 2009).

#### 3.6.2    *Inclusion/exclusion criteria*

To ensure a purposive sample for the study, a set of inclusion and exclusion criteria was defined. Participants needed to be young adults who had gone through a history of self-harm and experienced bullying within a school setting. Importantly, participants had to acknowledge that their experience with self-harm happened within the context of being bullied. Due to the differing definitions of self-harm and bullying within the field, operational definitions were set to ensure the recruitment of a purposive sample. Self-harm was defined as cutting, burning, punching, biting, and inserting objects into the skin with the intent of producing harm (Rasmussen et al., 2016). Bullying was defined as any physical or verbal behaviour used in a school setting to intimidate or dominate others (Olweus, 1994). Young adults were defined as persons aged 18 to 27 years.

The recruitment criteria included English speaking participants who identify themselves as part of a Western culture. This recruitment decision is explained firstly by the need to place the study findings within the vast amount of literature on the topic of self-harm in the context of bullying, which generally exposes phenomena in cultures of the West

(Luukkonen et al., 2009; McMahon et al., 2012). Secondly, widening the criteria to include Western countries other than the UK sits well with my Counselling Psychology values of seeking diversity within research and clinical practice. Furthermore, including different country contexts in the sample, fits well with the contextual focus of the IPA methodology. Yet, as IPA calls for a homogenous sample, my appreciation for diversity and variety of culture could not extend beyond Western societies, in order to ensure an exploration of a similar phenomenon. This understanding of homogeneity is in line with research indicating that bullying and self-harm seem to present similarly in Western English-speaking countries (e.g. the U.K., the U.S., Australia) (Arseneault et al., 2019; Gurung, 2018).

Exclusion criteria were applied due to the need to ensure consistent findings and the sensitive nature of the study. Participants outside the desired age, who were currently self-harming, were suicidal, were receiving inpatient care for mental health difficulties or had a diagnosis of a personality disorder or psychosis were excluded. The presence of these characteristics was assessed through the University of East London's risk assessment before the interviews took place. Participants who were not selected, based on the exclusion criteria, received an explanation of the reasons behind this and, if in need of additional support, were referred to relevant local organizations.

### 3.6.3 *Recruitment*

To recruit suitable participants, two research posters (Appendix E) were posted on social media websites such as Facebook, Reddit, Twitter, Tumblr, and Instagram. Following recruitment guidelines, I approached 'safe spaces' and joined 'self-harm self-help' groups on these websites in order to gain access to individuals who may have experienced self-harm in the context of bullying. I also sent details of my research study to friends and colleagues, who in turn disseminated the information more broadly. Once participants showed interest, I verified compliance with the inclusion criteria and answered by e-mail any questions from

potential participants during the recruitment. Whilst doing so and before data collection, I placed utmost importance to building rapport with prospective participants and ensuring they felt comfortable.

Fifteen interested participants came forward initially. However, eight chose not to participate before the data collection took place. Some of them explained that their decision was related to the sensitivity and emotionally difficult task of making sense of their self-harm within the context of bullying. A few other participants related their second thoughts on participation to the shame they had about their self-harm. To manage any ethical concern related to the withdrawal, I showed total understanding and empathy with the participants' decision not to partake. I explained that participation was entirely voluntary, and they did not need to explain their reasoning. Further, I distributed to participants the list of local counselling services in case they felt it was useful to contact them.

### 3.6.4    *The participants*

There were seven participants in this research, who filled out a demographic questionnaire before the interview. None of them withdrew during the study. Five of the participants were female and two were male, a good achievement given the general reluctance of males to participate in this kind of studies. All participants were young adults aged 18 to 24, who experienced self-harm within the context of bullying when they were of ages between 13 and 15. Four participants lived in the UK and the remaining three in the US. Participants also varied in ethnicity and race, ranging from African American, Black British, Caucasian, and Mixed. The bullying experienced by participants was typically a mix of verbal and physical, with verbal bullying being the most common. Participants also ranged in the ways in which they self-harmed including cutting, hitting, and scratching themselves (See Table 1 for details).

**Table 1**

*Participants demographics and Self-Harm Characteristics*

| Name* | Age | Gender | Location | Age of self-harm | Type of self-harm | Type of bullying |
|---|---|---|---|---|---|---|
| Betty | 18 | Female | US | 14 | Cutting | Verbal |
| Danny | 23 | Male | US | 14 | Cutting | Verbal and Physical |
| Francesca | 20 | Female | UK | 13 | Cutting | Verbal |
| Jan | 19 | Female | UK | 14 | Scratching | Verbal |
| Kenickie | 22 | Male | UK | 15 | Punching | Verbal and physical |
| Marty | 18 | Female | US | 15 | Cutting | Verbal and physical |
| Sandy | 24 | Female | UK | 14 | Punching | Verbal |

*Note.* Pseudonyms used in line with ethical guidelines. Source: Interview demographic form

### 3.6.5   Data collection

In line with the aims of this study and IPA methodology, the study used semi-structured interviews to collect data, giving participants the opportunity to share in-depth accounts of their lived experiences (Smith & Shinebourne, 2012). Interviews mainly comprised of open-ended questions, to focus on thoroughly exploring participants' experiences of bullying and self-harm.

**3.6.5.1 The interview schedule.** The interview schedule (see Appendix F) followed general IPA guidelines and was carefully planned (Smith et al., 2009). It consisted of understanding the nature and context surrounding the bullying experiences and the meaning that participants gave to those experiences. Prompts included enquiries on the environment under which bullying events took place, the type of bullying, and participants' coping responses. Questions then focused on the experience of self-harm, the impact that bullying had on self-harm decisions, and participants' interpretation of their experiences. The last two questions

explored how participants ended their self-harm and how they felt about having had these previous experiences.

**3.6.5.2 Pilot interview.** Following the design of the initial interview schedule, I conducted a trial/pilot interview with a colleague who met the criteria for my research to get feedback on the content and sequence of the questions. This pilot was useful as it raised my awareness to presuppositions, assumptions, and expectations that I held. I also took time to practice how to use tone and emphasis uniformly whilst interviewing, how to build rapport with participants, and how the debrief should take place. Importantly, I practiced ways of monitoring participants' potential distress throughout the interview. The pilot also helped in making sure the questions were framed in an order conducive to a phenomenological exploration of the lived experiences of my participants.

**3.6.5.3 Conducting the interviews.** Before beginning each interview, participants were reminded of the aim of the study and its confidentiality. Participants were asked for their consent to take part and to audio record the interviews. They were reminded of their right to abstain from replying to any question and stopping the interviews at any time if they so wished. Conversations also took place on possible sensitivities and the proposed way of dealing with them through frequent check-ins and breaks during the interview.

Interviews were carried out between June and September of 2019 both via skype and face-to-face. The interview schedule was used as a guide, with participants' responses leading to further questions. Participants had an active role in how the interview proceeded, with freedom to move away from the interview schedule. Smith et al. (2009) argued that "The IPA approach to data collection is committed to a degree of open-mindedness, so you will have to try to suspend (or bracket off) your preconceptions when it comes to designing and conducting interviews or other data collection events." Following this guideline, whilst listening to my participants' responses, I tried to not let my presumptions and ideas influence

my follow up questions. I did this by maintaining active listening skills and being curious to what my participants had to say and welcoming them to narrate their story as best as they could. Each interview lasted between 45 minutes and 1 hour and 20 minutes.

Due to the sensitivities of the topic, a safe environment and a non-judgemental approach was ensured for each interview. This was done by maintaining an empathetic style and using genuine reflections. Breaks were taken when needed, notably when exploring the topic further became difficult for participants. At the end of each interview, I held a debrief conversation with each participant to gauge their views on the study and address any further questions they had. Participants then received a debrief letter with appropriate contact details for local and relevant support organizations for them to access in case of need.

After each interview, I also audio recorded my own reflections on both the interview process and my understanding of each participant's interpretation of their own experiences, thus beginning the hermeneutic circle. I also took time to critically reflect on my involvement in framing, conducting, and guiding each interview, and used a reflective journal throughout the rest of the research process. I believe this reflexive stance was useful to increase the rigour of my study and its conclusions.

**3.6.5.4 Transcription of interviews.** Following data collection, I transcribed each interview 'verbatim' using the guidelines offered by Smith et al., (2009) to begin immersing myself in the data and stepping inside my participants' experiences. This process took several work hours. I listened to various parts of the interviews multiple times to gauge the details of the experiences and the degree of emotional intensity of each interview. I made notes on key non-verbal utterances, such as laughter, crying, or long silences, which could be important for the analytical process. I also wrote down in my reflexive journal my reactions to details in the interview process, noting when my interview style could had been playing a role in

participants' responses. To ensure accuracy, I doubled checked each transcription against the recordings.

**3.6.5.5 Analytical process.** Given the subjective nature of IPA and its interest in the interpretation of phenomena, the analytical process of my study went beyond an explanation of the interview, to focus on a meaningful interpretation of each participant's experience. In line with IPA's iterative and inductive hermeneutic cycle, which calls for observing the parts to examine the whole, and observing the whole to examine a given part, my analysis constituted a shared product between the participants as describers of their own experiences and myself as the interpretative researcher. In that context, the process involved double hermeneutics—both an analysis of each individual interview separately, and an integration of findings from all participants' experiences. To this end, I used the six steps suggested in Smith et al. (2009) and described below, whilst remembering that these steps are suggested guidance rather than rigid methodology.

**3.6.5.6 Reading and re-reading.** The process of cautiously listening to each recording of the original interviews and reading and re-reading the transcripts helps creates an immersive experience of the data (Smith et al. 2009). By actively listening, I deeply engaged with the information collected and began noting down key issues within the transcripts. Taking written notes of hesitations, emphases, silences, and intonations added to my initial comments and reflection of the participants' descriptions. I went through a rewarding experience as I began giving voice to my participants. However, given the emotions they had gone through—hopelessness, distress, and despair—I struggled not to let my own emotions interfere with the comments I was making. I used my reflexive journal to note my emotional

reaction to the data, notably at times when participants' accounts sounded like my own

school bullying experience.

**3.6.5.7 Initial noting.** The next step of the analysis involved making exploratory comments

on every transcript. Smith suggests that a line-by-line rules-free analysis of the text can

produce a comprehensive understanding of the semantic content and language used. I began

this phase by noting the specific figures of speech used by participants throughout the

interview, including metaphors, hyperboles, repetitions, verb tense changes, and

understatements. I then moved from the language to the concepts, which implied adopting an

interpretative view.

When trying to add depth to my interpretation and analysis, my emphasis was on

keeping participants' own understanding of their experiences unaltered, by staying close to

their words and meaning. It was helpful to follow Smith's suggestion to question what the

participants' words and sentences mean for the researcher whilst checking with what these

words and sentences mean for the participant (Smith, 2009). To achieve this goal, I went

through my semantic exploratory comments several times, whilst keeping a

phenomenological focus. I used a computer, as opposed to the printed transcriptions, to be

able to move comments around more freely.

**3.6.5.8 Developing emergent themes.** Exploratory comments were then used to develop

emergent themes around the descriptive and interpretative meaning of each interview. I went

through this step by writing down concepts that expressed the psychological meaning of the

data in line with my interpretation and merged this with the participants' descriptions

throughout the interviews. The challenge was to label a few interpretative themes based on

lengthy answers to the interview questions. To address this challenge, I remained reflexive of

my own knowledge and values when developing the themes whilst being careful about my

choice of words to make sure the themes were consistently grounded in the data. To facilitate this process, at times, I opted to use participants' own words to describe the emerging themes.

**3.6.5.9 Searching for connexions across emergent themes.** The subsequent step was to seek connexions among emergent themes by listing them first and then grouping connected themes together. I used the *abstraction* concept suggested by Smith et al. 2009 to assign a name to related themes put together, and the concept of *subsumption* (where certain emergent themes bring together related themes) to identify patterns of similarities and differences among themes. Despite the vast number of emerging themes (at times more than 100), which made grouping related themes challenging, I found this step worthwhile as it allowed me to use creativity to fit different themes within one category and understand better the meaning that participants were giving to their experiences. I then added the list of major emerging themes to my analytical table, matching emerging themes and exploratory comments, to once again make sure I had not moved away from the data (Appendix G).

**3.6.5.10 Moving to the next case.** Steps 1 to 4 were completed for each participant before moving on to the next one, with all procedures followed in sequence for each participant and making sure that previous analyses did not have an influence on subsequent ones. Conducting the analysis in this manner allowed to do justice to each individual case. Smith et al. (2009) advises bracketing the ideas that arise from the analysis of the previous interviews whilst working on subsequent interviews. Although achieving this disentangling is not always easy, I met this objective by taking a few-days break between each analysis and using my reflective journal to clearly differentiate accounts of different participants.

**3.6.5.11 Looking for patterns across cases.** The final stage involved looking for *super-ordinate* themes across all seven cases and engaging in part of the double hermeneutics central to IPA. To do this, I started by identifying each interview's major themes (between 7-10). I then used abstraction and subsumption to cluster the themes. To facilitate the analysis, I

colour-coded each connexion between one major theme and another to identify patterns within the data. As suggested by the IPA guidelines, I visually scanned these patterns by ordering them in sequence of the identified connexions and drew a mind map of these connexions (Appendix H).

In the end, I identified four overarching *super-ordinate* themes with two to three *sub-ordinate* themes within each of them to represent both participants' reflections of their experiences and my own interpretation of the accounts. Each general super-ordinate theme represented a significant connotation found in the accounts of all participants (Appendix I). The specific subthemes represented distinct important aspects of the experiences described in the super-ordinate themes. The names of these themes are a mixture of my interpretation of common experiences as well as quotes used by participants. I then produced a table of each theme, with the matching quotes from the interviews, as the basis for the subsequent write-up of the analysis.

### 3.6.6   *Methodological reflexivity*

Researchers using qualitative methods understand that the researcher impacts the study and encourages the use of reflexivity to be aware of how the researchers own background and experience can impact the research (Willig, 2013). In line with these principles, before moving to the data analysis process, I undertook a reflexive exercise (Appendix J) by listing my assumptions and expectations about the topic, mainly based on previous experiences. My expectation of the findings included a sense of pain and shame surrounding the bullying experience and a tendency to hide the self-harming episodes. This reflective exercise proved helpful in identifying any presuppositions or personal agenda that may influence the analysis. It also raised my own awareness of the importance of ensuring neutrality between the lived experiences of my research participants and my previous knowledge on the subject of this study.

An important component of my reflexivity exercise was managing any tension between the definition of self-harm used in my study, which based on NICE guidelines that in some ways pathologizes the behaviour, and my own view of self-harm as a coping technique that does not necessarily involve a pathology. To this end, I used empathetic language in the recruitment process ("we all have scars, we all have stories…") and clarified in the information letter the behaviours that were excluded. I used my research journal and carefully reviewed my interview questions to remind myself of this tension and prevent any undue influence on the research process and findings.

I experienced multiple connexions with the study participants. Throughout the interview process, there were moments when my previous experience working with young adults who self-harmed and my personal experience with bullying led me to put myself in the shoes of the participants. I felt that my personal and professional interests and experiences enriched my ability to immerse in the rich accounts of each young adult interviewed, but, at times, it may have also impinged doing so. In order to address these concerns, I kept a journal and wrote an entry whenever I felt connected to my participants' circumstances, and I took voice notes following each interview, to help distance myself from my participants' own experiences.

Throughout the interview stage, I found myself actively using my listening skills and seeking rapport with participants whilst at the same time remaining phenomenological. Following the interviews, I realised the vast amount of data I had collected, perhaps more than I had anticipated, and for some period I wondered how all this information would come together during my analysis. I was extremely focused on making justice to the participants whilst maintaining an interpretative element. I was also focused on remaining aware if I was categorizing each interview analysis within a specific theory or using general psychological interpretations. I found the stage of connexions across themes rather challenging as in the

process I tried to avoid discarding any relevant themes. To ensure all relevant topics were included, I kept detailed documents and copies of all removed issues, so that I could revisit the themes as necessary.

I was in a good position to interpret participants' experiences and feelings. By using IPA, the analysis conducted for my study was based on my interpretation of participants' accounts of their experiences and emotions—double hermeneutics. As such, any findings of this study are not seen as truths but as interpretations (Smith et al. 2009), and different interpretations could be made by different researchers. My previous personal and professional experiences with self-harm and bullying may have changed the way I conducted the analysis, including the generation of themes, but they are not seen as shortcomings of the study as my experiences present a distinctive stance from which to understand my participants experiences exposed in the interviews.

## 3.7 Quality and validity of qualitative research

Due to the subjective nature of the methodology applied, qualitative research must use methods that differ from the standards applied to quantitative research (e.g. validity and reliability). In recent years, researchers have produced guidelines to aid with this evaluation. Yardley (2015), for example, notes the importance for qualitative studies to demonstrate sensitivity to context by illustrating: the theoretical position of the research; participants' perspectives and circumstances; linguistic and socio-cultural positioning of the research; and interpretations by the researcher. Guidelines also highlight the importance of demonstrating the commitment and rigour of qualitative research.

Since this study intends to help fill the gap in research in relation to the individual phenomenological experience of self-harm in the context of school bullying, participants' perspectives were documented in detail in the analysis of the interviews. The socio-cultural aspects were incorporated by considering the country of residence (i.e. UK and US), the

different ethnicities, gender, and age of the participants. My interpretations as the researcher were documented by a detailed analysis of rich and interconnected data. The rigour of the study was sustained by the attention given to each participant and their experience during the research and by the attention taken in each step of analysis by systematically following IPA as a method. Transparency was maintained along the study by clearly and unambiguously presenting each stage of the research process. Coherence was kept by ensuring thorough consistency with the underlying theoretical assumptions. Finally, the study remained focused on the potential implications of its findings for both clinical purposes and future research.

**Analysis**

## 4.1     Chapter overview

The data gathered through the interviews conducted for this study provided key insights on participants' experiences of self-harm in the context of school bullying. Participants explained that their relationship with others was characterised by their perception of being different; intense suffering from being rejected and lacking support from peers and adults; and pursuit of role models to be able to fit in. The conflictive relationships with others seemed to have influenced how participants related to themselves, such that they were filled with identity questioning and doubt; feelings of self-hatred; a tendency to blame themselves for being bullied; a propensity to hide their self-harm; and in some cases, a shift to become their own bullies. Self-harming in the context of bullying was a painful way of punishing the self for actions participants mostly unfairly felt responsible of. Participants also displayed a tendency to withdraw and remain in isolation; and regarded their self-harm experiences as useful and at times pleasurable techniques to escape from the negative emotions that bullying brought to them.

This chapter presents a detailed phenomenological analysis of how participants made sense of their experiences of self-harm within the context of bullying at the time they attended school, and how I, as the researcher, interpreted their experiences. An in-depth analysis of each interview, and a co-construction of phenomenological meaning took place, resulting in a group of super-ordinate and subordinate themes.

Against this backdrop, and following the IPA hermeneutic cycle, this chapter provides an interpretative analysis organized by thematic experiences across cases, whilst weaving in idiographic features from individual insights. The outcome of thematic developments led to the clustering of four super-ordinate themes directly related to the study's research question—each of them portraying a detailed feature of participants' experiences. Within

each super-ordinate theme, several subthemes aim to highlight with further detail the features

and meanings provided by participants to each of the aspects of their experiences (Appendix

L). Participants' quotes are used in the study to echo their voice on their own

phenomenological reflections and related interpretations, whilst commentary between quotes

portrays my analytic explanations.

## 4.2    Introducing the super-ordinate themes

The figure below presents the four super-ordinate themes and their corresponding

subordinate themes. Each theme answers the question on how young adults make sense of

their previous experiences of self-harm in the context of school bullying?

**Figure 1.**

*Diagram of super-ordinate and subthemes.*
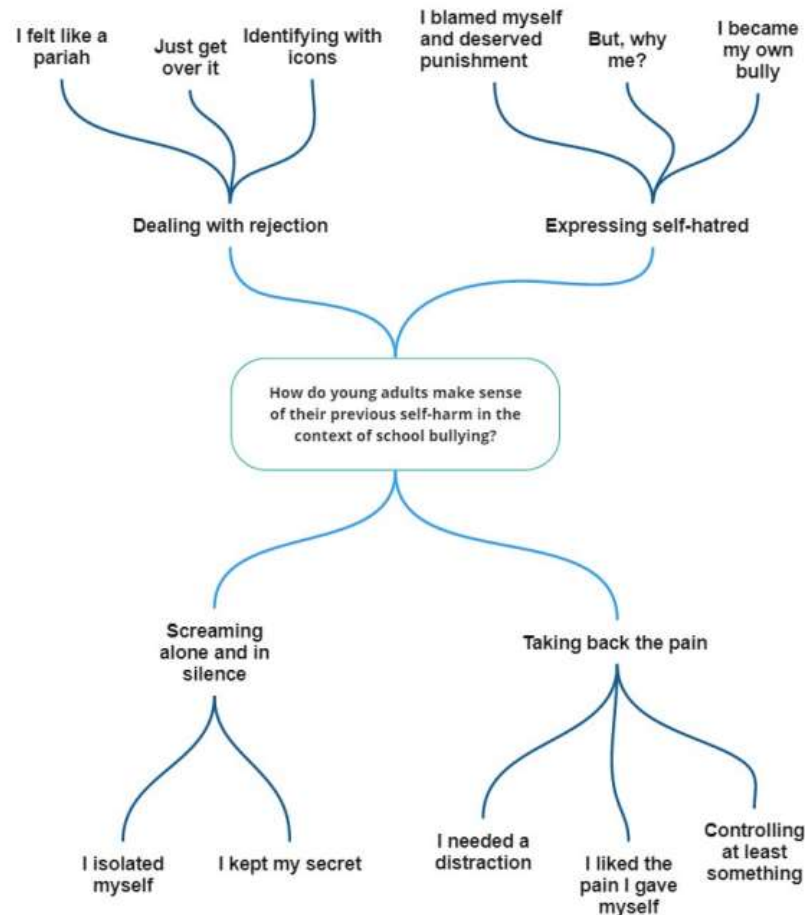
The first super-ordinate theme, *Dealing with rejection,* features participants' relationships with others. It refers to participants' feelings of dismissal, lack of belonging, and absence of support. Perceptions that people surrounding participants rejected them and did not care about their suffering appeared to impact their tendency to self-harm. Participants understood their self-harm as a way of dealing with this rejection by seeking comfort. Influenced by media depictions, some did it by imitating others, including renowned celebrities, who also engaged in self-harming practices to deal with their difficulties.

The second theme*, Expressing self-hatred*, illustrates how participants related with themselves throughout their self-harm experiences in the context of bullying. Several participants were filled with self-hatred, self-blame, and a desire to punish themselves. Others were confused about the motivations for being bullied, with some becoming their own bullies in the end. Self-harm was understood as a way to physically demonstrate a lack of acceptance and the overall negative relationship with the self.

The third super-ordinate theme, *Screaming alone and in silence* centres on participants' withdrawal from their bullies and their tendency to isolate—often accompanied by suffering. This theme also touches upon a common feature related to participants' propensity to hide their self-harm from others, signalling that they were not calling for attention, but rather dealing with a private coping mechanism.

The last super-ordinate theme, *Taking back the pain*, covers the functional meaning participants gave to their self-harming in the context of bullying. Escaping from the pain resulting from being bullied by others seemed to be central to participants' decision to hurt themselves: many times, as a distraction; often to feel some sort of pleasure; and frequently to feel in control of dealing with their emotions.

**4.3      Super-ordinate theme 1. Dealing with rejection**

When explaining their experience with self-harm in the context of school bullying, all participants provided clear references to how they related to other people. Participants attached utmost importance to how they saw others in their life after being bullied (they regarded others as ostracizing, invalidating, and untrusty), and how they reacted to their suffering (they found others unsympathetic and indifferent). Exclusion, rejection, and lack of belonginess during the period participants were bullied at school were common features that participants voiced in their understanding of their self-harm. Specifically, running away from the constant rejection from others, was one key meaning given by participants to their self-harming within the context of bullying.

Along these lines, three subordinate themes arose within this super-ordinate theme. The first one, *I felt like a pariah,* shows that as participants were excluded, they felt extremely distressed, and as they perceived a lack of social status at their school, they ultimately lost their sense of self before engaging in self-harm. The second one, *Just get over it,* reflects how participants found others to be misunderstanding of their situation, uncaring and even unhelpful. Self-harm was made sense as a means to get away from the increased perception of rejection and emotional pain. The third subordinate theme, *Identifying with icons* refers to participants' efforts to deal with this rejection in the way some celebrities did—through self-harming.

*4.3.1    I felt like a pariah*

This subtheme captures how participants underwent a sense of ostracizing and lack of belongingness in their relationship with others when they were bullied, which became central to their experiences of self-harm. Participants felt as outsiders within their school setting. They perceived their sense of self and their world as completely isolated from their peers' world, and they longed to feel comfortable and accepted. This rejection and longingness to

belong resulted in confusion and strong emotions of loneliness and despair. Several participants gave meaning to their self-harm in the context of bullying as a way of dealing with or running away from the overwhelming feelings stemming from rejection from others and lack of sense of self.

*"At that time, I was self-harming at home and being bullied at school. It was really strange, I was, like, there, but most of the time, I felt like I wasn't supposed to be there, like, I was just a fly on the wall, and I didn't really belong." (*Francesca, 20, Line: 24*)*

The perception of being the only one who did not fit in seemed to overshadow everything else in participants' lives. Francesca described her school bullying as causing confusion and making her think she did not belong in the environment she was part of. I understood her use of the metaphor "a fly on the wall" as conveying a perception of feeling unseen and unnoticed. Whilst being bullied, participants seemed to have felt like unwanted observers rather than partakers and were unable to find a place to belong to. They described their experiences of self-harm in the context of bullying as embedded with interpersonal conflict that produced intense distress.

The lack of belonging experienced when participants were bullied was seemingly embedded in their loss of self-esteem and connected to their self-harm. Betty, for example, recounted how isolation emanating from being left out by others was part of her experience of self-harm.

*"I remember coming home from school a lot after people being mean to me just doing it [self-harm]. You know, a group of girls in high school being pretty shitty to me and, you know, I went, and I just cut myself. [...] They left me out of things, made it known that I was being left out of things." (*Betty, 18, Line: 110*)*

In my interpretation, there was a connexion between the strong emotions caused by rejection and exclusion and how participants made sense of their self-harm. In her account, Betty talks about "just doing it," which implied to me that there was not much thinking before she began to cut herself. For some participants who shared a similar narrative, self-harm was perhaps understood as a necessary automatic—rather than fully deliberate—reaction to deal with the strong emotions of rejection and ostracizing.

For others, such as Danny, there is a connexion between the lack of acceptance from peers that he suffered after the bullying episodes and his decision to self-harm, and it seems that his self-harming was more intentional than unplanned. His use of the words "I don't think it would have happened at all" in his narrative suggested that Danny was aware and understood that his lack of acceptance and rejection was directly connected to his self-harm.

*"I think if I hadn't been bullied, and if I would have had friends, or at least be more accepted by my peers, I don't think it [self-harm] would have happened at all. I mean, but aside from that, I don't think I would have even thought of it."* (Danny, 23, Line 140)

Like other participants, Kenickie described how his lack of belonging (being a "pariah") hurt his self-esteem ("sense of negative self") and led him to isolation ("spend time by myself") and to increase the intensity of his self-harm. I interpreted that for many participants like Kenickie's self-harming seemed to be highly conditional on how others viewed them or treated them. Distress followed by loneliness seemed to be 'resolved' by self-harm.

*"I was in this social circle where I was like a pariah. It was kind of reinforcing my*

*sense of negative self […] I then would go back and spend time by myself, and the*

*events would lead me to just be more and more upset and then, yeah, hit myself*

*harder."* (Kenickie, 22, Line: 522)

For many participants, their sense of low self-worth and their decision to hurt themselves seemed to be closely connected, and this close connexion was driven by how others were treating them at the time. From this account, I interpret self-harm as a physical way of dealing with others' neglect and mistreatment.

*"I didn't fit in and really didn't belong anywhere. I felt so unimportant. So alone. I*

*felt small and, like, it was everyone's mission to make my life a living hell […] and*

*when I started self-harming it just became easy, because of how small and*

*unimportant I felt." (*Marty, 18, Line: 36*)*

Marty's lack of belonging is understood as a direct representation of the rest of the world being against her, which is a common feature in my research. Marty's account that she was comfortable self-harming because she was convinced that she was "unimportant and small" conveyed to me that she felt she deserved to punish herself because of her insignificance, which also did not allow her to belong anywhere. It seemed a full circle occurred in my view, bullying led to lack of belongingness, in turn hurting self-esteem, longing for punishment, opting for self-harming and disconnecting from the world.

Kenickie also discussed the impact of being socially rejected and 'made fun of' on his self-esteem, which he seemed to view as central to his propensity to self-harm.

*"If there is a group of people, umm, and obviously there is a sense of status derived*

*from your position in the group. If two or three people in that group decide to turn on*

*you as an individual and then use you as a joke of the group, that will destroy your*

*sense of self-esteem, it will emasculate you and make you do these kind of things*

*[self-harm]." (*Kenickie*, 22, Line:103)*

In his account, Kenickie attached significant meaning to his social status at school. Interestingly, his use of third person when linking rejection with loss of self-esteem perhaps reflects his interest in theorising factors that could give significance to what happened to him. Kenickie's use of "being used as a joke" by others was an invitation for me, as the researcher, to realise how lack of belonging could destroy self-esteem and lead anyone to self-harm.

*"As a guy, I can definitely say that it [lack of social status] does make you feel like*

*you're kind of, like, unable to do things and you kind of, I don't know, it made me*

*feel, no actually, it caused me, serious mental health problems. I did actually start*

*self-harming as a teenager." (Kenickie, 22, Line: 107)*

Kenickie's account, alongside many other participants, seems to show that their negative perception of the way others saw them had enormous influence on their self-worth and was a key determinant to their decision to self-harm. Using the words "as a guy" Kenickie seemed to link his gender to the expectation from others to be capable of do/be more. I interpreted that his failure to meet those expectations made him a subject of bullying, led him to feel powerless, even questioning his masculinity, and triggered his decision to self-harm.

### 4.3.2   *Just get over it*

All participants in the study described feelings of hopelessness and worthlessness connected to the perception of lack of support from people around them at the time of their

self-harming in the context of bullying. There was a common observation that other people did not understand what was going on, and if they did, they trivialised the significance of their pain from bullying, or did not care about how the participants were feeling, leading them to increased suffering with more rejection. Moreover, according to my understanding of participants' accounts, adults tended to believe that participants should be strong enough to overcome the bullying. As adolescents at the time, many participants voiced distrust, blame, and anger at the uncaringness of the adults in their lives. Participants seemed to make sense of their self-harm as a way of dealing with the distress and anger they felt, generated not only by the rejection from their bullies, but also from the dismissal from others around them.

*"A lot of feeling of loneliness. Nobody cared, I didn't feel supported. […] I didn't feel safe with anyone. […] I felt frustrated that nothing was done to help me, and no one really tried to help me with it [self-harm] really."* (Francesca, 20, Line, 286)

Even if Francesca seemingly experienced distrust toward others (and kept her feelings hidden), she expressed an expectation for somebody to care about what she was going through (i.e. bullying) and what she was doing about it (i.e. self-harming). Participants' accounts can be understood as conveying a sense of being invalidated and unsupported, and many of them expressed anger at the lack of response from others around them.

*"It wasn't just angry. It was more on the dark side of rage. I wasn't angry at her; my rage came from the staff […] They all knew that the bullying was going on because she was in almost every one of my classes. I wish they'd done something about it, like not sit her next to me. You know, some teachers think that siting the child down next to someone they don't get on with is a great exercise to make friends with. Yeah, that's not true, but no, I'd wished they'd done something about both [bullying and self-harm], like they all noticed, and they didn't care."* (Jan, 19, Line: 77)

Jan described being on the "dark side of rage," remembering her feelings connected to the lack of support. I sensed despair in her voice when describing how unfair it was that the schoolteachers did not stop the bullying. In Jan's account, there was more resentment against the teachers who did not address the bullying than against the bullying experience itself. I interpreted this resentment as a consequence of a failed expectation of being protected by teachers, who she felt instead dismissed her vulnerability, suggesting to her that oppression and discrimination were accepted in school culture. Many participants seemed to have felt that the adults in their lives did not take the intensity of their experiences seriously.

> *"They say go talk to teachers, but who are you supposed to talk to when your teacher*
>
> *is joining in? Teachers knew I was still getting bullied and they still put me on the*
>
> *same table as the bully and things like that. It's, like, why would they do that? [...]*
>
> *Making me do things I didn't want to do, and I didn't feel safe doing. I just felt like*
>
> *everywhere I went, people were just out there to make a negative impact on my life."*
>
> (Francesca, 20, Line: 287)

Francesca suggested that her teachers were not just indifferent but that their actions aggravated the bullying. Like her, many participants appeared to have the perception that adults, who were supposed to assist them, were actually against them, leaving them defenceless. I interpret that in some instances, participants' pain from bullying was so strong and incomprehensible that they needed to blame somebody for it in addition to their bullies. Sometimes they blamed themselves and frequently they blamed the adults who were supposed to care for them, or the peers who witnessed the bullying.

> *"I just felt, like, powerless, really powerless the whole time I was self-harming and*
>
> *being bullied, like in a sense if you're [her teacher] not going to do anything it's just,*
>
> *like, well what am I going to do? It's just me and my friends are just going to have to*
>
> *stand there defenceless."* (Sandy, 24, Line: 152)

In her account, Sandy described both herself and her friends as defenceless if the teacher did not respond to the bullying. I interpreted this as Sandy experiencing her young age at the time as resulting in her powerlessness, thus requiring the aid of an adult (in this case, the teacher) to defend her from bullying and its aftermath. Other participants reported that their peers could have been more supportive in the bullying setting. Danny, for example, referred to the importance of peers' support as they all shared the interest in fitting in and being accepted. Danny's theory adds to accounts from others that self-harm is understood as a way to deal with unresponsive others.

*"If all you have is bullying and you don't have any support, especially from peers your age, who at the time are your whole world, then you're going to look for other outlets and other ways to deal with those feelings. If you can't talk to anyone or work them out with anyone who understands or who is at least there to listen. Um, and it doesn't really leave you much choice. […] You know, I could have dealt with it some other way than self-harm, but it's if you have some sort of support system there in your peers that you don't really have any reason to go looking for it in the first place."* (Danny, 23, Line: 284)

Danny's account of the absence of help from those around him suggests to me that having a network of peer support could have been a buffer against self-harm and perhaps could have helped him find a different way of dealing with his feelings. More generally, many participants' narratives gave prominence to a pattern where others in their lives advised them to "get over it" as if their experiences were not true or not that bad. My interpretation is that participants perceived this advice as demeaning and perhaps patronising.

*"I tried to ignore the bullying and deal with it, like, everyone kept telling me to do, but that didn't help how I was feeling. I guess it's, like, how I still push, how I feel under the carpet, kind of, to avoid it. […] I felt, like, a bit bad that I couldn't just get over it. I*

*felt hopeless and angry at everyone, and then later just numb for the most part. And I*

*guess I still get angry that no one actually helped beside telling me to get over it. I had*

*no one to help me or to talk about it with." (Jan, 19, Line: 178)*

Jan also seem to have perceived that others diminished the significance of her experience. In her interview she spent a few minutes expressing her anger about the lack of support from others, which again, I interpreted as frustration at their invalidation of her experience. Following others' suggestion, Jan tried to internalise the idea of getting over the bullying, but her failure to do so distorted (probably until now) the way she relates to her own emotions—avoiding them or pushing them away. Participants tried to overcome the bullying in the absence of support, although it seemed to have kept hurting them.

*"When she [her mother] would tell me things like just get over it, or just tough it out,*

*I would think, you know, she doesn't care at all. No one cares and, you know, all day*

*I would be tormented and called all kinds of names. I thought I had to keep it*

*together and would get home and be very, very upset. I was having the idea that I had*

*to be strong on the outside for my siblings but, on the inside, I felt like I was dying*

*cause I was so emotionally confused and upset, and I didn't know what to do, so I*

*started cutting."* (Marty, 18, Line: 170)

Marty spoke about her mother's message to "tough it out", showing intense frustration in her body language. This message was perhaps intended to help reduce her vulnerability by disregarding issues she could not control. However, Marty, like other participants, felt she was pressured and judged, and one interpretation is that she ultimately opted to cut her wrists, out of frustration of not being able to 'just get over it'.

*"I remember this one teacher that came up to me after I was upset about something*

*someone had said, who told me, you know, it's okay, don't worry about it, just try to*

*ignore it and they will stop, you need to tough it out. So, you know, the same thing I*

*was getting at home from my mom I was getting at school from teachers and I just*

*felt really, really, upset that I could not just get over it." (Marty, 18, Line: 61)*

### 4.3.3   *Identifying with icons*

This subtheme explores how participants' decisions to self-harm following rejection were also related to developments in their surroundings. Participants voiced that access to the internet and music provided them with access to self-harming techniques. As they continuously sought acceptance from others, some turned to celebrities' behaviours to find ways of expressing their feelings, and self-harming became one of them, despite the stigma associated with it.

*"I just, I was in the bathroom alone and I just, did it [self-harm], um, I remember*

*hearing about celebrities like Demi Lovato doing it, and I was, like, oh that is what*

*they did, I'll just do this." (Betty, 18, Line: 85)*

Betty talked about her first experience with self-harm and remembered it being a somewhat automatic behaviour as suggested by her word choice of "I just did it". She added that at that time, a popular pop music artist, Demi Lovato, was self-harming. Learning from popular culture that self-harm was a "valid option", seemed to have helped Betty dissipate her sense of shame. However, whilst speaking about this, Betty fidgeted in her chair and hesitated often, which I interpreted as a reflection of shame when recounting her experience. Betty's efforts to fit in—even if within the group of important people who self-harm—was linked to her decision to self-harm.

Sandy also referred to the influence of TV, magazines, and social media on her decision to self-harm.

*"We didn't talk about self-harm at school, that was very hush hush. It was just, kind of, what I knew from TV, magazines, social media, or whatever, cause I'd read a lot of teen magazines but, yeah, that was it really. [...] I would read things or just see things on TV of mostly girls who self-harmed and they seemed to get a relief from it and I never got that."* (Sandy, 24, Line: 380)

Sandy's desire to get relief from her suffering is indicative of a reflection of using self-harming as a way of dealing with the experienced rejection. By following others, Sandy and Betty potentially tried to normalize their decision to self-harm as a possible way to manage their distress from the rejection they faced. This also shows they were perhaps prone to be easily influenced by others at that time of their life, without necessarily questioning whether the media messages were manipulative or glamorising.

*"Mental health hadn't really been spoken about [...] I was like right okay no one knows what's going on with me, no one. I've never heard of anyone talk about any of this kind of stuff. [...] I ended up discovering Demi Lovato and her songs and lyrics and her story, and the message that she was giving out was so incredible to me, and the lyrics of her songs. It was, like, someone was describing how I felt, and I'd never been able to get those feelings out before. And it was, like, all in a song and it was really crazy to me."* (Francesca, 20, Line: 387)

Francesca described identifying herself with Demi Lovato's feelings of distress and with her self-harm. Her narrative is of someone rejected and alone in her suffering, who felt accompanied when listening to a famous artist's music. Francesca shared a feeling of relief when she discovered a music artist had struggled with similar difficulties. Like other

participants, Francesca seemed to enjoy the sense of being accepted as part of a group through the lyrics of songs. Keeping in mind the double hermeneutics of IPA, and the discussion of lack of belongingness and loneliness in the bullying experience, I interpreted this as an attempt to overcome her loneliness and lack of belongingness.

*"I think it also had a lot to do with the time, you know, emo was becoming like a big thing you know like, Senses Fail and, you know, half of their songs are about, their most popular songs Bloody Romance, like, literally is about cutting yourself, Hawthorn Heights, and you know, every other line was about cutting my wrists or whatever. Taking Back Sunday, like, it was right when that whole scene was going to explode. So, I think it was again partially that, you know, you just, it was more in the spotlight, and when I listened to those songs, it was exactly how I felt, how they were dealing with those feelings, so I thought why the hell not." (*Danny, 23, Line: 292)

Danny talked about his identification with *emo music* and the relation of its lyrics with his self-harm. Through music they learned that others, including those they looked up to as adolescents, were also feeling distressed. My interpretation is that for Danny and Francesca these songs provided a protective element to their meaning of self-harm and a coping mechanism to escape from their pain. Music with which participants identified ultimately seemed to have brought them company and support.

## 4.4    Super-ordinate theme 2. Expressing self-hatred

The second super-ordinate theme illustrates participants' accounts on how they made sense of their self-harm in the context of bullying as a physical demonstration of the relationship with themselves. Participants seemingly expressed that they generally blamed themselves for what was going on, criticized the self for letting bullying affect them, and hated themselves for the way they were reacting to their pain. Self-harm was understood as a cyclical relationship between self-hate and self-punishment.

Three subthemes could be identified in this section. The first, *I blamed myself and deserved punishment* reflects the sense of guilt and lack of self-compassion as directly connected with participants' meaning of their self-harm and need to discipline themselves to seek some relief. The second one, *But, why me?* shows a common feature about identity questioning and confusion as to why participants were the subject of bullying and self-harm. The third subtheme, *I became my own bully,* refers to how, influenced by the bullying they were subject to, participants evolved to bully themselves with the same techniques used by their bullies.

### 4.4.1   I blamed myself and deserved punishment

Participants seemingly made sense of their self-harm in the context of bullying as punitive, reflecting the shame and self-hate they felt internally. Self-harm was understood as a physical demonstration of the negative relationship with themselves after being bullied. Self-hate originated from participants' perceptions of an unfitting self-image or social status, or from internalising their bullies' words and actions. For several participants, hurting themselves was a necessary act of punishment for their perceived responsibility of the events they were facing.

These interpretations can be displayed by examining participants' accounts. For example, Betty described how she was extremely self-critical and ashamed for feeling insignificant. She seemed to refer to her speech impediment and being underweight as explanations for these feelings.

*"When everything was happening, the bullying, the self-harm, I thought I was worthless. I thought I was stupid, um, there were a lot of things that made me feel like I was stupid. [...] I had a speech impediment. I couldn't say R and L and I stuttered. [...] That made me a target and I was very skinny." (Betty, 18, Line: 198)*

Betty explained how her physical characteristics made her "a target" for the bullies, implying in this language that there was something inherently wrong with her, blaming the self for the bullying, and in this way taking the responsibility away from those who bullied her. I understood such reflections as expressions of a deep self-loathing in participants undergoing self-harm in the context of bullying.

*"I would replay it all in my head, and I would think how much I was to blame for it, how stupid I was, I hated myself and I hated what was happening, and so that made me not want to stop self-harming." (Betty, 18, Line: 160)*

Betty also referred to how her self-hatred and blame would overpower her and serve as ammunition to continue her self-harming behaviour. When going over participants' accounts on this theme, I interpreted that participants felt they deserved to treat themselves in a derogatory manner because they considered themselves flawed. Like in Betty's description of a tendency to self-blame, I also interpreted a similar relationship with the self in Sandy's account below.

*"I was not happy with the things I said to other people, anything I did, it's kind of, like, everything I did was just wrong. That's how I was made to feel in a sense, it's like I couldn't say the right thing. I couldn't do the right thing, yeah, nothing was right, what I said, what I looked like, I couldn't dress right, I couldn't speak right, act right, and I didn't know what to do, so I just resorted to hitting myself." (Sandy, 24, Line:105)*

Sandy described a severely reprimanding rapport with herself throughout the time she was self-harming within the context of bullying. Her account could be perceived as self-judging over how she was behaving and presenting herself—never being good enough. Importantly, when saying "that's how I was made to feel" she hinted that her self-hatred,

which led her to self-harm, was a consequence of how others were treating her. In this sense, Sandy described a slight acknowledgement of the bullies' responsibility. She nonetheless seemed to express a simultaneous experience of self-blame as captured in her 'negative' way of discussing her responsibility. During the interviews, many participants seemed to have mentioned the blame of their bullies only in passing and spent more time speaking about their own flaws, which I interpreted as participants placing on themselves the anger that could be directed at their bullies. Making sense of their experiences in this way, many participants turned to harm themselves, perhaps using one of the few options at their disposal at a time when they were dominated by self-hatred and perception of hatred from others.

*"I think about the reason kids self-harm, like it could be many, many, reasons, um, [...] anything can cause it, even self-image. Growing up, at that age, self-image is a massive thing, so yeah, I struggled with that. [...] I remember being really small and scrawny and hating that."* (Jan, 19, Line: 384)

Jan connected self-hate with self-harm by talking about 'kids' in general. The physical and psychological changes that occur during adolescence are usually contrasted against acceptable standards, as defined by society, and any notable divergences could have led participants to struggle with "self-image" as a key trigger to self-harming.

*"I had this quite negative opinion of myself, both from everyone around me, and myself, like, you deserve to be, like, punished and this kind of stuff, that's how it felt. Um, there was a lot of self-hatred, but it wasn't, like, it was unhealthy, but it wasn't like self-hatred, like, I just wanted to hurt myself. It was more, like, I need to address it, sort of things."* (Kenickie, 22, Line: 299)

Kenickie's description of his self-harming, for instance, encompassed strong punitive elements both from himself and from others around him. For him and other participants, self-

harm was meant to somewhat fix his wrongdoings. Whilst listening to Kenickie's narrative, I wondered whether he was feeling shame, or he was confused about his feelings when he hesitated at expressing his self-hatred by saying "there was a lot of self-hatred… but it wasn't…self-hatred"

*"I knew it was a massive amount of self-hate, and I thought, you know, okay, this is all your fault anyways, you just need to act right, do things correctly and then maybe you wouldn't feel this way. Yeah, it wasn't, like, oh I was self-harming myself. I've got a problem. It, it was kind of, like, I'm doing this to myself because I'm doing something wrong."* (Sandy, 24, Line: 176)

Sandy saw her self-harm as connected to a "massive amount of self-hate" that led her to punish herself. Part of her anger toward the self was explained by her reasoning that she should have done something to prevent the bullying from happening or to avoid feeling the way she was. For Sandy and many other bullied participants, I interpreted that perhaps repressed aggression toward the powerful others turned into aggression on themselves.

*"It [self-harm] wasn't going to make me better somehow, it was kind of like I deserved, I've gotten the punishment I needed for what happened, and yeah, it didn't really, fix it. I really did hate myself. I didn't blame the kids that bullied me. I blamed myself."* (Sandy, 24, Line: 222)

I interpreted Sandy's propensity to self-harm as a possible attempt to get rid of difficult emotions, combined with a need to discipline the self. Her blame of the self was internalised in such a way that she perhaps needed physical punishment as an atonement for her perceived wrongdoings.

### 4.4.2 But, why me?

Some self-harm experiences were interpreted by participants as a reaction to identity confusion. Several participants questioned their own identity. "Is it me or them?" and "Why me?" came as common inquiries when participants tried to give meaning to their previous self-harm in the context of school bullying. Participants tried hard to understand what in them was so wrong or so different to make them the subject of bullying, often trying to find explanations in physical characteristics or tastes. At the end, bullying seemed to have an impact on participants' increased insecurity and lack of self-esteem that perhaps ultimately led them to hurt themselves.

*"And I kept just being so confused as to why it was even happening to me in the first place. I would go home and think, you know, what is so bad about my bald head? Was I really what everyone was saying I was? Was I ugly? At first, I would be so angry at everyone, and I would try to not believe the things they were saying, and just thought it was something they were doing to be mean. [...] I would think about everything before cutting myself. I would sometimes think, you know, is it me or them?"* (Marty,18, Line: 70)

In Marty's case, her confusion as to why the bullying was happening depicted a real struggle between what the bullies were saying and what she thought was her own contribution. Marty speaks about "thinking about everything before cutting", which indicated to me that the confusion of who was to blame for the bullying served as ammunition for her to self-harm. Other participants reported trying to avoid blaming themselves from the pain and frustration they were feeling during the bullying.

*"It was just something that was happening to me, and I didn't understand why, I remember one night, right after self-harming, looking in the mirror and saying to myself, well, I don't think I'm that ugly, so, it was confusing." (*Betty, 18, Line: 37*)*

Betty questioned the reason for the bullying on the basis of her personal appearance by reasoning that she did not look as bad as her bullies thought. Interestingly, she spoke about doing this right after self-harming, inferring that perhaps self-harm was a way to communicate this inner confusion, or a way to make her feel better. It seems that the confusion as to why the bullying was happening and who was to blame led participants to have trouble with their sense of identity and to harm themselves to express these feelings. All in all, whilst Betty described her confusion, I perceived an expression of anger embedded in her reflections as displayed by her frustrated and louder tone of voice during this part of our interview.

Similarly, Danny expressed rage over his confusion about his identity as seen below.

*"What the fuck did I do? Like, why? Like, I get we have different interests, you know, I liked metal, and I mean at the time I was bullied and I was self-harming I was super awkward, so maybe it was why hangout with the weirdo? but like we're, you know, 13-year old kids, we all like playing Nintendo. […] It was confusing, it was hurtful. I didn't really understand what, you know. I just didn't understand."* (Danny, 23, Line: 69)

In trying to understand why the bullying was happening, he questioned whether his character or his taste in music were the reasons. His use of the word "weirdo" was indicative of a strong cognitive label of his personality. But at the same time, his account conveyed that he did not feel different from kids his age. It seems that for many participants like Danny this confusion and questioning of his own identity and personhood preceded his self-harm.

*"I remember there was one guy who would, um, try to wind me up, I don't really know why me, he did it, I think, because I was quite sensitive, as a guy you know that's the worst, and to get a rise out of me sort of. I don't know […] I think maybe it*

*was also a reason why, because I was very sensitive […] very passive, not very*

*assertive, very easy to dominate, umm, very emotional. I would get upset very easily,*

*umm, kind of quite shy and isolated and even self-destructive, although they didn't*

*know that."* (Kenickie, 22, Line: 6)

Participants also voiced powerlessness as a strong emotion linked to their identity difficulties and understanding of their self-harm in the context of bullying. There was a sense of confusion and powerlessness in Kenickie, with the bullies retaining the power over him. He referred to a connexion between being "sensitive" and being bullied. When Kenickie says "as a guy you know that's the worst" he seemed to be referring to society's expectations of him as a male not to appear sensitive or weak, and his view of himself as not quite fitting in to this expectation. In his narrative I interpreted that he gave a negative connotation to being emotional, connecting his emotionality to his self-harming, and interpreting his self-harm as another reason to be weak.

### 4.4.3 I became my own bully

In the analysis of my participants' accounts, the bullying they experienced resulted in an internalised bully voice, which in turn brought challenging emotions and led to the need to hurt themselves. Participants described how their bullying environment changed their relationship with themselves. The words and actions that bullies utilised to harm them would float in their minds and merge with their own perception of themselves. It seemed easier for participants to justify and make sense of their thoughts and feelings by translating them into an external physical demonstration.

*"I totally believed, you know, cause it's essentially brain washing. […] you hear it*

*constantly from everybody else, from all your peers, you sort of put more weight into*

*what they are saying, when you are hearing it from all your peers that, you know, all*

*the time, you can't really, it's kind of like subconscious, like, you kind of just, you*

*start believing it, and that impacted my self-harm I think."* (Danny, 23, Line: 100)

As the frequency and intensity of the bullying became overwhelming, Danny internalised his bullies' voices. As an adult, Danny was able to articulate that he was bringing bullies' voices on board in a "subconscious" level, describing the inner psychological mechanism that was at play and led him to become his own bully. He suggested that this internalisation had a direct implication on his decision to self-harm. Self-harm seemed to be a manifestation of some participants' self-hatred and low self-worth, which originated from the words and actions of their bullies.

*"And at times when I self-harmed I would think about the bullying and I kind of*

*started to believe everything they were saying, like, I thought you know, I am ugly, I*

*am stupid, and an idiot and, you know, those were things I had never ever thought*

*about before they said those things to me. It's, like, after they bullied me, I became*

*my own bully."* (Marty, 18, Line: 112)

Marty discussed the self-bullying feature when referring to a negative shift in her thoughts after internalising her bully's words and actions. In Marty's account, I interpreted her self-esteem as perhaps having plummeted when the bullying and lack of compassion were not coming just from the bullies but from herself. She often fixated on the offensive words from her bullies and on her own negative thinking before self-harming. The tendency to self-harm was interpreted by participants like Marty as a way of reflecting a harmed self—injured by the others and by themselves.

*"I contemplated it[self-harm], if I should do it or not, and I just kept hearing the*

*bullies' voices and I, like, was believing them and repeating what they had said to*

*me, and really, really, thinking these things of myself, you know, I'm stupid, I'm ugly,*

*it's all my fault. So, I opened the knife and pulled my pant leg up, and didn't have any*

*second thought about it, and started cutting."* (Marty,19, Line: 157)

Marty's narrative also described hearing her bullies' voices, ruminating over their words, believing them as true, and subsequently internalising them. Participants shared the notion that internalising the negative qualities described by their bullies gave them ammunition to harm themselves. As I interpreted it, Marty's forcing herself to believe in her bullies' words gave rise to her critical negative voice and lack of compassion with herself and triggered her decision to self-harm. Marty's reference to the insults that crossed over in her experience of bullying to that of self-harm were replicated by Francesca, who also referred to the "words" used by bullies.

*"My brain had a constant flow of negativity through it, so, words from other people*

*and words from myself, that I would tell myself were always going through. They*

*became one, just constant huge negativity and I believed it [...] and cutting myself*

*was just a way of getting away from all those negative voices."* (Francesca, 20, Line:

215)

Francesca explained how her own words added to her constant negative thinking. There was a punitive and critical voice in her head that merged with the bullies' comments. In this sense, I understood that her own voice could not avoid listening to the others' voices. Following the bullying, it sounded like Francesca had a battle with an internalised bully voice. Like her, many other participants seemed to have developed inner battles which amalgamated to become one huge source of 'negativity' and activated their tendency to punish themselves for both their bullies' actions and their own inner criticism.

**4.5      Super-ordinate theme 3. Screaming alone and in silence**

Separation and withdrawal are key components of the third subordinate theme emerging among participants' accounts. Feelings of loneliness and abandonment were not only a common feature of the bullying experiences, but also the psychological meaning given by participants to their self-harming incidents. For many participants, being alone became the norm. Understandably, they described feeling safer being unaccompanied than interacting with others. This experience of self-isolation seemingly extended to participants' keeping their self-harm experiences personal and private.

This super-ordinate theme comprises of two subthemes. The first one, *I isolated myself,* speaks to participants' withdrawal from others as a way of escaping the negative emotions that spending time with others brought to them. But at the same time, the withdrawal was surrounded by strong emotions of sadness and loneliness. Their relationship with others was non-existent, yet they had to continue trying to survive in their environment, and to cope, they would find time to spend with themselves and their self-harming. The second theme, *I kept my secret*, refers to participants' silence about their self-harming and their tendency to erase all evidence to avoid being blamed for an act that carried significant stigma.

*4.5.1    I isolated myself*

The preference by several participants to retreat from others and isolate themselves was a frequent finding in this research. Participants reported avoiding the company of peers as they felt fear, distrust, shame, and distress. I saw participants' understanding of their way of coping with the trauma of being a bully victim as distancing themselves from others and engaging in self-harm.

*"I was, I was scared. Scared shitless, like, I remember at lunch I was scared to be in*

*the cafeteria, so I would just lock myself in the bathroom stall and just stand there.*

*[...] I remember just being traumatized for it all, and no one knew how traumatized I*

*was. I stayed away from people. I withdrew and nobody knew what was going on in*

*my head, and I didn't know how to talk about that out loud. So, instead, I just cut my*

*wrists." (Betty, 18, Line: 24)*

Betty discussed feeling terrified from the bullying she went through. As I interpret Betty's case, her fears of continuously being ridiculed by her schoolmates generated her loss of trust in others and potentially her inability to speak about her feelings. Cutting her wrists was possibly the only way she found to express what she was feeling. Likewise, other participants shared in their accounts that there were certain inner feelings repressed.

*"I would not be talking to anyone. I'd be quite isolated, and throughout the week I*

*would get these, like, low moods and dips. In those dips, I would get very, um, self-*

*destructive, um, to myself. And in some of those periods, I would like to hit myself,*

*kind of shout and scream, and kind of stuff like that."* (Kenickie, 22, Line: 267)

Bullying also resulted in Kenickie not talking to anyone and feeling lonely before becoming self-destructive. Kenickie made sense of his self-harm as a period characterised by low mood and inner conflict. As most participants, he ended up spending most of his time alone as he found impossible to engage with others.

*"At the time I self-harmed, I would walk around the school and do circuits. I don't*

*know, walk around the school until lunch time came to an end because I didn't have*

*anyone to spend time with. So, it was, like, then eventually I did start spending my*

*lunch time in the toilets and stuff like that and I'd come home later and self-harm."*

*(*Kenickie, 22, Line: 136*)*

Kenickie described how whilst at school he struggled with what to do during lunch time when the bullying would get worse. He hinted at a sense of loneliness and hopelessness

connected to his decision to isolate himself from others and self-harm. Kenickie, alongside most other participants, made sense of their tendency to self-harm as being part of their life alone, away from the bullies, but at the same time longing to be loved and accepted by others. Kenickie's description of "walking around in circuits" was interpreted by me as an attempt to not make his withdrawal obvious—a reflection of his inner desire to come off as strong, which he indicated elsewhere he continues to portray as an adult.

> *"Even after I would hurt myself, I remember feeling that I liked my own company, um, and me thinking that being around too many people was causing me to feel crappy. But I don't know, I just, being alone for me is just a natural state so it doesn't bother me much."* (Jan, 19, Line: 356)

Participants felt safer being by themselves as compared to sharing time with others, as in that way they could try to deal with the emotions that accompanied the bullying. The tendency to isolate themselves, was related to the need to avoid people because they perceived others were causing them to "feel crappy."

Kenickie's case poses another potential example of how self-harm in the context of bullying did not only fill him with loneliness, but it fundamentally changed the way he related to others as he was forced to adapt a new view that he was better off alone and should not depend on others for help.

> *"I don't know from the bullying, the self-harm, and how alone I was, how everyone expect me to get through it, I kind of developed a philosophy about individualism, you know, like being responsible for yourself, and I took it in a very literally way, it was a philosophy that meant fundamentally I didn't need to depend on anyone else, so there I should be able to deal with these problems by myself, kind of true, kind of not, that's*

*what came out of this very individualistic like of relationship with my problems."*

(Kenickie, 22, Line: 322)

Many participants like Kenickie, understood their decision to self-harm as being a way to deal with their loss of trust in others. Self-harm seemed to be the result of continued failed interactions with people they had trusted in the past. Kenickie's specific way of understanding this shift was by explaining he adopted an individualistic relation with his own difficulties.

*"It was, like, pure loneliness and despair, less blaming myself and it's, like, what is wrong with the world kind of [...] I don't know, I felt, like, I was shut out, uh, it was some kind of club and I wasn't allowed in, I wasn't treated the same. [...] and when I self-harmed I also felt that way, so alone."* (Sandy*, 24, Line: 345)*

Sandy described how her sense of rejection from school peers was extended to the rest of her world. She explained how loneliness continued when self-harming, mentioning a time in her life that was centred on her being completely in solitude.

### 4.5.2    *I kept my secret*

Self-harm was made sense of as a private and secluded issue during the times participants were bullied. Participants gave their self-harm experiences a connotation of something personal and hidden within the self. Their accounts reflected the importance for them to keep their scars veiled for at least two reasons. On the one hand, they did not want to expose themselves to additional bullying. On the other, they felt guilty and ashamed of not having found a different way of dealing with their bullying difficulties. All participants argued against common views that self-harm was done for attention seeking or conscious communicative purposes, and rather saw it as a way of communicating their distress of the bullying to themselves.

*"I didn't want anyone to know, you know, that's the one thing that bugs me, is*

*people saying that self-harm is for attention and that's not true, like, a lot of self-*

*harmers do their best to hide it. I definitely didn't want people to see, and on the odd*

*occasion that someone saw it, I said something like I had cats at home as the easiest*

*excuse. And they always fell for it, not that people really noticed."* (Francesca, 20,

Line: 371)

Francesca talked about her efforts to hide her self-harm. There was a sense of pride in the way her secret was kept. In doing so, perhaps Francesca was thinking about the social consequences of people noticing her self-harm, and by using unreal explanations for her scars, she was signalling shame, and perhaps regret, for marking her body. At the same time participants wanted to avoid being judged as calling for attention, as they knew their self-harm was not about attention but was a reaction to their own suffering.

*"Any bit of confidence I had to share about what was going on, the bullying and the*

*self-harm, you know, it quickly disappeared, with all the stigma about it, I didn't*

*want people to think I was doing it for attention."* (Francesca, 20, Line: 382)

Francesca expressed frustration about being labelled as seeking attention, pointing to a deeper and more personal meaning of her self-harming. For many participants, the stigma about self-harm seemed to be a deterrent to speak about it and a motivation to hide it at all costs. Hiding self-harm was perhaps a way of avoiding being stigmatised as odd or weak, which exacerbated participants' decision to withdraw and self-isolate, generating feelings of loneliness and unhappiness.

*"When people did notice, I didn't want, I didn't, I wasn't even honest about it, I told*

*them oh no, like, I didn't do that, um I got hurt at the gym or, my dog scratched me,*

*yeah ,and I ended up doing it on places where nobody could see. When people started*

*noticing, I would be, like, oh shit, I can't get people to notice so I'm going to do it on my thighs now, and I'm going to do it on my stomach and my shoulders where my clothes are hiding it.*" (Betty, 18, Line: 98)

Betty's narrative followed the pattern of lying about her self-harm when others noticed the scars for fear of being judged. Through her hesitation, tone of voice and use of language, I interpreted Betty may have been ashamed of portraying her behaviour. However, the fact that people could discover the self-harm was not a deterrent to keep doing it, but just a reason to do it in less visible areas of her body. Despite the inherent shame and social disapproval, participants needed to continue the self-harming behaviour as long as they did not find an alternative way of expressing their feelings.

*"My way of dealing with it [the bullying] was having a rubber band around my hand and snapping it all the time, so, yeah, no one really noticed, and yeah, I did have like a scab on this arm (points at right arm) um, for ages and ages [...] and people just thought it was eczema."* (Jan, 19, Line: 64)

Scabs and scars continued to remind participants of their feelings of being rejected by others and by themselves. Jan's use of the phrase "my way of dealing with it" is indicative of how personal self-harming was for her. Participants shared this sense of a direct personal hidden conflicting relationship with the self, when describing their experiences of self-harm amidst bullying.

*"There was also something about having a secret, like, there was something about feeling it, knowing myself that it's there and not telling anybody else that it was there, and hiding it, gave me something else to think about, like, I would think, like, oh, are my sleeves long enough, or oh, no one can see it right now, and I would think about that other than what was happening to me." (Betty, 18, Line: 166)*

Betty hinted she was getting some personal enjoyment out of her self-harm secret. I interpreted this as a glimpse of having a sweet secret in a world where everything else was negative. As Betty indicated, she found a way of focusing on something different than her continuous bullying experiences—hiding her scars. Participants seemed to infer that their secret scars were in practice protecting them, even momentarily, from paying attention to their bullies.

*"I didn't want them to know. a) to give them more ammo, you know, to use against me, and b) it was just not something that I wanted to deal with. It's just avoidance, like, you don't let people see it and then you don't have to deal with it. […] So, yeah, I absolutely wanted to hide it as much as possible."* (Danny, 23, Line: 246)

Keeping their self-harm hidden was also a particular way for participants of not giving bullies an additional motive to hurt them. Danny flagged that a person who self-harms stands out as different or is judged negatively and becomes an easy target for the bullies as conveyed by his words "give them more ammo". He also spoke about the importance of hiding the scars to avoid speaking about the problems that led to the self-harm. Self-harm seemingly allowed participants to use a secret and private mechanism to find relief and avoid communicating to others the struggles they were experiencing.

## 4.6 Super-ordinate theme 4. Taking back the pain

According to this overarching theme, self-harm appeared to be understood as a useful technique to cope with bullying, and it took different shapes, ranging from being a distraction, to making participants feel some kind of pleasure, and to letting them control at least one aspect of their life. Self-harm may have become the only available way for participants to express bullying-related frustrations and escape from the pain by taking ownership of it.

Participants' accounts were intertwined with feelings of confusion, guilt, and shame as they tried to find a helpful tool to escape from the pain: paradoxically generating physical pain to the self. The first theme, *I needed a distraction,* reviews participants' accounts of finding in self-harm a diversion from their tortuous life and a different activity to spend time on. The second subtheme, *I liked the pain I gave myself*, points to participants' search for an enjoyable activity and the pleasure they felt after self-harming—notably, a peculiar and temporary joy. The third subtheme, *Controlling at least something*, has to do with participants' need to take power back from their bullies by self-harming—an action that no one else but themselves could control.

### 4.6.1    I needed a distraction

Participants made sense of their self-harm as a useful, albeit temporary, coping technique to seek release from the pain they were undergoing. It seemed to be a distraction from the tension resulting from the bullying. The descriptions expressed gave rise to a paradox, captured by many participants, of producing harm to relieve harm.

> *"It was my way to escape the bullying, I know it sounds silly cause you don't hurt*
>
> *yourself to escape but, I did, and it made a difference, you know temporarily, not very*
>
> *long, you know, you then feel crap again but it made a difference in that short*
>
> *amount of time and that's all I needed."* (Francesca, 20, Line: 192)

Francesca referred to the temporary escape from the problems by self-harming. Her account was interweaved with shame for using pain as a way to break away from her emotions, as depicted in her choice of words "silly" and "you don't hurt yourself". Yet for Francesca, like for other participants, self-harm was understood as a necessary positive mechanism that "made a difference."

*"It [self-harm] was my way of getting away from those thoughts, and those people,*

*and their words. It was again a distraction of what was going on around me."*

(Francesca, 20, Line: 223)

All in all, participants pointed to the usefulness of self-harming as a way to escape from frustrations and achieve short-term relief. Participants expressed a need to create the necessary distance from their bullying, including by inflicting pain on themselves.

*"It was something that made me relax, like, it doesn't make sense, like you would*

*think that when someone is cutting, they're crying a lot but no, it becomes normal to*

*you, and you do it because it helps you calm down from everything that is happening*

*around you, all the bullying that was happening to me."* (Betty, 18, Line: 438)

Betty gave meaning to her self-harm as a tool to instantly calm her negative feelings. Although there was a hint of shame displayed by her words of "it doesn't make sense" in welcoming pain as a way of getting calmness, there was also a sense of acceptance of the action of self-harm as a useful coping mechanism.

*"It was painful but, I mean, it succeeded in, like, distracting me, because afterwards I*

*was just, oh fuck, there's a mess and, you know, I have to worry about like cleaning*

*this shit up and I have to worry about wearing long sleeves for a while, so I was*

*thinking about that, as opposed to, you know, oh fuck, this sucks, you know,*

*everybody at school hates me."* (Danny, 23, Line: 232)

Danny also described how dealing with the aftermath of his self-harm served as an effective form of distraction. His focus on hiding his coping mechanism seemed to have helped him interrupt the attention he was giving to school bullying. In his narrative, Danny described the self-harm option as having been positive for him. Nonetheless, he did not avoid mentioning that cutting himself was painful, thus sharing the conflict expressed by most

participants. For all participants, nonetheless, the usefulness of self-harm in gaining relief outweighed the physical pain caused by it.

*"Everything I thought about and felt about, all the bullying, was this tension, a massive tension, and I felt like if I did it [self-harm], that I would just relax, and that tension would flow away. But it didn't do that, and sometimes I would cry, cause I didn't get the relief I wanted to."* (Sandy, 24, Line: 276)

Sandy brought an additional element to this analysis. Through her self-harm, she did not always get the relief she was desperately seeking. There was a sense of frustration for not achieving the calm she needed, along with a feeling of failure and guilt for not being able to succeed in her task. In Sandy's case, her internal conflict was exacerbated, as the tension caused by the bullying increased by the despair arising from her failure to escape her reality by self-harming.

*"Hitting myself was painful, you know, at first I was afraid to do it hard, and then I would do it that hard, and it's sort of, like, I would expect some sort of relief from the bullying."* (Sandy, 24, Line: 200)

Sandy and other participants explained the progression of their self-harming. Gradually increasing the pain was often described as a way of seeking more relief, with at times disappointment emerging in the process. Many participants' accounts were interpreted as being embedded with frustration when they did not achieve relief after consciously choosing pain as a means to do it.

*"The next time I'd cut, the next week or month, whenever it would be, whenever I would cut, it would be, you know, a little harder. I'd remember, oh it didn't really do anything last time, I didn't get the release or escape from the bullying shit, maybe I*

*didn't not do it hard enough, [...] and you know I was kind of hoping it would help as*

*I was at the end of my ropes."* (Danny, 23, Line: 385)

The self-harming sequence was emphasised by Danny, who described occasions when he would cut deeper in search of the desired relief and blamed himself for not achieving it. There was an overarching expectation that self-harm would diminish the pain produced by bullying, followed by frustrating evidence that it was just a temporary coping technique. Then, additional self-injuring was sought in pursuit of the needed relief. As such, some participants understood their self-harm as way to chase this desire of temporary relief.

### 4.6.2    I liked the pain I gave myself

Several participants spoke about looking for pleasure during their self-harming experiences to counteract the negative emotions they were going through when being bullied. Understanding their self-harm as a way of seeking pleasure to escape the bullying and turn it into something different seemed to be a hard concept for participants to express and presented another paradox: inflicting pain to produce self-comfort.

*"You know, that really weird itch when you have a really tiny cut, and you don't*

*know the cut is there, but scratching it makes it feel so much better, um, not realising*

*that scratching it made it feel good, that I just kept going. Then, by the end of the day,*

*I looked down and thought, oh fuck, well that happened, um, it, sort of, carried on*

*from there, and it was a case of having, like, feeling some sort of pleasure out of*

*inflicting pain on myself, and something different to the bullying." (Jan, 19, Line:*

*145)*

Jan described how she felt pleasure during her first self-harm experience when she would snap rubber bands on her wrist. There was an underlying shame in conveying to people, most of whom are assumed to have never self-harmed, that inflicting physical harm to

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the self could be pleasurable. For Jan, her self-harm started from accidentally realising that this was a different way to provide herself with some joy. As the pleasurable moments dissipated and the reality kicked in, she self-harmed again and again. It seemed participants used their self-inflicted pain as some sort of desperately needed comfort. My interpretation is that bullied individuals understood self-harm as a deliberate act, influenced by a conflict between an escape from their pain and a need to self-soothe by experiencing a different kind of pain.

*"But thinking back now, it um, it, it was a way of getting away from it, from the numbness. I tried to ignore the bullying and deal with it but couldn't and I guess I needed to feel something else, some kind of pleasure." (Jan, 19, Line:164)*

In her account, Jan dealt with the bullying by turning her sense of numbness into pleasurable pain by self-harming. Other participants also shared their necessity to get away from their unpleasant emotions from the bullying, finding in self-harm an embodied form of pleasure and self-comfort. Participants made sense of their self-harm as a way of somehow turning their focus on suffering into something they deemed more pleasurable.

*"It made me feel something, it's hard to put it in words, it's just like, it's just, really, gave me something to feel different to the bullying, both mentally and physically, I think I liked the pain." (Betty, 18, Line: 152)*

Betty's use of the expression "it's hard to put it in words" suggested the lack of a logical explanation for feeling both pain and pleasure at the same time. Betty then seemed to suggest that she liked the pain, nonetheless. Once again, I interpreted from this that feeling pain to get pleasure was what Betty was looking for. Participants seemingly attempted to use their bodies as a tool that helped them overcome the chaos that the bullying brought.

*"And I kind of liked the pain, um, and I would, I mean, at the time I had so much adrenaline so it didn't hurt but once that adrenaline wore off I was in pain from that [...] you know, as the bullying continued it just made it even worse."* (Marty, 18, Line: 124)

Marty, like some other participants, spoke about the absence of immediate pain during the harm done to her skin. Although for some participants the satisfaction that came with their self-harm surpassed the physical pain and helped them deal with their negative feelings following bullying, others were left with increased pain despite their efforts to seek pleasure by self-harming. However, even for the latter, the pleasure and self-comfort they momentarily felt was what they were seeking. It seemed this pleasure outweighed the pain of self-harming, especially if contrasted with the emotional pain from being a victim of bullying.

### 4.6.3   Controlling at least something

For some participants, self-harm within the context of bullying was intended to be a way of gaining control over something in their life. In the tumultuous environment they were living, they could not have a say on many aspects. They felt others were exerting all the power on them. Inflicting harm to themselves was seen by participants as a way to have a plan of their own, where they could control how far to go and how much to tolerate to get some relief. Self-harm seemingly became more than a reaction to the bullying participants went through. It was as though self-harm became a tool through which they tamed their emotions and channelled them. Through their narratives another paradox arose: gaining momentary control whilst also losing control of their environment.

*"Everywhere I went, someone was deciding things for me. Someone was saying how I felt, how I sat, what I did, you know, even, like, in classes I had to sit next to someone who absolutely hated me and would torment me the whole lesson, just because our*

*last names were similar and stuff like that. And nothing was in my control and so, as*

*soon as I started to decide I was going to change how I felt, then I, yeah, felt slightly*

*back in control."* (Francesca, 20, Line: 146)

Francesca referred to giving meaning to her self-harm as a way to ultimately take some control over her life that she experienced as being controlled by others. According to my interpretation, self-harm seemed to have been understood by participants as a way to control their emotions abruptly in order to resist their distressed day-to-day life. Although they found momentary control in their lives, they also continued to self-isolate, suffer from loneliness, and lack of acceptance. In a way, they might have gained more control of their inner world whilst also further losing control of their external world.

*"It's really hard to explain, it's almost like you are meeting pain with pain, it's kind,*

*like, you cancel out the pain you feel inside by externalising it to physical, you know,*

*stuff like that, it's hard to explain. It's kind of, like, it cancels it out, you know, you*

*are very unhappy inside and you kind of say, like, I'm going to manifest it to make it*

*go away."* (Kenickie, 22, Line: 554)

Kenickie spoke about his self-harm being a meaningful way of taking control of the pain that he was in. Other participants also believed that self-harm was an effective way of taking back and altering their relationship with their environment—in a way, allowing them to change what was otherwise unalterable.

*"Once that adrenaline wore off, I was in pain from that. I kept telling myself I would*

*rather be in pain from cutting myself than be in pain from being hit and called these*

*horrible names [...] so it's weird, you know, even though I am causing pain to myself,*

*I was relieving the other pain, the pain of being bullied".* (Marty, 18, Line: 125)

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For participants like Marty, the need to control her emotional state went hand in hand with her desire to seek relief from the pain of being bullied. Marty indicated her preference to deal with her physical pain from self-harming compared to facing the emotions she felt when being bullied. Self-harm was understood by participants as a way to achieve a sense of control over their emotions following bullying, taking power away from their bullies, and gaining autonomy over the pain.

**Discussion**

## 5.1 Chapter overview

This chapter reviews the findings of this study with the optics of discussing ways in which they fit within existing research and underscoring additions that can enrich the literature. To this end, it contrasts key conclusions of the analysis chapter, where participants' first-hand accounts and the researcher's interpretations were presented, against the background concepts and literature review, which highlighted the theories and debates around the nature of bullying, self-harm, and self-harm in the context of bullying. The chapter then reflects on the strengths and limitations of this study and presents the implications of its findings for clinical practice as well as the direction of future research.

## 5.2 Discussion of the study findings

To facilitate this discussion, this section situates within the literature the main issues identified in the analysis. In line with the guidelines of IPA studies, this discussion does not pretend to formulate generalisable claims, but rather to make connexions between the analysis and the existing literature, highlight the transferability of the findings, and call attention to new findings obtained from this novel qualitative research.

The discussion attaches utmost importance to participants' first-hand descriptions of the different factors surrounding their experiences and the explanations for their behaviour. Although the functions of self-harm described by participants fit well within existing research (Cripps et al., 2020; Klineberg et al., 2013), participants understood their self-harm experience in the context of bullying contained a range of complex issues and meanings that ultimately support an individualized phenomenological approach to the understanding of the phenomenon, as opposed to restricting it to only one or a few theories of self-harm.

Based on the identified super-ordinate and sub-ordinate themes previously analysed, this discussion is organized under the five most common general topics found in the study: overall lack of belonginess and support; self-hatred; identity confusion; tendency to withdraw; and search for escape mechanisms.

### 5.2.1   *Lack of belongingness and support*

Participants of my study described that they understood their self-harm in the specific context of bullying as a time in their lives when their relationship with others became almost non-existent. As adolescents at the time of their self-harm, participants reported a general sense of lack of belongingness whilst being bullied, which resulted in intense negative emotions. Their accounts seemed to convey that they believed they were different than others because others made them think they were different. They seemingly linked the rejection they felt to their inability to fit in within the school environment, in cases because they were meant to be and to feel like different individuals. Participants' descriptions of feeling like outsiders or pariahs shed light into the dynamics at play during the experience of self-harm within the context of bullying, and match the findings of existing research on the connexion between interpersonal difficulties and self-harming (Klonsky et al., 2013; Laye-Gindhu & Schonert-Reichl, 2005; Polk & Liss, 2009).

The need for belongingness and search for acceptance described by participants have been known to take special prominence during adolescence, as this is a transitional period characterised by a challenging array of biological, cognitive, and social changes, during which the interconnexion between relationships with peers and self-esteem is seen as important (Benight & Bandura, 2004; Saunders et al., 2004). In this regard, the study findings fit well within literature that shows that a sense of social belonging, mainly for teenagers, is associated with high self-esteem, self-efficacy, and life satisfaction, whilst the opposite is

related with depressive-like symptoms, identity difficulties, and emotional distress (Seals & Young, 2003).

The connexion between lack of belongingness and propensity to self-harm in the specific context of bullying—prominently expressed by participants in my study—does not explicitly emerge in previous literature on self-harm. According to the majority of accounts provided by participants within this study, bullying results in lack of belongingness, and lack of belongingness seems to lead to self-harm. This is a new and interesting three-way relation that is useful in itself and could be further explored.

In the same vein, this study unprecedently looks carefully at the connexion between the specific emotions experienced as a result of participants' perception of lack of belongingness and their impact on their propensity to self-harm. It finds that loneliness, anger, frustration, confusion, and shame were the key emotions, explicitly described by participants who felt they did not belong anywhere. Subsequently, participants turned inwards these emotions, hurting themselves to externalise them.

Another common finding of my study is related to participants' perceptions of others as rejecting, misunderstanding, and invalidating. They mentioned the absence of a supportive environment when they were being bullied as a factor that could have led them to engage in self-harm. Perceived lack of support from the key adults in their life (parents and teachers), and in some cases also their peers, aggravated participants' emotional suffering as they felt invalidated by others. Participants gave meaning to their self-harm as a time when others trivialised the significance of the pain that they experienced from the bullying they suffered. This finding matches the well-known connexion between invalidating environments, perceptions of lack of understanding, and tendency to self-harm (Klonsky, 2009; Mitten et al., 2016; Wadman et al., 2018), as well as the impact of unsupportive school environments on self-harming (Hughes et al., 2018; Osterman, 2000; Pretty et al., 1994).

The contribution of my study to the literature relates to the role that school bullying has in the context of the perception of lack of support from others and the decision to self-harm. My study gets deep insights into participants' descriptions on how they commonly avoided drawing upon 'unsupportive' others after being bullied. Some participants initially sought assistance, but in response to the advice of 'just get over' the emotional pain from bullying, they chose their own way of doing so—by self-harming. Given that they regarded others as uncaring, misunderstanding, and invalidating, they explained that they relied on themselves to get the relief they desperately needed. Participants internalised the apparent lack of care from others, and although it is possible that others in their life might have had good intentions in conveying practical help, participants' accounts did not seem to regard others' interventions as successful in soothing their negative emotions. Qualitative research involving caretakers of individuals who self-harmed in a bullying setting would help elucidate this key aspect.

The search for inner strength fits well within research about the social and cultural pressures to suppress emotions and the individualistic attitude (e.g., people should be able to cope on their own) that characterises most advanced Western societies (Charging et al, 2019, Westlin et al, 2009). Gender also may play a role, as described by the male participants in the study, who gave voice to the noticeable demand for boys to appear tough and not weak, the common bullying around such demand, and its impact on the meaning they gave to their self-harming behaviour. Further research could interestingly look into whether in different social and cultural contexts (e.g., less developed or culturally different countries) the arguments for emotion suppression, individual achievements, and search for strength hold in the study of self-harming and bullying.

Another interesting finding of my study is the influence that popular culture had in some participants' decision to self-harm amidst the bullying-related rejection. Music with

which participants identified brought a sense of community, cohesion, and support that made them feel they were not fully rejected and alone in their suffering. These findings sit well with the small amount of research that finds a protective factor in listening to music on topics of self-harm (Arnett, 1996; Lacourse et al., 2001). The findings of my study suggest that music and social media, mainly song lyrics akin to participants' experiences may have helped them gain a sense of belonging and acceptance and possibly served as a way of expressing their feelings. Nonetheless, music and social media, arguably, also provided participants with access to self-harming techniques. Although most participants found temporary relief when identifying with icons in adolescence, later in their lives some still saw that benefit, but others seemed to understand it as masquerading their personal suffering with an inappropriate sense of belonging.

### 5.2.2   *Hating the self*

A negative and destructive relationship with themselves was a key element through which participants in my study made sense of their self-harm in the context of bullying. Findings from this theme indicate important dynamics at play in the relationship between bullying and self-harm, including ways in which participants started by questioning themselves and ended blaming themselves. Most participants gave meaning to their self-harm in the context of bullying as a time filled with criticism toward the self, including for allowing the bullying to happen. Self-harm for these participants was understood as a meaningful option and perhaps the only one at their disposal when they were dominated by bullying-related self-hatred. In the end, in several cases, participants believed they were so deeply flawed that they deserved to be treated in a cruel manner by both themselves and their bullies.

My study adds support to research on the emotions attached to self-hatred—anger, disgust, hopelessness, and loneliness, which are commonly expressed emotions in

quantitative (Xavier et al., 2015) and qualitative (McDermott et al., 2015) studies on self-harm. Similarly, self-harm has been linked with a negative self-doubt, a sense of incompetence, and feelings of worthlessness (Chapman & Dixon-Gordon, 2007; Germain & Hooley, 2012). Mediated by these emotions, bullying led the participants in my study to self-hatred, and self-hatred, in turn, seemed to have led them to self-harm. In fact, participants made sense of their self-harming as a means of physically demonstrate their perceived self-blame and feelings of unworthiness linked to the experience of being bullied.

Participants also made sense of their self-harm as a way to punish themselves through physical pain. This finding is supported by extensive previous research on the self-punishing functions of self-harm, although the focus of such research has not been specifically on self-harming and bullying occurring concomitantly in the same context. Specifically, research views self-punishment as one of the functions of self-harm (Brown, 2009; Klonsky, 2007; Polk & Liss, 2009) and depicts judgemental opinions of the self in individuals who self-harm (Byrne et al., 2008; Klineberg et al., 2013; Lindgren et al., 2004).

Through their in-depth narratives, participants of my study voiced self-hatred, self-blame, and lack of self-compassion, in the bullying context, which led them to treat themselves in a reprimanding way. These narratives add a key element to participants' decision to self-punish as they relate bullying to their tendency to self-criticize. In doing so, it goes beyond endorsing literature findings that focus on low self-esteem as the trigger to self-punishment (Madge et al., 2008) by touching upon participants' perceived connexion between bullying and low self-esteem. Self-punishment was seen by some participants as a way of getting vindication or absolution for their flaws as they tended to blame themselves for being the subject of bullying. Given the different connotations attached to the concept of self-punishment, related to education, religion and culture (Hughes et al., 2018), further

studies in different settings and cultures could provide more context to the role of self—

punishment in the relationship between bullying and self-harm.

### 5.2.3    *Identity confusion*

Many participants explained their self-harm in the context of bullying as being the

outcome of confusion, linked with difficulties with comprehending their own identity. There

was an overarching need for participants to understand who was to blame for the bullying

episodes as a key step to help manage their emotions. This finding is aligned to well-known

research that concludes that during stressful and traumatic times, affected individuals need to

assist themselves by understanding the context of the situation they are in (for instance,

Edmondson et al., 2016).

Both bullying and self-harm have been found to be accompanied by confusion and

uncertainty (Berguno et al., 2004; Klonsky, 2009; Wang et al., 2009). The findings of my

study add an important element: the confusion that led participants to self-harm was a

confusion about their own identity and individuality, and as a consequence of this confusion,

some participants opted to believe their bullies' voices. As the bullies became a critical,

judgemental, offending part of themselves, some participants either internalised their

opinions or integrated their bullies' attitudes with their own. As a result, participants

described having struggled with being self-compassionate and understood self-harm as a

means of getting away from the constant negativity flowing through them. These findings

suggest that the experience of self-harm for bullied individuals could be even more complex

than previously understood.

Although some participants questioned others' attitudes toward them, most of them

seemingly justified the bullying from others and opted to blame themselves. This attitude

allegedly lowered their self-esteem, producing a feeling of unworthiness that accompanied

them for a long time, with some participants indicating that they still experience it. These

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findings are consistent with extensive research that concludes that bullied individuals present low self-esteem (Dantchev et al., 2019b; Olweus, 1994), and weak confidence in themselves following being bullied (Evans et al., 2017; Siyahhan et al., 2012). My study provides new evidence that when bullying relates to self-harm, rumination and internalisation of the bully's actions play an important part in individuals' tendency to self-harm.

Against this background, this study also supports research findings that in Western cultures, self-esteem, self-hatred, and in general devaluation of the self, are manifestations of interpersonal difficulties derived from societal, political, cultural and economic pressures (Jutengren et al., 2011; Laye-Gindhu & Schonert-Reichl, 2005). Future research could look into the role that these pressures play in self-harming in the context of bullying.

### 5.2.4 Withdrawal and secrecy

Participants understood their self-harm as a time when they isolated themselves. Because of the traumatic nature of bullying, they preferred solitude to engagement with others, even if some participants felt lonely and uncomfortable with their isolation. For most participants, withdrawal seemed to have exacerbated feelings of lack of belonging, distrust, and avoidance of others, and reinforced their self-harming behaviour. These accounts support previous research findings that illustrate that the central way through which youths react to bullying is by internalising emotions, such as sadness, withdrawal, and fear (Andreou et al., 2020; Imran, 2020; Lo Cricchio et al., 2020; Vveinhardt & Fominiene, 2020). Studies by Hart et al. (2000) and Imran (2020), which provide evidence for the association between peer rejection in children and propensity to solitude, conclude that withdrawal generally results in internalised difficulties or mental health issues.

Reports of loneliness and withdrawal in those who self-harm can be seen in qualitative research (Fox & Flower, 2020; Horne & Csipke, 2009; Klineberg et al., 2013). A study by Skegg (2005), which looked at the experience of self-harm, finds that adolescents'

proclivity to remain isolated tends to internalise negative peer views, which in turn could lead them to self-harm. Similarly, Adler and Adler (2011) report that the widespread explanation participants gave to their self-harm was loneliness, yet those who self-harmed also chose to withdraw socially. A few other studies that look at the mediating factors of the relationship between self-harm and bullying find that loneliness is central to the depression symptoms that mediate such relationship (Dantchev et al., 2019b; Seals & Young, 2003).

Participants in my study seemingly conveyed that the lack of relationships with peers affected their psychological well-being during adolescence, suggesting that withdrawal from the social context, triggered by bullying, alienated them and provided a basis for self-harm. Although these findings are similar to others in the literature (e.g., Wadman et al., 2018), they add some new information by portraying how distrust in others originating from bullying exacerbated participants' feelings of rejection, triggered their withdrawal, and in turn led to additional self-harming.

On the other hand, participants understood their self-harm in the context of bullying as something personal and hidden. Their accounts suggest that concealing their self-harm was sought and practiced at great lengths. The understanding of self-harm as a hidden ritual was linked by participants to shame and fear of judgement. For many participants, the stigma about self-harm was a deterrent to speak about it and a motivation to hide it. Participants also feared their self-harm would become another factor that would be used by their bullies to target them. These findings support previous research conclusions that there is a hidden element behind self-harming behaviours (Cullum et al., 1995; Storey et al., 2005).

Several participants in my study were aware of the theory that explains self-harm as a way to communicate attention seeking. They expressed not only disagreement but also frustration about this perception, emphasising the importance they gave to hiding their scars in order to avoid speaking about the difficulties they were dealing with and the consequent

self-harm. These accounts suggest that participants, in general, were neither prepared to speak about their feelings nor to expose their self-harm experiences, suggesting a lack of a communicative purpose to self-harm. This finding is inconsistent with the interpersonal influence model, which views self-harm as a behaviour to communicate distress (including from bullying) to others (Hamada et al., 2018). On the contrary, self-harm allowed participants of my study to use a secret and private mechanism to find release and avoid communicating to others the struggles they were experiencing. One topic that further research can explore is whether self-harmers' preference for secrecy could be related to their interest in preventing others from intending to stop their self-harm.

### 5.2.5 *Seeking escape*

One of the key findings of my study is the unconventional 'positive connotation' that participants gave to self-harm in the context of bullying, which seemingly provided beneficial aspects to them. These beneficial aspects included, according to participants' accounts, a useful distraction from the negative emotions resulting from bullying, a needed feeling of control, or a necessary way of getting a source of joy and self-comfort amidst the array of negative feelings they were experiencing. This finding contradicts some current research and the general view in the medical world, that labels self-harm as a 'maladaptive' coping mechanism (Lloyd-Richardson et al., 2020; McKenna, 2010).

The finding that participants used self-harm to distract from their emotional pain supports research that theorise the emotional regulation function (Hay & Meldrum, 2010; Lereya et al., 2013), which sees bullying as 'stimuli that cause unwanted emotions and self-harm as an attempt to gain relief from' the difficult experiences that individuals face (Wadman et al., 2018). In this regard, participants' accounts could be interpreted in terms of an intrapsychic tension: the paradox of seeking a momentary break from the bullying-related suffering by self-harming whilst also generating additional pain by doing so.

Participants' accounts echoed a sense of shame and guilt on one hand and calmness and freedom on the other. Whilst the shame about self-harming could be associated to the well-known stigma (McKenna, 2010), the post-self-harming calmness deserves further attention. Interestingly, some participants voiced an element of frustration when such calmness was not attained or was too short. In these instances, participants explained that they felt pain and continued to self-harm in search of the release they were desperately seeking. The continued attempts to find escape and distraction, even if these resulted in further pain, adds a deeper level of understanding of the relationship between bullying and self-harm.

My study also found some support for the pleasure-seeking function of self-harm (Amanda J. Edmondson et al., 2016; Horne & Csipke, 2009). The pleasure obtained by self-harming is explained in research by the psycho-physiological theory, which argues that self-inflicted pain can generate euphoric feelings through endorphins produced in response to tissue damage (Klineberg et al., 2013; Weber, 2002). Although only a few research studies support these claims, participants in my study explained their self-harm experiences in the context of bullying, as a way to seek pleasure to counteract their negative emotions—a form of self-compassion. They emphasised the temporary nature of the pleasure achieved, adding that even the smallest amount of satisfaction would reinforce their urge to continue to self-harm.

Given that self-harm is usually not conceptualised as a self-comforting or pleasure-providing mechanism, the findings in this study raise questions as to whether participants were so used to aggression because they were bully sufferers that they found comfort in self-harming or whether this type of 'self-comfort' was what they thought they deserved. Attempts to further deepen the analysis on the achievement of pleasure and self-comfort in

the interviews were not fully successful, as embarrassment constrained participants' explanation of their paradox of feeling pleasure from pain.

Participants in my study also made sense of their self-harm as a way of getting some control over their emotions and improving their sense of autonomy and empowerment. This idea is supported in previous research findings (Arnold, 1995; Harris, 2000; Polk & Liss, 2009). Participants indicated that by self-harming they felt in control as they could engage in a behaviour with themselves that no-one else could be a part of, influence, or take away. It was apparently crucial for them to gain a sense of control by self-harming after they have lost all control of their lives in the context of bullying. By self-harming, participants also seemed to feel valuable for taking responsibility for their actions as opposed to just letting others hurt them. As such, another paradox arose: participants wanted to be self-sufficient in controlling their emotions, but at the same time they longed to be understood and helped by others.

Self-harm has been more stigmatized in the clinical and research world than other behaviours that could harm the self (e.g. consumption of alcohol, cigarettes, etc.). In fact, the pleasure aspect of self-harm is found to be possibly part of the explanation for the medical damage or death that occasionally follows self-harming (Cripps et al., 2020). Participants' perceptions, however, were mixed, with some emphasising the associated shame and possible addiction, and others highlighting the calmness, joy and self-control self-harm brought to them. Further research is needed, to better understand the perceived usefulness of self-harm against its high risks, particularly considering that many self-harmers have ended their lives.

## 5.3    Strengths and limitations of the study

I believe my study has several strengths. As the first qualitative research study the researcher has come across to address the meaning that participants give to their self-harm experiences in the context of bullying, the study achieved its purpose of exploring the lived experiences of young adults by using an innovative and retrospective format. Grounded on

IPA-based interviews, it collected rich first-hand relevant information that allowed getting deep insights into participants' understanding of their own experiences. The research followed Yardley's four principles (see methodology chapter) to ensure quality appropriateness.

The sample of interviewed participants was relevant. In particular, the use of young adults in the study was important, as the time lag between experiences and corresponding reflections facilitates the collection of information from young adults that may have not been obtained from adolescents at the time they were undergoing the experience. Further, my study also includes the voice of male participants, who are underrepresented in research on the subject, adding significant value. Nonetheless as this study was about the experience of self-harm in the context of bullying regardless of gender, transferable claims cannot be concluded about the male experience. This calls for further research in this area.

As an IPA-based research, which relies on language to express meaning and understanding of phenomena, my study's interpretative analysis is constrained by the participants' ability to communicate their views and experiences. This is a general limitation of the IPA methodology as certainly not all individuals have the necessary skills to effectively communicate their innermost emotions and beliefs to a full extent, which could constrain the accuracy of the description of their experiences. Given the complex nature of self-harm in the context of bullying, including the multiple meanings given by young adults to their experiences, the numerous emotions at play, and the challenges of recollecting past episodes, it is possible that a degree of filtering may have taken place in the description of participants' experiences. Yet, IPA does not consider the recounting of experiences in an interview context as strictly reflecting the exact experiences.

My study conducted a rigorous analysis of experiences to ensure capturing to a full extent the understandings and perceptions of a group of individuals. Due to the idiographic

nature of IPA, the study does not afford generalisability and therefore the findings of this research cannot be taken as illustrative of all young people who self-harmed in the context of bullying. Continued research on the topic in the future, particularly if focused on varying social and cultural conditions, education level, ethnic characteristics, and economic context, would assist in providing a deeper comprehension of the phenomena, and test whether the findings of this study apply to larger and diverse groups. Importantly, whilst extending the study toward 'the universal', it would be important to continue to emphasise 'the particular', an important element in IPA.

The importance of basing this research on a purposive sample is imperative to guaranteeing the quality of an IPA study. The sample in this research was homogenous with respects to the joint previous experience of self-harm in the context of bullying by young adults. Although prospectively the inclusion of participants with some level of heterogeneity, such as their background, place of residence, length of period over which they self-harmed, and type of bullying experienced, could have served as a limitation, retrospectively the degree of similarity between participants accounts of the phenomena indicates that the sample was homogenous enough. Despite these differences, finding a mixed male/female sample that comprised individuals that underwent very similar experiences—all participants were young adults (18-25); they self-harmed at the time they experienced some form of bullying; and they self-harmed between the ages of 13-17—was a big success.

One additional limitation was the potential management of US participants should they have become distressed during the interview. Whilst I had agreed with them on the steps to follow if the interview was not completed, in an extreme case I would have not been able to contact a relative or a general practitioner because of confidentiality issues. In the end, during the interview stage no international participant expressed significant distress, nor did they disconnect from the phone call.

Another limitation may have arisen because of one of the established inclusion criteria for this study. This criterion referred to the requirement that participants had experienced self-harming within the context of bullying in the past—a period of at least one year before the interviews. This criterion was put in place to exclude participants who were engaging in self-harm at the time of the interviews, thus minimising risks to the participants. Some researchers have argued that in retrospective accounts participants' memories and expressions of their previous self-harm could have been somewhat distorted, harder to express or illicit in their minds (Geulayoy, 2018). Devitt et al, (2016) found that individuals may not precisely recall their experiences and that memories can distort with time. However, recent research, and certainly the genuine descriptions obtained in this study, show that participants are generally able to recall details of relevant experiences and feelings in their life, regardless of how much time has passed.

## 5.4    Clinical implications

Anti-bullying intervention policies have improved significantly over the last years within schools and at the government level. Whilst policies have prioritized limiting bullying, they have not been fully successful in supporting those who are being or have been bullied. Specifically, a recent review by Gaffeny et al., (2019) shows that prevention programs are effective, but anti-bullying interventions are lacking, with elevated levels of bullying reported and dire consequences for those involved.

Similarly, the treatment of self-harm has been based on the use of various psychological techniques with no "gold standard" treatment. In 2019, 45 percent of staff in UK schools reported they did not feel adequately trained to assist students who self-harmed ("The Children's Society," 2019). Schools often refer students to outside treatment, yet they frequently find that the thresholds to access specialist interventions are not met (Evans et al.,

2016). The current NICE guidelines recommend treatments that focus on the act of self-harming and its manifestations rather than on the individuals and their emotional experiences.

In this context, there is a growing need for continued evaluation and updating of interventions to minimize school bulling and self-harm. Moreover, treatment is generally focused on addressing both behaviours separately, with no specific reference to how to attend to those who have or are currently self-harming in the specific context of bullying (Carlers, 2014). Against this backdrop, the findings of this research have practical implications for the needed interventions, which can be of use to psychotherapists, social workers, educators, parents, and all involved in the field of Counselling Psychology.

Given the study's finding that self-harm in the context of bullying is a complex and meaning-dependent behaviour, a first clinical implication points to the need to better understand the meaning that sufferers attach to their lived experiences. The identification of shared themes in this study facilitates the understanding of common trends involved in the behaviour based on the idiosyncratic explanations of the meanings attached. Specifically, participants explained that they felt invalidated, rejected, and misunderstood by others and went through identity confusion, self-hatred, and a need to withdraw.

Based on my study, professionals should spend time listening to the detailed accounts of individuals who experience self-harm in the context of bullying, as a first essential step to help them address their difficulties in their own socio-cultural context. In particular, given the finding that a traumatic event during adolescence led participants to engage in this behaviour, meaning making and processing is an effective way to allow youths to organize trauma memories into elaborated accounts with the objective of better tolerating negative emotions. As previous research has suggested, managing trauma through meaning making could help individuals identify their sense of self and their views about those who

interact with them and in general about the world around them (Park et al., 2006, Steger et al., 2012).

My research finding that the negative relationship with the self is a common experience within self-harm in the context of bullying suggests that therapeutic interventions should put greater emphasis on how perceived traumatic events, like bullying, alter cognitions leading to excessive guilt and intrusive thoughts. Whilst during adolescence, negative cognitions and difficulties with emotional regulation are understandable from a developmental perspective, interventions should focus on helping youths gain a sense of belongingness through activities outside of school as well as development of cognitive skills and process of emotions. Importantly, my study found that participants' self-harm is an expression of misplaced anger at their bullies that is directed toward the self. In that regard, self-harm is a functional and not necessarily a pathological technique that stems from intense emotional distress. Interventions should thus focus on allowing individuals to connect with their own anger and safely express it.

Participants also expressed the notion of gaining pleasure and self-comfort from inflicting pain, which points to the need to further explore the possible neuropsychological role on self-harm. In therapeutic practice, attention should be given to allowing those who self-harm to process their difficult emotions through the use of interventions focused on emotional work. Concentrating on individuals' accounts on how self-harm feels, and not only on why they engage in it, can bring important insights and assist in guiding future treatment. Counselling psychologists, who value and prioritise individuals' subjective and intersubjective experiences, are strongly equipped to lead and assist other clinicians in the use of individualized approaches during treatment.

Another key finding of my study, which has important clinical implications, relates to the influence of others on the self-harming tendency amid bullying, and the role that

cultural and social expectations play on participants' behaviour. Specifically, my research raises awareness that adolescents not only struggle with expectations on how to look and behave while at school (possibly originating in the consumerism ideals in society) but are subject to bullying when they do not meet these expectations in the eyes of peers. Moreover, participants found adults' advice to get over the bullying unhelpful and counterproductive. In a way, such expectations emphasised supressing emotions and displaying individualistic attitudes toward their suffering (e.g. you should be able to take care of yourself).

My findings on the role of others highlight the importance of switching from the current treatments, which generally see self-harm as a symptom of mental illness and typically put the blame on the self-harming individual, to practices that ensure validation of clients' perceptions of the influence of others on their behaviour. Rather than purely focusing on the need for the sufferer to disregard the bullying and stop the self-harm, it is important to involve others in helping address the difficulties. Systemic family work and intervention programs within educational settings would be key in assisting individuals in feeling less misunderstood and alone. Reinforcing bullying prevention and intervention programs in schools would be also crucial in these efforts. Therapists and educators should be mindful of societal and cultural expectations and encourage conversations with adolescents experiencing these difficulties.

## 5.5    Future research

Follow-up qualitative research that looks at the experience of self-harm in the context of bullying would be beneficial for adding knowledge to the discipline with the objective of assisting more effectively individuals undergoing these experiences. Examining different demographics, cultures, and educational levels would supplement the findings of this study. Moreover, adding more voices of male participants will also contribute to the understanding of this topic. Although this study included very valuable accounts of two males—a

challenging undertaking—further analysis of the way males experience self-harm in the context of bullying would provide important insights and reveal possible divergences with females' behaviour. Additionally, it might be worthwhile for future studies to include those who have gone through these experiences more recently, after hedging all possible risks, thus getting a closer understanding of their experience.

Conducting further qualitative research using narrative analysis as the relevant methodology may also provide further insights into understanding self-harm in the context of bullying, as it could focus on the story of each participant, getting further details on the sequence of developments and feelings. Future research could also use structured techniques to take into consideration particular aspects of the experiences during interviews, particularly on the significance that the body may have in the experience of self-harm in the context of bullying.

Some of the themes that emerged in the present study would benefit from additional exploration, for instance, further understanding of how the lack of belonging expressed by most participants contributed to participants' repeated self-harming. Participants' search for acceptance could also be further explored, including, for instance the views of peers of individuals who self-harmed and were bullied. Moreover, the perceived invalidation by adults and the advice to 'get over it' could be investigated more, to understand whether there is divergence between the intention of caretakers and the impact on bullied adolescents. Finally, further exploring the stigma associated with self-harm and bullying would contribute to broaden our knowledge, particularly to contrast participants' perception that self-harm can generate calmness and self-comfort with medical knowledge that self-harm can lead to death.

**Conclusions**

Based on high-quality data and an in-depth analysis, this study explored the meaning that a purposive sample of young adults attached to their self-harming experiences in the context of bullying at the time they were attending school. Since no research I have come across with has previously looked qualitatively at particular descriptions of young adults who self-harmed in the context of having been bullied at school, the findings of this study bring new knowledge to the literature grounded on lived experiences (focused on the self) rather than on the behaviours (focused on the harm). Emerging themes, obtained on the basis of participants' accounts, suggested that self-harm was understood as a way of physically expressing both the negative interpersonal dynamics with others and the intrapersonal challenges within the self, derived from the bullying experiences.

Specifically, the experience of self-harm in the context of bullying was understood as a time when participants perceived full rejection from others, an unsatisfied need to belong, and a clear absence of support from those surrounding them. These perceptions raised difficult emotions that alienated individuals. Self-harm was made sense of as a way for participants to deal with these feelings of rejection from their bullies and others around them.

The study also found that intrapersonal difficulties, reflected in self-hatred, self-criticism, and lack of self-worth, were understood by participants as central to their tendency to self-harm in the context of school bullying. Puzzled about the factors that made them the subject of bullying, and confused about their identity, with some internalising their bullies' voices, participants found themselves exploring ways to find relief to their pain on their own, as their distrust of others was unsurmountable. Some understood self-harm as a way of punishing themselves for their wrongdoings.

Additionally, participants explained that self-harm was a personal and hidden trait, as they preferred to keep their pain and the way they dealt with it secret. Several participants

understood their self-harm as a useful albeit hurtful technique that temporarily succeeded in helping them escape their emotions whilst experiencing physical pain that would provide some sort of distraction, control of the self, and even pleasure.

The main findings of this study support some of the conclusions of the limited, mostly quantitative, existing literature on self-harm in the context of bullying. First, this study gives some support to the findings within research that apply the affect regulation theory to the role that bullying could have on self-harm (Fisher et al., 2012; C. Hay & R. C. Meldrum, 2010; Lereya et al., 2013). Self-harm is understood as a way to get relief and distraction from the difficult emotions resulting from the bullying experiences. More generally, findings within this study support the literature's conceptualization that self-harm itself is functional, as participants gave meaning to different functions when reflecting on their experiences (Bentley et al., 2014; Amanda J. Edmondson et al., 2016). Second, this study supports the literature that considers loneliness a central mediator in the relationship between bullying and self-harm (Heerde & Hemphill, 2018; Seals & Young, 2003). Third, the findings of this study are similar to those reported by previous researchers regarding the impact of school environment, such as lack of support from teachers and peers, on adolescents' emotions and propensity to self-harm (Imran, 2020; Prati & Cicognani, 2018).

Two other important findings of this study deviate somehow from conventional understandings. First, due to the various meaning and functions expressed by participants, this study finds some indications that no theory by itself explains self-harm within this context and that the social function theory does not apply. Many participants seemed to refer to various theories at once when explaining their self-harm (e.g. self-punishment, psychodynamic, affect regulation, psychophysiological and trauma theories) calling for a more phenomenological way of understanding and working with those who have self-harmed whilst being subject to bullying. At the same time, study participants did not see self-harm as

a channel of communication of inner emotional pain (social function), with participants unanimously stating their need to keep their pain and their self-harm secret, rather than using it as a way of communicating emotions. Second, the study finds that self-harm, whilst hurtful, was understood as a way of escaping from bullying and a necessary technique to achieve self-comfort by temporarily getting distraction, control of the self, and even pleasure amidst an environment perceived as invalidating of their lives.

The study has several strengths. Its innovative topic and format, grounded on IPA-based interviews, is successful in providing rich first-hand information on the matter of analysis. Although the results cannot be generalised, the sample of participants is purposive and the inclusion of participants from both genders—unprecedented in research on self-harming—adds value to the study. The analysis of the data, supported by my previous experience on the topic, resulted in findings that could allow readers to better understand participants' lived experiences of self-harm in the context of bullying; motivate researchers to continue investigating the subject, including by extending the inclusion criteria; and provide clinicians, educators and parents with additional knowledge to be used in treatments and interventions.

# References

Abrams, L. S., & Gordon, A. L. (2003). Self-harm narratives of urban and suburban young women. *Affilia, 18*(4), 429-444.

Adams, J., Rodham, K., & Gavin, J. (2005). Investigating the "self" in deliberate self-harm. Qualitative Health Research, 15(10), 1293- 1309.

Adshead, G. (2010). Written on the body: Deliberate self-harm as communication. *Psychoanalytic Psychotherapy, 24*(2), 69-80. https://doi.org/10.1080/02668731003707501

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. *International Journal of Education and Literacy Studies, 5*(2), 9-19.

Alfonso, M. L., & Kaur, R. (2012). Self-Injury Among Early Adolescents: Identifying Segments Protected and at Risk. *Journal of school health, 82*(12), 537-547.

Andreou, E., Roussi-Vergou, C., Didaskalou, E., & Skrzypiec, G. (2020). School bullying, subjective well-being, and resilience. *Psychology in the Schools, 57*(8), 1193-1207.

Arseneault, L., Bowes, L., & Shakoor, S. (2019). Bullying victimization in youths and mental health problems: 'Much ado about nothing'? *cambridge.org*. https://doi.org/10.1017/S0033291709991383

Azami, M. S., & Taremian, F. (2020). Victimization in traditional and cyberbullying as risk factors for substance use, self-harm and suicide attempts in high school students. *Scandinavian Journal of Child and Adolescent Psychiatry and Psychology, 8*, 101-109.

Baiden, P., Stewart, S. L., & Fallon, B. (2017). The role of adverse childhood experiences as determinants of non-suicidal self-injury among children and adolescents referred to community and inpatient mental health settings. *Child abuse & neglect, 69*, 163-176.

Baker, C., & Brown, B. (2016). Suicide, Self-Harm and Survival Strategies in Contemporary

Heavy Metal Music: A Cultural and Literary Analysis. *Journal of Medical Humanities, 37*(1), 1-17. https://doi.org/10.1007/s10912-014-9274-8

Bakken, N. W., & Gunter, W. D. (2012). Self-cutting and suicidal ideation among adolescents: Gender differences in the causes and correlates of self-injury. *Deviant Behavior, 33*(5), 339-356.

Barker, E. D., Arseneault, L., Brendgen, M., Fontaine, N., & Maughan, B. (2008). Joint development of bullying and victimization in adolescence: Relations to delinquency and self-harm. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*(9), 1030-1038.

Barzeva, S. A., Meeus, W. H. J., & Oldehinkel, A. J. (2019). Social Withdrawal in Adolescence and Early Adulthood: Measurement Issues, Normative Development, and Distinct Trajectories. *Journal of Abnormal Child Psychology, 47*(5), 865-879. https://doi.org/10.1007/s10802-018-0497-4

Beasley, S. (1999). Deliberate self-harm in medium security. *Nursing Management (through 2013), 6*(8), 29.

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour research and therapy, 42*(10), 1129-1148.

Bennum, I. (1984). Psychological models of self-mutilation. *Suicide and Life-Threatening Behavior, 14*, 166-186.

Bentley, K. H., Nock, M. K., & Barlow, D. H. (2014). The four-function model of nonsuicidal self-injury: Key directions for future research. *Clinical Psychological Science, 2*(5), 638-656.

Berguno, G., Leroux, P., McAinsh, K., & Shaikh, S. (2004). *The Qualitative Report Children's Experience of Loneliness at School and its Relation to Bullying and the Quality of Teacher Interventions*. http://www.nova.edu/ssss/QR/QR9-3/berguno.pdf

Bhui, K., McKenzie, K., & Rasul, F. (2007). Rates, risk factors & methods of self-harm

among minority ethnic groups in the UK: a systematic review. *BMC Public Health, 7*(1), 336.

Biddle, L., Cooper, J., Owen-Smith, A., Klineberg, E., Bennewith, O., Hawton, K., Kapur, N., Donovan, J., & Gunnell, D. (2013). Qualitative interviewing with vulnerable populations: individuals' experiences of participating in suicide and self-harm based research. *Journal of Affective Disorders, 145*(3), 356-362.

Bjärehed, J., & Lundh, L. G. (2008). Deliberate self-harm in 14-year-old adolescents: How frequent is it, and how is it associated with psychopathology, relationship variables, and styles of emotional regulation? *Cognitive behaviour therapy, 37*(1), 26-37.

Black, E. B., & Mildred, H. (2018). Characteristics of non-suicidal self-injury in women accessing internet help sites. *Clinical Psychologist, 22*(1), 37-45. https://doi.org/10.1111/cp.12094

Borden, W. (2009). *Contemporary psychodynamic theory and practice*. Lyceum Books.

Borschmann, R., Becker, D., Coffey, C., Spry, E., Moreno-Betancur, M., Moran, P., & Patton, G. C. (2017). 20-year outcomes in adolescents who self-harm: a population-based cohort study. *The Lancet Child & Adolescent Health*, *1*(3), 195-202.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. sage.

Brent, D. A., McMakin, D. L., Kennard, B. D., Goldstein, T. R., Mayes, T. L., & Douaihy, A. B. (2013). Protecting adolescents from self-harm: a critical review of intervention studies. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(12), 1260-1271.

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and health, 21*(1), 87-108.

Brown, M. Z., Comtois, K. A., & Linehan, M. M. (2002). Reasons for suicide attempts and

nonsuicidal self-injury in women with borderline personality disorder. *Journal of abnormal psychology, 111*(1), 198.

Brown, S. A. (2009). Personality and non-suicidal deliberate self-harm: Trait differences among a non-clinical population. *Psychiatry research, 169*(1), 28-32.

Brown, S. A., Williams, K., & Collins, A. (2007). Past and recent deliberate self-harm: Emotion and coping strategy differences. *Journal of clinical psychology, 63*(9), 791-803.

Brunner, R., Kaess, M., Parzer, P., Fischer, G., Carli, V., Hoven, C. W., Wasserman, C., Sarchiapone, M., Resch, F., & Apter, A. (2014). Life-time prevalence and psychosocial correlates of adolescent direct self-injurious behavior: A comparative study of findings in 11 European countries. *Journal of Child Psychology and Psychiatry, 55*(4), 337-348.

Byrne, S., Morgan, S., Arol Fitzpatrick, C., Arole Boylan, C., Crowley, S., Gahan, H., Howley, J., Staunton, D., & Guerin, S. (2000). Deliberate Self-harm in Children and Adolescents: A Qualitative Study Exploring the Needs of Parents and Carers. *Clinical Child Psychology and Psychiatry Copyright ©, 13*(4), 493-504. https://doi.org/10.1177/1359104508096765

Byrne, S., Morgan, S., Fitzpatrick, C., Boylan, C., Crowley, S., Gahan, H., Howley, J., Staunton, D., & Guerin, S. (2008). Deliberate self-harm in children and adolescents: a qualitative study exploring the needs of parents and carers. *Clinical child psychology and psychiatry, 13*(4), 493-504.

Chapman, A. L., & Dixon-Gordon, K. L. (2007). Emotional antecedents and consequences of deliberate self-harm and suicide attempts. *Suicide and Life-Threatening Behavior, 37*(5), 543-552.

Chapman, A. L., Gratz, K. L., & Brown, M. Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour research and therapy, 44*(3),

371-394.

Chassler, L. (2008). Traumatic Attachments and Self-Harm Behaviors: A Review of When the Body is the Target: Self-Harm, Pain, and Traumatic Attachments by Sharon Klayman Farber. Northvale, NJ: Jason Aronson, Inc, 2002, 580 pages, $55.00. *Psychoanalytic Social Work, 15*(1), 69-74.

Chowanec, G. D., Josephson, A. M., Coleman, C., & Davis, H. (1991). Self-harming behavior in incarcerated male delinquent adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 30*(2), 202-207.

Claes, L., Houben, A., Vandereycken, W., Bijttebier, P., & Muehlenkamp, J. (2010). Brief report: The association between non-suicidal self-injury, self-concept and acquaintance with self-injurious peers in a sample of adolescents. *Journal of Adolescence, 33*(5), 775-778.

Coggan, C., Bennett, S., Hooper, R., & Dickinson, P. (2003). Association between Bullying and Mental Health Status in New Zealand Adolescents. *International Journal of Mental Health Promotion, 5*(1), 16-22. https://doi.org/10.1080/14623730.2003.9721892

Cohen, J. A., Mannarino, A. P., Berliner, L., & Deblinger, E. (2000). Trauma-focused cognitive behavioral therapy for children and adolescents: An empirical update. *Journal of Interpersonal Violence, 15*(11), 1202-1223.

Colarusso, C. A., & Nemiroff, R. A. (2013). *Adult development: A new dimension in psychodynamic theory and practice*. Spring Science & Business Media.

Cranham, J., & Carroll, A. (2003). Dynamics within the Bully/Victim Paradigm: A qualitative analysis. *International Journal of Phytoremediation, 19*(2), 113-132. https://doi.org/10.1080/02667360303235

Cripps, R. L., Hayes, J. F., Pitman, A. L., Osborn, D. P. J., & Werbeloff, N. (2020). Characteristics and risk of repeat suicidal ideation and self-harm in patients who

present to emergency departments with suicidal ideation or self-harm: A prospective cohort study. *Journal of Affective Disorders, 273*, 358-363. https://doi.org/10.1016/j.jad.2020.03.130

Cullum, S., O'Brien, S., Burgess, A., Booth, J., …, A. L. H., & undefined. (1995). Deliberate self harm: the hidden population. *europepmc.org*. https://europepmc.org/article/med/10162324

Cutcliffe, J. R., & Ramcharan, P. (2002). Leveling the playing field? Exploring the merits of the ethics-as-process approach for judging qualitative research proposals. *Qualitative Health Research, 12*(7), 1000-1010.

Dantchev, S., Hickman, M., Heron, J., Zammit, S., & Wolke, D. (2019). The independent and cumulative effects of sibling and peer bullying in childhood on depression, anxiety, suicidal ideation, and self-harm in adulthood. *Frontiers in Psychiatry, 10*(SEP). https://doi.org/10.3389/fpsyt.2019.00651

De Leo, D., & Heller, T. S. (2004). Who are the kids who self-harm? An Australian self-report school survey. *Medical journal of Australia, 181*(3), 140-144.

De Moore, G. M., & Robertson, A. R. (2002). Suicide in the 18 years after deliberate self-harm. In *Suicide Prevention* (pp. 79-85). Springer.

Dukes, R. L., Stein, J. A., & Zane, J. I. (2010). Gender differences in the relative impact of physical and relational bullying on adolescent injury and weapon carrying. *Journal of School Psychology, 48*(6), 511-532.

Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology, 179*, 194.

Edmondson, A. J., Brennan, C. A., & House, A. O. (2016). Non-suicidal reasons for self-harm: A systematic review of self-reported accounts. *Journal of Affective Disorders, 191*, 109-117.

Emma Hilton, C. (2017). Unveiling self-harm behaviour: what can social media site Twitter

tell us about self-harm? A qualitative exploration. *Journal of Clinical Nursing, 26*(11-12), 1690-1704. https://doi.org/10.1111/jocn.13575

Espelage, D. L., Hong, J. S., Kim, D. H., & Nan, L. (2018, February). Empathy, attitude towards bullying, theory-of-mind, and non-physical forms of bully perpetration and victimization among US middle school students. In *Child & Youth Care Forum* (Vol. 47, No. 1, pp. 45-60). Springer US.

Evans, C. B. R., Cotter, K. L., & Smokowski, P. R. (2017). Giving Victims of Bullying a Voice: A Qualitative Study of Post Bullying Reactions and Coping Strategies. *Child and Adolescent Social Work Journal, 34*(6), 543-555. https://doi.org/10.1007/s10560-017-0492-6

Farber, S. K. (2002). *When the body is the target: Self-harm, pain, and traumatic attachments*. Jason Aronson, Incorporated. https://books.google.com/books?hl=en&lr=&id=LXsHAQAAQBAJ&oi=fnd&pg=PR7&dq=self+harm+seeking+pleasure&ots=rXObJswJe9&sig=V-9I2zoK4fWMze1Jmv7opL_4iW0

Feigenbaum, J. (2010). Self-harm - The solution not the problem: The Dialectical Behaviour Therapy model. *Psychoanalytic Psychotherapy, 24*(2), 115-134. https://doi.org/10.1080/02668731003707873

Fisher, H. L., Moffitt, T. E., Houts, R. M., Belsky, D. W., Arseneault, L., & Caspi, A. (2012). Bullying victimisation and risk of self harm in early adolescence: longitudinal cohort study. *Bmj, 344*, e2683.

Fliege, H., Lee, J.-R., Grimm, A., & Klapp, B. F. (2009). Risk factors and correlates of deliberate self-harm behavior: A systematic review. *Journal of psychosomatic research, 66*(6), 477-493.

Fox, C., & Flower, R. (2020). Exploring student perceptions of self-harming behaviour: a qualitative study. *British Journal of Guidance and Counselling*.

https://doi.org/10.1080/03069885.2020.1755951

Garisch, J. A., & Wilson, M. S. (2010). Vulnerabilities to deliberate self-harm among

adolescents: The role of alexithymia and victimization. *British Journal of Clinical*

*Psychology, 49*(2), 151-162. https://doi.org/10.1348/014466509X441709

Germain, S. A. S., & Hooley, J. M. (2012). Direct and indirect forms of non-suicidal self-

injury: Evidence for a distinction. *Psychiatry research, 197*(1-2), 78-84.

Geulayov, G., Casey, D., McDonald, K. C., Foster, P., Pritchard, K., Wells, C., Clements, C.,

Kapur, N., Ness, J., & Waters, K. (2018). Incidence of suicide, hospital-presenting

non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in

England (the iceberg model of self-harm): a retrospective study. *The Lancet*

*Psychiatry, 5*(2), 167-174.

Gillies, D., Christou, M. A., Dixon, A. C., Featherston, O. J., Rapti, I., Garcia-Anguita, A., ...

& Christou, P. A. (2018). Prevalence and characteristics of self-harm in adolescents:

meta-analyses of community-based studies 1990–2015. *Journal of the American*

*Academy of Child & Adolescent Psychiatry*, *57*(10), 733-741.

Giorgi, A. (2011). IPA and science: A response to Jonathan Smith. *Journal of*

*phenomenological psychology, 42*(2), 195-216.

Gondek, D., Edbrooke-Childs, J., Velikonja, T., Chapman, L., Saunders, F., Hayes, D., &

Wolpert, M. (2017). Facilitators and barriers to person-centred care in child and

young people mental health services: A systematic review. *Clinical psychology &*

*psychotherapy, 24*(4), 870-886.

Gratz, K. L., Conrad, S. D., & Roemer, L. (2002). Risk factors for deliberate self-harm

among college students. *American journal of Orthopsychiatry, 72*(1), 128-140.

Greenberger, D., & Padesky, C. A. (1995). *Mind over Mood: a cognitive therapy treatment*

*manual for clients*. Guilford Press.

Gurung, K. (2018). Bodywork: Self-harm, trauma, and embodied expressions of pain. *Arts*

and Humanities in Higher Education, 17(1), 32-47.

Hale, R., Briggs, S., Lemma, A., & Crouch, W. (2008). Psychoanalysis and suicide: process
and typology. *Relating to Self-Harm and Suicide: Psychoanalytic Perspectives on
Practice, Theory and Prevention*, 13-24.

Harriss, L., & Hawton, K. (2011). Deliberate self-harm in rural and urban regions: a
comparative study of prevalence and patient characteristics. *Social Science &
Medicine, 73*(2), 274-281.

Hart, C. H., Yang, C., Nelson, L. J., Robinson, C. C., Olsen, J. A., Nelson, D. A., Porter, C.
L., Jin, S., Olsen, S. F., & Wu, P. (2000). Peer acceptance in early childhood and
subtypes of socially withdrawn behaviour in China, Russia, and the United States.
*International Journal of Behavioral Development, 24*(1), 73-81.
https://doi.org/10.1080/016502500383494

Hay, C., & Meldrum, R. (2010). Bullying victimization and adolescent self-harm: Testing
hypotheses from general strain theory. *Journal of Youth and Adolescence, 39*(5), 446-
459. https://doi.org/10.1007/s10964-009-9502-0

Hay, C., Meldrum, R., & Mann, K. (2010). Traditional Bullying, Cyber Bullying, and
Deviance: A General Strain Theory Approach. *Articles Journal of Contemporary
Criminal Justice, 26*(2), 130-147. https://doi.org/10.1177/1043986209359557

Heerde, J. A., & Hemphill, S. A. (2018). Are bullying perpetration and victimization
associated with adolescent deliberate self-harm? A meta-analysis. *Archives of Suicide
Research*.

Heyno, A., Briggs, S., Lemma, A., & Crouch, W. (2008). On being affected without being
infected: managing suicidal thoughts in student counselling. *Relating to Self-Harm
and Suicide: Psychoanalytic Perspectives on Practice, Theory and Prevention*, 175.

Hinduja, S., & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. *Archives of
Suicide Research, 14*(3), 206-221. https://doi.org/10.1080/13811118.2010.494133

Hill, K., & Dallos, R. (2012). Young people's stories of self–harm: A narrative study. *Clinical child psychology and psychiatry*, *17*(3), 459-475.

Hollon, S. D., of, A. T. B. B., Garfield's, h., & undefined. (2013). Cognitive and cognitive-behavioral therapies. *Bergin and Garfield's handbook of psychotherapy and behavior change, 6*, 393-442.

Honos-Webb, L., & Stiles, W. B. (2002). Assimilative integration and responsive use of the assimilation model. *Journal of Psychotherapy Integration, 12*(4), 406-420.

Hooley, J. M., & St. Germain, S. A. (2014). Nonsuicidal self-injury, pain, and self-criticism: does changing self-worth change pain endurance in people who engage in self-injury? *Clinical Psychological Science, 2*(3), 297-305.

Horne, O., & Csipke, E. (2009). From feeling too little and too much, to feeling more and less? A nonparadoxical theory of the functions of self-harm. *Qualitative Health Research, 19*(5), 655-667. https://doi.org/10.1177/1049732309334249

Hughes, M. A., Knowles, S. F., Dhingra, K., Nicholson, H. L., & Taylor, P. J. (2018). This corrosion: A systematic review of the association between alternative subcultures and the risk of self-harm and suicide. *British Journal of Clinical Psychology, 57*(4), 491-513. https://doi.org/10.1111/bjc.12179

Husserl, E. (1927). Phenomenology. *Encyclopaedia Britannica, 14*, 699-702.

Husserl, E. (1930). Formale und transzendentale Logik.

Imran, A. (2020). "I survived": Coping Strategies for Bullying in Schools: A Systematic Literature Review from 2009-2020.

Islam, M. I., Khanam, R., & Kabir, E. (2020). Bullying victimization, mental disorders, suicidality and self-harm among Australian high schoolchildren: Evidence from nationwide data. *Psychiatry research, 292*, 113364.

Jutengren, G., Kerr, M., & Stattin, H. (2011). Adolescents' deliberate self-harm, interpersonal stress, and the moderating effects of self-regulation: A two-wave longitudinal

analysis. *Journal of School Psychology, 49*(2), 249-264.

Kaltiala-Heino, R., Rimpelä, M., Rantanen, P., & Rimpelä, A. (2000). Bullying at school -
An indicator of adolescents at risk for mental disorders. *Journal of Adolescence,
23*(6), 661-674. https://doi.org/10.1006/jado.2000.0351

Karanikola, M. N., Lyberg, A., Holm, A.-L., & Severinsson, E. (2018). The association
between deliberate self-harm and school bullying victimization and the mediating
effect of depressive symptoms and self-stigma: A systematic review. *BioMed
research international, 2018*.

Klineberg, E., Kelly, M. J., Stansfeld, S. A., & Bhui, K. S. (2013). How do adolescents talk
about self-harm: A qualitative study of disclosure in an ethnically diverse urban
population in England. *BMC Public Health, 13*(1). https://doi.org/10.1186/1471-2458-
13-572

Klomek, A. B., Sourander, A., & Gould, M. (2010). The association of suicide and bullying
in childhood to young adulthood: A review of cross-sectional and longitudinal
research findings. *The Canadian Journal of Psychiatry, 55*(5), 282-288.

Klonsky, E. D. (2007). Non-suicidal self-injury: An introduction. *Journal of clinical
psychology, 63*(11), 1039-1043.

Klonsky, E. D. (2009). The functions of self-injury in young adults who cut themselves:
Clarifying the evidence for affect-regulation. *Psychiatry research, 166*(2), 260-268.
https://www.sciencedirect.com/science/article/pii/S0165178108000577

Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: prevalence, socio
demographics, topography and functions. *Psychological medicine, 41*(9), 1981.

Klonsky, E. D., May, A. M., & Glenn, C. R. (2013). The relationship between nonsuicidal
self-injury and attempted suicide: converging evidence from four samples. *Journal of
abnormal psychology, 122*(1), 231.

Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the

practitioner. *Journal of clinical psychology, 63*(11), 1045-1056.

Klonsky, E. D., Oltmanns, T. F., & Turkheimer, E. (2003). Deliberate self-harm in a nonclinical population: Prevalence and psychological correlates. *American journal of Psychiatry, 160*(8), 1501-1508.

Kochenderfer, B. J., & Ladd, G. W. (1996). Peer Victimization: Cause or Consequence of School Maladjustment? *Child Development, 67*(4), 1305-1305. https://doi.org/10.2307/1131701

Lacourse, E., Claes, M., & Villeneuve, M. (2001). Heavy metal music and adolescent suicidal risk. *Journal of Youth and Adolescence, 30*(3), 321-332. https://doi.org/10.1023/A:1010492128537

Larsson, B., & Sund, A. M. (2008). Prevalence, course, incidence, and 1-year prediction of deliberate self-harm and suicide attempts in early Norwegian school adolescents. *Suicide and Life-Threatening Behavior, 38*(2), 152-165.

Laye-Gindhu, A., & Schonert-Reichl, K. A. (2005). Nonsuicidal self-harm among community adolescents: Understanding the "whats" and "whys" of self-harm. *Journal of Youth and Adolescence, 34*(5), 447-457. https://doi.org/10.1007/s10964-005-7262-z

Lereya, Winsper, Heron, Lewis, Gunnell, Fisher, & Wolke. (2013). Being bullied during childhood and the prospective pathways to self-harm in late adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(6), 608-618. e602.

Lindgren, B. M., Wilstrand, C., Gilje, F., & Olofsson, B. (2004). Struggling for hopefulness: A qualitative study of Swedish women who self-harm. *Journal of Psychiatric and Mental Health Nursing, 11*(3), 284-291. https://doi.org/10.1111/j.1365-2850.2004.00712.x

Linehan, M. (2014). *DBT Skills training manual*.

Lloyd-Richardson, E. E., Hasking, P., Lewis, S., Hamza, C., McAllister, M., Baetens, I., &

Muehlenkamp, J. (2020). Addressing self-injury in schools, part 1: understanding nonsuicidal self-injury and the importance of respectful curiosity in supporting youth who engage in self-injury. *NASN school nurse, 35*(2), 92-98.

Lloyd-Richardson, E. E., Nock, M. K., & Prinstein, M. J. (2009). Functions of adolescent nonsuicidal self-injury. *Self-injury in youth: The essential guide to assessment and intervention*, 29-41.

Lloyd-Richardson, E. E., Perrine, N., Dierker, L., & Kelley, M. L. (2007). Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. *Psychological medicine, 37*(8), 1183.

Lo Cricchio, M. G., García-Poole, C., te Brinke, L. W., Bianchi, D., & Menesini, E. (2020). Moral disengagement and cyberbullying involvement: A systematic review. *European Journal of Developmental Psychology*, 1-41.

Luukkonen, A.-H., Räsänen, P., Hakko, H., & Riala, K. (2009). Bullying behavior is related to suicide attempts but not to self-mutilation among psychiatric inpatient adolescents. *Psychopathology, 42*(2), 131-138.

Madge, N., Hewitt, A., Hawton, K., Wilde, E. J. d., Corcoran, P., Fekete, S., Heeringen, K. v., Leo, D. D., & Ystgaard, M. (2008). Deliberate self-harm within an international community sample of young people: comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *Journal of Child Psychology and Psychiatry, 49*(6), 667-677.

Madjar, N., Shabat, S. B., Elia, R., Fellner, N., Rehavi, M., Rubin, S., Segal, N., & Shoval, G. (2017). Non-suicidal self-injury within the school context: multilevel analysis of teachers' support and peer climate. *European psychiatry, 41*, 95-101.

Martin, G., & Swannell, S. (2016). Non-suicidal self-injury in the over 40s: results from a large national epidemiological survey. *Epidemiology, 6*(266), 2161-1165.1000266.

McAndrew, S., & Warne, T. (2014). Hearing the voices of young people who self-harm:

Implications for service providers. *International journal of mental health nursing,* *23*(6), 570-579.

McDermott, E., Roen, K., & Piela, A. (2015). Explaining Self-Harm. *Youth & Society, 47*(6), 873-889. https://doi.org/10.1177/0044118X13489142

McKenna, V. F. (2010). *Examining the Perceptions of Stigma in Self-Harming Clients in General Hospital Settings And Clinical Research Portfolio*. http://theses.gla.ac.uk/2140/

McMahon, E. M., Reulbach, U., Keeley, H., Perry, I. J., & Arensman, E. (2012). Reprint of: Bullying victimisation, self harm and associated factors in Irish adolescent boys. *Social Science & Medicine, 74*(4), 490-497.

Migliaccio, T. (2015). Teacher Engagement with Bullying: Managing an Identity within a School. *Sociological Spectrum, 35*(1), 84-108. https://doi.org/10.1080/02732173.2014.978430

Mitten, N., Preyde, M., Lewis, S., Vanderkooy, J., & Heintzman, J. (2016). The perceptions of adolescents who self-harm on stigma and care following inpatient psychiatric treatment. *Social Work in Mental Health, 14*(1), 1-21. https://doi.org/10.1080/15332985.2015.1080783

Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World journal of psychiatry, 7*(1), 60.

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

Motz, A. (2010). Self-harm as a sign of hope. *Psychoanalytic Psychotherapy, 24*(2), 81-92. https://doi.org/10.1080/02668731003707527

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

NSPCC. (2020). Bullying and cyberbullying. https://www.nspcc.org.uk/what-is-child-

abuse/types-of-abuse/bullying-and-cyberbullying/

Nock, M. K. (2008). Actions speak louder than words: An elaborated theoretical model of the

social functions of self-injury and other harmful behaviors. *Applied and Preventive*

*Psychology, 12*(4), 159-168.

https://www.sciencedirect.com/science/article/pii/S0962184908000036

Nock, M. K. (2009). Why do people hurt themselves?: New insights into the nature and

functions of self-injury. *Current Directions in Psychological Science, 18*(2), 78-83.

https://doi.org/10.1111/j.1467-8721.2009.01613.x

Nock, M. K. (2012). Future directions for the study of suicide and self-injury. *Journal of*

*Clinical Child & Adolescent Psychology, 41*(2), 255-259.

Nock, M. K., & Favazza, A. R. (2009). Nonsuicidal self-injury: Definition and classification.

Nock, M. K., Joiner Jr, T. E., Gordon, K. H., Lloyd-Richardson, E., & Prinstein, M. J. (2006).

Non-suicidal self-injury among adolescents: Diagnostic correlates and relation to

suicide attempts. *Psychiatry research, 144*(1), 65-72.

Nock, M. K., & Mendes, W. B. (2008). Physiological arousal, distress tolerance, and social

problem-solving deficits among adolescent self-injurers. *Journal of consulting and*

*clinical psychology, 76*(1), 28.

Nock, M. K., Prinstein, M. J., & Sterba, S. K. (2009). Revealing the form and function of

self-injurious thoughts and behaviors: A real-time ecological assessment study among

adolescents and young adults. *Journal of abnormal psychology, 118*(4), 816.

O'Connor, R. C., Rasmussen, S., & Hawton, K. (2014). Adolescent self-harm: A school-

based study in Northern Ireland. *Elsevier*. https://doi.org/10.1016/j.jad.2014.02.015

O'Connor, R. C., Rasmussen, S., Miles, J., & Hawton, K. (2009). Self-harm in adolescents:

self-report survey in schools in Scotland. *The British Journal of Psychiatry, 194*(1),

68-72.

Olfson, M., Gameroff, M. J., Marcus, S. C., Greenberg, T., & Shaffer, D. (2005). Emergency

treatment of young people following deliberate self-harm. *Archives of General Psychiatry, 62*(10), 1122-1128.

Olweus, D. (1988). Bullying in the schools: How educators can help. *The Educational Digest, 53*, 30-34.

Olweus, D. (1994). Bullying at School. In (pp. 97-130). Springer, Boston, MA. https://doi.org/10.1007/978-1-4757-9116-7_5

O'Neill, S., Ferry, F., Murphy, S., Corry, C., Bolton, D., Devine, B., Ennis, E., & Bunting, B. (2014). Patterns of suicidal ideation and behavior in Northern Ireland and associations with conflict related trauma. *PLoS one, 9*(3), e91532.

Osterman, K. F. (2000). Students' need for belonging in the school community. *Review of educational research, 70*(3), 323-367.

Osuch, E. A., Noll, J. G., & Putnam, F. W. (1999). The motivations for self-injury in psychiatric inpatients. *Psychiatry, 62*(4), 334-346.

Özdemir, M., & Stattin, H. (2011). Bullies, victims, and bully-victims: A longitudinal examination of the effects of bullying-victimization experiences on youth well-being. *Journal of Aggression, Conflict and Peace Research, 3*(2), 97-102. https://doi.org/10.1108/17596591111132918

Paivio, S. C., & McCulloch, C. R. (2004). Alexithymia as a mediator between childhood trauma and self-injurious behaviors. *Child abuse & neglect, 28*(3), 339-354.

Park, C. L., & Ai, A. L. (2006). Meaning making and growth: New directions for research on survivors of trauma. *Journal of Loss and Trauma*, *11*(5), 389-407.

Patton, D. U., Hong, J. S., Patel, S., & Kral, M. J. (2017). A Systematic Review of Research Strategies Used in Qualitative Studies on School Bullying and Victimization. *journals.sagepub.com, 18*(1), 3-16. https://doi.org/10.1177/1524838015588502

Polk, E., & Liss, M. (2009). Exploring the motivations behind self-injury. *Counselling*

*Psychology Quarterly, 22*(2), 233-241. https://doi.org/10.1080/09515070903216911

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of counseling psychology, 52*(2), 126.

Prati, G., & Cicognani, E. (2018). School sense of community as a predictor of well-being among students: A longitudinal study. *Current Psychology*, 1-5.

Pretty, G. M., Andrewes, L., & Collett, C. (1994). Exploring adolescents' sense of community and its relationship to loneliness. *Journal of community psychology, 22*(4), 346-358.

Prinstein, M. J., Heilbron, N., Guerry, J. D., Franklin, J. C., Rancourt, D., Simon, V., & Spirito, A. (2010). Peer influence and nonsuicidal self injury: Longitudinal results in community and clinically-referred adolescent samples. *Journal of Abnormal Child Psychology, 38*(5), 669-682.

Ran, H., Cai, L., He, X., Jiang, L., Wang, T., Yang, R., Xu, X., Lu, J., & Xiao, Y. (2020). Resilience mediates the association between school bullying victimization and self-harm in Chinese adolescents. *Journal of Affective Disorders, 277*, 115-120.

Rasmussen, S., Hawton, K., Philpott-Morgan, S., & O'Connor, R. C. (2016). Why do adolescents self-harm? *Crisis*.

Roberts, K. R., Dimsdale, J., East, P., & Friedman, L. (1998). Adolescent emotional response to music and its relationship to risk- taking behaviors. *Journal of Adolescent Health, 23*(1), 49-54. https://doi.org/10.1016/S1054-139X(97)00267-X

Rodham, K., & Hawton, K. (2009). Epidemiology and phenomenology of nonsuicidal self-injury.

Rodham, K., Hawton, K., & Evans, E. (2004). Reasons for deliberate self-harm: Comparison of self-poisoners and self-cutters in a community sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(1), 80-87. https://doi.org/10.1097/00004583-200401000-00017

Ross, S., & Heath, N. (2002). A study of the frequency of self-mutilation in a community

sample of adolescents. *Journal of Youth and Adolescence, 31*(1), 67-77.

https://doi.org/10.1023/A:1014089117419

Saunders, J., Davis, L., Williams, T., & Williams, J. H. (2004). Gender differences in self-
perceptions and academic outcomes: A study of African American high school
students. *Journal of Youth and Adolescence, 33*(1), 81-90.

Seals, D., & Young, J. (2003). Bullying and victimization: prevalence and relationship to
gender, grade level, ethnicity, self-esteem, and depression. *Adolescence, 38*(152).

Shaw, R. L. (2011). The future's bright: celebrating its achievements and preparing for the
challenges ahead in IPA research. *Health psychology review, 5*(1), 28-33.

Shinebourne, P. (2011). The Theoretical Underpinnings of Interpretative Phenomenological
Analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis,
22*(1).

Sigurdson, J. F., Undheim, A. M., Wallander, J. L., Lydersen, S., & Sund, A. M. (2018). The
longitudinal association of being bullied and gender with suicide ideations, self-harm,
and suicide attempts from adolescence to young adulthood: a cohort study. *Suicide
and Life-Threatening Behavior, 48*(2), 169-182.

Siyahhan, S., Aricak, O. T., & Cayirdag-Acar, N. (2012). The relation between bullying,
victimization, and adolescents' level of hopelessness. *Journal of Adolescence, 35*(4),
1053-1059.

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological
analysis. *Qualitative health psychology: Theories and methods*, 218-240.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological
analysis and its contribution to qualitative research in psychology. *Qualitative
research in psychology, 1*(1), 39-54.

Smith, J. A., Flowers, P., & Larkin, M. (2009). Planning an IPA research
study. *Interpretative phenomenological analysis: theory, method and research.*

*London: SAGE Publications*, 40-55.

Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain, 9*(1), 41-42.

Sourander, A., Aromaa, M., Pihlakoski, L., Haavisto, A., Rautava, P., Helenius, H., & Sillanpää, M. (2006). Early predictors of deliberate self-harm among adolescents. A prospective follow-up study from age 3 to age 15. *Journal of Affective Disorders, 93*(1-3), 87-96.

Stanley, B., Sher, L., Wilson, S., Ekman, R., Huang, Y.-y., & Mann, J. J. (2010). Non-suicidal self-injurious behavior, endogenous opioids and monoamine neurotransmitters. *Journal of Affective Disorders, 124*(1-2), 134-140.

Steger, M. F., & Park, C. L. (2012). The creation of meaning following trauma: Meaning making and trajectories of distress and recovery.

Storey, P., Hurry, J., Jowitt, S., Owens, D., & House, A. (2005). Supporting young people who repeatedly self-harm. *Journal of The Royal Society for the Promotion of Health, 125*(2), 71-75. https://doi.org/10.1177/146642400512500210

Straiton, M., Roen, K., Dieserud, G., & Hjelmeland, H. (2013). Pushing the boundaries: Understanding self-harm in a non-clinical population. *Archives of Psychiatric Nursing, 27*(2), 78-83. https://doi.org/10.1016/j.apnu.2012.10.008

Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior, 44*(3), 273-303.

The Children's Society. (2019). Young people's well-being. https://www.childrenssociety.org.uk/what-we-do/our-work/well-being

Tiefenbacher, S., Novak, M. A., Lutz, C. K., & Meyer, J. S. (2005). The physiology and

neurochemistry of self-injurious behavior: A nonhuman primate model. *Frontiers in Bioscience, 10*(1), 1-11.

Tofthagen, R., & Fagerstrøm, L. (2010). Clarifying self-harm through evolutionary concept

analysis. *Scandinavian journal of caring sciences, 24*(3), 610-619.

Tonkin-Crine, S., Anthierens, S., Hood, K., Yardley, L., Cals, J. W., Francis, N. A., Coenen,

S., van der Velden, A. W., Godycki-Cwirko, M., & Llor, C. (2015). Discrepancies

between qualitative and quantitative evaluation of randomised controlled trial results:

achieving clarity through mixed methods triangulation. *Implementation Science, 11*(1), 1-8.

Ttofi, M. M., Farrington, D. P., Lösel, F., Özdemir, M., & Stattin, H. (2011). Bullies, victims,

and bully-victims: A longitudinal examination of the effects of bullying-victimization

experiences on youth well-being. *Journal of Aggression, Conflict and Peace Research*.

van Geel, M., Goemans, A., & Vedder, P. (2015). A meta-analysis on the relation between

peer victimization and adolescent non-suicidal self-injury. *Psychiatry research, 230*(2), 364-368.

Vieno, A., Santinello, M., Pastore, M., & Perkins, D. D. (2007). Social support, sense of

community in school, and self-efficacy as resources during early adolescence: An

integrative model. *American journal of community psychology, 39*(1-2), 177.

Vveinhardt, J., & Fominiene, V. B. (2020). Prevalence of bullying and harassment in youth

sport: The case of different types of sport and participant role.

Wadman, R., Clarke, D., Sayal, K., Vostanis, P., Armstrong, M., Harroe, C., Majumder, P., &

Townsend, E. (2017). An interpretative phenomenological analysis of the experience

of self-harm repetition and recovery in young adults. *Journal of Health Psychology, 22*(13), 1631-1641. https://doi.org/10.1177/1359105316631405

Wadman, R., Vostanis, P., Sayal, K., Majumder, P., Harroe, C., Clarke, D., Armstrong, M., & Townsend, E. (2018). An interpretative phenomenological analysis of young people's self-harm in the context of interpersonal stressors and supports: Parents, peers, and clinical services. *Social Science & Medicine, 212*, 120-128.

Wang, J., Iannotti, R. J., & Nansel, T. R. (2009). School Bullying Among Adolescents in the United States: Physical, Verbal, Relational, and Cyber. *Journal of Adolescent Health, 45*(4), 368-375. https://doi.org/10.1016/j.jadohealth.2009.03.021

Warm, A., Murray, C., & Fox, J. (2003). Why do people self-harm? *Psychology, Health and Medicine, 8*(1), 72-79. https://doi.org/10.1080/1354850021000059278

Weber, M. T. (2002). Triggers for self-abuse: A qualitative study. *Archives of Psychiatric Nursing, 16*(3), 118-124. https://doi.org/10.1053/apnu.2002.32948

Willig, C. (2012). Perspectives on the epistemological bases for qualitative research.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-hill education (UK).

Wójcik, M., Thornberg, R., Flak, W., & Leśniewski, J. (2020). Downward Spiral of Bullying: Victimization Timeline From Former Victims' Perspective. *Journal of interpersonal violence*, 0886260521990835.

Woolfe, R., Dryden, W., & Strawbridge, S. (2003). *Handbook of counselling psychology*. Sage.

Xavier, A., Cunha, M., & Pinto Gouveia, J. (2015). Deliberate self-harm in adolescence: The impact of childhood experiences, negative affect and fears of compassion. *Revista de Psicopatología y Psicología Clínica, 20*(1), 41-49.

Zimmermann, G., Rossier, J., Meyer de Stadelhofen, F., & Gaillard, F. (2005). Alexithymia assessment and relations with dimensions of personality. *European Journal of Psychological Assessment, 21*(1), 23-33.

Notice of Ethical Approval (including ethical amendments)

## School of Psychology Research Ethics Committee

# NOTICE OF ETHICS REVIEW DECISION

### For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

**REVIEWER: Sophia Bokhari**

**SUPERVISOR: Luis Jimenez**

**STUDENT: María Cristina Bermeo Coronel**

**Course:** Professional Doctorate in Counselling Psychology

**Title of proposed study:** How young adults make sense of their past experience of self-harm in the context of school bullying?

**DECISION OPTIONS:**

1. **APPROVED:** Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED <u>BEFORE</u> THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is <u>not</u> required but the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

**DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the 3 options above)*

| |
|---|
| APPROVED (MINOR AMENDMENTS) |

**Minor amendments required** *(for reviewer)*:

A very good ethics application. Two points I would like to see clarified/added:

1) A specific date for the last point to withdraw. (Amended information form for August 30<sup>th</sup> 2019)

2) How long will you keep hold of the data and might it be used for other purposes in the future? (Amended information form to reflect this--data will be held until the completion of thesis and will be deleted and destroyed thereafter)

Happy for Melanie to oversee these minor amendments.

Major amendments required *(for reviewer):*

| |
|---|
| |

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.


Student's name *(Typed name to act as signature): María Cristina Bermeo Coronel*

Student number: u1321735


Date: 04/04/19


*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**ASSESSMENT OF RISK TO RESEACHER** *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment


If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

☐ MEDIUM

☒ LOW

<div style="border:1px solid">

<span style="color:red">Please do not approve a high-risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure, please refer to the Chair of Ethics.</span>

</div>

Reviewer *(Typed name to act as signature)*: Sophia Bokhari

Date: 21/03/19

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

<span style="color:red">**RESEARCHER PLEASE NOTE:**</span>

<span style="color:red">For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.</span>

<span style="color:red">For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard</span>

**UNIVERSITY OF EAST LONDON**

**School of Psychology**

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# REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

</div>

**<u>FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS</u>**

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. t.lomas@uel.ac.uk).

<u>HOW TO COMPLETE & SUBMIT THE REQUEST</u>

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at t.lomas@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are not to commence until your proposed amendment has been approved.

<u>REQUIRED DOCUMENTS</u>

1. A copy of your previously approved ethics application with proposed amendments(s) <u>added as tracked changes</u>.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

| Name of applicant: María Cristina Bermeo Coronel |
| --- |
| Programme of study: Professional Doctorate in Counselling Psychology |
| Title of research: How young adults make sense of their past experience of self-harm in the context of school bullying? |
| Name of supervisor: Luis Jimenez |

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

| Proposed amendment | Rationale |
| --- | --- |
| Open semi-structured interviews to either one-to-one conversations or skype video chats. | Skype video chats will allow interested participants who live in different parts of the UK and in other western countries to partake in my research study. During initial recruitment I have gotten interest from a few participants in other parts of the UK and other western countries, who are unable to visit London for the interviews. |
| Include participants who are living in other western countries, mainly the US. | As my research intends to gather information on the experiences of young people who have previously been bullied and self-harmed, the geographical location of participants' residency does not change the nature of their experience, as long as the cultural background is similar. My study aims at filling gaps in the literature, most of which consists of studies conducted in western countries. |
| | During the last month of recruitment, I was contacted by participants from outside the UK who showed a genuine interest in participating in my study. Including them would bring the additional advantage of collecting more data that will assist in the analysis and findings. |
| | Hopefully, the findings of my study would have practical implications to aid counselling |

| | psychologists both in the UK and in other western countries, who work with those who self-harm in the context of bullying.<br><br>I am an American citizen, who has lived, studied and worked in mental health field for more than 8 years. I have detailed knowledge of the support systems available in the UK and in the US. For ethical considerations, I will be able to provide local counselling and mental health and emergency numbers for the USA. |
|---|---|

| Please tick | YES | NO |
|---|---|---|
| Is your supervisor aware of your proposed amendment(s) and agree to them? | X | |

Student's signature (please type your name):     María Cristina Bermeo Coronel

Date: 26/06/2019

| **TO BE COMPLETED BY REVIEWER** | | |
|---|---|---|
| Amendment(s) approved | YES | |
| Comments | | |

Reviewer:     Tim Lomas

Date:         26.6.19

**UNIVERSITY OF EAST LONDON**

**School of Psychology**

| |
|---|
| **REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION** |

## FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. t.lomas@uel.ac.uk).

### HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at t.lomas@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are not to commence until your proposed amendment has been approved.

### REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.

3. A copy of the approval of your initial ethics application.

| |
|---|
| Name of applicant: María Cristina Bermeo Coronel |
| Programme of study: Professional Doctorate in Counselling Psychology |
| Title of research: How young adults make sense of their past experience of self-harm in the context of school bullying? |
| Name of supervisor: Luis Jimenez |

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

| Proposed amendment | Rationale |
|---|---|
| Change research title to:<br><br>Young adults' previous experience of self-harm in the context of school bullying: An Interpretative Phenomenological Analysis | I believe this new title explains better what my research is about. The original title does not detail that I will be using IPA as my methodology. |

| Please tick | YES | NO |
|---|---|---|
| Is your supervisor aware of your proposed amendment(s) and agree to them? | X | |

Student's signature (please type your name): María Cristina Bermeo Coronel

Date: 30/09/2020

| | | | |
|---|---|---|---|
| TO BE COMPLETED BY REVIEWER | | | |
| Amendment(s) approved | Yes | | |
| Comments | | | |

Reviewer: Tim Lomas

Date: 30/09/2020

Participant Information Sheet

**Information Sheet**

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

**Who am I?**

I am a postgraduate student in the School of Psychology at the University of East London, and I am conducting work to get a professional doctorate in counselling psychology. As part of my studies, I am conducting the research you are being invited to participate in.

**What is the research?**

I am conducting research on the experiences of young people who have previously self-harmed while being bullied at school. I am interested in understanding how participants of this study make sense of their past self-harm while they were bullied. This will be done through individual interviews with participants to collect data that I will then analyse and interpret. Each interview will be audio recorded (anonymously) to subsequently be transcribed and analysed.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standards of research ethics set by the British Psychological Society.

**Why have you been asked to participate?**

Your experience will help me explore my research topic. You have been invited to participate in my research as someone who fits within the category of individuals I am looking for as specified below:

- young adults aged 18 to 27;
- any gender;
- who self-harmed while being bullied while attending school;
    - Self-harm is defined as cutting, burning, punching, biting and inserting objects into the skin with the intent to produce harm,
    - Bullying is defined as any physical or verbal behaviour used in a school setting to intimidate or dominate others.
- who no longer engage in self-harm;
- who currently do not have a diagnosis of a personality disorder or psychosis;

- who is currently not suicidal.

You are free to decide whether or not to participate in this study and should not feel coerced.

## What will your participation involve?

If you agree to participate:

- You will then be invited to an interview, via skype.
  - The interviews will include questions about your previous experience with bullying and self-harm and may be distressing at times.
  - The interview will last approximately 1 hour to 1 hour and a half and it will be audio-recorded.
  - I will take handwritten notes at the time of the interview.

- I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

## Will your taking part be safe and confidential

Your safety is a top priority in this research. As the subject of the study is of a sensitive nature, I will enforce the following aspects to ensure your safety:

- In order to safeguard you, if suicidality is reported during the pre-screening, I will discuss this topic with you. There may be instances when your general practitioner will be informed of these results (with you consent) in order to guarantee your safety.
- You will have the option to withdraw at any stage in the study up to three months after the interview takes place.
- Before taking part in the interview, we will agree on a plan to check the stress levels throughout the interview.
- We will take breaks whenever necessary.
- I will provide detailed information on local counselling and mental health support following the interview.
- We will have a debriefing at the end of the study to reflect on the experience during the interview.

## What will happen to the information that you provide?

- Your interview answers will serve as my research data and will:
  - Be anonymized and transcribed verbatim.
  - Any identifiable information, such as names, places, and dates will be modified or deleted during transcription.
  - All physical records of contact details, interview recordings, and transcripts will be kept under a locked cabinet, and all electronic information will be password protected.

## What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage, or consequence. However, if you withdrew, I would reserve the right to use material that you provided up until the point of my analysis of the data.

## Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

María Cristina Bermeo    bullying.selfharm@gmail.com

If you have any questions or concerns about how the research has been conducted, please contact the research supervisor, Luis Jimenez, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: l.jimenez@uel.ac.uk

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.lomas@uel.ac.uk)

Participant Consent Form

## **Research Consent Form**

☐ I have the read the information sheet relating to the above research study and have been given a copy to keep.

☐ The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information.

☐ I understand what is being proposed and the procedures in which I will be involved have been explained to me.

☐ I understand that my involvement in this study, and data from this research, will remain strictly confidential.

☐ The researcher may breach confidentiality if there is a reason to believe that you may be in immediate danger to yourself. In this case the researcher will first discuss this with you to cooperatively implement steps to ensure your safety and/or request additional support from other services.

☐ Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

☐ I understand that I have the right to withdraw from the study until August 31, 2019.

☐ I also understand that should I withdraw; the researcher reserves the right to use my anonymous data after analysis of the data has begun.

☐ I hereby freely and fully consent to participate in the study which has been fully explained to me.

☐ I consent to the interview being audio recorded.


Participant's Signature:
……………………………………………………………………………………….


Researcher's Signature:
……………………………………………………………………………………….

Date: ……………………………

**Appendix D**

Debriefing Form and Emergency Contacts

**<u>Debrief form UK</u>**


Thank you for taking time to participate in my research study. Your personal experience is valuable, and by sharing it, you have contributed to the understanding of the meaning of self-harm in relation to bullying. Your participation is valuable and will assist in informing future psychological and educational knowledge.

The interview that you provided will be transcribed and used as part of the analysis and write up of my doctoral thesis and any further publication of this study. All information is confidential and any information that could be identifiable will be modified. The purpose of this study is to understand how people make sense of their past self-harm and bullying and what their previous self-harm means to them.

If you have any questions regarding this study, its purpose or procedures, please feel free to contact me at bullying.selfharm@gmail.com

If you would like more support regarding the topics we discussed, please make use of the following services:

- **Selfharm UK: selfharm.co.uk**

   **A project dedicated to supporting young people impacted by self-harm providing a safe place to talk, ask any questions, and be honest about what is going on in their life.**

- **Samaritans: 116 123**

   **Provide a safe place for anyone struggling to cope, whoever they are, however they feel, whatever life has done to them**

- **Maytree: 020 7263 7070**

   **A registered charity supporting people in suicidal crisis in a non-medical setting.**

- **Kooth: Kooth.com**

   **An online counselling service that provides vulnerable young people (11-25) with support for emotional or mental health problems.**

- **Ditch the Label: ditchthelabel.org**

   **One of the UK's largest anti-bullying charities dedicated to promoting equality and provide support to young people who have been negatively affected by bullying and prejudice.**

**<u>Debrief From USA</u>**

Thank you for taking time to participate in my research study. Your personal experience is valuable, and by sharing it, you have contributed to the understanding of the meaning of self-harm in relation to bullying. Your participation is valuable and will assist in informing future psychological and educational knowledge.

The interview that you provided will be transcribed and used as part of the analysis and write up of my doctoral thesis and any further publication of this study. All information is confidential and any information that could be identifiable will be modified. The purpose of this study is to understand how people make sense of their past self-harm and bullying and what their previous self-harm means to them.

If you have any questions regarding this study, its purpose or procedures, please feel free to contact me at bullying.selfharm@gmail.com

If you would like more support regarding the topics we discussed, please make use of the following services:

## Appendix E

Research posters

**Have you been through school bullying and self-harmed?**

If so I am a researcher from University of East London, interested in your story!

Any contact with me will remain confidential
If interested please contact

bullying.selfharm@gmail.com

**WE ALL HAVE SCARS
WE ALL HAVE STORIES**

How do young people make sense of their past experience of self-harm and school bullying?

My name is Maria Bermeo, a researcher from University of East London. I am looking for people aged 18 to 27 who experienced bullying at school and self-harmed and would like to share their story with me. The goal of my study is to gain insight on the meaning of their previous self-harm for those who have been bullied. Any contact with me will be confidential
If you would like to take part please Contact me at:
Bullying.selfharm@gmail.com

Interview Schedule


## **<u>Semi-structured interview schedule</u>**


In order to allow sufficient time to accommodate your engagement during the research interview, we will begin by **briefly** exploring your previous experience of bullying and self-harming and then allow sufficient time to also talk about the significance and meanings of these experiences for you.

## **<u>Bullying</u>**

1. What was your previous experience with school bullying?
     (Prompts: What happened at school? How was that experience for you?)

2. How did you understand/make sense of the bullying you went through?
     (Prompts: what did this mean to you at the time? What does it mean now?)

3. How did you cope with the bullying you experienced?

4. What, if any, impact do you think bullying had on your previous self-harming?


## **<u>Self-harm</u>**

5. What is your experience of your past self-harming in the context of bullying?

6. How did you make sense of your self-harming in the context of bullying?
    (Prompts: How have you made sense of the relationships between your past bullying experiences and your subsequent self-harming experiences? How do you understand these being related to each other?)

7. What did these experiences mean to you?
     (What do they mean to you now?)

8. How do you feel about having had these experiences?
    (Prompt questions: How are you coping now? Have you had any professional support for these experiences? Did that help? Who did you use to share your bullying/self-harming experiences with? How did that help? Are you currently sharing your experiences of self-harming with others? Whom?)

9. Is there anything else you would like to add in relation to all this that is important to you?
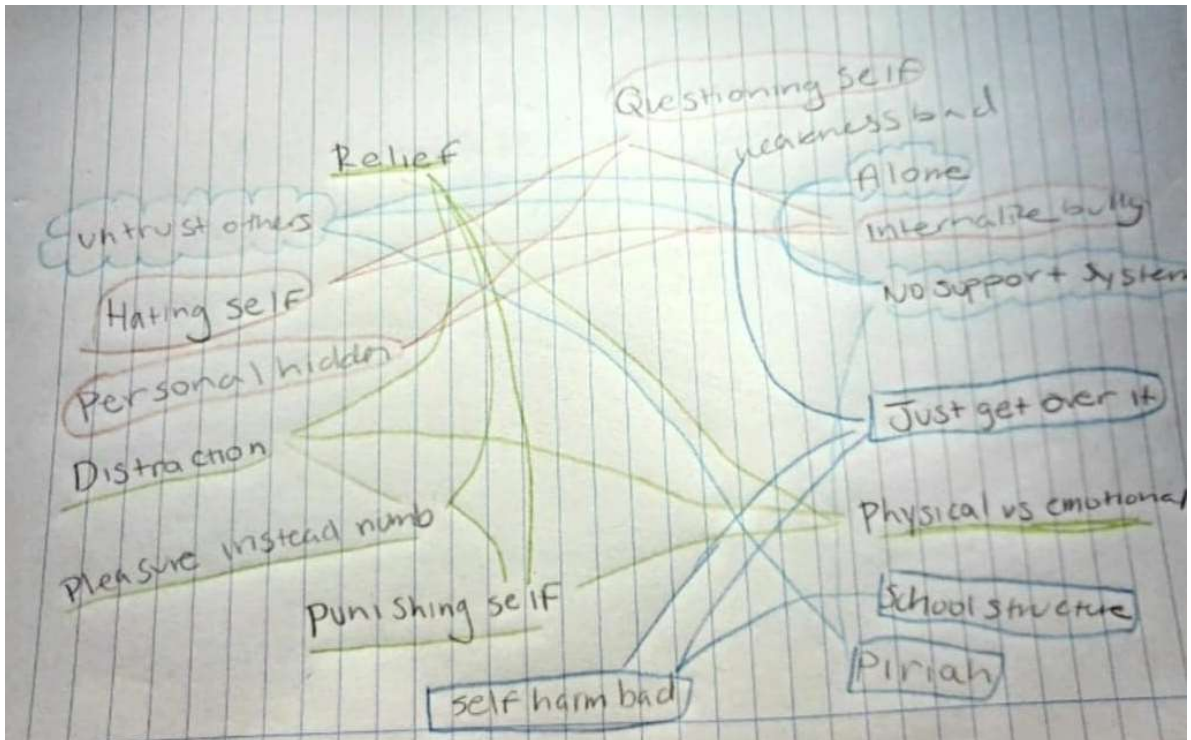
# Appendix G

Example of transcript analysis

| | Transcript | Comments | Emerging themes | Major theme |
|---|---|---|---|---|
| 280 | P: Mm..., so I got a hold of a pocketknife that was laying | Self-harm—how did she know about it? | Questioning whether to self-harm | Questioning why bullying was happening |
| 281 | in our kitchen, and when I saw it laying on the kitchen | Should I do or should I not do—questioning? | | |
| 282 | and I walked up to it, and I sat there for a minute, should | Hoping to not regret later—internal conflict. | | |
| 283 | I do or should I not do? And so, I was like, so I just | debate in her head about doing it | | |
| 284 | grabbed it, I didn't have any second thought about it, and | Didn't have any second thought about it— | | Internalizing bullying |
| 285 | went up to my room, and I sat there for about a minute | final decision | | |
| 286 | and contemplated it, if I should do it or not, and I just | Internalizing the bully voices—repeating in | Blaming herself | |
| 287 | kept hearing the bullies' voices, and I like was believing | her head what bullies had said. Couldn't | Internalizing/believing bullies | |
| 288 | them, and repeating what they had said to me, and | even escape this right before self-harming. | | Bullying as a constant |
| 289 | really, really, thinking these things of myself, you know, | "Really, really"—repetitive use of 'really' to | Unable to escape bullying | |
| 290 | I'm stupid, I'm ugly, it's all my fault. So, I opened the | express how factual this was for her | | |
| 291 | knife and pulled my pant leg up and didn't have any | Self-hatred of her looks—blaming herself; | | |
| 292 | second thought about it, and started cutting and I made | desperate to get away from this | Self-harm as something to feel | |
| 293 | about 3 cuts and stopped, and like I said, I got this | 3 cuts and stopped—perhaps wants me to | | Physical pain relief vs. emotional pain |
| 294 | adrenaline and it didn't hurt when I was doing it but once | think she was in control? Why did she stop? | Pain as a source of relief | |
| 295 | the adrenaline wore off, I was in a lot of pain and I got so | Adrenaline rush—something to feel; pain as | from her thoughts. | |
| 296 | much relief from those thoughts. | a source of relief from her thoughts. | | |

| | Transcript | Comments | Emerging themes | Major theme |
|---|---|---|---|---|
| 297 | R: Mm...., okay and so what do you think that experience | | | |
| 298 | meant to you at the time? The self-harming? | | | |
| 299 | P: At the time it was a way to cope with everything that | Self-harm—a way of coping with difficulties | Self-harm as a way of | Physical pain relief vs. emotional pain |
| 300 | was going on, and even, I mean, cause even though I was | Cope—what did she mean by cope? | coping with thoughts | |
| 301 | harming myself and there was pain, I was kind of, like, I | Pain gave her relief—Instead of focusing on | Pain gave her relief | |
| 302 | was relieving the pain, so I didn't have to deal with | bullying, focus on her pain | | |
| 303 | anything else. I was focused on the pain and not the | So, it is weird—judging herself, perhaps | Focus on pain instead of | |
| 304 | bullying and everything that was going on. So, it's weird, | ashamed | bullying-distraction | |
| 305 | umm, you know, umm, even though I am causing pain to | "Umm" use—nervous? perhaps worried I | | Shame |
| 306 | myself, umm, I was relieving the other pain, the pain of | would judge her? | Contradiction pain hurts | |
| 307 | being bullied. And I was more focused on the pain that I | Aware of contradiction—pain hurts but still | but it is still relieving | |
| 308 | was feeling right then and there, and when the | relieves the emotional pain. | emotional pain | |
| 309 | adrenaline wore off, I was focused on the pain instead of | Focus on the pain—immediate distraction | Shame | Contradiction: self- |
| 310 | what happened at school that day and what horrible | Focus on intensity of the pain vs intensity of | Immediate distraction | harm hurts but still |
| 311 | things people thought about me. So, it was like it took | her thoughts—took her away from reality | Physical pain vs her | relieves pain |
| 312 | me away from reality and stuck me in this little space | and served its purpose | thoughts | |
| 313 | where I had to focus on what I had done to myself. | | Self-harmed served | Physical pain relief vs emotional pain |
| | | | purpose. | |

# Appendix H

Mind map: connecting major themes to form superordinate and subthemes

**Appendix I**

Theme Recurrence

| Superordinate theme | Subordinate theme | Betty | Danny | Francesca | Jan | Kenickie | Marty | Sandy |
|---|---|---|---|---|---|---|---|---|
| Dealing with rejection | I felt like a pariah | X | X | X | X | X | X | X |
| | Just get over it | | X | X | X | X | X | X |
| | Identifying with icons | X | X | X | | | X | X |
| Expressing self-hatred | I blamed myself and deserved punishment | X | | X | | X | X | X |
| | But, why me? | X | X | X | X | X | X | X |
| | I became my own bully | X | X | X | | X | X | X |
| Screaming alone and in silence | I isolated myself | X | X | X | X | X | X | X |
| | I kept my secret | X | X | X | X | X | X | X |
| Taking back the pain | I needed a distraction | X | X | X | | X | X | X |
| | I liked the pain I gave myself | X | | | X | | X | |
| | Controlling at least something | X | X | X | | X | X | X |

Reflective Exercise

Self-harm in the context of bullying

**My own experience:**

- I was bullied as an adolescent while studying in various countries. At times, I felt alone and not understood by others at school. My family was my main support. My experience made me question who I was and what was happening around me. It changed my perception of the world, making it more difficult to me to trust others. I was able to get through it by establishing relationships with others who underwent similar experiences, and by making friends in several countries.
- I lost a friend who was initially self-harming while being bullied and then took her own life.
- Working with people who self-harmed as a professional raised my interest in understanding the nature, characteristics and causes of self-harm and the people who did it. Many clients spoke about difficulties with family and friends at the time they self-harmed. Many others described their bullying experiences. I wondered how some people self-harmed while being bullied while others did not.

**Assumptions:**

- Participants will see bullying as a main reason for their self-harm
- They will talk about self-harming as being a painful experience
- They will talk about self-harming as a maladaptive behaviour and may express regrets
- They will describe feeling lonely throughout the bullying and self-harm experience
- Bullying may have led to other difficulties e.g., sadness, identity difficulties
- They will blame their bullies for most of their experience
- Making friends would have helped them stop self-harming

**What am I hoping to find?**

- Something new—not necessarily covered in the literature
- Not the cause of their self-harm, but the meaning given by participants
- Details about participants' interpretation of their experience and not about the self-harm itself
- Insights about the tendency to self-harm
- Ways of giving voice through lived experiences to those who self-harmed in the context of bullying

**Appendix K**

Key to Presentation of the Quotes

- Verbatim quotes are presented with some minor changes to facilitate ease of reading.
- Quotes are followed by participants pseudonym, age, and line number from which the quote was obtained within the transcript. For example (Marty, 18, Line: 29) refers to Marty who is 18 years old and line 29 from her transcript.
- Bracketed ellipses […] within the quotes indicate that some material has been removed.
- Added material to indicate what participants are referring to have been denoted in square brackets [  ].

# Appendix L

## Clustered Themes with Selected Quotes

| Superordinate Theme 1. Dealing with Rejection—Selected Quotes | | |
|---|---|---|
| Theme Name | **I was like a pariah** | **Just get over it** | **Identifying with icons** |
| **Francesca** | I was a fly on the wall. | I didn't feel safe with anyone.<br><br>Who are you supposed to talk to when your teacher joins in? | I ended up discovering Demi Lovato and her songs and lyrics described how I felt. |
| **Betty** | Girls were pretty shitty to me. | | If Demi Lovato did it, I'd just do it. |
| **Danny** | I was bullied and didn't make friends. | If you cannot talk to anyone, it doesn't leave you much choice. | When I listened to these songs, it was exactly how I felt. |
| **Kenickie** | I was like a pariah.<br><br>I was used as a joke.<br><br>I was unable to do things as a guy. | | |
| **Marty** | It was everyone's mission to make my life a living hell. | Just get over it.<br><br>Tough it out.<br><br>It's OK. Don't worry about it. | |
| **Jan** | | I wasn't just angry at her. I was more on the dark side of rage, at staff.<br><br>Just deal with your bullying. | |
| **Sandy** | | If you are not going to do anything, what am I supposed to do? | I knew it from TV, magazines, social media, or whatever. |

| | Superordinate Theme 2. Expressing Self-Hatred —Selected Quotes | | |
|---|---|---|---|
| Theme<br>Name | I blamed myself and deserved punishment | But, why me? | I became my own bully |
| **Francesca** | | | Words from others and myself became a huge negativity and I believed it. |
| **Betty** | I thought I was stupid.<br><br>I was to blame for it<br><br>I hated myself and all that was happening. | I don't think I'm that ugly, so, it was confusing. | |
| **Danny** | | Maybe it was why hangout with the weirdo?<br><br>It was confusing, it was hurtful. | You start believing it, and that impacted my self-harm.<br><br>It's essentially brainwashing. |
| **Kenickie** | You deserve to be punished.<br><br>I had a negative opinion of myself. | I don't really know why me | |
| **Marty** | | Was I ugly?<br><br>Why is it happening to me? | I started to believe everything they were saying.<br><br>I just kept hearing the bullies' voices and I was believing them. |
| **Jan** | I remember being small and skinny and hating that. | | |
| **Sandy** | Everything I did was just wrong.<br><br>That is how I was made to feel.<br><br>I'm doing this to myself because I'm doing something wrong. | | |

| Superordinate Theme 3. Screaming Alone and in Silence-Selected Quotes | | |
|---|---|---|
| Theme / Name | **I isolated myself** | **I kept my secret** |
| **Francesca** | | I didn't want anyone to know.<br><br>I didn't want people to think I was doing it for attention. |
| **Betty** | I stayed away from people.<br><br>I would lock myself in the bathroom. | I can't get people to notice.<br><br>There was something about having a secret. |
| **Danny** | | I didn't want them to know.<br><br>I didn't want to give them the ammo. |
| **Kenickie** | I'd be quite isolated.<br><br>I didn't have anyone to spend time with.<br><br>I would not be talking to anyone.<br><br>I developed a philosophy about individualisation. | |
| **Marty** | | |
| **Jan** | I liked my own company. | No one really noticed. |
| **Sandy** | It was pure loneliness and despair. | |

| Superordinate Theme 4. Taking Back the Pain —Selected Quotes | | |
|---|---|---|
| Theme / Name | I needed a distraction | I liked the pain I gave myself | Controlling at least something |
| **Francesca** | And it made a difference, temporarily<br><br>My way of getting away from those thoughts | | I started to decide I was going to change how I felt<br><br>Everywhere I went, someone was deciding things for me |
| **Betty** | It was something that made me relax | I think I liked the pain | |
| **Danny** | It succeeded in distracting me<br><br>I was kind of hoping it would help<br><br>Maybe I did not do it hard enough | | |
| **Kenickie** | | | I'm going to manifest it to make it go away. |
| **Marty** | | I kind of liked the pain. | I would rather be in pain from cutting myself than be in pain from being hit. |
| **Jan** | | Pleasure out of inflicting pain on myself<br><br>I needed to feel something else, some kind of pleasure | |
| **Sandy** | I would just relax, and that tension would flow away<br><br>I would expect some sort of release from the bullying | | |