

A sign that something is wrong?: Young people talking about self-harm



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Authors and acknowledgements

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For more information about the project go to: <http://sashresearchproject.wordpress.com>

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Key points

- Self-cutting was the main form of self-harm for young people in this study. Other self-harming practices described included burning, hitting and poisoning.
- The most common reasons for self-harm were as a way of dealing with emotions such as stress, upset or anger; that self-harm could be used to communicate upset to others; and that self-harm could be physically satisfying.
- Young people disagreed about the extent to which self-harm was related to mental illness. While young people said that self-harm indicated something was wrong, there was debate about whether this was mental illness, with some arguing that labelling people as mentally ill was not helpful.
- Revealing self-harm in public or on social media was seen by most of the young people in this study as attention-seeking, but there were differences in views about whether attention-seeking was bad or not.
- Because self-harm can have positive meanings for some young people, approaches which focus on cessation can be counter-productive.

Background

This briefing presents a summary of a qualitative research project which explored how self-harm was understood by a diverse group of 122 young people, mostly aged 13-16 years.

1 in 10 of those aged 14-16 report self-harm at some point in their life (O'Connor et al., 2009) and it is likely that the actual numbers of people who have self-harmed in this age group is higher. Despite this, most qualitative research about self-harm and young people has focused on those aged 16 and over. This means that much of what is said about young people and self-harm is based on research with older people, or on the views of professionals who work with under-16s.

Although the term self-harm can seem fairly self-evident, there are ongoing debates about how self-harm is understood. UK health policy defines self-harm as “self-injury or self-poisoning, irrespective of the apparent purpose of the act” (NICE, 2004). However, research with young people aged 16-25 found that they tended to use the term to refer to cutting only (Scourfield et al., 2011).

The study

This study had two aims: a) to explore how young people aged 14-16 talked about self-harm; and b) to examine young people's accounts about the relationship between self-harm, drug and alcohol use. This briefing will focus on young people's accounts about self-harm.

A mixed-methods approach was used to encourage young people to talk or write about how they understood self-harm and what their views were on the relationship between self-harm, drug and alcohol use. 122 young people took part in the study. 33 of these, aged 13-16, participated in 6 focus groups. Young people who took part in the groups were not asked about their personal experience of self-harm. A further 88 young people, aged 13-26, completed a qualitative online survey. The survey was advertised

online, therefore some people over the age of 16 took part. 73 survey participants were aged 16 or under, and only 8 were aged 19 or over. Finally, 6 young people aged 14-17 were interviewed, 5 of whom had done the survey. All of those who took part in the survey and interviews reported self-harm.

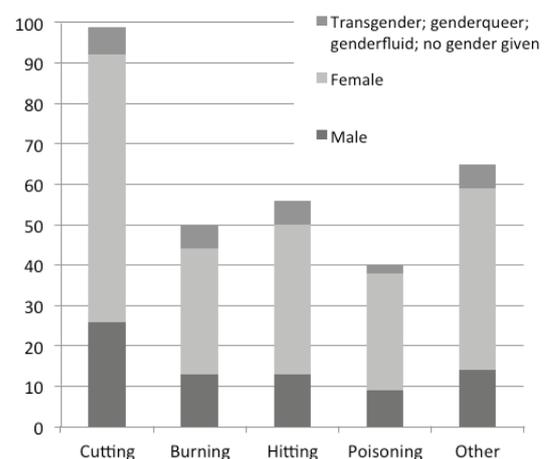
Findings

What is self-harm?

All of the young people in the study defined self-harm as involving self-cutting. Those who had self-harmed all said they had cut themselves, with just one exception. However, alongside this over 60% indicated that they also hurt themselves in other ways.

The ‘other’ practices included: burning, hitting, scratching, food restriction, self-criticism, sleep deprivation, biting, hair-pulling, and jumping from heights.

Methods of self-harm reported by 88 young people who had self-harmed (percentages)



Why do people self-harm?

Young people's accounts about the reasons that people might self-harm varied widely. Within focus groups, discussions often indicated tension and disagreement.

Focus group 6: 3 males and 4 females, aged 15-16

***Bob:** [reading statement card] "People who self-harm are mentally ill". I don't agree with that at all.

General agreement with Bob

Sharkeisha: I agree (disagreeing with Bob).

Bob: I think that is completely...

Scarface: Sometimes, in some cases...

Sharkeisha: I agree, because they're obviously messed up in the head if they're doing that. [...]

Angela: Yeah, because they might just have low self-confidence and self-doubt and stuff, so it's not always a result of illness.

Spencer: I wouldn't say they're mentally ill, but I wouldn't say they have an actual illness, but I'd say they're not mentally...

Scarface: Stable.

Focus group members disagreed about the extent to which self-harm was related to mental illness. In part, such tensions appeared to relate to uncertainty about what 'mental illness' might represent. In one group Albus in particular rejected attempts to associate self-harm with 'mental illness'. In the excerpt below, the group highlights the negative connotations that the term (or label) of mental illness has:

Focus Group 5: 2 males and 5 females, aged 13-14

Albus: I don't like these questions [...]

I: Why?

Albus: Because it sounds like, it's like categorising people and that's not a good thing.[...]

I: ... do you see mental illness as being something that is like a bad thing then or?

General agreement

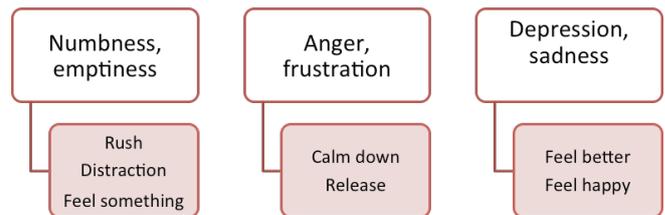
Jesus: Well, I think it's shown that way because like mentally, kind of makes you think, well asylums are seen as they're portrayed to be like crazy places, but probably a lot of the people there aren't crazy, they're probably just normal people, but they just have like something wrong with them.

Young people who had self-harmed discussed an extremely wide range of reasons for their own self-harm, including mental health difficulties. Many survey responses emphasised that self-harm could fulfill a number of functions at the same time – for instance, as a way of expressing emotions and relieving tension; or as a way of communicating upset and calming down. The responses can be categorised in five ways, but these were not mutually exclusive, and many young people talked about their self-harm in relation to all five categories.

1. Emotions (self-harm as a way of dealing with emotions, or lack of emotions).
2. Bodily experience (positive physical effects of self-harm).
3. Communicating distress (as a way of showing others how bad they felt).
4. Interpersonal problems (family break-up, bereavement, bullying).
5. Mental ill-health (self-harm as leading from mental ill-health e.g. depression, anxiety).

The two most common reasons related to emotions and to bodily experience. Figure 1 presents a summary of the most common emotional states referred to, and the effect that self-harm was described as having on these.

Figure 1



Many accounts described self-harm as addressing multiple emotions and feelings, sometimes at the same time.

"It ranges, at first it was just to punish myself for failing, hurting people, etc. I've also done it out of stress/anxiety to calm myself when I'm incredibly emotional/upset"

Lacey, 17

"I realized that it also got rid of that sinking feeling in my chest when I heard/read something upsetting, I also enjoyed the pain, sometimes because I was angry, there are a lot of different reasons, probably every reason has applied at least once" Marissa, 16

The category of 'bodily experience' relates to the way that many young people talked about self-harm, referring directly to bodily aspects of the experience of hurting themselves (mostly through cutting). Finding pleasure or comfort in creating cuts, seeing blood, or having scars was raised frequently by young people. Such descriptions can be hard to read, but young people frequently discussed self-harm in this way. Nevertheless, positive accounts were often intertwined with more negative aspects of practicing self-harm.

"I self-harm because I am often angry about myself and don't know how to deal with it otherwise. I also really like the color of blood and the feeling when the skin gapes" Vivien, 16

"I self-harm because, even though it is only temporary, it makes me feel very relieved and very happy [...] Because I am completely numb most of the time, other than feeling intensely angry and I need to feel something. Because I like having scars and I think they are the best thing about me. Because I like seeing it, I like seeing blood trickling out when I cut. Because it feels like the only thing I am good for and that I will ever be good at or know how to do" Michelle, 15

These accounts weave together the potential benefits of self-harm: feelings of relief, happiness; scars and blood which are 'liked'; alongside the difficult feelings that self-harm is described as alleviating: feelings of numbness, anger and hints at extremely low self-esteem.

What is wrong with attention seeking?

One of the most divisive topics discussed by young people who took part in the research was that of 'attention-seeking'. Attention-seeking is a negative label that is often applied to self-harm, and this has emerged as a key finding in previous research (Crouch & Wright, 2004; Scourfield et al., 2011). As such, this study sought to explore the extent to which both the concept of attention-seeking, and its negative connotations, applied in young people's talk about self-harm in 2014.

When discussing attention-seeking in focus groups, young people frequently disagreed. Cassie and Shaniqua argued that self-harming was not necessarily for attention, and that even if it was, it might not be 'bad' attention. Danielle, the other group member, remained unconvinced.

Focus Group 2: 3 females, aged 14-15

- Cassie:** Like they use it for attention but I don't think they do it for attention, if that makes sense [...]?
- Shaniqua:** It does, it makes sense to me, mm-hmm.
- Danielle:** It didn't make sense to me.

The role of the internet was paramount in these discussions. Most young people in the group discussions talked of being aware of, or having 'seen' pictures or disclosures of self-harm by people in their online social networks. Where self-harm was revealed in such a public forum, young people struggled to understand it as anything other than attention seeking, and this was clearly framed negatively.

Focus group 6: 3 males and 4 females, aged 15-16

- Bob:** Putting pictures of self-harm online is very... yeah, it's not right.
- Sharkeisha:** That's not right. [...] Just attention seeking, really. That's the only reason...

Discomfort about revealing self-harm in public was echoed by many of the young people who had self-harmed. While all of those who completed the online survey rejected the idea that self-harm might be mostly about attention-seeking, in their written responses young people did refer to 'other people' who self-harmed for attention. These accounts were often strongly worded.

"Although there are a few vile people who harm for attention, most of self-harmers really do have problems"
Gita, 14

"I think of it like this: if you don't really know them and you know they are self-harming, it's for attention. If they talk about it openly in front of everyone, it's for attention" Greta, 13

These accounts served to frame any self-harm that was revealed to others as being potentially, or probably 'attention-seeking' and this was clearly indicated as undesirable behavior.

A smaller number of participants challenged the negative framing of attention-seeking. These young people's accounts unsettled the dominant view that attention-seeking was 'bad'.

"They may want attention, but the fact that they do want attention isn't because they're bad and they're an attention-seeker, it's because they have another ... they feel the need for affection or something like that" Benjamin, 17

Both young people who had self-harmed — and those who had not — raised these more critical points, challenging the negativity around attention-seeking.

Concluding remarks

This study sought to explore the ways that young people, especially those under 16, talked about self-harm. Some of the accounts that young people provided make difficult reading, especially where self-harm is described in positive terms, as an enjoyable activity. It is important to bear in mind that not all young people talked about self-harm in this way, but equally, some did. As such, positive interpretations are clearly one way in which self-harm is understood and made sense of by young people. Indeed, other studies have reported similar findings (Boynton & Auerbach, 2008).

Attention-seeking emerged as a particularly contentious issue. While some young people provided scathing accounts of 'others' who self-harmed 'for attention'; in other cases young people discussed these issues in a nuanced manner, with great sensitivity. Personal experience of self-harm did not appear to directly impact on how young people talked about attention-seeking. For young people who have self-harmed, characterising others who self-harmed 'for attention' in a negative manner may have worked to legitimise their own, more 'private' practice of self-harm. This emphasis on secrecy and keeping self-harm private, along with negative perspectives on 'attention-seeking' may make it extremely difficult for those who do self-harm to seek help, or be open about what they do.

Policy and practice implications

- Self-harm may have positive meanings for young people. This finding supports existing approaches which emphasise that focusing on cessation of self-harm can be counter-productive.
- Young people suggested that they wanted to be listened to and not judged. This may involve acknowledging the positive effects that self-harm can be understood to have, and the purposes it fulfills within their lives.
- The interpretation of self-harm that is visible to others as attention-seeking must be challenged. This should be part of wider anti-stigma work.
- Practitioners could be more reflective about issues of attention-seeking, and ask why some ways of doing so are seen as less acceptable than others?