EVERY SCAR TELLS A STORY: THE MEANING OF ADOLESCENT SELF-INJURY

By

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DECLARATION

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The story - from *Rumpelstiltskin* to *War and Peace* - is one of the basic tools invented by the human mind, for the purpose of gaining understanding. There have been great societies, that did not use the wheel, but there have been no societies that did not tell stories.

Le Guin (1970).

There are all kinds of stories. Some are born in the telling; their substance is language, and before someone puts them into words they are but a hint of an emotion, a caprice of mind, an image, or an intangible recollection. Others manifest whole, like an apple, and can be repeated infinitely without risk of altering their meaning. Some are taken from reality and processed through inspiration, while others rise up from an instant of inspiration and become real after being told. And there are secret stories that remain hidden in the shadows of the mind; they are like living organisms, they grow roots, and tentacles, they become covered with excrescences and parasites, and with time are transformed into the matter of nightmares. To exorcize the demons of memory, it is sometimes necessary to tell them as a story.

Allende (1991).

Stories move in circles. They don't go in straight lines. So it helps to listen in circles. There are stories inside stories and stories between stories, and finding your way through them is as easy and as hard as finding your way home. And part of the finding is the getting lost. And when you're lost, you start to look around and to listen.

Bender (1995).

ABSTRACT

In recent years there has been an expanse in the literature that is drawing attention to self-injury and research studies indicate that self-injurious behaviour is prevalent in the age group of thirteen to fifteen years. Although it remains unclear, whether the increased focus on self-injury is due to a greater amount of adolescents who engage in self-injury, or whether it is due to more young people identifying themselves as self-injurers, it has now become an integral component of adolescent behaviour that teachers, parents and other significant role players have to be knowledgeable about, as the likelihood that they will encounter self-injury amongst a young adolescent population is on the increase.

As research studies in this arena have been mostly of a quantitative nature and have focused predominately on psychiatric populations, there was a gap in the research to contribute to the limited qualitatively generated knowledge base on self-injury. In this study, a narrative inquiry design was used to make sense of the stories of self-injury that the participants told. Four adolescent girls between the ages of fourteen and seventeen years with no history of mental illness and who were not receiving psychiatric or psychological intervention or showed significant levels of anxiety or depressive symptoms, were selected for the study. Two interviews were conducted with each girl using the fish bowl game and the memory box making to explore their stories of self-injury.

The findings of this study suggest that cutting behaviour has purpose in the lives of the girls who participated in this study. Apart from having meaning in their lives, cutting behaviour also served to fulfill various functions, depending on the kind of problem and feelings that would be experienced in that moment. These functions ranged from providing relief, to being a form of punishment, to being a temptation, to becoming a comforting habit and a way to feel alive again.

OPSOMMING

Oor die afgelope paar jaar is daar ‘n toename in die literatuur wat handel oor selfbesering en navorsingstudies dui daarop dat die voorkoms van selfbeserende gedrag veral ‘n faktor is in die ouderdomsgroep tussen dertien en vyftien jaar. Dit is egter steeds onbekend of die toenemende fokus op selfbeserende gedrag toegeskryf kan word aan ‘n toename in die voorkoms van selfbesering en of dit eerder toegeskryf kan word aan meer jong mense wat hulself identifiseer as selfbeseerders. Hoe dit ookal sy, selfbesering is tans 'n integrale komponent van adolessente gedrag en om hierdie rede is dit 'n noodsaaklikheid dat onderwysers, ouers en ander belanghebbende rolspelers kennis moet dra daaroor omdat die waarskynlikheid dat hulle sulke gedrag sal teëkom, onder 'n jong adolessente populasie, aan die toeneem is.

Aangesien navorsingstudies binne hierdie veld hoofsaaklik kwantitatief van aard is, is daar 'n leemte m.b.t. navorsing wat kan bydra tot die klein hoeveelheid kwalitatiewe studies wat wel al gedoen is. In hierdie studie, is 'n narratieweondersoekontwerp gekies omdat die studie wou sin maak van die stories van selfbesering wat die deelnemers vertel het. Vier adolessente meisies tussen die ouderdom van veertien en sewentien jaar het aan die studie deelgeneem wat geen geskiedenis van geestessiekte gehad het nie en ook nie ten tyde van die ondersoek psigiatriese of sielkundige intervensie ontvang het nie. Die deelnemers moes verder ook geen betekenisvolle hoë vlakke van angs of depressie getoon het nie. Twee onderhoude is met elke deelnemer gevoer waartydens die Visbak speletjie (Fish Bowl game) en 'n Herrinneringdosie (Memory Box) gebruik is om die meisies se stories van selfbesering te ontgin.

Die bevindinge van hierdie studie stel voor dat snygedrag 'n besliste funksie in die lewens van die deelnemers gehad het. Buiten die feit dat snygedrag vir hulle betekenisvol was, het snygedrag ook verskeie funksies vervul wat hoofsaaklik afgehang het van die tipe probleem en die emosies wat daarmee gepaard gegaan het. Snyfunksies het gewissel van 'n manier om verligting te kry, 'n manier om die self te straf, 'n vertroostende gewoonte en 'n manier om weer iets te kan voel.

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CHAPTER ONE

BACKGROUND AND CONTEXTUALISATION OF THE STUDY

1.1 INTRODUCTION

Internationally, research on self-injury shows that the phenomenon is on the increase amongst adolescents in the age group of thirteen to fifteen years (Favazza & Conterio, 1989; Laye-Gindu & Schonert-Reichl, 2005; Ross & Heath, 2002; Tatum & Huband, 2009). This is the age that is referred to as the average age of onset (Favazza & Conterio, 1989; Ross & Heath, 2002; Tatum & Huband, 2009). This international trend is reflected in an increase in the number of adolescents who engage in self-injury in South Africa (Keeton, 2005; WCED, 2010). In a recent Western Cape Department of Education (WCED) (2010) newsletter, schools were made aware of the need to pay attention to adolescents who are injuring themselves. In the newsletter the WCED explained the procedures that teachers need to follow when they encounter such behaviour in a school context.

As self-injury (SI from here onwards) has come to mean many things to different people, there is more than one term used to refer to such behaviour. Other terms include, self-harm (Best, 2005; Laye-Gindhu & Schonert-Reichl, 2005), self-mutilation (Favazza, 1998), and non-suicidal self-injury (Ross, Heath & Toste, 2009). The term self-injury (SI) will be used for this study. This term is used to refer to the injury of the self by cutting and so damaging the skin without suicidal intent (Tatum & Huband, 2009). Cutting is but one form of self-injury and most commonly used, especially amongst adolescent girls (Hodgson, 2004). Other forms of self-injury include: burning, bruising, drinking toxic substances e.g. household chemicals, pinching, etc. (Favazza, 1998).

Working as a counsellor in a high school setting, I find that girls are using self-injury in response to a range of life events. Their stories sketch scenarios of relationship difficulties with their parents, parental conflict and divorce, parental substance abuse and copying behaviour to show loyalty to a friendship, amongst the reasons for their actions. From my experience as a counsellor, cutting becomes a way of dealing with feelings of frustration,

despondency, isolation, anger, worry, etc. It seems as if this especially occurs when these feelings arise and develop amidst difficult life circumstances, during a vulnerable developmental stage and in the absence of a close relationship with at least one significant person. This research is interested in the meaning that girls attach to self-injury. My interest in the research was triggered by the high incidence of SI at the school where I work. My position as counsellor allows me to be aware of the high number of adolescent girls that self-injure because such behaviour is reported to me. As a member of the school staff it is important that I understand the motivation for and the meaning that girls attach to self-injury to enable me to support them in a meaningful way. For this study only cutting behaviour will be studied, while other forms of self-injury such as burning, bruising and poisoning will not form part of my investigation. This study is also delimited to four adolescents in the 14 – 17 year age group who were purposively selected.

1.2 BACKGROUND OF THE STUDY

1.2.1 Personal motivation

My first encounter with self-injury came about a couple of years ago, when I was teaching English at a Cape Town high school. At the time, I remember that my initial reaction was shock and horror, as I tried to make sense of the red, swollen cuts that lay crisscrossed on the small arm of a young Grade 9 girl, in one of my classes. Since then, I have had conversations with a number of girls that self-injure and as a counsellor working in a Cape Town high school, I continue to do so. In this way, I became interested in the topic of self-injury and in the stories that are born in the telling.

Existing literature reveal that in a South African context, the problem pertaining to the meaning that girls attach to self-injury has not been widely researched. Although internationally research has been undertaken to study the phenomenon, it is predominantly of a quantitative nature and clinically focused. The motivation for such studies are mainly to compile case histories of psychiatric patients, accounts from children who are looked after in formalised care or descriptions from adults who recount self-injury practices from when they were younger (Boynton & Auerbach, 2004). In all these studies, self-injury is researched as a mental health problem that is limited to a particular population.

As my interest lies in the meaning that adolescent girls make of cutting, a narrative lens

was used to elicit their stories and make sense of them. This type of research can generate stories that can foster reflection and raise awareness concerning the current state of adolescent self-injury. This study will focus on the act of 'cutting' as a form of self-injury. Though self-injury can involve a wide range of actions, this study will only focus on cutting. The population for the inquiry will be South African female adolescents who self-injure by cutting, with the aim of gaining an understanding of their actual experiences and perceptions in a local context.

1.3 DESCRIPTION OF THE PROBLEM

Adolescents engaging in self-injury deliberately hurt themselves by cutting, or in other ways harm various parts of their bodies. Tatum and Huband (2009) define SI as actions that lead to visible, direct bodily injury. It is however unclear whether the rise in the prevalence of self-injury is due to a greater amount of adolescents who engage in self-injury, or whether it is due to more young people identifying themselves as self-injurers (Briere & Gil, 1998; Klonsky & Muehlenkamp, 2007). Given the increase in prevalence, adolescent self-injury is now being recognised as a problem that has to be dealt with in a school setting (Best, 2005; Boynton & Auerbach, 2004; Shapiro, 2008; WCED, 2010).

Quantitative research on the act of self-injury points to motivators that relate SI to an illness or psychological problem. Some research has found a strong correlation between SI and psychopathology, such as depressive and anxiety disorders (Klonsky, Oltmanns & Turkheimer, 2003) and borderline personality disorder (BPD) (Brausch & Gutierrez, 2010; Haw & Hawton, 2007; Tatum & Huband, 2009). Eating disorders such as bulimia and anorexia (Matsumoto & Imamura, 2008), substance abuse disorders (Joiner, 2005) and sexual and physical abuse (Favazza & Conterio, 1989; Klonsky & Moyer, 2008), have been linked to higher instances of SI. Furthermore, research reveals that the most frequent motivator for SI includes the regulation of feelings by means of reducing depression, anxiety, stress, self-hatred, anger, self-punishment and/or loneliness, and serves as a distraction from problems (Boynton & Auerbach, 2004; Hodgson, 2004; Laye-Gindu & Schonert-Reichl, 2005).

The onset of SI occurs in adolescence, a stage which is characterised by unique developmental changes and challenges. Adolescents report less favourable moods and negative moods are often linked to negative life events such as difficulty getting along with

parents, disciplinary actions at school, and the termination of romantic relationships (Larson, Moneta, Richards & Wilson, 2002). Negative events have been shown to increase from childhood to adolescence, with adolescents reacting with greater emotion to them (Larson & Ham, 1993). Boynton and Auerbach (2004) state that while events such as family problems, school work and friendship difficulties are linked to SI, acts of self-injury are rather a response to the emotional state itself. A study by Laye-Gindhu and Schonert-Reichl (2005) found that negative affective states prior to SI include feelings of loneliness, depression, frustration and anger; and there is a reduction of negative states during and especially after the self-injury episode. Hence, an increase in negative mood might make adolescents vulnerable to employ SI as a means of coping with overwhelming or intolerable emotions (Boynton & Auerbach, 2004). This study would like to explore the kind of feelings that young girls experience and the meaning that they attach to cutting.

Research on SI illustrates that gender differences associated with self-injury have also been established. As this study focuses on a female population, it is important to highlight such differences. Research reveals that the most common type of SI amongst girls is cutting-type behaviour (Hodgson, 2004). Females describe SI as allowing them to endorse intra-punitive factors such as self-hatred, self-punishment, depression, loneliness and depersonalisation (Laye-Gindhu & Schonert-Reichl, 2005).

Social modeling has also been earmarked as a factor that can lead to self-injury (Nock & Prinstein, 2005) and in their recent Positive Behaviour Newsletter, the Western Cape Department of Education (2010, p. 2) described SI as, "becoming a trend amongst adolescents". This behaviour is defined as contagion, "the infliction of self-injury by one individual and imitation by others in the immediate environment" (Rosen & Walsh, 1989, p. 656). Hodgson (2004) elaborates that learning to cut does not necessarily imply that adolescents are taught to cut. Finding out that someone else is cutting can introduce the idea. This form of learning leaves the adolescent to choose whether to cut or not.

Clearly, SI is an ongoing phenomenon of a complex nature. Further research is a necessity, not only to add to current ideas of making sense of cutting behaviour, but to enable role-players to deal with SI timeously and effectively.

1.4 GOALS AND OBJECTIVES

This study investigated the meaning of SI as it emerged from the stories that were told by

four adolescent girls who self-injure.

The primary purpose of this study thus was to explore how adolescents make meaning of self-injury in their own lives, aiming to understand the motivation for engaging in self-injury, and to explore what kind of events make adolescent girls vulnerable to self-injury.

1.5 RESEARCH QUESTION

As such, this study seeks to respond to the following two research questions:

- What is the meaning of self-injury as practised by the four participants in this study?
- What are the life-circumstances that triggered self-injury for the four participants?

1.6 RESEARCH DESIGN

Denzin and Lincoln (2000) state that although qualitative researchers make use of an extensive array of interlinked interpretive practices, it is understood that each practice will open different windows from which to view the world. Qualitative research is described as an "umbrella concept" whereby several forms of inquiry are included with the aim of making sense of social phenomena, "with as little disruption of the natural setting as possible" (Merriam, 1998, p. 5). Lancey (1993) as cited in (Merriam, 1998, p. 5) uses the metaphor of a "mixed forest" of qualitative research and refers to the "distinct trees representing different species or at least subspecies".

It is within this "mixed forest" that I have selected a narrative design with a strong emphasis on social constructionism; as this research wants to highlight the ways in which individuals actively construct meaning through shared understandings, practices and language (Denzin & Lincoln, 2005). The narrative arena is indeed a complex one, as it moves across disciplines and does not fit within the boundaries of any single academic field. It contains roots of realist, modernist, post-modernist, constructionist, post-structuralist, and feminist strands (Morkel, 2010; Kohler Riessmann & Speedy, 2007). This makes it impossible for scholars to agree on origins or a precise definition (Riessmann & Speedy, 2007).

Many researchers in the field "have taken narrative turns both in thinking about the phenomenon of experience and in thinking about research methodologies" (Clandinin &

Rosiek, 2007, p. 37). Therefore, the narrative turn has come to mean many things to different people as they employ a wide array of methodologies according to their theoretical positioning and field of interest. Researchers have "real differences of opinion on the epistemological, ideological and ontological commitments of narrative inquirers" (Clandinin, 2007, p. 1). In an effort to make sense of this complexity, narrative inquiry is seen as a landscape wherein researchers can decide where they want to locate themselves, but with one point of constancy that binds them, "the observation that narrative inquirers study experience" (Clandinin, 2007, p. 1).

An engagement in narrative inquiry is further understood as requiring a move to four definitional points which serve to introduce a way of being with the research. Pinnegar and Daynes (2007) highlight these as an awareness and adopting of the interactive nature of the researcher-researched relationship, the move away from the use of numbers to the use of words and stories as data, the understanding that what is being researched is embedded within a particular context and a "widening in acceptance of alternative epistemologies or ways of knowing" (Pinnegar & Daynes, 2007, p. 8).

A narrative design is suitable for this study for a number of reasons. Primarily, it emphasises an interactional epistemology wherein:

> The researcher not only understands that there is a relationship between the humans involved in the inquiry, but also who the researcher is and what is researched will emerge in the interaction. In this view, the researched and the researcher are seen to exist in time and in a particular context (Pinnegar & Daynes, 2007, p. 14).

There is further, a recognition of the power in understanding the particular. In this lies the challenge of narrative research, as its concern with detail and particularity moves away from positivist science modes of data reduction (Riessman & Speedy, 2007). As this study is delimited to one particular school, with four particular participants, narrative inquiry opens up an arena for transforming their stories of experience into research data.

Another aspect that underlines the suitability of this design is that it embraces different ways of knowing the world and of making sense of experience. Pinnegar and Daynes (2007, p. 25) highlight the relational and interactive nature of this type of human social research, along with the use of story and a focus on the particular, as the "hallmarks of knowing" in narrative inquiry. In this study, narrative inquiry is used to shed light on the

meaning(s) that four female adolescents make of their experience of self-injury.

> Narrative is the way we make sense of our surroundings and our actions, to ourselves and to others, and the narrative lens through which we approach the world (Baillie, Lovato, Johnson & Kalaw, 2005, p. 100).

I have chosen social constructionism as the paradigm to help shape the study's theoretical framework. From this vantage point, knowledge is seen as socially constructed and that individuals continually test and modify their constructions to make sense of experience (Denzin & Lincoln, 2011). Social constructionism points to a recognition that individuals, "construct their lives and identities socially and culturally, through language, discourse and communication" (Speedy, 2008, p. 15). Therefore, it is integral that the researcher does not lose sight of either the individual or the social context in which stories are related (Clandinin & Connelly, 2000).

White (1998) explains that narrative work is based on the assumption that the stories that individuals hold about their lives are mined from their relationships and experiences; and that meaning is created through the telling of interpretive stories. Life is seen as multi-storied and there are always sub-stories and thus, the identities of people are made-up of a multitude of ever changing stories (Carey & Russell, 2002; White, 1998). These stories are principally influenced by cultural and social norms. In this way, social constructionism sees relationships and societal and cultural environments as the birthplace of stories (Carey & Russell, 2002).

A narrative inquiry design is used as the emphasis is on the study of experience as story and the way in which the participants' experiences of self-injury are interpreted and made personally meaningful (Clandinin & Connelly, 2000). Pinnegar and Daynes (2007, p. 71) explain that in using this type of design, narrative is simultaneously embraced both as a method of research and as the phenomenon of study, as "both the stories and the humans are continuously visible in the study".

1.7 RESEARCH METHODOLOGY

1.7.1 Sampling

Sampling is purposeful and only information rich participants will be selected. For ethical

reasons, girls who are receiving psychiatric care; or have a history of mental illness; or have ongoing medical or psychological treatment will not be eligible for inclusion in the study. As a precaution, the following screening procedures, namely, the Mental Status Examination and the Beck's Depression Questionnaire (BDI-IA) were followed. This study was delimited to four adolescent girls at one high school and investigated cutting behaviour as a form of self-injury. Four female participants between 14 and 17 years of age were purposively selected for the study. They are all learners at a Cape Town high school, to which the researcher has access. This school was selected because of the reported number of female adolescents at this school who self-injure.

Though other forms of SI, such as burning, bruising and poisoning exists, the study will be delimited to self-injury. Thus, in a population of adolescents that engage in self-injury at this specific high school, the study delimits itself to only those who engage in cutting.

1.7.2 Data collection

I consider research on self-injury to be sensitive research with vulnerable subjects. As such, subject friendly methods for data selection were selected to enable the four participants to construct their stories about SI. These methods contained projective elements that were more suitable to facilitate storytelling, than other traditional methods could.

The three data collection methods that were used for this study were the memory box, the fish bowl game and the researcher's diary. Informal interviews and observation were secondary methods to elicit information during the data collection activities. All the conversations with the participants were audio recorded after permission was sought from them.

As part of engaging in narrative inquiry, the researcher's voice was included in the data collection. For this purpose, the researcher's experience of engaging in the research journey was storied in a diary that was kept throughout the data collection process. It served to document the researcher's own story through the process of being in contact with the stories of the participants.

1.7.3 Data analysis

In keeping with the purpose of a narrative approach, the participants' stories were

analysed in terms of the meaning that they attached to self-injury; as well as the broader social contexts of their lives in which self-injury actions took place. Their stories were transcribed and content analysis was used in an attempt to make meaning of their stories.

Data analysis was an ongoing interpretive process during which both the researcher and the participants took part (Moen, 2006). Themes were identified not only in response to the participants' accounts of self-injury, but also in the wider personal context of what they said.

Validity and trustworthiness were addressed by means of member checking and triangulation. Member checking is described as a collaborative process between the researcher and the participants that occurs throughout the inquiry and is a process whereby the collected data is "played back" to the participants, "to check for perceived accuracy and reactions" (Cho & Trent, 2006, p. 322). Triangulation, or the use of multiple methods, contributes to validity as it "reflects an attempt to secure an in-depth understanding of the phenomenon in question" (Denzin & Lincoln, 2008, p. 7).

1.8 ETHICAL CONSIDERATIONS

Due to the sensitive nature of the research and the fact that adolescent participants are a vulnerable population, it was integral to prioritise the well-being of the research participants. The researcher's position at the school as counsellor further highlighted the responsibility of taking care to safeguard the participants' welfare. Thus, both as a researcher and as a counsellor there was a responsibility to put all possible safety measures in place to ensure that no harm befell the research participants. This called for the researcher not only to adhere to ethical considerations as a researcher, but also to adhere to them as a counsellor.

My ethical endeavours entailed that I obtained ethical approval from the Research Ethics Committee at Stellenbosch University, sought informed approval from the Western Cape Department of Education (WCED) and approval for access from the principal at the school. For this particular study, the Research Ethics Committee agreed that the adolescent girls be allowed to participate with or without parental consent. Although all four of the research participants decided to participate without parental consent, their consent was obtained to participate in the study. All these aspects will be discussed at length in chapter three.

1.9 TERMINOLOGY

1.9.1 Cutting behaviour

Cutting behaviour is a form of self-injury. It refers to the repeated injury of the self by cutting and so damaging the underlying tissue of the skin without suicidal intent (Tatum & Huband, 2009). Although the appearance of cuts may differ, they usually present as superficial, repeated markings on various parts of the body, such as the arms, upper legs, stomach and mostly body parts that can be hidden with clothing (Favazza, 1998). Cutting can be done with any sharp object, but most commonly blades and scissors are used to cut (Tatum & Huband, 2009).

1.9.2 Adolescence

Adolescence is defined as a unique developmental phase of transition from being a child to an adult and is broadly divided into three stages: early adolescence (12 – 14 years), middle adolescence (14 – 17 years) and late adolescence (17 – 19 years) (Berk, 2006). Although, the age at which each stage is reached varies greatly between individuals, this study will only include females between fourteen and seventeen years of age. Adolescence is further described as a phase wherein rapid physical, cognitive, psychological, emotional and social maturation changes occur (Larson & Ham, 1993).

1.9.3 Stories and meaning

Stories within this study are seen as the interpretive tellings of the participants and how they relate their experiences of self-injury and the unfolding thereof in their lives. Special attention is placed on the meaning of cutting behaviour as a phenomenon within the participants' life stories and the elements within their lives that triggered self-injury.

1.10 STRUCTURE OF THE THESIS

Chapter one provides a brief overview of the theoretical and situational context of this research study. It presents the central research problem and the research questions that guide the research. The researcher employs narrative inquiry as the design that is suited to attain insight into the meaning that adolescent girls attach to cutting behaviour. This design provides the framework for the stories that they have to tell about self-injury and the life circumstances and factors that gave rise thereto.

Chapter two reports on the literature that I reviewed concerning the phenomenon of self-injury and its prevalence in adolescence. Causal factors that contribute and sustain self-injurious behaviour are examined, as well as psycho-pathologies that have been linked to self-injury. Emphasis is placed on adolescence and gender differences during this developmental phase.

In Chapter three I present the research design for the study, the plan of inquiry, ethical considerations and a discussion of the data collection process.

In Chapter four I present the stories of the four participants. Chapter five focuses on the story of Cutting, the researcher's reflections of the research journey, possible recommendations for further research in the field of self-injury and the limitations of this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides a literature review of research that has been published on the phenomenon of self-injury. The review was undertaken to inform the researcher about the ways in which SI acts and manifests amongst adolescent females. As this study focuses on adolescence as a specific developmental period, this phase is described and differences regarding the developmental pathway in males and females are highlighted. To set the stage for SI in adolescence, adolescent developmental changes along with accompanying environmental contexts such as, the school environment, the peer group and parental relationships, are taken into account. A definitional overview of SI with a specific focus on cutting behaviour as a form of self-injury is provided; and risk factors that have been described in the literature as making adolescent girls vulnerable to self-injury practices are examined.

The bio-ecological and social constructionist theories helped shape the theoretical framework for this study. SI has a long history of being considered solely from a medical stance, thus creating a gap in the understanding of the way in which system factors contribute to the prevalence of these actions. This needs to be considered as attitudes toward and social meanings of SI have changed and are in a sense undergoing a "moral passage from the realm of the medicalized to voluntarily chosen deviant behaviour" (Adler & Adler, 2007, p. 537).

Based on a social constructionist theory, self-injurious behaviour is considered as a language of distress that is not created in isolation, but emerges as a form of dialogue between one's culture, community and social environment (Louw & Fourie, 2011). This stance towards SI is in essence a social constructionist stance with an emphasis on the role of language. In this study SI is understood to be represented by the stories behind the scars that are born and given meaning to within social relationships.

2.1.1 The medical deficit model: A psycho-medical view of self-injury

In the early 1900s, the medical model or paradigm was used to view and 'diagnose' illness in all its perceived forms. According to this paradigm, a disability or illness resided within the individual. Issues were not viewed in their complexity, but seen as simple cause and effect statements. Such a view of human nature is characteristic of the medical deficit paradigm and represents a particular lens through which society engages to comprehend certain phenomena, like self-injury.

Due to mounting criticism that the medical model was not able to accommodate the complexity of circular reasoning found within human behaviour, the social-ecological model replaced it. The reason offered for the shift to the social ecological model in the 1970s and 1980s was that the medical model's linear reasoning was found to be too restrictive and reductionist when applied to the social sciences (Swart & Pettipher, 2005). Learning or other difficulties in educational or psychological spheres were no longer regarded as residing solely within the individual; but rather seen as located within the individual, the broader community structures, and the interaction among these structures; influencing the resulting diagnosis and responding treatment. Therefore, such difficulties were no longer seen as a natural and irreversible characteristic of the person (Naicker, 1999).

Traditionally, SI has been regarded as a phenomenon that has its place within the parameters of the psychological and treatment professions (Adler & Adler, 2007). Although the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR, 2000), does not provide a separate listing for SI as a disorder, it is commonly viewed as a symptom of other disorders, especially those involving impulse control and has been viewed as located within the "dramatic-emotional" dimension (Adler & Adler, 2007, p. 539).

SI has been connected to depressive and anxiety disorders (Klonsky *et al.*, 2003), is commonly associated with borderline personality disorder (BPD) (Brausch & Gutierrez, 2010; Haw & Hawton 2007; Tatum & Huband, 2009), histrionic personality disorder (Pfohl, 1991), post-traumatic stress disorder (PTSD) (Pitman, 1990) and dissociative disorders (Coons & Milstein, 1990). Eating disorders such as bulimia and anorexia (Matsumoto & Imamura, 2008) and substance abuse disorders (Joiner, 2005), have also been linked to SI. With regard to BPD:

> Studies show that people who qualify for this diagnosis are more likely to harm

> themselves and, conversely that people who injure themselves repeatedly have a raised incidence of BPD (Tatum & Huband, 2009, p. 79).

In addition, it may prove challenging to provide a diagnosis for an individual whose primary presenting problem is SI without fulfilling the criteria for BPD, as there is such a strong traditional association between BPD and SI (Suyemoto, 1998). In view of this, it has been suggested that SI should be regarded as a primary criterion for a separate diagnosis of deliberate self-harm or repetitive self-mutilation (Favazza & Rosenthal, 1993).

Although SI is not the same as committing suicide (Favazza, 1998; Hodgson, 2004; Inckle, 2010; Tatum & Huband, 2009), the research findings have suggested that an experience of SI may facilitate future suicide attempts in that an individual is repeatedly exposed to the experience of SI. While the fear of injury is reduced, the rewards of SI (e.g. to feel relaxed, to regain control), increase (Joiner, 2005). As a primary aim of life is to safeguard ourselves against injury, acts of self-injury are seen as violating the safety catch that protects individuals from harm. Where such a safety catch is repeatedly tampered with, it has been suggested that individuals that self-injure become more vulnerable to committing suicide (Babiker & Arnold, 1997). Tatum and Huband (2009) add that the risk of suicide is significantly increased where individuals have a history of repeated SI, especially in cases where repeated episodes of SI are combined with mental illness.

While SI is prominent among individuals with these diagnoses, rates of SI among mainstream populations are increasing at a fast pace (Abrams & Gordon, 2003). In addition, a significant percentage of individuals who engage in SI never seek the help of medical professionals as the behaviour is generally carried out in secret and wounds are such that no medical attention is required (Adler & Adler, 2007). Thus, little is known about self-injurious acts among individuals who are not clinical inpatients and they usually remain "hidden in society" (Adler & Adler, 2007, p. 539).

The population for this study is adolescent high school learners. The aim is to research the meaning of SI in their lives. The participants in this study have been purposively selected from a population that have never received or required any psychiatric or medical intervention for their self-injurious behaviour. The next section will discuss the bio-ecological paradigm and the theoretical framework of social constructionism, which is applied in order to gain understanding and insight into the participants' acts of SI.

2.1.2 The bio-ecological paradigm and a social constructionist approach to self-injury

The bio-ecological model (Bronfenbrenner, 1979, 1992) focuses on how person and biological qualities are essential factors that interact with other systems to influence human development and behaviour. From this perspective, emphasis is placed on the world of the individual that consists of five systems of interaction: (1) Microsystem, (2) Mesosystem, (3) Exosystem, (4) Macrosystem, and (5) Chronosystem. All five systems are seen to have reciprocal interconnectivity, and a change in one system, will have an influence on the other systems. Each system is further dependent upon the contextual nature of an individual's life (Swick & Williams, 2006).

The microsystem refers to the most immediate environment in which person development and crucial proximal processes take place and include the family, school and peer group. The mesosystem refers to the system of connections between the immediate environment, such as the relationship between the adolescent's family and school. The exosystem focuses on external environmental settings that indirectly influence human development. The macrosystem adds the dimension of larger cultural contexts, emphasising culture, values and beliefs like social values or a change in paradigms with regard to the way that we view SI. Lastly, the chronosystem is connected to the concept of time as it applies to human development, environmental changes and socio-historical circumstances.

The bio-ecological paradigm has significant value in that the developing person is placed at the core and seen as a system within itself. These person factors will have an influence not only on one another, but also on the surrounding systems of the ecological model. Consequently, human beings are seen as biological creatures living in a social world (Passer & Smith, 2008). An individual's self-injuring behaviour and development is seen as complex, as a wide range of factors from different systems have circular interactions that influence the etiology and maintenance of SI. In turn this kind of behaviour reciprocally influences the environment in which the person exists. For example, when considering the mesosystem, a person's acts of SI will have an influence on friends, family, teachers, and so on. In turn, these role players will have a reaction towards the person's acts of SI. Whether it is a positive or a negative reaction, it has the potential to influence the person's self-injurious behaviour.

In considering SI from a bio-ecological paradigm, it is acknowledged that at a biological

level, brain processes, genetic influences, physical, intellectual, emotional, social, person characteristics and moral aspects all interplay to influence self-injury. An individual is regarded as a system that is embedded within larger interacting systems such as the adolescent's family context, school, and peer group; and more distant situations like the influences of technology, the media and so forth. Influences may extend to acknowledge a specific developmental phase or even a specific phase in history where certain norms and values shape the way in which SI is viewed. Consequently, behaviour needs to be examined at a biological, psychological and environmental level (Passer & Smith, 2008).

As a meta-theoretical framework, the bio-ecological paradigm makes provision for the inclusion of other theories within its parameters. This study acknowledges social and cultural factors that influence the onset and maintenance of SI. At the same time, the individual is regarded as a system within wider social, cultural and historical influences. For this reason, the bio-ecological paradigm is applied as a meta-theoretical framework wherein social constructionism is added as a lens to understand and describe how the above-mentioned interactions can contribute to the complicated nature of self-injurious behaviour.

Social constructionism places emphasis on the fact that the social is not given but made (Gergen, 2008). Burr (2003) explains that current ways of understanding the world or phenomena in the world do not result from objective scientific study. Instead ways of understanding emerge through social processes and interactions in which individuals are constantly engaged with each other (Burr, 2003). Therefore, reality is viewed as a construct that is socially derived and shared by a community of knowers (Burr, 2003). Reality or discourse about reality is regarded as an artefact of communal interchange (Gergen, 2008) and, arises from:

> An intimate dialogical relationship between our embodied being in the world and how we discursively make sense of that embodied being and give it meaning (Loftus & Higgs, 2010, pp. 380-381).

For this reason, social constructionism highlights the role of language, such as professional discourse about SI, and how such discourse not only shapes the ways in which people construct knowledge, but also shapes the ways in which people go about the localised forms of discursive world-making (Loftus & Higgs, 2010). Thus, language plays an integral role in the way in which individuals see and interpret the world around them

(Loftus & Higgs, 2010).

Social constructionism also emphasises culture and context in the process of creating meaning (Gergen, 2008). Any view of SI is determined by history, culture and tradition. As such it can be difficult to define the meaning of SI (Adler & Adler, 2007). Therefore, all ways of understanding are historically and culturally relative as knowledge about the world or a phenomenon in the world is constructed through discourse between people and is historically and time specific (Burr, 2003).

A sociological perspective is interested in the influence of social structure, culture and how individuals engage with it (Adler & Adler, 2007). This view of SI is concerned with a more critical and self-reflective discourse and moves away from regarding SI solely as a psychiatric and medical problem (Adler & Adler, 2007; Allen, 2007; Hodgson, 2004). Instead, SI is viewed from non-clinical contexts to present a more: "sociologically informed understanding of self-injury and a move away from clinically constructed and limited images and studies of the behaviour" (Chandler, Myers & Platt, 2011, p. 98).

In her study that focused on a sociological construction of SI, Hodgson (2004) found that cutting existed on various different levels that ranged from self-learned to other learned, from learning the idea to learning the techniques. Adler and Adler (2007) add that public knowledge of SI began to increase in the early 1990s due to reports in the media and, that greater public knowledge had an influence on the way in which individuals that self-injured viewed themselves and in the way that they were regarded by others. Now in the 2000s, self-injury internet sites incorporate chat rooms and newsgroups in which individuals can interact and as a result the social meaning of SI has expanded once more (Adler & Adler, 2007).

Although Adler and Adler (2007) highlight modern day social changes that have had an influence on the way in which SI is viewed, Favazza (1992, p. 4) emphasises how the meaning of SI has been altered through the ages by the same process of social construction:

> Beliefs, attitudes, practices, and images diffuse across altitudes and longitudes and centuries. Our perceptions of self-mutilation as grotesque or beautiful, heroic or cowardly, awesome or pitiful, meaningful or senseless derive in great part from the perceptions of those that have lived before us.

In essence, SI, like any other phenomenon, is subjected to the influences of sociological constructions with regard to the way in which meanings around it are socially constructed. As sociologically constructed research has progressed, Adler and Adler (2007, p. 539) state that self-injury is now cast as a complex process of symbolic interaction, carrying specific meanings, rather than merely a medical problem. This move implies broader implications for its changed social definition from, "a psychological form of mental illness to a sociological form of deviance."

2.2 DEFINING SELF-INJURY

Self-injury seems to be a complex phenomenon. In their search to make sense thereof, researchers have studied such acts from various angles. These range from viewing SI in "purely pathological" terms, to a "growing recognition of the multi-faceted functions of SI as a means of coping with and expressing traumatic issues and experiences" (Inckle, 2010, p. 160). A sociological perspective can contribute to understanding SI by considering it from a social context, as it is now acknowledged that SI does not exclusively occur in psychiatric patients (Zila & Kiselica, 2001). Therefore:

> As the population of known cutters grows, recognition of cutting as its own problem instead of simply linking it to suicide or other diseases/handicaps, may make it easier for self-injurers to seek help when they are ready to do so (Hodgson, 2004, p. 163).

Within the literature, there are many actions that can be categorised as SI. These include: scratching, picking, biting, and scraping; to inserting sharp objects under the skin or into body orifices; pulling out hair (trichotillomania); scrubbing away the surface of the skin (sometimes using chemicals); inflicting blows on or banging the body, interfering with wounds; tying ligatures and swallowing sharp objects or harmful substances usually called overdosing when these substances are medication or drugs (Babiker & Arnold, 1997).

Zila and Kiselica (2001) have pointed out that it is not an easy task to define SI, as it has not been widely defined as a syndrome and the accompanying symptoms and signs have not been systematically recorded. Instead it is often regarded as a by-product of autism, schizophrenia and borderline personality disorder (Zila & Kiselica, 2001), but rarely discussed as a health threat in its own right for young adolescent females.

> Part of the reason why cutting has not been considered its own unique problem is that when certain actions don't fit into the realm of 'normative' actions, we try to explain why an individual is being deviant by giving him or her a socially acceptable excuse; in these instances, that excuse usually involves assuming the individual has a mental illness or disability (Hodgson, 2004, p. 163).

In addition, researchers describe that acts of SI can take on a multitude of forms all with "potentially different motives" (Hodgson, 2004, p. 162). As a result, there are different terms referring to SI, and attempts to define SI have been far from simplistic (Allen, 2007). Self-harm (Best, 2005; Laye-Gindu & Schonert-Reichl, 2005), self-mutilation (Favazza, 1998), non-suicidal self-injury (Ross *et al*., 2009) and self-injury (Hodgson, 2004; Inckle, 2010; Tatum & Huband, 2009) are all terms that have been used extensively in the literature on SI. Favazza (1998) uses the term self-mutilation and includes acts of burning, bruising, drinking toxic substances e.g. household chemicals and pinching. You and Leung (2011) refer to non-suicidal self-injury (NSSI) and define it as deliberate, direct physical harm towards the self without conscious suicidal intent.

In their work, Lund, Karim and Quillisch (2007) use the term deliberate self-harm (DSH) to distinguish DSH from the umbrella term of self-destructive behaviours which involve all kinds of self-injurious acts. DSH is narrowed down to include cutting, hitting or burning, but excludes self-starvation, alcohol or drug abuse or any other kind of self-damaging behaviour.

Duperouzel and Fish (2007) also place emphasis on the deliberate infliction of hurt on one's self, but again without the intent to commit suicide and SI behaviour that is accidentally injurious, is not included in their definition. Although there seems to be a consensus that acts of SI are not intended to end life, it has been found that the line between suicidal and non-suicidal acts are blurred in individual cases and that the:

> Sharp differentiation of SI from suicide may well inhibit attempts to understand the range of motives and feelings associated with the behaviour (Chandler, Myers & Platt, 2011, p. 99).

In a similar vein, Babiker and Arnold (1997) provide a useful clarification by distinguishing SI from other forms of destructive behaviours, such as parasuicide, eating disorders, substance abuse and factitious disorders. They explain that although all such behaviours include some form of harmfulness to the body, SI is distinguished from other destructive

behaviours in integral ways that include:

> Lethality, social construction, intention, purpose, directness and immediacy of injury, whether illness is a focus, and whether there is any deception involved (Babiker & Arnold, 1997, p. 2).

Besides the differing terms, what becomes clear is that the connection between action and intent is integral and becomes the basis from which SI is distinguished from other forms of self-destructive behaviour (Tatum & Huband, 2009). Thus, cutting is but one form of SI and has been found to be especially common among adolescent females (Babiker & Arnold, 1997; Boyton & Auerbach, 2004; Favazza, 1998; Hodgson, 2004; Zila & Kiselica, 2001). Cutting most commonly occurs on the arms, hands, legs and less often on the face, torso, breasts and genitals (Babiker & Arnold, 1998; Boyton & Auerbach, 2004; Hodgson, 2004). Cuts have been found to differ in size and can range from various superficial scratchings to a single deep cut that might require medical attention (Zila & Kiselica, 2001). Boyton and Auerbach (2004, p. 95) refer to the term "chicken scratching", as used by adolescent participants in their qualitative study.

As mentioned before, the term SI is used for this study and the focus is on cutting behaviour. SI is understood and described in terms of a coping mechanism to deal with unbearable feelings and alleviate distress (Babiker & Arnold, 1997; Hodgson, 2004; Inckle, 2010). For the purpose of this study, cutting is defined as "the intentional act of penetrating the skin with a sharp or pointed instrument without suicidal intent" (Hodgson, 2004, p. 162) and extends to include the National Institute for Clinical Excellence's (2002, p. 8), definition of SI:

> An expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm, however, vary greatly from person to person. In addition, the reason a person harms him or herself may be different on each occasion, and should not be presumed to be the same.

Although, Allen (2007) agrees with this definition of SI, he highlights an important aspect with regard to the power that language has to become a vehicle to convey beliefs about SI.

> In denoting self-injury in this manner, the subliminal message may be that self-injury is an expression of a mental health problem through its link with the

> notion of personal distress. This may be the case for some people, but it is not definitive (Allen, 2007, p. 173).

In considering the power of language to construct meaning, there is an additional danger in using the label "self-injurer" as opposed to referring to a person who self-injures, as such language may have dire consequences (Allen, 2007), due to its totalising effects on a person. White (2007) highlights Foucoult's ideas in placing emphasis on the fact that language as a cultural phenomenon has power to objectify people. It can establish dividing practices in a population; it is used to classify disorders scientifically and serves as a measure for social control using normalising judgment where people measure their own and each other's actions against norms about life and developments, as established by professional disciplines. As a result, people's identities are objectified and what they see as the 'truth' about themselves ironically contains the problems that they are struggling with (White, 2007).

Hodgson (2004) explains that most individuals, including practitioners who encounter a person that self-injures, often react in an upset and disgusted manner, as acts of SI often contradict the belief that a primary aim of life is to safeguard ourselves against injury. Thus, using language that objectifies people as problems may hinder insight into acts of SI. Allen (2007) cites Thompson (1998) to argue that when individuals are described in terms of their condition, the "free human spirit becomes a powerless object within the medical discourse" (Allen, 2007, p. 173). This in turn leads to "dehumanization" as a part of the "process which ultimately leads to discrimination and oppression" (Allen, 2007, p. 173). As a result, it remains difficult and even problematic to define SI and as no consensus has been reached with regard to the terminology and definition of SI, there is an inability to speak a shared language (McAllister, 2003).

2.3 THE PREVALENCE OF SELF-INJURY, ADOLESCENCE AND GENDER

Irrespective of how self-injury is defined, research studies show an increase of self-injury behaviour during adolescence (Favazza & Conterio, 1989; Laye-Gindu & Schonert-Reichl, 2005; Ross & Heath, 2002; Tatum & Huband, 2009). According to research, the typical age of onset is in the age group of 13-15 years (Favazza & Conterio, 1989; Ross & Heath, 2002; Tatum & Huband, 2009). In addition, psychologists in South Africa have reported an alarming increase in the number of adolescents who engage in SI (Keeton, 2005). Thus,

given the increase in prevalence, adolescent self-injury is now increasingly being recognised as a factor that has to be dealt with in school settings (Best, 2005; Shapiro, 2008).

Changes during adolescence are challenging, suggesting among others, intrinsic difficulties that have to be managed throughout these years. Apart from being a vulnerable and eventful developmental period, adolescence is one of the most difficult times in life (Arnett, 1995). This difficulty resides in the turbulence that occurs as a result of major biological and psychological developmental processes that take place, affecting various areas of life (Nounopoulos, Ashby & Gilman, 2006; Sarracino, Presaghi, Degru & Innamorati, 2011). Bodily changes and awakening sexuality start to emerge; and psychological and social changes take place (Berk, 2006). Psychological changes that are typical during this stage include: personality formation, identity development, the development of personal values, commitments and expectations; and an emerging desire for autonomy and independence (Schraml, Perski, Grossi & Simonsson-Sarnecki, 2011).

Social changes include role ambiguity (child versus adult), influences of the peer group and sexual relationships (Schraml *et al.*, 2011). Most commonly difficulties arise as a result of conflicts that are experienced in three key developmental areas, namely mood disruptions, stress, and conflict with parents (Arnett, 1995). Consequently, one of the most evident risk factors for SI is age, as SI has been shown to begin as a negative coping pattern at the onset of adolescence (Favazza, 1998; Ross & Heath, 2002). Zila and Kiselica (2001) add that self-injurers are typically intelligent adolescent middle, or upper class females. Babiker and Arnold (1997) further comment that although adults self-injure, SI is much more prevalent among adolescents and that existing data seems to suggest that SI declines with age.

In a survey of 440 adolescents that Ross and Heath (2002) report on, 13.9% respondents describe self-injurious behaviour, where cutting was found to be the most common form of SI. Horrocks, Price, House and Owens (2003) report that 21.2% of all admittances to general hospitals in Leeds were for SI. Tatum and Huband (2009) add that is has been estimated that one adolescent in ten in the United Kingdom injures themselves and that skin cutting seems to be the most common form of SI. With regard to explanations for the increase in prevalence, it has been suggested that individuals are becoming more open to admit that they self-injure than before, that non-socialised violence (e.g. violence carried out outside of socially sanctioned circumstances such as war) is becoming more

acceptable in society; and "copy-cat" or modeling, are leading to adolescents injuring themselves in emulation of friends and acquaintances (Tatum & Huband, 2009, p. 4).

As mentioned earlier, gender differences with regard to SI have been researched and it revealed that females tend to be more vulnerable to cutting behaviour than males (Boyton & Auerbach, 2004; Laye-Gindhu & Schonert-Reichl, 2005; Zila & Kiselica, 2001). As the participants in this study are adolescent females between the ages of 14 and 17 years, such differences are integral. Laye-Gindu and Schonert-Reichl (2005) reiterate that females report that SI functions to enable them to deal with factors such as loneliness, depersonalisation, self-hatred, self-punishment and depression. In their study Boyton and Auerbach (2004, p. 95) estimated that for every fifteen letters that they received from adolescent females, around ten included reference to SI:

> "I am being bullied at school"; "I have been sexually abused"; "I am worried about my exams" or "I think that I might have an eating disorder", all followed by ... and I cut myself.

Increases in negative mood seem to be more prevalent for adolescent females (Arnett, 1995); females experience higher stress levels related to interpersonal contexts (Byrne, Davenport & Mazanov, 2007; Hampel & Peterman, 2006; Hankin, Mermelstein & Roesch, 2007; Rose & Randolph, 2006); exhibit increased emotional problems including depression and anxiety (Moksnes, Moljord, Espnes & Byrne, 2010), and would seem to be more vulnerable to the negative psychological health effects of stress than young males (Charbonneau, Mezulis & Hyde, 2009). Jacobson and Crockett (2000) add that as females usually mature at a faster pace than males, they tend to socialise with older peers. This may result in a greater predisposition to engage in problem behaviour. Overall, differences with regard to gender vulnerabilities seem to increase from middle to late adolescence (Compas, Connor-Smith, Saltman, Thomsen & Wadsworth, 2001), which is the age group this study has as focus.

Symptoms of depression, low self-esteem, and anxiety have also been shown to be associated with SI for both genders (Claes, Houben, Vandereycken, Bijttebier & Muehlenkamp, 2010) and hopelessness has been implicated as a negative affect that is commonly linked to SI (Brausch & Gutierrez, 2010). It has however, been found that adolescent females experiencing depressive symptoms were more likely to use SI for emotion regulation functions (Brausch & Gutierrez, 2010), which might suggest that they

experience more problems with emotion regulation than young males. Boyton and Auerbach (2004) further suggest that boys are less likely to be punished for verbally and physically aggressive behaviour and are encouraged to partake in sport. In contrast, young females are prized on their ability to be quiet and more subdued and are often spurred on to disappear through dieting. Therefore it might not come as such a surprise that, "girls adopt the route of SI, since their voices are not and cannot be heard elsewhere" (Boyton & Auerbach, 2004, p. 107).

In addition, Babiker and Arnold (1997) explain that females struggle to express feelings of anger as they feel both unsafe in expressing and receiving anger. Where individuals are hard on themselves and turn anger unto what they perceive as their shortcomings or inadequacies, SI can serve as a punishment and SI can also allow them to deal with their anger without hurting anyone else (Babiker & Arnold, 1997).

2.4 THE FUNCTIONS OF SELF-INJURY

Although hypotheses regarding the motivations for self-injury are as varied as the acts themselves (Hodgson, 2004; Zila & Kiselica, 2001), researchers seem to concur that the most frequent motivator for SI has been formulated in terms of a way to regulate emotions. Emotion regulation refers to those strategies that individuals use to adjust their emotional state to a comfortable level of intensity, so that they can accomplish their goals (Berk, 2006). Current theoretical conceptualisations of SI strongly suggest that SI is a means of managing negative affect (Muehlenkamp & Brausch, 2011; Nock, 2009). Although other factors may also relate to SI, the roles of coping and emotion regulation appear to have the most support (Jacobsen & Gould, 2007). SI as an emotion regulator, functions to reduce depression, anxiety, stress, self-hatred, anger, self-punishment, loneliness and serves as a distraction from problems (Boynton & Auerbach, 2004; Hodgson, 2004; Laye-Gindu & Schonert-Reichl, 2005). In addition, research of inpatient and non-clinical community samples of adolescents found that emotion or affect regulation is the most commonly cited function of SI (Lloyd-Richardson, Perrine, Dierker & Kelly, 2007; Nock & Prinstein, 2005).

In their research, (Hilt, Nock, Lloyd-Richardson & Prinstein, 2008) also found support for the emotion regulation function of SI in that depression was found to be a common correlate for SI and, that SI was most frequently reported to be used to alleviate negative

emotions. Adolescence is a time when extreme emotions are more frequently experienced and negative moods rise due to an increase in negative affect (Buchanan, Eccles & Becker, 1992). It might even be argued that age becomes a risk factor for mood disruption, as depression peaks in mid-adolescence (Petersen, Compas, Brooks-Gunn, Stemmler, Ey & Grant, 1993). Petersen *et al*. (1993) add that in their study, one third of adolescents at any given time, showed scores that would be predictive of clinical depression. Building on the emotion regulation model, SI is seen as a way of:

> Coping and carrying on with life in spite of enormous psychological distress, to cut oneself may be felt to be life-saving, rather than self-destructive (Babiker & Arnold, 1997, p. 73).

To this extent, emotional regulation in adolescence has to be considered when hypothesising about SI.

Inckle (2010, pp. 161-162) elaborates on SI as a way of coping with life, by highlighting the complexities of individual circumstances and their interaction:

> The individual experiences connected with self-injury (including neglect; physical; emotional; and/or sexual abuse; grief; loss; displacement; and chronic illness) alongside the broader social context (poverty, racism, homophobia, ableism, and gender prejudice) and the immediate life situations in which they are experienced intersect and compound one another in deeply wounding ways.

Thus, SI can become a means to self-soothe and reduce distress and this function might even apply without SI actually taking place, as an individual is reassured that they have such means at their disposal that can help them get through difficult times, and minimise their sense of helplessness (Babiker & Arnold, 1997). Following the act, there is often a sense of temporary relief, which may at times (but not always) be associated with "the outflow of blood or with feeling more 'real' " (Tatum & Huband, 2009, p. 70).

Muehlenkamp and Brausch (2011) explain that the emotion regulation model of SI provides a mechanism for understanding that negative affect is important, not only in the initiation of SI, but also in the maintenance thereof. SI seems to be helping people not only to cope with insufferable feelings (Klonsky, 2007) but, to help individuals solve their interpersonal problems (Klonsky, 2007; Nock & Prinstein, 2005). Thus, SI can become a way of surviving, as individuals that self-injure are likely to engage in emotional avoidance

and find it extremely challenging to deal with their problems (Evans, Hawton, & Rodham, 2005). In this way, SI becomes a useful distraction or has an avoidance function (Babiker & Arnold, 1997). In addition, Favazza and Rosenthal (1993) suggest that individuals who self-injure seemed to have related feelings of real or perceived abandonment.

Boyton and Auerbach's (2004) findings suggest that SI can be associated with family problems, school stressors; friendship difficulties and physical and/or sexual abuse that commonly resulted in distressing emotions, including feelings of anger, depression and frustration. In turn, negative experiences such as difficulty getting along with parents, disciplinary actions at school and the termination of romantic relationships, increase from childhood to adolescence (Larson *et al.,* 2002). As SI is prevalent in adolescence, SI may function to release tension and restore a sense of control (Boyton & Auerbach, 2004), especially as adolescence is often accompanied by an overall "deflation of childhood happiness" (Larson & Ham, 1993), and adolescents are more likely to feel awkward, lonely, nervous and ignored (Larson & Ham, 1993).

Most importantly, Boyton and Auerbach (2004) explain that while some respondents did not link SI to a particular event or experience, their story began rather with simply feeling stressed or in a bad mood. They underline that the nature of the events leading up to the emotional state was not particularly critical and that SI was seen in terms of being a response to the emotional state itself rather than to the events that occurred (Boyton & Auerbach, 2004).

In addition, Muehlenkamp and Brausch (2011) highlight that although negative affect can be regarded as an integral precipitating factor for self-injurious behaviour, it does not completely explain how or why SI emerges in adolescence and, that current models fail to integrate other variables that may contribute to the onset and maintenance of SI.

Another variable that has been frequently reported is that SI functions as a way to end feelings of depersonalisation (Favazza & Conterio, 1989). Depersonalisation occurs when individuals experience a profound sense of detachment from their bodies and may even feel as if they are not alive (Hodgson, 2004). Chu and Dill (1990) refer to depersonalisation and derealisation as dissociative alterations in perceptions that individuals seem to use in the presence of a psychological need to escape overwhelming experiences such as trauma and abuse, or simply to make painful events less intense. When individuals, especially children, become overwhelmed by an external stressor, they resort to denial or

disengagement (i.e. dissociate) as a way of coping (Low, Jones, MacLeod, Power & Duggan, 2000).

Dissociation is a term that is used to describe the process whereby some individuals cope with trauma by numbing themselves, both physically and emotionally (Babiker & Arnold, 1997; Favazza & Conterio, 1989; Suyemoto, 1998; Tatum & Huband, 2009). It is further defined as a disruption in the usually integrated functions of consciousness, memory, identity, or perceptions of the environment, which may be sudden, transient or chronic (DSM IV-TR, 2000). Low *et al*. (2000) add, that dissociation can be seen as an adaptive mental process when experiencing trauma. It however, becomes problematic when traumatised individuals continue to dissociate as a way of dealing with trauma-related memories and stressful life experiences. Although, dissociation may begin as a way of coping when individuals feel overwhelmed with their current life situations, some find themselves dissociating in the absence of an external threat and may even find themselves cutting in a dissociated state, while others use the pain and sensation of SI to help them regain a sense of feeling present in the moment (Babiker & Arnold, 1997). Dissociation was further found to be a common concomitant to SI, and that many individuals reported feeling numb and 'dead' prior to injuring themselves, that they self-injured without experiencing pain and felt a sense of relief after the self-injury episode (Van der Kolk, Perry & Herman, 1991).

Tatum and Huband (2009) add that the skin, as the largest organ in the body, plays a role in dissociation in that experiences of being touched adversely, or not at all, during infancy and childhood might:

> Lead to disturbances in skin image up to, and including, the experience of the skin disappearing from the body image 'as it is owned by someone else' (Tatum & Huband, 2009, p. 76).

In their study, Chu and Dill (1990) found that the severity of abuse experiences was significantly related to the level of dissociative symptoms. Such symptoms were especially high where individuals experienced both physical and sexual abuse, and where such abuse was inflicted by a family member, as this would compromise a child's most intimate social environment (Chu & Dill, 1990). In addition, Van der Kolk *et al.* (1991) noted that ongoing dissociation was associated with cutting and it was found that dissociative episodes correlated significantly with childhood trauma and neglect. Consequently, it was

hypothesised that the immaturity of the central nervous system in children may make them vulnerable to flawed biological self-regulation as a consequence of trauma and neglect (Van der Kolk *et al.,* 1991).

In turn, Boyton and Auerbach (2004), include the addiction angle in their explanation of the functionality of SI, by underlining that many of the female adolescents in their study found similarities between their self-injurious behaviour and smoking or substance abuse. When speaking about SI in the 'language of addiction', there is a focus on the fact that such acts are usually repeated compulsively. While some respondents have voiced their fear that they might not be able to stop self-injuring, others have indicated that they do not want to stop as they find SI effective in relieving their emotional pain (Boyton & Auerbach, 2004). Such emotional responses may come about as adolescents are still in the process of developing emotional regulation strategies to cope with the emotional demands that different contexts place upon them (Boyton & Auerbach, 2004).

In addition, there are biological aspects to SI that have been suggested. Van der Kolk *et al.* (1991) refer to anatomical pathways that respond when an individual faces extreme stress by releasing endorphins or naturally occurring opiates in the brain that are implicated in emotion regulation. It has been suggested that individuals that self-injure have impaired opiate systems and that SI functions as a means of external stimulation to release endorphins (Van der Kolk *et al.,* 1991).

Babiker and Arnold (1997) state that although they are not convinced by the biological explanation as a strong enough basis to explain SI; they do concur that bodily aspects do have strong ties with SI, as pain, bleeding and scarring have been linked to individuals' accounts when reporting on the perceived effectiveness of a specific self-injury episode. The authors stress that individuals have different levels of pain when inflicting wounds, from feeling no pain to feeling a lot of pain and, that for some it is very important that the wound leaves a physical scar (Babiker & Arnold, 1997). Tatum and Huband (2009) agree that individuals experience differing levels of pain and even suggest that although the reasons for analgesia remain unclear, the numbing of the skin might be a symptom of dissociation.

It is thus unlikely, that a simple theory is able to account for behaviour as complex as SI. Perhaps, this is exactly the reason why a social constructionist perspective can contribute legitimately to an understanding of SI. Allen (2007) explains that in our search to make

sense of SI, there has to be an acknowledgement that SI has multiple meanings and that these meanings are all valid in that the individuals that portray them believe them to be true. Such meanings may include self-injury as a "maladaptive coping mechanism, a rite of passage, and a legitimate way of dealing with distress" (Allen, 2007, p. 176). As such, there can be no definitive meaning of SI. Current beliefs about SI can be interpreted as neither right nor wrong, and are all subject to change and revision as a part of cultural and historical construction (Allen, 2007).

2.5 RISK FACTORS FOR THE ONSET AND MAINTENANCE OF SELF-INJURY

Risk factors with regard to self-injury would refer to factors that have been described in the literature, that make individuals vulnerable to SI. This section will highlight such factors as they occur within differing contexts. From a bio-ecological perspective, risk factors can reside within the biological make-up of an individual, within the family or school context and, within the broader social contexts wherein an individual functions. Risk factors (as well as protective factors), develop and change as various systems interact.

2.5.1 Emotional distress and self-injury

Research seems to indicate that adolescents who self-injure experience alleviated levels of emotional distress compared to those who do not self-injure (Hilt *et al.,* 2008; Laye-Gindhu & Schonert-Reichl, 2005). Individuals who self-injure also seem to have high levels of self-criticism, self-denigration, guilt and low self-esteem (Claes *et al.*, 2010; Favazza & Conterio, 1989; Hodgson, 2004; Tatum & Huband, 2009) and, that many adolescents provide reasons for SI such as "I do not like myself" (Laye-Gindhu & Schonert-Reichl, 2005, p. 95).

It has been found that adolescents who display multiple impulsive behaviours are at risk for repetitive SI and tend to focus on the immediate gains that are available from self-injurious behaviour and to disregard its long-term consequences (You & Leung, 2011). Nock (2009) adds that adolescents with high levels of impulsivity and low distress tolerance ability are prone to engage in rash behaviour like SI, as SI might seem like an easily available tool to alleviate intrapersonal and interpersonal distress. The same impulsive, destructive energy is described by Josephine (2008) as playing a major role in wanting to hurt the self and the need for action of some sort to deal with overwhelming feelings of anguish.

Stress has also consistently been found to be a risk factor for anxiety and depression amongst youth (Compas *et al.,* 2001) and has been earmarked as a risk factor for SI. Stress can be defined as a consequence of deteriorating energy resources, as energy is invested without gaining anything in return that replenishes an individual's energy store (Schraml *et al.,* 2011). Over a period of time, severe stress symptoms such as, emotional exhaustion, physical fatigue and cognitive difficulties may develop (Schraml *et al*., 2011). The transition into adolescence has also been marked by a 'pile-up' of stressful events and psycho-social challenges (Larson & Ham, 1993), particularly for girls (Compas *et al.,* 2001).

Females experience more stress than males (Wagner & Compas, 1990) and exhibit higher levels of interpersonal distress that typically originate from within parent-child and peer relationships (Rudolph & Hammen, 1999). Females are more concerned with negative evaluations by peers and have a greater psychological and emotional investment in their interpersonal success than males. This may give rise to an overall increase in stress, compared to males (Rose & Randolph, 2006). Moksnes *et al*. (2010) add that females tend to exhibit more emotional problems, including symptoms of depression and anxiety. Compared to boys, girls appear to show an increased vulnerability to the negative psychological health effects of stress (Charbonneau *et al.,* 2009). Girls also seem to report increased stress with regard to school performance and growing adult responsibilities (Byrne *et al.,* 2007; Moksnes *et al.,* 2010).

2.5.2 The influence of the family, school and peer contexts on self-injury

In addition, family contexts that provide insufficient nurturing and support, seem to make adolescents especially vulnerable to employ SI acts; as they have to live in and remain dependent on a family context that might range from neglectful to abusive (Babiker & Arnold, 1997). In their study, Yates, Traye and Luthar (2008) found that parental criticism, as a particular form of negative parent-child interaction, to be significantly associated with the occurrence and repetition of SI. In turn, Linehan (1993) highlights the detrimental and harmful effects of invalidating family environments, where individuals are discouraged to share their private experiences and where such experiences are disrespected, criticised or disregarded. Thus, family maltreatment has to be acknowledged as a risk factor for SI, since an array of interpersonal problems occur within families that are incohesive, criticising, over-protective or marked by poor parent-child communication (Wong, Stewart, Ho & Lan, 2007; You & Leung, 2011).

When adolescents feel isolated within their families and doubtful about their interpersonal relationships, there seems to be an increased risk for them to:

> Develop a sense of self-hatred or self-derogation, they become incapable of verbalising emotions, suffer rapid shifts in emotions and arousal, and form a confusing sense of self-other boundary (You & Leung, 2011, p. 5).

A lack of adaptive resources in these domains may facilitate the adoption of compensatory but potentially harmful strategies, such as SI to cope with various developmental problems (You & Leung, 2011, p. 5). Adolescents also tend to experience adverse affects when there is an absence of a reliable and trustworthy individual in their lives (Sarracino *et al.,* 2011; Schraml *et al.,* 2011) and, SI behaviour has been shown to increase when an adolescent does not have a secure and trustworthy bond with at least one significant caregiver or person (Zila & Kiselica, 2001). Thus, the role of peer relations, parental conflict and familial interpersonal relationships are recognised in the etiology and maintenance of SI behaviour (Babiker & Arnold, 1997; Tatum & Huband, 2009).

As adolescents spend much of their time in school, the contribution of school stressors have to be considered. School stressors, such as harassment by peers, academic pressure and conflict with teachers, may be experienced as stressful and have been linked to pain and psychological complaints (Hjern, Alfven & Ostberg, 2007). Consequently, psychosocial aspects of the school environment are important in understanding psychosomatic pain and psychological complaints, as children that are vulnerable to the development thereof seem to experience more school-based problems and are more often the victims of harassment (Hjern et al., 2007).

Barchia and Bussey's study, (2010) found social rejection in the peer group to be a significant source of stress as adolescents in particular rely on peers as a primary source of social support. They found frequent experiences of peer rejection or victimisation may in turn lead to undermine self-efficacy beliefs regarding their ability to interact positively with others (Barchia & Bussey, 2010), leading to increased social isolation and stress (Berk, 2006). Adolescents who self-injure may also have difficulty in maintaining supportive peer relationships and their peer relationships are often short-term and conflict riddled (Wong et al., 2007). Deprived of peer support, adolescents may feel forced to deal with their conflicts on their own rather than having the support of others and that 'acting out' may involve acts of SI (Babiker & Arnold, 1997).

In addition, it has been hypothesised that adolescents who self-injure may learn such behaviour from peers who self-injure (Deliberto & Nock, 2008; Hodgson, 2004). It however remains unclear whether SI is due to social learning or selection effects based on shared negative self-concepts or low self-esteem (Hodgson, 2004). It has been found that adolescents with low self-esteem and more negative non-academic self-concepts could name other peers that self-injured (Claes et al., 2009). In turn, self-injuring adolescents with lower self-esteem might be more attracted to other self-injuring peers because of their shared self-concept problems, or that adolescents' low self-esteem make them more vulnerable to copy SI to deal with their problems, or to gain a certain identity or status in their peer group (Claes et al., 2009). While there is some evidence of contagion, SI is still described as a secretive or private act (Favazza & Conterio, 1989; Tatum & Huband, 2009) and many young females that cut commonly think that they are the only ones that are engaging in such behaviour (Boyton & Auerbach, 2004).

2.5.3 Body image and self-injury

Muehlenkamp and Brausch's study (2011) suggests that although further research is needed, there is a growing theoretical consensus that body image may be an important factor to consider when conceptualising risk factors for SI in adolescence. Negative body image has been shown to increase sharply during adolescence, as most adolescents report body dissatisfaction and other bodily concerns (Markey, 2010). Tatum and Huband (2009) define body image as what individuals consciously believe to be true about their bodies. Such beliefs are associated with a particular area in the brain and although body image can be consciously experienced, it is not created by conscious reflection and therefore has something of the:

> Elusiveness of SI itself in that its influence on us is not mediated by meaning, any more than the action of absent-mindedly scratching the skin has meaning (Tatum & Huband, 2009, p. 75).

Markey (2010) explains that body image is closely related to an individual's sense of self-worth and therefore it might be suggested that theoretical frameworks include negative body image as a facilitator for SI as it induces a feeling of indifference to protecting the body (Babiker & Arnold, 1997; Brausch & Muehlenkamp, 2007).

In the modern world where role models, the media and female images are presented in

terms of their slender body size and physical attractiveness, young females find it especially challenging, if not impossible, to measure up against such standards. As mentioned earlier, physical attractiveness has been found to be significantly tied to feelings of self-worth during childhood and adolescence (Markey, 2010). Body dissatisfaction often leads to disregard for the body, which in turn contributes to feelings of detachment, or in extreme form, dissociation (Orbach, 1996). When young females no longer experience their bodies as worthy of protection, physical anhedonia may manifest as increased pain tolerance and they become more able to injure their bodies when faced with extreme distress as they dissociate from their physical selves (Orbach, 1996). Through a range of experiences e.g. sexual abuse, childhood abuse, eating disorders, alcohol and or substance abuse or serious illness; individuals may become detached from their bodies to the point where they no longer care what they do to themselves (Hodgson, 2004). Ross *et al.* (2009) add that in the presence of heightened levels of self-dislike, SI may also function as a means of self-punishment.

2.5.4 Sexual abuse and self-injury

From the many factors that contribute to the overall inability to cope with stress, a history of sexual abuse has not only been found to be a significant risk factor for the development of SI (Shapiro, 2008), but is described as the trauma most strongly related to all forms of self-destructive behaviour (Van der Kolk *et al.,* 1991). Favazza and Conterio (1989) found that 62% of those who self-injure reported a history of physical and/or sexual abuse. Although additional biological and psychosocial risk factors may mediate the relationship between sexual abuse and SI, sexual abuse should be considered as a risk factor for SI and needs to be included in multi-factorial etiological models for SI (Maniglio, 2010).

SI has also been associated with the inability to deal with one's sexuality due to earlier or ongoing sexual abuse (Zila & Kiselica, 2001). To complicate matters, childhood sexual abuse has been found to be significantly related to sexual risk taking (Friesen, Woodward, Horwood & Fergusson, 2010). As sexual development occurs in adolescence and self-injurious behaviour has been found to be impulsive, it might be that young females who self-injure with a history of sexual abuse may also be vulnerable to risky sexual activity.

As mentioned elsewhere, the most obvious risk factor for SI is age (Shapiro, 2008), as SI has been shown to emerge as a negative coping pattern, that usually begins at the onset of adolescence (Ross & Heath, 2002). Due to its repetitive nature, the danger lies in that

SI can continue into adulthood (Nock, Teper & Hollander, 2007; Walsh, 2006). Therefore, more needs to be done to understand the development of SI in this vulnerable developmental period (Laye-Gindu & Schonert-Reichl, 2005).

2.6 SUMMARY

In this chapter the literature on SI was reviewed. Studies on SI illustrate that the prevalence of the phenomenon has shown an increase over the last couple of decades. Due to its complex etiology and individual functionality, self-injury in adolescence has become a major challenge for health professionals and teachers to deal with. It has been shown that SI is repetitive in nature and that negative coping patterns that are acquired in adolescence have the potential to continue into adulthood, thereby placing such individuals at risk for a range of problems that have the potential to interfere with their well-being and functionality.

My review of the literature on SI points out the need for qualitative research into the individual motives and meanings adolescents attach to injuring themselves. Alan (2007) adds that it is not the acts of self-injury that should necessitate a response from mental health service provision, but rather the underlying distress that the individual is experiencing. For this purpose, qualitative studies about individuals' stories of SI and the accompanying meaning-making of the individual, are important as they could shed light on their self-injuring experiences and contribute to the existing knowledge base on SI.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research process and focuses on structural aspects of the research design that have to be in place to answer the research questions that a study poses. Qualitative research aims to acquire insight into people's behaviour, attitudes, motivations, value systems and lifestyles. It is concerned with exploring issues, understanding phenomena and answering questions in a descriptive, rather than a prescriptive way (Merriam, 2009). Qualitative research practices transform the world into a series of "representations", including interviews, photographs, field notes and memos to the self (Denzin & Lincoln, 2008, p. 4). When doing research in this way, the researcher becomes a tool that facilitates access into the world of the researched (Merriam, 2009). Researchers are both artists and messengers that creatively design their inquiries through the use of multiple methods that enable the attainment of rich descriptive data sets (Krauss, 2005). This study makes use of visual methods that are employed, "within the context of an interview to enhance participants' reflexivity and to gather holistic pictures of the topic under investigation" (Bagnoli, 2009, p. 549).

One of the basic decisions that a researcher has to make in planning a research investigation is to choose a paradigm from which to conduct the study. A research paradigm can be seen as the background knowledge and assumptions that a researcher has, and that shapes the questions or methodology of a study (Terre Blanche & Durrheim, 2006). In a research study, a paradigm functions along the three dimensions of ontology, epistemology and methodology (Terre Blanche & Durrheim, 2006). Ontology specifies the nature of reality or what can be known. Epistemology focuses on what one believes concerning the nature of knowledge (Merriam, 2009), and methodology sets out to attain the best means of gathering knowledge about the world or phenomenon in question (Denzin & Lincoln, 2008). I have chosen to align this study within both the interpretive and the constructivist paradigm.

The interpretive/constructivist paradigm views ontological assumptions of the world as being made up of multiple realities (Denzin & Lincoln, 2008; Krauss, 2005; Merriam, 2009). Each participant's experiences are unique as they happen to each individually. Each individual has his or her own point of view and therefore, a different experience of reality (Krauss, 2005). Reality is created through people's subjective experiences of the world, especially through their interactions with others (Patton, 2002). In this way, every person has a socially constructed view of reality (Merriam, 2009). The interpretive/constructivist paradigm structures the research process in such a way that multiple realities become accessible and understandable.

From this vantage point epistemology, or the belief about the nature of knowledge, is seen as being transactional and subjective (Merriam, 2009). It is important to ascertain how the participants make meaning of a phenomenon and especially includes meaning that is co-constructed in the researcher-participant relationship (Lincoln, Lynham & Guba, 2011). In citing Coll and Chapman (2000), Krauss (2005) emphasises that participation in the inquiry changes both the researcher and the participant, and that knowledge is context and time dependent. As the researcher interacts with the participants, knowledge is established through the meanings that the participants attach to the phenomenon that is studied and through new meaning that is co-constructed in the researcher-participant relationship (Krauss, 2005).

For this study the following two research questions were posed:

- What is the meaning of self-injury as practiced by the four participants in this study?
- What are the life circumstances that triggered self-injury for the four participants?

3.2 RESEARCH DESIGN

3.2.1 A narrative inquiry design

A study's research design could be compared to a strategic framework that links the research questions to the execution of the research (Durrheim, 2006). Such a framework develops through a process of reflection along four dimensions: the purpose of the research, the theoretical paradigm informing the study, the setting of the inquiry, and the kind of methodology that is used to obtain data (Durheim, 2006). This study makes use of a narrative inquiry design as the emphasis is on gathering stories of experience about self-

injury and co-constructing the meaning thereof through the research process.

The gathering of stories is seen as fundamental to narrative inquiry as a means of understanding experience as lived and told (Savin-Baden & Van Niekerk 2007). Narrative research is "up, close and personal" (Josselson & Lieblich, 2003, p. 4) in that it involves an in-depth study of particular individuals in a specific social context and time (Josselson & Lieblich, 2003). Connelly and Clandinin (2006) state that people's lives are shaped by stories of who they and others are. Narrative inquiry allows the researcher to study how participants give meaning to their past through the stories that they tell. "Lives are composed, recomposed, told, retold and lived out in storied ways on storied landscapes" (Clandinin, Murphy, Huber & Orr, 2010, p. 82). As such, human beings are storytelling organisms who both individually and socially lead storied lives (Connelly & Clandinin, 2006). Thus, it is essential to understand that narrative inquiry studies experience as a storied phenomenon (Clandinin *et al.,* 2010).

Clandinin and Connelly (2000) reiterate that it is as correct to speak of an inquiry into narrative, as it is to say narrative inquiry. By this they mean that the narrative becomes both the phenomenon and the method of a study. Narrative inquiry not only allows the researcher to ask questions that elicit stories, but also allows them to be positioned in such a way that stories can be analysed effectively (Savin-Baden & Van Niekerk, 2007). Both the method and the inquiry have experiential starting points that are informed by and interlinked with theoretical literature, that in turn informs either the methodology or an understanding of the experiences with which the researcher began (Clandinin & Connelly, 2000). This type of design is interested in uncovering the particular details of a story as it unfolds within a social and historical context (Rogers, 2003). "Narrative research is therefore that of individual and social histories and identities, through space and time" (Fox, 2006). Subsequently, it is focused on obtaining a clear view of the phenomenon in question, before rushing to theory (Rogers, 2003).

As this study is a narrative inquiry, language becomes the vehicle through which meaning is conveyed in the stories that are told. Krauss (2005) highlights the importance of meaning, in explaining that it is a fundamental aspect of any human social setting and that human beings have an inherent inclination to grasp and make meaning out of their lives and experiences. The methodology chosen for a study has to enable the best means for gathering knowledge about the world or the phenomenon under study (Denzin & Lincoln, 2008). For this study, it has to enable the researcher to access areas of the participants'

lives that might be sensitive and difficult to put into words (Bagnoli, 2009). The interpretive/ constructivist paradigm employs qualitative research methodology within a naturalistic setting. Such methodology would include interviewing and participant observation as methods (Terre Blanche & Durheim, 2006) and extend to the use of projective, visual and creative methods, for data collection (Bagnoli, 2009).

Savin-Baden and Van Niekerk (2007, p. 464) highlight the following skills as important when working in a narrative way:

- To listen attentively to the participant's stories.
- To acknowledge the mutual construction of the research relationship in that both the participants and the researcher have a voice to tell their stories.
- To acknowledge that people are both living their stories in an experiential context and telling their stories in words as they reflect on life and explain themselves to others.

I have chosen narrative inquiry as the research design for this study on self-injury by adolescent girls. This study wants to know how the participants perceive self-injury and what meanings they attach to their experiences of SI. In this way, narrative research becomes a form of collaborative living research (Speedy, 2004). As the purpose of this study has been outlined and the paradigm explained, the following section will focus on the context of the study, the data collection methods and data analysis.

3.2.2 The context of the study

The school where this study was conducted is located in a suburban, middle-class neighbourhood in Cape Town. Its co-educational and dual-medium setting accommodates a culturally diverse learner population of approximately eight hundred. Although the majority of the learners at the school are predominately from middle-class socio-economic backgrounds, the school's feeding areas extend to include learners from a nearby informal settlement where poverty is rife. To provide support for learners that have been placed in foster care, come from single parent families, or whose parents are unemployed or unable to work; the school has created support networks such as a daily feeding scheme, the subsidising of school fees, providing stationary and textbooks, and has a fund to support families in need. This specific school has a strong ethos of caring and aims to create a positive school atmosphere by focusing on providing their learners with hope for the future.

As the counsellor at this specific school, I am in a favourable position to undertake this study as I am the person to deal with the possible psycho-social behavioural problems that learners might experience. These problems range from parental divorce, depression, anxiety, conflict with parents and teachers, low self-esteem, abusive home environments, sexual abuse, and so forth. As the counsellor at the school, I am in a position to build trusting relationships with learners that could be advantageous in getting them to participate in the study.

My interest in this research was triggered by the high incidence of SI at the school. As the school counsellor I became interested and wanted to understand the motivation for and the meaning that girls attached to cutting. For this study I delimit SI to cutting behaviour, and exclude other forms of self-injury such as burning, bruising and poisoning. The study is also delimited to adolescents in the 14-17 year age group. Four female participants were purposively selected. As mentioned, my position as counsellor allowed me to be aware of the high rate of adolescent girls that self-injure; as such behaviour was reported to me.

Sampling was purposeful and only included information-rich female adolescents in the specific age group. For ethical reasons, girls who were in psychiatric care or had a history of mental illness or had ongoing medical or psychological treatment were not eligible for the research. Adolescents who had received counselling in the past at the school were also not included in the study. To eliminate the possibility that a potential participant could currently be receiving psychiatric care or come with a history of mental illness, I had an initial meeting with each potential participant that focused on obtaining a mental health history. To ascertain whether or not adolescents were currently being affected by depression and anxiety, the Mental Status Examination was used during the initial conversation, followed by the Beck Depression Questionnaire (BDI) that was used as a screening measure for heightened levels of depression in which case they were not considered to be suitable participants for the research.

The Mental Status Examination was particularly helpful to obtain an overall sense of general mental functioning (Sattler, 2002) and to determine mood and affect (Carr, 1999). It is defined as:

> An interview conducted to evaluate appearance and behaviour, speech and communications, content of thought, sensory and motor functioning, cognitive functioning, temperament and emotional functioning, and insight and judgment.

It may be part of the intake interview (Sattler, 2002, p. 328).

The Beck Depression Questionnaire (BDI) is described as one of the most used depression questionnaires for the measurement and detection of depression amongst adolescents (Steer, Kumar, Ranieri & Beck, 1998). It is described in the literature as reliable in distinguishing between depressed and non-depressed adolescent populations (Olsson & Van Knorring, 1997). Larsson and Melin (1990) further state that the BDI is a valuable screening instrument for identifying depressive episodes among adolescents. The BDI was translated by Möller in 1988 and is available for both English and Afrikaans speaking students (Storkey, 2006). Where the Mental Status Examination or the BDI indicated anxiety and depression symptoms, learners were not regarded as suitable participants for the research and were not included in the sample. Instead, the study was delimited to girls who cut in the absence of severe depression and anxiety symptoms. Data gathering took take place at the school in the counsellor's office.

To ensure that participants did not feel that they were subtly coerced into taking part in the study, the researcher explained their right to participation and emphasised the aspect of voluntary participation and the participant’s right to withdraw from aspects of the study or the entire study at any time without any negative consequences. To access the school population, permission was sought from the Western Cape Department of Education to conduct research at one of its schools (Appendix A) and from the school's principal (Appendix B).

3.3 DATA COLLECTION METHODS

Data refers to the basic material that a research study generates and can take the form of numbers (quantitative data) or words (qualitative data) (Durrheim, 2006). In this study the researcher was the primary instrument for data collection. As I knew this population to be vulnerable young girls, I explored the various methods of data collection for suitability for this population. I also sought to create a caring and safe context for both the participant and the researcher to feel comfortable in. This was accomplished by selecting methods that were user-friendly and by adopting an attitude characterised by equality and non-judgementality.

The data collection methods for this study included the memory box process, the fish bowl game and the researcher's diary. These data collection methods were chosen because

they were child-friendly and provided an opportunity to elicit negative, as well as positive meanings of experiences by taking part in activities that therefore had the potential to be both therapeutic and produce data. Informal conversations and observation were secondary methods that were used to elicit information during the data collection activities. As rapport building was integral to encourage the unfolding of stories, the informal interviews that were used in tandem with these methods allowed me to generate text-based data on their interpretations of what self-injury meant in their lives.

3.3.1 The fish bowl game

The concept of the fishbowl game has been used in many different contexts that include group therapy, teaching and learning contexts and as a party game. Thus, it is a method that can be used in various situations and in different ways. I became familiar with the fish bowl game when I attended a play therapy workshop by Mariette van der Merwe. Van der Merwe (2011), a social worker in South Africa, used the fish bowl game in her therapeutic work with adolescents and children. It is a projective technique that is used in psycho-therapy as a tool to facilitate exploration and story-telling. Allen (1985) as cited in Bagnoli (2009), refer to projective methods as including any set of procedures which being minimally structured, permit people to impose their own forms of organisation and give expression to their needs, emotions and motives.

In this study, the fish bowl game is used as a visual method for data collection within the context of an interview. The materials used in the game consist of a glass bowl filled with water, ink and bleach. Participants are asked to recall everyday stressors and experiences that they regard as problematic and difficult to cope with. For every negative memory or story, a drop of ink is dripped into the bowl, thereby darkening the water. During the informal interview the participants are then asked to recall preferred stories, positive elements and evidence of mastery and strength from their lives. Drops of bleach are in turn dripped into the bowl, thereby colouring the dark water to a lighter colour.

The instruction at the beginning of the game is kept broad and simple in an effort to allow the participants to make sense of the game in their own way. The following instruction is given at the beginning of the activity:

> I want you to pretend for a moment that this fish bowl represents your life. For every negative thing in your life that somehow contributes to cutting, you are

> going to drip a drop of ink into the water. For every positive thing in your life, you are going to drip a drop of bleach in the water. What is the first negative thing that comes to mind?

In this way, stories are collected that focus on both positive and negative elements of the participants' lives. The visual aspect of this method, as well as structuring the fishbowl as a metaphor for the participants' lives, also has the potential to go beyond a verbal mode of thinking (Bagnoli, 2009) and encourages the use of metaphoric language as the girls speak of the meaning of cutting in their lives. In this way, power is given to the participants as they are able to decide on the content and priority of the ink and bleach drops. The fishbowl game provides an opportunity for the participants to reflect upon aspects of their lives that contribute to or lessen cutting behaviour and in this way data relevant to the research questions is obtained.

3.3.2 Memory box making

Memory box making originated in Uganda in response to the HIV/AIDS pandemic that had reached staggering proportions in the 1990s. NACWOLA (National Community of Women Living with HIV/AIDS) was founded in 1992 in this country and started their memory project by asking their members to construct a memory book that would serve to document and safeguard important information about their lives (Denis, 2000). In this way, the memory books became a visual and concrete reminder of the lives of the individuals that had passed on and continued to provide support and comfort to orphaned children, widows, families and friends of the deceased. Since then, memory boxes have been used throughout South Africa in the field of HIV/AIDS to enhance resilience in vulnerable children and orphans. The rationale behind the memory boxes is that if children are aware of the history of their parents, they are better equipped to overcome the suffering caused by the illness or death of their caregivers.

In this study, memory boxes were used as a data collection method to encourage the telling of the girls' life stories and the meaning that cutting has for them in their lives. In this way, cutting narratives emerge as part of their life stories. During the memory box making, the participants are asked to select items to place inside the box. For this study I instructed that they select no more than three items that would fit in with the theme, 'My Life'. Thus, the participants have to choose items that are representative of their lives. The theme that is chosen for the boxes compliments the study's aims and provides data to answer the

research questions. One would, for example, ask the participant to explain how a specific item represents her life. In this way the stories of the participants' lives are collected and it becomes easier to attain insight into their lives and the meaning that they attach to self-injury. All the conversations with the participants are audio recorded and transcribed. Both the fish bowl game and the memory box making are individual activities and there are no group activities that form part of the research.

3.3.3 Researcher's diary

The researcher's diary is described as a form of reflective writing that is kept throughout the research process and serves to allow the researcher to document their personal experiences of the research process (Borg, 2001). Allport (1943) as cited in Elliott (1997) identifies three models of diary writing: the intimate journal in which uncensored private opinions and thoughts are recorded, the memoir or impersonal diary that is kept for the purpose of publication, and the log, which often consists of a listing of important information and events.

The form of diary that is used for this study is essentially an intimate journal and thus primarily a private document that is written for the researcher herself. In this way the researcher's diary becomes a written testimony of the researcher's thoughts, feelings and activities throughout the research process. The researcher's diary becomes a way of keeping a detailed history of the research process as it unfolds and provides a context for reflecting on various aspects of the research. Keeping a research diary can by implication add to illuminating the researcher's understanding of all the facets of the research process (Borg, 2001), and serves to document the researcher's own story through the process of being in contact with the stories of the participants.

3.4 DATA ANALYSIS

Data analysis seeks to recognise patterns in qualitative data and in turn produce meaningful categories (Patton, 2002). The data will be analysed through a process of content analysis. This entails identifying, coding, categorising and labelling the "primary patterns" in the data (Patton, 2002, p. 463). In this study, the data consisted of the memory box and its items, the fish bowl activity, the interview transcriptions and the researcher's diary, all which helped to shape the stories these participants told. As a whole, the data is representative of the participants' stories and experiences of self-injury and the

researcher's reflections on the stories that are co-constructed during the researcher-participant relationship.

In the process of organising and preparing the data for analysis, the recorded interviews are transcribed and the researcher's diary notes are typed up. In reading and rereading the interview transcriptions, I will sensitise myself to the data and form a general understanding by reflecting on the content and remaining mindful of the research questions of this study. In this way, I will become aware of relevant ideas and themes that stand out in the data. Hereafter labels or codes are given to the content. Coding is a process during which a body of data is broken down into labelled meaningful pieces. (Terre Blanche, Durrheim & Kelly, 2006). This is done in order to cluster relevant bits of information together under a theme or category (Terre Blanche *et al.,* 2006).

These categories are labelled according to specific codes and topics (codes) related to each other are grouped together. Thus, related codes are grouped into categories. In this way, the coding of the data produces a framework for describing and organising the material that has been collected during the fieldwork (Terre Blanche *et al.,* 2006). Provisional themes are linked with information from the literature study in order to gain deeper insight into the participants' stories and experiences of self-injury. Hereafter, a process of elaboration occurs. Elaboration involves the close exploration of the themes with the purpose of capturing "the finer nuances of meaning that are not captured in the original coding system" (Terre Blanche *et al.,* 2006, p. 326). This is followed by a written interpretation of the research findings that are presented in chapter four of this study.

3.5 VALIDITY AND RELIABILITY

Validity and reliability are integral concerns in all research. Research can be evaluated according to its credibility in producing findings that are convincing and believable (Van der Riet & Durrheim, 2006). Polkinghorne (2007) explains that judgements about the validity of knowledge can only have scientific merit when such claims are based on the weight of evidence and arguments offered in support of a knowledge claim.

Van der Riet and Durrheim (2006) distinguish between two types of validity: internal validity, or credibility, and external validity, or transferability. Internal validity refers to the extent to which causal conclusions can be drawn. It is achieved in a study when its findings "are said to follow in a direct and unproblematic way from its methods" (Tredoux &

Smith, 2006, p. 163). Credibility is seen as the confidence that can be placed in the truthfulness of the findings (Merriam, 2009). External validity refers to the extent to which it is possible to generalise the findings of an investigation "beyond the confines of the design and study setting" (Tredoux & Smith, 2006, p. 165).

Flowing from the choice of paradigm for this study, credibility becomes dependent on the interpretive understanding of the multiple-constructed realities of the participants. This process provides the study with evidence as meaning is created through personally reflective descriptions in everyday language that add to validation claims of understanding human experience (Polkinghorne, 2007, p. 474). Thus, the data that was gathered during this investigation flows forth from the experiences and personal perceptions of the participants in this study and reflects their view of reality and, specifically their reality of self-injury. Thus, their perceptions cannot be discounted as invalid. Trustworthiness is another integral aspect of sound research practice and refers to the extent to which individuals outside the study can confirm the data and findings (Merriam, 2009).

In this study, validity and trustworthiness were addressed by employing methods of member checking and triangulation. To conduct member checking, it is integral that a collaborative process between the researcher and participants is in place. This allows the participants to voice their opinion with regard to the accuracy of the data (Cho & Trent, 2008). Triangulation or the use of multiple methods is focused on "collecting material in as many different ways and from as many diverse sources as possible" (Kelly, 2006, p. 287). It strengthens validity in highlighting the importance of an in-depth understanding of the phenomenon in question (Denzin & Lincoln, 2008). It further assists the researcher in gaining deeper insight into the research questions by incorporating various angles (Kelly, 2006).

This study made use of two types of projective techniques to elicit stories during interviewing and the researcher kept a diary throughout the process. Observation was also used as a secondary data collection method. Throughout this research journey it remained important to be mindful of the issue of validity and reliability. Producing sound and valid research results was a continual reflective process and was undertaken in an ethical and responsible manner.

3.6 ETHICAL CONSIDERATIONS

Due to the sensitive nature of the research and the vulnerable population, it was essential to prioritise the well-being of the research participants. The researcher's position at the school as counsellor urged the responsibility to take care of the welfare of learners to the foreground. Thus, both as a researcher and as a counsellor, there was the responsibility to put all possible safety measures in place to make sure that no harm befell the research participants. Such safety measures included, making use of the Beck Depression Questionnaire (BDI) and the Mental Status Examination for screening purposes.

Adolescents who self-injure are often fearful of their parents' reaction to their cutting behaviour. For this reason, it was necessary to screen learners and establish rapport before the issue of parental consent was addressed. In an effort to provide a sound ethical foundation, I obtained permission from the Research Ethics Committee at Stellenbosch University to allow participants to proceed with or without parental consent. In cases where the girl's parent(s) were aware that she was cutting, the researcher asked the girl's permission to obtain consent (Addendum E). In cases where: a) the parents were unaware that the child was cutting; b) the Beck Depression Questionnaire (BD) and Mental Status Examination had indicated that the girl was not severely depressed or, c) the girl was not willing to give consent that her parent(s) were made aware of her cutting behaviour, the participant proceeded to be a part of the study without parental consent (Addendum E), but with the following safety measures in place:

It was explained and negotiated with the participant that as researcher of this study and counsellor at the school, there were definite ethical guidelines that I had to adhere to for this study. Thus, in the event where there was reason for heightened concern, I would have a session with the participant at school in order to prepare the participant for further intervention and the possibility of contacting the parent(s), and again explain the limits of confidentiality. Where there was reason for heightened concern e.g. increased cutting behaviour, depression or anxiety symptoms, unexplained absenteeism etc., the necessary professional intervention would be obtained from a psychological support team that had been put in place. If necessary the participant would then be withdrawn from the study, provided that it was in their best interest to do so and continue to receive counselling. I also contracted with each participant that they would contact me if they felt like injuring themselves or had feelings of depression, by providing a contact number where they would be able to reach me. In turn I took their contact numbers and the numbers of their

parent(s) in case of an emergency.

A further two members of the Teacher Support Team at the school were asked to monitor the participants in question for symptoms of listlessness, absenteeism and behavioural and mood changes. The teachers did not receive any additional information with regard to the participants and were asked to keep all information confidential. As I am the full-time counsellor at the school, I was in a favourable position to have regular meetings with the two teachers and closely monitor the participants' behaviour.

The main priority was to ensure that the well-being of the participants and their emotional safety was monitored. It was also possible to withdraw participants from the study if they showed any signs of being distressed and to refer them for therapy (Allen, 2008). In cases where the participant proceeded without parental consent, the researcher had to ensure that they were adequately informed of their rights. Therefore, it was necessary to emphasise and explain a number of issues. The participants had to be clear on precisely what the research entailed and what was expected of them if they decided to take part. The participants had to understand that it was the responsibility of the researcher to take all possible steps to ensure their safety. They also had to be made aware that their participation was voluntary and that they could withdraw at any time from certain activities or from the whole study. Lastly, they were assured with regard to issues pertaining to confidentiality and privacy.

3.7 SUMMARY

The aim of this chapter was to provide a detailed explanation of the research process that was employed in this investigation. In this chapter I described the research paradigm and presented the research design that was chosen for this investigation. I provided information on the data collection methods and explained the data analysis techniques that were to be used in this study. In the next chapter, Chapter 4, the data that was collected is presented.

CHAPTER FOUR

DESCRIPTIVE ANALYSIS

4.1 INTRODUCTION

In this chapter I present the findings of my study through the stories of self-injury of the four participants. The table below reflects their demographic information and aims to place their stories within context. This is followed by a description of the process of structuring each girl's story. To illustrate this process, each step is accompanied by an excerpt that serves to create a visual coding audit trail. To ensure confidentiality and to protect their identities, a pseudonym was chosen for each girl.

Table 4.1: Demographic information of the participants

	LISA	KELLY	MICHELLE	CARRIE
Age	16 years, grade 9	14 years, grade 8	15 years, grade 9	17 years. Grade 11
Lives with:	Father and stepmom.	Mother, grandmother and sister (20yrs).	Mother, mother's boyfriend, brother (17yrs).	Mother and mother's boyfriend.
Marital status of parents.	Divorced, father remarried.	In the process of divorcing. Dad living with his girlfriend.	Divorced. Father lives overseas.	Mother widowed Father unmarried.
Siblings	Older brother, younger sister (estranged)	Sister.	An older brother.	None
Relationship with mother	Poor relationship, no contact.	Poor relationship.	Poor relationship.	Poor relationship
Relationship with father	Poor relationship	Poor relationship with father.	Lives overseas.	Poor relationship, no contact.
Past trauma	Sexual abuse, abandoned by mother, children's home from 7yrs until the end of grade 7.	Parents' fighting, alcoholic father.	Sexual abuse, divorce.	Domestic violence, alcoholic stepfather.

4.2 THE PROCESS OF STRUCTURING EACH GIRL'S STORY

The data consisted of the transcribed interviews from both the fishbowl and memory box interviews. Once all the data was accounted for, the process of analysis began in earnest. I started with the fishbowl interview transcriptions, which were colour-coded according to emerging themes. I used the rough framework that the ink and bleach drops provided to guide the coding process. All the data pertaining specifically to cutting was then themed together. This information was recorded in a rough table format that reflected the priority in which the participants rated negative and positive things in their lives that contributed to, or lessened cutting. From the fishbowl activity data, three tables were created; one that organised the ink drop data, one for the bleach drop data and one for the cutting data (Addendum H). As cutting is such a complex phenomenon, and because it is the issue under investigation in this study, the magnitude of the data set made it necessary to create subcategories that reflected the various meanings that cutting had for the girls in their lives.

Table 4.2: An excerpt from the fishbowl table

INK DROPS – NEGATIVE THINGS IN MY LIFE			
KELLY	LISA	MICHELLE	CARRIE
1. My mom - 'She always ignores me. She never has time for me.' (15)	1. My dad 'My dad that treats me like crap.' (10)	1. Sexual abuse 'When you're molested for that long, it actually kills you inside' (13)	1. My mom a) "See it's all your fault" - (36) b) 'I can't count on my mom' (351)

Table 4.3: An excerpt from the fishbowl table

BLEACH DROPS – POSITIVE THINGS IN MY LIFE			
KELLY	LISA	MICHELLE	CARRIE
1. My music - 'it also helps to like calm me' (433).	1. God - 'He takes away my sadness and He fills me with love.' (610)	1. Friends 'I feel like they're trying to be there for me' (571)	1. My friends - 'they always forgive me, always, doesn't matter, they always forgive me (690)

Table 4.4: An excerpt from the fishbowl table

CUTTING TABLE – FISHBOWL INTERVIEW				
	KELLY	LISA	MICHELLE	CARRIE
a) Meaning of cutting:	'Yeah, it's like the one thing in my life that is always reliable, always there.' (100)	'Instead of sitting with that problem, let's just cut, 'poof' it's gone now ...' (469).	'I'm trying to cut all the bad in me out.' (560) 'That's the only thing that is there to comfort me.' (320)	'The blade's just always there. He's my friend, he makes me feel comfortable.' (442)

The themes that emerged from the fishbowl interviews were then used to both inductively and deductively engage with the data from the memory box interviews.

The data from the memory box interviews generated similar themes to those from the fishbowl interviews, which strengthened the validity of the data.

Table 4.5: An excerpt from the memory box table

MEMORY BOX INTERVIEW – ROUGH THEMES			
KELLY	**LISA**	**MICHELLE**	**CARRIE**
1. My life at the moment 'also sees my life as a puzzle at the moment.' (90)	1. My life at the moment: 'certain areas of my life which are shaded' (6)	1a) My life at the moment: 'I hide my life, cause I don't want people knowing' (704)	1. My life at the moment 'Ya, but my friends, they keep me sane.' (806)
2. BODY IMAGE: 'I'll look in the mirror and still just feel so ugly,' (28)	2. Feelings towards myself: 'Yeah, I feel like dark, dead, and that anyone can like use me and stuff' (445)	1b) How I feel now 'I feel better now about myself and I don't feel so down" (308)	2. My Mom:' she's just not a person in my life' (150)

Table 4.6: An excerpt from the memory box table

CUTTING Table – Memory Box				
	KELLY	**LISA**	**MICHELLE**	**CARRIE**
a) Meaning of cutting	'it's like the one thing in my life that I feel that I have control over ' (64)	'I feel liberated, but then I feel that ache inside again, and I have to do it again.' (272)	'It's like something that I kind of do to feel better in that moment.' (741)	'It's like I've got everything inside of me and I just feel like I want to let go, like I need relief. (308)

The data from each participant's fishbowl (FB) and memory box (MB) interviews were refined and grouped together under themes as reflected in the refined theme table. (Addendum I).

Table 4.6: An excerpt from the fishbowl and memory box refined theme table

SIMILAR THEMES – NEGATIVE THINGS THAT ADD TO CUTTING FB and MB interviews	
1. MY MOM	
KELLY	FB: 'She always ignores me. She never has time for me.' (15). 'MB: 'My mother doesn't listen to me.' (44).
LISA	(3) 'She doesn't care.' (98)
MICHELLE	FB: 'She's never been there for me' (159) 4 'MB: 'She's never there for me.' (394)
CARRIE	FB: Blaming - "See it's all your fault" - (36) FB: Relationship dynamics - 'I can't count on my mom' (351) 'MB: 'She's just not a person in my life' (150)

Each coded interview was provided with a key table listing the themes and the colours that were used to code them.

Table 4.7: An excerpt from Carrie's Memory Box interview

THEMES	COLOUR CODES
1. MY LIFE – WHERE I AM AT THE MOMENT	(Orange 3)
2. MY MOM	(violet)
3. FIGHTING AND NAME-CALLING	(Grey 20 %)

Hereafter, the final themes that emerged from each participant's data were sequenced to construct a narrative about this individual's cutting history. As criteria to the sequencing process, the order in which the ink and bleach drops became apparent during the fishbowl interview, dictated the order in which themes are presented. Although their stories contained similarities, each girl's story was sequenced differently because the priority, in which they chose to speak about negative and positive things in their lives pertaining to cutting, differed. The analysed cutting data was included in each story under the heading, 'the meaning of cutting'.

Lastly, each girl's story was written using their sequenced storylines as a framework. I decided to represent the stories in this way because I wanted the uniqueness of each girl's story to be highlighted and felt that this would be compromised if the stories were to be presented differently.

4.3 THE STORIES

4.3.1 Lisa's story

4.3.1.1 My life at the moment

At the moment, I feel that everyone is keeping a close eye on me, especially my dad. I want to be free from these chains that are bound to my wrists by my parents. I want to be able to feel what I feel and express my feelings. But lately, I've started seeing the truth. I saw that I was hurting people by my actions, that I hadn't forgiven myself and didn't believe that others would forgive me for what I had done. I discovered that I had neglected myself. I'm always letting other people guide me and show me what to do. I just feel dark. Like I can break away into nothing. I'm all beautiful on the outside, but inside my heart is black. I can't take down my walls and it's really hard. That's why I can't love fully. I'd like to, but I've

been hurt so badly that I've created a self-defense mechanism and I just stay behind that.

4.3.1.2 The meaning of cutting for me

Cutting wakes you up. Once you start, you can't really stop. It becomes a habit. When you stop cutting you have that fear again, and when you start cutting it releases the fear. The first time that I cut, I didn't even know that people cut. It just happened, like an instinct ... To me, you cut a hole in your arm so that the pain can leak out through your blood, or that you'll focus on something else. Punishing yourself for feeling the way you do. You get really, really angry and you just want to cry. You sit with all these feelings: anger, hurt, depression. So you tell yourself: 'suck it up' and you end up cutting because you can't handle sitting with the pain.

With cutting, you're running away from your problems by making a new one. It's like, you're focusing on how the blood is coming out of your arm and the problem is gone, and you're just trying to figure out a way to get rid of the blood and then you've forgotten about the problem and you feel better and it's a relief. But then, the next day you don't feel better. You feel worse than you felt the day before. That's why people keep cutting. It makes you feel good, relieved and then it hits you with more, because now you have to deal with cutting and the problem.

Cutting also makes me feel like a failure, because I'm not dealing with issues. I'm just trying to suppress the feeling and then it comes back with more ... It builds and builds. The more 'unforgiveness' you feel, the harder it is to forgive yourself and then you cut and cut and cut and then, you finally realise that it's not working. Or you just want to get rid of the urge to die. So you cut and it's like: 'Oh, I hurt myself, that's better than dying!' So for me, cutting is in a way linked to suicide. It's just that you're wimpy, you're scared of suicide, so you rather cut yourself, you feel relieved and you can concentrate on life, smile again. Instead of sitting with the problem, you just cut, 'poof' and it's gone. So, it's a never ending cycle, because it doesn't actually provide relief.

Cutting becomes something that you do, like brushing your teeth. Then it becomes a habit so much that it becomes a normal thing to do and it's not crazy or evil, because you have heard about it so much. You want people to feel sorry for you, so you cut and they don't notice. So you cut more because you feel so hurt and neglected. You're waiting for someone to tell you, 'don't do it!' It's like, if someone tells you not to, the more you want to

do it. So, it's also attention-seeking. You're seeking sympathy because you feel alone and you need to draw people to you by hurting yourself, or to punish yourself. Or when someone hurts you, you try to find a way to get rid of the pain. Nothing is your fault and yet you're punishing yourself. You hurt yourself because you know the problem is there, but it's someone else that hurts you and now you have to cut to relieve yourself of the memory.

In a way, the thirst for cutting will always be there for me. Like being an alcoholic, it's very addictive. I find it to feel so liberating, and then afterwards, you'll feel the ache inside, and you have to cut again. Like a cold feeling running down your arm. It numbs you. That's why I don't want to lose my blades. They're my kids, part of me. Like a long-lost lover, they will always have my heart with them. So, I love them, even though I hate them. But, I guess that's a warning to me, because they're a temptation. It's always there the temptation to cut. If you know you shouldn't, you want to even more so. I've got scars all over my body. It is part of who I was and part of who I am. It's like a beauty mark. I'll just keep it, even though it's embarrassing. I guess you lose the embarrassment.

4.3.1.3 Things in my life that make me cut more

4.3.1.3.1 My Dad

My dad treats me like crap. He swears at me and calls me a whore and he always brings up my past into my face and because of that I never get to heal from it. Like, that I lost my virginity and when I snuck out. How my mother abandoned me, abuse, children's home, stuff like that. He keeps on. He doesn't trust me. I get very irritated with him and he says I must respect him, but he doesn't respect me. He makes me feel really 'junk' about myself.

Another thing that worries me is that my dad might not be my dad. He wants to take me for a blood test. He told me that if he turns out not to be my dad, that I have to watch my block. That means that if I don't watch my behaviour and change, that I'll probably go to the orphanage again. But like other times, he keeps trying. It's not like he's not trying. I know that he's not the best father in the world, but he's trying. So, the two of us do try, but we fight a lot.

4.3.1.3.2 My Mom

The thing that hurt the most in my life was my mom leaving me. That's why I've always tried to please people. I mean if my own mom could leave me, what guarantee do I have

that they won't? So I try and do everything right that they'll stay. But also, I find that I push them away before they can push me away. You see, if I do it first, then they can't do it to me. So, they don't have a chance, but I still get hurt …

I used to cut because I thought that my mom didn't want me. That there was something wrong with me, that I let her down somewhere or made her angry, but the fault wasn't with me. She did drugs, abortions and prostitution, stealing, neglecting her children. She's done everything. Then I say, you're going down that path. I fear that the most though, that I'll become my mother. I hate her ... She lied. She's ruined my family's life. She doesn't care. When I was six my stepdad molested me. When I told my mom, she laughed. That carried on for a year until the children's home took us. I lived there until I was thirteen, turning fourteen and my dad came. On my birthday, this year, I found out that she had called. My birthday was three days later and I wasn't even mentioned, not even I love you or anything or can I speak to Lisa.

4.3.1.3.3 Body Image

I used to cut because I didn't like my body. People mocked me about my body. I felt that I was skinny and I didn't have boobs. I hated my face. I wanted to cut my face. I felt sorry for people for having to look at me, for having to stare at this thing. I didn't even want to look in the mirror. I just saw ugliness, and then; I started to love myself more. Now when I see myself, I see beauty, but not all the time. I have my off and on days, but I can admire myself now. I still don't like my body, but I'm trying to love myself for who I am because if you don't love yourself, then how can you love other people?

4.3.1.3.4 Being stupid enough to sleep with guys

I give my heart out really fast to guys. I just kept on making the same mistakes. Giving away my virtue, that keeps on bothering me. For me, virginity is not only in the vagina. It's in everything else and I don't feel pure. I wish that I was. I remember the person that I used to be, so innocent. Then I started to get more aware about stuff, sexually and also drugs. I started doing that, and I lost my fear. I wasn't able to put boundaries in place and I carried on blaming people around me. I started blaming myself. I couldn't forgive myself. I reached that point and I was so depressed because of my regrets just eating away at me … I still feel regretful for hurting guys and my parents and for putting boys above myself. It's just that … I'm so stupid and naive, to give away something that I really regret giving

away. It changed me.

4.3.1.3.5 Being Emo

When you cut yourself, you start feeling depressed so badly that you start dressing in black, you start listening to heavy metal. You start trying to make people not want to be near you, because you're Emo. They know that, it's like, stay away from that girl ... For me, Emo means depression, like outcast in a way. It means that you're alone. I never used to like being Emo, and I just pushed into it. I dressed Emo, because to stand out means to fit in. It looked so cool to me. Emo and being dark and drawing stuff, it's making me more depressed. I just keep doing it, I just keep on making myself feeling worse and worse and then I usually cut and feel better and then I feel worse again …

4.3.1.4 Things that make me cut less

God has always been an influence in my life. He's always been guiding my path. So that's very, very important, where He comes into my life. I feel accepted, wanted, because I follow why people seek guidance, because they want that feeling of love. So now, there are times when I turn to God instead of the blade and I feel better. God provides me with relief. That helps me to take responsibility for my actions and I'm cutting less now, than before.

My friends, they'll always be there for me. I can be myself with them. They like me for who I am. I'm happy that I'm not alone. I can go to them anytime. Also, my stepmom is really comforting. She's understanding and supports me. She never holds anything against me; she never brings it back into my face like my dad does. My youth leaders are also positive in my life. They know about everything that I have done and they forgive me. They find people to help me. They don't want me to go through everything alone. Anyway, I don't feel like I'm completely doomed. I'm like the bud of a flower that hasn't really blossomed yet ... One-day I'll become a beautiful flower and blossom. But yes, it's as if I have a whole bunch of contradicting feelings towards myself. Sometimes everything is so dark and mixed, but I feel like I have the potential to be something better. Like I'm becoming stronger.

4.3.2 Kelly's story

4.3.2.1 My life at the moment

I feel if I was stronger my life would be better; that I would get more respect and appreciation. That people would admire me more, value me more. At the moment, I feel like they don't. I've never been loud or had lots of confidence. I guess, I also see my life as a puzzle, unfolding bit by bit. With time, I see more words coming together as I get to know myself better and see what I want from my life.

I sometimes make horrible mistakes and then I wish that I could go back in time and undo them. Like I should have known better, that kind of thing. I just like the idea of being light as a feather, of feeling good and not to be burdened with everything all the time. I wish that I could have more freedom to get away from all the things that are making me unhappy in my life. In the future I hope that I will be able to achieve my dreams and fly like a bird. I hope that my life will be better and that things won't always be as they are now.

4.3.2.2 The meaning of cutting for me

Sometimes I get so lonely and there's no-one to talk to. There's no-one that will really listen to me. I guess that's why I cut. Cutting provides an outlet. Like a bath that is too full of water and then you have to let the plug out, or else the water will spill. It's the same with my emotions. Sometimes, it gets too much and I have to find a release or else I will spill. It is strange how cutting calms me. I feel that I can breathe again after I've cut and that I'm doing something to make myself feel better. I find it so ironic because hurting yourself is not supposed to make you feel better. But for me, I guess it has the opposite effect. It's like a build-up of all the bad things, all the things that hurt me and then when I cut, I can let those feelings go. After I've made a cut, I feel kind of lighter, a little bit more in control. It helps me to deal with feelings that are hard to handle.

I don't know really. I guess, in a way I hate cutting, because I know that it's not really helping me. Sometimes, it's like a last resort. It's the last thing that I will do if I feel that I can't take it anymore. Then I'll cut and feel better and get it over with. I'll start cutting by making a small little scratch and then I'll carry on making like scratches until I feel better. I guess I stop when it burns enough. The burning somehow clears my mind and the blood

feels like everything that I'm feeling at that moment, all the anger and sadness, and all my frustration leaves my body. I start feeling calm again and then I can breath. Cutting is the only things that works really well when I feel like I'm in overdrive.

There was a girl in my class that cut. We weren't friends or anything, but one day I just thought, 'oh well, let me try', and that's how it started. I remember being scared at first, but then after a while, I realised that it relaxed me. It sort of became my thing, my secret and there was nothing that anyone could do about it. I enjoyed the freedom to be able to express myself in my own unique way. It was like having some kind of special power that I could use to make myself feel better.

Other times, cutting makes me feel guilty. You start to question yourself and wonder why you continue with cutting, when you know better. Eventually, you feel like such a weakling because you're not strong enough to resist cutting. I mean, why do I have to be weak and give in to the cutting, just to feel terrible all over again? That doesn't make sense.

4.3.2.3 Things that make me cut more

4.3.2.3.1 My Mom

My mom, she never has time for me. Even when I tell her that something is really important to me, she just pretends to be listening, but I can feel that her attention is elsewhere. It hurts me when she always has time to listen to my sister and takes her side. It's so unfair. It makes me so angry. Sometimes I feel so lonely, like I'm not worth any attention. That is when I usually get angry with her and say hurtful things to her to make her feel bad. Then later when I feel guilty and try to apologise, she'll usually say something nasty back to me. That really hurts. It's then that I want to cut to get some relief.

4.3.2.3.2 My sister

My sister can be really mean to me. It's gotten so bad that I don't even want to come out of my room anymore. My sister finds ways to bully me and says the most horrible things to me. That I'm ugly. That I'll never have a boyfriend. That I'm too skinny. She hates me. I mean, you should hear the names that she calls me. She tells me that I'm worthless and all kinds of things. Most of the time, I don't even feel like I've got the energy to try and explain to her what it feels like when she hurts me. Sometimes, I wish that we could just have peace in our house for one night without all the nastiness and fighting.

4.3.2.3.3 My Gran

She's not much help either. Sometimes I think she's worse than my mom. She's always moaning. I can never do anything right. If I'm quiet, then I'm too quiet and when I'm more outgoing, that's also wrong. I don't know, I'm just criticised all the time. My music, my room ... She continues to find fault with everything that I do.

4.3.2.3.4 My father

I think I could probably go to my dad, but that would be even worse. My parents are going through a divorce at the moment. It's been going on for such a long time and it's really hard. My mom's struggling and my dad's not paying her anything to help with the house. That makes me feel really angry because he has a new girlfriend and they live together now. If he's able to take care of them, then why isn't he helping to take care of us? What does it mean if he won't even help to take care of his own children? That really hurts. I'm just so angry with him. Why doesn't he care? I mean, how can he care if he allows my mom to struggle, knowing that we, his children will have to go without. So much of this mess is his fault. When I stop to think about it, it makes me feel terrible because even though I sometimes feel like I hate my father, I still love him and miss him now that he's not around. I find that so confusing.

4.3.2.3.5 Body image

I guess, I've always felt ugly. I hate my hair and my face. I've got no breasts and I'm too thin. Somehow, I never really feel pretty. I always end-up looking stupid. Sometimes I try really hard. I'll use eye shadow and a bit of lipstick and then I'll look in the mirror and still feel ugly. But, there are times when I feel better and when I know things are not that bad. That I'm not that ugly. I know that, it's just sometimes, especially when I fight with my sister and she carries on, that I feel really terrible about myself.

4.3.2.4 Things that make me cut less

I love listening to music. It also helps to calm me. It's the one thing that I can do that makes me feel happy and free. I also love my room and the way I've painted my walls and I love drawing. My friends are also positive. I don't have a best friend or anything, but my friends make me laugh and it's fun to be with them.

One day, I hope that it will be different for me. That I'll have a family that will value me.

That my life will be filled with happiness and peace and love and kind people that care for me, without all the fighting. I just want to have a happy life and marry someone nice and caring.

4.3.3 Michelle's story

4.3.3.1 My life at the moment

My life can be very dark at times. I hide my life because I don't want people knowing what I go through. I make my life sound so great and everything, but it's not really. I know there's worse, that's why I don't complain that much, but for me I find it difficult to handle my life. I'm actually very happy that there are people still alive that go though worse than me. I know that I'm a good person and everything, but the pain that I have ... Sometimes it feels like it's eating me alive and then I push it back, and then I ignore it, until it comes back and feels even worse.

In time, I think that my life will improve. I think the make-up of my life is slowly coming off, like I don't have to hide too much anymore. I'm not putting that much make-up on and I think it's because I'm not leaving my problems behind or trying to ignore them. Now I find that I deal with my problems as they occur. I deal with the reality of how things are. I don't feel it. Therefore, I find that I don't have so much to hide anymore because I've dealt with it, so it's in the past.

4.3.3.2 The meaning of cutting for me

When no-one is going to be there for me, than at least the blade is there. That's the only thing to comfort me so that I won't feel so alone anymore. If I could give a name to cutting, I'll call it pain. For me, the blade represents all the pain that I feel, and all the anger and terrible emotions. The blade actually represents my life because that's what I use when I'm in pain. When I'm angry, that's what I use to take that pain physically out of myself. That's how I deal with it. I get so angry, or so upset, that I feel nothing and then I cut just to feel something. It gives me comfort. I feel better, it feels like my anger is released and it makes me feel calm.

I started cutting last year for real. It's been going on for more than a year. Years before that, all I used to do was take a blade and press down. I didn't cut. When I cut myself the first time, it was because I had seen another person who had cut themselves. I think it was

in grade 7, and then in grade 8, I was kind of friends with her and then I started to cut. Like that one time in history last year, we cut in class together, but that was really stupid ...

I also feel like I'm rejecting people. So now, I feel like I'm starting to reject who I am. It's like I'm trying to cut myself away. Like I'm trying to cut all the bad in me out. My mom also makes me cut more. I want to hurt her so badly for hurting me, but then I hurt her and I end up hurting myself even worse. It's like I want her to feel what I'm feeling, but instead it 'eats' you after you've done it. Then I think, now how is that worth it? So, I guess it feels like I'm hurting myself to hurt her. All the harsh words and bad feelings and all the fighting, that's when I cut ... I know that cutting is stupid and that it doesn't really help with anything, but once you're in the moment, it's the only thing that you can do. In the moment you're like, 'ok, I'm not going to cut, I'm not going to cut', and then you cut before you know what you are doing.

4.3.3.3 Things that make me cut more

4.3.3.3.1 Sexual abuse

Because of it I feel broken. I can't ... I struggle to be with a guy and I struggle for people to touch me. That makes it hard for me. So, the molesting has taken my confidence. I was six when it started and it carried on until I was in grade five. It stopped then. When you're molested for that long, it actually kills you inside. My mom knew all that time that he was molesting me and she never believed me, she never cared to listen. She always chose his side, so why must I listen to her now? She still defends him and she never defends me. I mean, I'm her child! Sometimes when I sit and think about it, I get so angry, or so upset, that I feel nothing and then I just cut to feel something.

4.3.3.3.2 My Mom

My mom, she's never there for me. All she does is get angry with me and she doesn't help me. You can't talk to her about anything She's impatient, but it's more like she doesn't care enough to help. I don't even think that she loves me. All the pain that she has caused me and she still does nothing about it. I once confronted her and told her that I didn't like the way that she was handling our lives. She responded by blaming my brother and I for the way that things were, saying that if we were better behaved, that she would respond differently. I remember telling her that it was her fault that we were such a mess and we just continued to blame one another for the way things were.

Then other times, I feel so guilty because of all the pain that I have caused my mom. I'll go overboard with trying to get her back and push in a really harsh way. Like my brother and I would say that we hate her and all that ... . Sometimes I just wish that she would notice the cutting and stop her nonsense. I know with the cutting that deep down, she doesn't like it. She thinks that I'm looking for attention. For me, that hurts, because talking to her doesn't help. So I try and do all kinds of other things to try and get her to talk to me. That's so sad.

4.3.3.3.3 All the fighting

They will mostly say that I'm useless and that my brother and I can't get anything right and that we are stupid. For me, that's like a slap through the face. At least we try and it's difficult if you have to live in a house where they keep on changing the rules and where nothing is ever good enough. It's like we're always fighting about the same things, but it comes out in different ways. Deep down it makes me feel so useless and stressed and horrible. I hate the fighting, but it's like my mom's boyfriend wants it. He'll pick a fight with me over nonsense, like my room being untidy or the dishes, and all that stuff. So, it's more like the fights that happen over stupid things and then that builds-up and I'm leaving so many stupid problems and feelings behind, that they end up becoming huge problems. That's when I cut, because it helps me to calm down. It's something that I can do to feel better in that moment when there's nothing else that will help.

4.3.3.3.4 The name-calling and saying stuff to me that hurts

Every time I get into trouble at home, there's a new name for me. That I'm stupid, useless, that I can't do anything right, it just carries on and on. That I'm a bitch. That actually gets me down. And then, my brother. He uses the 'dissing' a lot with me, where he'll say something so harsh to me that it will upset me. At school he'll say that I'm stupid and things like that because he passes all the time and I don't. So he tells me that I'm stupid and that gets to me. Sometimes I won't even say anything to him and he'll just randomly come and say something harsh to me.

4.3.3.3.5 Feeling alone

I do push people away when they help me because I feel like nobody has been there for me for years. My mother has not been there for me. Then I get disappointed, mostly irritated and depressed, that I have to go through this all by myself. All my mother does is to sit there and watch and she does absolutely nothing. My family also does nothing. For

me it's like saying, 'ok, we don't care enough about you; you can just die or whatever.' Family is supposed to be there for each other, but my family is just like, 'ok, we'll leave you alone. We won't have any contact with you or nothing', and for me that hurts. And my real dad, he never phones or anything like that to comfort us. He doesn't care enough to try.

Some people I don't want to push away, but I end up pushing them away. They're all like, 'why are you pushing me away? I'm just trying to help you', and I'm like, 'I don't want help, I can take care of myself.' I guess I'm just trying to find fault with them because I'm not used to people being there for me.

4.3.3.4 Things that make me cut less

My friends, they're trying to be there for me, even though I'm pushing them away, which also helps me because I know that at least somebody's there. They just put some hope into me, but the thing is, I don't know how to let them know that. I want them to know that I'm grateful for that.

Usually girls, people, like hate school, but for me it's like, 'thank God it's school!' School allows me to get away from the fighting at home. School just keeps me busy. And I'm with my friends. The schoolwork is terrible, but everything else is fun. I guess it's the only place where I can escape and everything is basically cool. I'm grateful for school, because of school, I have friends and I feel more comfortable.

For me when I am happy, I feel like really, really happy and I feel like I shine and everything.

Mostly my friends and my family that have been there for me, they have managed to get me to be happier with my life, that's how it feels. My one friend also taught me that everything will be happy in the end and that there are better things and everything. I know for some people that they will die in the end and have a terrible life, but I know that somewhere in their life something good will happen. I think the same can be true for me. Now it's like there's a little bit of hope, that I'm grateful to still be alive and that my life isn't as bad as certain people's lives.

4.3.4 Carrie's story

4.3.4.1 My life at the moment

I've worked very hard lately, trying to study ... I don't know, school work ... like exams and family and boys, are tough for me right now. I'm very scared of failing the year. It's frustrating. I was thinking at this stage of my life that my marks would be better, that I would have a nice guy, and that I'll have stuff you know. And my mom, she's always on my case. All the things that she's been through. I can't handle all her stress and my own stress. Like I can't have my friends be angry and my mom and school work and boys ... and now; she's like all of a sudden, she doesn't love her boyfriend anymore. He moved in two weeks after my stepdad died last year. He's not that bad, it's just sometimes he gets in the way.

4.3.4.2 The meaning of cutting for me

My one friend, she started cutting. I saw her cuts and then I thought, 'ok so let me try this', and I tried. I decided that I wanted to be like her. It just looked like cutting helped her. I don't know, somehow it gave her an edge, it made her look more in control. Like she was brave and kind of strong. I wanted that to be me because she had all these people looking out for her. That's why, I was like, 'Cool, let me try', and it worked. Now, if I don't cut I kind of miss the feeling. There's nothing else like it. I get myself into these comfort zones. If I stop cutting now, I'll like be out of my comfort zone. When I cut, it feels like I'm coming home. Not home, but comfortable, like myself. Then I feel so depressed, thinking that I'm not supposed to be like this.

As soon as I feel like I can't take it now. I'm out of control. I can't break it up now. I can't take the stress. Like I'm not here, that I'm somewhere else; then I cut and I've got a foot on the ground again. There's nothing else you can do. It's just, it's there and it's so easy. It's almost like a mask. People don't see who you are underneath your clothes. I don't know about other cutters, but I don't look at it as a blade. The blade is like my friend. Of all the things that I have lost, my friends, my dad, my boyfriends; the blade is the one constant that is always there. He's my friend, he makes me feel comfortable. It's like having a constant friend there and then when I feel out of comfort, I can take it out and cut and he will be there. He's reliable.

It's like I've got everything inside of me and I feel like I just want to let go, like I need relief.

I want to see blood. It makes me feel stronger. It's something that I can control. It's like if I can control making this cut, then I can control other situations too. Cutting in a way, calms me down. I can focus on the pain and on the feeling of getting stronger and everything else goes away. I usually want to cut when I feel angry because I don't know what else to do with my anger. When I get hurt or let down, I want to cut. It's like; I'm scared of getting attached. I guess, it's got to do with trust. I don't trust easily. In the past when people that I grew attached to would disappoint me, then I used to cut. It's almost like I want to cut them out of me, and it helps. I don't know, it just makes me feel better when there's nothing else to help. I guess it's the fear of being alone and the fear of losing ... Like I need to be in my comfort zone. I know that what I'm doing to get comfort is bad, but cutting, its part of me, so I don't think I'll ever stop.

4.3.4.3 Things that make me cut more

4.3.4.3.1 My mom

Your mom is supposed to support you, but this is what she doesn't do. You know, that's what I really want. Take an interest in me, sit with me, study with me. I don't know, like I might as well not do anything, become a nothing, drop-out of school, who cares ... Like I want to say to her, 'I'm talking to you, I want support, I want to ask you things, and I want you to be interested in me', but I can't count on my mom. Sometimes I wish that I could be close to her, like talk to her, but then I think, 'no, I just can't do that!' Can't talk to her about anything. Don't trust her. She's just not important, so, I like go ... I'm not going to be upset just for you; it's not worth it anyway, so ... She used to make me cut, because every daughter wants a mother, like especially when I was fifteen, hectic teenage years, but now it's like, okay, I've accepted it now. Nothing to do about it. We have separate lives.

4.3.4.3.2 Fighting and name-calling

My mom will come home from work and she'll find something to fight about, like the washing. She calls me a names and she tells me I'm lazy. She called me a stupid bitch. I'm like, 'ok ...'

I've gotten used to it. It started when my stepdad died last year. Before that he was doing the name-calling. And then she'll go like, yes, your real dad is an alcoholic, your dad is this, your dad is that. Everything that is bad, she has to say about my dad or else she refuses to talk about him.

4.3.4.3.3 My Stepdad

He used to be so mean, like hitting my mom in front of me, swearing, calling me names.

It will be a year soon since he passed away and it doesn't feel like it was real. When I walk around the house, I picture all the fights, but I don't know, I can't see it anymore. I'm always thinking, was he real? I don't miss him, although I think I do miss him. I talk to him sometimes. I now feel kind of sorry for him. He was an alcoholic. I think that's the reason why he died. He was diagnosed with cancer, throat cancer and he drank while he was in radiation and then his brain became messed up. All of this sound like it comes out of a book, like twisted family, and then one day he just died. Think I feel guilty. Because I always used to say, 'he must just die now', and then he died …

4.3.4.3.4 My Dad/ not having a father figure

In the beginning, I was like really depressed. I just wanted to know my real dad so badly, and I had this fantasy that my dad would be like the best thing in the world. I just wanted to see him. I wanted to prove to myself that my dad was better than my stepdad. It's like I hated not having a father figure. I barely knew my biological father and my stepdad, well he was so abusive ... I guess, I still miss someone solid that will just take care of me, that will be there for me. So I date guys that are much older than me. I found my real dad once, but then I lost him again. I never really had my dad so ... I mean like, not really, it was more just like a thing that I wanted to meet him.

4.3.4.3.5 When I lose things

It's like the last time I cut, I cut because of my ex-boyfriend ... I broke up with him and I started cutting because of it. I felt so lost, I cut myself. The same happened when I lost my aunt. She was like my mother. I used to go there after school. She knew that I used to cut but that I had stopped, because she was like my new comfort. So when I stopped seeing her and her family, I started cutting again. Missing a mother's comfort, you know. It's almost a year now that I haven't seen her and the kids, I miss the kids.

4.3.4.4 Things that make me cut less

I think that it's positive that I know what I want to do one day. All my friends say that I'm so lucky because I know what I want to do for a career. I want to b a psychologist. I know it's difficult, but I'm just going to see where it goes, or teaching so, I feel positive about what I

want to do. I have to believe in myself, otherwise no-one else will belief in me. I've got plans for my future. Like finish school, move out, study, get a job.

My friends are positive. Like, partying with my friends. We can hang out and laugh and I can talk to them. I don't know. They always forgive me when I do something wrong and I feel accepted by them. And my auntie and uncle on my mother's side. They're positive for me because they'll support me. Like they say, you must make something of your life and study after school, so I've got that kind of help. They show that they're proud of me sometimes, so that's good. But that's about it, those are the only things that are positive in my life right now.

4.4 CONCLUSION

This chapter contains the stories that emerged from the girls' experiences of cutting and the meaning that they attached to cutting in their lives. The coding process consisted of identifying themes from both the fishbowl and memory box interviews. Themes appeared with regard to aspects in the participants' lives that contributed to or lessened cutting; along with data that dealt with cutting perspectives, behaviour, emotions and responses. In this way, the meaning of cutting was highlighted. The diversity of the data made it necessary to create subcategories that contained differences, as well as similarities that the girls shared with regard to cutting. In this way, the meaning that cutting had for the girls emerged, along with factors that either alleviated or increased cutting in their lives.

In the next chapter I present the 'story of Cutting', along with my own story and reflections on being a part of this research journey. My story as the researcher was constructed from my researcher's diary and reflections. The 'story of Cutting' was written by using the cutting data from all four of the girls' stories as reflected by the refined themes table that contains both the fishbowl and memory box interviews, and combining it with the information from the literature review. This allows for 'Cutting' to become personified and have a voice of its own, enriched by the different voices of various researchers in the field. Cutting's story endeavours to answer the research questions posed at the outset of this inquiry. Lastly, the next chapter includes the recommendations and limitations of the study as part of the researcher's story.

CHAPTER FIVE

ADDITIONAL STORIES AND REFLECTIONS

5.1 INTRODUCTION

In this chapter, I commence by telling Cutting's story. This story was constructed by using the themes that run through the participants' stories. The story of cutting is narrated in the first person and is an attempt to personify 'cutting' and to give it a voice. This story is followed by my own reflections on the research journey that includes recommendations for further research and the conclusion.

5.2 THE STORY OF CUTTING

I am Cutting, but I also go by many other names. Carrie, you call me your friend, while Michelle calls me her pain. Lisa you speak of your blades as always having your heart with them and that without them a piece of you would be missing. Kelly, you say that I am reliable and that I provide you with relief. So, in a way, I have a unique but complicated relationship with each one of you girls. We seem to have a love-hate relationship. I am a temptation. I am the temptation that you all say you feel the need to use. It's like you say Lisa, if you know you should not cut, you want to even more so...

In their search to make sense of me, even the researchers have given me many different names. Favazza (1998), has called me self-mutilation while Hodgson (2004) and Inckle (2010), refer to me as self-injury. You and Leung (2011) seem to consider me as non-suicidal self-injury. Lund, Karim and Quillish (2007) describe me as deliberate self-harm, and so the list continues. I guess, that's why it made sense to me, when Zila and Kiselica (2001) wrote that I am often misunderstood. That I am difficult to understand is exacerbated by the tendency of practitioners to confuse me with borderline personality disorder, schizophrenia, or to engage with me as a by-product of autism. For me, Hodgson (2004) comes closer to the truth with her observation that the girls who befriend me do not necessarily have a mental illness or disability, but that they are often regarded as such, in order to find a 'socially acceptable excuse' for their relationship with me. Some of that still

continues today, as society at large finds it hard to deal with the reality of my existence and often wishes to either pigeon-hole me incorrectly, or to ignore my being in the world completely.

This is a perception that is supported by Favazza (1996) who points out that throughout the ages, civilisations-' and societies' perceptions of me have undergone various changes. Across centuries, perceptions of me have ranged from the grotesque to the beautiful, from the heroic to the cowardly. I have been described as awesome or pitiful, meaningful or senseless. However, from what you Michelle, Lisa, Kelly and Carrie say, I get the impressions that I am not considered by you as purely negative. Could this be because of easy access to information? Access to information through technology seems to have made it much easier for adolescents such as yourself to get to know more about me. To speak about me. With self-injury internet sites, whole communities of cutters are now united (Adler & Adler, 2007). In this way when people have conversations about me, the way in which society sees me, makes sense of me; expands once more. And so, I evolve and change. My identity or the meaning of what I am is never settled. As long as people talk about me, my identity can never be defined. I guess, this is part of the reason why I am difficult to understand. I'm described as a complex process of symbolic interactions that carry specific meanings (Adler & Adler, 2007). Therefore, people have unique relationships with me and offer different explanations of what I mean in their lives.

Lisa, Kelly, Carrie and Michelle, I know that I am part of your lives. My presence is especially needed when you have problems. That is when you usually need me. According to you all, I help to calm you down. This is a viewpoint that I have heard many times before; that I am good at helping people cope, that I calm you down, that I help you feel better. I've even been called a 'coping mechanism' by a whole lot of researchers (Babiker & Arnold, 1999; Hodgson, 2004; Inckle, 2010). According to Klonsky (2007), I help people to cope with insufferable feelings. In that way, I allow a person to avoid certain emotions that they might find too challenging. As Cutting, I become a useful distraction that allows people to avoid feelings they experience, that are too painful to deal with (Babiker & Arnold, 1997). It would seem I become a way of surviving for you.

Michelle, you say that I represent the pain and all the anger and all the terrible emotions that you feel, like the pain that you feel that you are causing your mom. Kelly and Carrie, you say that you feel the same and usually use me after fighting with your mom. Lisa, you say that you use me because your mom abandoned you. Could it be that you want to hurt

her because she is hurting you? How come then you feel worse afterwards? After all the harsh words and bad feelings and all the fighting, that is usually the time when you girls call on me for help. You use me to cut a hole in you so that the pain can leak out through your arm. So, I become something to take the pain away. It is like Inckle (2010) says, what I offer is a means of coping with and expressing traumatic issues and experiences.

Muehlenkamp and Brausch (2011) also describe me as a means of managing negative affect and say that I play a definite role in coping and emotion regulation. In that way, I function to reduce depression, anxiety, stress, self-hatred, anger, self-punishment, loneliness and serve as a distraction from problems (Boynton & Auerbach, 2004; Hodgson, 2004; Laye-Gindu & Schonert-Reichl, 2005). So, I calm you. It is like a tap that you open when you use me. Perhaps for you, it is the same kind of feeling with the blood that you see and then those feelings too can drip away? You usually stop using me when it burns enough. Kelly you explain that the burning sensation somehow clears your mind and that everything that you were feeling in that moment, all the anger and sadness, all your frustration leaves your body and you start feeling calm again. You say that only then are you able to breathe again and that you always feel better after you have made a few cuts.

I do however, not bring solutions to your problems. I am like a drug, a quick fix, an escape. All four of you have come to realise that the release that I bring is of a temporary nature. I am only able to make you feel better for a little while, and then you realise that I am not actually able to provide you with relief. Tatum and Huband (2009) describe your situation well when they explain that what I offer is a sense of temporary relief. That is probably why you would use me and cut again to relieve the pain. Only, as you now know, the pain is never really gone, which causes you to use me more and more. You have probably realised that despite using me, your pain just keeps on getting bigger and bigger. This is because I do not have the power to make the pain go away.

I know that I have many shortcomings. I am unable to provide real relief. Like all four of you say, your relationship with me is probably a bad thing. Using me to find comfort cannot be a good thing because you are not supposed to hurt yourself in order to feel better. Carrie, you describe me as a constant friend who is there when you feel uncomfortable. Michelle, you say that I am there for you when you feel alone. You call me your friend as I provide you with comfort and reassurance. What you all say is that I am reliable and there whenever you need me.

The question that I pose then is why, if I am your comforter, do you also use me to punish yourselves? Lisa, you use me to punish yourself for your feelings. Michelle and Kelly, you use me to punish yourselves after you have been nasty to your moms. Sometimes, you cut because you have problems accepting your body image: you feel that you are not good enough, or pretty enough or too skinny. And like those times Michelle, when you feel so worthless and horrible and lonely ... Kelly, you say that you feel unappreciated, unnoticed, like you are vanishing. And you Lisa, sometimes you feel really 'junk' about yourself. Hodgson (2004) explains that it is especially individuals like yourselves, who seem to have high levels of self-criticism, self-denigration, guilt and low self-esteem, who do it. You use me because you do not like yourselves (Laye-Gindhu & Schonert-Reichl, 2005). Babiker and Arnold's (1997) explanation is that females often struggle to express feelings of anger as they feel unsafe in both expressing and receiving anger. Where individuals are hard upon themselves, they get angry and project anger onto what they perceive as their shortcomings or inadequacies. It would seem that I serve as a punishment and I allow you to deal with your feelings of anger without hurting anyone else. If you hurt yourself, then you do not have to hurt your friends.

I seem to have a role as both pain inducer and tranquilizer. Then there is the numbness that you Lisa, say that you want to take away. You cut yourself to inflict pain in an attempt to feel something. You compare your interaction with me to a cold feeling running down your arm that makes you feel numb. Then you do not have to cry and you are close enough to taking your life and you feel like you have gotten all that out of the way. The emotions are taken out and then you feel like you do not have to kill yourself anymore. I guess, that's what Favazza and Conterio (1989) mean when they say that I am often used to end periods of 'depersonalisation'. That is what happens when people feel a profound sense of detachment from their bodies and may even feel like they are not alive (Hodgson, 2004). In Van der Kolk, Perry and Herman's research (1991) they confirm that people who use me often report feeling numb and 'dead' prior to injuring themselves, that they self-injure without experiencing pain and feel a sense of relief after using me. It is like you say Carrie; there is nothing else like me. I make you feel stronger, like you are alive again.

So, ironically, like Babiker and Arnold (1997) pointed out, I can become a means to self-soothe and reduce your distress, even without any actual cutting taking place. Just knowing that you can contact me anytime, that I am at your disposal twenty-four seven, can help you to get through the difficult times and lessen your sense of helplessness. It is

like you explain Kelly; I give you a certain kind of power. I am your secret. Your connection with me provides you with a feeling of control. At other times, I take the boredom away and I make you feel liberated, till the aching starts again. Whenever you feel the ache inside, you use me again and again.

What I mean to explain to you all is that I have so many facets to me. According to Allen (2007) sense-making of me is important. For that to occur, there has to be an acknowledgement that I have multiple meanings that are all valid as the individuals that portray them believe them to be true. You use me to elicit both pity and self-pity. All of you girls state that you sometimes want people to feel sorry for you. I even make you feel sorry for yourselves, especially when you feel hurt and neglected. There is also my addiction angle. In their study, Boyton and Auerbach (2004) equate me with smoking or substance abuse, something that is supported by Lisa's description when she also says that I am addictive. Lisa, you say that knowing me is the same as doing drugs. You say that the whole feeling of knowing me never really goes away because once you have gotten to know me, you never really get out of it. People try to live without me, but the thirst for me is always there. Maybe that makes the comparison with alcoholism possible. Though you say that you can stop, you continue to crave the experience.

I am Cutting. I live in a certain realm. If you find yourself there, you are likely to meet me, especially if there is no-one else there for you. I guess, that is why you say that you love me, even though you hate me. Loving me for providing you with all the comfort and relief that you seek, but hating me at the same time because of your own feelings of helplessness to find other solutions to your problems.

Therein perhaps lies the meaning of our relationship. It is a complex one. One of light and dark, love and hatred. I almost wish that we could have met under different circumstances. The way it is now, I will always be a negative influence in your life, even if you feel positive about the temporary relief that I bring. That is part of the reason why I am so addictive, why I am a temptation. Why, once you get to know me, you can never really forget about me. I understand all of that, I am confusing. Not only to researchers, but to you that know me first-hand.

Your relationship with me cannot be described as healthy, even when you use words such as love, comfort and friend. I realise that this must be confusing and cause you anger when you finally discover that I am not to be trusted, that I cannot really help you. Then

when you continue to use me, I become something that makes you feel guilty. Despite the guilt, it is ironic that you continue to feel grateful for your relationship with me. The one thing, however, that continues to fascinate me, and the world, is why you find it so hard to let go of me, despite knowing that you should?

5.3 A DISCUSSION OF THE STORIES FROM A BIO-ECOLOGICAL AND SOCIAL-CONSTRUCTIONIST STANCE

The bio-ecological framework focuses on how person and biological factors interact with other systems to influence human behaviour and development (Bronfenbrenner, 1979, 1992). A social-constructionist viewpoint highlights ways of understanding that emerge through social processes and interactions in which individuals are constantly engaged with each other (Burr, 2003). From this theoretical perspective the girls' stories regarding their cutting behaviour are seen as flowing forth from the reciprocal interaction across systems and that their own understanding of their self-injurious behaviour has been shaped through social processes and interactions in which language and culture play a pivotal role.

Such interactivity was especially noted within the microsystem which refers to the system of connections between the immediate environments of an individual and includes the family, school and peer group. All four of the girls' stories spoke of family contexts that were characterised by high levels of conflict within the family, an absence of a significant caregiver and intensely negative verbal exchanges with their parents and other family members. In all four stories, such negative exchanges occurred in the form of name-calling, criticism and verbally abusive fighting. Familial conflict was seen as being chronic and repetitive in nature and resulted not only in the deterioration of interfamilial relationships, but ultimately in the isolation of the four participants from their closest family members. It was evident that not one of the four girls had a close relationship with either of their parents. Abuse, of a verbal and emotional nature was also described in all four stories and two of the girls listed a history of sexual abuse within the family context, as factors that contributed to their cutting behaviour.

With regard to the peer group, all four of the girls described their friends as a positive

factor in their lives and that they received emotional support from them that lessened cutting behaviour. Their friends made them feel accepted, provided them with support, were interested in their well-being and gave them hope. Thus, in the absence of support and acceptance from within the family context, peer group friendships were able to provide some ways of fulfilling their emotional needs.

Body image was also described as a factor that increased cutting behaviour by two of the participants. When considering how social dialogue has contributed to the establishment of an ideal body size and certain standards with regard to what is considered to be physically attractive, it is perhaps not surprising that adolescent girls find it especially difficult to measure up to modern day images of beauty. Markey (2010) adds that an individual's perception of their own physical attractiveness is significantly tied to feelings of self-worth during childhood and adolescence, and body dissatisfaction often leads to a disregard for the body. Where young females no longer see their bodies as worthy of protection, they become more able to injure themselves when faced with extreme distress as they dissociate from their physical selves (Orbach, 1996). Sexual abuse is further listed as a type of experience that may cause individuals to detach from their bodies to the point where they no longer care what they do to themselves (Hodgson, 2004). In this study, the two girls that listed their history of sexual abuse as a factor that contributed to cutting also listed body image as a factor that contributed to cutting behaviour.

Thus, the stories of self-injury as told by the four participants suggest that the practice of cutting has individual, interpersonal and social meaning in the lives of the girls that were part of this study. This is an important recognition as it helps people such as teachers and those in the social service profession to extend exclusive individualizing and pathologising ways of viewing SI, and specifically, cutting.

5.4 MY REFLECTIONS ON THE RESEARCH JOURNEY

My motivation for this study came from my own experiences of girls that self-injure at the high school where I am still a counsellor. I became interested in wanting to make sense of their understanding of cutting and how each girl's experience of self-injury differed. These pages contain my reflections on being a part of this study's journey and my experience of using narrative inquiry methodology to gain access to the girls' stories and make sense of

cutting.

A specific research approach is chosen because of its ability to fit with the study and best enable the researcher to achieve the goals and objectives thereof. In this case, I wanted to hear the voices of the girls as they shared their experiences of self-injury. Choosing narrative inquiry methodology allowed me to gain a deeper understanding of the unique elements pertaining to the meaning of cutting in the girls' lives as their stories unfolded. Polkinghorne (1995, p. 11) explains that narrative inquiry provides mechanisms that, "retain the complexity of the situation in which an action was undertaken and the emotional and motivation meaning as the focus of analysis". As this study undertook to examine a sensitive topic with a vulnerable population group and was primarily interested in the meaning of self-injurious behaviour, the use of narrative methodology proved invaluable, as it not only allowed whole stories to emerge, but also honoured their presence in the world.

Using this form of research further made me aware of my own judgements and perceptions as I listened to the girls' stories of cutting. In this way, the diary that I kept became a valuable tool as it allowed me to both live and tell of my study (Kim, 2008), to reflect on my own biases and to become acquainted with Kelly, Lisa, Michelle and Carrie, as individuals. Craig and Huben (2006) write that narrative inquirers consider themselves in relationship to other people. As an adult, counsellor and researcher, being in relationship with these girls and sharing their experiences on such a sensitive and personal topic became a demanding challenge. It necessitated that I had to install clear boundaries for myself with regard to not becoming their counsellor and to prioritise my role as researcher.

To maintain this balance, I made use of a support network of psychologists to whom girls could be referred to and teachers at the school to report sudden changes in their behaviour. Since I was at the school daily, I was able to liaise with these teachers and monitor the girls' behaviour. As self-injury is a topic that is often associated with pathology and the risk of suicide, the girls' well-being remained the most important ethical consideration in this study. In this way, the support network that was arranged worked well as it ensured not only that the girls could receive the necessary intervention if the need arose, but that I could focus on my role as researcher of the study. At the same time, being the counsellor at the school was beneficial in that I was in a position to build a trusting relationship with the girls.

Polkinghorne (1988) speaks of acknowledging the differences and diversity of people's behaviour. The data collection methods that were employed in this study allowed me to access such differences, as the girls were free to decide on what aspects they wanted to include in the interviews and to tell their narratives in any way that they felt comfortable doing. With the fishbowl activity, the girls decided on the content and priority of negative and positive aspects in their lives. With the memory box, the girls were free to decorate their boxes as they saw fit and to choose the items that they wanted to include to represent their lives. This aspect not only gave power to the participants, but allowed me to remain aware that although the girls shared similarities with regard to certain themes, they each had unique cutting stories to tell that demonstrated the diversity of their self-injurious behaviour. In this way, the kind of data that the study desired was generated in the form of stories that focused on the meaning of self-injury in the lives of the girls.

The research methods that were used also impacted on my role as researcher as I had to remain sensitive not to over structure or guide the conversations that I had with each girl. Instead, I had to allow them to tell their stories in their own way. I used an open-ended question at the beginning of the interviews and prompts thereafter, when I wanted to explore a certain issue in greater depth or gain clarification. As the research methods were used as projective tools, they generated rich metaphoric language that helped me to achieve a deeper understanding of the meaning of cutting. Both the fishbowl and memory box activities were structured in such a way that they became metaphors for the girls' lives, resulting in their use of metaphors to speak about self-injury. I remember coming to the realisation that each of the girls described cutting in different terms. These ranged from naming cutting as a friend, a provider of comfort, a reliable person; to couching cutting in terms of a temptation, a form of punishment or an addictive compulsion.

The ink and bleach drops of the fishbowl interviews further provided a concrete way to engage with the magnitude of data that was generated and helped me to think about data analysis in a concrete way. Many researchers that have used narrative inquiry comment that one can easily become overwhelmed with the volume of data that is produced and find it difficult, if not near impossible, to locate an entry point for the unraveling of a story. I used the ink and bleach drops of the fishbowl interview to establish a framework that generated themes and allowed me to compile a plot to each girl's story as they prioritised positive and negative aspects of their lives, pertaining to their self-injurious behaviour. I recorded this data by creating three tables that grouped their descriptions of cutting

behaviour and negative and positive aspects in their lives.

Apart from providing a unique plot to each girl's story, the process of creating the tables also helped me to step-back and reflect on the data. Working with the data in this way enabled me to notice individual differences and similarities that the girls shared and to appreciate the uniqueness of each story. In my role as a researcher, reflecting on the stories that I had listened to so many times, I also had to acknowledge my own impact on them as my recollection inevitably added to a reconstruction of them (Moen, 2006).

I made the decision to present the girls' stories in Chapter 4 as a whole as they reflected the 'up, close and personal' quality that Josselson (2003) describes as part of an in-depth study of particular individuals in a specific context and time. Presenting their stories in this way further enabled me to experience how each girl saw herself, what her life entailed and how aspects in their lives either contributed to, or lessened cutting. Writing their stories in the first person further strengthened their voices and gave power to the participant by honouring and highlighting their voices.

Writing the story of cutting was a challenging task. The sheer volume of cutting data that came from the interviews introduced the idea of giving cutting it's own voice, as it became evident that although many of the girl's shared similarities with regard to self-injury, each one of them had a unique relationship with cutting. Together, my supervisors and I made the decision to incorporate theory from the literature on self-injury, to give a voice to cutting. In this way, the story of Cutting became what Goodson (1992) describes as an attempt to interlink story with theory and thereby connecting the phenomenon to the larger society in which such behaviour is embedded within a specific historical, social and political world.

With regard to the limitations of this study, it has to be highlighted that no boys were included in the sample group and that their experiences of self-injury pushes the need for research on adolescent boys who self-injure to the fore. The fact that most research studies have historically focused solely on female populations and concluded that typically self-injurers are female (Chandler *et al*., 2011), opens an arena for further research in discovering what meaning young males attach to cutting. Another aspect that has to be considered, is that self-injury in this study has been delimited to include only cutting behaviour and exclude all other forms of self-injurious behaviour such as burning, bruising and other various forms of self-injury. Fighting has also been noted as a possible form of

self-injury that might go unnoticed, as it is in a sense regarded as normative behaviour for boys by society (Babiker & Arnold, 1997).

Other angles that warrant further investigation would be to include parents' and teachers' perceptions and reactions towards self-injury. Research has shown that self-injury is on the increase and therefore it is likely that teachers will encounter such behaviour in a school setting (Best, 2005; Boyton & Auerbach, 2004; Shapiro, 2008; WCED, 2010). Further research in this area can generate valuable insight to provide parents and teachers with the necessary psycho-education to respond to such behaviour in a constructive way. Furthermore, given the rise in prevalence, it is important that parents are aware of the phenomenon, seeing that it is possible that their children might become aware of their peers that self-injure, even if they refrain from self-injury themselves. Another area for further study that Hodgson (2004) has explored pertains to the social learning or contagion element (Rosen & Walsh, 1989). Being exposed to peers that self-injure has been found to introduce the idea of cutting (Hodgson, 2004) and with modern technology that enables adolescents to engage in the sharing of comments, photos and conversations, such exchanges are often uncensored and thus, go by unnoticed by caregivers. In this way, young people continue to construct their own meanings with regard to self-injury and parents and teachers are often excluded from this process, unless they become involved in talking about self-injury with their children and educating them about the occurrence thereof.

When focusing on the recommendations that this study has to contribute, it has to be underlined that cutting was found to have a definite purpose for all of the girls that were involved in this study. Cutting behaviour was found to have various function and meanings in the lives of the girls. Despite the fact that all four girls could verbalise that they knew that cutting was a negative force in their lives, on an emotional level they acknowledged that they were attached to cutting and that they found it hard to envision their lives without it. This aspect has certain therapeutic implications for dealing with self-injurious behaviour in that it suggests that it will most likely be ineffective to simply expect of individuals to stop cutting because they are told to do so. The meaning that cutting has for an individual will have to be explored and healthier alternatives that replace the functionality thereof will have to be introduced over time.

As this was such sensitive research and involved working with a vulnerable population group, it was ethically integral that I monitored the girls' well-being and safety after the

completion of the research. The research further involved that I became aware of dysfunctional elements within the family lives of all the girls that took part in the study that prompted further and ongoing intervention. Unfortunately, none of the girls were willing to give their consent for me to have conversations with their caregivers. Therefore, ongoing intervention has taken the form of counselling and support at the school; with a clear understanding of the limits of confidentiality should abuse of a physical or sexual nature occur. With regard to where they are now, almost a year; later, Lisa, Michelle, Carrie and Kelly have stopped cutting and say that talking about cutting and understanding why they engaged in such behaviour has helped them immensely. Carrie says that she continues to feel the urge to cut, but that she does not want to continue with such behaviour.

Kelly's relationship with her mother has improved and her mother is now aware of her self-injurious behavior. They are both currently seeing a private psychologist. Lisa feels that she is better able to understand her family dynamics and her own role therein that contributed to her cutting behaviour. She feels that although she is still sad about the absence of her own mother's role in her life, she is able to manage her relationship with her father in a more positive manner and that the support and loving relationship with her stepmother has proved invaluable. She has been able to disclose to her that she finds the fighting with her father very upsetting and her stepmother has intervened by monitoring her father's behaviour and talking to him about his role as a father. To that extent, the intense verbally negative exchanges between them have lessened considerably and, although she says that they will in all probability never have a good relationship, they are able to co-exist in a peaceful manner.

Shortly after the completion of the research, Michelle's mother came to the realisation that Michelle was deeply unhappy and started making arrangement for her to move to her father. She is happy with this decision. Carrie feels that although she still does not have a good relationship with her mother, she is now able to refrain from being disrespectful towards her and that their fighting has lessened. She says that she now realises that she is responsible for her own happiness and is concentrating on her school work and has a part-time job. This has given her a sense of purpose and she feels optimistic about her future.

5.5 CONCLUSION

In conclusion, I have to acknowledge that this research, although bewildering at moments, has ultimately been a rich and rewarding personal journey. I have gained an awareness that the world and the lives of people are constructed by means of stories that may often slide by unnoticed, unless they are acknowledged. This is especially true with regard to the stories of minority, oppressed or vulnerable population groups and the loss thereof is to society's detriment, because it subtracts from our understanding of certain phenomena in the world. Without these stories, society will continue to know only a certain version of the truth and leave the less powerful and dominant stories by the wayside. It is my hope that these stories will contribute to the body of self-injury research that has been established and add to our understanding of this complex phenomenon.

REFERENCES

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

Adler, P.A. & Adler, P. (2007). The demedicalization of self-injury, from psychopathology to sociological deviance. *Journal of Contemporary Ethnography*, *36*(5), 537-570.

Allen, A. (2008). *Law and Ethics in Psychology: An International Perspective.* Somerset West: Inter-Ed Publishers.

Allen, S. (2007). Self-harm and the words that bind: A critique of common perspectives. *Journal of Psychiatric and Mental Health Nursing*, *14*(2), 172-178.

Allende, I. (1991). *The Stories of Eva Luna*. London: Penguin.

American Psychiatric Association (APA). (2000). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (4th edition). (Text Revision). Washington, DC: American Psychiatric Association.

Arnett, J.J. (1995). Broad and narrow socializations: The family in the context of a cultural theory. *Journal of Marriage and the Family, 57*(3), 617-628.

Babiker, G. & Arnold, L. (1997). *The Language of Injury: Comprehending Self-mutilation*. Leicester: British Psychological Society Publications.

Bagnoli, A. (2009). Beyond the standard interview: The use of graphic elicitation and arts-based methods. *Qualitative Research*, *9*(5), 547-570.

Baillie, L., Lovato, C.Y., Johnson, J.L., & Kalaw, C. (2005). Smoking decisions from a teen perspective: A narrative study. *American Journal of Health Behaviour*, *29*(2), 99-106.

Barchia, K. & Bussey, K. (2010). The psychological impact of peer victimization: Exploring social-cognitive mediators of depression. *Journal of Adolescence*, *33*(5), 615-623.

Bender, S. (1995). *Everyday Sacred: A Woman's Journey Home*. New York: Harper.

Berk, L.E. (2006). *Child Development* (7th edition). Boston: Pearson Education.

Best, R. (2005). An educational response to deliberate self-harm: Training, support and school-agency links. *Journal of Social Work Practice*, *19*(3), 275-287.

Borg, S. (2001). The research journal: A tool for promoting and understanding researcher development. *Language teaching Research*, *5*(2),156-177.

Boynton, P.M. & Auerbach, A. (2004). 'I cut because it helps': Narratives of self-injury in teenage girls. In B. Hurwitz, T. Greenhalgh & V. Skultans (Eds.), *Narrative Research in Health and Illness* (pp. 95-114). Massachusetts: Blackwell.

Brausch, A.M. & Gutierrez, P.M. (2010). Differences in non-suicidal self-injury and suicide attempts in adolescents. *Journal of Youth & Adolescence*, *39*(3), 233-242.

Brausch, A.M. & Muehlenkamp, J.J. (2007). Body image and suicidal ideation in adolescents. *Body Image*, *4*(2), 207-212.

Briere, J. & Gil, E. (1998). Self-mutilation in clinical and general population samples: Prevalence, correlates, and functions. *American Journal of Orthopsychiatry*, *68*(4), 609-620.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Design and Nature.* Cambridge, Mass: Harvard University Press.

Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six Theories of Child Development: Revised Formulations and New Trends.* London: Jessica Kingsley.

Buchanan, C.M., Eccles, J., & Becker, L. (1992). Are adolescents the victims of raging hormones. *Psychological Bulletin*, *111*(1), 62-107.

Burr, V. (2003). *Social Constructionism* (2nd edition). Hove: Routledge.

Byrne, D.G., Davenport, S.C., & Mazanov, J. (2007). Profiles of adolescent stress: The development of the adolescent stress questionnaire (ASQ). *Journal of Adolescence, 30*(3), 393-416.

Carey, M. & Russell, S. (2002). Externalizing: Commonly asked questions. *The International Journal of Narrative Therapy and Community Work, 2,* 76-84.

Carr, A. (2006). *The Handbook of Child and Adolescent Clinical Psychology: A Contextual Approach* (2nd edition). New York: Routledge.

Chandler, A., Myers, F., & Platt, S. (2011). The construction of self-injury in the clinical literature: A sociological exploration. *Suicide and Life Threatening Behaviour*, *41*(1), 98-109.

Charbonneau, A.M., Mezulis, A.H., & Hyde, J.S. (2009). Stress and emotional reacitivity as explanations for gender differences in adolescents' depressive symptoms. *Journal of Youth and Adolescence, 38*(5), 1050-1058.

Cho, J. & Trent, A. (2006). Validity in qualitative research revisited. *Qualitative Research*, *6*(3), 319-340.

Chu, J.A. & Dill, D.L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry*, *147*(7), 887-892.

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.

Clandinin, D.J. (2007). Introduction. In J. Clandinin (Ed.), *Handbook of Narrative Inquiry. Mapping a Methodology.* London: SAGE Publications.

Clandinin, D.J. & Connelly, F.M. (2000). *Narrative inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey Bass.

Clandinin, D.J., Murphy, M.S., Huber, J., & Murray Orr, A. (2010). Negotiating narrative inquiries: Living in a tension filled mist. *The Journal of Educational Research*, *103*(2), 81-90.

Clandinin, D.J. & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland spaces and tensions. In J. Clandinin (Ed.), *Handbook of Narrative Inquiry. Mapping a Methodology.* London: Sage Publications.

Compas, B.E., Connor-Smith, J.K., Saltzman, H., Thomsen, A.H., & Wadsworth, M.E. (2001). Coping with stress during childhood and adolescence: problems, progress and potential in theory and research. *Psychological Bulletin*, *127*(1), 87-126.

Connelly, F.M. & Clandinin, D.J. (2006). Narrative inquiry. In J. Green, G. Camilli, & P. Elmore (Eds.), *Handbook of Complementary Methods in Education Research*. Mahwah, N.J: Erlbaum.

Coons, P.M. & Milstein, V. (1990). Self-mutilation associated with dissociative disorders. *Dissociation*, 3(2), 81-87.

Deliberto, T.R. & Nock, M. (2008). An exploratory study of the correlates, onset, and offset of non-suicidal self-Injury. *Archives of Suicide Research*, *12*(3), 219-231.

Denis, P. (2000). Memory boxes: helping AIDS orphans to remember. *Bulletin for Contextual Theology in Africa*, *7*(1), 34-36.

Denzin, K.N. & Lincoln, Y.S. (2011). Introduction: The discipline and practice of qualitative research. In K.N. Denzin & Y.S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research* (4th edition). USA: SAGE Publications.

Denzin, K.N. & Lincoln, Y.S. (2008). *Collecting and Interpreting Qualitative Materials* (3rd edition). London: SAGE Publications.

Duperouzel, H. & Fish, R. (2007). Why couldn't I stop her? Self injury: The views of staff and clients in a medium secure unit. *British Journal of Learning Disabilities*, *36*(1), 59-65.

Durrheim, K. (2006). Research design. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 33-60). Cape Town: University of Cape Town Press.

Elliott, H. (1997). The use of diaries in sociological research on health experience. Sociological Research, 2(2). URL (retrieved March 2012): http://www.socresonline.org.uk/socresonline/2/2/7.html.

Evans, E., Hawton, K., & Rodham, K. (2005). In what ways are adolescents who engage in self-harm or experience thoughts of self-harm different in terms of help-seeking, communication and coping strategies. *Journal of Adolescence, 28*(4), 573-587.

Favazza, A.R. (1989). Why patients mutilate themselves. *Hospital and Community Psychiatry*, *40*(2), 137-145.

Favazza, A.R. (1999). *Bodies Under Siege: Self-mutilation and Body Modification in Culture and Psychiatry* (2nd edition). Baltimore, MD: Johns Hopkins University Press.

Favazza, A. (1998). The coming of age of self-mutilation. *The Journal of Nervous and Mental Disease*, *186*(5), 259-268.

Favazza, A. & Conterio, K. (1989). Female habitual self-mutilators. *Acta Psychiatrica Scandinavica, 79*(3), 283-289.

Favazza, A.R. & Rosenthal, R.J. (1993). Diagnostic issues in self-mutilation. *Hospital and Community Psychiatry*, *44*(2), 134-140.

Fox, C. (2006). Stories within stories: Dissolving the boundaries in narrative research and analysis. In S. Trahar (Ed.), *Narrative Research on Learning: Comparative and International Perspectives.* Oxford: Symposium Books.

Friesen, M.D., Woodward, L.J., Horwood, L.J., & Fergusson, D.M. (2010). Childhood exposure to sexual abuse and partnership outcomes at age 30. *Psychological Medicine*, *40*(4), 679-688.

Gergen, K.J. (2008). *An Invitation to Social Construction.* Los Angeles, CA: SAGE.

Hampel, P. & Peterman, F. (2006). Perceived stress, coping and adjustment in adolescence. *Journal of Adolescent Health*, *38*(4), 409-415.

Hankin, B.L., Mermelstein, R., & Roesch, L. (2007). Sex differences in adolescent depression: Stress exposure and recent models. *Child Development*, *78*(1), 278-295.

Haw, C. & Hawton, K. (2008). Life problems and deliberate self-harm: Associations with gender, age, suicidal intent and psychiatric and personality disorder. *Journal of Affective Disorders*, *109*(1-2), 139-148.

Hilt, L.M., Nock, M.K., Lloyd-Richardson, E.E., & Prinstein, M.J. (2008). Longitudinal study of non-suicidal self-injury among young adolescents: Rates, correlates, and preliminary test of an interpersonal model. *Journal of Early Adolescence*, *28*(3), 455-469.

Hjern, A., Alfven, G., & Ostberg, V. (2007). School stressors, psychological complaints and psychosomatic pain, *Acta Paediatrica*, *97*(1), 112-117.

Hodgson, S. (2004). Cutting through the silence: A sociological construction of self-injury. *Sociological Inquiry*, *74*(2), 162-179.

Horrocks, J., Price, S., House, A., & Owens, D. (2003). Self-injury attendances in the accident and emergency department. *British Journal of Psychiatry, 183*(1), 34-39.

Inckle, K. (2010). At the cutting edge: Creative and holistic responses to self-injury. *Creative Nursing*, *16*(4), 160-165.

Jacobsen, K.C. & Crockett, L.J. (2000). Parental monitoring and adolescent adjustment: An ecological perspective. *Journal of Research on Adolescence*, *10*(1), 65-97.

Jacobsen, C.M. & Gould, M. (2007). The epidemiology and phenomenology of non-suicidal behaviour among adolescents: A critical review of the literature. *Archives of Suicide Research*, *11*(2), 129-147.

Joiner, T.E. (2005). *Why People Die by Suicide*. Cambridge, MA: Harvard University Press.

Josephine. (2008). Machination, medication, and mutilation. *International Journal of Reality Therapy*, *28*(1), 45-50.

Josselson, R. & Lieblich, A. (2003). A framework for narrative research proposals in psychology. In R. Josselson, A. Lieblich, & D.P. McAdams (Eds.), *Up Close and Personal: The Teaching and Learning of Narrative Research.* Washington: American Psychological Association.

Keeton, C. (2005). *Teen Self-Mutilation on the rise in SA.* Retrieved March 7, 2010: http://timeslive.co.za/sundaytimes/article.htm

Kelly, K. (2006). From encounter to text: Collecting data in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.). *Research in Practice* (pp. 285-320). RSA: Paarl Print.

Klonsky, E.D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226-239.

Klonsky, E.D. & Moyer, A. (2008). Childhood sexual abuse and non-suicidal self-injury: A meta-analysis. *British Journal of Psychiatry*, *192*(3), 166-170.

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 non-clinical population: Prevalence and psychological correlates. *American Journal of Psychiatry, 160*(8), 1501-1508.

Kohler Riesmann, C. & Speedy, J. (2007). Narrative inquiry in the psychotherapy professions: A critical review. In D.J. Clandinin (Ed.), *Handbook of Narrative Inquiry. Mapping a Methodology.* Thousand Oaks, California: Sage.

Krauss, S.E. (2005). Research paradigms and meaning making: A primer. *The Qualitative Report*, *10*(4), 758-770.

Larson, R.W. & Ham, M. (1993). Stress and 'storm and stress' in early adolescence: The relationship of negative events with dysphoric affect. *Developmental Psychology*, *29*(1), 130-140.

Larson, R.W., Moneta, G., Richards, M.H., & Wilson, S. (2002). Continuity, stability, and change in daily emotional experience across adolescence. *Child Development*, *73*(4), 1151-1165.

Larsson, B. & Melin, L. (1990). Depressive symptoms in Swedish adolescents. *Journal of Abnormal Child Psychology, 18*(1), 91-103.

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.

Le Guin, U. (1970). *Prophets and Mirrors: Science Fiction as a Way of Seeing.* London: Baker.

Lincoln, Y.S., Lynham, S.A., & Guba, E.G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In K.N. Denzin & Y.S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (4th edition). USA: SAGE.

Linehan, M.M. (1993). *Cognitive Behavioural Treatment of Borderline Personality Disorder*. New York: Guildford Press.

Lloyd-Richardson, E., Perrine, N., Dierker, L., & Kelly, M.L. (2007). Characteristics and functions of non-suicidal self-injury. *Psychological Medicine*, *37*(8), 1183-1192.

Loftus, S. & Higgs, J. (2010). Researching the individual in workplace research. *Journal of Education and Work*, *23*(4), 377-388.

Louw, D.J. & Fourie, D.P. (2011). Towards a definition of philosophical counselling in South Africa. *South African Journal of Psychology, 41*(1), 101-112.

Low, G., Jones, D., MacLeod, A., Power, M., & Duggan, C. (2000). Childhood trauma, dissociation and self-harming behaviour: A pilot study. *British Journal of Medical Psychology*, *73*(2), 269-278.

Lundh, L.G., Karim, J., & Quilisch, E. (2007). Deliberate self-harm in 15-year old adolescents: A pilot study with a modified version of the Deliberate Self-Harm Inventory. *Scandinavian Journal of Psychology*, *48*(1), 33-41.

Maniglio, R. (2010). The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. *Acta Psychiatrica Scandinavica*, *124*(1), 30-41.

Markey, C.N. (2010). Invited commentary: Why body image is so important to adolescent development. *Journal of Youth and Adolescence*, *39*(12), 1387-1391.

Matsumoto, T. & Imamura, F. (2008). Self-injury in Japanese junior and senior high-school students: Prevalence and association with substance use. *Psychiatry and Clinical Neurosciences, 62*(1), 123-125.

McAllister, M. (2003). Multiple meanings of self-harm: A critical review. *International Journal of Mental Health Nursing*, *12*(3), 177-185.

Merriam, S.B. (1998). *Qualitative Research and Case Study Applications in Education* (2nd edition). San Francisco: Jossey-Bass.

Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco: Jossey-Bass.

Moen, T. (2006). Reflections on the narrative research approach. *International Journal of Qualitative Methods*, 5(4), 1-11.

Moksnes, U.K., Moljord, I.E.O., Espnes, G.A., & Byrne, D.G. (2010). The association between stress and emotional states in adolescents: The role of gender and self-esteem. *Personality and Individual Differences*, *49*(5), 430-435.

Morkel, E. (2010). *An introduction to narrative therapy workshop.* Stellenbosch University, Unpublished Powerpoint Presentation.

Muehlenkamp, J.J. & Brausch, A.M. (2011). Body Image as a mediator of non-suicidal self-injury in adolescents. *Journal of Adolescence*, *35*(1), 1-9.

Naicker, S. (1999). Inclusive education in South Africa. In P. Engelbrecht, L. Green, S. Naicker, & L. Engelbrecht (Eds.), *Inclusive Education in Action in South Africa.* Pretoria: Van Schaik.

National Institute for Clinical Excellence (2002). *Self-Harm Scope*. Final Version 3. National Institute for Clinical Excellence: London.

Nock, M.K. (2009). Why do people hurt themselves? New insights into the nature and function of self-injury. *Current Directions in Psychological Science*, *18*(2), 78-83.

Nock, M.K. & Prinstein, M.J. (2005). Contextual features and behavioural functions of self mutilation among adolescents. *Journal of Abnormal Psychology, 114*(1), 140-146.

Nock, M.K., Teper, R., & Hollander, M. (2007). Psychological treatment of self-injury among adolescents. *Journal of Clinical Psychology: In Session*, *63*(11), 1081-1089.

Nounopoulos, A., Ashby, J.S., & Gilman, R. (2006). Coping resources, perfectionism and academic performance among adolescents. *Psychology in the Schools*, *43*(5), 613-622.

Olsson, G. & Von Knorring, A.-L. (1997). Beck's Depression Inventory as a screening instrument for adolescent depression in Sweden: Gender differences. *Acta Psychiatrica Scandinavica, 95*(4), 277-282.

Orbach, I. (1996). The role of the body experiences in self-destruction. *Clinical Child Psychology and Psychiatry*, *1*(4), 607-619.

Passer, M.W. & Smith, R.E. (2008). *Psychology: The Science of Mind and Behaviour* (4th edition). Boston: McGraw-Hill.

Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods* (3rd edition). London: Sage.

Petersen, A.C., Compas, B.E., Brooks-Gunn, J., Stemmler, M., Ey, S., & Grant, K.E. (1993). Depression in adolescence. *American Psychologist, 48*(2), 155-168.

Pfohl, B. (1991). Histrionic personality disorder. *Journal of Personality Disorders, 5*(2), 150-166.

Pinnegar, S. & Daynes J.G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D.J. Clandinin (Ed.), *Handbook of Narrative Inquiry. Mapping a Methodology.* California: Sage.

Pitman, R.K. (1990). Self-mutilation in combat related post-traumatic stress disorder. *American Journal of Psychiatry*, *147*(1), 123-124.

Polkinghorne, D.E. (2007). Validity issues in narrative research. *Qualitative Inquiry, 13*(4), 471-486.

Polkinghorne, D.E. (1988). *Narrative Knowing and the Human Sciences*. New York: State University of New York Press.

Rogers, A. (2003). Qualitative research in psychology: Teaching an interpretive process. In R. Josselson, A. Lieblich, & D. McAdams (Eds.), *Up Close and Personal: The Teaching and Learning of Narrative Research*. Washington: American Psychological Association.

Rose, A.J. & Randolph, K.D. (2006). A review of sex difference in peer relationship processes: Potential trade-offs for the emotional and behavioural development of girls and boys. *Psychological Bulletin, 132*(1), 98-131.

Rosen, P.M. & Walsh, B.W. (1989). Patterns of contagion in self-mutilation epidemics. *American Journal of Psychiatry, 146*(5), 656-658.

Ross, S. & Heath, N. (2002). A study of the frequency of self-mutilation in a community of adolescents. *The Journal of Youth and Adolescence, 31*(1), 67-77.

Ross, S., Heath, N. & Toste (2009). Non-suicidal self-injury and eating pathology in high school students. *American Journal of Orthopsychiatry*, *79*(1), 83-92.

Rudolph, K.D. & Hammen, C. (1999). Age and gender as determinants of stress exposure, generation and reactions in youngsters: A transactional perspective. *Child development*, *70*(3), 660-677.

Sarracino, D., Presaghi, F., Degru, S., & Innamorati, M. (2011). Sex-specific relationships among attachment security, social values, and sensation seeking in early adolescence: Implications for adolescents' externalizing problem behaviour. *Journal of Adolescence, 34*(3), 541-554.

Sattler, J.M. (2002). *Assessment of Children: Behaviour and Clinical Applications.* San Diego: Sattler.

Savin-Baden, M. & Van Niekerk, L. (2007). Narrative inquiry: Theory and practice. *Journal of Geography in Higher Education*, *31*(3), 459-472.

Shapiro, S. (2008). Addressing self-Injury in the school setting. *The Journal of School Nursing, 24*(3), 124-130.

Schraml, K., Perski, A., Grossi, G., & Simonsson-Sarnecki, (2011). Stress symptoms among adolescents: The role of subjective psychosocial conditions, lifestyle, and self-esteem. *Journal of Adolescence*, *34*(5), 987-996.

Speedy, J. (2008). *Narrative Inquiry and Psychotherapy.* Basingstoke: Palgrave MacMillan Publishers.

Steer, R.A., Kumar, G., Ranieri, W.F., & Beck, A.T. (1998). Use of the Beck Depression Inventory-II with adolescent psychiatric outpatients. *Journal of Psychopathology and Behavioural Assessment*, *20*(2), 127-137.

Storkey, K. (2006). The prevalence of depressive symptoms in the prepartum and postpartum period: A study of low income women in the Western Cape, South Africa. Unpublished Master's Thesis, Stellenbosch University, South Africa.

Swart, E. & Pettipher, R. (2005). A framework for understanding inclusion. In E. Landsberg, D. Krüger, & N. Nel (Eds.), *Addressing Barriers to Learning. A South African perspective* (pp. 3-23). Pretoria: Van Schaik.

Swick, K.J. & Williams, R.D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early Childhood Education Journa*l, *33*(5), 371-378.

Suyemoto, K. (1998). The functions of self-mutilation. *Clinical Psychological Review*, *18*(5), 531-554.

Tatum, D. & Huband, N. (2009). *Understanding Repeated Self-injury: A Multi-disciplinary Approach.* Basingstoke: Palgrave MacMillan Publishers.

Terre Blanche, M. & Durrheim, K. (2006). Histories of the present: Social science in context. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice. Applied Methods for the Social Sciences.* Cape Town: University of Cape Town Press.

Terre Blanche, M., Durrheim, K., & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice. Applied Methods for the Social Sciences.* Cape Town: University of Cape Town Press.

Tredoux, C. & Smith, M. (2006). Evaluating research design. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice. Applied Methods for the Social Sciences.* Cape Town: University of Cape Town Press.

Van der Kolk, B.A., Perry, J.C., & Herman, J.L. (1991). Childhood origins of self-destructive behaviour. *American Journal of Psychiatry*, *148*(12), 1665-1671.

Van der Riet, M. & Durrheim, K. (2006). Putting design into practice: Writing and evaluating research proposals. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice. Applied Methods for the Social Sciences.* Cape Town: University of Cape Town Press.

Van der Merwe, M. (2011, April). An introduction to play therapy techniques. Workshop notes. Stellenberg, Western Cape, South Africa.

Virkkunen, M. (1976). Self-mutilation in antisocial personality disorder. *Acta Psychiatrica Scandinavica, 54*(5), 347-352.

Wagner, B.M. & Compas, B.E. (1990). Gender, instrumentality, and expressivity: Moderators of the relation between stress and psychological symptoms during adolescence. *American Journal of Community Psychology, 18*(3), 383-406.

Walsh, B.W. (2006). *Treating Self-injury: A Practical Guide*. New York: Guilford Press.

Western Cape Education Department (2010). *Positive Behaviour Newsletter* (10).

White, M. (2007). *Maps of Narrative Practice.* New York: Norton & Co.

White, M. (1998). *Re-authoring Lives: Interviews and Essays* (2nd edition). Adelaide: Dulwich Centre Publications.

Wong, J.P.S., Stewart, S.M., Ho, S.Y., & Lan, T.H. (2007). Risk factors associated with suicide attempts and other self-injury among Hong Kong adolescents. *Suicide and Life-Threatening Behaviour*, *37*(4), 453-466.

Yates, T.M., Tracy A.J., & Luthar, S.S. (2008). Nonsuicidal self-injury among "privileged" youths: Longitudinal and cross-sectional approaches to developmental process. *Journal of Consulting and Clinical Psychology*, *76*(1), 52-62.

You, J. & Leung, F. (2011). The role of depressive symptoms, family invalidation and behavioural impulsivity in the occurrence and repetition of non-suicidal self-injury in Chinese adolescents: A 2 year follow-up study. *Journal of Adolescence,* (1), 1-7.

Zila, L. & Kiselica, M.S. (2001). Understanding and counselling self-mutilation in female adolescents and young adults. *Journal of Counselling and Development*, *79*(1), 46-52.

ADDENDUM A

PERMISSION TO CONDUCT THE STUDY FROM WESTERN CAPE EDUCATION DEPARTMENT

WESTERN CAPE
Education Department
Provincial Government of the Western Cape

RESEARCH

awyngaar@pgwc.gov. za
tel: +27 021 476 9272
Fax: 0865902282
Private Bag x9114, Cape Town, 8000
wced.wcape.gov.za

REFERENCE: 20110711-0059
ENQUIRIES: Dr A T Wyngaard

Mrs Melissa Ridgway
Adam Tas Avenue
Bothasig
7441

Dear Mrs Melissa Ridgway

RESEARCH PROPOSAL: EVERY SCAR TELLS A STORY: THE MEANING OF ADOLESCENT SELF-INJURY

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **18 July 2011 till 30 September 2011**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000

We wish you success in your research.
Kind regards.
Signed: Audrey T Wyngaard
for: **HEAD: EDUCATION**
DATE: 12 July 2011

MELD ASSEBLIEF VERWYSINGSNOMMERS IN ALLE KORRESPONDENSIE / PLEASE QUOTE REFERENCE NUMBERS IN ALL CORRESPONDENCE / NCEDA UBHALE IINOMBOLO ZESALATHISO KUYO YONKE IMBALELWANO

ADDENDUM B

PERMISSION TO CONDUCT RESEARCH FROM PRINCIPAL OF HIGH SCHOOL

The Principal
[redacted]
WCED District: North

I am currently registered for the M.Ed Psych degree at Stellenbosch University and I have to complete a thesis as part of the requirements for the programme. The title of my intended research is as follows:

Every scar tells a story: the meaning of adolescent self-injury.

This study is designed to understand how young females make meaning of self-injury by exploring individual stories from the perspectives of adolescents. In recent years, self-injury has shown an increase in prevalence and it is now regarded as a phenomenon that has to be dealt with in a school setting. It is hoped that this study can generate information with regard to the meaning that adolescent girls attach to self-injury and in this way, contribute to the current knowledge base of self-injury and aid in the development of therapeutic interventions.

The research entails that I interview 4 adolescent girls between 14 and 17 years of age. There will be two interviews with each girls and the research period will be between August 2011 to October 2011. The data collection methods that were chosen are child friendly and designed to facilitate the telling of their stories. As self-injury is such a sensitive subject, a psychological support team has been put in place to provide intervention to the girls, should the need arise. My position as fulltime counsellor at the school, places me in a favourable position to monitor the girls' behaviour, liaise with the relevant support teachers and build a relationship with the girls. This study has further obtained permission form the Research Ethic Committee at Stellenbosch University that participants may participate in the study with or without parental consent, but with strong ethical guidelines in place. An emergency plan has also been put in place and all of the girls that participate in the study will have a contact number of me to call in case of an emergency. Their participation in the study is entirely voluntarily and they can withdraw from the study at any time without any consequences to themselves.

All the data obtained from the interviews will be handled ethically and the participants will be assured of anonymity.

I will be eager to share the information with appropriate interested parties and use the information gained form this study, to add to current understandings regarding self-injurious behaviour as practised by adolescent girls.

I would appreciate it if you would grant permission for me to conduct the research at the school, by signing the attached addendum. Should you require any further information

please do not hesitate to contact me (Melissa Ridgway: 0824146999, mkriegler@ananzi.co.za, or my supervisors, Professor Doria Daniels: doria@sun.ac.za and Mrs Mariechen Perold mdperold@sun.ac.za).

Yours sincerely

Mrs. Melissa Ridgway M.Ed Psych Student
16089855

Addendum

I, Mr. D.R Human (principal of [redacted]), hereby give permission for Melissa Ridgway to conduct a study regarding the meaning of self-injury for four adolescent female learners. I understand that the study is voluntary and that the information gathered will be treated in a confidential and ethical way.

Signed: D Human Date: 11-08-2011

ADDENDUM C

LETTER GRANTING ETHICAL CLEARANCE FOR THE STUDY FROM STELLENBOSCH UNIVERSITY ETHICS COMMITTEE

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20 July 2011

Tel.: 021 - 808-9183
Enquiries: Sidney Engelbrecht
Email: sidney@sun.ac.za

Reference No. 516/2011

Ms MJ Ridgway
Department of Educational Psychology
University of Stellenbosch
STELLENBOSCH
7602

Ms MJ Ridgway

LETTER OF ETHICS CLEARANCE

With regard to your application, I would like to inform you that the project, *Every scar tells a story: The meaning of adolescent self-injury,* has been approved on condition that:

1. The researcher, before the field work with the four school girls commence, submits a short report, recommended by her supervisors, to the Research Ethics Committee (REC): Human Research (*Humaniora*) in which she confirms the following:
   (i) The names of the four girls with who will participate in the fieldwork;
   (ii) The names of the girls who participates with parental consent;
   (iii) The names of the girls who participates without parental consent;
   (iv) That the school principal is in agreement with the selection of the four girls (in writing)
   (v) That the supporting staff in this research, including those mentioned in the revised an amended informed consent form, are informed in advance of the day and date on which the fieldwork will commence and conclude; and
   (vi) When the fieldwork associated with this research will commence and when it is expected to conclude.

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2. The researcher, after commencement of the fieldwork, on a monthly basis submits a short progress report, recommended by her supervisors, to the REC. This short report should focus on the management of ethics aspects associated with this research.
3. The researcher will address any emergency situation or any ethics matters that will flow from this research immediately and directly and also informs the REC thereof.
4. The researcher submits a report to the REC on the completion of the fieldwork, recommended by the supervisors. In this report, the researcher is requested to focus on the control of ethics aspects associated with this research especially in light of the question whether new ethics matters aroused from the research and how it was addressed.
5. After three months of the finalisation of the fieldwork of the study, in a short report recommended by the supervisors, informs the REC on the wellbeing of the school girls who participated in the fieldwork and if new ethics matters aroused from the research and how it addressed.
6. This ethics clearance is valid for one year from 20 July 2011 to 19 July 2012.

We wish you success with your research activities.

DIE UNIVERSITEIT VAN STELLENBOSCH
THE UNIVERSITY OF STELLENBOSCH

Best regards

MR SF ENGELBRECHT
Secretary: Research Ethics Committee: Human Research (Humaniora)
Registered with the NHREC: REC-05042011-032

Afdeling Navorsingsontwikkeling • Division for Research Development

Universiteitskantoor / University Office
Privaatsak/Private Bag X1 • Matieland, 7602 • Suid-Afrika/South Africa, Tel: +27 (0) 21 808 9183

ADDENDUM D

INFORMED CONSENT FORM AS PROVIDED TO PARENTS

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STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Every scar tells a story: The meaning of adolescent self-injury.

Dear_____

Your child _____

Research shows that more adolescents than in the past are injuring themselves. There is also a shortage of research about the subject in general and especially in South Africa. This study wants to add to the existing body of research and the aim is to help us to understand how teenagers make meaning of such behaviour. Therefore, this is a very important study as increased knowledge with regard to self-injury is needed to develop effective preventative and intervention strategies.

You daughter/ward is asked to participate in a research study conducted by Melissa Ridgway - (BA Ed (UP), MPhil Theo. (UP), and BPsych (UNISA)), from the *Department of Educational Psychology* at Stellenbosch University. *The results of this study will contribute to the thesis that is part of the MEdPsych degree that the researcher is currently undertaking. Your child was selected as a possible participant in this study because of her knowledge of adolescent's self-injury.*

1. PURPOSE OF THE STUDY

This study is designed to understand how adolescents make meaning of self-injury by exploring individual stories from the perspectives of adolescents.

2. PROCEDURES

If your child agrees to participate in this study, I would ask her to do the following things:

- Share her story of self-injury by participating in the following activities:

-Make a memory box

- Participate in a game called, 'the Fish-bowl game'.

Both of these methods have been approved as child-friendly and are used in research.

I will meet with her for 4 meetings. Overall, we will meet for 40 minutes every second week, for approximately two months. We will not meet in the school holidays. Your child will receive no homework or extra responsibilities besides meeting with me.

During our meetings we will make a memory box, play the fish-bowl game and share stories. These activities and the information that is shared during them will be dealt with in the strictness of confidentiality. All sessions will be audio taped. In addition, participant observation will be used in the research.

All our meetings will take place at the school in the counsellor's office. The activities will be scheduled at times that will not interfere with your child's school work.

3. POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable risks or discomforts. Although it might be upsetting to talk about self-injury and other problems, our discussions will be done in a way that is child-friendly and the methods that I will use have the potential to be therapeutic. If I find that your child is upset or that they have a need for additional counselling, I will withdraw her from the study and make other avenues of counselling available to you. Other avenues of counselling include:

Contact details and details of professional competency of therapists:

Mr Jacobus Petrus Theron (Koos) PS 0015814

School Psychologist, Metropole North of the Western Cape Department of Education

Contact Number: 0822189230 021-938 3000

E-mail: jptheron@wced.co.za

Dr Brenda van Rooyen – PS 0080098

Educational Psychologist, Private Practice

Contact number: 021-5571977 082 448 36 38

E-mail: brendavanrooyen@telkomsa.net

Your child's well-being is of paramount and primary importance, as such, care will be taken to assure her safety. As this is a voluntary process, I will respect her wishes to withdraw from the study at any time during the process. This can be done without any consequences or disadvantage.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

This study could benefit society by broadening our understanding and allow us to intervene and help more children that hurt themselves, if we are able to understand self-injury better. It can also potentially benefit your child by giving her the opportunity to talk about her need to self-injure in a caring, non-judgmental and non-threatening environment.

5. PAYMENT FOR PARTICIPATION

There will be no payment for participation.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you or your child will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping your child's identify confidential. This will be done by using a pseudonym instead of her name. Her name will not be used at any time. I, the researcher and my promoters at Stellenbosch University will be the only people that will have access to the raw data. All the information obtained from this study will be kept locked in a steel cabinet in the researchers' office. Nobody besides the researcher will have a key to the cabinet. The office, in which the cabinet is kept, will also be locked at all times and only the researcher has a key to the office. Electronic information will be stored in a password protected file that only the researcher will have access to.

Hard copies of the materials generated during the sessions with the participants and audio recordings will be kept only until after the examination of the thesis. Thereafter, all hard copies and electronic information and audio recordings that were generated during the sessions with the participants will be destroyed.

In the event that information is to be released, it will be to the promoters of this research study at Stellenbosch University, for the purpose of completing the researcher's thesis as part of the completion of the MEdPsych degree.

All meetings will be audio recorded. The researcher and the promoters at Stellenbosch University will be the only people that will have access to the tapes. The research participants (your child) will have an opportunity to review the transcribed versions of the

audio tapes. The Fish Bowl game and the memory box exercise will be taped on video and other conversations with your child will not be video taped. The recordings will be destroyed after the research is completed at the end of 2011. The tapes will not be used for educational purposes, besides the completion of the researcher's thesis.

In the event of publication of this thesis, confidentiality will be maintained with regard to your and your child's identity and their names will be replaced with a pseudonym.

7. PARTICIPATION AND WITHDRAWAL

You and your child can choose whether to be in this study or not. If your child volunteers to be in this study and you give consent, your child may withdraw at any time without consequences of any kind. Your child may also refuse to answer any questions she does not want to answer or not engage in certain activities and still remain in the study. The researcher may withdraw your child from this research if circumstances arise which warrant doing so.

If an emergency arises for e.g. your child feels like injuring herself, has injured herself or has suicidal thoughts, she must contact myself, the researcher immediately.

The emergency procedure is explained to participants during the first contact session and they are asked to contract with me in the event that an emergency arises. It is explained to your child that it is very important that they adhere to the conditions of the contract and contact me in case of an emergency, if they are to participate in the study. I will have a separate cellular number specifically for this purpose. I will then respond immediately by calling your child and putting the necessary steps in place to assist her. I will also make sure that I have your child's home address, parental details and cellular numbers.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact myself, Melissa Ridgway at 021 558 1070 (w) or at mkriegler@ananzi.co.za or in the event of an emergency at 0824146999. You can also contact the promoters of this study, Prof. Doria Daniels (021) 808 2324 doria@sun.ac.za and Mrs Mariechen Perold (021) 808 2307 mdperold@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue your child's participation without penalty. You are not waiving any legal claims, rights or remedies because of your child's participation in this research study. If you have questions regarding your child's rights as a research subject, contact Ms Maléne Fouché at the Unit for Research Development, University of Stellenbosch, at 021 8084622 (mfouche@sun.ac.za)

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to [*me, the participant]* by [*Melissa Ridgway]* in [*Afrikaans/English/]* and [*I am]* in command of this language or it was satisfactorily translated to [*me/him/her*]. [*I/the participant]* was given the opportunity to ask questions and these questions were answered to *[my/his/her]* satisfaction.

[I hereby consent voluntarily for my child to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

_____

Name of Subject/Participant

_____

Name of Legal Representative (if applicable)

_____ _____

Signature of Subject/Participant or Legal Representative Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant]* and/or [his/her] representative _____ [*name of the representative]. [H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English/*Xhosa/*Other*] and [*no translator was used/this conversation was translated into* _____ by _____].

_____ _____

Signature of Investigator Date

ADDENDUM E

INFORMED ASSENT FORM AS PROVIDED TO RESEARCH PARTICIPANTS

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY

ASSENT TO PARTICIPATE IN RESEARCH

Every scar tells a story: The meaning of adolescent self-injury.

Dear_____

My name is Melissa Ridgway. I am a masters student at Stellenbosch University. I am working on a research task and want to understand why girls cut themselves. I have chosen to ask you to talk to me because of your knowledge of cutting. I, Melissa Ridgway, am thus the investigator in this study.

What will I have to do if I take part?

If you agree to take part, I will ask you to have a few meetings with me. In this time we will play two types of games and talk about things. First, we will make a memory box: a type of box that you can choose and decorate as you like and you will choose a few things to put inside the box and tell me why you chose those things. I will explain everything carefully and make sure that you understand. Next, we will play a game called the Fish bowl game. There aren't any right or wrong things to do, tell or choose – I just want to hear about your opinions. Our talks will take place at school in the counsellor's office.

If you want to take part, you also have to agree (contract with me) that in case of an emergency for e.g. you feel very down and want to hurt yourself or have hurt yourself or feel like dying, you will

contact me immediately on the cell phone number that I'll give to you. You can send me a 'pls call me' or 'Mxit' and I will phone you back immediately. In case of an emergency, you also have to agree that I have your home address and the contact number of your parents. Even if your parents do not know about your feelings and the cutting, you still have to provide me with their contact numbers, as I will need to get a hold of them in an emergency. It is very important that you agree with the conditions of the contract and contact me in case of an emergency, if you want to take part in the study.

Do I have to take part?

No, **taking part is voluntary**. If you don't want to take part, you do not have to give a reason. You also have the right not to take part in a particular activity / not answer certain questions and still remain in the study. You can also pull out of the entire study at any time. Please note, if you choose not to participate, or pull out during the study it does not matter. If I, the researcher feel that you should be withdrawn from the study if circumstances arise which warrant doing so, I may also withdraw you from the study. I will also withdraw you from the study if you appear to suffer harm as a result of your participation.

If I agree to take part what happens to what I say?

All the information you give me **will be confidential** (that means that I will not tell anybody what you said) and used for the purposes of this study only. The only other people that will now what you said are my two promoters at the university. They are there to help me and also have your best interest at heart. The data will be collected and stored and kept locked in my office and will be disposed of in a secure manner. The information will be used in a way that will not allow you to be identified individually (I will use a code to identify you instead of your name). Nobody will be able to link any information that you provide to you. **However, I will have to get your parents' permission for you to participate in the study and if you proceed without their consent, you have to know that if I have reason to be worried about you, that I will call you in and that we will then seriously have to reconsider telling them and getting extra help to support you. I will not tell them what you say in our talks, except when I am worried about your well-being or if you tell me that someone else is in danger or if someone has harmed you in a serious way like sexual abuse or any other type of abuse that is taking place at the moment. In case that happens, I will first discuss it with you and together we will find a way to approach your parents and find the help that you need.**

You also have to know that all our meetings will be audio taped and that you will have a chance to look at the transcribed versions of the tapes, should you want to do so. Certain parts of our meetings for example, the Fish Bowl game, will be taped on video, but I will not include taping you

in the process.

Potential risks and discomforts

There are no foreseeable risks or discomforts. Although it might be upsetting to talk about cutting or other things that might make you sad or worried, our talks will be done in such a way that it is combined with games and you might benefit from it and enjoy the experience. Nevertheless, if I find that your are upset or that you have a need for additional counselling, I will withdraw you from the study and make other avenues of counselling available to you. Other avenues of counselling include, Mr K. Theron, Psychologist at the Metropole North of the Western Cape Department of Education and Dr B van Rooyen, Educational Psychologist in private practice. Your well-being is very important, as such, care will be taken to assure your safety. As this is a voluntary process, I will respect your wishes to withdraw from the study at any time during the process. This can be done without any consequences or disadvantage.

Contact details and details of professional competency of therapists:

Mr Jacobus Petrus Theron (Koos) PS 0015814
School Psychologist, Metropole North of the Western Cape Department of Education
Contact Number: 0822189230 021-938 3000
E-mail: jptheron@wced.co.za

Dr Brenda van Rooyen – PS 0080098
Educational Psychologist, Private Practice
Contact number: 021-5571977 082 448 36 38
E-mail: brendavanrooyen@telkomsa.net

What do I do now?

Think about the information on this sheet, and ask me if you are not sure about anything. If you agree to take part, sign this assent form. The assent form will not be used to identify you. It will be filed separately from all other information.

You may withdraw your consent at any time and discontinue your participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché at the Unit for Research Development, University of Stellenbosch, at 021 8084622 (mfouche@sun.ac.za)

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was explained to me by [*Melissa Ridgway]* in [*Afrikaans/English/]* and [*I am]* in command of this language or it was satisfactorily translated *to me. I/the participant* was given the opportunity to ask questions and these questions were answered to my satisfaction.

[I hereby assent voluntarily to participate in this study and my parents/legal guardians have signed the consent form have been given a copy of this form.

_____

Name of Subject/Participant

_____ _____

Signature of Subject/Participant and/or Legal Representative (where applicable)

Date

ADDENDUM F

PORTION OF ONE TRANSCRIBED INTERVIEW

Researcher (R): Do your friends know about you cutting?

Participant (P): They don't know that I've started it again. They used to.

R: And back then, what was their reaction to it?

P: They were disappointed XXXXX doesn't really know, like she just doesn't pay attention. XXXXX said 'Ag no man'. I don't like disappointing my friends. And XXXXX, I don't want her to know that I cut, because she's also cutting and younger than me and I want her to look up to me. I hate looking vulnerable in front of my friends.

R: So, who at the moment knows that you are cutting?

P: I don't know if XXXXX knows, but XXXXX knows.

R: So, I just want to make sure that I get you right, that I understand, the cutting is not because you're feeling depressed?

P: No, I can't say that I'm, depressed. It's like I go to school and I smile and I see my friends and I'm happy. Depressed is when you're always sad ...You know the comfort zones, it's crazy for me because I like comfort, I want comfort.

R: And earlier you also spoke about this Emo thing with the cutting becoming every day now, with like lots of people? Do you know about people that cut?

P: No, I just know about XXXXX, but she does it because of the drama, she wears her heart on her sleeve, so that everyone can see. I cover. I don't like that, I almost get angry. I hide my scars, I don't want everyone to see.

R: So, you'll hide your scars?

P: Ja.

R: And it's something that you do in private?

P: Ja, but once I did it in front of XXXXX.

R: Why, what was that like?

P: Oh, I don't know it just happened. I always carry a razor with me, but not at school.

R: To what places do you carry a razor with you?

P: Like when I go to boys or to parties, and that's about it.

R: So, do you carry the razor everywhere else besides school?

P: Mmm, I put it in my clothes. I don't know, but when I cut I feel like it's comforting and it's always there by me, so that when I need it, it will be there for me.

R: So, if you had to give a name to this blade or this cutting, what would it be?

P: I would call it, I don't know, Uhm, My friend, I would call it my friend.

M: Why would you call it 'my friend'. Why is it your friend?

P: Cause, like all the things, I've lost ... like XXXXX and my family in XXXXX and like my dad and like my mom, ok, I never lost her because I never had her ... My friends, my boyfriends ... the blade's just always there. He's my friend, he makes me feel comfortable.

R: Ok, I understand, So, for all the things that you've lost, this is the thing that you can't lose, because it's always there? Is that what you mean?

P: Yes, it's like having a constant friend there and then when you feel out of comfort, then I can take it out and cut and it will be there.

R: Ok. So, does your mom know that you cut?

P: No, once she found a razor and she cut her finger by accident, but she's never figured out that I cut.

R: Ok, and do you want her to know?

P: God. No ...

R: What do you think her reaction will be?

P: I don't know, she'll probably carry on about it and pick a fight. I don't know, I just don't want to feel vulnerable in front of her.

R: Ok, why not?

P: We're not close like that. Never been, never will be. I just want to get away from her as soon as I finish school. I don't even know if I want my children to know her one day. I mean, I know that sounds maybe harsh, but at this stage I've just had enough of her. I feel like enough is enough, I can do better without her.

R: Ok ... And the razor blade itself? Do you always use blades to cut or do you use anything else?

P: I used to use a sharpener's blades, you just unscrew it and then at the school tuck shop I once bought a sharpener and unscrewed it, that was in Gr 9.

R: Did you cut at school?

P: That one time I did.

ADDENDUM G

EXAMPLE OF CODED INTERVIEW

Themes – Lisa's Fishbowl interview

THEMES INK DROPS	COLOUR CODES
1.1 MY DAD	(yellow 1)
1.2. SEXUALITY	(violet)
1.3. RELATIONSHIP WITH MOTHER	(blue 8)
1.4.BODY IMAGE '	(pale green
1.5. BEING EMO	(gray 10%)
1.6. CUTTING (salmon) a) The meaning of cutting b)Knowing that cutting is bad c) Other forms of self-injury d). The scars e). Other people who cut f) Other people's reaction to cutting g) How, when and where I cut h) First time cutting	 (orange 3) (pale yellow) (light magenta) (red 1) (sun 4) (green 6) (yellow 3) (magenta 4)
BLEACH DROPS	
2.1) GOD – RELIGION	(SUN 4)
2.2) MY STEP-MOM	(blue 7)
2.3) MY FRIENDS	(chart 8)
2.4) MY YOUTH LEADERS	(salmon)
1.7. FEELINGS ASSOCIATED WITH CUTTING AND METAPHORIC LANGUAGE USE	(salmon & green 3)

1.1 MY DAD 'my dad treats me like crap' (yellow 1) (1ST INK DROP)

10 My dad that treats me like crap.

17 Like, he thinks that he can talk to me any way he wants to. Like he swears at me and calls me a whore and always brings up my past into my face and because of that I never get to heal from it, because he is constantly reminding me of what happened,

24 What are some things that he wants you to be reminded of constantly?

26 Like that I lost my virginity and like when I snuck out. How my mother abandoned me, abuse, children's home, stuff like that. He keeps on and he doesn't trust me, so he comes into my room like late at night and asks me do I have a cell phone on me and I don't see it as a bad thing having a cell phone. I'm a teenager. And like, I get very irritated with him sometimes

and he says I must respect him, but he doesn't respect me.

34 No, I don't even have freedom. I can't even go out to the movies with a friend.

36 Why is that?

38 I don't know. He's overprotective, very controlling and then he says that I break the rules and stuff, but what am I suppose to do, if I can't do anything that I need to cause I want freedom and I don't have freedom. The only time I have freedom is when it is about God.

138 What else is unpleasant, is making you unhappy at the moment?

140 I don't really know. There's like a lot.

142 First thing that comes to mind.

144 That my dad might not be my dad. He wants to take me for a blood test. He told me that of he turns out not to be my dad that I have to watch my block.

147 What does it mean for you when he says that?

149 That if I don't watch my behaviour and change and stuff like that, that I'll probably go to the orphanage again.

152 Does it scare you?

154 Ya. That's where I started cutting.

156 In the orphanage?

158 Ya, I think I was nine years old.

539 My dad treating me like grap, making you feel really junk about yourself.

1.2 SEXUALITY 'being stupid enough to sleep with guys' (violet) (2ND INK DROP)

60 So what bad things made you cut the last time?

62 I had to decide to leave XXXXX. Give up our life and stuff and I wasn't strong enough, I didn't want to and I kept coming back to him, even though he was treating me like an old dish cloth.

65 So, is XXXXX treating you badly?

67 Ya, I also though that I was pregnant and he wanted me to kill the baby.

214 But, then recently, it was just like really hard because, you know when someone tells you they love you and you think I believe you and then I think to myself, you know I'm only a kid, I shouldn't actually be thinking about making permanent stuff in my life, I'm being a retard. So, I kind of woke myself up and then I had XXXXX on Mxit again and then I just finally decided that I think that it was best to delete him. So, I found out that he was cheating on me as well.

223 Ya, but not that bad, because I know that he has gone through a lot in his life and I know that he is constantly feeling pain and stuff, so I didn't really blame him, even though I gave him everything that one can practically give and I told him, I don't think you loved me and he said he did. And, I said, no, I think you felt lust and like. It was just something that he could find to do.

239 I wanted to cut, because there's this guy in my life, XXXXX that I slept with a long time ago and he's been through accidents and stuff and has to go for brain operations and everything and

then he told me that he loves me. And we have know each other for a year and I can't believe that he said it, because I've always felt that way and then I said are you serious? And, I went like, pinch me! And, then I thought maybe he's just saying that because he's going through hectic stuff in his life right now, and there's a chance that he might not make it.

325 Ya and also being stupid enough to sleep with guys.

1.3. RELATIONSHIP WITH MOTHER (blue 8)– 3RD INK DROP 'She doesn't care.'

81 Yes, and also on my birthday, my mother that left me, she hasn't contacted me and I thought that there was like a hope that she would maybe contact me because she has the number and I found out that she had called on XXXXX, my birthday was three days later and I wasn't even mentioned or anything, not even I love you or anything or can I speak to XXXXX.

89 Yeah, I used to slit my wrists because I thought she didn't want me anymore, that there was something wrong with me, that I let her down somewhere or made her angry, but the fault wasn't with me. She'd like, she did drugs and stuff and I found out that she never stopped. She lied and she's like ruined my family's life. Like my brother and my sister had a chance of an education, a future you know. Like my sister was in foster care, like almost adopted and she had a chance in life, you know, because those people had money and they loved her, there's a family and there was security and everything was like safe for her and my mother, because she wants what she wants, took my sister out of that environment where she could have had a future. My sister is probably going to grow up in poverty. She won't probably be able to go to college. She might not even finish high school because my mother gives freedom; my mother will give you as much freedom as you want. She doesn't care.

111 No. I'm not exactly sure where she is, but I know that she is not in XXXXX. She might be in XXXXX.

1.4.BODY IMAGE (pale green) -4th INK DROP - 'I felt sorry for people for having to look at me,'

354 I also used to cut because I didn't like my body and people used to mock me about my body and I always felt that I was skinny and that I didn't have boobs and stuff like that and like I hated my face, like I wanted to cut my face. I felt sorry for people for having to look at me, you know ... for having to stare at this thing.

361 I hated myself ... but now, I look in the mirror and I see beauty. I don't care what other people think about me.

544 I used to write just to Jesus to make me feel better about myself.

1.5. BEING EMO (gray 10%) - 5th INK DROP - 'Cause now you have cutting and the problem and then stuff latches unto you ...'

393 'cause now you have cutting and the problem and then stuff latches unto you, because demons are real. Did you know in a sense you're kind of like feeding them your blood when you cut.

400 You know Emo ... It's actually a demon and when you cut you are like sacrificing yourself to this demon. That's why you feel so bad and depression fall upon you, because depression is a spirit, all these things are spirits and we have to be like a child of God and say, you can't come near me, you can't touch me and stuff like that, so ... I know this sounds so weird, kind of freaked out, but any case.

ADDENDUM H

INITIAL CODING TABLE: FISH BOWL (FB) AND MEMORY BOX (MB)

Fish Bowl interview

INK DROPS – NEGATIVE THINGS IN MY LIFE –(order in which ink drops were used)			
KELLY	LISA	MICHELLE	CARRIE
1. My mom - 'She always ignores me. She never has time for me.' (15)	1. My dad 'My dad that treats me like crap.' (10)	1. Sexual abuse 'When you're molested for that long, it actually kills you inside' (13)	1. My mom a) Blaming-"See it's all your fault"-(36) b) Relationship dynamics - 'I can't count on my mom ' (351)
2. My sister bullying me: 'My sister can be really mean to me' (33)	2. Sleeping with guys 'Being stupid enough to sleep with guys.' (325)	2. Fighting 'I got so angry, cause I felt like they were picking on me again'. (79)	2. Stress 'I can't handle all her stress and my own stress.' (16)
3.My grandma criticising me: 'Sometimes I think she's the worse than my mom.' (45)	3. My mom 'She doesn't care.' (98)	3. The hitting 'He doesn't hit me, but he hits my brother.' (113)	3.a Fighting - 'She'll find something to fight about.' (103) b) Name-calling – 'that I'm a stupid idiot, I'm a slut.'(593)
4. My dad 'I'm just so angry with him. Why doesn't he care?' (141)	4. Body Image -'I felt sorry for people for having to look at me, you know ... for having to stare at this thing.' (356)	4. Feeling Alone "Nobody has been there for me for years" (160)	4. When I lose things. a) Boyfriends 'I felt so lost, I cut myself' (163) b) Auntie A mother figure, like my auntie I miss her, she was like home, but I lost her.' (144)
5. Bad memories 'The one time, it was at night and he was drunk' (185)	5. Being Emo. "you know Emo ... It's actually a demon and when you cut you are like sacrificing yourself to this demon. (400)	5. The name-calling "The name-calling and saying stuff to me that hurts" (271)	5. Not having a father figure "I miss someone solid that will just take care of me" (544)
6. Body image: 'I've just always felt ugly. Like I hate my hair and my face and like I'm just so thin' (338)			

BLEACH DROPS – POSITIVE THINGS IN MY LIFE – (order in which drops were used)			
KELLY	LISA	MICHELLE	CARRIE
1. My music - 'it also helps to like calm me' (433)	1. God - 'He takes away my sadness and He fills me with love.' (610)	1. Friends 'I feel like they're trying to be there for me' (571)	1. My friends - 'they always forgive me, always, doesn't matter, they always forgive me (690)
2. My room - 'I really enjoy spending time on my own.' (440)	2. My step-mom 'She's like, she's really comforting.' (665)	2. 'School for me it's like' thank God it's school!' (667)	2. Family: auntie and uncle - 'they're positive for me cause they'll support me' (722)
3. Drawing - 'I love drawing.' (444)	3. My friends Like, they'll always be there. (685)	3. Happiness that is to come - 'everything will be happy in the end and that there is better things and everything.' (716)	3. Knowing what I want to do one day. 'I have to believe in myself, otherwise no one else will belief in me.' (753)

CUTTING TABLE Initial Subcategories: Fish Bowl (FB) Interview				
	KELLY	LISA	MICHELLE	CARRIE
a) Meaning of cutting:	'Yeah, it's like the one thing in my life that is always reliable, always there.' (100)	'Instead of sitting with that problem, let's just cut, 'poof' it's gone now ...' (469).	'I'm trying to cut all the bad in me out.' (560) 'That's the only thing that is there to comfort me.' (320)	'The blade's just always there. He's my friend, he makes me feel comfortable.' (442)
b) Knowing that cutting is bad	'How can a person be so stupid ... but yeah, it helps.' (90)	'Why am I cutting myself, there's not even a method in my madness here.' (547)		'someone hurting themselves to feel comfortable doesn't feel right' (215)
d) Other forms of self-injury		'But it doesn't stay at cutting you know ...' (294)		'The cigarette is quicker and a little bit more painful, and smoking weed.' (255)
e) The scars		'So people see it and they ask you questions.' (344)	'I'll always wear a jacket, it doesn't matter how hot it is.' (456)	'I don't want everyone to see.' (410)
f) Other people who cut		'I don't really think that cutting is a big deal.' (577)		'Then he cut and I cut because he cut.' (163)
g) Other people's reaction to cutting.	'She gets like really freaked our about the cutting.' (102)	'Some people mock you about it.' (560)	'He just said, if you want to kill yourself then kill' yourself.' (464)	'He said 'Oh, you're one of those' and I felt so bad. (171)
h) How, when and where I cut	'I go to my room, turn my music like real loud.' (84)	'it became a habit. When I was bored, I started doing it for fun.' (185)	literally to hide in there, and I sat there cutting.' (464)	I always carry a razor with me, but not at school. (423)
i) First time cutting	'There was a girl in my class that cut.' (246)	'so I broke a glass bottle in our recycling bin and I just started cutting myself.' (163)	'When I actually did cut it was because I had seen another person who had cut themselves.' (229)	I like saw her cuts and then I thought, ok so let me try this and I tried.

Memory Box Interview

MEMORY BOX INTERVIEW-Initial themes			
KELLY	**LISA**	**MICHELLE**	**CARRIE**
1. My life at the moment 'also see my life as a puzzle at the moment. It's like unfolding bit by bit ' (90)	1. My life at the moment: 'certain areas of my life which are shaded and hidden away and some is like out there for everyone to see' (6)	1.a) My life at the moment: 'I hide my life, cause I don't want people knowing what I go through,' (704)	1. My life at the moment 'Ya, but my friends, they keep me sane.' (806)
2. BODY IMAGE: 'I'll look in the mirror and still just feel so ugly,' (28)	2. Feelings towards myself: 'Yeah, I feel like dark, dead, and that anyone can like use me and stuff' (445)	1b) How I feel now 'I feel better now about myself and I don't feel so down" (308)	2. My Mom: 'she's just not a person in my life' (150)
3. My sister: 'And my sister's just so mean and horrible' (190)	3. Pushing other people away: 'because with love I lost' (58)	1c) Myself and others: 'you feel very uncomfortable around people because you're so worried that you're gonna snap' (783)	3. Fighting and name-calling 'She called me a stupid bitch' (106)
4. My mom: 'My mother doesn't listen to me,' (44)	5) Sleeping with guys: 'like virginity is not only in the vagina, it's in everything else and I don't feel pure,' (108)	3. Feeling happy - Positive things 'For me when I am happy, I feel like really, really happy and I feel like I shine and everything.' (418)	5. Having plans for my future 'I've got plans for my future.' (231)
5. Not feeling appreciated: 'I don't feel like anybody appreciates me right know,' (37)	6) My Dad 'I know that he's not the best father in the world, but he's trying' (132)	4. My Mom 'she's never there for me.' (394)	6. My Step-dad 'Uhm, he used to be so mean' (124)
6. The fighting: 'Instead we just continue to hurt one another and find new ways to do so and the fighting continues' (199)	7. Boundaries, regret, blame: 'I lost my fear and then I wasn't able to put boundaries' (112)	5. All the fighting 'It makes me feel so useless and stressed and horrible. I hate the fighting,' (567)	7. My Dad 'I just wanted to know my dad so badly,' (163)
7. Hope for the future: 'so one day, I hope that that will be different for me' (58)	8. Being Emo: 'I dressed Emo and stuff, because to stand out means to fit in nowadays' (168)	6. Punishments: 'It's a huge, huge punishment." (618)	
9. Feelings towards myself: 'I wish I was like strong by nature' (81)			
10. My gran: 'Like my gran is like a real pain.' (192).			
11. My dad: 'I think he's feeling guilty cause he's like avoiding us most of the time.' (194)			

CUTTING TABLE Initial subcategories MEMORY BOX (MB) INTERVIEW				
	KELLY	LISA	MICHELLE	CARRIE
a) Meaning of cutting	'it's like the one thing in my life that I feel that I have control over' (64)	'I feel liberated in a sense, but then I feel that ache inside again, and I have to do it again.' (272)	'it's like something that I kind of do to feel better in that moment.' (741)	'It's like I've got everything inside of me and I just feel like I want to let go, like I need relief. (308)
b) Knowing that cutting is stupid	'why do I do this when I know better' (128)			'Ya, it did, but I felt so stupid, I felt like, why am I doing this for a boy?' (340)
c) Other forms of self-injury		'I think, piercings have become a new way of cutting for me.' (176)		
d) The scars		'I don't care if it's there. It's like a beauty mark, I'll just keep it, even though it's embarrassing' (305)	'I try and hide it, but I don't care if people see,' (1067)	'like when I look at my arm, at the scars, it's part of me cause it shows what I've gone through' (382)
e) Other people who cut			'that one time in history last year, we cut in class together, but that was like really stupid ...' (883)	'I got that idea from a friend' (400)
f) Other people's reaction to cutting			'If I want to get attention now, I must take my jacket off' (1057)	'my friends went like, 'Oh, it's just a phase, everybody's just doing it now',' (452)
g) How, when and where I cut	'I like cut when I'm in that angry mood, that I kind of just want power' (137)	'sometimes you get so bored that you cut.' (867)	'When I do cut, I don't cut one, I cut and cut and cut and cut until I feel more comfortable.' (993)	'sometimes it's like when I feel like cutting and I cut myself, then I start thinking of other stuff and then I just cut more, so.' (295)

	MEMORY BOX ITEMS	
	ITEMS	**HOW IT REPRESENTS MY LIFE (METAPHORS)**
KELLY	**1) A RED CHOCOLATE HEART** **2. A PIGEON FEATHER** **3. A SCISSORS**	(169) 'Well, it like stands for love, for being cared for and that's something that I would like more of in my life, especially from my mom and like my family.' (239) 'I guess, I envy the freedom that it stands for. Like I wish I could also just take off and fly away' (276) 'I wish that I was able to cut away certain areas of my life that are causing problems'
LISA	**1) A SMALL GREEN JEWELERY BOX FILLED WITH A PIECE OF CHARCOAL.** **2. Picture of a lily bud** **3. A bible verse: Proverbs 3: 5-6**	(372) 'That's what I am, that's what I feel I am, like a piece of charcoal, you know. I'm always letting other people guide me and show me what to do and stuff, and I just feel dark and I feel like I can break away into nothing. Ya, but this is just the outside, it's so beautiful the jewelery box, but on the inside, there's nothing, it's dark …' (379) 507 J: I cut this out. It's a flower that hasn't opened yet and it's like a bud and that kind of is like an example of me because I haven't really blossomed yet and one day I'll become a beautiful flower and blossom. (643) And then basically, God has always been an influence in my life, even though I pushed Him away and said that I hate God, I hate God, inside of me, He was still there and he's always been guiding my path,
MICHELLE	**1. A charm bracelet –** **2. Eye-shadow & casing** **3. A Blade (339**	'This represents me happy with all my friends and family that I love.' (339) 'It's like putting on a mask to hide everything' (652) 'It like covers the make-up, so in the same way, I feel that I've build a wall around me to keep people out and so I don't get hurt anymore.' (873) 'The pain in my life. (855) A: Yes and the anger, terrible emotions.' (851)
CARRIE	**1. An 'address list' torn from the telephone directory** **2. A light-bulb** **3. A picture of me and my friends**	"when I couldn't find my dad, so I tore a page out of the telephone book and I phoned all the XXXXX" 'It's about John. like the last thing that he was gonna do. (786) Because I always use to say, 'He must just die now', and then he died …, so.' (774) They're my friends. They keep me strong.' (794)

ADDENDUM I

PRELIMINARY CLUSTERING OF THEMES TABLE: FISH BOWL (FB) AND MEMORY BOX (MB) INTERVIEWS

MY LIFE AT THE MOMENT:	
KELLY	FB: 'also see my life as a puzzle at the moment. It's like unfolding bit by bit ' (90) FB: 'Feelings towards myself:'I wish I was like strong by nature' (81)
LISA	MB: 'Certain areas of my life which are shaded and hidden away and some is like out there for everyone to see' (6) MB: 'Feelings towards myself: 'Yeah, I feel like dark, dead, and that anyone can like use me and stuff' (445)
MICHELLE	MB: 'I hide my life, cause I don't want people knowing what I go through,' (704) MB: 'How I feel now: 'I feel better now about myself and I don't feel so down" (308)
CARRIE	FB: 'Ya, but my friends, they keep me sane.' (806)

INDIVIDUAL DIFFERENCES – NEGATIVE THINGS THAT ADD TO CUTTING	
KELLY	FB Bad memories: 'I remember, the one time, it was at night and he was drunk' (185) FB 'I've just always felt ugly. Like I hate my hair and my face and like I'm just so thin' (338) MB: Body image: 'I'll look in the mirror and still just feel so ugly,' (28)
LISA	FB: Sexuality 'Being stupid enough to sleep with guys.' (325) MB: Sleeping with guys: 'like virginity is not only in the vagina, it's in everything else and I don't feel pure,' (108) MB: Boundaries, regret, blame: 'I lost my fear and then I wasn't able to put boundaries' (112) FB: Being Emo. 'You know Emo ... It's actually a demon and when you cut you are like sacrificing yourself to this demon.' (400). MB: Being Emo: 'I dressed Emo and stuff, because to stand out means to fit in nowadays' (168) MB: 'I felt sorry for people for having to look at me, you know...for having to stare at this thing.' (356)
MICHELLE	FB: Sexual abuse When you're molested for that long, it actually kills you inside' (13)
CARRIE	(4) When I lose things a) Boyfriends 'I felt so lost, I cut myself' (163) b) XXXXX - A mother figure, like my auntie Bonny, I miss her, she was like home, but I lost her.' (144)
SIMILAR THEMES – NEGATIVE THINGS THAT ADD TO CUTTING	
1. MY MOM	
KELLY	FB: 'She always ignores me. She never has time for me.' (15). 'MB: 'My mother doesn't listen to me,' (44).
LISA	FB: 'She doesn't care.' (98)
MICHELLE	FB: 'She's never been there for me' (159) 'MB: 'She's never there for me.' (394)
CARRIE	FB: Blaming-'See it's all your fault' (36) FB: Relationship dynamics-'I can't count on my mom' (351) 'MB: 'She's just not a person in my life' (150)

2. MY DAD	
KELLY	FB:' I'm just so angry with him. Why doesn't he care? (141). 'MB: 'I think he's feeling guilty cause he's like avoiding us most of the time.' (194)
LISA	FB: 'My dad treats me like crap' (10) 'MB: 'I know that he's not the best father in the world, but he's trying' (132)
MICHELLE	FB: 'You don't ever phone or anything like that to comfort us or nothing' (350)
CARRIE	FB: Not having a father figure: 'I miss someone solid that will just take care of me" (544) MB: 'I just wanted to know my dad so badly,' (163)
3. FIGHTING, CRITICISING, BULLYING AND BLAMING	
KELLY	FB: 'Sometimes I think she's the worse than my mom.' (45) (GRANMA) FB: 'my sister can be really mean to me.' (33) 'MB: 'Instead we just continue to hurt one another and find new ways to do so and the fighting continues' (199) MB; My sister: 'And my sister's just so mean and horrible' (190) My gran: 'Like my gran is like a real pain.' (192).
LISA	FB: 'Like he swears at me and calls me a whore and always brings up my past into my face ' (17) (My dad)
MICHELLE	FB: Fighting 'I got so angry, cause I felt like they were picking on me again'. (79) FB: The name-calling "The name-calling and saying stuff to me that hurts" (271) MB: Punishment: "It's a huge, huge punishment." (618) MB: 'It makes me feel so useless and stressed and horrible. I hate the fighting," (567)
CARRIE	FB: Blaming-"See it's all your fault"- (36) FB: Fighting - 'She'll find something to fight about.' (103) FB: Name-calling – 'that I'm a stupid idiot, I'm a slut.' (593) MB: 'She called me a stupid bitch' (106) MB: My Step-dad: 'Uhm, he used to be so mean' (124)
5. MISSING, WANTING COMFORT, CARE AND SUPPORT	
KELLY	FB: 'No matter how badly I want to tell her stuff sometimes, she's always busy with her own stuff.' (18) MB: Not feeling appreciated: 'I don't feel like anybody appreciates me right know,' (37)
LISA	'FB: 'She doesn't care.' (98) (My mom) MB: 'Pushing others away: 'because with love I lost' (58)
MICHELLE	FB: Feeling Alone - 'Nobody has been there for me for years" (160) MB: Pushing others away: "you feel very uncomfortable around people because you're so worried that you're gonna snap' (783)
CARRIE	FB: 'I can't count on my mom.' (351) FB: Stress 'I can't handle all her stress and my own stress.' (16) FB: 'I felt so lost I cut myself' (163) MB: 'I miss someone solid that will just take care of me' (544)

INDIVIDUAL DIFFERENCES – THINGS THAT MAKE ME CUT LESS	
KELLY	(1) I just love listening to music, it also helps to like calm me. (433) (2) My room –'I really enjoy spending time on my own.' (440) (3) Drawing - 'I love drawing.' (444) MB: 'Hope for the future: 'so one day, I hope that that will be different for me' (58)
LISA	FB: God –'He takes away my sadness and He fills me with love.' (610) FB: My step-mom 'She's like, she's really comforting.' (665) FB: My youth leaders – 'like they don't want me to go through everything alone.' (698)
MICHELLE	FB: 'School for me it's like' thank God it's school!' (667) FB: Happiness that is to come - 'everything will be happy in the end and that there is better things and everything.' (716) FB: Feeling happy: 'For me when I am happy, I feel like really, really happy and I feel like I shine and everything.' (418)
CARRIE	FB: Family: auntie and uncle - 'they're positive for me cause they'll support me' (722) FB: Knowing what I want to do one day. ' I have to believe in myself, otherwise no one else will belief in me.' (753) MB: Having plans for my future 'I've got plans for my future.' (231)

SIMILAR THEMES: THINGS THAT MAKE ME CUT LESS	
KELLY	FB: My friends –', but my friends do make me laugh and it's fun to be with them. ' (456)
LISA	FB: 'My friends Like, they'll always be there' (685)
MICHELLE	FB: Friends 'I feel like they're trying to be there for me' (571)
CARRIE	FB: My friends - 'they always forgive me, always, doesn't matter, they always forgive me (690)

CUTTING TABLE – FISH BOWL (FB) & MEMORY BOX (MB) INTERVIEW	
1. THE MEANING OF CUTTING	
KELLY	FB: 'Yeah, it's like the one thing in my life that is always reliable, always there.' (100) MB: 'it's like the one thing in my life that I feel that I have control over' (64)
LISA	FB: 'Instead of sitting with that problem, let's just cut, 'poof' it's gone now ...' (469). MB: 'I feel liberated in a sense, but then I feel that ache inside again, and I have to do it again.' (272)
MICHELLE	FB: 'I'm trying to cut all the bad in me out.' (560) FB: 'That's the only thing that is there to comfort me.' (320) MB: 'it's like something that I kind of do to feel better in that moment.' (741)
CARRIE	FB: 'The blade's just always there. He's my friend, he makes me feel comfortable.' (442) MB: 'It's like I've got everything inside of me and I just feel like I want to let go, like I need relief.' (308)
2. FIRST TIME CUTTING	
KELLY	FB: 'There was a girl in my class that cut.' (246)
LISA	FB: 'So I broke a glass bottle in our recycling bin and I just started cutting myself.' (163)
MICHELLE	FB: 'When I actually did cut it was because I had seen another person who had cut themselves.' (229)
CARRIE	FB: 'I like saw her cuts and then I thought, ok so let me try this and I tried.' (625) MB: 'That's why, I was like, 'Wow, cool, let me try', and it worked.' (448)
3. HOW, WHEN AND WHERE I CUT	
KELLY	FB: 'I go to my room, turn my music like real loud.' (84) MB: 'I like cut when I'm in that angry mood, that I kind of just want power' (137)
LISA	FB: 'it became a habit. When I was bored, I started doing it for fun.' (185) MB: 'sometimes you get so bored that you cut.' (867)
MICHELLE	FB: 'I just sat, like squeezed myself literally to hide in there, and I sat there cutting, and that's like stuff I hide behind. (453) MB: 'When I do cut, I don't cut one, I cut and cut and cut and cut until I feel more comfortable.' (993)
CARRIE	FB: 'I always carry a razor with me, but not at school.' (423) MB: 'Sometimes it's like when I feel like cutting and I cut myself, then I start thinking of other stuff and then I just cut more, so.' (29)

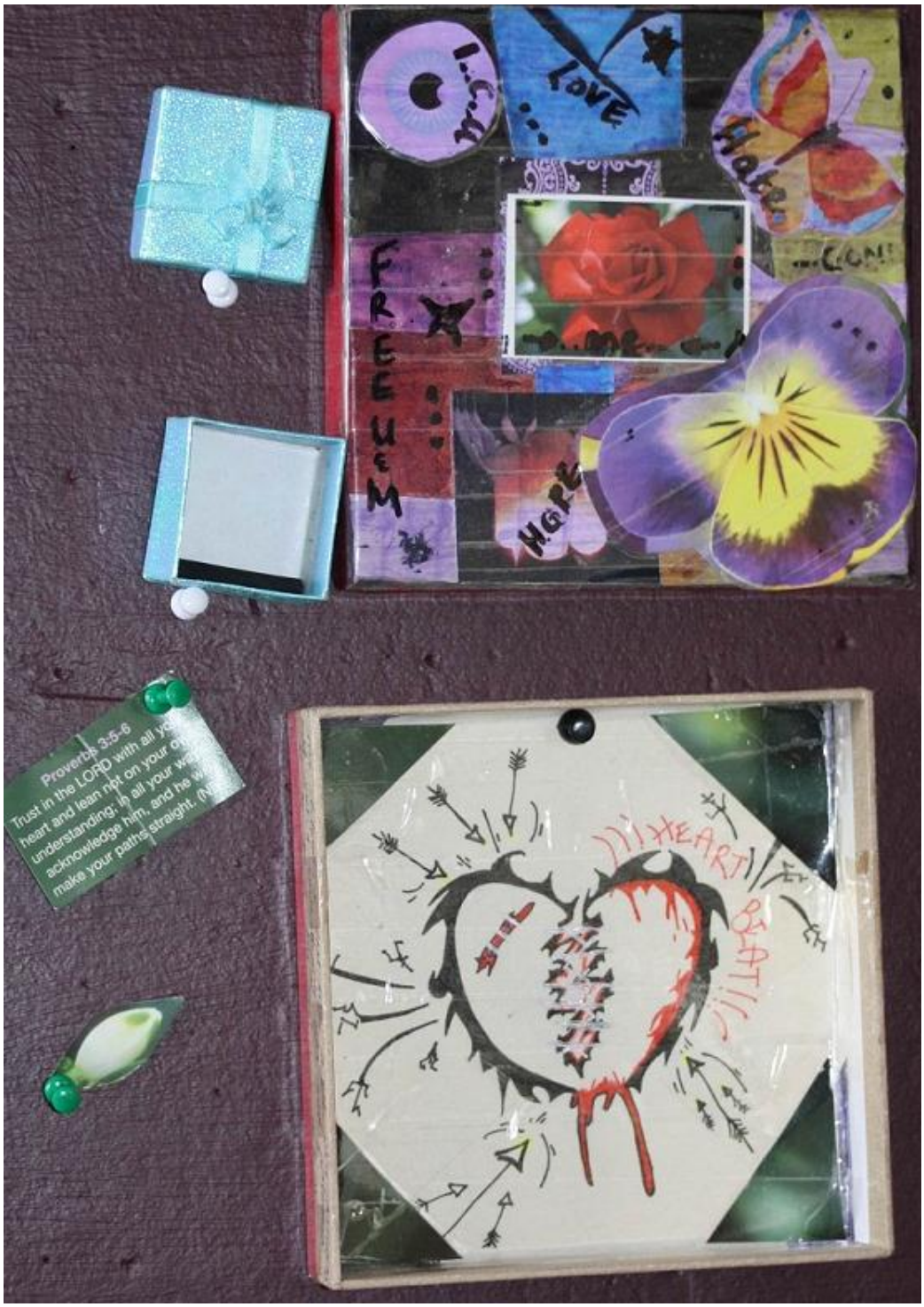
4. THE SCARS	
KELLY	
LISA	FB: 'So people see it and they ask you questions,' (344). MB: 'I don't care if it's there. It's like a beauty mark, I'll just keep it, even though it's embarrassing' (305)
MICHELLE	FB: 'I'll always wear a jacket, it doesn't matter how hot it is.' (456). MB: 'I try and hide it, but I don't care if people see,' (1067)
CARRIE	FB: 'I don't want everyone to see.' (410) MB: 'Like when I look at my arm, at the scars, it's part of me cause it shows what I've gone through' (382)

5. OTHER PEOPLE AND CUTTING	
KELLY	FB: 'She gets like really freaked our about the cutting.' (102)
LISA	FB: 'Some people mock you about it.' (560)
MICHELLE	FB: 'He just said, if you want to kill yourself then kill' yourself' (464). MB: "That one time in history last year, we cut in class together, but that was like really stupid ...' (883) MB: 'If I want to get attention now, I must take my jacket off ' (1057)
CARRIE	FB: 'He said 'Oh, you're one of those' and I felt so bad.' (171) MB: 'I got that idea from a friend' (400) 'MB: 'My friends went like, 'Oh, it's just a phase, everybody's just doing it now',' (452)

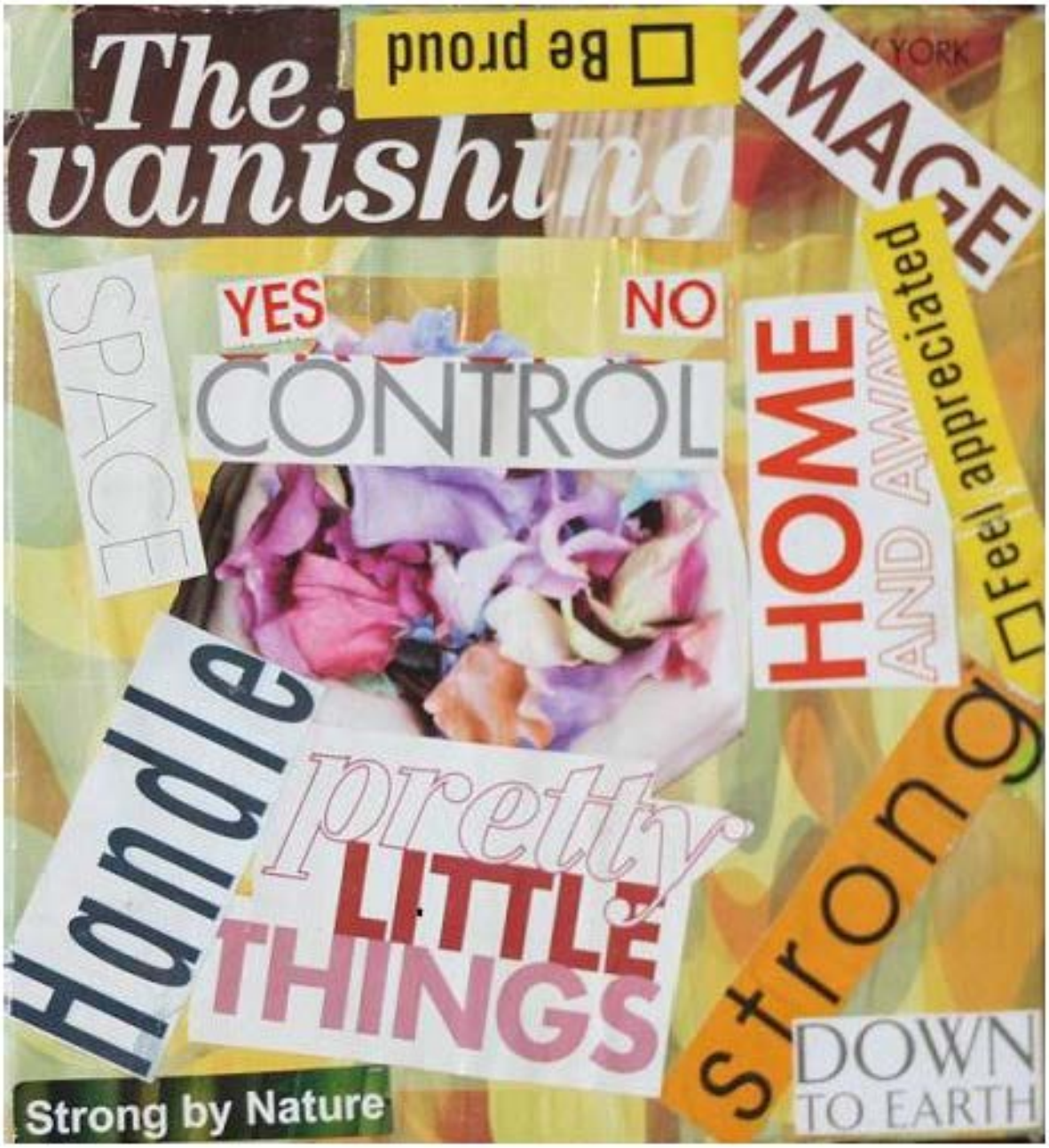
ADDENDUM J

PHOTOGRAPHS OF THE PARTICIPANTS' MEMORY BOXES

1. Lisa's memory box



2. Kelly's memory box



3. Michelle's memory box

4. Carrie's memory box