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Birkbeck College, University of London

&

Institute of Family Therapy

**AN EXPLORATION OF TRIADIC FAMILY RELATIONSHIPS:
A SYSTEMIC-ATTACHMENT PERSPECTIVE ON THE EXPERIENCES OF
ADOLESCENTS WHO SELF-HARM AND THEIR PARENTS**

Programme Title: Doctorate in Family and Systemic Psychotherapy

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Date: October 2013

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ABSTRACT

Self-harm as an expression of emotional pain and hurt is starting to become the consensus view amongst professionals. This present study explored how young people who self-harm and their parents experience the young person's self-harm and how it affects the relationships in the family.

The research was a case study with three families, each consisting of an adolescent and of their parents. Semi-structured interviews were used to explore the lived experiences of each participant. In addition, relational scenarios and conjoint interviews were conducted with the parents.

All interviews were audio-recorded and transcribed. These sets of data were analysed in accordance with Interpretative Phenomenological Analysis (IPA) guidance. The meta themes were presented in detail in the Findings section. The key themes for the adolescents were: *Feeling Responsible* and *Self-Harm Creates Closeness*. The main themes for the parents were: *Feeling Emotionally Overwhelmed* and the *Impact on Couple Relationship*. The individual and couple analyses were linked together to provide a family-based analysis of the data. The meta themes were linked with one another to acknowledge the pre-existing connections between different participants and to add a richer, systemic perspective to the results. Mutual influences of the different family members on each other were identified. The findings indicated that a young person's self-harm can be seen to be part of triadic interactional processes within the family.

The various layers of analysis were integrated which enabled a systemic and attachment based theoretical model to be proposed in relation to self-harm in the context of the family. Wider cultural perspectives were also considered in the way that they shaped the understandings and relationship strategies in how to deal with the self-harm.

The proposed theoretical model is used to offer implications for therapeutic practice and recommendations for future research are suggested.

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CHAPTER ONE

1. INTRODUCTION

In this introduction I will explain my own personal and professional interest in the area of triadic relationships in families. I will explore which clinical contexts in which I work and have worked with families and young people both who self-harm. In addition, I will also set out some relevant experiences from my clinical practice with families with adolescents who are not engaged in such behaviour (at least unknown to me) but where the relationships in the family have called for a systemic attachment perspective in order to increase one's understanding and ability to respond as a family therapist.

As part of my personal connections, cultural influences will be shared and the wider cultural beliefs about self-harm will be looked at. The issue whether self-harming behaviour is more an intra or an inter-personal phenomenon will be explored too. The questions that are being raised will be elaborated on in the Literature Review that will follow.

This research project deals with an area of human relationships that has intrigued me for a very long time. Triadic relationships have always fascinated me. When thinking about some sayings that are in usage about intimate, emotional relationships, several come to mind; e.g. "Birds of a feather flock together", "Opposites attract", and then there is the one for three people: "Three is a crowd". In popular parlance these are often used to explain certain reactions or interactions.

I grew up in a household with two siblings (I was the eldest of 3 boys). My parents started to have more overt marital difficulties when I was at primary school, which culminated in a separation a few years later. Both my mother and my father took me in confidence particularly when they needed to share something either about the other person, or in connection with the other person. I cannot remember whether I was explicitly asked to keep information that was shared with me secret on every occasion, but I do remember honouring this fact and protecting both by keeping information to myself. I seemed to be in that triangulated position from a very young age and to some extent it can be argued that I continue in this position despite the fact that I have more understanding of the processes that we are involved in. So my experience of triadic relationships (with having 2 younger brothers too) goes back a long way.

My work with clients as well as supervisees, confirms that this scenario described above is not unique, nor unusual. Many families that present in my consulting room are affected by triangular dynamics. These triadic relationships are not always negative (as this thesis will show), however often the destructive aspects dominate and triadic influences are unhelpful. When triadic relationships are no longer helpful and become unhealthy and pathological, a process called 'triangulation' is at play.

Hence, this doctoral research brings together two areas of interest namely that of triadic relationships (and the process of triangulation in particular) and self-harm and aims to apply systemic and attachment frameworks to explore these relationships and gain further understanding of the relational dynamics at play.

1.1 Clinical Contexts

As a family therapist in a Child and Adolescent Mental Health Service, I work with children, young people and their families on a daily basis. They arrive in my clinic referred by other professionals who believe that CAMHS involvement would be helpful to either the child or young person. Often colleagues have been involved in individual psychological therapy, or psychodynamic therapy proper. When I see children it is sometimes the first time that s/he has been seen by a mental health professional with their family system with the aim of assessment or treatment.

One specific clinical context pertains to meeting with families on a children's ward in a general hospital. When I was on the so-called 'self-harm and overdose rota' for the hospital, I would be one of the members of the team who went up to risk assess a young person and advise the paediatric staff whether this young person could be discharged back into the care of their parents or carers. The stresses and anxieties of caring for a risky teenager could be felt upon arrival at the children's ward, even before I would have seen the child. The staff at a children's ward often have a lot of experience working within highly emotive issues. They are experienced in working with children who are alone, feel lonely, and are in need of comfort. The patience of the nursing staff is invaluable to the recovery of children. The nurses know about the importance of providing a safe and nurturing environment for children and their families. The patients and their families are often in shock over what has happened, overwhelmed by what is going on and scared about what the future may bring in terms of uncertainty, pain or scary operations. Generally the experience and role of the trainees and consultant paediatricians, the entire paediatric team is to feel "in control" and as jointly managing the treatment plan. When however, young people are admitted who have seemingly deliberately injured themselves, an uncertain factor is introduced. It is not only the physical and bodily health of the patient that needs treatment. The psychology, the emotional and mental health of the young person is a factor which is less predictable and the expertise and experience is often not present to deal with this aspect. As a practitioner I would regard it as a situation in which too much uncertainty is introduced into a system that works with statistically predicted levels of certainty. This causes anxiety which is often held in several individuals and gets played out in the different relationships.

Many of my colleagues agree with a basic and rather simplistic clinical observation: 'if only the relationship between the young person and one of her/his parents or carers had been stronger and more positive this situation had not occurred'. It is this apparently straightforward and simple

statement that intrigues me. The young people and their family often are in a state of shock. This emotional state is so special. It is a unique moment in the family's life journey. The procedure is that the CAMHS clinician assesses the risks by meeting with the young person separately, meet with the parent(s) or carer(s). If the risk is deemed low enough, the recommendation of discharge is made, after which the paediatric team consider discharge. If the young person is discharged, the CAMHS clinician meets with the young person and their parent(s) with seven days for an outpatient follow-up appointment. At this appointment possible further services and supports are discussed and considered. This follow-up appointment is also an opportunity for the clinician to gather further information about the emotional connections within the family. At this point, the parent(s) have had an opportunity to reflect on the expression of emotional distress in their daughter or son.

1.2 Personal Connections

My personal connection with the topic of self-harm is tangential in some respects. In other words, if I was asked, 'Do you consider yourself ever having engaged in self-harming behaviour?' I would answer 'no' to that question. If however one looks at the various definitions and descriptions that are around, I could decide to reconsider that answer since some authors include risk-seeking behaviours in that category. I have experimented with alcohol and drugs when I was growing up in the Netherlands as a teenager and student. Also, I can remember hitting a wall very hard with my fist at the age of 16 after a row with a girlfriend. I felt very hurt and frustrated and I found myself hitting a wall which resulted in breaking a bone in my hand. This action was never repeated and at the time there was no release of those negative emotions. There was a brief moment of distraction from the emotional pain to the physical, including thoughts such as "Idiot, why did you do THAT?!", "Serves you right for being so stupid". I remember that I did not tell anyone the reason for my hand in a cast. I could not write for a number of weeks (at least neatly!) since it was my dominant hand. It was awkward bathing etc. To be honest, I cannot remember the reasons I gave to the different people (i.e. parents, doctor at the hospital, class mates, and teachers). I do know that I did not confide in anyone. The feelings I had were of guilt, disappointment, anger and frustration. Perhaps my well-developed skill at home of not telling all to the other parent was called upon.

The behaviour may be seen as self-inflicted injury, but as we will see this behaviour would not constitute as self-harm in the definitional sense. In this instance the pain experienced due to the physical injury had the result of distracting from the emotional hurt I was experiencing. If it was a self-harming behaviour in the sense that this thesis will approach it, the intent of distracting or numbing the pain before one engages in the self-injurious act. One could argue that this may have been present at an unconscious level. Further, self-harming behaviour can be impulsive and can take

place spontaneously alongside more planned and systematic episodes that young people and/or adults experience.

1.3 Self-Harm: an Intra- & Inter-Psychic Phenomenon

It now is recognised that self-harming behaviour is an expression of emotional distress (e.g. Ougrin et al., 2010). The fact that a child (or adult) cannot manage his/her feelings in a more positive way, they inflict pain and often damage onto themselves. The intra-psychic pain cannot be dealt with differently. The young person feels isolated emotionally and has not found another way to deal with the pain s/he is experiencing. This strategy to regulate one's emotions is not one of preference but seems one born out of necessity.

1.4 Culture

With an interest in cultural issues in mental health and couple and family therapy in particular (Karamat Ali, 2003, 2004, 2007; 2011; Karamat Ali & Karamat Ali, 2011), I was interested to find that a recent meta-analysis of looking at self-harm in minority ethnic groups in the UK found that there is a higher rate of self-harm among South Asian women, compared with South Asian men and White women (Bhui et al., 2007). These data are in accordance with findings that self-harm is more common among women than men. However, in terms of the cultural and religious background of self-harm, the practice of self-mutilation and self-flagellation has a long history from a religious and cultural significance away from the Western lens of mental ill health. Apart from the fact that different cultures have different concepts of what constitutes mental health (Westermeyer, 1976), issues of mental disturbance or mental disorder are talked about and approached in different way depending on the prevailing belief system of the community in which it exists (Fernando, 1988; Schwartz, 1998). Self-mutilation in and of itself is not always regarded as an unhealthy and unacceptable practice. As a child from a bi-cultural marriage (Western Roman-Catholic & Caribbean Muslim), I know that my parents have different approaches and rituals from how to respond to a common cold to how to act when one has just moved house to serious illness and death.

1.5 Questions Raised

One of the issues that I have become more interested in is the relationships around a young person that are impacting on him/her and conversely in how these relationships around the young person are impacted on by the young person as well as the relationships that the young person has. This interest in relationships is not new. As a family therapist and supervisor, it is something that I am very

familiar with. However my work with and around self-harm has made me specifically interested in how these relationships are shaped by the self-harming and in turn how the relationships have an impact on the self-harming behaviour.

A second issue in relation to self-harm is the area of emotion. So, the relationships with the young person as well as those around her/him have an affective component, or some may argue that these relationships are essentially emotional connections. A central feature of parenting is to provide emotional and physical comfort and assistance when a child is hurt. How this is provided is also central to the development of the emotional bond, pattern of affection between the parent and child. This has been called *the attachment bond* or *attachment relationship* (see Cassidy, 1999; Kobak, 1999) and will feature as an important conceptual strand in this research. In self-harm this relationship can be seen to be placed in a dilemma. Parents want to offer comfort when they see their child as hurt but also feel anger that the child has inflicted the hurt on themselves. Not infrequently this also leads to anxiety and guilt that they may have contributed to the child's distress and ask themselves questions such as 'what have we done wrong?' and 'have we been inattentive to their needs?' The consideration of such mixed emotions –or *attachment dilemmas*– will be a central theme in this thesis.

A third related area that has been raised for me as an area of interest is how the aforementioned essentially dyadic relationships fit together. A clinical illustration may be that the therapist is not just focussed on how mum and son get on; or what the relationship is like between the son and daughter. From a systemic perspective, family therapists are keenly aware that there is also a mutual influence between these two family relationships. The question that could become clinically relevant is: "How does the fact that the relationship between mum and son is so strong affect the relationship that the son has with his sister?" This triangular system, or triadic relationship, is often at play in both healthy and unhealthy relationships.

This research would be an opportunity to look at these issues in more detail.

INTRODUCTION TO LITERATURE REVIEW: OVERVIEW

Introduction

This literature review has been structured in two parts, which are divided into two chapters. The first chapter will deal with self-harm as a phenomenon that seems to have increased in the last 10 years, with particular attention to children and young people. The second chapter will detail the theoretical framework of this present doctoral thesis.

Chapter One: Self-Harm

In this literature review the available literature on self-harm and the main theoretical understandings will be outlined. The current prevailing ideas about self-harm will be presented, which seems to revolve around individual and intra-psychological perspectives on the individual engaged in self-harming behaviour.

Chapter Two: Theoretical Framework

The shift will be made from an individual focus on self-harm to a more relational one, which includes both the presence of the relational context of the young person who self-harms, as well as the mutual influence of that social environment on the self-harming adolescent. The theoretical framework will be described. The different components of 'systemic' and 'attachment' are presented next to each other. These two strands are used in an integrative way. The last section deals with triads and triangles.

CHAPTER TWO

2. LITERATURE REVIEW: SELF-HARM

2.1. Starting Point

Self-harm is an emotive subject. Not just for the person who is engaged in such behaviours, but also the people who are close to this person. When we are dealing with children and adolescents who self-harm the main people who she/he is surrounded by are often family members. The family members could be parents and siblings. If they are aware of the self-harm, then this can cause upset. This upset manifests itself often in different ways, such as disbelief, anger, sadness or fear. Often parents are not aware of the self-harming behaviour and when they do discover it, they can be all the more upset that they have been insensitive, unobservant and even angry about why their child has not come to them for help

In this research project, the phenomenon of self-harm will be explored with specific attention to the relationships that the young person is engaged in. The parents (father and mother) each have a relationship with their child as well as each other. This means that the parental couple relationship that surrounds the young person could be thought about as well, because the parental couple provides a hierarchical structure around the child. The parental subsystem (Minuchin, 1974; 2012) has the job to parent the child, by guiding, sharing, disciplining and keeping safe. The family relationships are crucial in the lives of young people. Even though adolescents are in a transitional phase from dependence towards more autonomy, the relationships of a teenager with their parents is not unimportant, I wanted to focus on the family relationships in the home.

2.1.1 Literature Search

A brief note on the approach taken to research the literature is needed here. The literature search has been conducted in a systematic fashion, using more formal and informal approaches. Formally, the main search engines used were PsychINFO, PsychLIT and Google SCHOLAR. Some examples of the key words that were used for the literature searches were: “self-harm”, “self injury” “self-poisoning”, “self-injurious behaviour”, “relationship”, “family”, “family relationship” and influences on self-harm”. Different combinations were entered in the computerised searches with various options, such as “AND” and “OR”.

More informally, I also used literature already known to me (i.e. articles or books) as well as those suggested by friends and colleagues which seemed relevant since they covered topics described in words mentioned above. A chain could start when a search resulted in a paper which contained

relevant sources and then I would consult those references. Some of the literature referred to in turn referred to yet further sources which warranted being sought.

As the searches took place and time went on a point came that less and less new or relevant information was found. Thus a point of saturation was reached. Pragmatic reasons in the end (with time frames for completing the doctoral study being an important factor) a decision was made to stop the literature search once a point of sufficient saturation had been reached. The decisions which sources to include were dependent on their relevance to the subject matter at hand or to assist in providing substance, evidence or context to an argument made in the present thesis. The choice of literature for the final version of the thesis was dictated by the relevance to the main themes as well as the relevance to this research thesis as a whole.

2.2 Historical Context

Inflicting pain to oneself, hurting one's own body has several strands of history. One such strand is that of religion. Within a Christian tradition, self-injury has been practiced by individuals in terms of their relation to values and mores. Within this context, inflicting pain unto oneself ('self-flagellation') would be seen as a punishment of the self for sinful deeds, or the absence of good deeds. It was also valorised as an indication of devoutness such that the more blood from the self-flagellation on a monk's wall the more they were regarded as holy. Islamic traditions also have a place for such ritualistic practices (e.g. Hegland, 1998).

Interest in the phenomenon of self-harm or self-injury has been historical, anthropological and sociological (e.g. Chandler et al., 2011). Psychiatry also became interested in self-injury. More cultural and contextual thinkers in psychiatry were interested in looking at some of the cultural strands in the practice of self-flagellation. In his book "Bodies under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry", Favazza (1987) provides an account of self-injury which not only includes behaviours that we may currently understand as self-harm (such as cutting or burning one's skin) on an occasional or regular basis. He also looks at more cultural and even contemporary practices, such as what is termed 'ornamental body modification'.

From this work, a distinction can be made between harming one's self, or "attacking the body", as it were, by marking it or changing it in some way with the main object to inflict pain on the one hand and to have the experience of physical pain on the other. The motivation to deliberately inflict what could be described as wounds, or scars on the body is a diversion from the emotional pain that one experiences. The marks on the body are a by-product in a way; they are the price that an individual pays for the emotional gain.

When the experience of such physical pain is not the aim but merely a means to an end, with that end being the result of the skin being altered (e.g. a scar in a particular shape, a tattoo, a piercing), then this self-harm is also deliberate, however the motivation is fundamentally different.

2.3 What is Self-Harm?

“The history of modern self-harm definitions is also fraught with disputes. These still revolve primarily around its meaning” (Ougrin & Zundel, 2010, p.1). When they provide a brief history of defining self-harming, they refer to Favazza (1998) who has written the authoritative work on the history of self-harm as a behaviour human have engaged in throughout the ages (Favazza, 1987).

In the literature there are several terms used to describe the phenomenon of self-harming. Some of the names used are: ‘self-mutilation’, ‘self-injury’, ‘self-harm’, ‘deliberate self-harm’, and ‘self-inflicted injury’. In this present thesis the term *self-harm* will be used. **If authors are quoted using a different term (i.e. not self-harm) this will be kept unchanged as it is stated in the original source. In all other instances, the aforementioned terms will be used to refer to self-harm as described in this thesis.**

Self-harm is when somebody damages or injures their body on purpose. The National Institute for Clinical Excellence (NICE) describes it as "self-poisoning, or injury, irrespective of the apparent purpose of the act. (...) Self-harm is not usually an attempt at committing suicide, but a way of expressing deep emotional feelings, such as low self-esteem. It is also a way to cope with traumatic events or situations, such as the death of a loved one, or an abusive relationship. Self-harm is not an illness, it is an expression of personal distress” (Downloaded from the official website of NICE (National Institute of Clinical Excellence): <https://www.evidence.nhs.uk/topic/self-harm> accessed on 24 March 2012).

“In this study we have chosen to use Walsh and Rosen’s (1988) definition which views deliberate self-harm as ‘deliberate, non-life-threatening, self-effected bodily harm or disfigurement of a socially unacceptable manner’ (p. 10)” (Quote taken from Warm et al., 2003, p.72). It is this definition which would apply for the research participants included in this present study.

There are two main aspects that I would like to highlight as important at this point. Firstly, self-harm is a self-inflicted, often deliberate and intentional act to injure oneself physically. The second aspect is the absence of wanting to end one’s life when one is engaged in self-harming behaviour(s). The latter aspect brings us to the distinction between self-harm and suicidality. Even this is complex though since ‘deliberate’ sounds like a consciously intended act whereas people who self-harm frequently report almost a trance-like state where they just find themselves doing it. This has been described as a dissociative state in which action and conscious control and intention to act appear to

become de-coupled. So, even though the term ‘deliberate self-harm’ is still used in this area (e.g. Fox & Hawton, 2004), the person who injures themselves may psychologically not always be in such a conscious and deliberate frame of mind.

Some examples of self-harming behaviour are: cutting, burning or severe scratching of one’s skin, as well as less common behaviours such as hitting oneself, banging of the head against a wall severe scratching. The NICE Guidelines also include other destructive or dangerous behaviours, such as misusing alcohol or drugs in this category.

Self- Harm & Suicidality

Suicidality and self-harm are different from each other. Simplistically, people regard suicidality as equivalent to suicide attempts (i.e. behaviour) plus suicidal ideation (i.e. thoughts and feelings). This links with the old systemic triangle, i.e. behaviour (actions); thoughts (ideas, beliefs); and feelings (emotions) (Dallos & Draper, 2010).

In terms of risk assessing a suicidal client, the presence or absence of suicidal ideation is a crucial factor to look at (Fox & Hawton, 2004, Hawton & Rodham, 2006). ‘To which extent has the client or individual thought about killing themselves?’ ‘What thoughts do they have?’ ‘When (at what time) and how often?’ ‘How detailed have these thoughts been?’ The second action element, i.e. suicidal behaviour, is equally important. This relates to the question of whether someone has already tried to take their own life in the past. Questions to find this out relate to how many times they have tried, how long ago this was and how well planned it was (i.e. the amount of detail). A further question in this assessment sequence could be, ‘Was there any possibility of people finding out or being able to stop?’ Now all this needs to be considered in the context of present life circumstances. A final and important indicator of risk is whether or not someone wants to die (i.e. suicidal intent).

This risk depends on the detail. The more detail present in the mind of the person, the higher is the risk of suicide.

In the past, suicidality and self-harm have been regarded as similar. It was thought that if someone can cause such pain (and possibly so much damage) onto themselves and their bodies, they do not want to live any longer. Formulations regarding the causes and psychological functions of self-harm have evolved. I will focus on these later but mention here that self-harm is now widely seen as an expression of managing unbearable feelings (D’Onofrio, 2007). If for example a young person uses cutting one’s arms to inflict pain onto the self in order to manage (i.e. tolerate) unbearable feelings, often the method employed is a familiar one. In case someone is prevented from using a for them familiar method (for instance when a parent hides razor blades from their adolescent child), this often only results in finding a new method. By definition when the (young) person is not as familiar with a

new method to self-harm, the margin for error will increase. In such instances, there could be a risk of incidental suicide. That is why the current guidance for the management of self-harm is not to ask a person to stop it. It may be psychologically a paradoxical phrase, however when the self-harming behaviour (e.g. cutting one's upper thighs) is stopped, the risk of suicide increases.

DSM-IV

The Diagnostic and Statistical Manual of Mental Disorders (fourth edition) (i.e. DSM-IV) does not have self-harm as a separate category (APA, 1994). This is because self-harm is not a diagnosis in itself, it can be regarded as a symptom, possibly associated with various mental health illness, or conditions, such as psychosis and depression. It is of interest that the last edition of the manual published in 1994, has not included it in the Index for quick reference either. There are currently those who propose a new category of “deliberate self-injury syndrome” (p.12) and others who would support that the condition is included in the DSM-VI (now due out in 2013) as a separate diagnostic category in its own right (Muehlenkamp, 2005; Ougrin & Zundel, 2010). It is most often seen as a sign or symptom of severe emotional distress. Not surprisingly, people with some mental health conditions are more likely to engage in self-harming behaviour than others. For example, female adolescents who self-harm are more likely to suffer symptoms associated with depression and anxiety (Hawton & Rodham, 2006). The adolescents described had more issues with low self-esteem, and experienced feelings of hopelessness. Hilt and Nolen-Hoeksma reported similar findings of having increased depressive symptoms and self-defeating thoughts (Hilt & Nolen-Hoeksma, 2008, reported in Selekman, 2009). At the same conference of the International Society for the Study of Self-Injury in June 2008, as reported by Matthew Selekman (2009), D’Amore and Lloyd-Richardson presented a paper about their research with college students. They reported higher rates of depressive and anxiety symptoms among college student who self-harmed (D’Amore & Lloyd-Richardson, 2008, in Selekman, 2009).

When someone is experiencing depressive symptoms, such as feelings of sadness, diminished interest or pleasure in daily activities, decrease or increase in appetite, and fatigue or loss of energy (for more examples see Mood Disorders in DSM-IV), they often experience feelings of worthlessness and low self-esteem. Self-harming individuals often report similar feelings.

One term that has its relevance in the area of self-harm is what has been termed non-suicidal self-injury (NSSI) which can be defined as: “self-inflicted potentially injurious behaviour where there is no evidence of explicit or inferred intent to die” (Kyriakopoulos, 2010, p.60).

Terminology

In this thesis I would like to propose to a more restricted use of the term self-harm. The NICE guidelines seem to emphasise the initial assessment of risk and the subsequent risk management aspects of the phenomenon of self-harm. Hence, the working definition in that document approaches self-harm with and without the intent or wish to die. The aspect of suicidality remains firmly present in the UK NICE guidelines.

When self-harm is used in this thesis, the meaning of the term 'self-harm' is more akin to the definition of NSSI as described above. A helpful distinction between self-harming and suicidal persons is made by Favazza (1998): "Self-mutilation is distinct from suicide behaviour. Major reviews have upheld this distinction. A person who truly attempts suicide, seeks to end all feelings whereas a person who self-mutilates seeks to feel better" (p.262).

Prevalence

The NICE Guidelines who collected clinical data worldwide state that self-harm is more common in girl than in boys. The 15 to 19-year olds are most affected, even though children aged 11 have been known to start to self-harm. Prevalence is not a straightforward issue with regards to self-harm, particularly in adolescents. "Shame and fear of discovery mean that people often keep self-harm a secret. Unless medical treatment is required, self-harm is not usually reported. This makes it difficult to know how common it is" (Downloaded from the official website of NICE (National Institute of Clinical Excellence): <https://www.evidence.nhs.uk/topic/self-harm> on 24 March 2012). Despite the challenge of stigma, there have been attempts to get to a relevant estimation. Hawton et al. (2002) conducted a survey to determine the prevalence of self-harm in 15 and 16 years old in England. In this study 41 schools were included in the study and a total number of over 6000 students. In this study, an equivalent of 8.6% of young people reported deliberate self-harm in the previous year (of these 6.9% had met the study's criteria for deliberate self-harm.) When asked whether anyone had *ever* engaged in deliberate self-harm the figure quoted was 13.2%. These figures concur with Klonsky & Glenn (2008) who reported 8% of 12-years olds and between 14-15% of adolescents self-harm. The Nice Guidelines in the UK research that stated around 6% of 15-year olds. Another finding from Hawton et al. (2002) is echoed in the NICE guidelines, namely that females are more commonly engaged in self-harming behaviours than males. They found a percentage of 11.2% and 3.2%, which roughly translates to a ratio of over 3 to 1. Morey et al. (2008) found in an Irish population of over 4,500 15-17 yrs old pupils the following percentages for females and males respectively: 13.9% and 4.3%, which results in similar ration of 3 to 1.

Clinical experience with what has been referred to as deliberate self-harm episodes, confirms this figure.

2.4 Self-Harm: Co-morbidity

Self-harming behaviour often takes place alongside other mental health issues such as eating disorders (Sansone & Levitt, 2002), depression (Harrington, 2001), anxiety (Favazza, 1996) and other psychiatric disorders, such as borderline personality disorders (Gratz & Tull, 2010). There are different ideas how this works. In other words, is self-injury a symptom of the eating disorder or depression for example or do we need to see the self-injurious behaviour as separate from the aforementioned conditions? Even though the three mental health conditions can overlap with one another, self-mutilation in young people is significant enough to warrant our attention.

However, clinically it is relevant to know that self-harm can occur with a presentation of an eating disorder. It helps the clinician to conduct more relevant assessments and devise an appropriate treatment plan.

The present study would acknowledge the existence of these different perspectives, yet would call for more attention to the relational and interpersonal dimensions of self-harm.

As will be shown in the next section, some of the studies with or about adolescents have mentioned family and peer factors in possible contributing factors to engaging in self-harming behaviour. However, the focus has remained rather quantitative using specific assessment or research tools to quantify the various behaviours and views of others about the self-harming behaviour or the young person involved.

Despite the fact that self-harming behaviour is common amongst the psychiatric population 21% of adult in-patient compared with 4% in the non-clinical population (Klonsky & Glenn, 2008), the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) is not at all mentioned in the Mood Disorders section (APA, 1994). In the Index of the DSM-IV (1994) ‘self-harm’, ‘self-mutilation’ and ‘self-injury’ are not mentioned. “Our highest priority has been to provide a helpful guide to clinical practice.” (p. xv). However, those who are working in clinical practice in a world where the incidence may not be going up, but the awareness of self-harm has increased over the past 5 years in particular. With this increased awareness, clinicians may ask more about it and for that reason may see more clients who injure themselves in their consulting rooms. The DSM-IV was last updated in 2000. Various papers have been published since sharing ideas, suggestions and research data to incorporate in the DSM-V (e.g. Fairburn et al., 2007; Oquendo et al., 2008; First et al., 2009; and Van Der Kolk et al., 2009). I hope that there will be more guidance for mental health professional with the publication of the fifth edition of the DSM.

2.5 Self-harm & Ethnicity: A Note On Diversity

Bhui et al. (2007) conducted a systematic literature review of research on self-harm that had been published in English between 1960 and 2004 that had compared at least two ethnic groups in the UK. Of the 1,765 titles and abstracts they had looked at, 25 met their inclusion criteria. They found some differences in the nature and the prevalence of self-harm. Statistically significant were the following differences:

- Compared to white British women Asian women were more likely to self-harm,
- Asian men were less likely to self-harm than their white counterparts

They also found reported in some studies that self-harming behaviour by South Asian adults could be described as being more impulsive in response to stressful life events, than that it could be understood in association with a psychiatric disorder.

While more information about adults who self-harm was obtained, some attention was given to adolescents. When they looked at the described methods that the different groups used to harm themselves they found similar methods, with self-poisoning being the most common in all ethnic adolescent groups. Further, in relation to the focus of the present study, Bhui et al. (2007) found that “(d)isciplinary issues or arguments with parents were common precipitating factors(...), with higher rates of parental conflict reported by White males compared with South Asian males (...)” (p.336). This meta-analytic finding is of interest since adolescents and the relationships they have with their parents can be seen as a factor that seems to influence the distance to self-harming behaviour. The relationship can be experienced as a strength and a resilience factor against life’s challenges and disappointments, or it can contribute to an increased sense of isolation and loneliness.

“One study noted that disciplinary crises were common in both South Asian and White self harming adolescents, but that among South Asians this revolved around cultural issues (...). Cultural conflict was associated with poisoning in 17 of 19 South Asian participants (...); Biswas et al also noted culture conflict as a reason for self-harm in South Asian females rather than males (...). Problems with parents, schoolwork, and boy or girl friends were more common amongst White adolescents, and problems with siblings were more common among South Asian adolescents (...)” (p.336).

2.6 Explanations for Self-Harm: ‘Why do children and young people self-harm?’

Two Dominant Theories

Most literature and studies have a focus on the individual, less on the environment. Environmental factors are usually described in a fashion to imply causality. Often these are issues which happened in

the past, such as traumatic events. Most often the ones that are being mentioned are: neglect and abuse (physical and sexual). D'Onofrio (2007) writes that "(i)n reviewing the childhood experiences of self-injurers, a number of traumatic events emerge as significant. These traumatic incidents occurring prior to the onset of puberty include parental loss or deprivation, chronic illness or major surgery. Sexual or physical abuse, and emotional neglect. In fact, up to 79% of clinical and community samples of self-injurers have reported a history of child abuse or neglect..." (p.58).

Self-Harm: A Psychoanalytic Perspective

One commonality among the different psychoanalytical perspectives on self-harm and suicidality is the emphasis on understanding from an intra-psychic perspective (see e.g. Bell, 2008). The main focus is on the individual and his/her conscious and unconscious processes. It is about the understanding of why a individual resorts to such measures as for instance attacking one's skin.

One of the views within the psychoanalytical literature is expressed by Maltzberger (2008). When he is writing about self-representations, in particular with suicidal patients, Maltzberger (1993) states: "Suicidal patient in breaking apart their mental and their body selves commonly objectify their bodies, thereby enabling attack. When the self-representation disarticulates and the portion of it which represents the body takes on the characteristics of an object representation, the way is open for attacking the body as though it were something or someone else, not the self. The body, in the language of Melanie Klein, takes on a 'not-me' quality (Klein, 1957)" (p. 39).

This quotation is helpful when one thinks of the emotional distancing (or 'zoning out') that young people have said they experience when they are for instance cutting themselves. They feel that they are in a different mental state, as it were. One could argue that this is a kind of a not-me state. It seem that the skin they are damaging is not experienced as being theirs, it is something or someone else's.

One could argue that the above example indicates that the cutting of the skin is a coping mechanism. In order to deal with the emotions, some distance themselves from them. It is an expression of a lack of affect regulation that is more helpful, life-affirming and effective. Maltzberger (2008) points at another proponent of the psychoanalytical perspective on self-harm. This time in more psychoanalytical language: "It was Edward Bibring (1953) who showed that prolonged experiences of helplessness in the face of intolerable emotional suffering can damage the ego, lead to withdrawal of the inner influences that ordinarily protect it, and expose it to the full spate of aggression directed at it from the superego. The helpless self, at the mercy of an unremitting anguishing attack gives way to hopelessness, and may begin to breakup" (p. 38).

This psychoanalytical formulation addresses the anger and aggressive feelings that are experienced at an unconscious level and are not directed outward, but inwardly towards the self. Professor Orbach takes this theme up in his paper entitled “The Role of the Body Experience in Self-Destruction”:

“My basic contention is that one important facilitator of self-destructive behaviour is the negative experience of early caretaking processes which eventually influence the quality and degree of the individual’s emotional investment in protection of his or her body and in preservation of his or her life. Negative care taking experiences may lead to a distorted experience of the body and negative attitudes toward the body. When such states interact with other mediating processes, such as anger, dissociation or with life stress, they may become facilitators (not causes) of destructive behaviour” (Orbach, 1996, p. 608).

Even though Orbach (1996) theorises about the eventual suicidal behaviour, it is noteworthy that early caretaking experiences (i.e. how one was looked after and physically and emotionally cared for) are regarded to impact on one’s relationship to oneself and one’s body. In terms of self-harming behaviour the individual arguably has also developed such a relationship with one’s own body that in times of extreme emotional stress, pain and hurt, a young person is capable of attacking her or his body, or putting it in significant danger. This clinical exposé points at some relevant areas of enquiry. This present research does not take an individual or intrapersonal perspective, however the psychoanalytic literature does point at how relationships, in this case early (infant) relationships, have been internalised over time. From a systemic perspective, contemporaneous relationship experiences are also included in the analysis.

Self-Harm: A Cognitive Behavioural Perspective

From a more cognitive-behavioural approach (e.g. Ng, 2010) there is a focus on the thoughts and thought processes that an individual experiences which leads to self-harming behaviours. Prediction is one of the main reasons for such an approach. This perspective looks at what thoughts and cognitions that an individual has, lead the individual to harm themselves. These intrusive thoughts are often seen as triggers for certain feelings about oneself which influence what people might do to themselves. The cognitive perspective is less interested in what causes people to think in a particular way, but are often more focussed on how to break negative (and in this case ‘destructive’) cycles of thoughts and behaviours. If this cycle can be broken future behaviours can be minimised or stopped.

Alongside the focus on how to prevent and influence the thought processes, there is some research that is attempting to look at self-injurious thoughts and behaviours (SITBs) within a moment-to-moment frame. Nock and his colleagues set up the conditions to look at SITBs in ‘real time’ (Nock et al., 2010). They have used a so-called “ecological momentary assessment measures” to gain a more

instantaneous understanding of self-injurious thoughts and behaviours. This approach is trying to move away from retrospective accounts.

Middleton and Garvie (2008) write: “One of the key features of self harm is the negative thought cycles that people experience. They can seem to hit at any moment and are usually well rehearsed, word perfect and utterly powerful. They often represent all the worst fears that person has – things that they are constantly trying not to think” (p. 80). They identified six thought patterns that are unhelpful:

- 1) Looking at the world through a negative filter
- 2) Predicting negative things for the future
- 3) All or nothing thinking
- 4) Catastrophizing or snowballing
- 5) Negative mind-reading
- 6) Magnifying negatives and minimizing positives.

(Middleton and Garvie, 2008, pp. 84-86)

2.7 Research & Self-harm

Self-harm has been looked at from different perspectives. Its history probably goes as far back as we do as humans. Only in relatively recent times, has the act of inflicting damage to one’s self has been seen as problematic and has been regarded as a phenomenon that signifies so-called abnormal behaviour.

The main research that has taken place to date is an attempt to understand what it is (i.e. signs and symptoms), why it takes place (i.e. motivation of an individual), what the dangers are (i.e. risks connected to the act), how it can be changed (i.e. treatment). Research publications in the area of self-injury seem to be focussed on identifying risk factors, risk management as well as the possible trajectory of becoming suicidal behaviour (e.g. Bergen et al., 2012; Lilley et al., 2008).

There has been some critique about the usefulness of this guidance and the general lack of focus on evidence-based psychological treatments that work (e.g. Pitman & Tyler, 2008). There has been critique about the fact that the NICE Guidelines on self-harm have relied too much on expert opinion. Pitman and Tyler (2008) pointed out that the membership of the expert committee (i.e. the Guideline Development Group) did not include all the necessary disciplines, such as mental health nursing.

Research into self-harm has mainly been from a quantitative perspective. This means that most attention to the subject has been in terms of numbers, e.g. frequency of self-harming acts, frequency of having self-destructive thoughts, when and at what times of the day do people self-harm, how long

for, how often self-harm takes place, who self-harms, etc. What follows is a brief overview of some of these quantitative studies with a particular emphasis on those that may have implications relevant to this present research study, e.g. family dynamics.

An interesting contribution to the field of self-harm research is Klonsky et al. (2003). The authors recognised that most (if not all) research has looked at self-harm in clinical populations, which may increase the estimated association between self-harm and psychopathological presentations. Their study looked at a large group of air force recruits (i.e. 1,986, of whom 62% male, with a mean age of 20 years). The overall results show that according to this study approximately 4% of this non-clinical sample reported a history of self-harm. Further, it does not support the often wide held belief (of clinicians in the workplace) that women are more likely to self-harm than men. In fact, in this study the authors stated: “Prevalence rates of deliberate self-harm in the present study were roughly equivalent for men and women” (Klonsky et al., 2003, p. 1505).

The authors claim that the study contributes significantly to the literature since “(t)his study’s inclusion of nonclinical subjects may have allowed for a cleaner examination of the psychopathological correlates of self-harm than would be possible in studies involving psychiatric patients, who by definition have psychiatric disorders” (Klonsky, et al., 2003, p. 1506). They continue that based on their findings it may be more accurate to suggest that people who self-harm are anxious rather than depressed. This may be relevant to the present study which will also use an attachment framework to think of the relationships. It is from this perspective (see below) that we would be interested in relational responses to (dis)stress.

“Last, we analysed group differences on the Peer Inventory Personality Disorders at the level of individual diagnostic criteria (table 4). Compared to non-selfharmer, self-harmers were most often nominated by their peers for attempting suicide or serious self-harm (DSM-IV borderline personality disorder criterion 5), acting paranoid or crazy in response to stress (borderline personality disorder criterion 9), feeling unrealistically afraid of being left alone (dependent personality disorder criterion 6), feeling empty inside (borderline personality disorder criterion 7), worrying about social rejection (avoidant personality disorder criterion 4) and being nervous around and mistrustful of others (schizotypal personality disorder criterion 9)” (Ibid., p. 1504).

The final points mentioned that seem to relate to social and relational rejection are interesting. One could make a tentative connection with people’s attachment styles. If attachment strategies can be seen as categories that are assigned to participants by observers (e.g. researchers, or clinicians), it is interesting to consider other ‘observers’ such as peers. In the quote above we could read the intense emotion and sensitivity to interpersonal rejection as a form of an anxious-preoccupied interpersonal attachment strategy.

Another study by Klonsky and Glenn (2008) explored whether and how people who (had) engaged in self-harming behaviours had attempted to resist the urges to harm themselves. So instead of focussing on the self-harming behaviours themselves, the researchers focussed on the times that they might have had the urge to harm themselves without it resulting in acting this out. In that study 39 young adults participated of which 89.7% reported that they had tried to resist the urges to self-harm. They identified the most common as well as the most helpful methods reported. Many methods were individual and personal in nature, such as 'keeping busy' or 'writing about how you feel'. Interestingly, others seemed to imply other people, e.g. 'being around friends', 'talking to someone about how I feel' and 'finding someone who is understanding'.

A study by Sim et al. (2009) looked at the relationship between self-harm, emotional regulation and family emotional climate. They focussed on self-harm in a population of 131 in-patient adolescents. In addition to obtaining demographic information about the young person and their parents, the study utilised standard measures (i.e. the Self-Injurious Behaviour Interview: Friedrich, 1998; the Emotion Expression Scale for Children: Penza-Clyve & Zeman, 2002 and Zeman et al., 2002 and the Childhood Trauma Questionnaire: Bernstein, Stein & Newcombe, 2003) and analysed the data statistically. The interrelationships that they found were interesting. They found that poor expression of emotions connected positively with an invalidating family environment and what they called 'deliberate self-harm'. It seemed that the young people engaged in self-harm found it more difficult to express their emotions in a helpful way. Further, the majority of young people that self-harmed reported living in a family environment that was not open to dealing with negative emotions. This study is one of the few research studies that looked at the young people in the context of their direct living environments, i.e. their family. This takes the focus from looking at the individual only to considering variations in the living context with particular reference to the emotional climate. Despite the fact that this more systemic and contextual view is welcomed, the emphasis is still on the young person and their reporting.

Overall, the predominance in the literature about statistics and figures has resulted in a rather skewed pool of knowledge. This knowledge seems to be more in favour of numbers and certain possible treatment interventions, and less in gaining a deeper understanding through phenomenological enquiry. A recent publication did take such a phenomenological approach albeit with adults, yet the study remained focussed on the experiences of the person who self-harmed only (Brown & Kimball, 2012). This study wanted to engage with young people directly as well as with their parents to get a perspective more closely related to the families' lived experience. It is because of this issue that a qualitative, more narrative focus was chosen by the present researcher.

2.8 Some Specific Developmental Points for Adolescents and Their Parents

From Child to Adolescent

As described above if children engage in self-harming behaviour they are most likely in their teenage years. The point had been made earlier that the nature of the phenomenon in question, namely self-harm one assumes that the figures are an underrepresentation of the number of self-harming young people. The biopsychosocial perspective would suggest that older children have specific developmental needs and tasks to complete. This group of children are referred to as adolescent with adolescence as a term to describe the specific period and stage of development. A formal definition of adolescence

“There is no standard age range for defining adolescence. Individuals can begin adolescence earlier than age 10, just as some aspects of adolescent development often continue past the age of 18. Although the upper age boundary is sometimes defined as older than 18 (e.g., age 21 or 25), there is widespread agreement that those in the age range of 10 to 18 should be considered adolescents. That being said, professionals who work with young adults over age 18 may still find the information contained in this report to be relevant for understanding their clients. (APA, 2002, p.1)

There does not seem to be a clear, agreed definition of when children can be regarded as adolescents. Some authors seem to emphasise the biological changes (such as growing hair under arms, for boys facial hair too, in pubic areas, breast development in girls, etc. “Puberty is marked by striking changes in both primary and secondary sex characteristics” (Seifert & Hoffnung, 1991, p. 512). A child can enter puberty roughly from the age of ten years old whereas others much later when they are 12 or 13. This means that for some children these bodily changes will occur earlier in their lives than for others. In his review ‘The Life Cycle Completed’ Erikson (1982/1985) wrote about adolescence with puberty as a “psychosexual stage” (p.32).

The physical changes are often only one of the areas that are described. Cognitive development (such as intelligence, information processing and language development) and social development (which includes emotional and moral development, identity formation and sex-role development) in which major changes take place during adolescence are important areas (Carr, 2006). Some psychodynamically oriented authors write about differing “states of mind” (e.g. Wadell, 2002). Carr (2006) makes a distinction between pre-adolescence and adolescence, with the former taking place between the ages of 10 and 13 and the latter 13 years and older.

Adolescence seems to indicate a dynamic process of human development in which many changes are taking place. All these changes can mean that “the emotional and physical development is out of synch” (Kegerreis, 2010). Reder and Fitzpatrick (2003) sum it up nicely when they write;

“Adolescence is a phase of development bridging childhood and adulthood, during which major physical, cognitive, emotional and interpersonal changes are negotiated ” (p. 144).

For the purposes of the present thesis the age of the young people included in the research project was 12 years and older. Seifert & Hoffnung’s (1991) general definition has been used in in this project:

“Adolescence is defined as the stage of development that leads a person from childhood to adulthood. (...) (It is generally considered to being around the age twelve and to end sometime around age twenty” (p.507).

The context has been the UK where children transition from primary to secondary or high school at the age of 11 years. This means that young people will be amongst older children from that age. Their social environment will have dramatically changed and the level of independence assumed by the teaching staff will have increased. In mental health services for children and young people the service can be split to accommodate age- and developmentally appropriate services. The age range most services use is those children who are under 13 and those who are 13 years of age or older.

Adolescence & Parenting Tasks

There are some areas of development that take place during adolescence which have got particular implications for the relationships that an adolescent has with those around him/her. The two areas are the social and emotional development (Gottman, 1987). These aspects are of particular relevance to this research because they connect with and impact on the adolescent’s attachment relationships but also have a huge systemic impact since the parenting tasks of parents of adolescents provide specific challenges.

In terms of the young person’s ability to deal with his/her emotions during this period Carr (2006) writes; “the degree to which children can regulate their emotions and focus on solving specific problems in effective ways depends on their beliefs about their capacity to control their situation and the specific defence mechanisms and coping strategies that they have at their disposal” (p. 27). The changes that take place for an adolescent do not only affect how the adolescent experiences her- or himself but also how the relationships s/he has are experienced. As Reder and Fitzpatrick (2003) point out: “For a while, personal responsibility may be denied and all blame attributed to others, or an intense emotional investment in someone or something suddenly re-directed elsewhere” (p.145).

The impact on relationships of and with the adolescent child has got implications for parents. They find themselves in a position caring for a child who is growing and developing and whose needs are drastically changing.

Many parenting manuals and self-help books have been published that deal with the specific issues for parents of adolescents (e.g. Cline & Fay, 2006; Huggins, 1989; Feinstein, 2010). One of the pioneers to offer guidance to parents was Dr. Benjamin Spock. When talking to parents about how to parent or handle their adolescent child Spock (1954) states: “It’s good for parents to know that adolescents not only need reasonable guidance but actually want it. Even though they don’t admit this to their parents, they admit it sometimes to trusted teachers in school or psychiatrists in clinics” (p. 233).

The child’s entry into adolescence has an impact on the whole family and means the start of a new transition. “It is not uncommon for parents and grandparents to redefine their relationships during this period, as well as for spouses to renegotiate their marriage and sibling to question their position in the family” (Garcia Preto, 2005, p.280). The fact that the child him-/herself goes through cognitive, social and emotional changes means that the parenting task also needs adjustments. Behavioural boundaries need to take increased independence into account. Emotionally, the interactions can become more volatile and intense.

CHAPTER THREE

3. LITERATURE REVIEW: THEORETICAL FRAMEWORK

3.1 Introduction

This part of the Literature Review will outline the theoretical framework of this present Doctoral Thesis. The two main conceptual influences are Systemic Theory and Attachment Framework. As an extension of the two aforementioned ones the emotional triangular relationships will be introduced and its own historical roots will be presented.

3.2 Systemic Theory

As a dissertation in partial completion of a Doctoral Programme in Systemic & Family Psychotherapy, a brief introduction and foundational expose of what *systemic* means, where it comes from and how it can be thought about is essential. In this section I shall be introducing a selection of key concepts from *systemic* theory with some reference to their historical context. This will provide a foundation to understand the context of this present research study as well as to understand the results and its possible implications for the practice of family therapy.

What does 'systemic' mean?

In order to fully appreciate what *systemic* means, we would need to take a historical journey back in time. The history of systems theory could be described as inter-disciplinary. With that I mean that no one discipline can lay claim on having “invented” the term, at the same time different disciplines have found a place for it and have past and present connections with systems theory (Bausch, 2001). This means that professionals from different strands of the sciences have contributed to what we today mean by systemic.

When one looks up the word ‘system’ in the dictionary one can read that this word means:

“... a set of things working together as parts of a mechanism or an interconnecting network; a complex whole (...)”, and

“a set of principles or procedures according to which something is done; an organized scheme or method (...)”

(<http://oxforddictionaries.com/definition/system?q=system>, accessed on 15 June 2012 at 05:26am)

These two descriptions are not too dissimilar to each other. What they have in common is that they both speak of a group of individual things (two or more) that are linked in some way or other. So individual units come together and are regarded as a group. Secondly, the members of this group will have something in common to make them a member of the group in question. In other words, there is a characteristic that exists in each individual unit.

In terms of systemic theory (Vetere & Dallos, 2003), the idea of connection of individual units goes beyond something that they may have in common with each other. The individual units are not separate: they can interact with each other. This means that the individual units are in some way interacting with each other. They are interconnected. If A and B are part of the same group, they may have a characteristic that is similar to the observer and results in the decision to group A and B together. If a third unit comes along, say C, and it happens to also have this characteristic then it may be included into the group, resulting in a group or system with three members.

In systemic theory, the idea of system is not simply looking at a group of individual units as a static entity. There is a dynamic aspect to a system. The individual units can be seen to interact with each other. These interactions are also part of what makes them a member of a group. There seem to be forces at play that ensure that the system remains intact. The individual units interact in a way that is repetitive in order to stay together. The result of these forces that keep the system together is that a homeostasis is created (Vetere & Dallos, 2003). This state of equilibrium and balance ensures that the members remain connect in whichever way they are linked to one another.

Therapists started to see how families could be conceptualised as systems too. From this perspective, a family can be seen as a group of people who are linked. They can be connected in a physical sense of for instance living in the same house. Each individual family member has their space in the house, e.g. their own room. There are some things that can be said to be constant in that arrangement. The rooms “belong” to specific family members and this does not change from one day to the next. There are other quarters, such as the bathroom, living room and kitchen. These also remain the same and do not change (at least not suddenly and not without any reason!). Also, it is clear what the different purposes are for the different rooms. Expectations are then in place.

When this is applied to a group of people such as a family and in particular regarding self-harm, we can see how a systemic perspective can be helpful and broaden one’s view. Let us imagine a 14 year-old girl who lives with her parents. She has a younger brother who she tolerates but ultimately feels that he is getting the bulk of the affection of her parents. Every time the girl perceives her younger brother being favoured over her and receiving more time spent with either of their parents, she goes upstairs to her room to calm down. She plays loud music and generally tries to distract herself. This behaviour causes her parents (usually her father) to shout that the music is too loud and that she should stop being so selfish. This interaction in turn reinforces the daughter to feel cut off from the

family and she starts to self-harm by scratching which in time escalates into cutting the skin. After the unbearable feelings have subsided due to her self-harming behaviour and she has attended to her damaged skin –which she hides from the rest of the family, she goes downstairs and presents herself for dinner. Her father and mother are pleased that she has “calmed down” and seemed to be apologetic for what they perceived as egocentric behaviour.

As outsiders to the family system, we may want to understand the actions of an individual member in the family. In order to do so, we need to look at the interactions. Each of the individual actions can only be understood in relation to the actions that came before those that follow. We come to another term within *systemic* theory that is a key concept, namely interactional pattern (Burnham, 1986). In the example above a behavioural pattern has been established over time. In other words, the actions of each family member follow others in a set way. Due to the fact that this behavioural sequence (i.e. the string of actions) has occurred so often, they seem to follow each other each time. An interactional pattern has been established.

Clinicians who were working with families saw this patterned behaviour and described it as if the family followed ‘rules’ (Keeney, 1983). In the early days of family therapy theory those who emphasised communicational rules and patterns within families (Watzlawick et al., 1974; Haley, 1973) were called ‘strategic family therapists’ (even though the group is not a homogenous one). Those that started to look at the roles people had in families in terms of their responsibilities, such as father, mother, child, grandparents, and thought about the structure of a family system and hence the boundaries between the different groupings or ‘sub-systems’ were representing structural family therapy (Minuchin, 1974; Minuchin et al., 1967).

The term “General Systems Theory” was coined by Ludwig von Bertalanffy (1968). Bertalanffy wrote about the fact that general systems theory and cybernetics are used interchangeably, even though they are not identical. He stated that general systems theory was a theory which looks at living and non-living organisms and regards them as grouped together. He introduced the difference between *open* and *closed systems* (von Bertalanffy, 1968). In order to explain what a closed system is the example of a heating system on a thermostat is often given. Imagine a room that with the door and windows closed. There will be a certain temperature, say 18⁰C at a particular time. A thermostat ensures that the temperature never falls below 17.5⁰C, or above 18.5⁰C, and on average the temperature is 18⁰C throughout the day. Now when the evening temperature drops, and the air particularly at the windows and the outside walls will be affected by this. In time the temperature in the room is affected and the temperature starts to fall. The thermostat regulates the felt temperature in the room and when it falls below a certain level let’s assume this is 17.5⁰C, a mechanism kicks in that switches the heating on (or puts it higher) to that the temperature does not fall below this point. With the heating on (higher) the temperature in the room will rise. As the temperature that is measured by the

thermostat reaches a certain level, say 18.5⁰C, the heating switches off. The temperature in the room no longer rises.

In families this phenomenon can be described as things staying the same. The aforementioned unarticulated family rules seem to govern people's behaviour. This is a helpful perspective when looking at family dynamics and particularly when looking at certain patterned behaviours of a self-harming adolescent and the behaviours of the parents around their child. These behaviours take place in relation to each other, so the young person decides (or finds herself, for example, needing) to cut herself in response to something or someone.

These mutual influences take place on the level of beliefs (e.g. Milan Systemic & post-Milan, see Jones, 1993), cognitions (e.g. narrative approaches, see White & Epston, 1990; Combs, 1996) and emotions (e.g. Attachment Narrative Therapy, see Dallos, 2006; and Emotionally Focussed Therapy, see Johnson, 2004; Johnson & Whiffen, 2003) too. An individual does not exist in isolation. The nuclear and extended family as a unit does not live in a vacuum either. The family interacts and engages with other groupings or systems, such as school, work, church, etc. The influences that a family as a whole (and the family members within it) are exposed to go beyond the confines of the home.

For the purposes of this present thesis, it is necessary to keep this interactional perspective on human behaviour, thoughts and feelings in mind. The self-harming adolescents as well as their parents will be seen in their relational contexts, namely their family.

3.3 Attachment Perspective

Alongside a systemic, contextual and relational perspective, this research also takes a perspective that is informed by attachment theory.

“Attachment theory provides one framework for conceptualising the psychological and relational resources that allow teens to negotiate the complexities of this phase of life” (Henninghausen et al., 2011, p. 208)

Before we specifically turn to the developmental stage of our research participants (i.e. adolescence) a brief introduction of attachment will be provided first.

Attachment Theory

‘Attachment’ was a term coined by the late child psychiatrist John Bowlby when he described an aspect of the baby with its mother (Bowlby, 1969/1982). He became interested in the mother-child relationship after work in a home with so-called maladapted boys. He had noticed that many boys

had experienced disruptions in terms of their relationship with their mothers (Cassidy, 1999). He mentioned that two boys in particular had stood out for him in his mind (Bowlby et al., 1986). Bowlby wrote about what his observations of that experience in a paper entitled “Forty-Four Juvenile Thieves: Their Characters and Home Life” (Bowlby, 1944). It is in this early paper by John Bowlby that we can find evidence of the initial seeds of his thinking as expressed in his later famous works, such as ‘Attachment and Loss’ (e.g. Bowlby, 1969/1982; 1973; 1980). When he explains his thinking at the time about what we presently call offending behaviour, Bowlby writes:

“Many attempts have been made to find the causes of habitual delinquency, the most notable being the studies of Burt in this country and Healy in America. But despite these valuable researches much remains obscure. The great advances made in child psychology during the past decade have however suggested new lines of enquiry and these have been followed in the research reported in this paper. Almost all recent work on the emotional and social development of children has laid emphasis upon the child's relation to his mother” (p.20).

He states that this is exactly what he wants to focus on in the aforementioned paper:

“Consequently in this enquiry very great attention was given to the elucidation of the mother-child relationship in each and every case” (p.20).

The mother-child relationship is being examined more closely by Bowlby, and in modern terms started to be ‘de-constructed’:

“Not only was the mother's conscious attitude taken into account but also her unconscious attitude. Thus in several cases sympathetic discussions with the mothers of the children revealed that their apparent love for their child was only one aspect of their feelings about him. Often an intense, though perhaps unadmitted, dislike and rejection of him also came to light.” (p. 22)

In other words, a mother could love her child, and have negative feelings about him as well.

The following reads as a direct step towards the concept of what he later termed a ‘secure base’ (Bowlby, 1988):

“Furthermore very careful enquiries showed a remarkable proportion of children who, for one reason or another, had not lived securely in one home all their lives but had spent long periods away from home” (p.20).

He noticed that children had different responses when they were separated from their mothers, or primary care givers. Children would become upset. This emotional response was understandable even for lay people, since babies and young children in particular want their mothers close by. When they cannot, they get upset. However it was noticed is that not all children behaved the same way: some would get upset, others seemed to respond with less overt display of distress.

Each baby was said to have an attachment system that kicks in when danger is present. The child who experiences feelings of anxiety (also the bodily sensations and experiences of fear and anxiety, such as increased heart rate), will aim to reduce these feelings and sensations. It depends on the child's attachment experiences how this is attempted. As a short-hand one could see that a child would either move towards their attachment figure (or one of them) to seek comfort, or move away and remain on one's own. In both instances, the child may be aware that they are in need of comfort but they may have different experiences in their life in similar emotionally needy situations. They may have learnt that the attachment figure will be there to offer comfort and help reduce the fear and anxiety, or not. When they have offered comfort in the past, the child will have had sufficiently frequent and emotionally appropriate experiences. The attachment figure showed that they could be relied upon and trusted and that she or he was interested in them enough to be available to comfort and help manage negative feelings. The message such a child has received is that they are loveable, valued and cared about. The attachment strategy of such a sufficiently secure child is that they do not shy away from seeking comfort nor be excessively demanding of it. Children who have not had such an experience can roughly be put into three groups. The first one contains those children who are overly demanding and seem insatiable when it comes to receiving comfort and attention. The second group are those children who do not ask for anything at all and feel they cannot rely on anyone. These two groups are roughly describing 'preoccupied' and 'avoidant'-ly attached children. The third group would consist of those children who have been described as chaotic, unpredictable and often aggressive. This last group has been termed in the attachment literature as 'disorganised' (see Solomon & George, 2011).

Attachment lens is widened: from dyadic towards triadic

This framework of looking at the early relationship of a baby and how this created an internal world, has received a lot of attention over the years. There have been various contributions made that have started to look at *attachment* less as something that was an individual characteristic in a baby or toddler, but present with both parties, i.e. mother (or adult) and child. The Adult Attachment Interview was devised to apply attachment theoretical thinking to adults. With this broadening of the focus they started to look at the intergenerational component (i.e. the influence of the mother's own attachment experiences on her caring for her baby now that she is a mother) (Main et al., 1985; 2008).

Instead of observing babies and toddlers, researchers started to become interested in how adults looking back to their own childhood talked about and made sense of those early experiences. This has been extended to be used in the context of romantic couples. The thinking about a parent being an attachment figure whose proximity the baby or child seeks when it experiences fear or when it is upset or in distress has been applied to how romantic couples may related to one another (see Feeney, 1999). This work has evolved in clinical practice into various attachment-based therapies for couple, of which emotionally focussed couple therapy (EFT) is most widely researched and practiced (Johnson, 2004; 2008).

Byng-Hall brought some earlier writings and his thinking together in his book 'Rewriting Family Scripts' (Byng-Hall, 1995). In this book he applies attachment outside of a dyadic perspective into a wider systemic view. Attachment relationships and the issues of safety and security that are an integral part of these relationships were seen to be present in more than one person. At this point multiple attachment relationships can co-exist in a person's experience and in their minds. So apart from attachment processes present in early life, it has been explored through various stages of life (Howe, 2011).

Following on from John Byng-Hall's work and continuing to apply attachment theory Rudi Dallos and Arlene Vetere developed their framework called 'Attachment-Narrative Therapy (ANT)' (Dallos, 2006; Dallos & Vetere, 2009). Within ANT the attachment focus of how individuals (children and adults) respond to each other's emotional needs is present, as well as the way they think and talk about these. It seems to have brought attachment theory more into the therapy room since it offers a framework not just to observe and assess attachment strategies, but also a way for families to talk about their attachment needs with each other in aid of increasing secure family relationships.

Of relevance for this research project is the attachment thinking that has taken place regarding the life stage of adolescence in particular. A particular consideration when one looks at this transition from childhood to adulthood are the changes that take place at several levels:

“(I)t is a period of profound *transformations*¹ in specific emotional, cognitive, and behavioural systems, as the adolescent evolves from being a receiver of care from parents to being a potential caregiver” (Allen & Land, 1999, p. 319)

The adolescent age group was chosen for this research project because it contains the highest prevalence of self-harm. The questions of the semi-structured interview and the topic were constructed with the following in mind:

“The advent of formal operational thinking also allows an adolescent to give extended consideration to abstract and counterfactual possibilities, which in turn allow the adolescent to compare

¹ *Italics* in original text.

relationships with different attachment figures both to one another and to hypothetical ideals” (Allen & Land, 1999, p.320).

The attachment dilemma that could be said to occur when adolescents are in distress is that there seems a tension between a search for more independence and autonomy on the one hand, and a search for safety and comfort on the other. In a recent qualitative study with a family with an adolescent in distress, Dallos et al. (2011) looked at the conversational and attachment processes that were being utilised. They found that family processes played an important part in the construction of beliefs about ADHD and Self-Harm between family members. This is an example how attachment perspectives are being applied to look at dyadic and triadic relationships.

3.4 Triadic Relationships and Communication Patterns

Looking at things relationally could often mean in a one-on-one relationship. This creates what is termed a dyad. This dyadic relationship can be very powerful. Couple and marital counsellors and therapists have specific skills compared to their colleagues who work with individuals. Intimate partners quickly develop patterns of behaviour and interaction that can become very unhelpful, or even destructive. Dr Gottman in Boston, USA, has been a leading authority on the specifics of couple communication and dynamics. Starting out as a researcher, John Gottman has built up a knowledge base about the interactional patterns that are most common and when they occur, are most destructive when couples relationships have become conflictual (e.g. Gottman, 1979; 1999). He called these destructive patterns the Four Horsemen of the Apocalypse (Gottman, 1994).

In the UK, couple therapy and family therapy have started and evolved separately.

Across the pond in the USA, there has been less of a distinction, in fact the registering body is AAMFT, the American Association of Marriage and Family Therapy, with explicit mention of ‘marriage’ in its name (see: www.aamft.org).

Murray Bowen: Triangles

The American psychiatrist Murray Bowen came to believe that “(w)henever two people are struggling with a conflict they can’t resolve, there is an automatic tendency to involve a third party” (Nichols, 2010, p. 20) With seeing this interactional pattern in his clinic repeatedly, he regarded the triangle as “the smallest stable unit of relationship” (ibid., p.29).

Bowen (1978) had developed his entire theory of relationships around the notion of triangles. He introduced concepts such as ‘individuation’ which described the process that a (young) adult gains

emotional independence from his/ her parents. This process needs both parties as it were to complete it in a healthy fashion. This triadic process needs to take place before the individual can in turn facilitate this process in a different realm, with their own (step) children.

When the (adult) child has been recruited or drawn into their parents' dyadic relationship, Bowen (1978) would suggest what he describes as 'de-triangling' needs to take place. In other words, the child needs to be helped to individuate, to gain that emotional independence, at the same time as the parents' relationship needs to be strengthened or become less conflictual. This relationship needs to become more stable.

This process of drawing someone else into a relationship is not being pathologised. The phenomenon is merely described. A nice description of the process of triangulation is given by Juni (1995):

“The triangulation process is thus a homeostatic maneuver, shifting an unstable dyad into a stable triad” (p. 92).

A few other helpful quotes about the triangle and its processes are offered by a former student and now authority on Murray Bowen's Systems Theory Dr Peter Titelman:

“In Bowen theory, the triangle may generate anxiety in a child or a parent, or some other member of the family or nonfamily member, while two others experience a calmer, less anxious state. Or, two members may be anxious and the third may be calm” (Titelman, 2008, p.17)

“The triangle concept in Bowen theory expresses how the emotional life of the multigenerational family is transmitted through multiple generations. In Bowen's theory the triangle stabilizes anxiety in a twosome, at the expense of increased anxiety in a third person” (Titelman, 2008, p. 17)

Bowen was clear that in the concept of 'the triangle' in human relationship the concern is around the emotional flow: “...Bowen theory refers to the emotional triangle it refers to a process that occurs in both the emotional and relationship systems” (Titelman, 2008, p18).

Salvador Minuchin: Triangulation

The originator of one of the most well-known family therapies –and often regarded as one of the main founders of family therapy as a distinct approach to working with children and their families- is Minuchin. Minuchin and his colleagues represent Structural Family Therapy (Minuchin, 1974; Minuchin & Fishman, 1981; Vetere, 2001) Minuchin conceptualised a family as having particular structure. This family as a system he regarded as consisting of different subsystems. Most crucially he termed parents as being in the role of managers or heads of the household. They were the ones in

charge; he named the parental unit *the executive subsystem* (Minuchin, 1974). In order for the family to function well and deal with life's challenges and transitions, there need to be clear boundaries between the different generations in the family. They needed to be clear, yet not too rigid to cope with the changing nature of relationships due to developmental stages as the children and other family members are getting older. and the next (i.e. their children).

When there is unresolved and unaddressed conflict between the parents, Minuchin (1974) described a scenario that when the parents have not dealt directly with the marital conflict, one of the parents could start to confide in one of her children. The result is that the child is now triangulated in the parental relationship. A second scenario in which a cross-generational coalition can occur when there is unaddressed parental conflict, is when both parents draw the child closer. In such a situation, the child seemingly remains loyal to both parents, but is effectively put in a double bind. Closeness with one parent, means distance and a possible feeling of disloyalty against the other. This second scenario is another example of a child who can be described as being in a triangulated position. This in his view, unhealthy triadic arrangement he called 'triangulation'. In those situations one could see the child "as a supporter of the husband-wife homeostasis" (Minuchin & Fishman, 1981, p. 159). A third triadic pattern that Minuchin described was the situation when unresolved marital conflict was deflected to the child. In such a scenario both parents would find fault in the child and in effect transfer their anger that they felt from their partner towards their son or daughter. This scenario makes up the third triadic pattern that was described by Minuchin (Minuchin, 1974). The last pattern described also exists when the parents join each other instead of the anger, to draw closer to each other in their shared concern about a third party, e.g. their child, or one of the elderly parents.

Jay Haley observed similar scenarios in families which were the result of so called a malfunctioning hierarchy (Haley, 1987).

In terms of research, there have been studies that have focussed on triadic situations the work done to compare different interactional patterns between parents and infants (Fivaz-Depeursinge, 2008), as well as with clinical populations, such as ADHD (Buhrmester et al, 1992).

Triadic Communications & Relations Revived

With the postmodern turn in the social and human sciences (Gergen, 1985) and the second order change within family therapy (Hoffman, 1985), which seemed to challenge the expertise of the therapist, looking at patterns and describing families in relatively fixed and certain terms became less accepted. There was an awareness that therapists were not neutral and objective observers, they interacted with the families and systems they observed. Their views of what they looked at were also informed and influenced by their own assumptions. In addition to this, the increased realisation that

the language we use to describe what we see and explain what we think, was not neutral and objective either. In family therapy training and practice the approaches that had looked at patterns of behaviours and communication became less fashionable.

A recent paper on triangulation in the *Journal of Family Therapy* (Dallos & Vetere, 2012) reminded me of a family I worked with which was included in a paper on bilingualism in families. Find here one of the therapeutic interactions that I presented.

“Child: ‘Cos my mum speaks Polish² and, and me and C. [her sister] understand it and my dad doesn’t, she keeps ... like saying horrible things about my dad in ... just because he doesn’t speak Polish³.”

Ther.: So what do you want to do with that?

Child: Well...

Ther.: You want her to stop that?

Child: Yes, I said to my mum: “Why don’t you speak Polish⁴?” I mean ‘English’, and she says: “I can speak any language I want!”

Ther.: So who translates?

Child: Me! I translate for my dad...

Ther.: Even horrible things you translate?

Child: She leaves my dad out on purpose, because she is selfish, just because he can’t speak Polish⁵!

Ther.: Right, you even translate the horrible things for him?

Child: No.”

(Karamat Ali, 2004, pp. 348-349)

This interaction I included in the paper to talk about the difficult position that a child can get into as a member of a bilingual family. It discusses the issue of divided loyalties. My current reading sees this scenario in which the daughter finds herself in a classic triangulated position in relation to her parents. She is actively being recruited by her mother and at the same time set up against her father. This puts her in an impossible position if she feels equally close to each parent. By showing she feels close to or cares about one parent (for instance by listening to her mother’s nasty comments which cannot be understood by her father), she is being positioned against her father. If she were to show her father more loyalty by for instance not keeping secrets from him, deciding to interpret all what her mother says including the abusive language, that could well inflame the situation between her parents even more, and the very least antagonise her mother who may punish her daughter for not keeping it to herself. A classic Catch 22 one might say, which reminds us of the *cross-generational coalition*

² I have taken the liberty to change the original text by replacing the following terms: “[i.e. a Central European language]” and “[i.e. the mother’s language]” with “Polish” without the loss of meaning, in order to increase the legibility of the quote. –RKA.

³ As above.

⁴ As above.

⁵ As above.

(Minuchin, 1974) described above. The result of which can be the emotional or mental health difficulties expressed in the daughter.

I am pleased to see how Profs Rudi Dallos and Arlene Vetere are reviving this classic concept of triangulation (Dallos & Vetere, 2012). The phenomenon of a triangle has been one of the foundational concepts in family therapy, however it has been overshadowed (along with some other key concepts such as ‘mutual influence’, ‘looking for patterns of behaviour’, ‘feedback loops’) during the post-modern and narrative contributions most notably in the in the nineties and naughties (e.g. White & Epston, 1990; McNamee & Gergen, 1992; White, 2007).

For many therapists the fact that children can be recruited into the relationship of their parents is a familiar scenario. In such intergenerational scenarios –as we could see in the example given above– “(t)he dilemma for the child to side in such circumstances is that to please one parent is to displease the other” (Dallos & Vetere, 2012, p.120).

“Essentially triangulation contains the idea that what is happening in a significant relationship between two people in a family can have a powerful influence on a third family member, and vice versa, in a mutually reinforcing ways” (Dallos & Vetere, 2012, p. 121).

The intense and impactful nature of threesomes or triadic relationships is echoed by Flaskas (2012) when she writes: “Triadic relationships are powerful in lived experience. They are powerful in mediating intimate two-person relationships and they are powerful in organizing and mediating larger family and relationship constellations” (p.139).

The link with John Byng-Hall’s work comes when thinking about the role of the child in the parent’s relationship (Byng-Hall, 1995). What we would pay attention to if, for instance, that the role between parents and child emotionally has been reversed. In other words, when the roles of responsibility seem to have been reversed with the result that the child looking after or taking care of his or her parent.

3.5 Literature Review: Concluding Remarks

In this literature review we have seen how the three different strands of thinking, namely Systemic thinking, Attachment Theory and Practice as well as the Triadic (emotional) communication patterns could offer a helpful framework to look at self-harm. At this stage the relational literature has been sparse, despite the need to go beyond the individual perspective on self-harm. As described above an individual perspective on self-harm tends to put the responsibility for both the causes as well as the broader management mainly on the individual. In this research I have made a clear decision to widen the focus and include the self-harming adolescent’s natural ecology, i.e. her parents. The research

questions focus on relational dynamics and emotional connections via individual perspective and experiences elicited via individual interviews.

The research to date seems to have approached self-harm from a more individualistic perspective. The main point of interest seems to have been to approach this phenomenon with an interest in what it is (i.e. what are the behaviours that adolescents use to harm themselves, their bodies?), with what frequency does it occur (i.e. how often they engage in this behaviour?), and what function does this behaviour serve for the young person (i.e. why do they do it?).

In summary we could answer the questions above as follows:

Young people engage in behaviours such as cutting their skin, burning or severely scratching their skin (e.g. arms or legs), with a frequency which varies from as infrequent as once a year, to multiple times a day, in order to numb or distract from emotional pain and hurt that they experience and they cannot deal with any other way.

We have seen that emotional regulation has either been interfered with or its development has been obstructed in the past with the result that the self-harming has become a way of coping with what is experienced by the individual as extremely negative and intense emotions.

We have started to explore in our initial discussion that healthy emotional regulation takes place early on and happens in a relational context. In my view, attachment theory that provides the best insight in such relational processes that aids the processing of sensations and emotions in an individual. This early attachment relationship seems to have the potential to sow the seeds for the management of internal life skills that the (young) adolescent draws upon to manage issues of loss and separation later in life. From the attachment literature regarding adolescents and adults we have learnt that these attachment processes do continue and can become reparative if needed. However, we have come to understand that mental health difficulties can develop when such attachment experiences have not been consistently positive. Even when a child has experienced a sustained presence of fear and lack of safety as well as no experiences of having been comforted, this can be redressed later in life. This could happen for example, in a healthy and supportive adult relationship, or in an attachment-focussed therapeutic relationship.

The point here is that it is known that attachment experiences can be said to be at the heart of good mental health and is an important factor in the presence of resilience (Cairns, 2002). Looking at dyadic relationships in adolescents and self-harm is very minimal. There has been no attention to look at adolescents who self-harm who find themselves living in a family context, and to include their parents as research participants. The attention that has been paid to date to these two groups, i.e. adolescents and parents, has taken place separately. This research study is an attempt to address the issue of self-harm in adolescents from a systemic attachment perspective. As shall be outlined in the

Methodology section, the research design is isomorphic with the subject matter by including adolescents with their parents as members of one family into the research.

The triadic dynamics that can thus be under investigation is a new and rich complex of relationships. By including the adolescents' parents, I expect that we could gain a real understanding of the relationships in the family and how these may be impacting on the self-harming behaviours, as well as being mutually influenced by them.

A systemic-theoretical perspective in conjunction with attachment theory on adolescents who self-harm and the relationships in the family has the potential to provide a more comprehensive understanding.

It is the intention of the researcher to explore the triadic relationships in order to inform both researchers and clinicians alike of the relational aspects of self-harm. With the choice of a qualitative research method (see next chapter) the lived experiences of the participants have been given centre stage.

It is against this backdrop that the researcher set up this present research project to explore these processes at play in families in distress, in this case in families where there is an adolescent who self-harms.

CHAPTER FOUR

4. AIMS

With this study, I would like to explore the triadic and dyadic relationships in families where there is an adolescent who has self-harmed.

This exploration is meant to show how certain relational processes take place within a family.

Informed and influenced by social constructionist theory (e.g. Burr, 1995; Gergen, 1999), the researcher does not adhere to the ideology that there is such a thing as “the self-harming family”, or that all families who have a self-harming young person as a member, behave in an identical way. Further, the assumption that there is such a thing as one kind of self-harming adolescent is not supported either. However, as could be read in the Introduction section of the thesis (see above), research and literature often attempt to generalise and to a certain extent pathologise adolescents who find themselves engaging in self-harming behaviours. These studies often attempt to capture a so-called essential characteristic –in the case of the topic under discussion- of an individual, or of the natural ecology they live in, i.e. their family.

This is not the intention of this present study. Despite the fact that there is a place for those studies to inform people about issues such as prevalence, signs and symptoms, and correlational data, these studies are written from an outside position, looking-in, as it were. The questions they aim to answer are close to objectified knowledge and more distant from more subjective knowledge, i.e. knowledge about the subjective experiences of an individual or group of individuals. However, this perspective does not look at the uniqueness of each individual and his or her circumstances.

This study aims to ask questions to elicit this idiographic information. A phenomenological approach would foreground the words and experiences of each participant. The data obtained will be rich and will provide us with a deeper understanding and appreciation of the complexities of self-harming. With this relational approach the adolescents in question can be understood in their natural surroundings. The family unit has been taken as an important context to include in the research.

Moreover, the impact of the interview and the interviewer itself are also seen as important influences on what data are being collected. This interactional, conversational perspective reflects a more open and real experience of the interview with the research participant’s experience at the centre at all times (Kvale, 1996).

The stance taken –in accordance with most qualitative researchers– is that no formal hypotheses about any of the people’s roles are made (i.e. mothers, father, daughters and sons). Clinical experience would provide me with some pointers as to what a possible mother-daughter relationship may look like when self-harm has entered the family, as it were (see Introduction). However no firm or fixed

hypotheses have been formulated prior to the interview process with an aim to test these. In order to “meet” the research participants’ worlds as openly as possible, these assumptions, hunches and ideas are kept aside. The theoretical position underlying this will be discussed further.

I hope that the material shared with the researcher by the research participants will be rich and interesting. The expectation is that the findings will be of interest to the participants themselves and that they could contribute usefully to the knowledge base of mental health professionals such as clinical psychologists and family therapists, as well as psychiatrists and mental health nurses and therapeutic social workers. By taking the decision to approach this topic from a qualitative research perspective (see the Chapter ‘Methodology’) the chances of rich and relevant material driven by the research participants’ own words is much increased.

The data will be generated via the use of interviews which will be analysed in a thematic fashion. The following areas are some of the aims of this research project, namely:

- To explore the experiences of young people who self-harm with particular reference to their family life
- To explore the experiences of the parents of young people who self-harm
- To understand these experiences within a systemic, relational context
- To explore the particular dyadic patterns of experience of each relationship (including thoughts, feelings, and communicational aspects)
- To explore the particular triadic patterns of experience of each relationship (including thoughts, feelings, and communicational aspects)

The title of the study is *‘Triadic Interactions in Family Distress: A Systemic-Attachment Perspective on the Experiences of Adolescents who Self-Harm’*.

The overall aim of the research study is to learn about the experiences of adolescents who self-harm and to investigate specifically the triadic relationship dilemmas within their families.

4.1 Research Questions

4.1.1 Main Research Question:

How do young people who self-harm and their parents experience the young person’s self-harm and its effects on the relationships in the family?

4.1.2 Subordinate Research Questions:

- How do young people who self-harm experience their relationships with their mother and father respectively?
- How are the relationships within the family affected by the self-harming behaviour?
- How is the parental couple relationship affected by the self-harming behaviour and vice versa?
- And, how is the self-harming affected by the different relationships in the family?
- What strategies do the different family members employ (or: 'find themselves using') to manage their emotions in general, as well as around the self-harm?

In the next Chapter, the research methodology will be presented in detail. The research method and design have been chosen in order to obtain answers to the research questions and to explore the aforementioned aims.

CHAPTER FIVE

5. METHODOLOGY

The aims of this study point at areas of research which are relevant for both clinicians and researchers alike. These emerged from a new direction in the field of self-harm, namely to take a systemic view of the different attachment and relational contexts of the self-harming young person.

In this chapter the methodological decisions will be explained and the research design described that was chosen to address the research questions. What follows are descriptions of the recruitment process and the groups of research participants. This chapter will commence with a brief description of the theoretical foundation (epistemology) of this study.

5.1 Theoretical Foundation

Quantitative and Qualitative Research

My reading of studies mentioned in the first chapter of the *Literature Review* is that they are examples of how quantitative research studies can yield information relevant for more qualitative studies.

Often the quantitative and qualitative research debate mirrors the nomothetic vs idiographic debate. The scientific approach has taught scientists and researchers to follow the path of big numbers, replicability and homogeneity. The first two have always been a hindrance for qualitative researchers. However, as Robinson (2012) shares his view of the history of the debates in his short paper entitled 'A war of words'. He ends with: "(i)f psychology is going to find a harmonious solution to the nomothetic-idiographic riddle, and reconcile the tension between the general and the individual, it must re-embrace this lost Wundtian tradition, for there lies the key" (p. 166).

Hermans (1988) reminds us with his quotation how strong the feeling has been towards qualitative research in the past: "Some critics go so far as to deny the scientific status of this approach Nunnally (1967) projects such an extreme view "Idiography is an antiscience point of view it discourages the search for general laws and instead encourages the description of particular phenomena (people)" (p. 472)". Even though there are still opponents of the idiographic method, there are increasing numbers of proponents of the qualitative research methods. In fact, the current trend in family therapy and clinical psychology research tends to be more qualitative and case studies (Harper, 2008). The view is that the exploration of the unique experience of individual and small group research offer opportunities to learn about phenomena and experiences at a much deeper level.

Ironically, the reports of the Russian scientist Ivan Pavlov which introduced the scientific community to the concept of conditioned reflexes, elaborated on by psychologist B.F Skinner ('operant' and

‘classical conditioning’)- were essentially series of case studies. The overall process of doing research of looking at the uniqueness of an individual’s responses to something can accumulatively add to knowledge and lead to new insights.

As mentioned in the Aims section, it is my hope to come close to the lived experience of a person, both in her and his individual and relational contexts. It is this experience which helps us to understand the internal and interactional processes involved.

Quantitative research studies are not suitable to address the aims and explore the issues of this doctoral study. “(M)eaning is central and the aim is to try to understand the content and complexity of those meanings rather than take some measure of frequency” (Smith & Osborn, 2008, p.66). There is a wide variety of qualitative research methods on offer, e.g. grounded theory (Charmaz, 1995; Henwood & Pidgeon, 2006), conversational analysis (Drew, 1995), and discourse analysis (Potter & Whetherell, 1995; Coyle, 2006). All of these methods differ in various ways. They all however have in common that these approaches aim to engage with the lived experience of people.

Philosophical Influences

Four philosophical movements are particularly relevant for the present study, namely phenomenology, hermeneutics, idiography and social constructionism. I will briefly describe them here. It is beyond the scope of this thesis to expand on these descriptions. Further reading will be suggested.

In terms of *phenomenology*, Smith (2006) writes: “Phenomenology is concerned with attending to the way things appear to us in experience: how, as individuals, we perceive and talk about objects and events” (p. 324). Within this philosophical movement Edmund Husserl followed by Merleau-Ponty (1968) have developed this way of approaching human inquiry against the tide of scientific, objectivist approaches dominant at the time. The focus within phenomenology is the human experience and her/his perception of the inner and outer world.

Hermeneutics is related to the sense that it also puts meaning-making central to its enquiry. It is interested in an individual’s own world, his or her own lived experience. When one applies this to a context of enquiry then it is not only the meaning-making process of the interviewee or participant that needs to be considered, the interviewer or researcher’s own assumptions and meaning-making processes are at play as well. “This is described as a double hermeneutic or dual interpretation process in which ‘the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world’ (Smith & Osborn, 2003, 15)” (Smith & Eatough, 2006, p. 324).

Idiography can be described as the approach of investigating individuals in personal, in-depth detail to achieve a unique understanding of them, their own individual responses (Hammond, 2006). The word derives from the ancient Greek “Idios” which means private or personal. The main methods to undertake such investigations would be through qualitative methods of research, such as the case study. Smith and Eatough (2006) write that “IPA is resolutely idiographic, focussing on the particular rather than the universal” (p.326). The present research study follows a similar commitment to the detailed interest in the single case. When more than one case is involved this commitment remains, as Smith and Eatough (2006) describe: “Supposing that the analysis is of a group of individuals, a good IPA study will at all times allow itself to be parsed in two different ways- it should be possible to learn something about both the important generic themes in the analysis and the narrative lifeworld of the particular participants who have told their stories” (p.326).

The fourth philosophical influence that is brought to bear is *social constructionism*. Many qualitative researchers are informed by social constructionism which states that there is no objective truth that can be discovered (e.g. Parker, 1998). Truth is simply ‘agreed knowledge’ at a particular point in time. This means that social research is not a pursuit of truth statements, but more a journey, an engagement with another person with particular idiosyncracies along the way. The purpose is not to try and find overarching, ever-lasting facts. The French philosopher Michel Foucault was interested in the creation of knowledge and wrote about how power is inherently linked to what is regarded knowledge and by whom (Foucault, 1972; 1979). He called those influences that received more attention and support *dominant discourses*. Those discourses (in contemporary language one could read this as ‘versions of events’ or ‘narratives’) which do not seem to be supported or those that are less public he termed *subjugated discourses*. Language is seen as a key element in the creation and maintenance of knowledge. In fact, each account is a version. Each version or narrative can have alternative versions. The fact that these alternative discourses do not get as much support is more to do with the power structures, the ‘bastions of knowledge’ than inherent truthfulness of certain statements. Knowledge gets created and shaped in and through language. When dealing with the social constructionist view that language it is not transparent, i.e. merely representational and descriptive, Burr (1995) writes: “(...) what we take ‘being a person’ to mean (such as having a personality, being motivated by drives, desires, etc., having loves, hates and jealousies and so on) is not part of some essential human nature which would be there whether we had language or not. These things become ‘available’ to us, through language, as ways of structuring our experience (...)” (p. 34).

This discursive turn has also had its influence on psychology (e.g. Gergen, 1985; Smith et al., 1995) and family therapy (e.g. McNamee & Gergen, 1992).

Family Therapy

The history of the development of systemic FT shows connections with these three aforementioned philosophical strands. Arguably these were evident from the start, for example in the communicational emphasis of Bateson (1972; 1979) and Watzlawick et al. (1974). In particular the turn to constructivism in FT marked the increased focus in meaning making and subjective experience. However, the social constructionist position came about later and included not only a further shift towards recognising the importance of meaning but also in considering that the language of each culture contains within it a set of assumptions, discourse – constellation so meanings that shape how family members see each other and themselves. Importantly, this included an emphasis on considering what is regarded as ‘illness’, ‘mental health’, and the role of diagnosis and diagnostic systems.

A similar position is expressed within the systemic literature, when Karl Tomm (1988) talks about the fact that asking a question is interventionist. In other words, by asking a question one intervenes in the world of the client, which is the world inhabited with the therapist in that moment. This position has led many family therapists to take the view that the distinction between assessment (e.g. gathering information) and treatment (e.g. change and healing) is arbitrary. Since as soon as a question is asked, one intervenes in the construction of it in language. There is no pure knowledge to be represented. What is represented is a more fluid and momentary entity which happens in the context of time and in a relationship, in this case client and therapist.

Another link between the aforementioned philosophies and systemic therapy is the importance of context. Without context there is no meaning, in other words if one does not know the context in which something is written or told, it is not possible to understand this message and give it the appropriate meaning (Bateson, 1972; Cronen et al., 1982).

5.2 Rationale

As a couple & family therapist and supervisor, my clinical experience of families both in terms of its theoretical base as well as its practical applications, the qualitative process of inquiry is a familiar one. Boss and colleagues (1996) recognise this position, when they state that “...(W)e focus on the phenomenology of everyday life –particularly marriage and family- to familiarize family therapists with a method of investigation and description that is compatible with their already developed skills of observation, creativity, intuition, empathic listening, and analysis” (p. 83).

Within systemic family therapeutic theory and practice, reflective practices of which the therapist’s ability to be self-reflective is an inherent part are vital. In qualitative research the position of the researcher is recognised and is part of the research process.

I chose IPA because it is a robust, clearly structured phenomenological approach, which allows an in-depth exploration of people's lived realities whilst putting the researcher's own experience and assumptions metaphorically speaking temporarily 'in brackets': "bracketing other instances of the same phenomenon possibly helps the researcher to notice different nuances or new dimensions of the phenomenon" (Giorgi & Giorgi, 2008, p. 33). The *interpretative* aspect of IPA emphasises the active process of analysis in drawing upon a range of interpretative processes, theory and the use of self to engage with the material (i.e. interviews). The second part of the chosen research method of analysis (namely the *phenomenological* part) aims to try to get as near to the participants' lived experience of the phenomenon being considered (e.g. 'what does it really feel like to engage in self-harm or be engaged with it through living with a young person who engages in such behaviour?') This part of IPA attempts to try as close to **their** experience as possible. The *analytical aspect* of IPA suggests a recursive process of getting as close as possible to the core of the experience of the participants. This is more than about cognitions. IPA is concerned with a mixture of cognition, emotion and embodied experience; what is most central and salient to the person's experience.

Despite the fact that some other research methods have a stronger commitment to social constructionism such as discourse analysis (e.g. see Willig, 2008), IPA attends to the context-bound aspects of human understanding: "(W)e can say that IPA is, in part, an inquiry into the cultural position of the person (...)" (Smith et al., 2009, p. 195). It is this attention to how the understandings of people are situated in a cultural context alongside the main data of an IPA study (namely interview transcripts) being lingual that IPA again was a strong candidate.

The social constructionist influences in the social sciences have resulted in different foci for qualitative researchers. There are those who are particularly interested in the discursive practices at play, with some looking at power structures in particular (e.g. Foucauldian Discourse Analysis), others looking at how specific resources are available to achieve certain interactional ends in a specific interaction (e.g. Potter & Wetherell, 1987). "IPA subscribes to social constructionism but to a less strong form of social constructionism than discursive psychology and FDA" [i.e. Foucauldian Discourse Analysis- RKA] (Smith et al., 2009, p. 196).

Another approach that developed from social constructionism is narrative psychology with its various forms of narrative analysis. IPA shares the focus on meaning-making and the construction of coherent narratives is one of the ways that people make sense of their experiences. Whereas narrative researchers are often more interested in the content and structure, IPA remains mostly committed to the meaning-making itself as language-based forms of these (Smith et al., 2009,).

5.3 Design

The design of the research project is dictated by the decision to aim at the personal experience of the research participants. It is the goal to gain access to the personal experience and perception of the research participant. Phenomenology as a philosophical stance prioritises the lived experience of a person.

This is in accordance with the aims of Interpretative Phenomenological Analysis (IPA) that meaning making is what the researcher can be interested in. A researcher who uses IPA is particularly interested in how people make sense of their lived experience. IPA has been developed as a qualitative research methodology by Jonathan Smith (1996) to counter the purely scientific and impersonal perspectives on people within psychology. Smith aimed at developing a research method that was qualitative and closer to the original ideas within psychology, namely to study particular and specific experiences. It was an opportunity to study people's own perceptions and how they made sense of or gave meaning to their own life's experiences. "Thus IPA shares with Bruner (1990) a vision of cognitive psychology as a science of meaning and meaning-making rather than a science of information processing" (Smith & Eatough, 2006, p. 325).

This present study is aimed at foregrounding individual experiences of young people and their parents. In order to allow these individual accounts to be heard and understood, the research participants were each interviewed on an individual basis. A further systemic level was introduced by interviewing the parental couple separately after they had been interviewed as individuals.

5.4 Levels of Analysis

With IPA the importance is put on the experience of the research participant. The aim is to remain as close to the words and meanings of the person who is being interviewed. The researcher is merely an interviewer, a traveller on a journey of discovery and meaning-making (Kvale, 1996).

To this end, the researcher immerses him/herself into the talk (i.e. the verbatim interviews) to look for common themes that could be created. These *Emergent Themes*⁶ are meant to connect individual statements, words or portions of talk on a content level. These themes could be said to become subordinate themes to themes at a higher level of abstraction. Thus, different subordinate themes can be grouped together under a further umbrella term. These are in turn called *Superordinate Themes*⁷. They are overarching themes that are at a higher conceptual level than the subordinate or emergent themes. This thematic analysis will take place on the level of content.

⁶ For the purposes of style of writing the alternative term *subordinate theme* may be used. The terms 'emergent theme' and 'subordinate theme' will be used interchangeably.

⁷ For the purposes of style of writing the alternative term *meta theme* may be used. The terms 'superordinate theme' and 'meta theme' will be used interchangeably.

Within systemic thinking a distinction is being made between *content* and *process* (Carr, 2006). This systemic distinction, which is analogous to the distinction in communication theory between the linguistic aspects of a message such as the words itself, and the paralinguistic aspects such as tone of voice, rate of speech, etc. Both aspects of the communication play a role for the receiver to interpret and make sense of the message given. In order for the message to be understood it is vital that these two aspects are considered and combined. The thematic analysis is based on the content of the interview.

A second systemic distinction is being attended to in the present study, namely the difference between individual and relational perspectives. Not only is the content of the interviews about one's relationship to self-harm and self-harm with other things, it also looks at the relationships of the young person with her family members as well as the other relationships in the house, i.e. the parental couple relationship.

5.5 Criteria

One of the requirements of IPA is that the sample is homogenous. This allows a level of generalisation to be made across the participants in terms of common themes regarding the experience of the phenomenon being explored.

The following lists of criteria were used to help identify a suitable sample for the present research project.

Inclusion Criteria:

- a) An adolescent needs to have experienced at least two self-harming episodes within the last year;
- b) This self-harming behaviour needs to be known to her/his parents;
- c) The adolescent (or the whole family) is being seen by an allocated CAMHS clinician (i.e. they need to be 'in treatment' or an open case on the practitioner's caseload);
- d) The CAMHS practitioner needs to be aware of the self-harming behaviour;
- e) The child would be of adolescent age⁸.

⁸ The ideal age range was dictated by the formally defined range when a child can be considered an adolescent. Self-harm is most prevalent in adolescents. As most research distinguishes children and adolescents due their distinct developmental needs and characteristics, the aim was to recruit children in that age range. Further this would allow for the findings to be discussed in the context of extant relevant literature and studies.

Exclusion Criteria:

- f) If there is any domestic abuse in the home;
- g) If there is a history of alleged or otherwise child abuse (sexual and/or physical) in the present home with one or both parents as the known or alleged perpetrator;
- h) If the young person and/or one or both of his/her parents has got significant learning difficulties, or has been diagnosed with an autistic spectrum condition.

Further, the present study's aim has been to explore triadic processes in families which naturally resulted in a research design that included a triad (i.e. a group of 3 people).

5.6 Recruitment

All families were recruited via a local Child and Adolescent Mental Health Service.

With permission from the Service Manager, practitioners within the CAMHS Team with a particular interest and expertise in working with young people who self-harm were informed of the research project. These clinicians were given the information sheet about the research project as well as the inclusion criteria. A couple of these clinicians (one male and one female) would be available during the data collection stage and thereafter in case any research participant would become distressed before or after the interview, or when they indicated that they would like the opportunity to debrief with someone other than the named researcher. At the time of submission of the present doctoral thesis none of the research participants (including the adolescent who was involved in the pilot interview) had requested to speak with either myself or (in confidence) with either of the designated CAMHS professionals.

In order to test out part of my research schedule for appropriateness and wording I decided to approach one of the young people on my case load (with their parents' permission) with the request to be interviewed. I thought of a person who had been working very well in therapy and whose parents I also had a good rapport with. I had worked with her on various issues, including her self-harm which she had managed to stop. I decided to ask the parents first who were positive and agreed to ask their daughter whether she wanted to be interviewed. She agreed and I proceeded to contact her and invite her for a brief interview. Her parents were present at this so-called "interview", which was brief and merely to check whether the wording was clear. The questions were not dissimilar from those that I had asked the young person and/or parents in a therapeutic context.

None of the clinicians in the CAMHS team who were approached (see above, p. 55) had clients on their books at the time of recruitment that they felt suitable or at the stage of therapy that they

considered the young person ready to talk to a stranger about very difficult and personal issues such as self-harming behaviour. A few colleagues could think of clients they had worked with in the past, however these were already closed to the Service. After a discussion and consultation with the team, about potential cases, I discussed the possibility of two cases I was working with. We discussed the issues of recruiting families that were engaged with me and ethical questions, such as that requesting participation might be conceived as putting pressure on the families, or that they may feel obliged to partake, were discussed. I provided detailed information about the work I had undertaken with these two young people and their families to date including their presentation. The colleagues thought that the families identified could be suitable candidates for the research since they met all the criteria. It was felt that the rapport I had built up with the young person and their parents may well aid the asking of difficult questions. However, the issues of power and possible feelings of obligation were considered. It was agreed that in order to minimise the potential feelings of persuasion, I needed to make it explicit that if they did not want to participate that this would not affect the young person's care plan. I was confident that I would find the appropriate wording for this since I video record therapy sessions with families as part of my clinical practice. This is not obligatory and not agreeing to be recorded would not in any way affect the service the young person and their family would receive at CAMHS.

The parents of the three young people who met the inclusion criteria (see section 5.5, p. 52), were approached by the researcher in the first instance. The purpose and scope of the research were explained to the parents. It was made explicit that the decision to partake in the study would not in any way affect their care plan. Once the parents were in agreement and had given consent to speak with their adolescent child, I spoke with them directly. When an adolescent and their parents had expressed an interest to take part in the study the procedure set out in section 5.10 (see below) was followed.

All interviews took place in a consulting room at a local Child & Adolescent Service. The young person and their parents were familiar with the building and its setting. The consulting room used during the interviews was situated in a different part of the service. In a room that had not been used during their regular treatment at CAMHS.

5.7 Description of Research Participants

All families consisted of a young person and two heterosexual parents. The decision to take two-parent household, was to ensure some level of comparison between parents as well as between mothers and fathers. Further, this would enable to look at the differences and similarities within the group of mothers and the group of fathers. However, step-fathers would have been accepted if they had been part of the family for at least 5 years. At the time of recruitment only young people with

two biological parents came presented to the Service. The parents were both residential parents, i.e. lived with the young person.

At the time of recruiting for the present study all the young people had been known to self-harm for a minimum of one year. The self-harming behaviour was known by at least one of the parents. The three young people were all female and varied in ages between 12 and 15 years of age. Even though it was not a strict inclusion criterion, the decision was taken to include the last family for pragmatic and time constraints reasons. All young people used the same method of self-harm, namely cutting their skin.

The total amount of research participants of this study was nine, consisting of three adolescent girls and each of their respective parents. Find below a table of all research participants.

Name	Gender	Family Position	Age	Ethnicity
Angie	F	Daughter	14	White British
Bernadette	F	Mother	48	White British
Colin	M	Father	50	White British
Diane	F	Daughter	15	White British
Edith	F	Mother	38	White British
Fred	M	Father	42	White British
Gina	F	Daughter	12	White British
Henrietta	F	Mother	43	White British
Ivan	M	Father	41	White British

Table 1. Research participants

Find below a schematic overview of the research participants who have been part of this present research study. For the purposes of clarity and to acknowledge the systemic connections between the research participants they have been presented within their family units.

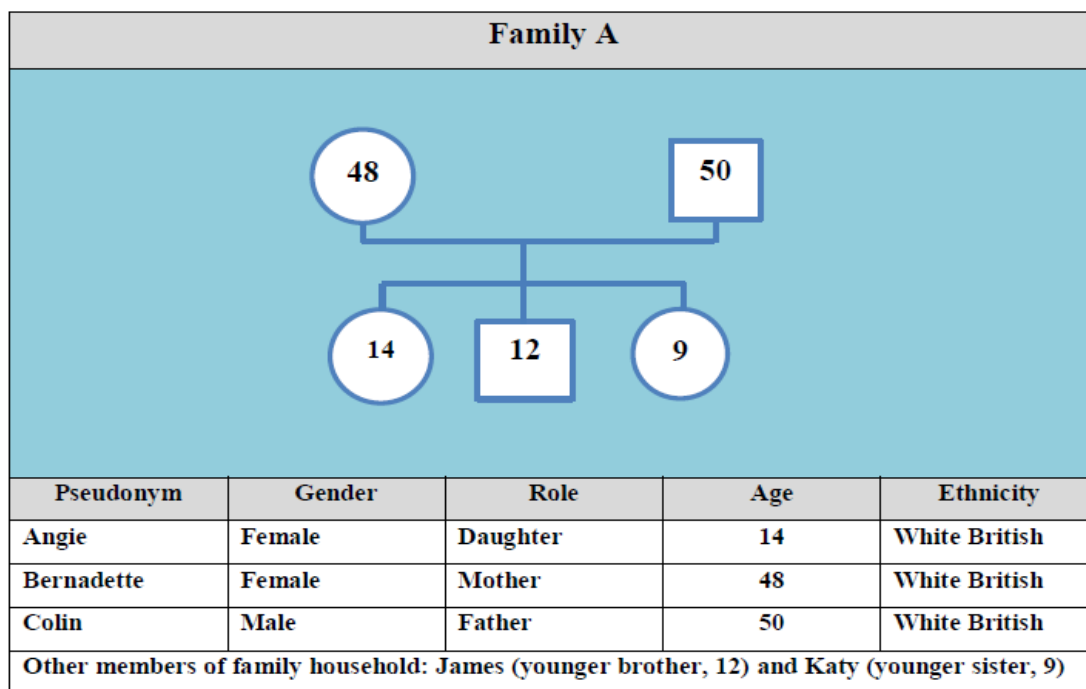


Table 2. Genogram and family data of Family A

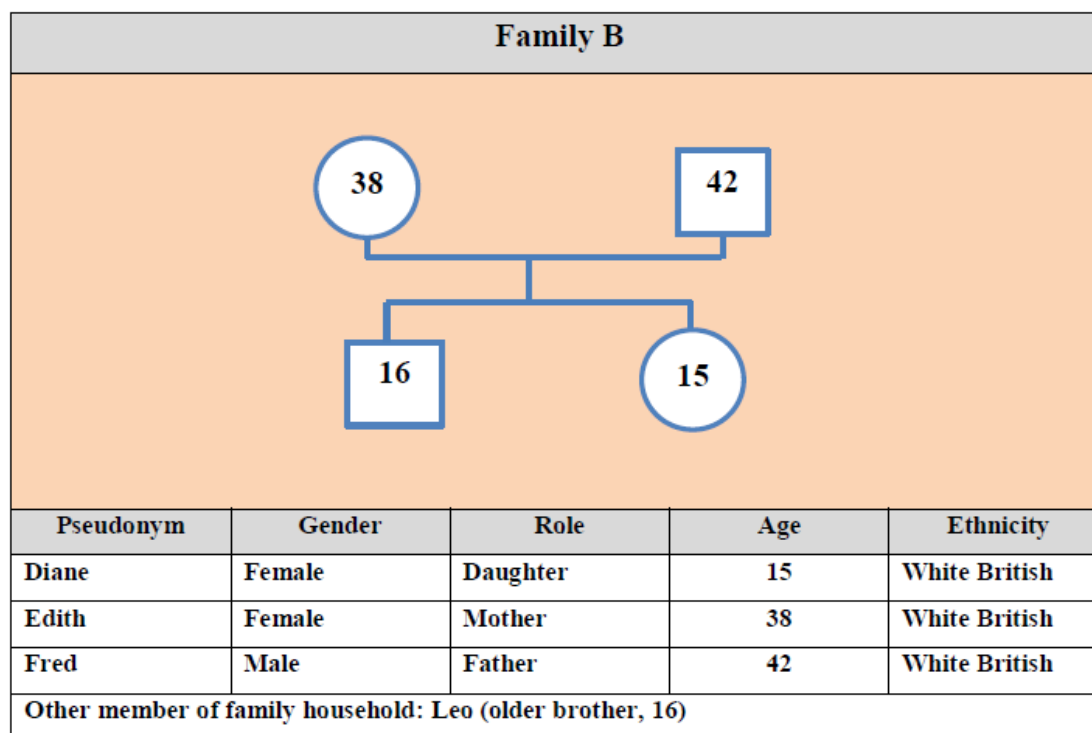


Table 3. Genogram and family data of Family B

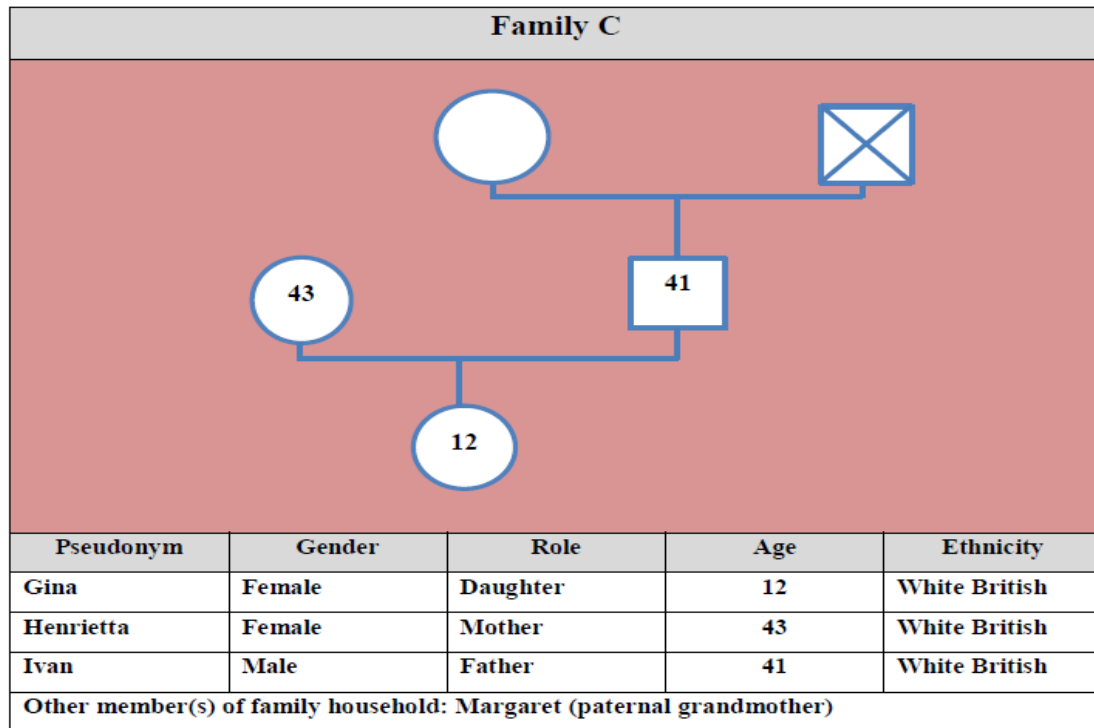


Table 4. Genogram and family data of Family C

5.8 Data Collection

All young people were interviewed individually first. These interviews were followed by the individual interviews with the parents. It depended on what was the most convenient for the parents who I would interview first followed by the other parent. Once all the interviews had taken place one interview with each parenting couple was scheduled. All interviews took place in the period between October 2011 and March 2012.

All participants were interviewed following a semi-structured interview (see interview schedules in Appendices 5-7)

5.8.1 The Interview Schedules

There were three interview schedules designed: two for the individual interviews and one for the couple interview. The two individual interview schedules were divided in one version for the adolescent and one for the parents. This was not only to account for age appropriate language, but also to take account of the fact that the relationship to the self-harm was different: the adolescent was the one who engaged in self-harm and the parents were the one caring for a teenager who self-harms. In light of the topic of the research project, various relevant areas informed by previous research and literature studies were explored with the adolescents and with their parents.

The interview schedule for the adolescent was piloted with an adolescent client of mine to check appropriate wording, structure, etc. (see section 5.6, pp. 55-56). Further, a colleague at CAMHS generously volunteered to do a pilot interview with the parent version of the interview schedule. I incorporated their feedback into the final questions.

A specific section of the interview schedule aimed at eliciting answers regarding ranking and closeness. The interviewer had blended two aspects from systemic theory and practice together, namely from the Milan School (ranking) and from the more emotionally focussed approaches, such as Attachment Theory, Adult Attachment Interview and Attachment Narrative Therapy (feeling closer and more distant from).

5.9 Data Analysis

Usually IPA studies may take 3-6 participants –even though single case studies have been successfully carried out (Smith & Osborn, 2008). The present study included nine research participants resulting in nine individual interviews. These studies would have a within- and a between group level analysis. Since one aims to have a homogenous sample, all interviews are compared. This means that the Superordinate Themes are cross-referenced over all the interviews. The entire sample of this present study presented more complexity, since the nine participants, in terms of their roles were systemically speaking, interconnected due to the fact that the self-harming young people had been recruited with their parents. This makes a “standard analysis” of all research interviews alongside each other less meaningful. Comparisons between all the different research participants within their role (i.e. adolescent, mother, or father) were made. Since its aim was to look at triadic relationships taking a systemic perspective, the analysis needed to be isomorphically designed and analysed to be coherently consistent. One consequence of this was to interview each parenting couple as a unit. Hence, the six parents involved in this research project were asked to be interviewed with their partners. This resulted in three parenting couples. A separate research interview schedule was used to interview these couples. This decision was made to represent this important dyadic relationship within the family. The data from the couple interviews were also analysed using Interpretative Phenomenological Analysis.

Sequence of the Analytical Process

In the first instance, each individual interview was analysed on its own. The sequence of activities was in accordance with the guidelines of IPA. Concretely, I read all the adolescent interviews first followed by the interviews, with the mothers, and the interviews with the fathers. Each interview was read and re-read several times and any ideas or thoughts that came to mind during this process were written in the margin. After further reading, these initial notes were used to create themes. These

emergent themes were data at a higher level of abstraction, yet still closely connected to the interview itself, i.e. the words of the research participants. The final step of the interpretative analytical process was to take the emergent themes, or subordinate themes, and form meta themes at a higher conceptual level. The groups were then compared and similarities and differences noted. This in-depth thematic analysis identified salient themes ('Superordinate Themes') in accordance with the IPA analytical process.

The second level of analysis looked at the comparisons between the interviews. This second level of analysis was done from within different groupings. The individual research participants were grouped in terms of their role, i.e. young person or adolescent child (in this case: daughter), mother and father. This resulted in three groups of three individuals. These three groups were analysed as discrete groups.

An additional layer of analysis took place when the group of mothers and the group of fathers were joined to make one larger group of parents. The meta themes of the individual parents' interviews were compared. The data as described did allow for a further level of analysis, namely at an in-between-group level of inquiry. This meant that the group of mothers could be compared with the group of fathers.

The interviews with the parenting couples were also each audio-recorded and transcribed. This data was analysed as per the IPA analytical processes described above.

A set of questions from the individual interview schedules focussed specifically on triadic scenarios. The answers to these were looked at separately and the findings presented.

A further level of intra-group analysis took place when the family members were grouped together with their own family members. This resulted in three further constellations each consisting of a mother, a father and their daughter. This allowed another level of intra-group analysis to take place of the data.

As the analytical process took place it emerged that the individual meta themes could possibly be interrelated. This idea was looked at in more detail. The individual meta or superordinate themes were looked at in relation to the superordinate themes obtained from the other family members' individual interviews. Each family member's account of their experience would be a contextual influence on the other two accounts, with the latter two accounts simultaneously being interlinked in a similar way.

This will represent a possible extension of the formal IPA analysis, which deals with superordinate themes obtained from individual interviews with people who are not in any way related or members of a particular relational system, other than have certain characteristics in common. Despite the

existence of detailed studies and account of methodological studies, Smith (2008) writes that "...as is generally the case with qualitative research, there is no single definitive way to do IPA" (p.54). The issue of whether this is simply a further application of IPA, or represents a viable extension of it will be addressed in the Discussion chapter of this doctoral thesis.

The analytical process concluded by integrating all the data obtained into family-based analytical findings for each family, followed by some overall formulations.

Interviews

The length of all the interviews ranged from 43 minutes for the shortest to 1 hour and twenty minutes for the longest interview. The ranges per group were as follows: Adolescents (from 43 minutes to 63 minutes); Mothers (from 43 to 80 minutes); Fathers (from 66 to 75 minutes). The couple interviews were between 50 and 73 minutes in length.

Additional Analytical Foci

There were moments in the interviews that the relational dynamics were at play.

It was interesting to note how the parents would start to answer questions, as well as who would start. The interview schedule for the parenting couple interviews could have one question for both, e.g. "What do you think your daughter has learnt about couple relationships from having you as her parents?" The couple would then be free who would answer it, whether they would both answer it, and indeed who would start to answer the question. Like in clinical work with children, couple and families as well as in other group contexts similar process take place, such as the group process of who would speak first, how this may impact on who speaks second and what this person says and how it is presented, and who interrupts whom etc. to name just a few examples. In this research project, I will not be reporting on these process comments per se, I will only refer to them if they are clearly adding to a specific analytical point made.

Commentary will be given about certain other aspects such as how people talk about certain topics or issues. As with the previous point this aspect will be incorporated into the analytical body of the work. It may be noteworthy if some parents talk about an issue and there appears to be a discrepancy between the affect described or eluded to and the emotional tone in which they talk.

A specific dynamic that will also be taken note of are possible *enactments* that happen during the interview (Minuchin, 1974). I will be particularly interested in those enactments which occur spontaneously between the partners.

Since this is a research project about triadic interactions, it will be particularly relevant to take note of the triadic grouping that will make up the interview, i.e. the parenting couple and the interviewer. Even though this is not the focus of the research project, due to the isomorphic nature of this research triad, any interactions that seem particularly relevant will be included in the *Findings*.

5.10 Confidentiality

Standard confidentiality procedures applied. All participants were fully informed about the research, its aims and procedures. Each participant was given both written and verbal information (see Appendices 1 & 2). Prior to commencing the research interview proper two identical consent forms were signed, by the research participant as well as by the researcher (see Appendices 3 & 4). Only after the participant agreed and gave their permission to proceed by signing the consent form agreeing to participate and for the interview to be audio- and visually recorded, did the recording start. The interview started only after the recording equipment has been switched on.

In terms of confidentiality all standard rules applied, i.e. everything that each of the participants had said during the interview would not be shared with any other professional. The usual restrictions around safeguarding children and vulnerable adults applied. This was explicitly explained to all research participants. The audio recording would only be kept and used for transcription purposes. At this stage each interviewee had received a number that would identify them only to the researcher. All recordings would only be kept for as long as necessary for the purposes for the present study.

Since all the families had been recruited via a local CAMHS team, all contact details and personal data remained on site. This researcher did not take any confidential data other than the audio recordings off site. Any identifiable data were kept physically separate from the audio recordings.

5.11 Ethics Approval

This research project obtained ethics approval from the Research Ethics Committee of the Department of Psychosocial Studies at Birkbeck College, University of London.

As stated in section 5.6 above all adolescent research participants were known to a local Child & Adolescent Mental Health Service.

My field supervisor Prof. Dallos had been conducting a large research initiative in the South Devon region. The three main clinical presentations which were the focus of this overall research initiative were those young people diagnosed with Attention Deficit Hyperactivity Disorder, an Eating Disorder (specifically Anorexia Nervosa) and those who had been suffering from Self-Harm. The present research –even though it has been designed, conducted and completed as a discrete doctoral research project- falls within the latter group.

Full ethics approval was granted for this present research project by the regional NHS Research Committee.

INTRODUCTION TO FINDINGS: OVERVIEW

Introduction

The Findings section of this present Thesis will be presented in two main chapters. Find below an overview of the structure of how the findings will be presented along with the different analytical foci.

Overview of the Levels of Analysis

The chapters entitled '*Findings*' report on the results of the various comparisons that have been made between the different interviews and at multiple levels of analysis as described in the *Methodology* section. Commonalities and differences between the findings from the various interviews with the different research participants will be described and the levels of analyses that took place. The findings from all the individual interviews will be reported, as well as those individual findings from the aggregated groups of adolescents, mothers and fathers. Further findings will be presented of the couple interviews. Finally, the outcome of the analyses looking at the research participants (i.e. daughters, mothers and fathers) in their respective nuclear families will be presented.

These will be taken further in the *Discussion* chapter and implications will be suggested.

Presentation of Findings

The findings will be presented in two chapters, each consisting of two sections.

Chapter: IPA – 'The Interviews'

In the first chapter the findings of the individual and parental couple interviews which have been analysed following a similar thematic analytical procedure will be presented.

The first section will deal with the findings from the individual interviews. Comparisons will be made on an individual and group basis. The meta themes will be presented with direct reference to the interviews from which they emerged. An example of the analytical steps followed based on one of the interviews (with Angie) has been included in Appendix section (see Appendix H). The second section of this chapter will consist of the presentation of the analyses of the couple interviews. These results will be presented on a group basis. Comparisons will be made between the meta themes from

the couple interviews. Quotes from the interviews each parenting couple will be used to illustrate points made.

Chapter: INTEGRATION – ‘Participants in Context’

The second and final chapter of the *Findings* is a presentation of the research findings from a family perspective.

A first brief section will deal with the findings from the analysis of a specific section of the semi-structured interview, namely the family scenarios. These scenarios invited each participant to think of a real situation from their own family and answer questions that ask directly about emotional connectedness. The visual representations included in this chapter are meant to help the reader make sense of these findings. Further, this part of the findings is directly connected to the relational and emotional perspective of this research project.

In the second section of this chapter the findings of the different analyses will be integrated in a family-based analysis. The data obtained from each individual interview will be looked at in the context of the family unit to which they belong. The meta themes from the parental couple interviews will be added as well as the responses to the family-based scenarios.

A third and final section will offer a final integrative formulation taking all the various analysis across the three families into account.

CHAPTER SIX

6. FINDINGS: IPA – ‘The Interviews’

Individual Research Participants

In accordance with the recommended analytic process in Interpretative Phenomenological Analysis (IPA), all transcripts had been read and re-read in a recursive fashion so that initial notes could develop into initial themes (Smith, et al., 2009). These emergent themes were then grouped to create overarching or ‘Superordinate Themes’.

The Themes will be presented in the following order:

The findings from the individual interviews with the adolescents will be presented first, followed by the findings from the interviews with the mothers, with the findings of the interviews with the fathers presented last.

Parental Couple Relationship

As part of looking at triadic relationships, the parental couple dyad has been included as a separate unit to reflect on their relationship as well as how the couple relationship is influenced by the adolescent with and without their self-harming presentation. Also, how in turn the adolescent may be influenced by the couple relationship of the parents. The couple interviews have also been analysed following IPA procedures. The Superordinate Themes of each couple interview will be presented after the common themes across parenting couples have been shared.

Overview of Chapter

Section One: Individual Interviews

Section Two: Couple Interviews

The following Superordinate Themes have been identified. They have been presented in the following order. Firstly all the superordinate themes of the young people have been presented and quotes from the relevant interviews have been provided to illustrate the thematic points made. Comparisons have been made between the superordinate themes of each young person in the group. The second individual and group findings will be from the mothers, followed by the fathers. The latter two groups have been combined to create a parental group for analytical purposes. Findings from this exercise will be presented subsequently.

It was decided not to report on each analytical process event, nor to explain each superordinate theme and its constituents, i.e. emergent or subordinate themes in detail. In light of the existing knowledge around self-harm (see Introduction & Literature Review above), those meta themes that offer new insight or a novel perspective have been prioritised in the first instance.

6.1 Section one: Individual Interviews

6.1.1 ADOLESCENTS: Individual & Group Comparisons of the Individual Interviews

Find below a reminder of the young people that were part of the present study.

Pseudonym	Gender	Role	Age	Method of Self-Harm	Ethnicity
Angie	Female	Daughter	14	Cutting	White British
Diane	Female	Daughter	15	Severe Scratching	White British
Gina	Female	Daughter	12	Cutting	White British

Table 5. *Research participants: Adolescents*

In terms of the analytical descriptions of the data, each group will be presented as a whole, looking at commonalities, followed by some salient individual themes.

6.1.1.1 Superordinate Themes Adolescents: Overview

Find below a table with an overview of all the Superordinate Themes of the interviews with all the young people. The IPA processes of analysis resulted in these themes.

Young Person A (Angie)	Young Person B (Diane)	Young Person C (Gina)
Feeling Responsible	Feeling Responsible	Feeling Responsible
Self-Harm Creates Closeness		Self-Harm Creates Closeness
Choosing Sides		Choosing Sides
Safety in Separation	Missing Out	
Emotional Literacy		Seeking Comfort
Powerlessness	Staying Close	Getting Together

Table 6. Superordinate themes: Adolescents

What follows is a comparison of these meta-themes that some or all of the young people have in common. It will be a selection of the main commonalities between the young people's interviews.

6.1.1.2 Common Themes among the Self-Harming Adolescents

Feeling Responsible

This is the only Superordinate Themes which was strong in all three interviews. All three girls appear to feel responsible for family life. This sense of being responsible manifested itself differently in each young person.

The fact that Angie appears to construe herself as feeling responsible for family life, relationships within them and other people's wellbeing, comes across when she is talking about her parents arguing. Here she talks as the eldest of the three children and how growing up plays itself out in an interactional sense.

Angie – Uhm... I suppose just because I have got older and ...uhm... learnt more about things and become kind of my own person that it kind of makes me more, I suppose, made me more argumentative and wanting to say my opinions and stuff. Whereas before when I was

younger, I didn't really understand what all arguments had been about and I probably just stayed away from it but because I have got older I wanna get more involved kind of thing....

In fact, she now seems to feel compelled to contribute and get involved. Sometimes feeling responsible is often a feature that is present when we think of triangulated children specifically, but not necessarily. Since, it was so present in and relevant to various emergent themes such as 'Need to Protect', it deserved a place on its own at the meta-level of a Superordinate Theme.

Diane shares with Angie certain Emergent Themes (i.e. subordinate themes) on several occasions throughout the interview that she seems rather critical of herself, appears to suffer from having self-defeating thoughts and seems to feel overly responsible for what occurs around her in the family. In Diane's case, we can see here an example of this when she is talking about when she notices that her brother is not happy with something Diane had said to him. When she described the incident it appears to be reasonable and understandable in the context what was discussed. However, Diane seems to take it personally and appears rather self-critical in response, almost blaming herself totally.

Diane – Not going to work to get away from us, going to work because like if we're all out of the house then there will be like no arguments and I was just thinking that I probably shouldn't have said what I did but also that I just wanted to get like to go to school and get it over with.

So, despite the fact that Diane had legitimate reasons for what she did, she pulled back and seems to feel responsible for the negative interaction.

In Diane's case we see that her *Feeling Responsible* seems to motivate her not just to involve herself with her parents, as Angie did, and despite being what could be described as 'conflict avoidant', she tells her older brother off for something. This illustrates that Diane appears to involve herself in family life and seems to feel responsible for doing this as her contribution to keep the peace, but immediately appears to feel bad about herself for having done so.

Gina shares this Superordinate Theme of *Feeling Responsible* but compared to Angie and Diane, the themes take place in the context of being with other people. For instance when she describes how she is supportive of her parents' relationship, she seems to suggest that she feels a certain amount of responsibility for their wellbeing:

Gina – because if you are supportive then you give them support and it helps them through. If you stay out of it then they can grow stronger people, I guess.

This aspect of feeling a certain amount of responsibility for the parental couple relationship can present in cases of an only child, as Gina is. The example below illustrates how Gina's feelings of responsibility are not only present in the family home, they are so strong that they go beyond the

boundaries of the family home. They are present in her relationship with her peers, but there is a mutual influence back into the family home, based on her experiences with her friends.

Gina – It's good that you support them. It's good that you give them their own space like to fight their own battles.... [long pause]

RKA – Why is that good?

Gina – Because otherwise if I get involved all the time then it could get worse or they could get used to having people around when they fight or something.

RKA - When did you develop this....?

Gina – What do you mean?

RKA – This idea since when did you start thinking about this idea like, 'Oh right, if I gonna be you know, joining in' or you know, 'if like if I am around at it's were then

Gina – Well, I have just learnt at school to stay out of stuff otherwise you just get into loads of trouble

RKA – Oh right ok

Gina - I found out recently my friends are... uhmm... one of my other friends... uhmm... threatened to beat my best friend up and I said, 'It's not really a good idea just why do you want to do it?' and then... and then I got involved and I got into trouble with my Head of Year but I wasn't bothered. It was really scary

RKA – So you learnt from that experience?

Gina – Yeah

Choosing Sides & Role of Self-Harm

The Superordinate Theme of *Choosing Sides* is shared by Angie and Gina is particular.

They have in common that they chose sides. When we look at the detail of this, both girls describe how they feel they themselves are choosing sides in their family. So, the Superordinate Theme applies to how they themselves experience their role. Another commonality is that the theme for both girls relates to their parents.

One example Angie spoke of when she described a typical argument between her parents:

Angie – Well almost all the time they have stupid arguments about little things but they are not usually big arguments. Big arguments are usually about umm either over James [younger brother, 12], like I said if he has done something and dad has tried to tell him off, mum will have a go at dad and then dad will be angry and say you know, “Why are you always having a go at me?!” and that will start a big thing, it’s either that which is the main big argument thing or like umm dad having a drink kind of thing. Like if he has just had I don’t know 2 normal like beers and then later on decides to have a bottle of wine she will be, you know...It’s not exactly excessive amounts but it will annoy her and she will make some comment like, “Oh you don’t really need that, do you?!” and “It’s not necessary to drink this much” and “You had ...blah blah...” She will go onto him. He will try to sort of ignore her but then he will get angry and try to defend himself and that’s it and she is just gone for a while and a lot of the time I get involved in those drink arguments kind of thing coz it annoys me.

In comparison when Gina’s parents argue –which apparently is not that often– she seems to respond most commonly to this by not interfering and keeping out.

Gina – Yeah I never normally choose sides

But then during the analysis going over the interview with Gina, I did wonder whether if one looks at the detail, there seems to be more (active) involvement than it first appears.

RKA – You don’t choose sides. OK. Do you feel you are invited to choose sides?

Gina – No, just like sometimes if it is something silly I will go, “Yeah, yeah, Mum”, or, “Yeah, yeah, Dad”, or

RKA – Is that something serious?

Gina – I don’t do sides. I just stay out of it.

It is at this level of detail that I noticed that Gina does say something to her parents at that point. So staying out of an argument completely is not the case. This links with an interaction earlier in the interview when Gina joins in with an argument between her parents. On this occasion her parents seem to deal with the argument by laughing it off and seeing the silliness of the situation. However, as Gina who is also an only child, experiences this and finds herself sharing in that moment that could be seen as an intimate one between the parental couple.

Gina – (...) I mean like the laughing at the situation because they are arguing about little things like little silly things both mum and dad...

RKA – OK

Gina – ... and I’m like laughing as well thinking this is pathetic come on and (...)

When Gina has described how arguments develop, she says,

“Oh, I just go in and go, ‘Stop arguing!’ and...”

Angie returns to the theme of *Choosing Sides* with some added insight:

Angie – Umm, a lot of the time it is like choosing sides, I will side with mum when were angry about dad having a drink or something and I will side with dad when I am angry about mum with James.

Self-Harm Creates Closeness

A third common theme amongst two of the three self-harming young people is *Self-Harm Creates Closeness*. The closeness that it meant here is the closeness between family members. We will see that the increase in people being close is both meant in a physical sense, as well as in an emotional one.

The type of self-harm Angie had been engaged in was cutting. This was known to her parents and to a certain extent to her younger siblings. This Superordinate Theme embraced certain Emergent (or subordinate) Themes such as ‘Distance Regulation’, ‘Emotional Togetherness’ and ‘Physical Togetherness’. One of the main functions that the Self-Harm seemed to have from an interactional, systemic perspective is that in Angie’s case it brought her parents together. During the different interviews with Angie, with her mother, and in particular with her father, it became clear that there was marital conflict. The parental couple relationship was fraught and it appeared that marital satisfaction had decreased. The excerpt that follows, illustrates how her self-harming behaviour served a particular function in relation to her parents. When talking about how the self-harm affects her parents, Angie said the following:

“(...) ...I think they talk about it, I think they... I think I have heard them talk about it before and I think that they do worry about me so in a way it kind of makes them realize I guess that they need to be closer for me kind of thing and also there are like physically brought closer when they talk about me so I guess it kind of I... it sounds really weird but because it’s about me it kind of well if it was about any of the children....”

In Gina’s case, the self-harming behaviour also seemed to get a response from her parents. However, it seemed that its main purpose may not have been to draw her parents closer to each other, but closer to Gina herself. It could be that her parents take note and focus on her. This can happen on a very basic level, as Gina tells us here:

RKA – Okay, and so do you, when do you stop when you do that?

Gina – When mum and dad come over and go, ‘Stop doing that!’ and grab the knife and put it...

RKA – So you do it when they are there or do you do it on your own?

Gina – No, I only do it when I have got annoyed with them

The function it serves in this instance seems to be a communication towards her parents. It seems to be a request to be noticed.

The role of self-harm for Gina and her family also seems to have a more emotional and relational component. Before we return to Gina, let us “hear” Angie develop the concept of closeness further later in her interview. Here she is making a distinction between physical closeness and mental or psychological, emotional closeness.

Angie – It would bring them together because they know they have to be together

RKA – So it will bring them physically closer because they talk about it?

Angie – Yeah and

RKA – Is there another type of closeness?

Angie – Mentally closer? Kind of, yeah

RKA – So... I’m just trying to understand with “mentally closer”, do you mean that they feel closer to each other or do you mean something else?

Angie – Umm I think it’s hard to sort of say how they feel because I don’t... I can’t get inside their heads but I think because it’s about ..umm.. it’s hard to explain but because it’s about something that they both that is both theirs if you get what I mean...

RKA – Yes

Angie – ...a child

RKA – Yes

Angie – ... They have to be it makes... I think it does make them feel closer in mind kind of thing, if you... it’s hard to explain but yeah mentally closer.

Gina speaks of feelings of closeness between herself and her mother in her interview, when she answers the question from the interview schedule (i.e. “How do you think your self-harming behaviour influences your relationship with your mother?”):

Gina – It probably hurts her feelings a lot

RKA – OK

Gina – It makes her upset, makes her think about more stuff, I suppose. Yeah... that's all.

RKA – So that's how it influences her you think. But... how does it influence the relationship you have with her?

Gina – Her probably feeling more protective over me

RKA – Right ok, anything else...? No?

Gina – Not really... can't think of anything else no

RKA – What makes you think that she is more protective possibly?

Gina – Like... if like she gives me more advice (...)

In the above excerpt the interviewer asks a lot of prompts in order to help the participant to think and articulate something that she had not thought about a lot. When Gina talked about her mother compared to her father, it was qualitatively different and the affective tone of her talk was different. In the moment, I decided to ask these questions to privilege her views and thoughts, as opposed to privilege my own interpretation of her not talking about her relationship with her mother in as much detail.

In Gina's interview *Self-Harm Creates Closeness* does seem to centre around her mother. Since it not only brings her closer, she is aware of the emotional reaction of her mother when Gina engaged in self-harming behaviours:

'It probably hurts her feelings a lot' and, 'It makes her upset, makes her think about more stuff'.

One could argue that the self-harm seems to have the effect of bringing her mother closer and engage with Gina more emotionally and deeply.

An example of a single Superordinate Theme: 'Safety in Separation'

There are several Superordinate Themes that only seem to apply to one young person. In this section I would like to take one of these, namely *Safety in Separation*, to illustrate the activity of sense making in relation to the selected meta-theme. *Safety in Separation* only came to the fore in Angie's interview.

This theme is quite strong in Angie's interview that for her it is calm, either in the home or in her head when all people are separate. She describes herself as a loner, as feeling lonely. This Superordinate Theme incorporated also the flip-side of being alone and separated, namely when all the family is

together. This is described as unsafe and unpredictable. Angie does not feel that togetherness creates safety and containment, the opposite seems to hold true for her.

Angie – Things are calm, probably [laughs] when we are all apart or in different rooms, umm sometimes if Katy is helping mum cook the tea or something or she is out there with mum, James will probably be in the lounge on his X-Box and say I don't know dad could be looking something up on the computer and then I could be doing something in my room like dancing or something but we are mostly split up, uhmm... yeah and everything is pretty much calm and no one is arguing then.

One of the strategies that Angie has developed to avoid arguments could be described by how she creates separateness in her head, as it were, by keeping things to herself. Here she describes a common scenario in family life regarding one of her siblings, in this case a younger brother.

Angie: - (...) he doesn't even have to be saying something sometimes if he is just [laughs] annoying me, if his just doing, not even deliberately sometimes if he is just, I don't know the way he is sat if he is slouching in his chair it just annoys me. I won't, you know, unless it gets really bad I won't say anything but just sometimes little things like that will just annoy me. I won't say anything but I will just be sort of thinking about that kind of thing.

Upon further analysis, it appeared that the Superordinate Themes of *Powerlessness* and *Safety in Separation* can well be interconnected at a further level, as it were. One could conceptualise these as flip sides of each other. In other words, there could be a positive gain by being separate. It means that there is a sense of feeling safe and secure. At the same time, the loss of this strategy is that the young person experiences a complete sense of being isolated and being on her own. It is a perception and experience of being completely disconnected from her parents as well as her siblings in Angie's case.

When we look at the analytical process at the level of Family, we will return to this theme of *Safety in Separation* again.

A note on the focus: underlying distress in adolescents who self-harm

It is difficult to separate out causes and effects when it comes to self-harming behaviour. In other words, thinking in terms of a primary motivator of self-harming we have seen that 'aggression to the self' could be seen as a primary motivator and the effect of the aggression the reaction of the parents, mediated by the self-harming behaviour. However, from a systemic perspective with its emphasis on circular causality (Burnham, 1986; Hofman, 1968), one could argue that the aggression that is directed towards the self which expresses itself via self-harming behaviours can itself be regarded as a

response to the parents not taking (sufficient) note. For example, the latter could be argued in the case of one of the research participants, Gina. Despite these considerations, certain specific affects (or “underlying distress”) can be named, such as ‘anger against self and towards others’, ‘sadness’, ‘feeling powerless’, ‘feeling responsible’, ‘guilt’, ‘feeling powerless’, and ‘feeling overwhelmed’. The mutually related effects could be separated in individual and relational effects. Examples of individual effects could be ‘the parents’ sadness’, ‘anger’, ‘a sense of being overwhelmed’, ‘fear’, ‘guilt’, and ‘feeling protective’. The possible relational effects in turn could be regarding the parent-child as well as the parent-parent relationship. Some of the more relational effects could be increased closeness or increased distance between a parent and the self-harming adolescent. The effects on the parental couple may be that the communication between them becomes more strained or opens up in light of the discovery that their child has engaged in self-harming behaviours. However, since the thesis did not have the aim to identify underlying stressful, related feelings these have merely been acknowledged and some mentioned here.

6.1.2 *MOTHERS: Individual & Group Comparisons of the Individual Interviews*

Find below a reminder of the mothers that were part of the present study.

Pseudonym	Gender	Role	Age	Ethnicity
Bernadette	Female	Mother	48	White British
Edith	Female	Mother	38	White British
Henrietta	Female	Mother	43	White British

Table 7. Research participants: Mothers

6.1.2.1 Superordinate Themes Mothers: Overview

Find below a table with an overview of all the Superordinate Themes of the interviews with all the mothers in the sample of research participants. The IPA processes of analysis resulted in these themes.

Mother A (Bernadette)	Mother B (Edith)	Mother C (Henrietta)
Emotionally Overwhelmed	Parenting	Parenting

Self As Victim	Couple Relationship: Feeling Safe & Supported	Couple Relationship: Feeling Safe & Secure
	Feeling in the Middle	Being With Us All the Time
Life Cycle Issues	Mother-Daughter Relationship	
Emotions	Comfort	
	Self-Harm Creates Closeness	Self-Harm Creates Closeness

Table 8. *Superordinate themes: Mothers*

Find below a comparison of all these meta-themes that some or all of the mothers in this study have in common.

6.1.2.2 Common Themes among the Mothers

There do not seem to be themes that occur in all three interviews at a meta-analytic level, i.e. Superordinate Themes. For the three mothers, the Meta Themes that emerged, and are described below, were not explicitly held by all three of them. Instead they were clearly articulated by two of the mothers and less so by the third. Hence the themes are presented as shared themes for pairs of the mothers, followed by a selection of individual meta themes.

Parenting: intro

The main salient similarities between the interview takes place when we compare the interview of Edith with the one Henrietta conducted. In both cases *Parenting* comes across as a suitable superordinate theme. Since this Superordinate Theme was so strongly present for many parents, this theme will be looked at in the section when the mothers' and fathers' Superordinate Themes are compared with one another (see below, pp. 91).

Couple Relationship: Feeling Safe (& Secure/Supported)

A second Superordinate Theme that two mothers have in common is their experience of each of their relationships with their husbands. Both Edith and Henrietta speak about their partner as ‘their best friend’ and the one they seem to feel safest and most secure with. The exact label of each Superordinate Theme is slightly different in order to stay closer to the words and experiences of the participant. Edith spoke more about support and spending time together, whereas Henrietta offered her experiences of the importance of laughter and feeling secure with her husband. In the contexts of each whole interview, it became clear that an in effect identical Superordinate Theme would be warranted.

As an example of the latter, we understand here that Henrietta seems to experience her couple relationship with her husband in an immediate sense. The words do not come immediately, but she is straight into the realm of positive feelings and emotions. Perhaps the fact that she cannot think of words initially confirms the fact that she has a more experiential sense of her intimacy and connection with Ivan.

RKA – OK last one in this sort of area alright? OK. How would you describe your couple relationship?

Henrietta – Uhhh... close,... uhhh... [pause] quite fun,... [pause] uhhh... [laughs] comfortable because we have been together a long time, good friends, like really good best friends.

This theme was elaborated on when Henrietta was asked to reflect on what her daughter may have learnt about couple relationships from having Ivan and her as her parents. Some became part of emergent themes, such as ‘Fun’, ‘Resolving Differences’, ‘Talking & Listening’ and ‘Trust’, that fall under this Superordinate, Meta Theme.

Edith speaks about it is good to spending time together with her husband. Having stated that her husband works shifts she said: “(...) *So that’s quite good because we do get to see quite a lot of each other. (...)*”.

As part of the interview schedule after they have thought of five words that in their view describes their relationship with their partner, each parent is asked to share a for them typical example that illustrates this relationship. Find here what Edith chose:

Edith – yeah well it’s a really simple one but we have to do soup for the residents on a Tuesday and Thursday and Fred - I shouldn’t really say this really its terrible but he is the acting sergeant for the whole of (...) [word omitted for anonymity purposes- RKA] but and he had his radio on but he comes to food bank on a Tuesday or Thursday whenever he can when he is working and have soup and but it’s just, you know, ... it’s just lovely. He comes in and sits in the office and then

we go and have soup together and then he will go but it's like any opportunity to be together I suppose we do and he is just really supportive.

RKA – Soup together as a couple, you mean?

Edith – No, we go in so he joins in I suppose he makes the effort

RKA – Right. OK.

Edith – because it's where I work and charms all the little old ladies and stuff and... But I don't know, if that's a very good example. I guess the thing with the coffee shop is another is a really good example because we work together really well that's why I've always wanted to do something I don't like working for anybody else and I have always wanted to work for myself but we work really well alongside each other and he is really supportive... [pause]

Edith – Mmm...

RKA – Mmm,.. Ok.

Edith – They are rubbish examples, I probably could have picked loads of millions of better ones than that but... [laughs]

RKA – You like those?

Edith – Yeah...

Here we see that we get to know a bit more detail about how the two parents make time for each other and support each other. From the example above we learn that Edith really values (and feels valued) that her husband makes time to see her.

When we look at the different emphases of the Superordinate Themes, the words that Henrietta used could be seen as more affective language. In certain ways it may seem that Henrietta's words particularly emphasised the aspects of emotional safety and comfort in her marriage. Here Henrietta reflects on what her daughter might have learnt from the couple relationship she has with Ivan.

“(...) and then that she has seen us make up... [pause] uhmm... [pause] I think that hopefully she would have learnt that uhmm.. we stick together... uhmmm and that it's quite secure they can be in a nice secure... [pause]

She continued,

“... Uhmm.. that you comfort each other by talking and giving hugs and being there for each other listening.”

However, upon closer reading, we do find a more emotionally formulated quote from Edith:

Edith – Well, I would say really intimate you know and I don't just mean I don't mean physically I mean we are really close yeah..... [pause].... too close sometimes.

This implied another Subordinate Theme for Edith, which had been termed 'Impact of Parental Mental Illness' during earlier analytical stages. This was subsequently labelled as *Mother-Daughter Relationship* to include the influence of maternal ill health and also other aspects of the relationship. In Edith's case this was clinical depression. This theme was not shared with any of the other parents, even though one other parent had brought depression in the family home. Colin had spoken about this during his own individual interview. He shared openly how his own depressive periods had impacted relationships within the family.

Role of Self-Harm: 'Self-Harm Creates Closeness'

This is the second Superordinate Theme that Henrietta and Edith have in common. In both interviews the role or function of the Self-Harm seems to be an increase in closeness

Edith – but she was it was the starting of it she was doing this, she was scratching at... she was and because her nails her so long but it was... uhmm... it was almost like she had lost control and I was and I mean it was like I was umm how I was bringing her down was really physical. I was stroking her and holding her hands and, you know, like rubbing her hair and that's how I managed to bring her down and as I did that then she stopped that stopped but so and a typical example of when she will do that is when she is umm really really distressed and that is when she was back in the spring when she was, I mean I was really shocked (...)

Here we hear from Edith when her daughter is so distressed that she starts to bury her nails into her flesh, severely scratching herself. Edith speaks about how shocked she felt. She was not that overwhelmed that she does not know what to do and possibly divert herself, her attention, as it seemed to happen to Bernadette who moves away. One could argue that for Bernadette it also created a certain amount of closeness but then with her other (younger) children. In Bernadette's case it created distance with the adolescent child. Edith "brought her daughter down" emotionally by stroking her hair and holding her hands. Clearly in Edith's case the knowledge and sight of her daughter harming herself appears to bring her closer.

Self-harm seems to serve a purpose at least from an interactional point of view. When Gina self-harms and her mother gets to know about this, it results in there being physical contact between Henrietta and her daughter.

Henrietta – She was cutting herself with a knife... [pause] (...) ...on her hand...(...) a knife... uhhh... and so then... uhhh had to, you know, try and talk her down. And she is carrying on sort of doing it, while I'm finally talking her down.

When prompted Henrietta explained that despite the physical contact she did not feel closer to Gina, despite attempting to comfort her. Henrietta was also asked who she feels closest to when Gina self-harms:

Henrietta – Ivan wasn't there... uhhh... I just felt quite isolated... uhhh... I know it sounds really weird probably nobody... I did feel really isolated at that point. I mean Gina was the only one there, I didn't want her to stay at my mother-in-laws with the... that problem... uhhh [pause] ...Normally if Ivan is around it would be Ivan she has self harmed when Ivan has been around as well so it would normally... yeah Ivan...

RKA – and this example which you have chosen...?

Henrietta – That example? Felt totally isolated.

Henrietta wondered whether Gina's self-harm also served a purpose in relation to her husband, Gina's father.

Henrietta – Gina was upset. Gina's thinking is that, if she self-harmed and was taken to hospital, her dad would have to come home [Ivan is often away on business-RKA]. That's her thought pattern after we talked... uhhh... that's was her thinking her, feeling would be upset [pause]

RKA – Mmm...

Henrietta – My feeling was when I caught her self-harming... was... uhhh... uhhh... what would the word be? 'Distressed.' I felt distressed to see her doing that.

When analysing interviews and really looking at the detail of what participants say, it reminds one that a person's experience is complex and multi-faceted. The detail here is that Henrietta was physically closer to her daughter comforting her, talking to her. However, she was honest by stating that she did not necessarily **feel** closer to her daughter. In fact, when her husband is not there and there is such a self-harming episode, she said that she "*felt totally isolated*". Again, this may well be similar to Bernadette's experience. In other words, we could speculate that she too felt isolated yet wanted to comfort her daughter. In Gina's case, her mother did try to comfort her which seemed to increase the physical closeness.

It seemed that according to Edith, the self-harm had a similar effect on Diane's father, as it had on her, namely increasing closeness by providing comfort:

Edith – (...) the same with the once she had got to that point with the cutting the physical stuff she, she felt so shameful and so... uhmm... and that wasn't... that didn't come from Fred and I were really... and I know we were really supportive because we often don't know how to react when she's... you know... when she is upset and but... but... you know we and we were both of us 'united' and Fred as well there was no approach from either of us I mean, Fred you know, spent hours you know lying with her, hugging her and you know reassuring her and so did I but she couldn't get over that.

Emotions & Comfort

A possible comparison could be made in terms of similarity between the superordinate theme of *Emotions* in Bernadette's interview on the one hand and *Comfort* in Edith's interview on the other.

The first Superordinate Theme consisted of three subordinate themes, namely 'Emotions Are Dangerous' and 'Emotional Distance' & 'Self Reliance'.

Under the first of the two subthemes, one example could be that 'Emotions are the Responsibility of the Individual'. Bernadette speaks here what happens when her daughter Angie is in the bathroom cutting herself. She first mentions her two younger children (James, 12 and Kathryn, 9).

Bernadette – Well, they are obviously upset but they don't talk about it. It's almost like something that happens and then you know obviously I say, 'Sorry, she is feeling upset'. They seem to sort of carry on. Straight away they are upset because obviously it is quite dramatic but afterwards they seem to just sort of carry on really.

RKA – How does it get resolved?

Bernadette – Well, she is in there for a long time talking about probably wouldn't see her for an hour maybe. She could be in the bathroom for an hour or she could be in there for half an hour but then she won't come near me for about couple of hours.

RKA – "Near" you?

Bernadette – Yeah,... and she always comes to me always, she doesn't apologize or anything. She just sort of....

Bernadette spoke about this almost in a matter-of-fact way during the interview, appearing to be almost detached. Bernadette as Angie's mother does not seem to make any moves to comfort her daughter. Even when Angie has come down stairs and, knowingly to all, has been so distressed that she had the urge to self-harm in the bathroom, there is no proactive effort from the mother to comfort her. In fact, we learn that Bernadette believes that her daughter should have apologised.

The second aspect about the above account that confirms that emotions may be experienced as dangerous for Bernadette is that she does not seem to know how to comfort her other two children. It seems that she does not provide a helpful and developmentally suitable way of making sense of something that by her own admission is “quite dramatic”. She merely says to her younger children (12- and 9-years old) that Angie is upset and then seems to expect that they take responsibility for how to deal with this or come to her with any questions or issues. “They seem to carry on”, Bernadette tells us.

Another opportunity to see how Bernadette deals with and responds to other and her own emotional states is provided by the following extract, which was in response to an interview question asking for a typical example that illustrates the relationship that Bernadette has with her daughter, Angie:

Bernadette – (...) She starts upset and then she gets angry because she feels nobody is listening to her. She just basically gets more and more angry and then everybody around her becomes upset so the best way to keep the peace is for her to remove herself from the situation. (...).. and then she just gets more and more angry and in the end it always ends in, often it will end where she just storms off and that’s when she storms off upstairs and just shuts herself in the bathroom, very upset and she has left a trail of destruction behind her, literally and psychologically to do this really to all of us.

Apart from what appears to be Bernadette’s view that people (including her own children) are responsible for their own emotions and how they deal with these, we hear her response which may imply some blame of her daughter for her emotional outburst.

When we compare Bernadette with Edith regarding this aspect of being able to comfort (i.e. her own relationship with emotions) it seems that both mothers show how they regulate their own and try to co-regulate their daughters’ emotions. Here is an example when Edith recounted an episode when Diane was experiencing some difficulties coping with school and becoming overwhelmed. In addition to this Edith suggested that her daughter seemed to get worried what her mother might think about:

Edith – (...) yesterday I had a phone call from her at school at about 2pm she finishes at 3..... at about 2pm in absolute floods of tears ...and... uhmm... she was dressed in her PE kit but had gone to Student Supportand... uhmm... and she was just distraught. So I spoke to the lady in Student Support and said, ‘It’s OK now. She can come home’ and that was when she I knew that... when I gave her a cuddle and she just started saying that she was just really scared that I was going to get upset and so then we talked about it that that’s definitely been on her mind (...).

Edith talks about how she responded to such a situation:

Edith – (...) and actually I feel a million miles away from her and it's an effort... I have to really make the effort to say and do the right things and cuddle her and stuff. And she is really demanding of cuddles and physical closeness all the time... and so sometimes, you know, it's the last thing I want you know and I, it's a horrible feeling to have to make the effort, but if I am honest then sometimes that is what it is like.

A difference seems to emerge in terms of how Bernadette and Angie seem to respond to emotional demands on themselves. Firstly, Bernadette does not seem to perceive upset by her daughter necessarily as a communication. Systemically, we try to see the meaning behind a behaviour, which Bernadette seems to label differently than when Edith perceives her daughter to be upset. The former, appears to move away, whereas the latter moves closer in an attempt to provide comfort.

Here we see that the parent can see that her daughter is in significant amount of distress and needs her to comfort her. So despite her feeling “a million miles away from her” –without explaining why this might be in the moment- Edith as Diane’s mother, still provides comfort to her daughter.

We will return to Edith regarding comforting when we look at the findings per family group. This Superordinate Theme of *Comfort* will be approached in its relational context with contributions from other members of family, i.e. Diane and her father Fred.

6.1.3 FATHERS: Individual & Group Comparisons of the Individual Interviews

Find below a reminder of the fathers that were part of the present study.

Pseudonym	Gender	Role	Age	Ethnicity
Colin	Male	Father	50	White British
Fred	Male	Father	42	White British
Ivan	Male	Father	41	White British

Table 9. Research participants: Fathers

6.1.3.1 Superordinate Themes Fathers: Overview

Find below a table with an overview of all the Superordinate Themes of the interviews with all the mothers in the sample of research participants. The IPA processes of analyses resulted in these themes.

Father A (Colin)	Father B (Fred)	Father C (Ivan)
Parenting	Parenting	Parenting
Powerlessness	Protection	Protection
Being in the Middle		(Experiencing Daughter as) Being in the Middle
Exclusion & Closeness	Comfort	Couple Relationship as 'Secure Base'
Life Cycle Issues		Emotionally Overwhelmed
Ideal versus Actual Parenting Self		

Table 10. *Superordinate themes: Fathers*

Find below a comparison of all the Superordinate Themes of the fathers in this study. As with the previous two groupings, it will be a selection of the main commonalities between the individual interviews.

6.1.3.2 Common Themes among the Fathers

Parenting: Working together

There seems to be only one Superordinate Themes that occurs in all three interviews, that is *Parenting*. When compared it is clear that there are different emphases. It seems that Fred and Ivan's meta-themes encompass a wider range of emergent themes.

During the analysis several themes emerged that could be grouped together to aid our understanding. Examples of such themes are: 'Importance of Compromise' and 'Working as a Team'. The quote below illustrates how Fred describes his relationship to his wife, Edith, particularly within the context of their parenting roles. He perceives them to be well paired despite the fact that he believes Edith and himself to be rather different:

Fred – Complementary, we are very, because we are quite different characters. But we have been together for a long time and we.. I think we work well together... uhmm... we can usually come to a satisfactory conclusion between us. If we don't necessarily agree at the outset on something, we can usually work it through and come to a sensible logical conclusion. Even if it means one of us is having to compromise. So yeah, I think we work quite well together.

At another point during the interview, Fred reflects more directly about some aspects of *Parenting*. Find here an illustration of how Fred thinks how they deal with differences in relation to their children:

Fred – (...) I think it's important for parents to show a united front. Maybe I am a bit naïve in that, but I think it's important for parents to show a united front to their children. And if there is something I don't agree with... [pause] having discussions about what one or the other of you as a parent has done in front of your children because I mean that's, I don't think that's right. It's whatever you decide between the two of you. How you should or shouldn't have dealt with it, should be a discussion between the two of you rather than, you know, have it out in front of your children if you like... uhmm... so yeah... I would support Edith I mean, I wouldn't say... I would blindly support her if she had done something that I blatantly disagreed with but that doesn't happen really.... uhmm ...

RKA – OK

Fred – ... We're just... say to each other, you know... If I don't agree with something particularly, I will say Leo had a point there, or Diane had a point there really...

Ivan also speaks about the parental unit as working together. His sense of humour comes to the fore in the following quote as a response to what role he sees himself having as part of the family:

Ivan – Definitely Head [laughs] I wish... uhmm.... I probably do... [pause] in some aspects I am the leader. And I would say in other aspects where we lead together really. Me and Henrietta

RKA – OK

Ivan – Certain things she will take the lead on, but other things I will take the lead on.

'Agreeing and implementing boundaries' was one of the issues within *Parenting* processes.

Ivan – (...) ultimately I think, you know, part of this whole exercise that we have gone through as parents we wanna make sure that we learn or we get skills to actually manage Gina better to try and avoid all the things that have sort of like rear its head or come up and you know yeah... just learn to manage Gina better I suppose is, ultimately as a parent you want the, you know, you... we

want the absolute best for her... uhmm... whether we have given in too much and given to much of that to her I don't know (...)

Ivan continues this theme when reflecting on those 'Boundaries' and their own role as parents in that. Find below an illustration of concerns regarding the setting of boundaries of acceptable behaviour:

Ivan – (...) Well,... I don't know really whether we have created a 'spoilt brat' for the want of a better word because of the fact that you... we have pampered to her every whim and given her everything but you know, as a parent, you don't think that's the case... uhmm... as other family members they might see that uhmm.... and probably because she is an only child she does probably get away with a lot more than what she would with a sibling there....[pause]

Ivan speaks quite early on in the interview about learning new things as a parent:

RKA – (...) OK so how would you describe life at the moment ? At home ?

Ivan – It's same as any kind of, it goes through peaks and troughs and at the moment. It's interesting I think. We have learnt a little bit more about Gina... uhmm... how we manage Gina. Uhmm... recognizing really, trigger things with her that can make her behaviour not acceptable, not when I say..., yeah no... not acceptable

RKA – OK

Ivan – Yeah... so we have learnt certainly different things that we can manage with her tiredness, and stuff. What she is eating... uhmm how we respond to her when she is agitated, trying to control circumstances so it doesn't end up with her having a 'Gina moment'

And he describes what how he perceives his family to work and states that his wife, Henrietta, and he have decided that whatever the family does,

"(...)...what we do try to now is to try to sort of... work it so there is some quality 'Daddy and Gina time' as well, or 'Dad and Gina time', whatever you wanna call it. So try and build that in once a week where we do something where it is just me and Gina where we will go off and do something uhmm...."

This leads to another subordinate theme, namely 'Making Sense of the Self-Harm', which falls under *Parenting*. Here it seems that Ivan understands his daughter's self-harming behaviour as a catalyst, or something to regulate her own emotions.

Ivan – when it comes to that point when the red mist sets in... uhmm and... [pause] she must get I think.... a lot of it is frustration with Gina That she can't actually communicate out [sighs] as a 12- year old girl she has got all this stuff going on: hormones and everything else like that. And everything that... that brings the joys that that brings along with it and when something doesn't go

right for her she can't actually not articulate it because you know the emotions and the anger that then get built up in Gina as a result of this do cause her to go off into her bedroom scratch her hand (...)

The previous excerpt illustrates how when thinking about how to contain behaviour and anger, they draw upon biological concepts versus looking for reasons, e.g. attachment distresses. This is an issue we will return to in the *Discussion* when dealing with the wider contextual influences upon parents when they are thinking about self-harm.

Here we may notice another point of connection under the umbrella of *Parenting* between Fred and Ivan, namely that they both seem to see their role and use their parental role as trying to make sense of how to be a better parent in their own eyes, as it were. They both seem to be engaged in this sense-making and adjusting one's parenting styles, jointly with their partners, Edith and Henrietta respectively. Here we hear from Fred when asked about what his daughter might be feeling:

RKA – OK. So what would she be feeling in those kind of moments?

Fred – Obviously distressed

RKA – “Distressed”?

Fred – Yeah. And upset probably. Quite confused, I should think, trying to make sense of all the thoughts going around in her head. Because probably she is feeling very... uhhh... ‘hopeless’ I suppose. And yet Edith and I would undoubtedly been trying to make her feel hopeful so we... it's probably a confusion she is probably trying to think about what we have said and trying to be hopeful. But you can't stop her own mind feeling hopeless so very like a turmoil I would think. That's how I would imagine it anyway.

Here we learn how Fred views their response as parents to Diane as united and supportive of each other.

Colin's Superordinate Theme of *Parenting* includes how the parents work together. In his case he does not seem to experience support and a balanced role in the parenting partnership compared to Fred and Ivan. The following quote illustrates this view:

Colin – I think Bernadette is the pretty much the most dominant. I don't mean “dominant”, because you have to kind of ask her acceptance of almost I know it sounds awful but say... if the children say come and do this... ask your mum. I don't feel I can give them consent to go and play down the road with their mates, “Ask your mum, see what she says”, because I will say I've let James go out... “Oh, why did you let him go down there, though?!, You don't want to do anything wrong, do you? Can he have another plate of whatever he has just eaten... Don't know better

check with mum. Say Bernadette is the... not leading figure, but it has to go through her to have her approval on most things (...)

Colin shares with us what could be seen as his frustration and possible resignation of his experience that his wife and he are not equal partners. They do not seem to be working as an effective parenting team.

This frustration and isolation that starts to come across from Colin, brings us to another Superordinate Theme, namely that of *Powerlessness*.

Powerlessness

The Superordinate Theme of feeling powerless seems to connect with issues such as ‘Quality of life’ and ‘Not feeling valued’. Consider the following excerpts:

Colin – You come home tired I’ve had a busy week this week and you really want to flop in a chair but you can’t. You have got to be a taxi service. Then the following week is the same. And sometimes you do feel like you are on a treadmill and without any sort of respite, as it were. That’s just how it feels and I am sure every family is the same... So yeah, going back, ...I genuinely do feel sometimes and then Angie’s there. She is coming up to year 11 and she has got her A levels and so I am realistic about it but I do feel that sometimes I am 4th in the pecking order of things. Comical description but that doesn’t bother me but sometimes you just feel ...

He then emphasises his point rather succinctly by using a strong metaphor:

Colin – That’s my perception. And I am not resenting the fact of that. It’s just that sometimes you feel it: they take their cut of the pie and then what’s left is for me and Katy.

Other emergent themes connecting with this overarching theme of *Powerlessness* are connected to how Colin appears to feel that he is not effectual as a parent.

Colin – We all talk about this teenage thing, don’t we? And they come out of it and... so, we are just assuming that there is a final period.

RKA – Is that what you are hoping for?

Colin – Yeah I generally think it’s just something you have to put up with until whatever age it is. It kind of stops and then you just imagine they will turn around and say sorry about all those years and...

A third example how Colin offers a theme of *Powerlessness* can be illustrated by the next excerpt when he describes his explanation for Angie’s self-harming behaviour:

Colin – ‘Resentful of us’, ‘self-loathing’. *If you want to be amateur which you do try and analyse things it is... self-harm is a self-loathing thing, isn’t it? ‘Attention seeking’ is part of it and as we always said to each other, ‘It’s teenage years’. Hormones have got to do with things.*

RKA – *That’s how you make sense of it?*

Colin – *Yeah.*

Putting it in the explanatory frame of adolescence, it adds to the sense of feeling powerless to affect change, and here he seemed to give that explanation also on behalf of his wife, Angie’s mother Bernadette.

Protection

An inverse connection with Fred and Ivan’s interview could be made with the Superordinate Theme of *Protection*. One could argue that in order to be able to protect, one needs to feel a certain amount of authority and a feeling of being in control. We have already seen that as a parent in relation to his children Colin does not feel very effectual. We shall be looking at this theme in more detail in the context of the family as a whole later (see below).

Fred spoke throughout the interview about topics and subthemes which can be captured under this Meta Theme, such as ‘Responsibility’.

Fred – Uhhh.... [pause] I feel quite responsible a lot of the time. Uhhh ...for lots of different aspects I often think that there is maybe... because I do think about things and plan for things before they happen maybe that means nobody else has to so....

Alongside this theme of ‘Responsibility’, there was one of ‘Being a provider’. When he spoke about supporting his wife in a new venture, he said:

“ (...) when we were first married it wasn’t really, financially it wasn’t too much of an issue. And if she hadn’t worked that would have been fine, but as you evolve and your house gets bigger and you take on different responsibilities. Not working now is not an option really for her. So I suppose from that point of view I feel quite responsible but that’s more towards the whole family rather than just Edith I suppose (...)”

This Superordinate Theme also captures the more painful theme of not being able to protect when his daughter, Diane, was emotionally upset. Note how the word use changes from the more objective “you can’t”, which seems to refer to the phrase ‘one cannot’ to the more personal “I can’t...”:

“(…) So it’s a real it’s a ‘conundrum’ for want of a better word, because you can’t… I can’t get inside her head to prove to her that everything is gonna be OK (…)

Fred follows this theme further in the interview, when he says:

“Whichever way we approach it… it’s not about us ultimately. It’s about Diane, you know. It doesn’t matter what we say: we can’t change her… We can offer as much support as we possibly can and we can try…”

“…and to us rationally talking things through and… uhmm… comforting her when she is upset but we can’t change what is in her head.”

This Superordinate Theme captures a similar sense as with Fred, but seems to be based on different instances, such as a deep sense of frustration of not being able to protect one’s daughter that can result in frustration.

Ivan used a strong metaphor to describe how he seems to make sense of his daughter’s distress:

“(…) It’s almost like… well, we know we class well at home we call it “the red mist” where whatever you say nothing will change it. Nothing will… the 10-15 minutes the red mist sets and nothing you can say will change, deviate from it, the world you know. Life sucks and everything else like that, until she actually starts to process the actual logic of it (…)”

As a father, Ivan seems to describe how he cannot protect his daughter from this state:

Ivan – (…) because you are trying to sort of, you try to accommodate her. She is your daughter and you want her to be happy. It’s our primary thing with it you want the best for her and I suppose we get frustrated with the unrealistic, you know, unchangeable, unstoppable sort of like attitude that comes sometimes (…)

Again, connecting with certain subthemes under *Parenting*, Ivan’s wish to understand what is going on, seems to frustrate him. It seems to frustrate his ability to protect his daughter from harm. In the next excerpt, after a long reflection on his part trying to understand why his daughter can seemingly be so unhappy at times which brings him from individual characteristics to parenting practices and even not having given her a sibling, Ivan seems to use humour to break the tension and manage the intensity of the moment:

Ivan – (…) … [pause] perhaps we have created a monster [laughs] bit like Frankenstein no [laughs] Frankenstein monster. No, I don’t know. I wish we understood it… I really do.

6.1.4 Common Themes among all Parents:

In order to look at the group of parents as a whole, find below commonalities between the Superordinate Themes of all the parents (i.e. mothers and fathers).

Parenting: Challenges to the one's role of being a parent

It may not be a surprise that in an IPA study involving parents and their children that this Theme emerges as an overarching one for the majority of the parents interviewed. In total five of the six parents interviewed have parenting issues as an important theme. Initially, in the interview with one of the fathers (i.e. Colin), *Parenting* was not the most obvious Meta Theme. It seemed during the analytical process that it could be captured by a structural family therapy concept, namely '*Executive Dyad*' (Minuchin, 1974; Vetere, 2001). As the analysis progressed and individual interviews were compared, the working title, as it were, became broader. The Emergent Theme label that was used as a Superordinate Theme (i.e. '*Executive Dyad*'), remained a subordinate one and *Parenting* was chosen as a broader descriptive label. For the other two fathers and two mothers, including Edith, *Parenting* became a Superordinate Theme. Some of the Emergent Themes that have been captured by *Parenting* are: '*Parents Getting It Right*'; '*Stressed as a Parent*', '*Loss of Control (emotionally)*' and '*Taking Young Person's Feelings Seriously*'. As we saw in the group comparisons with the father, I added '*working together*'. This was done to emphasise a specific part of the parenting task that the fathers in particular were talking about. When it came to make meaningful comparisons amongst all parents (i.e. mother and father), I decided that for analytical purposes the Superordinate Theme of *Parenting* would be the most helpful.

The following example illustrates the parental dilemma in relation to her daughter's self-harming behaviour, whether to provide a parenting response of discipline, or to offer a parenting response which privileges emotional connections:

Edith – (...) because you don't want to encourage her but at the same time we didn't want to... it was totally wrong to turn around because we didn't want to make her feel ashamed so we didn't want to turn around to her and say, you know, "What you're doing is wrong", because we were trying to keep the lines of communication open with her.

On other occasions, Edith speaks of how she and her husband tried different things and they adjust accordingly in light of how it works. See for instance the following excerpt:

Edith – (...) for a long time people would say to her and we would as well when she was upset, "try and focus on something positive", try and think about something you are looking forward to" we don't say that anymore because if we do even if it's something like is gonna be really good and

really happy she always make it end in disaster. So now to help her calm down if she is really upset or distraught we will go over things that have happened in the past like holidays that we have had sometimes to bring her down (...).

She then proceeded to talk about a specific instance when this pattern took place. It is here that Edith appears to be a very thoughtful parent. This thoughtfulness contributes specifically to another Superordinate Theme, namely *Comfort*. When we look at the interviews on a family level, this thoughtfulness could possibly be seen when we look at the Emergent, Subordinate Theme the interviews of Edith and Diane have in common, namely 'Impact of Parental Mental Illness'.

In the interview with the third mother (Henrietta) the Superordinate Theme of *Parenting* also seemed to be represented.

Here we see how Henrietta, Gina's mother, talks about how she usually responds to conflict with Gina, compared to how she perceives her husband, Ivan, respond.

Henrietta – Usually trying to... erm... reason with her.

RKA – Right... that's you...?

Henrietta - Yeah

RKA – OK

Henrietta – ... Erm... Ivan reacts one of two ways: he would either try and reason with her or he would get angry and shout back.

Henrietta then goes into more detail what different approaches she may use:

“Yeah, ... uhmm... yeah... and I guess the reasoning either Ivan and I reasoning would take the form of depending on what had happened and the situation. It could either be, ‘Things aren't as bad as you thinking they are and let's sit down and talk about this reasoning’, or more, you know, ‘This is you are acting very badly and you have been very rude’. So there's different ways of reacting to the conflict.”

When asked which approach she might use more regularly than others, Henrietta reflects on her as well as her husband's parenting approach when there is an argument with their daughter.

Henrietta – ... uhmm... I would say Ivan would probably revert to the more angrily “You are being very rude and don't speak to us like that!”

RKA – Right...

Henrietta – I may take more notice of why I think she is like being like it and try and... uhmm... adjust my response to her accordingly. I don't know whether I favour one or the other because it depends on why she is why I think she is behaving like she is.

6.2 Section Two: Couple Interviews

In the present section of this chapter findings of the IPA analyses of the second series of interviews will be presented, namely those with parenting couples. This relationship signifies an important sub-system within the nuclear family. Each parent was interviewed with their partner, i.e. each mother-father (or husband-wife) dyad.

Before the findings of the couple interviews are presented a reminder of the research participants involved will be provided in a table, followed by a brief case vignette.

COUPLE A.

Pseudonym	Gender	Role	Age	Ethnicity
Bernadette	Female	Wife/ Mother	48	White British
Colin	Male	Husband/ Father	50	White British

Table 11. *Research participants: Parenting Couple A*

Case Vignette

Bernadette and Colin presented themselves as having been together a long time. They had have known each other as a couple for 30 years. After about two years they started living together and married a couple of years after that. Colin and Bernadette became parents when they had been married for four years. Angie was their first child, followed by a son 3 years later and another daughter three years after that. According to each of the parents they often have arguments, separate and in front of the children. Both parents stated that they did not like the arguments, so the satisfaction level of their marriage could be described as low. Each of their parents (i.e. Angie's grandparents) are still alive but they are not seen as close and nor involved with their relationship or nuclear family. Both Colin and Bernadette are in employment, and Bernadette has recently started a child care course. Colin described himself as suffering from depression.

COUPLE B.

Pseudonym	Gender	Role	Age	Ethnicity
<i>Edith</i>	<i>Female</i>	<i>Wife/ Mother</i>	38	<i>White British</i>
<i>Fred</i>	<i>Male</i>	<i>Husband/ Father</i>	42	<i>White British</i>

Table 12. Research participants: Parenting Couple B

Case Vignette

Edith and Fred have been together since they were 15 and 18 respectively. They have a son (Leo) aged 16 and a daughter (Diane) aged 15. They described themselves as different from each other but that over the years they “learnt to compromise”. They felt that they have grown older together. Edith suffered post-natal depression after Diane’s birth for which she needed to be hospitalised. A few years later she had to be admitted again. On both occasions, it was Fred who looked after the children. At the time of the interviews Edith was in part-time employment in the voluntary sector. Fred was employed in the public sector and worked a shift pattern.

COUPLE C.

Pseudonym	Gender	Role	Age	Ethnicity
<i>Henrietta</i>	<i>Female</i>	<i>Wife/ Mother</i>	43	<i>White British</i>
<i>Ivan</i>	<i>Male</i>	<i>Husband/ Father</i>	41	<i>White British</i>

Table 13. Research participants: Parenting Couple C

Case Vignette

Henrietta and Ivan have been childhood sweet hearts. They have been together for over 20 years. Just over 12 years ago they became parents when Gina was born. She has remained their only child. They described their family as a close family. At the time of participating in the research project, Ivan’s mother had recently joined the household by moving in the family home yet in a separate area to encourage independent living. Both parents worked for a Christian charity which meant that they sometimes needed to travel to projects that they managed which were based overseas. As a result, there could be times that one parent (usually Ivan) is away from the family home one or two weeks at a time leaving the care of Gina with the other parent (usually Henrietta).

6.2.1 Overview of All Superordinate Themes from the Parenting Couples

Even though the couple interviews have also been analysed via IPA, I made the decision to present the individual Superordinate Themes in a table without going into much detail in relation to each individual parenting couple as was done when the findings of the individual analyses of each research participant was presented earlier in the chapter (see above). The selected findings presented below will focus on the comparisons between the parenting couple's interviews. Emergent Themes and quotes from interviews with the parenting couples will be used to illustrate points made. The individual Superordinate Themes of significance will be incorporated in the next chapter when the individuals and couples will be looked at in the context of the family.

Find below a table of all the Superordinate Themes that came out of the couple interviews with the parenting couples. These interviews were also analysed in accordance with the IPA procedures. The following meta themes were the analytical results:

Parenting Couple A	Parenting Couple B	Parenting Couple C
Relating to Self-Harm	Relating to Self-Harm	Unable to Influence Self-Harm
Conflicting Parenting Styles	Contrasting Parenting Styles	Traditional Division of Parenting Roles)
Impact on the Couple Relationship		Impact on the Couple Relationship
	Influence of Childhood Experiences	Influence of Childhood Experiences
	Past Care Giving Experiences	
Explanation of Angie		
		Affect Regulation: conflicting

Table 14. All superordinate themes of the Parenting Couples A, B and C

6.2.2 Common Themes among the Parenting Couples

When we look at the Superordinate Themes from all three couple analyses we notice that there do not seem to be identical themes in terms of labels found. However, when we look at the meanings behind these, the one main commonality is that all three parenting couples seemed to find it hard to relate to and empathise with the self-harm. A second main similarity could be described as the presence of

differing and contrasting parenting styles. The third main superordinate theme that will be discussed in relation to all three couples is the impact on the couple relationship.

RELATING TO SELF-HARM

The first overarching common meta theme relates to the couple's relationship to the self-harm. The parents seem to find it difficult to understand it, in fact none of the parental couples state that they truly understand it. Some seem able to acknowledge it, but when it comes to understanding it, none of the parents state that they do. It is not clear from the information we have that they want to understand it; we merely know that they do not understand the self-harm. However, as we will see in the next chapter (*'Integration'*), some parents had been explicit in their individual interviews that they would like to understand but ultimately felt they did not.

When we look at the detail we do observe a certain pattern which seems gender-based. In terms of responses from either parent, it seems that there may be a tendency for mothers to move towards their daughters and offer comfort whereas the fathers appear to move away from their daughter's distress and discipline them. This initial reaction does follow a somewhat gender stereotypical pattern. The mothers actively offer nurture and the fathers less so, if at all.

Emotional distancing from the self-harm

All three couples appeared to find some difficulty in articulating ideas relating to emotional processes in understanding their child's mental states. Being tentative about their explanation may be exacerbated by their sense of failure as parents.

There appeared to be an underlying defensive process of inhibiting their empathy with their child's world since such awareness might be too anxiety provoking.

It also appears that their attempts to manage their child are guided by the extent to which they are willing and able to enter into the child's world.

There appears to be this sense of 'we just dare not enter into our child's world, it is too scary' – 'what we might also find in ourselves?!' This theme seems to play itself out in different ways.

Find below illustrations of how this theme plays itself out in two different parenting couples.

Couple B. Relating to Self-Harm

Part of relating to the self-harming behaviour of Diane, is that her parents try to make sense of it. The couple show differences in this, for example Fred appears not to understand the self-harm, whereas Edith appears to have some insight into Diane's experiences. (possibly due to her own depressive history). Here we see Edith and Fred talk with each other about it.

Fred – but as for understanding it... I don't, I just don't, I personally can't understand why anybody would want to hurt themselves.... [pause] ...to make themselves feel better. I just don't because that's not something I know. You feel differently about that but I just.... I know and I know it's really common but I just I still don't

Edith – But I understand from a... you know... from a more of a clinical point of view about it. But I don't, I don't get it on a personal... because I never felt, I never felt like that... and I couldn't... you know, no matter how bad I felt, I wouldn't... I couldn't do that to myself so that's... you know but.....[pause]

Couple C. Unable to influence the self-harm

Ivan – I don't think, whether it's Gina, whether she self-harms as a way to try and get attention... uhmm... from one of us to draw the attention from it being about me and Henrietta to get attention for her. That's the only thing I can think of, you know,... How it would as a couple...?

*Henrietta – As a couple... sadly I would like to think we would have some influence on her to not self-harm but that doesn't seem to be the case... uhmm... [pause***]... uhmm... and, you know, as a couple in the house we're... we don't argue very much or anything like that so there is usually an atmosphere of calm in the house most of the time certainly. The, the unsettled times in our home don't usually emanate from us. So as a couple you would hope that that calm would have some influence on her behaviour but it doesn't necessarily seem to be the case, unless its lessoned because of that but you don't know that, do you?!*

Whereas Henrietta and Ivan appear to think together about past influences on themselves when they were growing up, however they seem to find it more difficult when trying to think about how their own behaviour and their own couple relationship in particular, might be influencing their daughter's self-harm.

In terms of trying to understand the self-harm, Henrietta and Ivan seem, to see it as a way of seeking attention. Could this indicate a limit to their capacity to empathise on this emotive topic? Or perhaps

it points at the possibility that it is too disturbing for the parents to think about their daughter harming herself.

PARENTING STYLES

Couple A. Conflicting Parenting Styles

Discipline: Dealing with Difference

It seems that both parents express a difficulty with the differences they perceived between how they themselves deal with arguments with their daughter and how they their partner deals with arguments that they have with their daughter Angie. The interviewer here asks Bernadette what she considers most difficult about the relationship with her husband has with Angie:

RKA – and what do you find most difficult about their relationship?

Bernadette – Probably the arguments

RKA – The arguments? OK

Bernadette – And the... uhmm .. the retaliation. John is... John is...retaliates and... yeah argues with her and... Yeah.

Colin – Not retaliate we're taught, [he says something else but is inaudible- transcription]

Bernadette – Yeah. Well... you know.

[Colin said something but again inaudible -transcription]

Bernadette – He argues with her, when I say, “Don’t!” You know, “Just ignore her!” [laughs] that’s probably is the hardest bit.

RKA – But then... the hardest bit about that is what? The fact that they have arguments...? What’s the hardest bit about that?

Bernadette – All of it really: the falling out, the atmosphere it creates, the upset of the whole house, the whole thing around it really. [Sighs and pauses]... Rather than, you know, ignoring her and... you know, tends to bite and then argue back and get involved in a big, you know... big argument where I say, “Try and ignore her”, you know.

It seems that Bernadette disagrees with her husband regarding dealing with arguments with Angie. Bernadette offers a different strategy but Colin does not follow this. As Bernadette is recounting this event, she sighs, which may appear to emphasise a possible sense of despondency about the situation.

When Colin sees that Bernadette might be struggling with Angie's emotional state, he tries to support her since he perceives their daughter to be out of control. This support seems to sometimes mean resorting to physical action by both Colin and Bernadette:

Colin – I am trying to be supportive, I think one time we both had to sort of man handle her out of the ...

RKA – Who are you supporting in that sort of ...?

Colin – I think Bernadette

Bernadette – Yeah.

Couple B. Contrasting Parenting Styles

An illustration of the different parenting styles of the parents seems to be described by Fred below. He talks here about how differently they each respond to Diane when it comes to the evening routine:

Fred – and that's... I can come straight back in with mine there because that's exactly the same for me. The frustration for me is the fact that you are so like a sponge that I think sometimes I don't think you... I don't think you are able to give her a cut off early enough. Especially bed you know, I know bedtimes is the most difficult time but for me [Edith says something I cannot hear – RKA/transcription] but for me... yeah I know it's an impossible situation and that's why we both end up feeling like... you know... exactly the same... uhmm and because for me I think ideally you get up to... I don't know 8pm or 9 and say, "Right, we are not discussing anything about that because it's gonna be worse at bedtime"

Couple C. Traditional Division of Parenting Roles

In Henrietta and Ivan's relationship as parents they too experience different and contrasting parenting styles. Find below an illustration of how they perceive this reflected in the relationship each parent has with their daughter.

*Henrietta – I would say that Ivan has more fun, a lot of fun with Gina. But equally I would say he can wind her up quite easily... [pause**]... uhmm... but they have a they do have a good loving relationship.*

Ivan – Uhmm... yeah... I think Henrietta with Gina, Gina tends to go when she is, in... needy she will go to Henrietta more for more support, more caring that type of thing. With me it is she has got the same sense of humour as me so we tend to share a lot of things like that. So yeah we do

tend to have ... it's either all or nothing with Gina it's... yeah we are either each other's bestest, bestest friends, or we are the worst enemies in the world. But Henrietta tends to be pretty consistent, would be my summary of that, consistently balanced and smug [laughs]

Ivan's contribution to the conversation here ends with a playful (possibly sarcastic) comment. The above quote of Henrietta alongside the one of Ivan may suggest a division of roles which could be seen as traditional or gender-stereotypical with the mother having a more nurturing, overtly caring relationship with the child and the father having a more friendship-like relationship.

IMPACT ON THE COUPLE RELATIONSHIP

Couple A. Impact on Couple Relationship

When we look at how the self-harm seems to influence their couple relationship, Colin in particular is clear about this. Find here an illustration of Colin and Bernadette's thoughts on the matter:

Colin – Well, I think it's putting that extra strain on it and not just the self-harm behaviour in general sometimes and this is... [pause] uhmm.... added strain on our relationship which is already quite fraught I would say...[pause]

RKA – Can I ask about that?

Colin – Yeah.

RKA – How does it put the strain on?

Colin – Uhmm.... [pause] ...in a sense I think that... [pause] ...the attention is taken off each other it's put onto....

RKA – Right.

Colin – You know I think every family member is crying for some kind of attention from... [pause] uhmm.... and I think that goes for the couple as well I think that's just another situation where your focus and attention is taken off each other and directed onto another family member umm I think that's how it puts a strain and extra stress on both of us and....

Bernadette – Worry

Colin – *Worry on top of everything else. Yeah worry, added worry... yeah*

RKA – *“Worry”... and that affects the couple relationship?*

Colin - *And the relationship with other family members as well I think. It impacts on the whole family as well but certainly between us between us yeah.*

RKA – *Right OK.*

Colin – *Yeah, that’s all I can think of.*

RKA – *Can I ask you [question directed at Bernadette]? How does or did the self-harming behaviour influence your couple relationship? Your relationship with Colin?*

Bernadette – *Yeah. I would agree it’s just in a bit... uhmm... pressure in it really, stress, strain uhmm...*

Colin – *But it does unite us in a small sense I think in it... [pause]...in it,... [pause] ... because we both share the worry.*

It seems that Bernadette and Colin cannot think how their relationship (described by them during the interview as “fraught”) may be influencing the self-harm. They appear to find it easier to think of how their relationship might be influenced by it. One may describe the impact on their couple relationship as an ambivalent dynamic since it seems to unite them as well as divide, or cause added pressure.

Couple B.

As is the case with Bernadette and Colin, Edith and Fred believe that there appears to be an influence of the self-harm on their couple relationship:

Edith – I just think, I just think that whole time just... it made it... the more and more bad things got and then once that through all that self-harming in the Summer and in the Spring... It just made it more and more difficult because we get.... definitely draw strengths from each other. And it made it more and more difficult to spend any time alone together obviously. We were really stressed as well and we were trying.... (...) and because we were stressed we were definitely and not being able to spend enough good time together we were definitely more snappy with each other and....

Fred – That definitely put pressure on us

Edith – Yeah definitely... yeah

We learn that the self-harm seemed to affect Fred and Edith's relationship too. They found it difficult to spend time with each other. In addition, they seemed to have noticed that when they did manage to spend any time together that their communication had become negative with each other.

The aspect of impact on their couple relationship was clearly present but in Couple B's case I made the decision not to elevate it to a Superordinate Themes status since the *Childhood Experiences* and *Past Care Giving Experiences* seem to have been more dominant in their couple interview. I did include it here since their example shows some agreement with the other two parenting couples in that they believe that their relationship as a couple is affected by the presence of self-harm.

Couple C. Impact on the Couple Relationship

Couple C does share with Couple A the Superordinate Theme 'Impact on the Couple Relationship'. Ivan and Henrietta each seem to experience a similar dual impact on their relationship. These opposite yet complementary effects will be illustrated by explicating to subordinate themes that are captured by this Superordinate or Meta Theme, namely 'Added Stress to the Relationship' and 'Closer Relationship'.

Added Stress to the Relationship

*Ivan – Yeah. I mean I would say it would, I mean we always we have always been fairly open with everything... uhmm... you know, where we always end up talking stuff through. It has made us actually talk stuff through a lot more, probably made us more aware. Definitely me more aware of, of how things do tend to escalate quite quickly... uhmm... and we still you know yeah hasn't all it's done I suppose it's added a degree of stress, you know, unnecessary stress to the relationship when we're trying to deal with, with that it's, it's something that you know in addition to sort of like day to day life it's sort of like well how do we manage this as well would be... [pause**]*

As is the case with the other two couples, there seems to be an ambivalent dynamic taking place with Ivan and Henrietta that the experience of their daughter's self-harming behaviour adds stress and a certain amount of disagreement or conflict to the couple relationship on the one hand and draws the couple to each other on the other.

Closer Relationship

*Ivan – It's not that we argue as a result of it all, we fall out, anything else like that doesn't happen, but if anything it has actually drawn us probably closer to.... not that we were distant but probably closer because we will you know talk about it a lot more and, you know, ... [pause**] cry together about it whatever. We end up doing to sort of like trying to work out how, why, if what, when and all those questions that go through your head.*

6.2.3 Selection of Other Superordinate Themes

The remainder of the Superordinate Themes were not clearly shared by all, so a selection will be presented to show the links to the interviews themselves.

INFLUENCE OF CHILDHOOD EXPERIENCES

Couple B.

Find below an excerpt of the couple interview in which Edith and Fred jointly reflect on their childhood experiences. These seemed quite different from one another. Fred and Edith returned to this theme in several ways at different times during the interview.

Edith – Well, my parents were just completely like two separate entities. I mean they are still together now but they have the most volatile relationship and.... Uhhh... and it was always you know, they were never united on anything and it was always, “Don't tell your dad this” or “Don't tell your mum that” or and.... Uhhh.. I mean that's the biggest thing that I remember from growing up ... (....)It made be determined that, that never to be like that and that is really important to you know to talk about things and be united in your... with your children so that... uhhh... you know, you're both there for them together and they have got a solid base for being brought up. Because it wasn't like that for me when I was growing up.... [pause] [Laughs] [then sighs]

Edith – Your family is completely different.

Fred – Yeah, they are total opposites my family. (....) But there I mean it was total opposite they never had an argument they were, they were totally united on everything they used... to they never used to discuss anything with us. Uhhh... which I sort of... wanted to be the opposite of growing up because I think... I think there was things that I would have preferred to have been aware of growing up and nothing major but you know just everyday things which they didn't... they didn't

deem suitable for me to know for whatever reason or thought that I didn't need to know and but we've not we've not been like that with Leo or Diane, have we?!...

In Edith's case, she seemed to be in the middle of her parents, keeping secrets from the other parent. There appeared not to be parental unity, whereas in Fred's case his parents he described as very united possibly to the exclusion of their children. However, in his case it appears that his parents did not discuss anything with him.

The impact of their own experiences of having been parented seems to be that both Edith and Fred are very open as parents with their children about what is going on.

Couple C.

Find below an illustration of how both parents are trying to think back whether they had any knowledge or even awareness whether things like self-harm existed or indeed was taking place in their family circle. They seem to demonstrate a similar background without any experience of self-harming behaviour, either directly or indirectly.

Henrietta – I think what is unhelpful is that... uhmm... nothing like that ever seemed to happen or be talked about in my family we didn't come across anything like that and if something similar might be mentioned... uhmm... maybe suicide or anything like that it was a very "shocking subject" to, you know, to the family. That's how I heard my parents talking in terms of things like that, so that's kind of that's unhelpful because I find I haven't come from any experience of this at all...

Ivan appears to echo this experience when he reflected on his childhood:

Ivan– Looking back, I mean, as a kid naively or non-naively, I mean, stuff like this just didn't... not... I'm not saying it didn't go on around, you know, in school or in family circumstances but whether I wasn't aware of it or whether I was a typical lad who didn't really pay that much attention to stuff that was going on around me like that but again I can't remember circumstances of when it was even sort of like, talked about in our house. It has never been an issue as far as I know for any family members or anything else like that. So I think, again, probably a little bit sheltered to it, in the fact that never had to deal with it anymore anything like that at all... uhmm... but at the same times that it's quite a good thing that you know we have not had to deal with stuff like that as a family, you know,...

Here we seem to learn about a different influence of Ivan's childhood. In an earlier quote we saw that Ivan was sheltered from things by his parents too much he thought, resulting in him being a bit of a naïve teenager by his own admission (which by implication he may have wanted to do differently

with his own daughter). What follows is an example of something Ivan has noticed, which could be described as a similar and hence a repeating pattern, namely his confrontations with his own dad as a teenager and the way he feels that he antagonises situations as a father to his own daughter now.

Ivan – You do pick up traits of your parents, don't you? That's, you know... I do hear myself and I am thinking, "God, I'm sounding like dad used to..." uhmm... Whether that's a good thing or a bad thing... (...) you know, Henrietta has always said, you know, the way that I speak sometimes to Gina and the way that I react and I tend to antagonise it that's, you know, pretty much how I was with my dad.

Couple A. Childhood Experiences as an emergent theme

Even though it did not become a Superordinate Theme and remained at the level of a subordinate or Emergent Theme, Colin and Bernadette did reflect on their own childhood and made links with current parenting. It did not seem to be so present and impactful as with Couples B and C, i.e. Fred and Edith and Henrietta and Ivan respectively.

There are moments during the couple interview that Colin and Bernadette in particular tries to reflect on her own experiences of having been parented:

Bernadette – Uhmm... yeah maybe the only thing I can think of was maybe my mum's... uhmm... What's the word? Uhmm... lack of... uhmm...[pause]... lack of empathy. I don't know how you would like to say it, maybe I am like her a little. Maybe I could or should be a little bit more sympathetic, do you know what I mean? That's the only thing that I can think, relating to my childhood. My parents were both very much, you know 'get on with it and deal with it'-type thing. So maybe that's reflected in me with Angie, I don't know. I don't think it is but...

RKA – "reflected in..."?

Bernadette – Maybe it's reflected in my behaviour towards her. Maybe I'm not as sympathetic as perhaps another mother might be... Do you see what I mean?

Colin appears a bit less psychological about it and mentions the fact that it was a different time and one just had to get on with it, whatever was upsetting or going on. Bernadette on the other hand seems to make attempts to reflect at a deeper level of complexity. Here she continues the theme of how she had experienced her mother when growing up. Bernadette expressed having experienced her as less sympathetic and possibly less empathic and how this may have influenced her own relationship as a mother with her daughter.

Bernadette – Well, that’s difficult because I’m almost contradicting myself. I’m saying maybe I’ve not been... [pause]... what would did I use before?’ Maybe as sympathetic as I could be, but although I think I have. Do you know what I mean? Maybe I haven’t, but then at the same time I think I have always clung on even though we were sent to school when they were poorly and my mum didn’t particularly give much sympathy. I always had quite a close relationship with her so I think I have clung onto that with Angie as well. Do you know what I mean?

RKA – Mmm...

Bernadette – So I’ve had good and bad things that have affected the self-harming. Maybe because she knows that she can still talk to me about it when she chooses to... ‘Does that make sense?’ ... about the self-harming focusing on that. But maybe my whole attitude towards it isn’t as sympathetic, so I am almost contradicting myself. But I think there is a little bit of both.

Find below an illustration in which it looks like Colin agrees that he has developed the emotional strategy of looking after oneself and does not know how it feels to be comforted. As he tries to talk about it, he appears to find this quite hard.

Colin – I just remember we never ever spoke about anything.

RKA – Sorry, when you were growing up?

Colin – My mum never spoke about anything,

RKA – Really?

Colin – Yeah, it was all...

Bernadette – Maybe that’s why you don’t speak to Angie about the self-harming?!

Colin – No, I want to... I want to, but...

Again, despite the fact that for Couple A the theme of Childhood Experiences was not elevated to the next meta level, I decided to include this piece of transcript which illustrates how they reflected on their childhood during the couple interview

AFFECT REGULATION: CONFLICTING STYLES

Couple C.

Henrietta and Ivan were the only couple for whom the issue of affect regulation became a meta theme. What follows are a few illustrations of how they express conflicting styles. They will be presented

under the respective emergent themes that are encapsulated by the superordinate theme of *Affect Regulation*.

Escalating Conflict

This emergent theme shows how Henrietta sees when conflicts escalate.

Henrietta – I think I find most difficult thing is the way that Ivan speaks to Gina can often... uhmm.. like flare up her temper. It can aggravate a situation sometimes by the way that Ivan just deals with something or speaks to her. I find that really frustrating.

RKA – Say a bit more about that

Henrietta – Uhmm... just, just the way he might just phrase a sentence. I know, just immediately it would wind her up just because of his tone and so... uhmm... rather than asking her or just saying it in a different way. It's quite... it comes across as quite aggressive to start with so immediately. There is that tension between them that may or may not escalate. So that frustrates me sometimes.

Henrietta speaks about her frustration and seems to view Ivan as the one who causes the escalation of emotions which is regarded as a negative thing.

Calming Influence

Ivan – What frustrates me, sometimes Henrietta's tolerance level frustrates me. Just the.. you know,... like I am very much like, "Do it, do it now" type of thing, whereas Henrietta will be a lot more cajoling which... You know when we are trying to get stuff done or when were in a rush as we often tend to be you know it's just, "Come on, we need to do this now" and "Quick come on. Let's just get on and do it" whereas Henrietta is, I am not saying it's a frustration, but also something that I know is probably the better way.

He ends his reflection on the different ways his wife and he deal with conflict as follows:

Ivan –(...) but yeah Henrietta tends to, you know, be that calming influence far more than me most of the time.

6.3 Differences between Individual and Conjoint Parental Interviews

When reflecting on the difference between the accounts of parents when they were interviewed on their own and when they were interviewed in the context of the parenting couple (i.e. when they were

in the presence of their partner). It seems that the themes differed despite the fact that the research interview schedule is similar. In a few of the individual parental interviews a meta or superordinate theme emerged that had to do with the couple relationship as being supportive.

During the individual interviews, the relationship with the partner was often described in positive, supportive terms with the partner sharing in their distress. It was interesting to note that when the parents were interviewed as a couple more themes seemed to emerge regarding a difficulty in coping, challenges with regards to parenting and overall being emotionally overwhelmed by the self-harming behaviour or the experience of their daughter harming herself.

When reflecting on this difference, several ideas come to mind.

In an individual interview someone is at a distance from the couple relationship. One is more in a position to reflect on this relationship, consider the strengths and challenges and this could potentially result in more appreciative thoughts and appreciative language than one is in the presence of one's partner. Possibly during the couple interviews a different context gets created which is less conducive to appreciative thoughts and language to come to the fore. It could be that being in a more reserved society being appreciative about the relationship one has with one's husband or one's wife is not a culturally acceptable thing to do. The other side of such a context may be that because one is in the presence of one's partner with whom one is living through, this distressful period that one feels safe enough to share the challenges because one is more in the presence of someone who is living it with you day and night. Whereas when one is on one's own reflecting on such a relationship the challenges might be less available in one's mind and the positives less available to one in the couple relationship.

These are mere ideas and thoughts that came to mind and are not meant as an exhaustive or definitive list of differences between the different interview contexts. It suffices to note here that I wondered about these differences based on what transpired in the analytical process. From an experiential perspective as the researcher conducting the interviews, I cannot state that these were obvious differences in terms of how "comfortable" people felt and hence more at ease to share information about themselves. The differences in my view, would need to be sought in the specific context that got created with the key difference being that the research participant was or was not in the presence of their partner.

Note on Process

There were some instances when it seemed that a couple wanted to make a good impression. They sought the other person's agreement regarding a point made. Particularly at times when it came to showing their concern for the wellbeing of their daughter, they seemed to want to get across that they

were reasonable. I felt at other times a possible triadic process of drawing me in may have taken place when there was disagreement between the parents. When it came to 'empathy' and 'nurture' it appeared that it was more often the mother who presented herself as more empathic, caring and patient in relation to her daughter than her husband. In some of those instances, she would appeal to me, the research interviewer, as an ally who may know what she was talking about and was himself capable of empathising with her point of view.

The fathers on the other hand seemed to try to get me on their side when there were differences in the couple. They may have assumed that I understood or perhaps even shared their point of view based on the fact that I too was a man.

Reflecting on these processes, I wonder how the first individual interview impacted on this phenomenon. It may be that a parent felt that I would understand their view because I had met with them before and had possibly provided them with a sympathetic ear. On the other hand, each parent was aware that I had met with the other parent too, so this may have lessened this effect. It may in turn have added to a sense of neutrality on top of the familiarity. This may have reflected on the moments during the interview when the couple dared to show differences during the interview

CHAPTER SEVEN

7. FINDINGS: INTEGRATION - 'PARTICIPANTS IN CONTEXT'

Introduction

In this chapter, the *Findings* of further analyses will be presented.

We have seen the thematic analyses of the individual interviews. The interviews of adolescents, their mothers and their fathers have been analysed and comparisons within each group have been described. The mothers and fathers have been put together to create a larger group of parents. The different themes of these analyses were described.

In addition to the individual interviews, one interview with each parenting couple took place after each mother and father of the same family had been interviewed separately. The analyses of these interviews were presented in the second section of the previous chapter.

In this second part of the *Findings*, our perspective will be broadened again to take account of each person's role in the family.

This present chapter will start with the presentation of the findings from an analysis of family scenarios looking at emotional closeness and distance. This section will deal specifically with this key issue that is an inherent part of any relationship.

This will be followed by approaching each research participant in their respective relational context, in their nuclear family. The themes apparent for each family member will be considered in the context of the themes for the other family members.

In the final section of the Findings the results of the individual, couple and family based analyses will be integrated. The systemic framework of the analytical process will result in a presentation of the three families involved in this research project that is an attempt at looking at what we can learn from the complexities of triadic relationships when self-harm has become part of the lives of a family.

Note Regarding the Analytical Process

At this point I would like to remind the reader of something discussed in the *Methodology* section. IPA is explicit about the presence of the researcher in the interview (via the construction of the interview questions) in the interview itself (by asking the questions, i.e. with all non-verbal and paralinguistic signs), as well as in the analyses by virtue of reading and thinking about the data.

However, IPA has evolved into such a robust analytical tool that findings can stand up against scrutiny.

I am aware that this chapter (in particular section two) will move the analysis onto a different conceptual level. The individual analyses, as is customary in an IPA research project, have resulted in a list of Superordinate Themes. These themes are compared and contrasted in a standard IPA research because the group of participants is homogenous regarding certain relevant criteria. The difference will be introduced when these discrete Superordinate Themes are presented alongside those obtained from another interview. The context in which those meta themes were obtained via the emergence of subordinate themes was an interview about self-harm. In each family it is the adolescent who has engaged in such behaviour. This means that the interviews of the said adolescent and each of her parents' interviews could be usefully be looked at together. The connections suggested and the formulations presented will be influenced by how the researcher sees these as linked up. In this part of the analysis, the IPA process will be extended to take account of family-based connections between different research participants. It is at this point that the systemic perspective has also been applied to the analysis of the data.

Overview of Chapter

Section One: Family Scenarios

A specific part of the semi-structured interviews asked questions about different family scenarios. The results from these will be presented here.

Section Two: Meta Themes in the Family

The Superordinate Themes that came out of all the nine individual interviews will be grouped according to the family to which they belong: A, B, or C. The family-based analyses will be complemented by the results of the analyses of the couple interviews and the results from the family scenarios.

Section Three: Final Integration

In the final section an attempt will be made to offer a systemic-attachment formulation of the data across the three family groups of participants in this study.

7.1 Section One: Family Scenarios

Emotional Closeness and Distance

A particular focus of this research has been the emotional connectedness between different family members when there is an adolescent who self-harms. The interview schedules designed for this study (see *Methodology* section & Appendices 5-7) included questions that asked participants to think of certain situations in their family life that resulted in a calm, tense or conflictual atmosphere at home. They were then asked certain specific questions about it. In addition, a specific scenario of a self-harming episode was enquired about via questions regarding emotional connectivity. One of the components of the questions was to say who they felt closest to and who they felt most distant from in each of the scenarios. This section will deal with the responses from each participant to these specific family scenarios. First are all the answers per scenario per respondent.

The information obtained about emotional closeness and distance will be presented here. Diagrams are provided to illustrate the triadic dilemmas discussed.

Triangles

In order to add another layer to the data analysis, I decided to use the Bowenian concept of the emotional triangle. As described in the Literature Review (see above), he mainly spoke of anxiety that is present and may flow through a relationship system, I use it here to think about emotional connections.

Using Bowenian diagrams to look at the emotional patterns of closeness and proximity, we can get a different understanding of the triadic relationships in each of the families. The currency used in these diagrams is 'emotional distance'. In order to think of emotional connectedness a geographic metaphor comes aptly to mind. I have used symbols familiar in drawing genograms (McGoldrick et al., 1999) to decide on shapes and position of the symbols (see diagram 1).

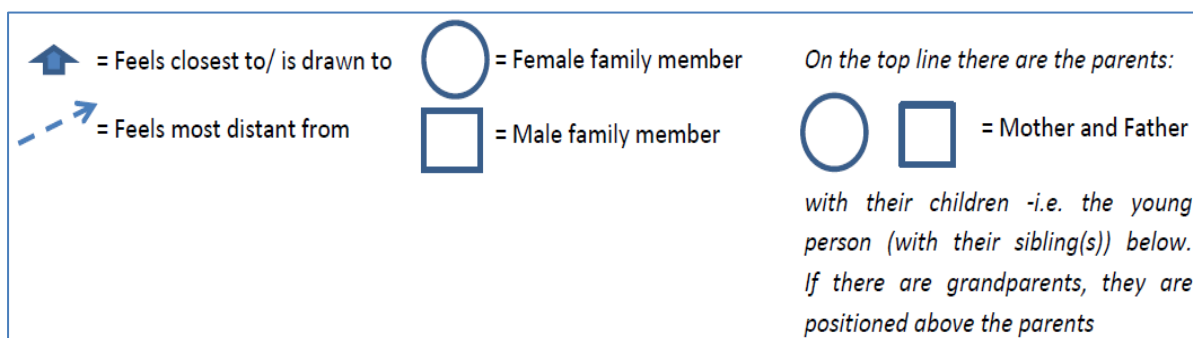


Diagram 1. Key to symbols used in diagrams of Triadic Family Scenarios

7.1.1 Family Scenarios: Young People

When we look at the scenarios when the atmosphere is described by the adolescents themselves as calm, both Angie and Diane feel closest to their mother and most distant from their father (see Diagram 2.). Gina did not seem to be able to think about who she was closest to, since she said that she felt close to everyone in equal measure. One of the three young people said that it depended on which conflictual scenario she thought of, who she felt closest to and most distant from (Diagram 3). In the first situation Angie thought of, her emotional allegiance would reverse from feeling closest to her mother to her father being the closest and mother the most distant. She could however, also think of situations when her emotional connection to her parents remained the same. Gina's emotional allegiance seemed to switch away from her mother and father equally beyond her parent towards her paternal grandmother.

In Angie's case either as a result to switch their feelings of emotional closeness when they think of a familiar family scenario that they thought of themselves of when there is conflict in the home (see Diagram 3.). Diane stated that she still felt closest to her mother and most distant to her father.

Gina was the only one who seemed to introduce a cross-generational emotional alliance. If we try to understand this, the fact that her paternal grandmother lived close to the family home, actually in an annexe attached to the home does introduce physical proximity. However, it is noteworthy that Gina seems to by-pass both her parents in favour of her paternal grandmother when she perceives there to be conflict in the family home.

From the perspective of the adolescent

A Calm Family Scenario

When we look at the scenarios when the atmosphere is described by the adolescents themselves as calm (see Diagram 1.), both Angie and Diane feel closest to their mother and most distant from their father. Gina did not seem to be able to think about who she was closest to, since she said that she felt close to everyone equal measure. As a result she did feel she could not answer who she felt most distant from.

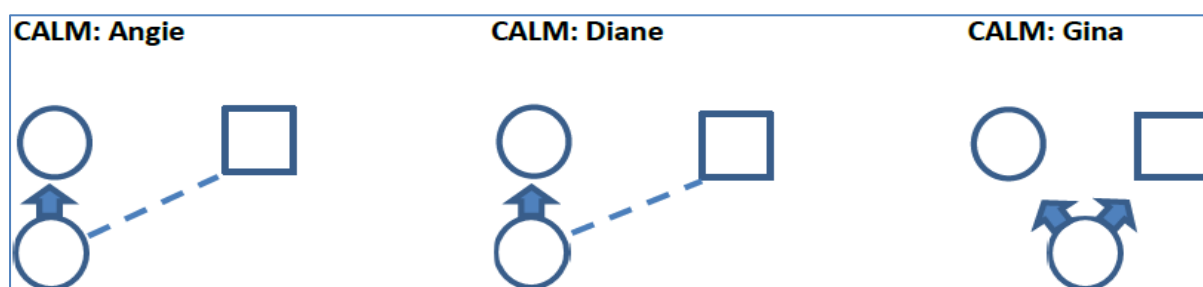


Diagram 2. Triadic family scenarios: Adolescents -CALM

A Conflictual Family Scenario

When asked who they felt closest to and most distant from, two of the three young people said that it depended on which conflictual scenario they thought of. All three adolescents were asked to think of a scenario when there were arguments in the home (Diagram 2.). Angie seemed very clear in her mind who she would feel closest to, it seemed to depend whose side she was on. If she felt her mother had a go at her father for drinking too much, she would side with her mother and feel closest to her. Whereas if her father was having a go at her mother for favouring her younger brother, she would take her father's side resulting in feeling closest to him.

In the first situation that Angie described she would be having an argument with her younger brother in the presence of her parents, Angie thought of her emotional allegiance would reverse with her father being the closest and mother the most distant. In these cases, Angie feels it is her mother who sides with her brother and is against her. When she thinks of arguments that ensue between herself and her father, her emotional connection to her parents remained the same: closest to her mother and most distant from her father. When we look at the interactional pattern at play, this related to the example Angie gave when her mother and she agree that her father drinks too much. Gina's emotional allegiance seemed to switch away from her mother and father equally beyond her parent towards her paternal grandmother. When her parents are arguing, she would feel equally distant from them and closest to her nan. Diane stated that she still felt closest to her mother and most distant to her father whatever the conflict is in the home.

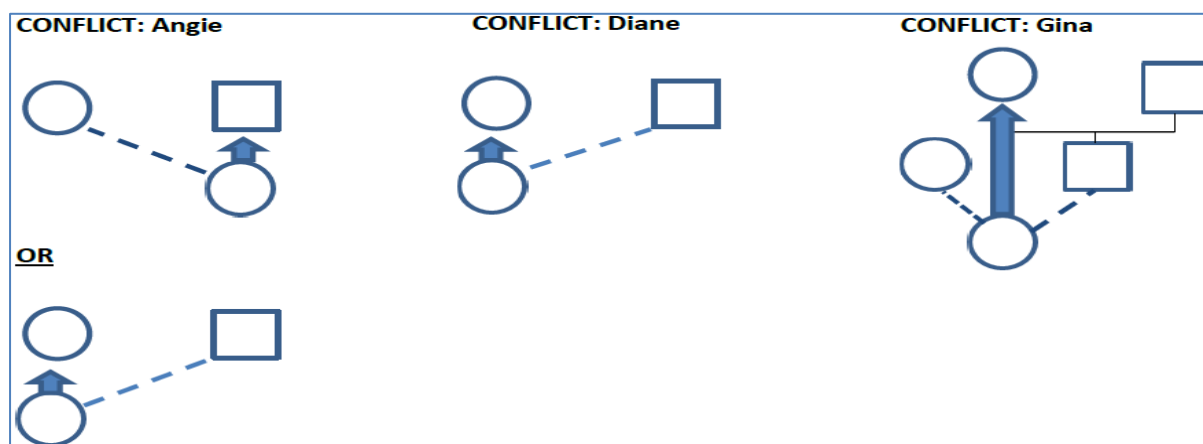


Diagram 3. Triadic family scenarios: Adolescents - CONFLICT

7.1.2 Family Scenarios: Mothers

A Calm Family Scenario

When we look at the scenarios when each mother regards the atmosphere in the home calm and tranquil, both Edith and Henrietta state they feel closest to their husbands. Bernadette on the other

hand stated that she either feels closest to her youngest daughter, or her son. Bernadette and Henrietta both feel most distant from their (in Bernadette's case eldest) daughters, Angie and Gina respectively.

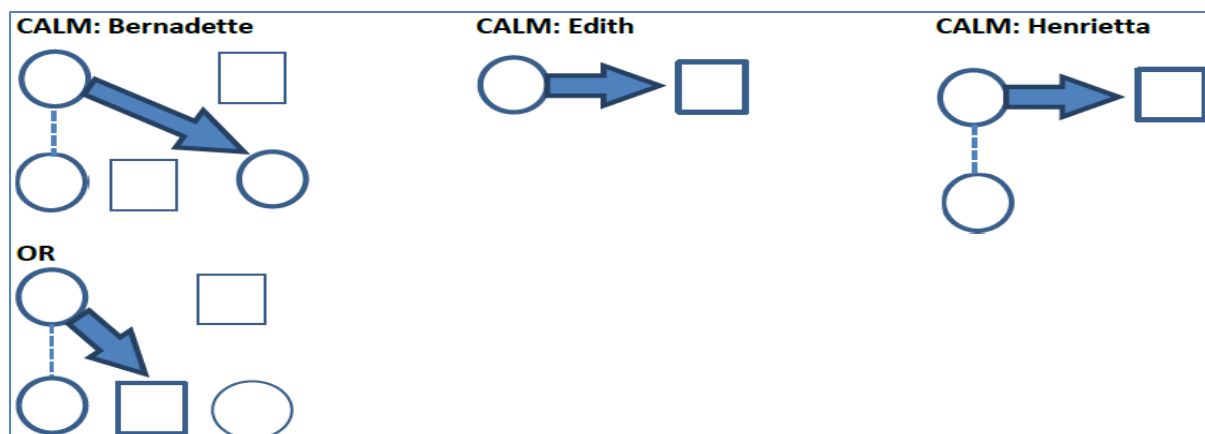


Diagram 4. *Triadic family scenarios: Mothers - CALM*

A Conflictual Family Scenario

When there is conflict or arguments in the home, it is Henrietta as the only mother who still feels closest to Ivan, her husband. Edith seems to shift her allegiance emotionally when there is conflict in the house. Instead of feeling closest to her husband as was the case when the atmosphere in the home was calm, Edith either feels most distant from him when there is conflict, or her daughter, she feels closest to her son. This change she describes whether she believes whether her husband, Fred, as overstepped the mark with her daughter. Bernadette shows identical patterns of closeness as when she describes the atmosphere as calm in her home. She remains feeling most distant to her eldest daughter, Angie, and closest to either of her other children. Henrietta, too, has an identical emotional triangle when there is conflict as when there is calm. She feels most distant from her daughter and closest to her husband.

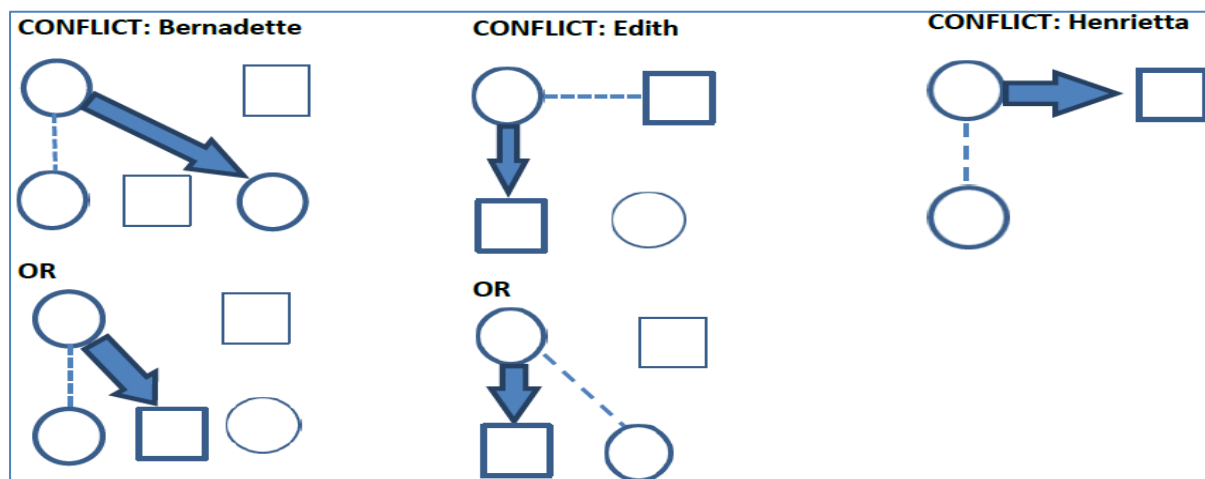


Diagram 5. *Triadic family scenarios: Mothers - CONFLICT*

7.1.3 Family Scenarios: Fathers

A Calm Family Scenario

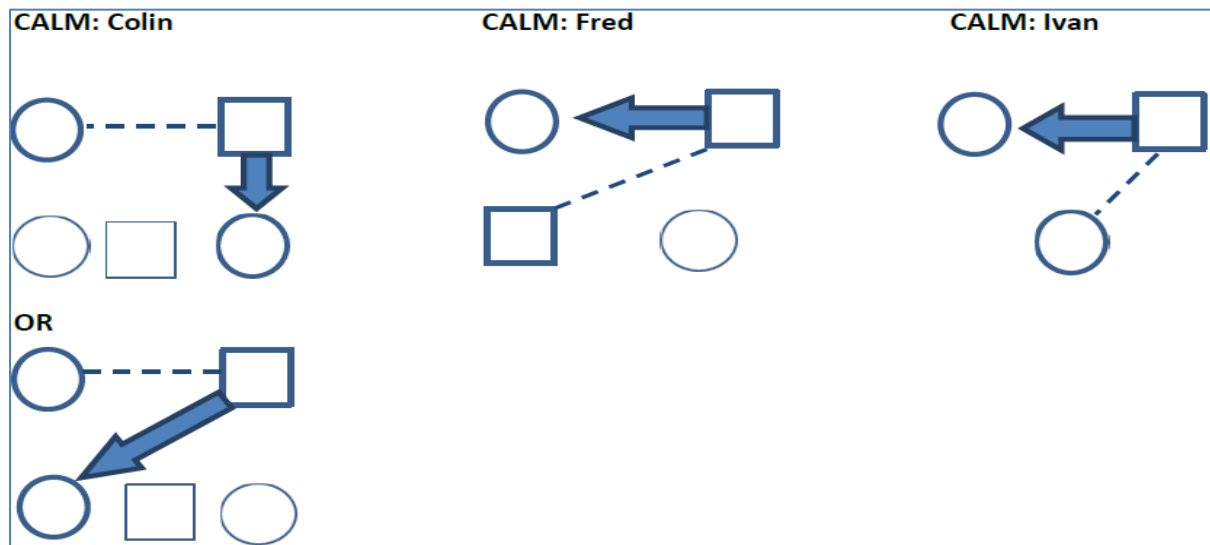


Diagram 6. Triadic family scenarios: Fathers - CALM

Thinking about when things are calm in their family home, both Fred and Ivan feel closest to their wives, Edith and Henrietta respectively. On the other hand Colin, feels most distant from Bernadette. Fred feels most distant from his son, and Ivan from his only child, Gina. Colin is the only father when things are calm who feels closest to his daughters. He explains:

Colin – Well, I am naturally closest to Katy but when we are doing the jokes and stuff, Angie because we do the cartoon voices and talking about comedy things. We have got similar sense of humour and we do get on really, really, well. Yeah, I don't sort of analyse it at the time and it's natural.

A Conflictual Family Scenario

When there is conflict in the home, the emotional connections of all the fathers remain the same in terms of who they feel closest to. When they reflect on who they feel most distant from, Ivan keeps his daughter in this position. Fred did not answer this question, whereas for Colin it changes for him. In conflictual situations, he feels most distant from his eldest daughter, Angie, and his son.

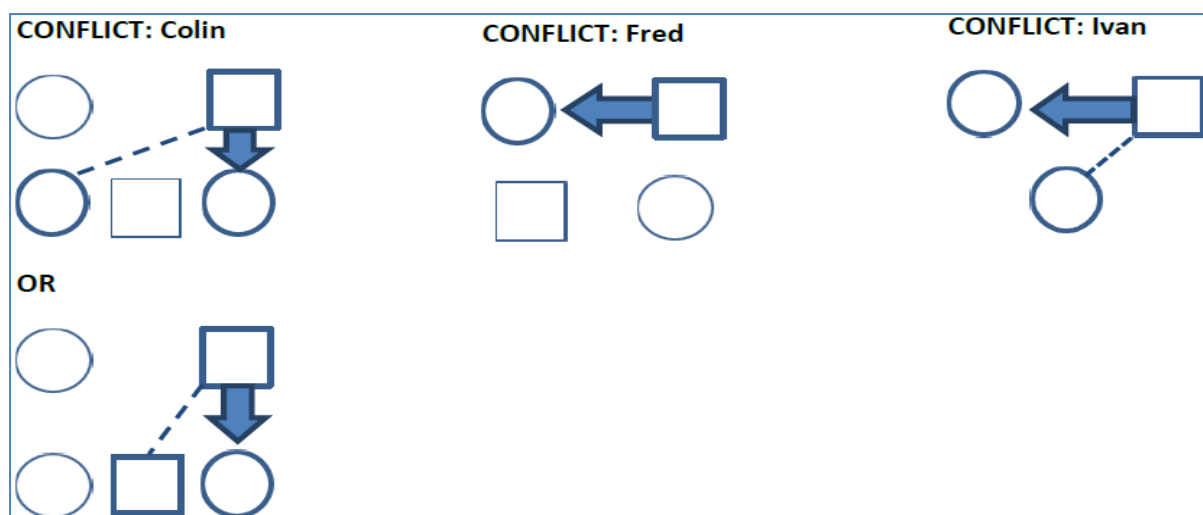


Diagram 7. *Triadic family scenarios: Fathers - CONFLICT*

Overall Comment: Calm & Conflict

Even though this may read like a circular argument, when we look at the detail it appears that the emotional distance and proximity seems to draw in other members of the family who are not in the conflictual situation themselves. Here we find that further research into the triadic relationship dilemmas in families, would need to include other members of the family to appreciate the complexity of the relational dynamics when families are in severe and ongoing distress.

Since every person would experience family life to be calm(er) at some times and more conflictual as others, it was important to include this perspective in this research.

7.1.4 A Self-Harming Family Scenario

We shall now share the results per group of the responses directly related to self-harm.

Adolescents

When the young people thought of the situation of when they had self-harmed, only one person (Angie) did not feel close to anyone, neither in her household or anywhere. She said she felt most distant from everyone. Diane and Gina on the other hand, did seem to be able to identify a person they left closest to. For Diane this would be her mother and for Gina she felt closest to her grandmother. In terms of the person who the adolescent felt most distant from, Diane was unable to identify anyone. Gina on the other hand, seemed to blame her parents for her need to harm herself.

She said it depended on who she felt “most annoyed with” would be the one she felt most distant from.

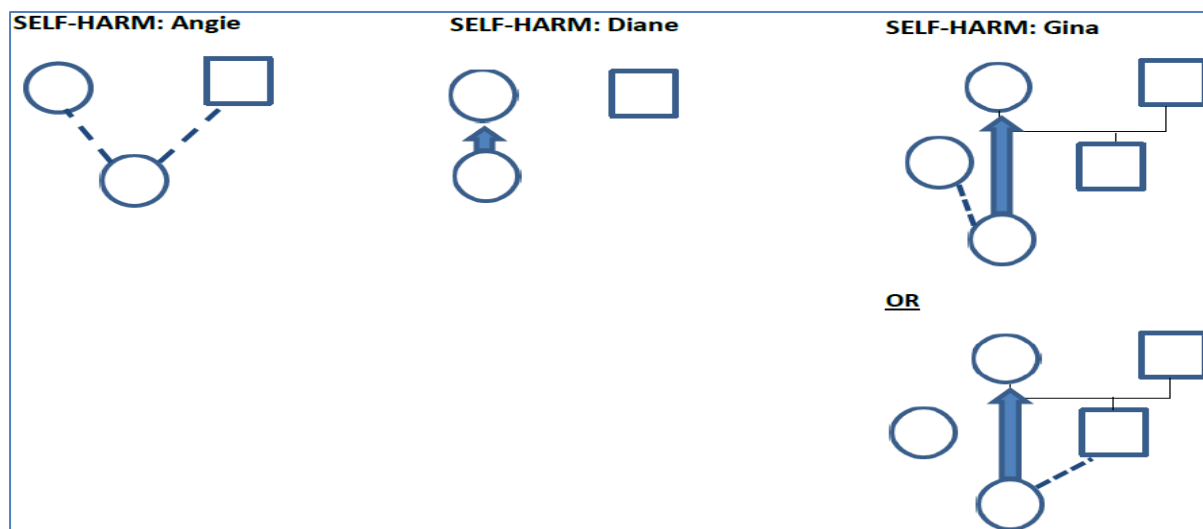


Diagram 8. *Triadic family scenarios: Adolescents – SELF-HARM*

Mothers

Only Edith said she felt closest to her daughter during and after her self-harming. Bernadette remained feeling closest to one of her two other younger children, whereas Henrietta could feel closest to her husband, Ivan, if he was in the house. Henrietta and Bernadette both show a different pattern of feeling most distant to their husbands. In Henrietta’s case, it is when Ivan is away (overseas) for business when their daughter engages in self-harming behaviour.

Henrietta is the only mother who stated that there are situations when her daughter has self-harmed that, she did not feel close to anyone, felt completely isolated.

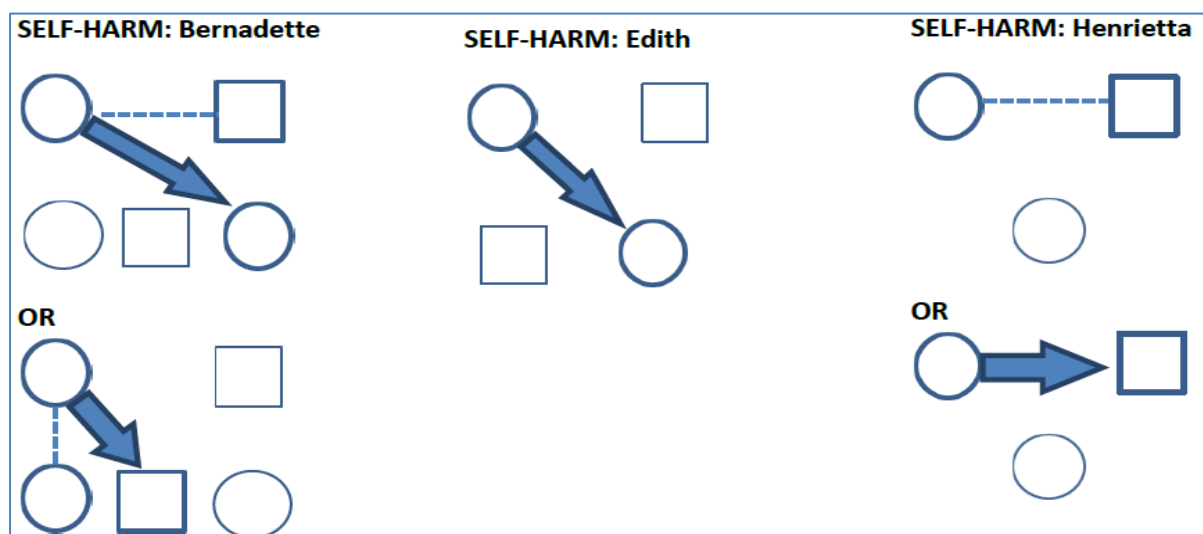


Diagram 9. *Triadic family scenarios: Mothers – SELF-HARM*

Fathers

When their daughters engage in self-harming behaviours, both Fred and Colin feel closest to Angie and Diane respectively. Ivan seems the only one, who continues to experience that he feels closest to his wife, Henrietta. Fred did not seem to share who he felt most distant from in those situations.

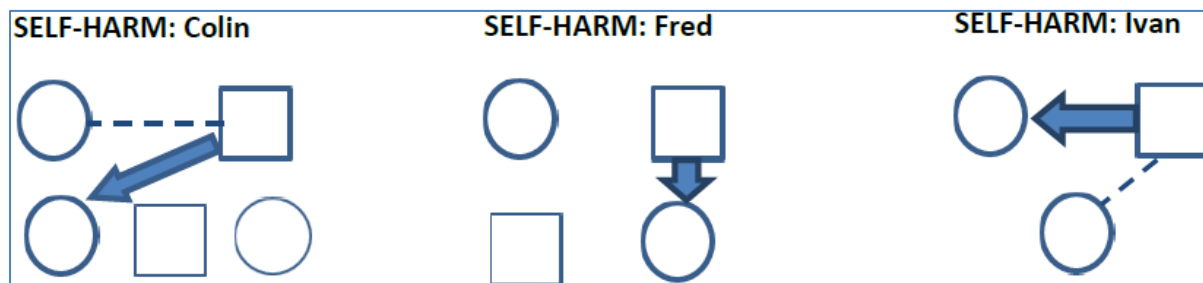


Diagram 10. Triadic family scenarios: Fathers – SELF-HARM

Overall Comment: Self-Harm

Both Angie and Gina do not feel close to anyone when thinking about self-harming episodes, whereas Diane stated she feels closest to her mother. Interestingly, Diane in turn could not state who she felt most distant from during self-harming episodes.

All the mothers either felt most distant from their husband (Bernadette and Henrietta) or could not say (Edith). Henrietta was the only one who stated that she did not feel close to anyone when her daughter engaged in self-harming behaviour. In fact she said that she felt “totally isolated”.

Fred and Ivan both felt closest to their partners when they experience the atmosphere as calm and at the same time they feel most distant from their self-harming daughters. Colin however feels closest to either of his daughters and most distant from his wife. Ivan feels consistently closest to his wife even when his daughter self-harms. Fred and Colin both feel closest to their daughter above any other family members when their daughter is or has been cutting herself.

7.2 Section Two: Family-Based Analyses

In the present section we will continue to widen our analytical lens

We will learn the results of the family-based analyses of the research data. It will start with a presentation of the thematic analysis of Family A followed by Family B and C. The Superordinate Themes that were presented on an individual and group basis will be presented alongside the other family members. Each family will be introduced by a genogram which includes all the members of

the house hold. These family trees are aimed at helping the reader contextualise the raw family data provided.

7.2.1 Family A

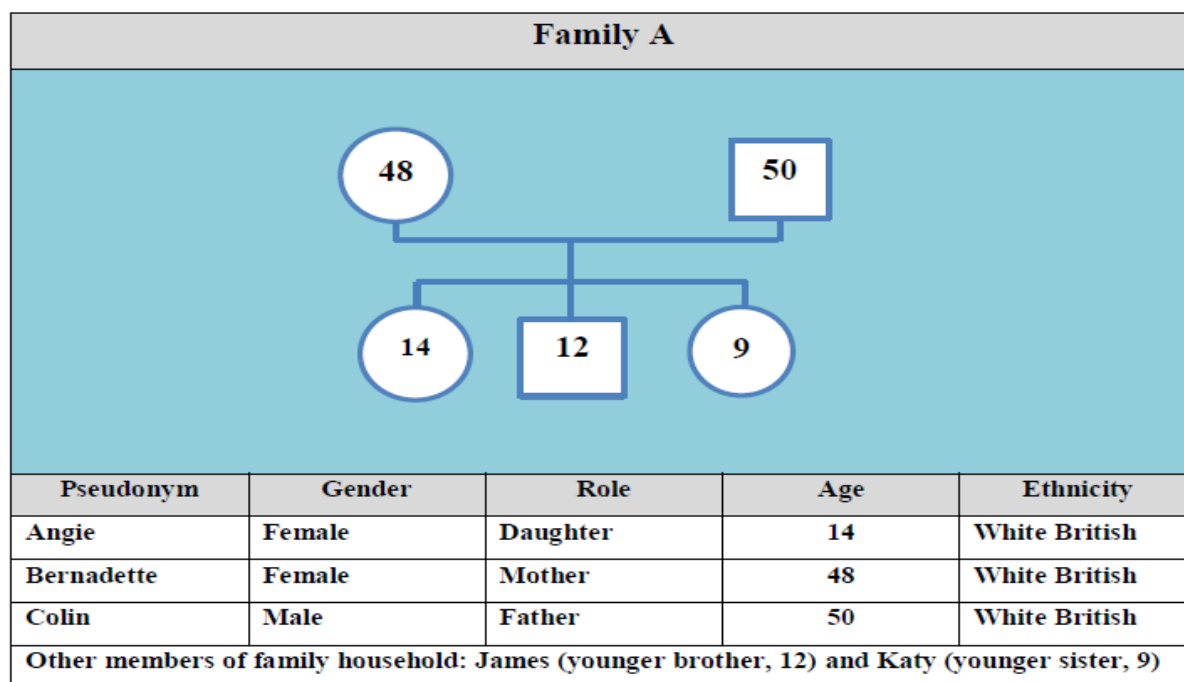


Table 15. Genogram and family data of Family A

Superordinate Themes

Find below the Superordinate Themes of Angie, her mother Bernadette and Angie's father, Colin, presented alongside each other.

Young Person (Angie)	Mother (Bernadette)	Father (Colin)
Powerlessness	Self As Victim Emotions	Powerlessness
Emotional Literacy	Emotions	
Safety in Separation		Exclusion & Closeness

Choosing Sides		Being in the Middle
	Life Cycle Issues	Life Cycle Issues
Feeling Responsible		
Self-Harm Creates Closeness		
		Ideal vs Actual Parental Self
		Parenting
	Emotionally Overwhelmed	

Table 16. Superordinate themes of Family A

Initial Comments

At first glance, one can see that Angie and her father's interviews were richer in terms of their diversity of meta-themes. The subordinate or emergent themes were of such variety that they could not be more meaningfully grouped at a higher analytical level. If I had pursued this anyway, it would have meant thematic labels that would have been too broad and too far away from the interviews themselves. The analytical strength would have been significantly lessened.

Looking at the Superordinate Themes alongside each other

For the purposes of analysis, I have tried to group the themes together in terms of content. On the surface, there do not seem to be many themes that are shared across the whole triad. However, the main connection seems to be around feeling powerless, out of control and ineffectual to influence what goes on around oneself. Angie feels powerless as does her father, Colin, and Bernadette has a theme of 'self as victim'. It is of interest how the main connections in the family are on a dyadic (one-to-one) basis; they are only shared by two people.

When we look at the role of *Self-Harm* in Angie's experience, namely it *Creates Closeness* and caring comfort from her parents, in conjunction with her feeling of *Powerlessness*, we are reminded of her mother. In her interview, Bernadette recounted what could be described as a somewhat punitive initial reaction to her daughter's self-harming behaviour. She seems to distance herself from it and to expect Angie to apologise to her for having engaged in such behaviour. This links with the fact that Bernadette herself seems emotionally overwhelmed. This is a link that enabled me to make sense of the data and of how the individual interviews could be linked and while still meaningfully be connected to the interview data itself. When we remind ourselves of the parenting couples interview, we know that Bernadette and Colin as parents are overwhelmed. One way this could express itself is via the emergence of individualist explanations which in turn translate into individual responsibility which moves away from relational explanation and the attachment response is to distance oneself. This response from the parent is in turn experienced by their adolescent daughter as excluding and isolating. This pattern seems reflected in Angie's *Safety in Separation* and parents *Being Emotionally Overwhelmed*.

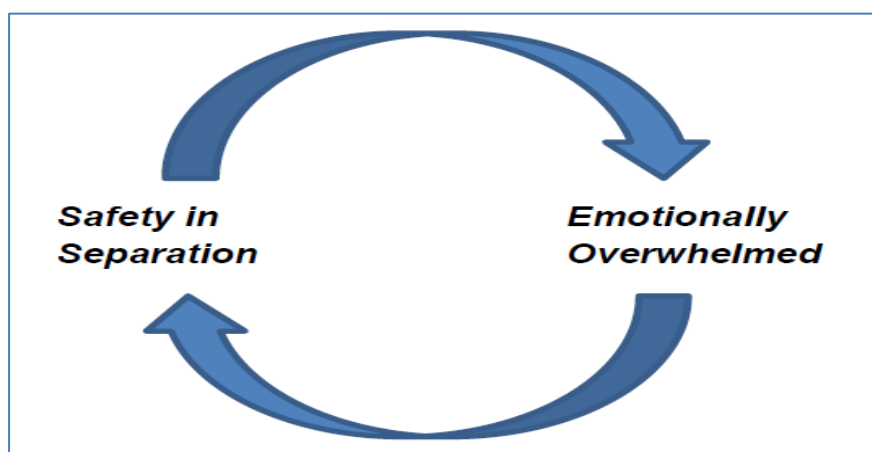


Diagram 11. ***Circularity of themes (Angie & Bernadette)***

This circular pattern seems well established and self-maintaining. Angie feels safe by being on her own, separate from the rest of the family. The parents feel emotionally overwhelmed and do not know how to engage with her so they keep their distance, since that is what is –from their point of view- their daughter is doing. However, this distancing is interpreted by the daughter as not being wanted, or she senses that she is being overwhelming and in order to protect the parents by not having to confront them with herself, she keeps her distance. One can see that this is a circular pattern. It is no longer relevant to think about where it did start. By definition it is circular and perpetual.

So here we see a strong couple meta theme interacting with a superordinate theme of the individual interview with the adolescent.

I will come back to this episode in the interview later in the Integration section of the *Findings*. It is here that I use the analyses of the Couple interviews to help make further sense of the individual & family based perspective of the individual interviews.

When looking at the Table of Superordinate Themes that emerged from each individual interview, I am struck by some of the commonalities.

We find that in Angie's and her mother, Bernadette's interviews, several themes highlight emotions and emotional life and management or regulation of emotions. In Bernadette's interview *Emotions* in general were a strong feature as well as being *Emotionally Overwhelmed* by her daughter's self-harming behaviour. In Angie's interview, *Emotional Literacy* was a distinct theme.

It seems that Angie and her father, Colin, share an experience of feeling *Powerless* in their lives. The reasons for this may well be different, yet it is of interest that this apparent similarity exists. Further, for Angie there is *Safety in being Separate*, whereas her father Colin feels *Excluded* in terms of the parenting domain at times, as well as feels excluded from the relationship that his wife has with their daughter Angie.

The parents each have *Life Cycle* as a Superordinate Theme. From the interviews we can glean that this relates predominantly to the experience of parenting a child into and through her teenage years. Both parents described how their relationship to their daughter Angie has changed over time.

Systemic Connections between the Individual Superordinate Themes

It is at this family level that systemically we could argue that Superordinate Themes within a family could be linked together. Find here a possible description how the seemingly independent Superordinate Themes obtained from the individual interview could be linked together.

Angie seems to feel powerless in her relationship to her parents (*'Powerlessness'*). In fact she appears overly responsible both for her parents' relationship as well as the fact that she is not managing this effectively because she feels the need to harm herself (*'Feeling Responsible'*). Her parents, we soon discover, have a marital relationship that is not experienced by either parent as supportive and safe. Both seem to harbour disappointments about how their family and their couple relationship have been evolving through life's transitions (*'Life Cycle Issues'*). Colin feels powerless himself (*'Powerlessness'*) and ineffectual as a parent which he had not envisaged for himself (*'Ideal vs Actual Parenting Self'*). Due to the strained marital parental relationship, Angie feels she needs to choose sides between her parents. This 'either/or'-situation mirrors her father's experience of being excluded from intimacy with family members (*'Choosing Sides'*). In order to manage this emotional pressure cooker, as it were, Angie has developed the strategy of remaining separate both emotionally and

physically (*'Safety in Separation'*). However, as all children and adults still have a need to be close and feel close to their attachment figures, she engages in self-harming behaviour which can result in some emotional closeness (*'Self-Harm Creates Closeness'*)

It seems that these three people (i.e. Angie, Bernadette and Colin) all share an experience of not feeling close and cared for: Angie does not feel close to her parents nor cared for by them in return. Additionally, her parents do not feel close to one another, not that the other cares about them. Mother feels that she is emotionally overwhelmed (*'Emotionally Overwhelmed'*) and feels herself as a victim to whom negative life experience seem to happen (*'Self As Victim'*). Her husband does not seem to connect with this experience since he describes his wife as the person in control and not inclusive of him as a parent or as a husband (*'Exclusion & Closeness'* and *'Powerlessness'* and *'Parenting'*).

The impact on how Colin feels that Bernadette and Angie are close to each other, he seems to need to be away from that relationship. It appears that Colin feels he occupies a position which he described as being in the middle. In contrast to his daughter who seems to experience that she needs to choose sides and responds to this differently. She responds to this by distancing (i.e. separating) herself from all her family. Colin on the other hand seeks proximity. It seems that distance from Angie and Bernadette for Colin results in closeness to his other two children, particularly his youngest daughter (*'Exclusion & Closeness'*)

When the atmosphere in the home is described as 'calm' or when Bernadette feels there is conflict, she feels most distant from Angie, her eldest daughter. In fact, in some of the scenarios she feels closest neither to Angie, nor to Colin, her husband. During all the scenarios she feels closest to her younger two children.

When we listen to Bernadette, what she says during the interview, a possible understanding is offered to us. It appears that during the self-harm episodes a possible understanding is offered to us in terms of feeling sorry for her younger children. She wants to protect them perhaps from the experience of, feelings stirred up in them seeing their older seeing upset and 'needing to' be by herself. We may at this point hypothesise that what Bernadette is doing there is rationalising her behaviour by distancing herself from her eldest daughter and seeking proximity to her younger children

Further Integration: Couple Interviews and Family scenarios

Parenting Couple A			
Relating to Self-Harm	Conflicting Parenting Styles	Impact on the Couple Relationship	Explanation of Angie

Table 17. *The Superordinate themes of Parenting Couple A*

When we remind ourselves of Couple A's parenting couple interview a strong connection can be seen between all three family members. See their superordinate themes 'Powerlessness' for Angie, 'Self As Victim' for Bernadette and 'Powerlessness' for Colin; on the one hand and 'Being emotionally overwhelmed/ Relating to Self-harm' on the other. It is here that the analyses of the different interviews seem to merge.

When we return to our family-based formulation, how does the couple interview and the family scenarios influence our understanding?

Three main separate superordinate themes came out of the analysis of the couple interviews.

The self-harming behaviour is not understood by the parents in relational terms. The dominant explanation for her behaviour in general and the self-harm in particular is thought about in individual terms. In short, they see the sole cause in Angie herself without thinking that there may be a relational or systemic factors contributing to it. We could hypothesise that the parents' sense of not being in control, or perhaps not being able to help and protect their daughter impacts on their sense of powerlessness, experiencing themselves as victims and emotionally overwhelmed. As a couple they acknowledge that they deal differently with emotions. This difference creates tensions and arguments.

When there is conflict, Angie does not seek proximity to (or 'create distance from') either parent. This seems to link with her father's feeling of being excluded from the family at times and that closeness with one means being excluded or distant from another.

As a couple dealing with emotions of Angie and of each other has been highlighted as an important and difficult area. It also came out of Bernadette's individual interview as a Superordinate Theme. It seems that the couple interview added a further dimension to the analysis which put Angie's Emotional Literacy in context. With the parents' apparent challenge with emotions in their lives, Angie may not have learnt to appraise emotional states of herself and other accurately ('Emotional Literacy'). In an environment where there are no role models regarding how to deal effectively with difficult situations without feeling emotionally overwhelmed, it seems that it could feel safer for Angie to be distant from her family, yet accepts and acknowledges proximity and closeness after she has self-harmed.

7.2.2 Family B.

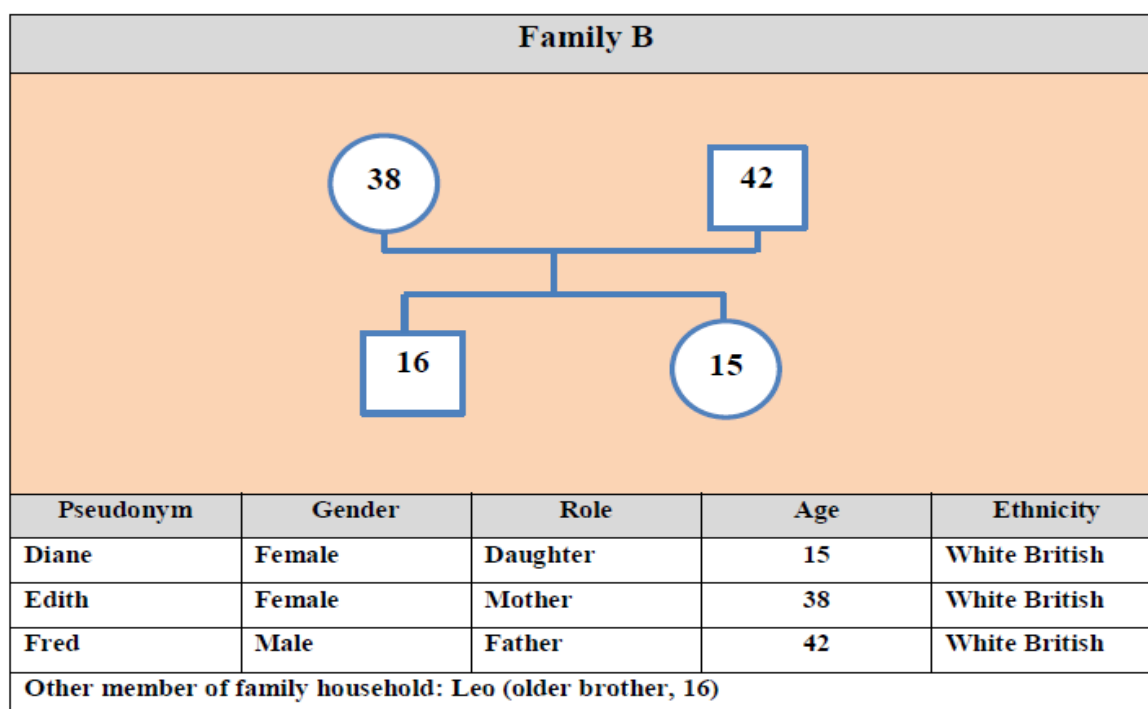


Table 18. Genogram and family data of Family B

Superordinate Themes

Find below the Superordinate Themes of Diane, her mother Edith and Diane's father, Fred, presented alongside each other.

Young Person (Diane)	Mother (Edith)	Father (Fred)
	Parenting	Parenting
	Comfort	Comfort
Feeling Responsible		Protection
Missing Out	Mother-Daughter Relationship	

	Feeling in the Middle	
	Couple Relationship: Feeling Safe & Supported	
Staying Close	Self-Harm Creates Closeness	

Table 19. *Superordinate themes of Family B*

Initial Comments

In terms of the richness of the interviews, compared to Family A, in the second family (B), it seems that two interviews were less diverse than one in particular. The IPA- thematic analysis generated twice as many Superordinate Themes with Edith's interview, than either her daughter (Diane) or her husband (Fred). This does not always reflect how much someone had to say (i.e. the length of the interview). It is a reflection of the richness and depth of the data obtained from the interview. However in this case, Edith's interview did last significantly longer than the other two.

As was stated above, if I had tried to find analytical labels at a higher conceptual level, I would have moved further way from the original interview data. The new categories may have become less meaningful.

Again it is interesting for me to notice that there does not seem to be one Superordinate Theme that all three family members have in common. With the previous family one triad thematic relationship could be construed, but in this family all connections appear dyadic. In this case neither the adolescent nor the father have superordinate themes that are not shared by at least one other person. The only interview that has rather unique meta themes is Edith, mum.

Looking at the Superordinate Themes alongside each other

Compared to the previous family (A), we see that in the parenting couple more Superordinate Themes are the same. Both the mother and father of Diane have *Comfort* and *Parenting* as Superordinate Themes. One example we could present here as how the two parents' accounts may be seen as linked is when we look at *Comfort*. It seemed appropriate for *Comfort* to become an overarching theme for both parents. During each of their individual interviews, they gave poignant examples of how this played itself out.

For example, Edith recounted an episode when Diane was experiencing some difficulties coping with school and was becoming overwhelmed. In addition to this Diane seems to get worried what her mother might think about:

Edith – (...) yesterday I had a phone call from her at school at about 2pm she finishes at 3..... at about 2pm in absolute floods of tears ...and... uhhh... she was dressed in her PE kit but had gone to Student Supportand... uhhh... and she was just distraught. So I spoke to the lady in Student Support and said, 'It's OK now. She can come home' and that was when she I knew that... when I gave her a cuddle and she just started saying that she was just really scared that I was going to get upset and so then we talked about it that that's definitely been on her mind (...).

Edith's value of providing comfort seems to come into play in a mutual sort of way when Edith talks about how anxious Diane can get and in her experience needs reassurance:

Edith – (...) and actually I feel a million miles away from her and it's an effort... I have to really make the effort to say and do the right things and cuddle her and stuff. And she is really demanding of cuddles and physical closeness all the time... and so sometimes you know it's the last thing I want you know and I, it's a horrible feeling to have to make the effort, but if I am honest then sometimes that is what it is like.

Here we see that the parent can see that her daughter is in significant amount of distress and needs her to comfort her. So despite her feeling “a million miles away from her” –without explaining why this might be in the moment- Edith as Diane's mother, still provides comfort to her daughter.

This mutuality also comes to the fore in Diane's superordinate theme of *Staying Close*. As her mother speaks about this as Diane's anxiety, we find that in Diane's own individual interview the theme of needing to stay close to her family, in particular her mother, fits with her mother's experience of her daughter needing comforting.

Edith's husband Fred also has *Comfort* as one of his Superordinate Themes. Fred's contribution to a family perspective is when he spoke of how his son and older brother of Diane, Leo, got involved:

Fred- (...) There was one time a little while ago, now probably 8 or 9 months ago when Diane got very upset and she ended up phoning my in-laws because we were out for the night I think.... and she got very upset and was crying on the phone to them and I don't know how it came about but Leo sort of... took over and had a long conversation with Diane and was comforting her and trying to understand. And I suppose kind of take on our role in a way try to make her understand or trying to listen to what she had to say and then make her feel better it uhhh... but I don't think he generally he wouldn't...

RKA – No? Ok.

Fred – Leo wouldn't get involved in the touchy feely side of things.

Systemic Connections between the Superordinate Themes

If we regard the individual Superordinate Themes as interrelated, it seems that the adults had their roles as parents high in their minds during the interviews. The experience of being a parent is important to them resulting in this shared Superordinate Theme (*'Parenting'*). Providing comfort both as parents to their children (i.e. Diane and Leo) and each other is a feature in this family (*'Comfort'*). For Diane's mother, Edith, it is also a big feature of her relationship with her husband. She experiences their couple relationship as a supportive and secure one (*'Couple Relationship: Feeling Safe and Supported'*).

Even though looking after and caring for their daughter in general is also present for Diane's father (*'Comfort'*), it could be seen as more of a feature of the Edith's relationship with her daughter. The reason for this assumption is that providing comfort by Edith to her daughter also takes place after a self-harming episode (*'Self-Harm Creates Closeness'*).

In the case of this family, there is a past experience that could be said to have a great bearing on understanding the presence and possible connections between the Superordinate Themes from the individual interviews. The mother-daughter relationship has been chosen as a label to encompass certain themes from Edith's interview that had to do with the early relationship between mother and baby, Diane (*'Mother-Daughter Relationship'*). At the time, Edith had started to become depressed and when Diane was very young had to be hospitalised for clinical depression. Approximately five years later a second hospital admission took place. There are themes of Diane's interview that informed her memory of not having had certain loving and caring experiences because of this physical and related emotional absence (*'Missing Out'*). This period also seems to have strengthened the protective role that the father has had at that time and the emotional distress that Diane is in by virtue of harming herself, may have even re-invoked that sense of needed to protect his family (*'Protection'*).

The effect on Edith may have been that she has become empathic with her daughter due to her own history, with the result that her daughter's need to self-harm due to emotional distress, is responded to be feelings of closeness (*'Self-Harm Creates Closeness'*). The maternal depressive period could also have created a feeling of responsibility, knowing that it was her birth that kick-started the first episode (*'Feeling Responsible'*). In a dyadic sense this circular pattern between Diane and her mother, Edith, can be depicted as follows (see diagram 12).

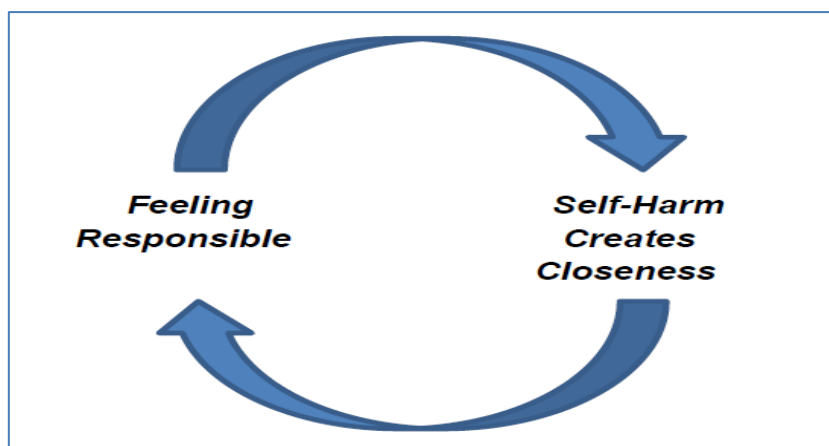


Diagram 12. *Circularity of themes (Diane & Edith)*

She may remain vigilant and physically and emotionally stay close to her mother in order to somehow look after her and check whether everything is OK (*'Staying Close'*). It could be that Diane's tendency to want to check whether her mother is not going to leave emotionally or physically, that this has become increasingly difficult for Edith and feeling that she is in the middle of her relationship with her daughter and with her husband (*'Feeling in the Middle'*).

Fred would also have been affected by this period of physical and emotional disconnection from his wife, Edith. He may become even more protective of his partner and his children (*'Protection'*). When his daughter harms herself his first reaction may have been to want to protect and to comfort. One could hypothesise that Diane's tendency to stay close to her parents may not only be to see whether her mother is OK but equally to offer support to her father (as she had done as a child?).

Further Integration: Couple Interviews and Family scenarios

Parenting Couple B			
Relating to Self-Harm	Contrasting Parenting Styles	Childhood Experiences	Past Care Giving Experiences

Table 20. *The Superordinate themes of Parenting Couple B*

When we return to the family-based formulation, how does the couple interview influence our understanding?

The connection with the couple interviews and Family B's group table (see Table 19) does not offer us a clear connection across all three family members as appeared to be possible with Family A. However, potentially three possible connections could be made.

The first two involve Diane and one of her parents. 'Relating to Self-Harm/ Being Overwhelmed' could be linked with dad's sense of wanting to protect ('Protection') and 'Feeling Responsible'. The meta theme of Relating to Self-Harm/ Being Overwhelmed could be linked to the father's Protection and Diane's meta theme of Feeling Responsible.

The second link that could be usefully made with the parents' couple interview involves Diane and her mother. I am thinking about 'Past Care experienced' and 'Mother-daughter relationship' and 'Missing Out'.

The third one is with Contrasting Parenting in the couple interview and Parenting in the individual interviews with each parent. This does not involve the young person and could arguably be less surprising since only the adults were involved in the interviews. On the other hand, when reflecting on the different meta themes that came out of the parent interviews and the couple interview, it is equally noteworthy to see when there is strong correspondence between individual and couple parental interviews.

We had understood from the individual interviews that Parenting was an important aspect of their identity, both Edith as a mother and Fred as a father to Diane (and Leo). The couple interview allowed us to understand this aspect in more detail. Edith is described as offering more nurturing. She is said to offer Diane more attention and possibly patience than Fred. From the individual interviews, I started to think that Edith offered comfort and cuddles to Diane which the latter seemed to need and one might say, indirectly demanded. However, the couple interview provided some more depth to this perspective since I started to think what it may be like for Diane and possibly the cuddles can be seen as serving another purpose, namely to address the need of Edith to have her possible sense of guilt that she was not there in the earlier years to offer the guidance, support and nurture to her children when they were younger. The anxiety that perhaps Diane's self-harming behaviours and anxieties are connected to the lack of maternal emotional care may motivate Edith to provide comfort as she does.

The parents believe their differences complement each other. Edith and Fred seem to accept the difference between them. In their own words, "we have learnt to compromise".

Despite the seemingly corresponding superordinate themes from the individual interviews, the couple interview seemed to add more depth and detail to how we understand the parental couple relationship. We learnt about differences of the care giving environments around Fred and Edith when they were growing up. When we compare their own childhoods, we can see differences in how each of their parents related to their children.

Edith and Fred both seem to be similar in the fact that they are both acting on a corrective script: they want to change something as parents from what they witnessed or received as children from their own parents (Byng-Hall, 1995). Fred aims at being as open with his own children as possible,

something that did not happen when he was young. Edith aims at having a more united and be more together with her own partner in relation to her children. When we look at the Family Scenarios, Edith's answers show how difficult it can be to change something that your parents did, when you have become a parent oneself. When there is conflict in the home Edith feels closest to one of her children, Leo or Diane, but not Fred. Whereas Fred seeks proximity to Edith when there is conflict in the home. After episodes of self-harm to which they both respond with comfort in the first instance (they both feel closest to Diane) from the couple interview we understand that Edith continues to comfort (i.e. remains in the attachment domain) whereas Fred decreases the comfort he provides to become more boundaried (i.e. moves into the punishment domain).

7.2.3 Family C.

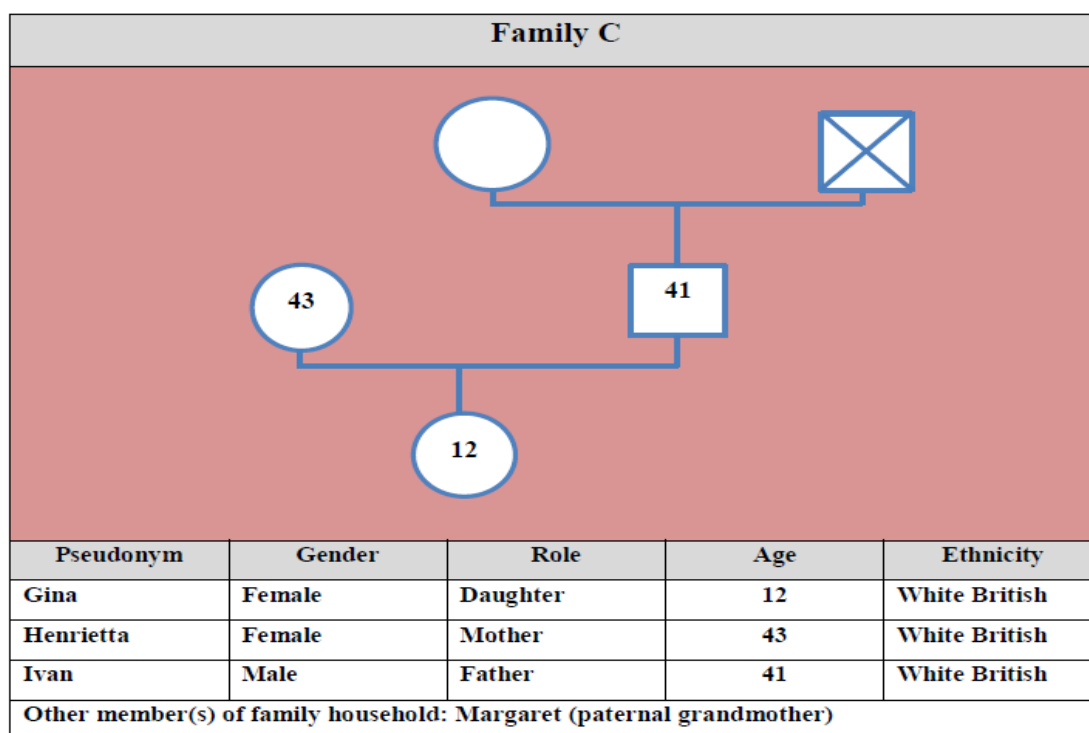


Table 21. Genogram and family data of Family C

Superordinate Themes

Find below the Superordinate Themes of Gina, her mother Henrietta and her father Ivan presented alongside each other.

Young Person (Gina)	Mother (Henrietta)	Father (Ivan)
Feeling Responsible		Protection
	Parenting	Parenting
Self-Harm Creates Closeness	Self-Harm Creates Closeness	
	Couple Relationship: Feeling Safe & Secure	Couple Relationship: Feeling Secure
Choosing Sides		(Experiencing Daughter as) Being in the Middle
Seeking Comfort	Being with us all the time	
Getting Together		
		Emotionally Overwhelmed

Table 22. *Superordinate themes of Family C*

Initial Comments

In the first instance, it comes across that the parents have more in common with each other than their daughter with either of them, as was the case with the previous family (B). *Parenting* was an important feature of each of the parents' interviews, as well as the importance to both Henrietta as well as Ivan of their *Couple Relationship*.

As with the previous two families, there are no triadic similarities between the superordinate themes of the three family members' interviews. It is the family with the most one-on-one similarities between the adolescent child and either one of her parents' meta themes. As we already saw when the parent's theme were compared in the previous chapter, there are several meta themes that Henrietta and Ivan share.

Looking at the Superordinate Themes alongside each other

In Family C, we appear to see another set of parents who could be described as feeling that they are in a strong couple relationship. In their interviews, they describe the other person in appreciative language and share with the interviewer, instances when they feel secure in safe in the relationship (*'Couple Relationship'*).

Henrietta and Ivan appear to have a strong couple relationship with each other. We could see their bond also reflected in how they are both thoughtful as parents. They try to figure out how to respond and deal with situations. This aspect of being a parent, namely to reflect on how one is doing and adjusting one's style if necessary, Ivan and Henrietta seem to do in a joint fashion (*'Parenting'*).

What may strike the reader too is that both Gina and her mother have Self-harm Creates Closeness as a Superordinate Theme.

Systemic Connections between the Superordinate Themes

They value spending time with each other, which seems to have influenced their daughter Gina, who also values getting together with her parents and her maternal grandmother (*'Getting Together'*).

In the context of self-harm, we do see how this value of the family emerges by creating closeness between Gina and her mother Henrietta (*'Self-Harm Creates Closeness'*). Her father however, seems overwhelmed by both the distress and upset as well as the act and thought itself of his daughter cutting herself. This sense of not knowing how to respond seems to be related to the role Ivan may feel he has got in relation to his daughter and possibly to his family as a whole, namely to protect them (*'Protection'*). When he feels he is unsuccessful, because she does harm herself, he seems to be emotionally overwhelmed (*'Emotionally Overwhelmed'*).

The last individual Superordinate Theme that we could try and make sense of in the context of the family involves all three members of the nuclear family. One could argue that because the couple relationship seems to be experienced by both parents as strong, they like spending time together and value each other's company. Each spoke in their individual interviews (as well as in the couple) interview about the fact that they value their couple relationship. Henrietta speaks about how she experiences her daughter to (wanting to) be with them all the time. If we assume that Henrietta's experience of her daughter reflects actual time spent, we could hypothesise that Gina seeks her mother's, her father's or company from both, as an attempt to be comforted (*'Seeking Comfort'*). An alternative hypothesis is that she seeks their company because she also feels responsible for her parents' relationship (*'Feeling Responsible'*).

The above described two circular patterns between Diane and her mother, namely *'Feeling Responsible'* and *'Self-Harm Creates Closeness'* on the one hand and between Henrietta and her husband Ivan on the other (i.e. *'Self-Harm Creates Closeness'* and *'Protection' & 'Emotionally Overwhelmed'*) could be said to be circular and maintaining pattern as described in the previous two family analyses.

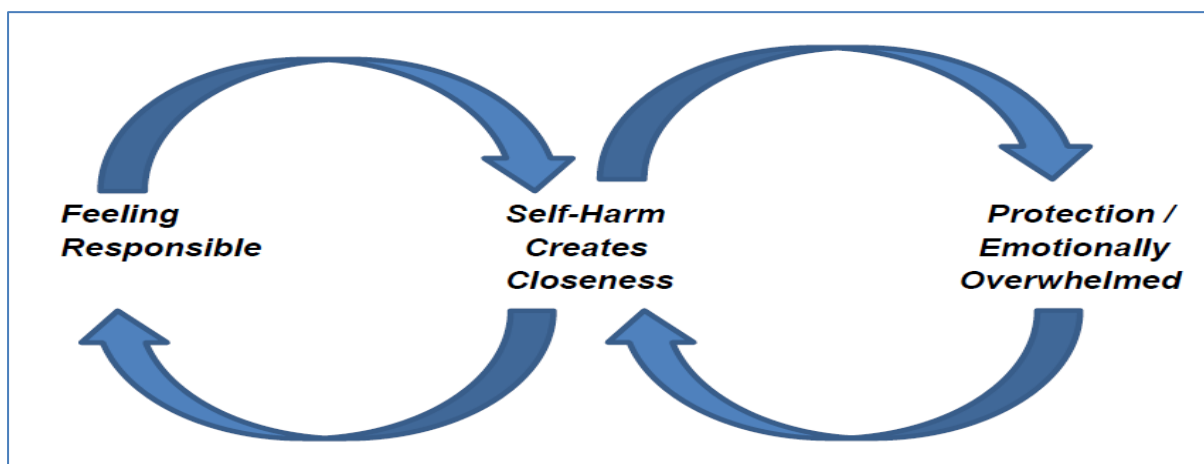


Diagram 13. *Circularity of themes (Gina & Henrietta & Ivan)*

While Henrietta seems to highlight her experience that her daughter is with her all the time, it seems that Ivan has noticed how the three are together. It seems to suggest that his daughter is being in the middle. In the analysis of his interview the subordinate themes were different which resulted in a differently formulated Superordinate Theme, expressing a specific focus: his daughter's experience of being in the middle (*'Experiencing Daughter as- Being in the Middle'*). This focus seems linked to Gina's experience of having to choose sides in relation to the people around her, and her parents in particular (*'Choosing Sides'*).

Gina's "getting Together", seems to be experienced differently by her mother. Henrietta feels that Gina is with her and her husband a lot, in fact it feels like always: "Being with us all the time".

Further Integration: Couple Interviews and Family scenarios

Parenting Couple C				
Unable to Influence Self-Harm	Traditional Division of Parenting Roles	Impact on the Couple Relationship	Childhood Experiences	Conflicting styles of dealing with emotions (Affect Regulation)

Table 23. *The Superordinate themes of Parenting Couple C*

The Superordinate Themes from the parenting couple interview offer an additional perspective on the data. When looking at the findings of the couple interviews the parenting aspect of their identities is given some more depth. It appears that Henrietta and Ivan have a certain division of roles in relation to parenting Gina. M Henrietta seems to offer emotional nurturance and perhaps more of a clear parental presence than her husband.

Ivan on the other hand, seems to relate to his daughter more as a playmate, a friend. This difference may connect to the ways each of the parents regulate their emotions and in turn deal with other's (specifically Gina's) emotional state.

From the analysis of Ivan's individual interview a meta theme of being emotionally overwhelmed formed. Even though the self-harm had the effect that in Henrietta's interview self-harm creates closeness, she and Ivan are drawn closer to each other away from Gina in the Family Scenarios. It seems that the self-harm is very much outside of either parent's lived experience. Both Henrietta and Ivan never experienced anything like it and find it hard to empathise with their daughter. In fact, in times of conflict and thinking about their daughter's self-harm, they feel closest to each other and value the proximity with each other. This may seem striking since when one thinks of self-harm as an expression of emotional pain, one may expect a parent to draw closer to their child in accordance with the parents role to soothe and protect their offspring of upset and pain, emotional or otherwise.

As with the second family, Unable to relate to self-harm and being overwhelmed as parents seems to connect with the meta themes of the father ('Protection') and the daughter 'Feeling Responsible'). However, this not a very strong link to the interview of Gina. It seems that the strongest similarities are between the Couple interview and the individual interviews of the parents. This is an interesting finding since Henrietta and Ivan were the parents who presented their relationship as having the least disagreements or perhaps presented themselves as having the most agreement about issues relevant to each of their lives. This could represent a solid and "in tune" parental couple relationship, that could only be gotten in between by their daughter by harming herself ('Self-Harm creates closeness'). On the other hand, it could show how the parents were more determined to present a united front towards the researcher in fear of judgement of them as parents.

Finally, it is noteworthy that in times of extreme distress, of which self-harm is an assumed expression, that Gina does not seek proximity and closeness to either of her parents, but in effect bypasses them and seeks closeness to her grandmother. Similarly, in the knowledge that their daughter has self-harmed, the parents do not seek to comfort her but seem to seek support and comfort from each other, instead of offering this their daughter.

7.2.4 Overall Reflection

One of the areas that may have come to the fore is the qualitative difference between the interviews of the first two families in comparison to the third family. It seems pertinent that developmentally, the latter was a parenting couple negotiating a transition from parenting a pre-teen to parenting a teenager in their home. The developmental challenges in terms of the child's search for increased independence away from the parents were somewhat different.

The fact that Gina was 12 years of age (i.e. at the beginning stages of hormonal changes) and had only recently moved up to secondary (or 'high') school (i.e. change of social/ peer environment), was twelve, and seemed to demonstrate an increased wish to have one's own opinions and not to want to simply copy or follow her parents lead, was qualitatively different in terms of her account compared to the ones of the other two young people (aged 14 and 15 respectively). In a similar vein, the challenges that the parents shared in their respective individual interviews with the researcher seemed to follow a similar pattern.

Blurred boundaries could be part of issues regarding the executive dyad but perhaps another important factor pertains to the family life cycle, in terms of renegotiating (either directly with each other or in one's head) one relationship and role regarding their teenage child. All families talked about the changes when the child enters the teenage years. The parents of families Angie and Diane both talked about this transition as having happened and they reflected back on it whereas the parents of Gina spoke about the experiences in the here-and-now as their daughter was 12 and had only relatively recently transferred from primary to secondary school and her physical and hormonal changes had started to take place. Henrietta and Ivan spoke about the dilemmas and adjustment they thought they were trying to make to allow their daughter to enter a next stage of life with increased independence.

Another aspect that seems relevant was that the marital relationship of the parents in the first family (i.e. the relationship between Bernadette and Colin) was poor at the time of the interviews. It emerged from the individual interviews that the marital relationship did not reflect a close and strong, supportive unit. The parents in the second and third families referred to each other more often during their interviews and more often in positive and supportive and appreciative language than Colin and Bernadette did. This fact appears to be an important factor in trying to make sense of thoughts and feelings expressed by both Colin and Bernadette, as well as by their daughter, Angie.

A Further Reflexive Note: Systemic Connections

When I reflected on the systemic connections, I thought that the links are not unique in the sense that the Superordinate Themes can technically relate to different Meta Themes in a multitude of ways. It seemed that it highlighted an aspect of social constructionism that emphasise the multiverse, i.e. an

acknowledgement of different perspectives and an appreciation of the existence of many different possible versions of accounts, of different narratives (Burr, 1995).

The connections made between the Superordinate Themes are based on careful readings of the individual interviews, following robust IPA analytically procedures and a sound understanding of systemic family theory. The formulations that have resulted stand up against scrutiny. As with all qualitative research this research project incorporated various interpretative, subjective aspects.

7.3 Section Three: Final Integration

In this final section of the *Findings*, I will offer an integrative formulation of the data across the three family groups of participants in this study. It will be supported by a diagram depicting the different elements. It will show how the various themes and patterns link the lives of the various family members with self-harm as a key element within it.

The final circularity will be introduced by two sets of interactions shown in Diagrams 14 and 15.

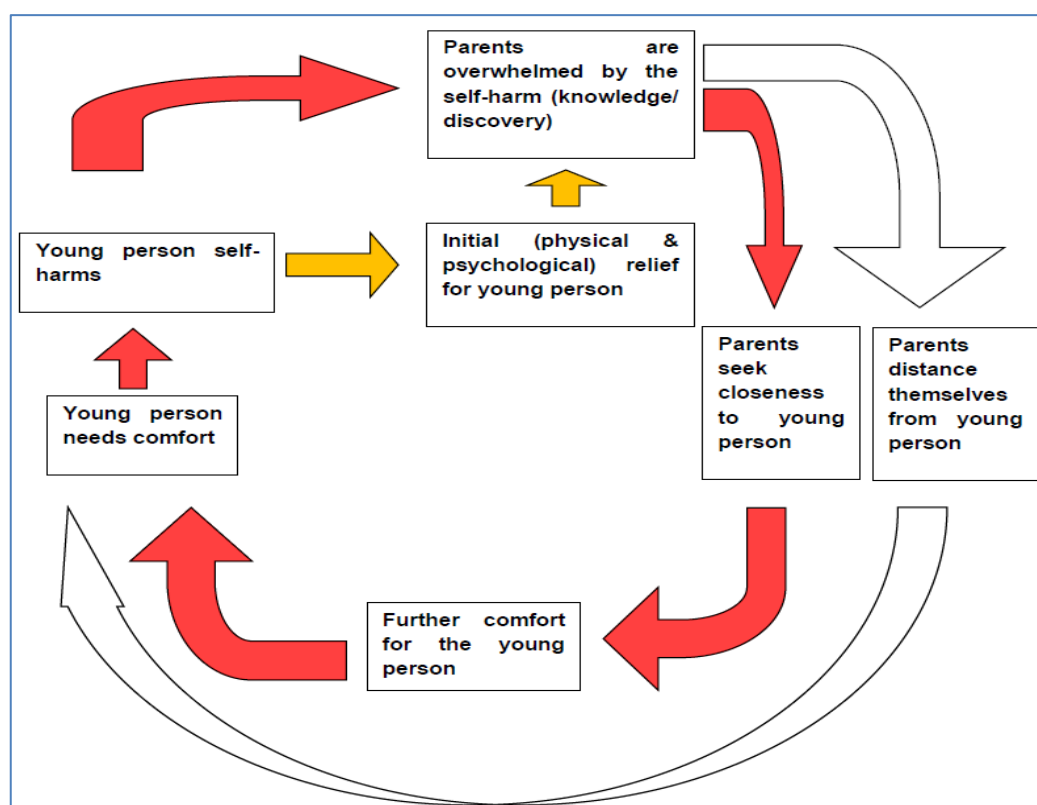


Diagram 14. *Proposed circularity (I) of triadic family dynamic re: Self-Harm*

The young person and the parents seem to be mutually dependent on one another (‘s actions), in the sense that the young person needs the parents’ comforting and knowledge that they care about her on the one hand, and the parents need to express that they care, but do not know how to, so when

something as extreme (and out of their experience) as self-harm occurs that could be said to give them the mandate or license to express their need to comfort and protect their child.

The second response of the parents namely to emotionally (and physically) distance themselves from the needs of the young person to be comforted (which they may experience as demands), is another pattern that emerged from this research. The parents are not available, or cannot be available for their daughter to provide comfort. In other words, they cannot help their daughter in her distress. They are not helping her to emotionally regulate herself effectively due to their own state of being overwhelmed by it all and the demands they are faced with. The young person who has not developed (hence: learnt) a more effective and positive way to regulate her emotions, finds no alternative but to cut herself. See diagram below.

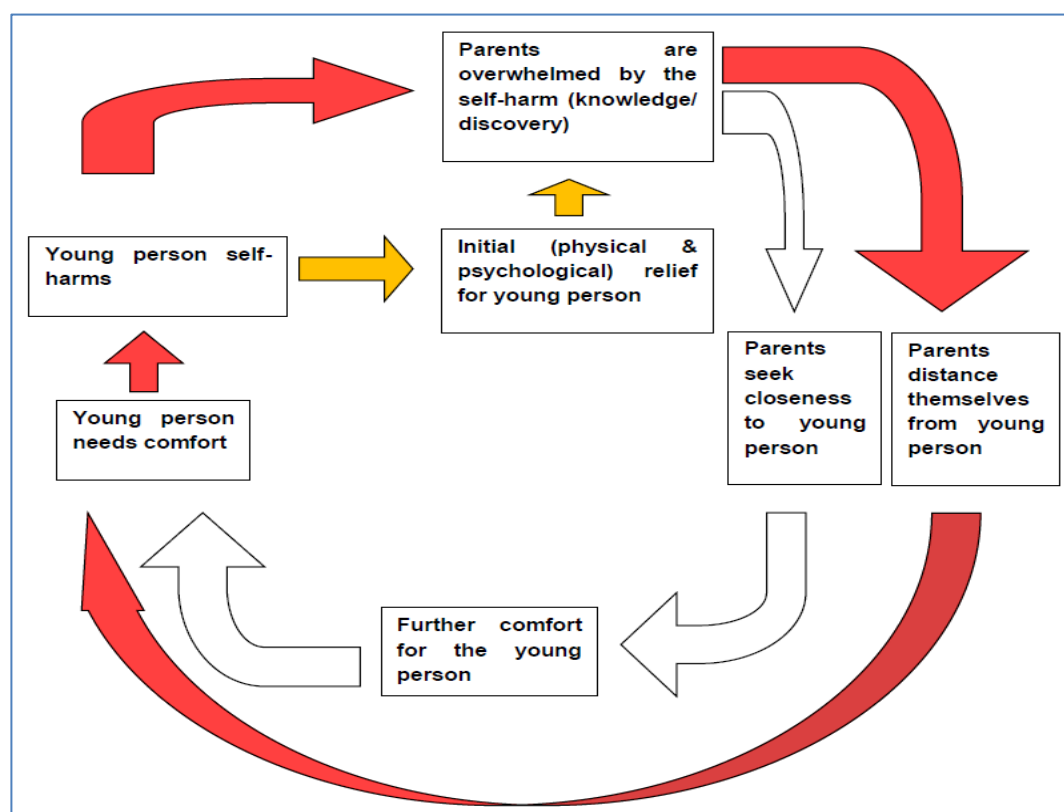


Diagram 15. *Proposed circularity (II) of triadic family dynamic re: Self-Harm*

All adolescents felt responsible in relation to their self-harming behaviour. This seemed to also extend into other areas such as feeling responsible for the emotional states of others, mainly one of the parents. It appeared that all young people felt at least some degree of responsibility for their parents' couple relationship.

Triadic Affective Connections: Emotional Distance

We have seen that the felt emotional distance and closeness experienced by the participants seem to change for most people when considering different family scenarios. With regards to the self-harming, the adolescents did not seem to be overly close to their parents. In fact one young person appeared to seek closeness with her grandmother instead of either of her parents. The parents in turn seemed to either draw closer to their self-harming daughter, or feel emotionally closer to another child. Only one of the parents stated that he felt closest to his wife during the period that self-harming behaviour was taking place. None of the parents showed a clear emotional connection with their partner when it came to the self-harming.

Integrated Triadic Circularity

To complete the proposed triadic pattern from this research, the main superordinate theme that all self-harming young people had in common, namely '*Feeling Responsible*', has been incorporated (see Diagram 16 below).

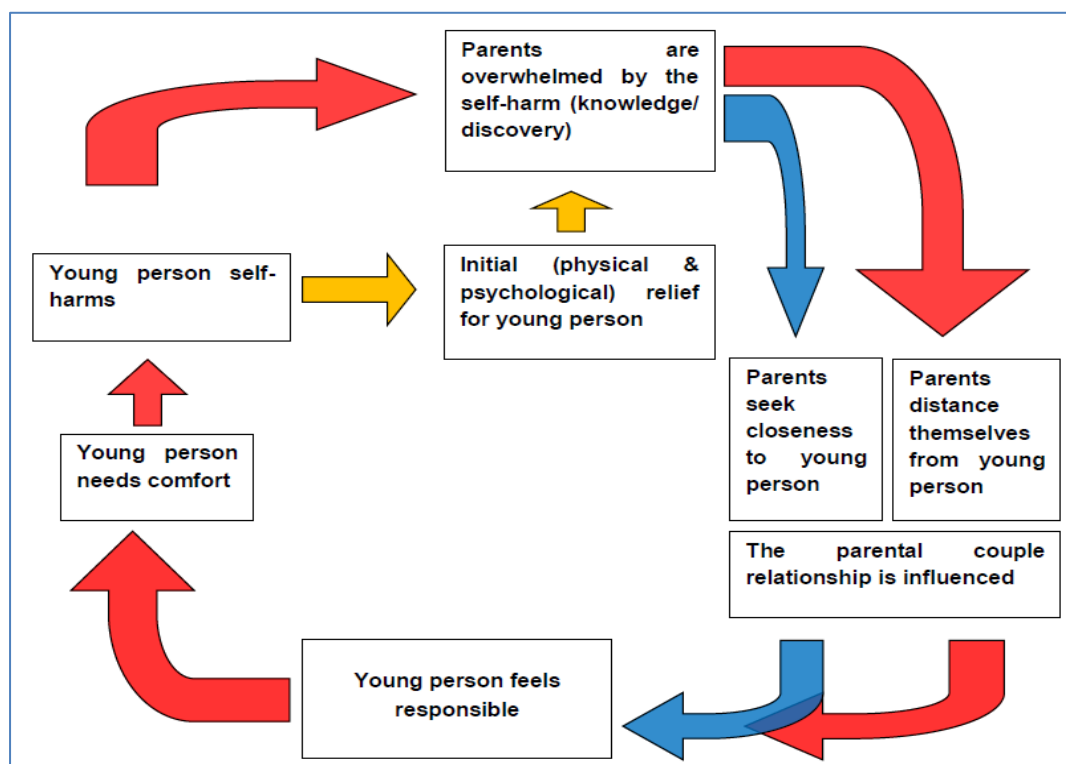


Diagram 16. Integrated circularity of triadic family dynamic re: Self-Harm

The result is a diagram depicting the triadic interactional pattern (or: circularity) which incorporates the main superordinate themes from the young people (i.e. *Feeling Responsible*), the parents (i.e. *Emotionally Overwhelmed, Relating to Self-Harm* and *Impact on Couple Relationship*), as well as the findings from the family scenarios (regarding negotiating emotional proximity & distance).

CHAPTER EIGHT

8. DISCUSSION

Self-harm has different meanings depending on what position one has in the family. From the *Literature Review* we have learnt that for the self-harming adolescent it seems to be a release, a last resort of dealing with emotional pain.

The mothers' and fathers' perspectives seemed to be that there were some who accepted and acknowledged the self-harm. A couple of parents seemed to suggest that the presence of self-harm was itself an indication of emotional distress in their daughter, but neither was able to tolerate or empathise with the young person. Others were too overwhelmed to making any sense of it whatsoever.

As was described in detail in the *Methodology* section, the chosen analytical method was Interpretative Phenomenological Analysis (IPA). This robust qualitative research method aims to stay as close as possible to the data, i.e. the conscious perceptions of a person's experience.

In the first chapter of the findings I followed the standard analytical process in IPA. In my view I remained as close to the interviews as possible. It can be argued that epistemologically speaking that level of analysis was in a more constructivist frame by effectively identifying the themes (or 'constructs') that represented or made up a participant's representational, perceptual world. The second chapter of the *Findings* can be seen as a bridge towards the Discussion section by acknowledging the pre-existing relationships of the participants with some of the other respondents. A systemic perspective influenced this to the extent that the superordinate themes that had come from separate interviews were connected.

I am aware that there is a danger that one moves from a constructivist stance towards making more realist statements about the families. However, I believe to have used the IPA procedures diligently and carefully to ensure I stayed close to the respondents' actual accounts.

What we have seen in the *Findings* is that there are strong connections between some of the key superordinate themes of the respondents in this study. The systemic attachment framework that I would like to offer here will enable us to put the interpersonal formulations offered in the last chapter into a theoretical framework.

In this final chapter I would like to show how despite the uniqueness of individual accounts about aspects of one's life experience and the idiosyncratic nature of family life, we can see some patterns

emerge that have the potential to increase our understanding of families in which there is an adolescent who self-harms. Since little research has taken such a systemic approach, the dynamics that emerged had not been identified prior to this research.

Before we discuss the Findings of this research in the context of theoretical and research implications, as well as its practical applicability, please find below a reminder of the main research question and its subordinate questions.

Main Research Question:

How do young people who self-harm and their parents experience the young person's self-harm and its effects on the relationships in the family?

Subordinate Research Questions:

- How do young people who self-harm experience their relationships with their mother and father respectively?
- How are the relationships within the family affected by the self-harming behaviour?
- How is the parental couple relationship affected by the self-harming behaviour?
- And, how is the self-harming behaviour in turn influenced by the parental couple relationship?
- What strategies do the different family members employ (or: 'find themselves using') to manage their emotions in general, as well as around the self-harm?

8.1 Key Superordinate Themes

Find below a list of the key superordinate themes. This list will be followed by the issues captured under each meta theme. A brief list of superordinate themes which are of particular relevance to triangular processes will conclude this section.

- Self-Harm Creates Closeness
- Feeling Responsible
- Parents Emotionally Overwhelmed

- Impact on Parenting Couple Relationship

Self-Harm Creates Closeness

This is seen as prompting changes in patterns of comfort giving and seeking

Different parts of the family system became 'close' but others more distant

Closeness had multiple meanings, e.g. offering physical contact but parents struggled to be empathetic so not so close in terms of empathy, reflective mirroring and containment (Fonagy & Target, 2005; Slade, 2005).

Indications of differences in how close parents felt to their child.

Feeling Responsible

The young people in this study expressed a strong sense of responsibility

This responsibility extended beyond their own actions. In fact, they seemed more relationally responsible in that they felt a sense of responsibility towards people around them

In relation to their parents, they also felt a sense of responsibility for the parental couple relationship.

From an attachment perspective, the young people felt a sense of responsibility and some could be said to be emotionally parentified (Byng-Hall, 2002; Hooper, 2007). This would reflect their experience more than indicating current parental need.

Parents Emotionally Overwhelmed

The parents in this study found it hard to relate to self-harm. They expressed a difficulty with responding to the idea of self-harm as well as responding to their daughter who has self-harmed.

Their own attachment histories seemed to be triggered, some parents wanted to do things differently (i.e. corrective script; see Byng-Hall, 1995). Being overwhelmed they could not always translate this into practice regarding the self-harm and could find that they repeated unhelpful parenting practices (i.e. replicative script; see Byng-Hall, 1995).

Impact on the Couple Relationship

All parents expressed the experience that the self-harm had impacted on their relationship. By being so overwhelmed, some parents needed more comfort themselves but there appeared to be difficulty with reaching out to each other emotionally. As seemed to have happened in relation to the young person, the parents could come closer to each other but often only physically and practically, e.g. to talk about or deal with parenting issues. The parents had all noticed a decrease of marital satisfaction due to the added stress that the self-harm had brought into their relationship.

Feelings of being overwhelmed and feeling responsible could arguably be viewed as being more individualistic and indicating a large intra-psychic experience. The more relationally based meta themes, such as the ‘impact on the (parental) couple relationship’ identifies a new area in the self-harm literature, namely the systemic consequences of the adolescent’s individual self-harming behaviour. In this case we see how a relationship outside of the young person, in other words existing in the adolescent’s natural ecology is directly impacted on. The parents were both emotionally overwhelmed and found that there had been an impact on their couple relationship. What will be described below (see section 8.2) is that there also seems to be a mutual influence back on the self-harm.

Triadic Family Dynamic Themes

A look at the Superordinate Themes which have particular relevance to triadic relationships and the strategies that people within it use, resulted in the following three main meta themes:

- Choosing Sides
- Exclusion/ Missing Out
- Being in the Middle

This brings us to the next section which introduces a systemic perspective on the data. This perspective has been the main contribution of this present research.

8.2 Systemic Perspective

Systemically, we have seen that different interactional patterns emerged within the families that were part of this research project. We have seen how self-harm creates closeness between the young person and one or both parents, and it can bring parents closer to each other around the concern for their adolescent child. Various interactions have been highlighted. Certain patterns were identified

that connected different participants. Some of these patterns could be thought of as circularities applicable to each family (Vetere & Dallos, 2003).

The results of the different analyses were integrated into the following overarching circularity for the triadic family dynamic (see diagram 16). It contains the main findings of this research and combines the IPA analysis with the systemic perspective and the attachment lens. So it combines the relational and interactional perspective with attachment theory.

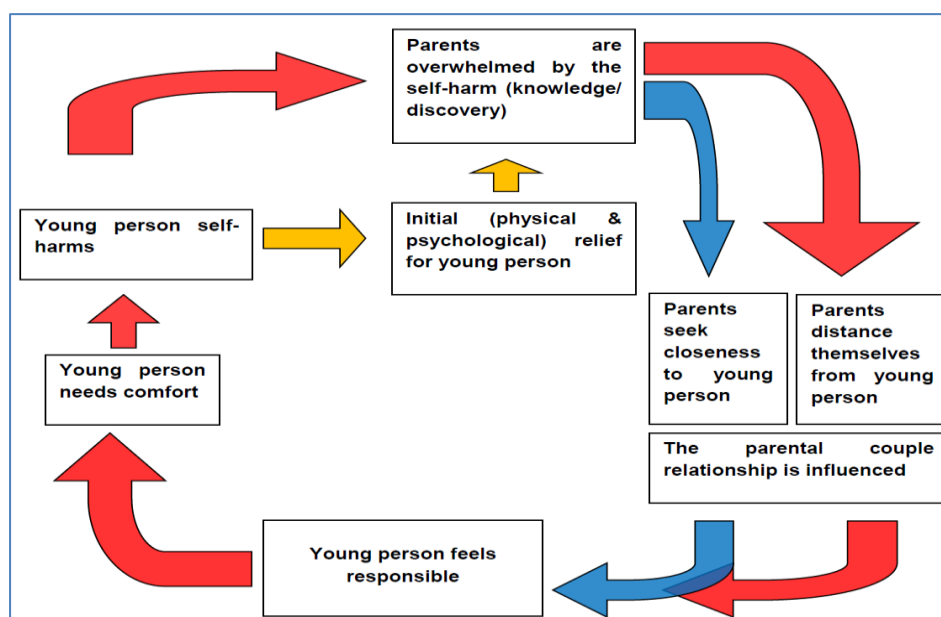


Diagram 16a. Integrated circularity of triadic family dynamic re: Self-Harm

The systemic perspective acknowledges the interactional aspects of proposed circularity. It incorporates the main superordinate themes of the young person and the parents. It provides a frame for understanding how the self-harming behaviour is maintained and how each participant in the triadic interaction is mutually dependent on one another. It may lead to the question whether self-harm creates the triadic interactions identified, or are they caused by them. We will return to this triadic family pattern later.

Family Dynamics

Triadic Processes and Triangulation

The Superordinate Themes which have particular relevance to triadic relationships and the strategies that people within it use were:

1. Choosing Sides
2. Exclusion/ Missing Out

3. Being in the Middle

They are all relevant to triadic relationship processes and triangulation in particular. When a person is triangulated there is a feeling of having to choose sides. In the case of two parents and a child, it is often the child young person who can feel that they need to choose sides. They feel that they need to choose sides because they are caught in the middle of a dyadic relationship. Here we see that it is not only the young person or child in the triad that that can feel this way. It can also be one of the adults that can feel in the middle, for instance Colin.

The findings suggest that the distress triggered for a family by self-harm appears to be connected to the relationship strategy of triangulation, i.e. drawing in or pushing out seems present. A structural response is to strengthen the executive dyad, the parental unit. When the parents have a stronger parental relationship they can attend to the third party, in this case their self-harming adolescent daughter.

Changes in relational connections indicated by the meta theme *Self-harm Creates Closeness* was important in indicating how self-harm was related to changes in attachment seeking and provision of comfort.

Issues of closeness and distance need to be negotiated by any couple or in any family relationships. In this case, it seems that this aspect of the relationship may need more attention. Arguably due to the parents' overwhelmedness they are not in the most helpful space to reflect. With less reflection and 'pause for thought', the parents may become more automated and instant in the responses.

So the functional aspects of triangulation are similar in that it redirects emotions such as anxiety, concern and caring, anger, and a need for closeness. However the processes of triangulation may be stronger and more intense due to the distressful nature of self-harm on other people.

'Is this triangulation a feature, or a contributing factor towards self-harm?'

I am not sure what the answer to this question is. Thinking systemically and from a perspective of circularity (Burnham, 1986; Vetere & Dallos, 2003), it is not helpful to regard triangulation as a causal factor in the emergence of self-harm, nor that the self-harm directly causes processes of triangulation. What seems to be indicated by this research is that those triadic processes that are at play in these families (of which triangulation is a particular example), may rely more on those triadic relationship strategies to manage and deal with emotional processes than when self-harm does not occur.

Instead of thinking about these triadic processes (such as the creation of closeness and distance) as causing self-harm or in itself being caused by self-harm, they could systemically be formulated as maintaining factors of self-harm. Namely, if the need for comfort in terms of closeness remains being satisfied as a response to (the knowledge/ discovery of) self-harm, there does not seem to be a reason to change such behaviours either intentionally or unintentionally.

And IF it in turn addresses the sense of overwhelmed-ness of the parents, there then appears to be a mutual dependency on the presence of self-harm.

This means that the parents and the young person are mutually dependent on each other.

It seems that emotional closeness could take place to the required degree after the young person has self-harmed. So when the young person does not self-harm when she is emotionally distressed, the parent(s) do not provide comfort to the necessary level, as it were. The response of the parents is that they are emotionally overwhelmed. They do not understand and do not know how to respond to the fact that they know that their daughter self-harms. When the young person does self-harm and they know about it, they express concern (emotional closeness) and offer comfort verbally or physically (physical proximity and closeness). This offers further comfort to the young person in addition to the mainly physiological distraction and psychological relief of the cutting itself. This sustains for a little while again, until the emotional distress gets so unbearable again and the need for comfort emerges again.

8.3 Attachment Perspective

From an attachment perspective, we can start to understand why the people behave, think and feel the way they seemingly do. Attachment theory as a motivational theory offers a lot to a study looking at the triadic relationships with families. It is particularly helpful since from an individual perspective, it attempts to explain how and why people emotionally deal with being distressed and upset. If self-harm is a particular, yet extreme version of being distressed, attachment theory offers an explanatory theory why young people find themselves self-harming. They experience unbearable feelings which they do not know how to deal with. They seem not to have found alternative ways of comforting themselves and they have learnt that they cannot rely on anyone to manage these feelings for them. In order to deal with the intolerable feeling they are experiencing, they cut their skin, inflict wounds, i.e. inflict physical pain on themselves.

It is of interest that two out of three young people have had parents where one of the parents had been described as depressed. It is known that parental mental health problems affect parenting in a way of not being emotionally available (Cooklin, 2010). This has the consequence that the infant/ child does

not feel valued, or loved and seems to learn that the only way they can survive emotionally is to look after themselves. In basic terms, the two attachment strategies that can develop are the avoidant and preoccupied. When a child is said to have an avoidant attachment strategy, one in which a child has learnt not to rely on his or her environment for comfort and protection and they rely on themselves and can cut themselves off emotionally from the people around them. The second attachment strategy, namely the preoccupied one, can have started from a similar place of not experiencing consistent care and emotional attention, but the response that the child develops is to become very preoccupied with the care giver/ attachment figure in the hope that some attention and care might come their way, as it were. The result may be some who ensure they make their needs known, and they can also be rather vigilant and in both cases, it does not mean that there was no care provided (physical or emotional), but the key is that this did not take place on a consistent enough basis for the infant/ child.

It becomes an interdependent interactional cycle, when the young person needs to be comforted, the parents (as attachment figures) do not do this (either because they do not notice this need or do not know how to respond to it). The attachment need though remains and the child seeks comfort by harming herself. The parents now see the need, and somehow whatever stopped them from offering care and comfort at an earlier stage, there is no longer a blockage, and comfort is provided to the child. In the process we have seen the systemic process of the parents acting in a more united fashion. This is another interactional response to the self-harm.

Attachment theory also helpfully provides us with a motivational perspective on the parents' actions. The parents are not simply responding to their child's distress also to satisfy their mutually extant attachment need to care for their child. Further, it seems that the need for the adult to seek comfort and support from her adult attachment figure (i.e. their partner) is also addressed as a response to the self-harm.

With a systemic-attachment perspective on the subject we have found a helpful framework to approach families with an adolescent who self-harms. Particular reference to the triadic processes has shown that self-harm does not necessarily create closeness per se. We have seen how the issue of proximity that needs negotiating can be differentiated between physical and emotional closeness and distance.

From an attachment perspective the self-harm can be seen as a need for comfort. Because the young person is distressed. In response to the level of the distress, the parents do not know how to respond. It is so out of their own experience that they do not have a frame of reference to understand the fact that their daughter is harming herself. The parents perceive the behaviour and cannot see beyond this. They see the behaviour of their daughter as requiring a discipline response and they distance

themselves from the young person. Other parents may perceive it as needing a response but one that is comforting and addresses the emotional needs of the child.

Hill et al. (2003) offer a helpful concept here namely that of different domains in the attachment relationships. We could see the first response as in the affect-action domain. The parents perceive the self-harming behaviour as oppositional which requires a hierarchical response of discipline. It also seems that there can be an attempt at closeness when the parents perceive the young person to be in distress. The latter response may be informed by the fact that most parents in this study reflected on their childhood experiences as impacting on their parenting. Those experiences for the majority seem to motivate the parents to parent their own child(ren) differently, i.e. in a more involved and inclusive way. The corrective scripts the parents seem to be organised by (Byng-Hall, 1995) do not appear to result in parenting which is more open and close. Despite the reflecting on their own parenting styles and wanting to do something different, the parents may not succeed.

In addition, the teenage years of their daughter and the change of relationship with the parents may have created what some mothers and fathers spoke of as a sense of loss of closeness. At this point of interaction, what may kick in is something that could be termed as a panic response which results in distance. When a parent does seek closeness it connects with the daughter's attachment need. This satisfies or addresses the need and comfort is received from it.

The second scenario mentioned above results in closeness. However, it appears that this may come at a price. The comfort is offered as cuddles and physical comfort such as stroking one's arm or hair, or giving cuddles, physical closeness. If the parent's own attachment needs drive this offering of comfort, then it is the parental need for closeness prioritised above the need of the young person to be understood, empathised with and comforted in her emotional distress.

Both responses above are considered in the affect-action domain, with the one privileging the discipline and expectations, whereas the second response is more motivated by an attachment response.

In both cases there is an experience for the young person of feeling responsible. It is unclear whether the young person was feeling responsible in response to what is going on or had become to feel responsible for the wellbeing of their parents prior to the self-harm. For example, it is known that children who live with parents that have severe mental health problems (Rutter, 1990), or are alcohol or drug dependent (e.g. Forrester & Harwin, 2011), or when there is domestic, spousal abuse (Reading, 2008) that children start to worry about the wellbeing of their parents. From an attachment perspective, the parents may be relying on the children to get their emotional needs met. In these cases the attachment relationship dynamic reversed. From an attachment perspective, could be regarded as emotionally parentified (Byng-Hall, 2002; Hooper, 2007). In these cases young people could feel responsible and would either deny their own emotional needs or at least try to manage these

on their own. This would increase the likelihood of self-harming. In attachment terms, the need for comfort would remain (or increase) which could result in a further self-harming episode. This could offer initial relief.

Following our proposed triadic family dynamic (see diagram 16), the extant circularity would result in the parental reactions as described above.

The Parental Couple Relationship

The impact on the parental couple relationship came out in the couple interviews. It seemed to be that the parents were united physically through the concern they have about the situation. This classic triangulation scenario seems to play out in all cases. However, interestingly physical closeness (e.g. parent spending more time together to talk about the young person, to share their experiences of the situation with one another, having to go to CAMHS appointments together) does not result in an emotionally closer relationship. The parents felt distant from each other and noticed their communication becoming fraught at times which they attributed to the distress caused by the self-harm.

This aspect has not come out of any research project on self-harm to date. The parental distress caused by the fact that their daughter or son has engaged in self-harming behaviours may be known to clinicians but the data from this present research project which identify a direct link to the parental couple relationship provides a new area of research and clinical attention.

From a personal perspective, I was surprised about this aspect of the research. It is not only the self-harming adolescent who regards herself to be in an emotional crisis situation. This is a surprising finding in terms of the *intensity* of the impact. One way that has helped me to understand this is when I turned to the work regarding secondary or vicarious traumatisation. Figley (1995) defines secondary trauma as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other –the stress resulting from helping or wanting to help a traumatized or suffering person” (p.7, in Barnes, 1998, p.76). When thinking about caring for and caring about one’s daughter who is emotionally distressed and feels the need to cut herself, this is emotionally taxing. The parents in this study are emotionally overwhelmed and may also be described as potentially suffering from secondary traumatic stress. From meeting with the parents of the self-harming adolescents and having had in-depth individual and couple interviews with them, I could see how secondary trauma or compassion fatigue could be a helpful concept in thinking about these parents for working with them in clinical practice.

Even though in the literature about secondary traumatic stress the distinction between (primary) trauma and secondary trauma is clear, the parents here could be said to care for a very distressed and potentially traumatised individual. One could argue that hearing about self-harm and knowing about one's own daughter's self-harm, could be experienced by the parents as traumatising.

8.4 Social Constructionism

"It is through language that our gendered lives are 'composed' "

(Burck & Daniel, 1995, p. 78)

When we look at the meta themes for the mothers, fathers and female adolescents, it could be said that there are particular discourses that are influencing these. The themes that emerged for the mothers on the whole were more to do with nurture and affection on the one hand and the fathers' meta themes seemed to privilege so-called masculine values such as being powerful and being a protector from harm.

- Mothers- comfort, emotions, self-harm creates closeness
- Fathers- powerlessness, protection, exclusion and closeness

These themes point towards the possible gender discourses at play.

Another dominant discourse seems to have been influencing the adolescents in this study. The adolescents did not seem to be able to talk about their need for comfort, closeness and all round attention. Interestingly, the youngest of the daughters who was twelve, was the only one whose interview resulted in superordinate themes expressed closeness, i.e. 'seeking comfort' and 'getting together'. Developmentally Gina may not have been exposed too much to adolescent culture in which independence and uniqueness is privileged.

Social constructionism is a helpful theoretical framework when trying to make sense of how the respondents think about their lives in relation to such an emotional subject as children harming their bodies.

8.5 Systemic-Attachment Based Triadic Family Circularity in Self-Harm

Based on the theoretical discussions and explorations, I would include all influences considered into the initial proposed circularity. The following diagram depicts a basic triadic family dynamic process which takes account of the findings of this study and puts it into a comprehensive systemic-attachment based theoretical model.

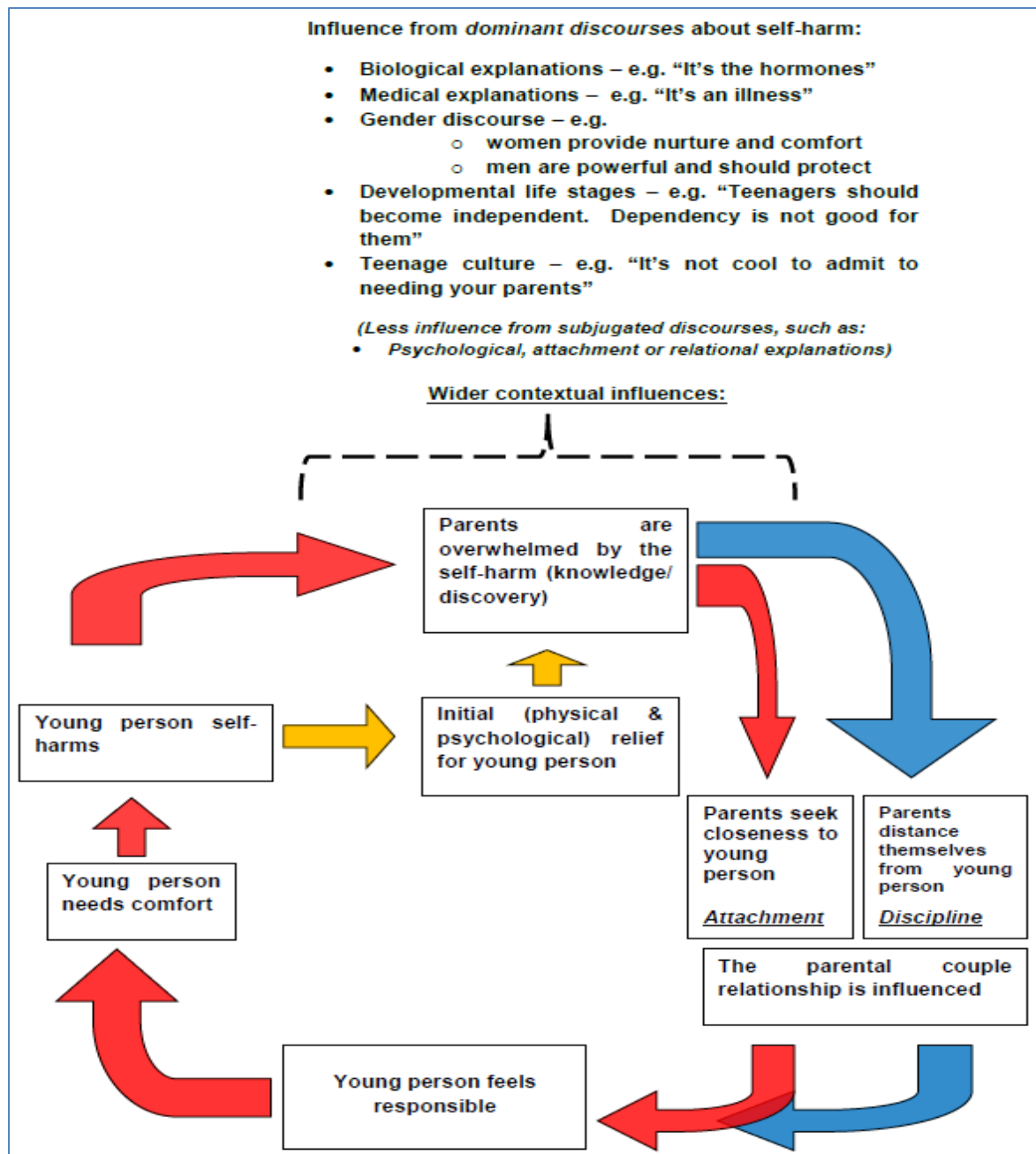


Diagram 17. Systemic-Attachment based triadic family circularity in self-harm

8.6 Ethical Issues

A note on ethical issues regarding the inclusion of former or erstwhile clients into a research project would be appropriate here.

Confidentiality

It had been made explicitly clear to the research participants that the information they provided during the interview would only be used for the purposes of the research project. Any clinically relevant information would not be acted upon. The limits of the confidentiality agreement that apply to this group of participants are identical to those of any research participant of this project. If concerns are raised regarding the safety or wellbeing of a child or vulnerable adult, information may be shared with the relevant authorities.

An additional aspect of confidentiality which has been thought about is the fact that participants could in future get hold of the dissertation and read what other family members said about them. As with any doctoral dissertation, it will be taken up in the library which is both physical and online. Hence it would be possible that in the future participants could find out partially what their family members may have said about them during the research interviews. This has been made clear to the participants. Even though present consent would not safeguard against someone's emotional wellbeing or mental state in the future, this area is not straight forward. It may affect individual's mental state or the quality of his or her relationships should any information that was obtained be interpreted in a negative way. In order to address this, the researcher has written an executive summary of the research with the main focus on the results and discussion section for each family. This document will be shared with the research participants. This offers them an opportunity to reflect on the process as well as the findings. At least part of each participant's motivation has been a wish to help other young people and families where there is self-harm. Since this was explicitly stated by all participants, it was deemed ethical to share such a summary to feedback that findings. It would serve a dual purpose since the findings will have been shared already. Each participant will have an opportunity to discuss anything from this in an individual and confidential manner with the researcher.

Upon reflection, it would be ethically better practice to state explicitly with the research participants before they take part (as part of the recruitment phase) to include the information that participants could in future get hold of the dissertation and thus family members could read what others have said about them. If this is made explicit and known from the outset a research participant could potentially make a better judgement about the possible implications of taking part. This would result in a truly informed decision about whether or not to take part in a study.

Client as research participant

Including former clients in a research project is not straightforward. As was mentioned when the Recruitment procedure was described (see section 5.6 above), a lot of thought and consideration needs to go into this issue. In the present section, I would like to share some of the ethical issues that are present when erstwhile clients are included in a research study of this kind.

Firstly, there is the danger of coercion by the researcher (i.e. former therapist of the prospective research participant). This is possible and needs to be minimised at all costs. One of the ways that this was done in the present research is to emphasise repeatedly in a transparent way both to the adolescents and their parents that participation is voluntary and the exact context of the research study, i.e. that it was part of a research degree. Everyone who was approached was not obliged to take part at all. This would not be held against them or negatively influence them in any way, not presently or in the future. These reassurances are vital and are deemed necessary. The boundaries of the work need to be clearly set and delineated. The distinction between therapy and research needs to be made. It may still be possible that some individuals may feel pressurised. This may be especially so in the case of including vulnerable young people and adults as research participants. Again, transparency is key and clarity of message. One cannot completely eliminate the potential for such dynamics due to the former power differential, however with open and clear communication about these ethical issues, they are acknowledged and can therefore be minimised. A measure to safeguard against potential coercion or feeling pressurised by the research participants at any stage of the research and even after the research interviews have taken place is the fact that neutral and safe third parties are assigned for debriefing before, during or after participation in the research.

An additional issue which I considered was that participation may influence the relationship further and potentially make it more respectful. Because I know the research participant, the prior knowledge of their context makes this study more hermeneutic and allows a fuller and potentially more accurate understanding of their experience. This in turn is ethically more justifiable because the research offers a deeper and more profound understanding of their experience. This could be described as a form of research triangulation which is generally more respectful and ethically more defensible in an attempt to get as close as possible to their experience.

The following two paragraphs will describe the more *methodological* issues that are present when former clients take part in research.

Every attempt has been made not to be influenced by prior knowledge of a former or erstwhile client. During the data collection phase the semi-structured interview was followed as with each participant. In case the researcher had prior knowledge about the client or was already in possession of information, this would not prevent the researcher asking a question or using a prompt as in the situation that the information was not already known. During the data analysis stage (see

Methodology section above) the practice of bracketing was used to ensure that the assumptions of the researcher would not impact on the interpretative practices of this research. It was not only assumptions but also possible prior knowledge about the clients that had not been obtained through the research interviews that had to be bracketed to allow the IPA analyses to proceed. Each former client who participated was reminded at the start (and if needed during) a research interview that they could not assume that I knew a part of their response or answer to any question or prompt. I encouraged them to respond to each question as if we had never met before.

This also has advantages in that the existing clinical relationship can allow the client (i.e. as research participant) to feel safer and therefore share more of their experiences with the researcher. Also having knowledge about the clients' life can also point the interviewer towards specific prompts and exploration of areas that might otherwise be overlooked. However, this prior knowledge and relationship can also mean that both the researcher and the client may have presuppositions about the other, for example clients may not mention some aspects of their experience since they assume the researcher already knows this. A process of continuous reflective 'bracketing' was employed to monitor these processes and hopefully to best utilise the existing relationship.

Initial depth of information comes out of the research interviews can inform further clinical work. Even though this is not its purpose, it is acknowledged that with the permission of the client, some themes could be used for subsequent clinical work. Because the research interview is less directive it could prompt insights. The possible indirect therapeutic spin offs of the research interviews are acknowledged here.

8.7 Limitations & Strengths of the Present Study

Limitations

One of the limitations of the present research may be that only females were interviewed who had harmed themselves. Even though the chosen methods to self-harm differ generally speaking between teenage boys and girls, it would be interesting to include boys to allow cross-comparison with the group of girls. On that note, it would be of interest to compare the relational patterns that were identified, with those if there was a son in the triad as opposed to a daughter. One wonders how this would affect the patterns as well as the superordinate themes identified.

The method of each adolescent was cutting. It may be that different methods of self-harm (such as burning oneself) result in different meta- themes or relational dynamics.

Another limitation is that only birth parents were part of this research project. One cannot assume that the results would be similar if step-parents, or indeed other family members, had been part of the study.

A larger sample size from a qualitative perspective would have provided further rich data. This could be considered.

Strengths

When we look at strengths several points come to mind.

Firstly the fact that this research is truly systemic both in terms of its content matter as well as its design is a definite strength. This isomorphic quality could add further credibility to the innovative aspects of this present research project.

The theoretical perspectives used and meaningfully merged create a wider perspective on the topic of self-harm. It offers more research-informed knowledge about self-harm to counter the critiques that guidelines rely too much on expert opinion (see Literature Review).

The extension of the research analysis is a strength since it offered more relationally relevant information which helped to understand young people in context. The addition of family scenarios and the decision to link family members' accounts through their family relationships with one another is a further strength. It took account of a unique contextual influence on the accounts of the research participants.

The results of this study have both clinical as well as research implications (see below).

8.8 Recommendations for Future Research

More research in attachment representations to look in depth at the explanatory frames of reference that are informed here, for the parents and adolescents would be of importance.

I wonder how it would have affected the responses to the specific questions re: family scenarios if asked in the presence of other family members. Indeed, if we think of a family interview, we could hypothesise or imagine about how each person would have answered. For example, with more people living in the home the triadic relationships go beyond the parents and one child. For instance, in Edith's case who said when she perceives or experiences conflict in the home, she gravitates away from her husband towards her son, we could wonder about the triad described there, namely Edith, Fred and their son Leo. Perhaps one could wonder whether in conflictual scenarios –depending on who is directly involved- it is Leo who draws his mother in as opposed to what it could sound like now that Edith gravitates towards her son. On the surface this sounds like mere semantics, however

looking at the detail from a systemic perspective this different lens could add significant information about the dynamics in this family.

For an even fuller appreciation of how these triadic processes operate in families, it needs to be born in mind that they themselves take place in wider contexts of larger nuclear and extended family groupings as well as wider community contexts. A next step could be to interview the parents with their adolescent child to see how they interact in such an interview context.

Interpretative Phenomenological Analysis

This doctoral research has pointed at the relevance of including couple interviews in qualitative research designs. Qualitative research designs may need to further develop in order to provide guidance to maximise the potential for the inclusion of couples in research initiatives, in a meaningful and manageable way.

The issue of research analysis needs some thought here too. Interpretative Phenomenological Analysis was used as a robust and thorough analytical tool to make sense of the interview data. The analysis was extended by the practice of connecting superordinate themes obtained from individual interviews from people who can be regarded systemically as a member of a certain group. The process of connecting these seemingly independent meta themes show how members of one family can be interviewed separately, yet analyses can be conducted to look at relationships between them. This has been a new contribution to the knowledge about research methodology and analysis.

The proposed extension of an analysis such as IPA points at a need to further conceptualise and incorporate this practice in qualitative research, in this research project the group involved were families. If practicable, one could imagine that this could apply to other groups such as professionals in a workplace or friendship groups. In case this practice becomes more widely used I would argue that more specific criteria and guidance are needed in order to determine how certain meta themes could conceptually be linked. Such practice guidance would enhance and extend future research initiatives.

8.9 Implications for Clinical Practice

In the treatment of self-harm, the NICE Guidelines state the following under the heading ‘Interventions for self-harm’:

“Consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. In addition:

- The intervention should be tailored to individual need and could include cognitive-behavioural, psychodynamic or problem-solving elements.
- Therapists should be trained and supervised in the therapy they are offering to people who self-harm.
- Therapists should also be able to work collaboratively with the person to identify the problems causing distress or leading to self-harm.

Do not offer drug treatment as a specific intervention to reduce self-harm.”

(Taken from the NICE website on 24 March 2012 via: <http://pathways.nice.org.uk/pathways/self-harm/longer-term-management-of-self-harm-assessment-and-treatment#content=view-node%3Anodes-interventions-for-self-harm>)

The above quote seems to be about individual psychotherapeutic approaches. This research study offers some important insight into the family dynamics of self-harming adolescents. Formal therapeutic interventions should also be offered to the family as a whole. Family therapy as a way to offer parents and the self-harming adolescent as well as the other possible siblings an opportunity to share their thoughts and feelings seems indicated. The sense of isolation the young person and parents possibly experience can thus be addressed. Then one of the key Meta Themes, namely *Feeling Responsible*, can be openly explored within a family context. In structural terms, the boundaries can be redrawn and the parents can be supported to helpfully strengthen their executive functions without being too rigid that the children feel excluded (Minuchin & Fishman, 1981; Minuchin, 2012)

> Here we see a possible similarity with families where there is an adolescent with an eating disorder. One of the main therapeutic aims is to strengthen the parental unit (e.g. more consistent messages; avoid undermining message the other parent; reflection time to each other emotional support). >> This could be one of the therapeutic implications of this research too. Another important issue that is new and had come out of this research is what can get in the way for parents to remain in charge of their child. Parents can feel so overwhelmed that they would need time and space to reflect on and process the feelings they are experiencing. In other words, the parents would be invited to reflect on what the meaning of the self-harming behaviour be (i.e. what lies behind the symptom as it were) as well as given an opportunity to express and reflect on their own experiences. How do the parents make sense of why their daughter (or son) seems to feel the need to harm themselves? And, how are they experiencing the fact that their own child is engaging in such extreme behaviour?

The support that is indicated for a parent (or parents) can be summarised as followed:

- Offer one-to-one sessions to each parent, irrespective of what the experience of the parents is;
- Both individual and conjoint interviews can be used to explore with each parent (separately and together) the superordinate themes that have come out, i.e.
 - Being emotionally overwhelmed
 - Their potentially contrasting and contradicting parenting practices
 - The impact of the self-harm and the distress on their couple relationship

The implication of the observation presented at the end of the last chapter when thinking about the difference between individual and conjoint interviews, could be that even though it is helpful for parents to be seen as a couple since they share the parenting task. Might this be an indication that it is an idea to offer parents individual time as well in order to reflect on the self-harm and the impact on oneself away from the other person?

Hill et al. (2011) propose a domain-based analysis which could help the therapist to work clinically with these triadic processes to help clarify the intentional, unintentional and emotional attachment needs and responses, as well as clarify the expectations amongst family members, resulting in a less emotionally overwhelmed family system. This may lead to less punitive responses (intentional or not) and more emotional containment in the parent-child and parent-parent relationships, as well as the triadic system as a whole.

Exploring themes of emotional connectivity and emotional security appears to be an important task, when working with young people, both individually and in a family context. I refer to the work that has been done in the area of marital conflict and divorce. It is now well researched that when the parental relationship around the child is conflictual, this affects the emotional and psychological wellbeing of children (Davies et al., 2002; Jewet, 1982; Cummings & Davies, 2010). An environment around a child which is stable and secure helps create a sense of emotional safety

The importance of meeting with parental couples to allow each parent to share their emotional states to a third person and their partner could be helpful, particularly when such a containing and reflective space is not present in the parental couple relationship. This could be due to global marital functioning and satisfaction or this space may have lessened or become less available due to the stresses in response to and around the self-harm. A further reason to offer parents space to meet on their own could be to explore the impact of the self-harm on their couple relationship, as well as, explore how the couple relationship in turn influences the self-harming behaviour of their child. Meeting with people individually is not an indication of moving away from working systemically (Boscolo & Bertrando, 1996). The implication here is to meet with a parent separately whilst working within a systemic frame in order to strengthen the parental system to become more emotionally aware,

sensitive and robust which will lead to an increase in emotional security and a level of comforting which helps regulate the adolescent's emotions more effectively.

Under systemic implications the family scenarios in combination with some meta themes of the individual participants, offering a time and space to meet with the family as a whole or at least the self-harming adolescent with his or her parents, would allow an expression of and an exploration of the relational emphasis function or purpose of the self-harming behaviour. Namely, it creates responses in the different relationships. Firstly in the direct relation to the adolescent him or herself, it can create closeness with one or both parents. The other impact that we have noticed in this research project, is that it can create closeness between the parents in order for the strength of motivation to decrease, alternative strategies may need to be thought of and explored with the family.

Self-Harm & Response from Professionals

Dealing with self-harm can be an emotional business. A professional is often faced with what appears to be at a surface level odd, weird or "crazy" behaviour. In general, no one can imagine why a person (a young person at that) would inflict pain to her own body. This behaviour (or the knowledge thereof by professionals) can evoke strong feelings, such as anger, disapproval, sadness and fear. Counsellors and therapists can be overwhelmed and at the very least may feel de-skilled when it comes to working with people who attack their own bodies in such a manner (e.g. Long and Jenkins, 2010). This sense of not being good enough or feel 'not enough trained' can also take place in educational settings (e.g. Simm et al., 2010).

Mchale and Felton (2010) conducted a literature review looking at what factors could be identified that influence the attitudes of professionals (in this case nurses) towards self-harm. Two main factors seemed to have come out of this, namely the lack of education and training of staff, and a related theme of the expectations of the role one had within the clinical culture in which the nurses worked. Nurses seem to identify with the fact that they did not feel well-equipped in terms of knowledge and training of how to deal with people who (had) self-harmed. In addition, the theme of high workloads and stress did not allow time to understand the self-harming individual. Also some nurses did not see it as their role to develop a more therapeutic relationship with the patient. They saw their role as a nurse to administer medication and to treat the physical symptoms, i.e. be responsible for the physical care of a patient.

The effects of work pressure seem to be a cross-cultural phenomenon. According to Avevor (2007) this holds true in a country such as Ghana. "Owing to huge pressures on health facilities and inadequate training of health workers in the assessment and treatment of self-harm, such professionals are, in my opinion, likely to be unsympathetic to patients who self-harm (p. 357).

I hope that this thesis and the subsequent papers it will result in, will add to our understanding of the phenomenon of self-harm. With an increase in understandings nurses and other professionals can become more sympathetic about and confident in working with young people who self-harm.

8.10 The Researcher's Position: Self-Reflexivity

I have been open from the beginning (see Chapter 1: Introduction) that self-harm is not a neutral topic for me. This personal perspective is present under an overarching professional discourse of fear and risk management. Also, the untrained person can be intimidated by this behaviour. It can be deeply disturbing when confronted by an individual who inflicts pain and hurt on oneself. This is counter-intuitive and simply feels wrong or not normal. Fortunately, we are starting to understand (and in turn even appreciate) the phenomenon of self-harm better. Part of this increased understanding is to see the self-harming individual in the context of their inner as well as their **relational** world.

I had to be aware of my own biases and assumptions during this process too. I may have felt that because I am “professionally trained” and have a special interest in the phenomenology of self-harm, I would understand better what these young women needed. I may have felt in competition with their parents. Might I even have been biased in thinking that because often young people engage in self-harming behaviours to numb the emotional, inner pain, I would be judgemental towards the parents for not being available to their daughter?

Many of these questions and assumed knowledges could have interfered with the research process. I ensured that the semi-structured interview schedules were tested on critical colleagues. The feedback I particularly needed in this respect was whether I asked the parents value-laden questions and those with possible implied judgement. Further, during the analytic stages. I ‘bracketed’ these assumptions through peer and supervisory conversations.

Example how the researcher's own perceptions and assumptions can enter the process

During the analysis, I only realised that the father was also not addressing the ‘feeling questions’ with emotional language or terms with emotional content. I wondered whether this was because my expectations as the reader/ researcher were impacting upon my reading and sense-making activities. ‘Was I expecting more of the female participant due to the dominant discourse that women are more comfortable with language and words (especially when it comes to sharing one’s feelings) than men?’ ‘So, it took me a while to realise that the male participant was as disconnected with his answers than what I thought his wife had been?’ I noticed this disconnect sooner than with the male. With the mother I noticed the so-called mismatch between the language in the question and in the answer

straight away when I started asking about the scenarios, however with the father I had the thought that I am writing about now only when my reading of all the scenarios had been introduced and answered and I started my first question about Angie's 'self-harm'.

Personal learnings

In addition to what I already shared earlier about what findings may have surprised me, I include a brief section on what I learnt from doing the research project, both in terms of the content, the material as it were, as well as what I learnt from engaging in the research process as a whole.

I have written above about the intensity of the impact on the dyadic and triadic relationships of the young person and her parents. Mothers and fathers can feel emotionally overwhelmed by the fact that their daughter has self-harmed/ is self-harming.

Secondly, I have learnt that the self-harming behaviour not only affects the individual identities of the adolescents themselves, it seems to affect people around them. More specifically, it impacts on their identities as a parent and the role or task that they believe they have, namely:

- To protect
- To offer emotional containment
- To work together with the other parent effectively

In light of the self-harm and the distress caused the parenting identities have been affected, since they may conclude that they have failed in the aforementioned areas, in other words, they could think that they:

- Have not been able to protect their child from emotional pain and hurt
- Have not been able to offer emotional containment so that the child does not feel the need to harm herself, but would go to the parents to be comforted instead
- Have not been able to effectively work together so that they are stronger to deal with this traumatic crisis they find themselves in.
 - Interestingly, just because the fact that parents realise or believe that they have not been able to effectively work together, it does not seem to be clear to them how they might change this state of affairs. In other words, when one notices that they have not done something that does not mean that they would like to change this. Even if someone wants to change how they do

something this does not imply that they know how to go about doing this/ achieving this. One could argue that this is a very familiar statement to clinicians and therapists.

Firstly it surprised me that even though the self-harm seems to bring parent together by their concern for the wellbeing for their daughter (it unites), they do not get emotionally closer to each other for support and comfort. On a basic level one can read this as a split between the head/ action and the heart / emotions.

There was something else that I found surprising, namely of a result that did not emanate from this research, namely parental guilt. When working clinically with parents, often as part of the work with parents is to address their sense of guilt. They ask themselves deep questions which seem to touch the core of their identity as a parent and as a person, such as “What have we done wrong?”, “What could we have done differently to ensure that this would not happen?”, “What kind of a deep state of loneliness must our daughter be in, for her to feel the need to cut herself?” Parental guilt was a mere Emergent Theme for one parent, without it emerging for others. It never moved from this singular subordinate thematic level to become a Superordinate Theme. This went against my expectations.

8.11 Concluding remarks

It has become clear that when one looks at a phenomenon such as self-harm from a relational perspective the complexities really come to the fore. The accounts of the family members show that self-harm affects family members on an individual level, as well as on a relational one. As was highlighted in the literature review, the existing literature about self-harm often highlights the influences on the level of the individual (e.g. cognitively, physically, social and psychologically). The last of these influences can be seen as a circular argument, or simply as a circular process. Self-harm is both an expression of psychological distress, as well as contribute or create further distress. In this research study we saw that the emotional distress caused by the self-harm was not only present in the young person herself. It clearly existed within the parents too. Another important finding is that it impacts on parent-child relationships, as well as the parent-parent relationships. This systemic ripple effect that a relationship between two people can be affected by the (individual) actions of a third is despite not new or surprising, but in the context of self-harm an important finding.

The finding that self-harm itself can be approached from a relationally emotional security perspective is a confirmation that the nature and strength of the attachment relationships that the young people who self-harm have, is vitally important when one wants to move towards treatment.

In terms of the emotional connections between people, we learnt that self-harm can be understood as serving a particular purpose. It has the effect that it either draws people together, or creates further distance between them. One of the known reasons for self-harming behaviour, namely to deal with unbearable feelings, was more deeply understood with the findings that feelings of isolation and being emotionally disconnected were experienced by the adolescent.

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APPENDICES

A. NHS Ethics Committee Approval (letters)

B. Information Sheet for Adolescents

C. Information Sheet for Adults

D. Consent Form for Adolescents

E. Consent Form for Adults

F. Interview Schedule Adolescents

G. Interview Schedule Adults

H. Interview Schedule Couples

I. Table of Analysis (YP1., Angie)

Appendix A. NHS ETHICS COMMITTEE APPROVAL

Doctorate in Clinical Psychology
 Faculty of Health and Social Work
 Peninsula Allied Health Centre
 College of St Mark and St John
 Derriford Road
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 PL6 8BH
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Michele Blake
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Mrs. Amanda Datson
 NHS National Research Ethics Service
 Cornwall and Plymouth Research Ethics Committee
 Room 101B
 ITTC South Building
 Tamar Science Park
 Davy Road
 Derriford
 PLYMOUTH
 PL6 8BXJ

July 28th 2011

REC reference: 08/H0203/47

Study title: A qualitative exploration of attachment themes in families with a young person displaying anorexia or self-harm

Dear Amanda,

I am writing to request the addition of the following researcher to assist with data collection, which we believe is a minor amendment:

Ramon Karamat – Ali

This researcher has expertise in psychology and the data collection methods described in the research protocol. We have fully briefed him on the ethical issue and procedures in place. Their assistance with data collection will take place under close supervision by the principal researchers.

Dr Jacqui Stedmon
 Senior Lecturer
 Academic Director

Ms Gillian Watson
 Senior Lecturer

Annie Mitchell
 Senior Lecturer
 Clinical Director

Mr John Wright
 Senior Lecturer

Mr Duncan Moss
 Senior Lecturer

Dr Man Cheung Chung
 Reader in Psychology
 Research Director
 Admissions Tutor



National Research Ethics Service
NRES Committee South West - Cornwall & Plymouth

South West REC Centre
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 Block B
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 Lewins Mead
 Bristol
 BS1 2NT

Tel: 0117 342 1330
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 Email: Ubh-tr.SouthWest1@nhs.net

08 August 2011

Prof Rudi Dallos
 University of Plymouth Doctorate in Clinical Psychology
 Peninsula Allied Health Centre, College of St Mark and St John
 Derriford Road, Plymouth, Devon
 PL6 8BH

Dear Prof Dallos

Study title: A qualitative exploration of attachment themes in families with a young person displaying anorexia, ADHD/Conduct Disorders or self-harm
REC reference: 08/H0203/47
Amendment number: 5
Amendment date: 28 July 2011

Thank you for your letter of 28 July 2011, notifying the Committee of the above amendment.

The Committee does not consider this to be a "substantial amendment" as defined in the Standard Operating Procedures for Research Ethics Committees. The amendment does not therefore require an ethical opinion from the Committee and may be implemented immediately, provided that it does not affect the approval for the research given by the R&D office for the relevant NHS care organisation.

Documents received

The documents received were as follows:

Document	Version	Date
Notification of a Minor Amendment	5	28 July 2011

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.



08/H0203/47:

Please quote this number on all correspondence

Yours sincerely

A handwritten signature in black ink, appearing to be 'CA' followed by a flourish.

Charlotte Allen
Committee Co-ordinator

Copy to:

Professor Man Chung

Appendix B. INFORMATION SHEET FOR THE ADOLESCENT PARTICIPANTS**Information sheet (Adolescents)**

Department of Psychosocial Studies
 BIRKBECK
 University of London
 Malet Street,
 London WC1E 7HX
 020 3073 8045

Title of Study:

An Exploration of Family Relationships: A Systemic-Attachment Perspective on the Experiences of Adolescents who Self-Harm

Name of researcher: Ramón Karamat Ali

My study is being done as part of a Doctoral degree in the Department of Psychosocial Studies, Birkbeck, University of London. The study has received ethical approval.

Firstly, I would like to explore the experiences of adolescents who self-harm, or have harmed themselves. Secondly, I am interested in how parents understand the experiences of their daughter/son and how they respond to those experiences. This research is to help professionals understand how families where a young person has self-harmed (or is currently self-harming) deal with this- or not. The more we understand this from a family perspective the better we would be able to help and offer appropriate services to young people and their families.

If you want to participate, I will arrange a convenient time and place for us to meet. I would like to interview you twice: once on your own and once with your parents. I will endeavour to ensure you feel safe and comfortable during each interview.

A code will be attached to your interview ('data') so it remains totally anonymous. This means that your name will be changed and that I will not write your name down on any of the interviews material.

The analysis of our interviews will be written up in a report of my study. You will not be identifiable in the write up or any publication which might ensue.

The study is supervised by Dr. Spurling who may be contacted at the above address and telephone number.

Thank you for your interest and support.

Yours sincerely,

Ramón Karamat Ali,
Couple & Family Therapist and Supervisor (UKCP, AFT)
 (Doctoral Student)

Appendix C. INFORMATION SHEET FOR ADULT PARTICIPANTS/ PARENTS**Information sheet (Adults)**

Department of Psychosocial Studies
 BIRKBECK
 University of London
 Malet Street,
 London WC1E 7HX
 020 3073 8045

Title of Study:**An Exploration of Family Relationships: A Systemic-Attachment Perspective on the Experiences of Adolescents who Self-Harm**

Name of researcher: Ramón Karamat Ali

My study is being done as part of a Doctoral degree in the Department of Psychosocial Studies, Birkbeck, University of London. The study has received ethical approval.

Firstly, I would like to explore the experiences of adolescents who self-harm, or have self-harmed and the family relationships of and around the young person. Secondly, I am interested in the parents' perceptions of their child's experiences and how they respond to these.

If you want to participate, I will arrange a convenient time and place for us to meet. I would like to interview you three times: each of you once on your own, once with your partner, and lastly as parents with your adolescent child. This final meeting is not strictly part of the research but will be offered to provide an opportunity to talk about the process and any issues that may have arisen for you as a result of taking part in this study. I will endeavour to ensure you feel safe and comfortable during each interview.

A code will be attached to your interview ('data') so it remains totally anonymous. This means that your name will be changed and that I will not write your name down on any of the interview materials.

The analysis of our interviews will be written up in a report of my study. You will not be identifiable in the write up or any publication which might ensue.

The study is supervised by Dr. Spurling who may be contacted at the above address and telephone number.

Thank you for your interest and support.

Yours sincerely,

Ramón Karamat Ali,
Couple & Family Therapist and Supervisor (UKCP, AFT)
 (Doctoral Student)

Appendix D. CONSENT FORM FOR THE ADOLESCENTS

Consent form

Title of Study: An Exploration of Family Relationships: A Systemic-Attachment Perspective on the Experiences of Adolescents who Self-Harm and the Parents

Name of researcher: Ramón Karamat Ali

I have been informed about the nature of this study and willingly consent to take part in it.

I understand that the content of the interview will be kept confidential. There is one exception: if I have reason to believe that a child is unsafe or suffering from harm. In that case I will need to tell someone about this. If this happens I shall be tell you about it.

I understand that I may withdraw from the study at any time.

I am over 12 and under 17 years of age.

Name research participant:

Signed: _____

Date: _____

Name researcher:

Signed _____

Date _____

Appendix E. CONSENT FORM FOR THE ADULTS

Consent form

Title of Study: Triadic Interactions in Family Distress: A Systemic-Attachment Perspective on the Experiences of Adolescents who Self-Harm

Name of researcher: Ramón Karamat Ali

I have been informed about the nature of this study and willingly consent to take part in it.

I understand that the content of the interview will be kept confidential. There is one exception: if the researcher has reason to believe that anyone is unsafe or suffering from significant harm. In that case, the researcher will need to take appropriate action in accordance with child and vulnerable adults protection procedures. If this happens I shall be informed of the existing concerns.

I understand that I may withdraw from the study at any time.

Name research participant:

Signed: _____

Date: _____

Name researcher:

Signed _____

Date _____

Appendix F. INTERVIEW SCHEDULE FOR THE ADOLSCENTS

Interview schedule: Version: Adolescent -individual interview-
'Triadic Relationships & Self-Harm'

Dear,

Thank you for agreeing to take part in this research project. It is a very kind thing to do and I hope it will help therapists and people who work with children, adolescents and families, do their job better. I hope they will have a better understanding of family life for a young person who self-harms, and for their parents.

The following questions will be about your family and how you experience living as part of this family. I am particularly interested in what things are like for you. If you do not understand a question or phrase, please let me know and I shall do my best to be clearer. Also, when there is a question that you are not sure whether you want to answer, please let me know and we shall move on. The same when you feel a bit uncomfortable about a question or because of what you are telling me, please let me know. During the interview, I shall be checking how things are going to make sure you are still OK to continue. Is that clear? Is that OK with you?

[Only if 'yes' on both, will I proceed with the interview.]

GETTING TO KNOW:

To get to know you a bit first, can you tell me about yourself and describe your family?

How old are? How many brothers and/or sisters do you have? Are there other important family members you have contact with? Have you got friends? What are your hobbies?/ What do you like doing in when you are not in school? How would you describe life at home?

How would you describe life for you at the moment at home?

What do you get up to? Who do you spend most time with? What do you like doing more than other things? Please give an example of this?

Please describe your position in the family?

WHEN THINGS ARE CALM:

Please describe a typical situation in when things are calm in the home?

What is going on? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling?

In those type of situations, who would you say you are closest to and who most distant?

WHEN THINGS ARE TENSE:

Please describe a typical situation in when there is a 'tense atmosphere' in the home?

What is or has been going on? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling?

In those type situations, who would you say you are closest to and who most distant?

WHEN THERE IS CONFLICT/ ARGUMENTS:

Please describe a typical situation in when there is conflict in the home? (or: when there are arguments?)

What is going on? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling?

In those type situations, who would you say you are closest to and who most distant?

WHEN THERE IS CONFLICT BETWEEN YOUR PARENTS:

Please describe a typical situation in when there is conflict between your parents? (or: when your parents are arguing?)

What is going on? How does it start? Who is involved? What do others do? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling? How does the conflict develop? And, how does it get resolved (or: how does it end)?

In those type situations, who would you say you are closest to and who most distant?

SELF-HARM

When you harm yourself who would you say you are closest to and who most distant?

POSITION IN RELATION TO PARENTS:

the position you are in re: your parents as a couple,....

... what would you call that?

... how would you describe that?

What is good about “..... (e.g. being in the middle, or having to choose sides)”?

What is bad (or: not so good) about “.... (e.g. being in the middle, or having to choose sides)”?

How long have you been in that position?

What is your explanation for this?

How long do you think you will be in this position?

Why?

Please describe how you understand your self-harming behaviour?

What is your explanation for it?

How does the self-harming influence your relationship with your mother?

How does the self-harming influence your relationship with your father?

How does your parents' relationship influence the self-harming behaviour?

Have you got any other comments or feedback at this point?

-END

Appendix G. INTERVIEW SCHEDULE FOR THE ADULTS

Interview schedule: Version: Parent interview- 'Triangulation'

Dear,

Thank you for agreeing to take part in this research project. I consider it an act of generosity and I hope it will help counsellors, therapists and psychologists become more effective when working when working with adolescents who self-harm and their families. I hope they will have a better understanding of what it is like to live with such family distress and how to support and assist the parents and the young people.

The following questions will be about your family and you as a couple and how you experience living as part of this family. I am particularly interested in what things are like for you. If you do not understand a question or phrase, please let me know and I shall do my best to be clearer. Also, when there is a question that you are not sure whether you want to answer, please let me know and we shall move on. The same when you feel a bit uncomfortable about a question or because of what you are telling me, please let me know. During the interview, I shall be checking how things are going to make sure you are both still OK to continue. Have I been clear? Is that OK with you? SO, you are OK for us to proceed?

[Only if 'yes' on both, will I proceed with the interview.]

1. To get to know you a bit first, can you tell me about yourself and describe your family?

How old are? How many children do you have? Are there other important family members you have contact with as a family/ couple/ individual? What are your hobbies?/ How would you describe life at home? What words would you use to describe your family? What words would you use to describe you as a parent? What words would you use to describe your couple relationship?

2. How would you describe life for you at the moment at home?

What do you get up to? Who do you spend most time with? What do you like doing more than other things? Please give an example of this?

3. Please describe your position in the family?

4. What 5 words would you use to describe.....

- a. ... your relationship with your son/ daughter?
 - i. Please describe an experience/ episode that could be a typical example that illustrates this relationship.
- b. ... your relationship with your partner?
 - i. Please describe an experience/ episode that could be a typical example that illustrates this relationship.

5. Please describe a typical situation in when things are calm in the home?

What is going on? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling?

a) **In those type of situations, who would you say you are closest to and who most distant?**

6. Please describe a typical situation in when there is a ‘tense atmosphere’ in the home?

What is or has been going on? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling?

a) **In those type situations, who would you say you are closest to and who most distant?**

7. Please describe a typical situation in when there is conflict in the home? (or: when there are arguments?)

What is going on? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling?

a) **In those type situations, who would you say you are closest to and who most distant?**

8. Please describe a typical situation in when your son/ daughter self harms, or when she/he is likely to there is conflict between you as a couple? (or: when the two of you are arguing?)

What is going on? How does it start? Who is involved? What do others do? Where are they in or out of the house? How do you think does what? Are any people together or apart? What do you think each member may be thinking at the time? What do you think they could be feeling? How does the conflict develop? And, how does it get resolved (or: how does it end)?

a) In those type situations, who would you say you are closest to and who most distant?

9) The position your [adolescent] child is in relation to the two of you as a couple,...

a) ... what would you call that?

b) how would you describe that?

c) What is good about him/her having this role as “..... (e.g. helper, mediator, or referee)”?

d) What is bad (or: not so good) about him/her having this role as “.... (e.g. helper, mediator, or referee)”?

10) How long has s/he been in that position?

a) What is your explanation for this?

b) How long do you think s/he will be in this position?

c) Why?

11) Please describe what you think your son/daughter has learnt about romantic couple relationships from having you as parents?

12) How do you think it will help him/her in the future?

13) How do you think it will hinder him/her in the future?

Appendix H. INTERVIEW SCHEDULE FOR THE PARENTAL COUPLES

Interview schedule: Version: Parents -couple interview- 'Triangulation'

Dear,

Thank you for agreeing to take part in this research project. I consider it an act of generosity and I hope it will help counsellors, therapists and psychologists become more effective when working with adolescents who self-harm and their families. I hope they will have a better understanding of what it is like to live with such family distress and how to support and assist the parents and the young people. The following questions will be about your family and you as a couple and how you experience living as part of this family. I am particularly interested in what things are like for you. If you do not understand a question or phrase, please let me know and I shall do my best to be clearer. Also, when there is a question that you are not sure whether you want to answer, please let me know and we shall move on. The same when you feel a bit uncomfortable about a question or because of what you are telling me, please let me know. During the interview, I shall be checking how things are going to make sure you are both still OK to continue. Have I been clear? Is that OK with you? SO, you are OK for us to proceed?

[Only if 'yes' on both, will I proceed with the interview.]

1. Please describe your couple relationship
2. How would you describe the relationship your partner has with your child?
3. Has this relationship –in your eyes- changed over time?
4. What do you appreciate most about your partner's relationship with your child?
5. What do you find most difficult about their relationship?

SELF-HARM:

6. Please describe how you understand your daughter's/ son's self-harming behaviour?
7. When you look back at a time when you were a teenager growing up, is there anything from how your parents brought you up that is particularly helpful or unhelpful in terms of your child's self-harming behaviour?
 - a) In general: how do you think your experience of being parented affect your experiences of being a parent now?
8. How does your partner most typically respond/ or responded to this?

SELF-HARM & COUPLE RELATIONSHIP

9. How does/ did the self-harming behaviour influence your couple/ parental relationship?
10. How does your relationship influence the self-harming behaviour?
11. What do you appreciate most about the journey of what kind of father he is becoming?
12. Have you got any comments or feedback for me?

Appendix I. TABLE OF ANALYSIS (YP1., Angie) *

* Note: in the Initial Themes column the code in between brackets “(...)” states the place in the transcript of the interview

Transcript	Initial Themes	Emergent Themes	Super-Ordinate Themes
“Because I don’t feel like things are gonna change because we have tried the like...”	No hope for change (p23-1)	Resignation	POWERLESSNESS
“don’t feel like things will ever change”	Resignation (p23-4)		
“all this before and she said she would and she never does”	Giving up (p23-5)		
“while I live at home I just feel like the conflict is always gona be there kind of.”	Maybe not possible to escape (p23-7)		
“Things are calm, probably (laughs) when we are all apart or in different rooms, umm...”	Calm is separate (p5-3)	Calm: Safety in Separateness/ Separation	SAFETY IN SEPARATION
“but we are mostly split up, umm yeh”	Safest to be separate (p5-4)		
“everything is pretty much calm and no one is arguing then”	Calm = No arguing (p5-5)		
“Umm... James is probably focused on the game, yeh umm dad again is probably trying to look up something on the computer and I don’t know, on eBay usually trying to buy trainers for James because he goes through about 60 pairs a month, not literally but he is always needing new trainers because he just wrecks his shoes all the time. Umm so he is probably focused on that and mum and Katy probably thinking about - they will be talking so there probably talking about tea or something or about Katy’s Brownies or something or umm because she goes to the Girl Guides like Brownies you know”	Calm is calm in mind (p.6-1)		
RKA – “So the period before all of that kicks off, and it is tense right, ok, people are together you are saying? YP – “Yeh”.	Being together is unsafe (p8-1)		
“unless it gets really bad I won’t say anything but just sometimes little things like that will just annoy me. I won’t say anything”	Avoidance of arguments (p9-1) > protection of relationship/self		
	Safety in		

	separateness (p16-3)		
“Yeh I think I am kind of feel, want to feel in charge, I kind of am in charge”	Feeling responsible (p5-2)	Feeling responsible	FEELING RESPONSIBLE
“a lot of the time I get involved in those drink arguments kind of thing coz it annoys me.”	Feeling responsible (p15-2)		
“Big arguments are usually about umm either over James , like I said if he has done something and dad has tried to tell him off, mum will have a go at dad and then dad will be angry and say you know “why are you always having a go at me” and that will start a big thing, it’s either that which is the main big argument thing”	Protects siblings from marital conflict (p16-1)> triadic pattern		
“when I was younger I didn’t really understand what all arguments had been about and I probably just stayed away from it but because I have got older I wana get more involved kind of thing.”	Feels compelled to be involved (p22-3)		
“Me and Katy are quite close I think, sometimes go shopping with my mum but not often, it’s hard to say who I am closest to, umm I probably talk to mum about things more than dad I think, like how I am feeling kind of thing”	Talking about emotions difficult (p.5-1)	Lack of emotional literacy & empathy	EMOTIONAL LITERACY
“I just think people are focused on what they are doing more than thinking about other people in the family kind of thing.”	Difficulty accessing and describing people’s feelings (p6-3)		
“I just think people are focused on what they are doing more than thinking about other people in the family kind of thing.”	Lack of empathy (p6-4)		
“Umm... probably (pause) dad, sometimes, I mean I won’t, if James is on the xBox or something I will sort of avoid going into the lounge because I know if I ask to watch TV it will just start a massive argument and I try to avoid that but dad I don’t know (pause) probably feel most distant from dad because he works nights a lot, like, he is a [XXX] at the hospital so umm sometimes like, some weeks I	Translate emotional questions into behavioural sequence (p7-4)		

<p>don't see him that much kind of thing, and then when he is here and he is tired because of working nights umm it will, there will be a lot more arguing I think, like especially at the dinner table, so probably feel most distant to dad."</p>			
<p>RKA – “When I say what they might be feeling you are saying you say they might be thinking about things they have just been doing and what do you think they might be feeling each of them?” YP – “When its tense or ?” RKA – “When its tense atmosphere?” YP – “or arguing kind of thing or just before? Umm sorry what do you mean when we are all arguing or just before we all argue?” RKA – “Yeh just before.” YP – “Umm” RKA – “Because dad said something, what did dad say?” YP – “Let's not argue umm, I think I don't think anyone is sort of worried, I think the others might be worried that there was going to be an argument is mum or dad or the kids if something starts then we just tend to join in.”</p>	<p>Poorly developed emotional literacy (p8-2) Lack of empathic capacity (p8-3) Scenarios easier to access than feelings (p8-4)</p>		
<p>“I will just feel sort of really distant from her, it's really hard to explain but (pause)”</p>	<p>Hard to explain = hard to experience? (p10-1)</p>		
<p>“Umm... James it's usually either me or James or me and dad that have the big arguments at the table for example. If I am arguing with James (pause) he will probably start it by saying something that annoys me or winds me up and I will react and say something back and then mum will have a go at me because she says even if it is not my fault she will be like “you are the oldest deal with it” and “act your age” and all this and that winds me up so much because I get like get so annoyed of like being blamed for something that I haven't done and I feel like she won't ever tell James off and she</p>	<p>Behaviour easier than feelings (p11/12-1)</p>		

<p>makes exceptions for him all the time and they usually result with Katy and James umm sorry Katy and dad fitting in somewhere joining in the argument and usually everyone will turn against me sometimes umm and I will end up walking off out of the room”</p>			
<p>“I worry about him and stuff, so I will make a comment and that is the thing that winds him up the most because he thinks that he should be allowed to enjoy his life and all this. Umm I will make some comment like “oh did you have a drink last night” and then he will get he will start arguing with me and having a go at me and saying that he can do what he wants and all this and then I will start arguing and then that’s you know and someone will end up walking off.”</p>	<p>Behaviour takes over from feelings (p12-3)</p>		
<p>“it’s hard to say who I am closest to, umm...”</p>	<p>Talking about emotions difficult (p.5-1)</p>		
<p>“and if like I have been getting on well with her that day she will probably be the one that will take my side in an argument kind of thing so probably her”</p>	<p>Feeling closer = taking sides (p9-2)</p>	<p>Taking Sides: Triangulation</p>	<p>CHOOSING SIDES</p>
<p>“she never has a go at him and that annoys both of us, so I think when under the situation when he is winding me up, dad is probably the one to”</p>	<p>Conflict creates closeness in triad (p13-2)</p>		
<p>“dad is probably the one to, he can relate to how I feel so I think he is the one that would be on my side who I feel closest to kind of thing”</p>	<p>Conflict creates closeness in triad (p13-3)</p>		
<p>“dad is probably the one to, he can relate to how I feel so I think he is the one that would be on my side who I feel closest to kind of thing”</p>	<p>Conflict creates closeness in triad (p14-2)</p>		
<p>“a lot of the time I get involved in those drink arguments kind of thing coz it annoys me”</p>	<p>Conflict creates closeness in triad (p15-)</p>		
<p>“Big arguments are usually about umm either over James , like I said if he has done something and dad has tried to tell him off, mum will have a go at dad and then</p>	<p>Marital conflict over parenting (p15-1)</p>		

dad will be angry and say you know “why are you always having a go at me” and that will start a big thing, it’s either that which is the main big argument thing or like umm dad having a drink kind of thing”			
“but it’s usually them two together and then me on my own”	Being cut off from sibs relationship because involved in marital rel. (p16-2)		
“Katy and James to watch Eastenders or something and then I will join them later and dad might, because he likes to sit, its gona sound crazy, he likes to sit down the bottom of the garden sometimes in the evening with his wine or something or he will be sat out in the dining room doing his crosswords with his wine, umm yeh he kind of, in the evenings he kind of tends to umm umm what’s the word, he kind of anti-social,”	No resolution: people separate (p16-4)> triadic interaction to manage conflict		
“I umm when I am level with dad I suppose if, we could be in a good way level we could talk more sort of be closer because we can relate to each other’s situation”	Being level creates closeness (p20-1)		
“Umm, a lot of the time it is like choosing sides,”	Choosing side to manage relationships (p20-3)		
“while I live at home I just feel like the conflict is always gona be there kind of.”	Conflict part of home life (p23-3)		
“I don’t want to sort of big myself up and say that I am as level as dad because but a lot of the time it feels like I have the same, I feel quite sort of strong and feel I have the same authority kind of thing.”	Hierarchy unbalanced (p19-1)		
RKA – “So what is good about having to choose sides?” YP – “Umm it’s sort of allows me to feel closer to that person.”	Choosing sides to create closeness (p20-4)		
“and a lot of the time I get involved in those drink arguments kind of thing”	Getting drawn into marital conflict (p15-4)	“Being in the middle”: Triangulation	CHOOSING SIDES
	Distance regulation (13-1)		
“which is why I get angry at her when I am sad but dad can and	Intimacy and closeness at		

sometimes its good because I can talk to him about it and he can relate to it"	exclusion of other parent (p21-3)		
"in the middle kind of thing".	Feels 'in the middle' (p21-1)		
"sometimes if I can hear (laugh) I feel awful like coming and joining in ganging up on dad, but if I am like walking past and I can hear them arguing and he says something that, to mum that I get annoyed with because I don't agree with it kind of thing I will come out and start having a go at him as well as mum"	Needing to get involved (p15-3)		
"Being in the middle? (pause) umm probably until (pause) I don't know maybe until I'm an adult kind of thing 19 maybe."	Role ('being in the middle') is inevitable (p22-4)		
"Probably when I leave yeh..."	Needs to leave to stop being 'in the middle' (p23-6)		
"since being a teenager I guess (laughs).. Umm I am just trying to think I didn't umm, the whole arguing with everyone and taking sides kind of thing started when I was about 12/13 I think."	Being 'in the middle' very familiar (p22-1,2)		
"Well it sort of, I very rarely am umm in sort of friendly with dad and mum at the same time (pause) if you know what I mean. Umm..."	Being in the middle (p21-2)		
"we could talk more sort of be closer because we can relate to each other's situation"	Self-harm brings closeness with father (p20-2)	Self-Harm brings parents together:	SELF-HARM CREATES CLOSENESS
"now she doesn't even sort of bother to come and check if I'm alright so that makes me even more angry"	Now: SH creates distance (p24-4)	Self-Harm bring closeness with parents	
"it would kind of bring us closer because we would talk about it and then I would tell her everything and then I feel like she care I feel like I had like more attention kind of thing"	SH brings closeness with mother (p25-3)	Distance regulation	
"I think they talk about it, I think they I think I have heard them talk about it before"	SH bring parents physically closer (p25-2,4)		
"also there are like physically brought closer when they talk about me"	SH brings parents "mentally" together (p25-3,4,5)		
"it's not sort of a big thing in our relationship it's not sort of talked about and he doesn't really know	Relationship with dad is free from SH (24-6)		

about it kind of thing, well I think he does but we don't talk about it"			
"I feel so alone umm (pause) I don't really feel close to anyone,"	No safety and security (p18-5)	Lack of trust & safety	
"I will have times of feeling really close to her I will be able to talk, she can, there is a point in our conversation where she could easily turn against me"	No safety /trust with mum (p20-5)		
"I feel like she cares more about him and then everything"	Mum cares more about siblings (p20-6)		
"Umm... (laughs) I am bit of a loner to be honest"	Emotionally isolated (p6-5)	Sense of complete isolation	POWERLESSNESS
"everyone has turned against me"	Sense of isolation (p12-2)		
"I don't know I feel like I have got nobody,"	Complete isolation (p18-1)		
"Everyone I feel everybody hates me, I can't turn to anyone or anything"	Deep sense of isolation (p18-3)		
"Umm... just feel completely isolated yeh (pause)"	Complete isolation (p18-4)		
"she is probably having like a normal conversation"	Feels different (p6-2)		
"and I very often think that if like I do kill myself or something would anybody care and would it matter to people?"	Isolation – not one cares about me (p24-2)		
"I will be really angry at her because sometimes I find it really hard to differentiate between who I am angry with"	Anger is complex feeling (p14-1)	Own feelings are unbearable	
"I also get angry at myself a lot"	Angry at self for SH (p23-8)		
"because I'm angry at myself and feel out of control and just so angry"	Feels out of control re; SH (p23-9)		
"I just wish I could be normal and not have these like really low feelings and I think I'm just so angry at myself"	Wish to be normal (p23-10,11)		
"it at most people I know say it makes them feel better but it's not that"	Cannot understand own feelings (p23-12)		
"and I feel bad about that as well"	Guilt for own feelings (p24-1)		
"I just feel completely like (pause) I don't know, off my not off my head as in like drunk but don't know what to do just in a complete state. Yeh"	Unbearable feelings inside (p18-2)		