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Seeking secrecy

Citation for published version:

Chandler, A 2018, 'Seeking secrecy: A qualitative study of younger adolescents' accounts of self-harm' Young: Nordic Journal of Youth Research, vol 26, no. 4, pp. 313-331. DOI: 10.1177/1103308817717367

Digital Object Identifier (DOI):

[10.1177/1103308817717367](https://doi.org/10.1177/1103308817717367)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Young: Nordic Journal of Youth Research

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Seeking secrecy: a qualitative study of younger adolescents' accounts of self-harm

Abstract

Young people who self-harm face challenges in seeking help, and there is a lack of qualitative research with under 16s, despite rates of self-harm being high and help-seeking low. 122 young people aged 13-26, 108 of whom were aged 13-16, were involved in multiple-methods of qualitative data collection. This included 6 focus group discussions with 33 young people who had limited experience of self-harm; in-depth interviews with 5 people who had self-harmed; and a qualitative online survey completed by 88 young people who had self-harmed. Analysis was thematic. Participants articulated views which could inhibit help-seeking: young people provided strong negative judgements about 'attention-seeking' as a motive for self-harm; while 'private' self-harm was valorised. Talking to others about self-harm was identified as beneficial, but it was unclear how possible this would be if self-harm must also be kept 'secret'. Findings suggest that framing self-harm as private, and secretive may be counter-productive.

Key words: Health, risk behaviour; mental health; qualitative methods; emotion

Introduction

Self-harm is an important health concern, that appears to be especially prevalent among young people (Townsend, 2014). Adolescent self-harm is associated with increased risk of a range of negative outcomes in early adulthood, including problematic alcohol use, illicit drug use, anxiety, depression and suicidality (Mars et al., 2014). The relationship between self-harm and later suicide is complex, and contested, not least because qualitative research with those who self-harm finds that for some the practice is framed as the 'opposite of suicide' – as life preserving, rather than life ending (Chandler, 2013; Curtis, 2016). However, numerous

studies suggest that hospital treated self-harm is associated with an increased risk of suicide (Carroll et al., 2014). Evidence is sparse for the relationship between self-harm among young people and suicide, as most adolescent self-harm is not treated in hospital (Hawton et al., 2002). Further, while research with hospital-treated samples generally comprises a majority who have taken overdoses; community studies and qualitative research on ‘self-harm’ generally addresses practices of self-cutting. In this paper, the term self-harm is used broadly to refer to practices (particularly self-injury in the form of self-cutting, but including overdoses) that may or may not be construed as suicidal.

The majority of research addressing self-harm among young people tends to draw on quantitative, clinical approaches, which minimise the perspective and accounts of those who self-harm (Kelada et al., 2016). Such approaches may, perhaps inadvertently, underline a view of self-harm as inherently pathological, irrational and “impossible to witness” (Kilby, 2001). There are, however, a growing number of researchers working within the social sciences, who – using qualitative methods – have done much to explore the diverse ways in which practices of self-harm are understood (Brossard, 2014; Chandler, 2013; Curtis, 2016; Daley, 2015; McDermott et al., 2015; Scourfield et al., 2011; Steggals, 2015). While instructive, existing studies have tended to focus on *older* young people – aged 16 and above (though there are exceptions, e.g. Hill & Dallos, 2012; Klineberg et al., 2013; McDermott & Roen, 2016). There are important reasons for this tendency, not least the difficulty researchers may face in gaining ethical approval for research with potentially vulnerable young people, to address what is (almost) universally deemed a “sensitive topic” (Biddle et al., 2013).

This paper builds on existing research addressing young people’s accounts of self-harm (Curtis, 2016; McDermott & Roen, 2016), but draws on data from a project which explicitly set out to explore the perspectives of those aged 16 and under regarding self-harm. The paper

Amy Chandler, June 2017. This version accepted for publication in *YOUNG: The Nordic Journal of Youth Research*.

focuses on the enduring importance of *secrecy* in shaping accounts of self-harm. I argue that the dominance of ‘secrecy’ in published accounts of self-harm, and the accounts analysed here, serves to legitimise and authenticate a particular ‘self-harming self’. Further, the valorisation of ‘secrecy’ relies upon the pejorative label of ‘attention-seeking’. These dual narratives may serve to inhibit help-seeking, shutting down alternative (perhaps more challenging, or subversive) ways of interpreting self-harm. The foregoing analysis and discussion contributes to existing analyses of the social contexts and meanings which shape self-harming practices among young people.

Self-harm, help-seeking and ‘attention-seeking’

It is well-established that young people who self-harm or experience mental distress face challenges in seeking help, and are unlikely to do so (Fortune et al., 2008; Goodwin et al., 2013; Rowe et al., 2014). Barriers to help-seeking for those who self-harm include: lack of a confidante, services that are viewed as insufficiently safe and confidential (Klineberg et al., 2013), fear of being stigmatised or labelled ‘crazy’ (Biddle et al., 2007; Curtis, 2010; Freedenthal & Rubin Stiffman, 2007), and shame at having ‘failed’ to maintain good mental health (McDermott, 2015).

Qualitative research with young people receiving inpatient psychiatric care (Crouch & Wright, 2004) and community-based young people aged 16-25 (Scourfield et al., 2011) has identified the importance of the negative judgement of ‘attention-seeking’ in shaping views about self-harm. Crouch and Wright found that young inpatients who self-harmed distinguished those who self-injured ‘for attention’ from those who self-harmed for ‘genuine reasons’. Adolescents who were keen to self-harm in a ‘genuine’ manner reported having to injure themselves more severely *and* having to keep this secret in order to avoid the ‘hatred’ of the other patient, due to ‘authentic’ self-harm being characterised by both its hidden-ness and its severity.

Amy Chandler, June 2017. This version accepted for publication in *YOUNG: The Nordic Journal of Youth Research*.

Authenticity and secrecy around self-harm were key findings in a study by Scourfield and colleagues (Scourfield et al., 2011), addressing accounts of self-harm among a community sample of young people aged 16-25. They identified competing discourses about ‘public’ self-harm, with many young people suggesting – in line with Crouch and Wright’s findings – that self-harm that was visible to others was inauthentic, ‘attention-seeking’ and undeserving of sympathy. In contrast, other young people, including some who had self-harmed, argued that the negative framing of ‘attention-seeking’ was unhelpful, and that questions needed to be asked about “why ... they need attention” (p. 789).

This paper reports findings which support and extend those reviewed above. I identify the enduring power of discourse which serves to separate self-harm into ‘good’ or ‘bad’; ‘authentic’ or ‘inauthentic’; ‘private’ or ‘public’. The data draws on both individual accounts of young people engaged in self-harm, and peer group discussions among young people with limited personal experience of self-harm. Importantly, there are encouraging signs that negative views on self-harm are being challenged. At the same time I identify and explore continuing negative judgements relating to the visible nature of some self-harm, particularly self-cutting, and especially where this is ‘displayed’ online.

Narrating secrecy, stigma and visibility

The research is informed by sociological, interpretive and narrative theories of health and illness. This approach emphasises the importance of attending to the meanings of embodied health experiences, by addressing the form and function of narratives about such experiences (Conrad & Barker, 2010; Frank, 1995; Lawton, 2003). Narrative theory highlights that how we talk (or write) about our lives is strongly shaped by social contexts (Riessman, 1990; Riessman, 1993). Accounts of health-related experiences draw on already circulating ways of telling, which individuals employ to make sense of their own experiences, and relay these in a way that is understandable to others (Chandler, 2014; Holstein & Gubrium, 2000; Karp,

1996). Leading from this perspective, accounts which disclose self-harm are not viewed as providing evidence of poor mental health, or as being a sign of inherent pathology. Rather, self-harm is approached as having variable meanings and functions for individuals, albeit often drawing on notions of pathology and medicine in order to make sense of the practice (Chandler, 2013; Daley, 2015). Indeed, existing research suggests that articulations about and practices of self-harm may serve in some cases to communicate distress (pathology) to self and others (Chandler, 2016; Fullagar, 2003).

The analysis discussed here takes seriously the embodied nature of self-harm (Chandler, 2016; Williams & Bendelow, 1998). Practices of self-harm that involve injuring the outside of the body frequently involve the creation of marks which may be visible, or hidden from others. Crucially, such marks – even when hidden – may be *potentially* visible (as per Goffman’s discreditable stigmas) (Goffman, 1968). In earlier work, I have examined the way in which embodiment is central to accounts of the practice of self-harm, and the management of scars among adults who have self-harmed (Chandler, 2014; Chandler, 2016). In this analysis, I focus on accounts about the way in which young people talk about the way in which marks, scars or wounds are – or *should* be – managed.

Method

The aims of this project were to explore how younger adolescents (particularly aged 13-16) accounted for their own and others’ self-harm, including how this interacted (or not) with drug and alcohol use. The study set out to address the relative lack of attention paid to the accounts of younger adolescents regarding self-harm. A qualitative research design was used in order to critically explore the nuance and complexity of what is a contested practice. Face to face interviews with young people who had self-harmed were planned, alongside focus group discussions with young people who had not necessarily self-harmed. These two approaches sought to enable young people with experience of self-harm to discuss their views

Amy Chandler, June 2017. This version accepted for publication in *YOUNG: The Nordic Journal of Youth Research*.

on self-harm (including their own practice, if they wished); and to generate and analyse a more 'public' discussion of the meanings of self-harm among groups of young people, in order to examine wider contexts of meaning in which individual accounts were situated. Following difficulty recruiting for face to face interviews, a qualitative online survey with young people who identified as having self-harmed was developed. Thus, the original research design had involved concurrently held focus groups with young people addressing the topic (but not personal experience) of self-harm; alongside one-to-one interviews with young people who had self-harmed. The revised research design involved concurrently held focus groups with young people; alongside a qualitative online survey with young people who had self-harmed, and 5 in-depth interviews with young people who had self-harmed (4 of whom were recruited via the survey).

Ethics

The original and revised research design were assessed and approved by the University ethics committee. This process included careful risk assessment of each form of data collection, modified to suit different contexts and approaches. Interviewees discussed with the researcher a 'plan of action' to follow should the interview process be upsetting. The approach taken privileged the ability of participants to make decisions about participation in the research, allowing time for reflection and discussion with the researcher, and others, where necessary (e.g. youth worker, teacher). Participants were provided with information about sources of help or support regarding mental health, self-harm, drug and alcohol use.

All participants provided informed, written consent. Information leaflets were provided to interviewees and focus group participants, and these were discussed prior to data collection to ensure understanding and allow space for questions. Such checking was not possible for survey participants, but in order to take part in the survey, participants had to tick boxes confirming they had read and understood the risks and benefits of taking part in the study. In

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most cases, parental consent was not sought. Participants were treated as autonomous and able to make decisions for themselves regarding their involvement in the study (Coyne, 2010). The exception to this was data collection in schools, where on the request of schools, parents/guardians were informed by letter that the study was taking place, and given the opportunity to withdraw consent. None did.

During interviews and focus groups, the researcher maintained a flexible and responsive approach – ensuring participants remained aware that they could choose to end the interview, leave the focus group, or decline to answer any questions for any reason. With the online survey such monitoring was not possible. However the survey was carefully drafted, with input from the Research Advisory Group, and Ethics Committee, and contained links to sources of additional support, and reminders that questions could be skipped if preferred. Aside from initial questions designed to ensure – as far as possible – informed consent, every question in the survey was optional, meaning participants were under no compulsion to answer questions they did not wish to.

Pseudonyms have been used to protect the identities of those who took part (Focus Group and Interview participants could choose their own). The survey could be entirely anonymous if participants chose – there were options for participants to enter their email address if they wanted to be kept informed about the study, enter a prize draw for gift vouchers, and/or wanted information about taking part in an interview. Similarly, participants could enter a postcode or other marker of their location of residence (e.g. name of town). Alternatively, participants could skip these questions if they desired, maintaining anonymity entirely.

The survey text made clear to participants that any disclosures of imminent harm would only be followed up if the participant had entered their email address. Interviewees and focus group participants were all informed that the researcher might have to break anonymity under

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certain conditions – specifically, imminent risk of harm to participants or another named young person.

Sample and recruitment

Thirty-three focus group participants were recruited via schools, youth and health groups in a large city in the United Kingdom (Table 1). Participants ‘opted in’ to the study, and were assured of their right to withdraw at any time. Six focus groups were held: four in schools, two at University premises. Focus group participants were not required to have direct experience of self-harm, were not asked about their own experiences with self-harm, and discussions did not address personal experiences. This approach was developed in collaboration with guidance counsellors at the schools, and a research advisory board of experienced youth workers. It was agreed that asking students to discuss any personal experiences of self-harm in a focus group could be threatening and upsetting for all participants; as well as being unnecessary, as the aims were to investigate public accounts of self-harm. Through the process of recruitment, it became evident that in two groups one or more participants did have personal experience of self-harm, though this was not discussed openly in the groups.

Originally, face to face interviews with young people who had experience of self-harm were planned. Recruitment took place through local youth groups, including those dedicated to supporting mental health, drug and alcohol use. In practice, recruitment was limited in two significant ways. Firstly, several organisations were reluctant to allow young people to become involved in research where they would discuss self-harm with a researcher. Secondly, the timescale of the project (18 months, on a part-time basis) had not allowed sufficient time to build appropriate relationships with such organisations, which may have contributed to some of the reluctance to allow access to young people. In the first six months of the project, just one young person was recruited for an interview.

Amy Chandler, June 2017. This version accepted for publication in YOUNG: The Nordic Journal of Youth Research.

Given the limited time available, an alternative approach to data collection and recruitment was developed, in order to ensure that the aims of the project were addressed. This involved the use of a largely qualitative online survey, which recruited via advertising on two open online discussion boards which catered to individuals who had experience of self-harm.

Using online message boards to recruit resulted in a necessarily biased sample (not all young people who self-harm will engage in discussion about this online), but ensured that participants were already used to reflecting on and discussing their practice of self-harm in an online context. This was deemed important for the safety of participants. Participants taking part in the survey were provided with links to online support sites, and the survey emphasised throughout that questions were flexible, and could be skipped if needed. 88 people took part in the survey (Table 2).

Five interviews were completed. The first was with a male participant recruited early on in the study, via a local community health project. Survey participants were able to indicate their interest in taking part in a follow up interview, 24 did so. 16 participants who indicated that they lived in the UK were contacted by email, with 6 replies, and 4 successful interviews. Interviewees were aged 14-17, 2 male, 3 female. Interviewees were given the option to complete the interview via email (3), telephone (1) or face to face (1).

Focus group and interview participants were all living in the UK; survey participants were more mixed (28 from the UK, 22 from the US and 3 from elsewhere), though 39 did not report a location.

Data collection

Interviews used a semi-structured topic guide, which asked participants to reflect on different interpretations and explanations for their own and others' practice of self-harm, including drug and alcohol use. Participants were assured that questions could be skipped, and the

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guide was adapted to suit each individual, following initial discussions. For instance, one interviewee was clear he did not want to discuss his own practice of self-harm, so questions were adapted accordingly. As noted above, three of the interviews were conducted via email; one by phone; and one was face to face. Offering participants choice in how they would be interviewed was deemed necessary to ensure that as many people as possible could take part, and in a manner with which they were comfortable. Email interviews have been used with success in other studies addressing self-harm among younger participants (McDermott & Roen, 2011).

Focus group participants were provided with a range of different activities that they could choose to use to prompt debate and discussion (Tisdall et al., 2009). The activities addressed similar issues to the interviews, but instead of inviting individual responses, were used to generate interactive discussion between participants. Activities included: statement cards; finish the sentence exercise; and mind maps. This approach was designed to minimise power inequalities likely to be present due to age and educational differences between the researcher and participants. As far as possible, focus groups designed and led their own discussion, ensuring that talk was relevant, and giving control of the session to participants. This was especially important for groups held in school settings. I was keen to avoid the groups being seen as another 'lesson', and wanted to encourage participants to feel comfortable challenging the research topic and questions. Topics included defining self-harm; explanations for self-harm; seeking help for self-harm; talking to others about self-harm; similarities and differences between self-harm, drug and alcohol use.

The online survey drew on the interview topic guide and the focus group activities. The aim was to create a survey which addressed the research questions, but was also inclusive and reassuring. Questions incorporated tick boxes and free-text sections; this enabled participants to provide an initial response, with space to develop these in more detail, if they wished. The

survey was designed with an explicit emphasis on the free-text boxes, and the generation of qualitative data.

Survey and focus groups invited young people to respond to a series of deliberately provocative statements about self-harm (Table 3). In focus groups, these statements served to prompt debate and discussion between group members; while in the survey responses, I was able to get a sense of how the sample as a whole responded to a statement in terms of numbers agreeing or disagreeing, as well as qualitative data regarding young people's explanations for their response to the statement. The primary focus of analysis was qualitative, thus the data addressed below includes transcripts from surveys and interviews, and text from free-text boxes in the online survey.

Analysis

Interviews and focus groups were digitally recorded and transcribed by a professional transcription service. Transcriptions were uploaded to NVIVO 10, a software package that aids qualitative data analysis (QSR International Pty Ltd., 2012). Qualitative survey responses were also uploaded to NVIVO 10. The qualitative data set thus included: a) 5 interview transcripts; b) qualitative responses from 88 survey respondents; c) 6 focus group transcripts.

A thematic analysis was carried out on the qualitative data, utilising both deductive and inductive coding (Hennink et al., 2011). While inductive codes are said to come 'from the data'; deductive codes are pre-defined, and come transparently 'from the researcher'. In the case of this paper, the code 'attention-seeking' included both deductively derived and inductively derived data. Deductive coding was gleaned from talk in surveys and focus groups which responded directly to prompts about attention seeking. This initial, deductive code, was supplemented with additional data addressing the concept of attention seeking

which arose elsewhere in the data. The resulting codes were then subject to more open, inductive coding, developing sub-themes within young people's talk about attention-seeking (Hennink et al., 2011).

Inductive, thematic analysis of the 'attention-seeking' code, addressed the different ways in which participants across the study constructed the concept of 'attention-seeking' and its relationship with self-harm. Analysis contrasted the ways in which participants addressed the concept, and the potential impact of data collection settings on this. For instance, with focus group data, additional attention was paid to the way in which participants' interacted, disputed, or agreed with one another (Barbour, 2008).

Results

Analysis of young people's accounts about attention-seeking generated three major themes: a) complete rejection of the idea that self-injury might be about 'attention-seeking'; b) suggestion that 'some people' did self-harm 'for attention' and that this was wrong; c) more nuanced accounts which questioned the negativity attached to the notion of 'attention-seeking'.

Self-harm is never about 'attention-seeking'

In the initial survey prompt addressing 'attention' seeking (see Table 3) all but one survey participant 'disagreed' that self-harm was 'mostly' about attention seeking. In their qualitative responses to this statement, young people mostly provided alternative explanations or 'readings' of self-harm. Self-harm was re-characterised as about coping, addiction, mental ill-health. Importantly, these alternative readings were framed as mutually exclusive – self-harm was about coping and therefore not about 'attention-seeking'. Most commonly, however, participants emphasised the *hidden* nature of their own, and others' self-harm, with this emerging as a dominant way of responding to the charge of 'attention-

seeking'. These accounts highlighted that self-harm was kept carefully hidden; and that few, or no, people knew about it.

“People who self-harm often go to great lengths to hide the damage. It's personal and they don't want to be judged for it. It's also none of anyone else's business” **Yolande, 14, US**

“Utter bullshit. I have self-harmed for 6 years but only 2 people in the entire world know” **Donna, 17, UK**

Survey participants' responses often expressed frustration (indicated via the use of CAPS LOCK) towards the suggestion that self-harm might be motivated by attention-seeking, again emphasising that self-harm was kept private and hidden from view:

“NO NO NO. We hide it for a reason” **Nina, 16, UK**

“HELL NO. I cut on my thighs. I don't want people to know. I worry about people finding out” **Louise, 15, No location given**

Each of the quotes above draws on the notion that if self-harm is hidden, then it cannot be about 'attention-seeking'. In some cases, responses suggested that the charge of 'attention seeking' constituted a threat to the authenticity of the 'pain' said to underlie the practice:

“People who self harm are expressing deep pain! THE PAIN IS REAL!” **Nickie, 16, UK**

Nickie's response to the statement question about 'attention-seeking' is notable in addressing the notion of pain and authenticity. This implies that a charge of 'attention-seeking' is interpreted as undermining the 'reality' of the pain that self-harm is thought to reflect or represent (see also Chandler, 2016).

Discussion in focus groups was often fraught when it came to identifying whether or not young people self-harmed ‘for attention’. In contrast to the survey responses, focus group participants more readily accepted that ‘some people’ self-harmed ‘for attention’. However, there were exceptions, as seen in this debate among members of Focus Group 6 (FG6):

Bob: [reading statement card] ‘Some people hurt themselves to get attention’

Angela: No

Bob: In some cases, it’s possible

Spencer: Sometimes

Sharkeisha: Some people I think are really sick¹ like that

Angela: Most people try and cover it up and stuff so,

Spencer: It depends on the person

Theo: Some people are just like that

Focus Group 6 (FG6, 4F, 4M, aged 15-16)

In this group, Angela, and two other female participants echoed survey responses, arguing that self-harm was usually hidden, and therefore not ‘attention-seeking’. In contrast, Sharkeisha, Bob, Spencer and Theo suggested that for some people (those who are “really sick”) self-harm *is* carried out ‘for attention’. Importantly, participants in the focus groups, interviews and surveys *all* drew on the notion of ‘hidden’ self-harm as a meaningful way of countering charges of ‘attention-seeking’.

Self-harm ‘for attention’ does occur, and it is ‘bad’

In contrast to survey responses, a dominant response in focus groups was that self-harming for attention *did* occur, and was ‘bad’. FG1 addressed ‘attention-seeking’ spontaneously and

¹ Sharkeisha’s use of the phrase ‘really sick’ did not appear to refer to how ‘ill’ a person was, but was more a colloquial expression of disgust.

frequently in their discussion, arguing that ‘attention-seeking’ self-harm was becoming more prevalent.

Julie-Anne: It’s become like a...

Caitlin: Gotten more attention seeking, yes.

Julie-Anne: It’s way more common I think, than it used to be.

Caitlin: To do it for attention seeking.

Rosie: It never used to be as, like, you never used to hear anything about it and now there’s so much...

Caitlin: In the past year or so.

Sever: Yes.

Julie-Anne: On the internet and social networking sites.

Caitlin: Videos and things like that about it.

Sever: Yes.

Julie-Anne: It has been set as, kind of like, some people say it’s a trend to do it.

Sever: Yes.

Caitlin: It’s almost like people gloat about doing it now. They actually boast that they do it.

FG1 (5F, aged 15)

In this discussion, FG1 members synthesise a discussion of ‘attention-seeking’ self-harm with a view that the practice is also ‘trendy’, something that some individuals ‘boast’ about. The tenor of this discussion was disparaging, with this way of behaving (gloating or boasting about self-harm) framed as extremely undesirable. The negative framing of ‘trendy’ self-harm is at odds with analysis from US based sociologists Adler and Adler (2011), who claim that self-harm *is* increasingly ‘fashionable’ and ‘trendy’ among younger people. The accounts

reported here raise significant questions about Adler and Adler's analysis, suggesting that 'trendy' self-harm is far from uncontested. Further, claims about self-harming for 'fashion' both here and in Adler and Adler's work, tend to refer to 'other people'. As such, this way of accounting for self-harm may be more oriented towards demarcating the teller from 'others' who self-harm in an inappropriate way, rather than describing an actually occurring 'fad' or 'fashion'.

When discussing self-harm that was displayed in pictures online, focus group members found it difficult to interpret this as anything other than 'attention-seeking'.

Shaniqua: Some people do, like on Facebook and all that, you've seen it yourself.

Cassie: Aye, putting it on Facebook's attention-seeking, but I don't think they're cutting...the cuts are now like, their wounds and that are attention. But using that...

Shaniqua: I get what you mean actually.

Cassie: Like they use it for attention but I don't think they do it for attention, if that makes sense.

Danielle: It didnae make sense to me.

Cassie: It doesn't matter. No, like...see when like...I think when they're doing it, they're going to do it just...I don't think they turn round and be like, I'm going to do that, I'm going to go, like hurt myself...

Shaniqua: Cut myself.

Cassie: I'm going to cut myself to get a wee bit of attention. But I think like they think that...

Danielle: No, I think some people do.

FG2 (3F, aged 14-15)

Amy Chandler, June 2017. This version accepted for publication in *YOUNG: The Nordic Journal of Youth Research*.

Within focus groups young people debated the meaning of attention-seeking, and the extent to which certain practices – particularly the display of self-harm wounds online – was (morally) acceptable. Cassie and Shaniqua, in FG2 distinguished between the act of self-harm (not attention-seeking) and the act of posting pictures online (attention-seeking). However, Cassie and Shaniqua were talking against a view articulated by another group member, Danielle, that most self-harm –especially if seen online – *was* attention-seeking. Earlier in the discussion, Danielle repeatedly described the display of self-harm online as “horrible”, underlining the distaste that some young people associated with this.

Aaron, one of the interviewees, discussed similar negative responses, which he partly shared, towards those who posted pictures of self-harm online:

“People slag them, and that. People comment on it. ‘That’s minging’. ‘Don’t do that’. Like, posting it on Facebook. Not like the whole cutting, like, but posting it on Facebook. That’s minging. ‘They shouldn’t do that’. And then they just put, like, ‘don’t judge me’, and that. Shut up. If you put it on Facebook, people are going to judge you” **Aaron, 17 (interview)**

Like Shaniqua and Cassie in FG2, Aaron distinguished between the act of cutting, and the posting of images online – with the latter being ‘minging’ (a colloquial term referring to extreme disgust). Aaron shared with Danielle, however, a negative judgement towards those who posted such pictures.

FG1 highlighted that the prevailing view that self-harm was ‘attention-seeking’ meant that young people who attempted to seek help might be treated less sympathetically. In addressing this, the group critically and insightfully challenged their own negative perceptions of self-harm

“I think a lot of people, because they’re so used to people bragging about it, if someone decided to confide in someone else about them self-harming so that they could get help or because everyone’s like, you need to talk to someone about it, then it would be more seen as like ‘oh, no, they’re just telling me just to brag’, like ‘I self-harm’” **Sophie (FG1, aged 15)**

Sophie notes here that negative interpretations of self-harm that is visible, known or told to others contradicts normative exhortations to speak to others about problems or ‘get help’. However, while they did question the dominance and negative effects of the label of ‘attention seeking’, focus groups nonetheless tended to frame self-harm that was made visible to others as intensely problematic. Disparaging views about people who self-harmed ‘for attention’ were also expressed by a minority of survey respondents:

“I think of it like this: if you don’t really know them and you know they are self-harming, it’s for attention. If they talk about it openly in front of everyone, it’s for attention [...] but not everyone is doing it to get people’s attention” **Greta, 13, US**

“Everyone who self-harms does it for attention it’s a cry for help it’s just those who show it off that is attention seeking and wrong it’s a mental illness not a fashion statement” **Darcy 14, no location given**

Survey participants almost universally rejected the idea that anyone self-harmed ‘mostly’ for attention. However, responses such as that from Greta and Darcy indicated that while the majority of self-harm was private and hidden, some people *did* ‘flaunt’ self-harm. Following findings from Scourfield et al. (2011) and Crouch and Wright (2004), these participants spoke of a clear difference between hidden and visible self-harm. Significantly, those who self-harmed in a more public, visible manner were framed as deeply problematic, castigated for not having ‘real’ problems, and therefore being ‘fake’. These accounts carefully navigated

distinctions between participants' *own* practices – their hidden, more 'authentic' self-harm; and that carried out by 'others' – 'fashionable', flaunted, made visible. Such accounts draw on already circulating cultural understandings of 'fakeness' and 'fashion'. These resonate with common adolescent and subcultural concerns with 'copying' and 'inauthenticity' that reflect the contradictory nature of late modern, industrialised economies, which simultaneously reify individuality while promoting mass markets and 'fashion' (Hebdige, 1979; Williams, 2007).

Questioning the negative framing of attention-seeking

While the negative framing of attention-seeking was almost universally acknowledged by young people, in many cases, alternative interpretations of *apparently* 'attention-seeking' self-harm were offered. This included some survey and interview participants who 'owned' the charge of attention-seeking.

"I've cut for attention- but only maybe twice in thousands of instances of self-harm. And when I did it for attention, it was because I did not know how else to get help"

Ellen, 18, US

"I think most people who self-harm do not want people to find out, however it can be a nice feeling for people to ask about it because it feels like they care" **Nick, 17, UK**

In Ellen's case, she suggested that her 'attention-seeking' self-harm had been oriented towards getting help. In contrast, while Nick did not explicitly suggest he had self-harmed 'for attention', his account indicated potentially beneficial outcomes from having others attend to his self-harm. These more nuanced discussions of 'attention-seeking' were rare, but indicate the existence of a space where visible self-harm might be addressed more sympathetically.

Participants across the sample identified the challenges that young people who self-harmed might face when seeking help, given prevailing (negative) views about ‘attention-seeking’:

“Some people make the effort to try to hide their scars as well. You can’t exactly blame them if they do try to get help, because it’s quite hard to tell someone you’re self-harming, so I think maybe that’s a way of somebody noticing. So, I wouldn’t say its attention seeking” **Conrad (FG5, 14)**

Resonating with the accounts of Ellen and Nick, Conrad argued against other group members, suggesting that what might look like ‘attention-seeking’ may be a way that a self-harming young person could get help. This sentiment was also reflected in Jay’s interview:

“Attention is the wrong word. I think some self-harmers are looking for affection and understanding, definitely, and they might present as slightly attention seeking to the uninformed, but it’s usually with a good reason” **Jay, 16 (interview)**

Like Conrad, Nick and Ellen, Jay suggested that young people’s apparently ‘attention-seeking’ practices – revealing wounds, posting pictures online – might be more oriented towards reaching out to others for “affection and understanding”, or help. There was a tension, then, within and between young people’s accounts, regarding the extent to which wound management practices were interpreted as attention-seeking or help-seeking.

I: [reading statement card] People who self-harm should keep it to themselves.

Christy: No.

Samantha: No way.

Lily: I think that’s worse.

Jessica: But then, no, they shouldn’t keep it to themselves but I think they do.

Christy: It makes me quite angry seeing that, people that do that annoys me.

Lily: They shouldn't shout it from the rooftops obviously, but like speaking to someone always, well, not always, but in most situations speaking to someone about why you're doing something always helps.

FG3 (4F, aged 15-16)

Although FG3 were insistent throughout their discussion that they shared a sympathetic, supportive view of those who self-harmed, Lily's qualification that "[t]hey shouldn't shout it from the rooftops, obviously" may be significant. This statement suggests that 'shouting it from the rooftops' *would* be problematic, for Lily. As such, even among participants who attempted to reject the negative framing of 'attention-seeking' self-harm, moral judgement remained regarding *how* young people might go about seeking help, or communicating with others about their self-harm.

Discussion

The accounts of young people, mostly aged 13-17, indicate that the meanings associated with self-harm – especially where visible – continue to be influenced by negative assumptions about 'attention-seeking' (Klineberg et al., 2013; Scourfield et al., 2011). At the same time, discussion among young people in focus groups, and individual accounts of some young people, reflected a willingness to challenge associations between self-harm and attention-seeking; and attention seeking and moral 'badness'. However, important constraints were evident in how young people talked about self-harm and attention-seeking, even where they were ostensibly 'sympathetic' towards those who self-harmed. These accounts may suggest ongoing unease with the open discussion of mental health in general; despite lip service being paid to the idea that 'talking' about mental ill-health – and self-harm – was desirable.

It is possible that the visible nature of the type of self-harm being discussed – largely self-cutting – may have influenced the way in which young people interpreted the actions of ‘other’ young people who ‘revealed’ this in social settings, whether online, or offline. Earlier analyses of self-harm have written about the ‘unspeakable’ nature of self-harm:

“Indeed, it would seem that the act of harming one’s own skin by cutting it up and tearing it apart speaks with a ‘voice’ so sheer that it is virtually impossible for anyone to bear witness to it. Arguably, then, there is something about this ‘voice’ that defies witnessing, even as it insistently demands it” (Kilby, 2001: p. 124)

Witnessing self-inflicted injuries may indeed be difficult – both for those who have self-harmed, and those who have not. Future research should investigate whether this is the case (rather than assuming it is), and if so, why this may be. The accounts of young people do indicate a particular problem with visible self-harm; however it may not be possible to disentangle this problem from that of a concern with ‘attention-seeking’.

Indeed, a further explanation for widespread discomfort with ‘visible’ self-harm, may relate to the equally widespread view that self-harm is (or perhaps *should be*) ‘hidden’ and ‘secret’. This type of discourse was clearly evident across the accounts above – used in focus groups, the survey and interviews as a way to counter the suggestion that self-harm might be ‘attention-seeking’. Previous qualitative research with those who have self-harmed also frequently identifies an emphasis on the secret and hidden nature of self-harm (Adler & Adler, 2011; Curtis, 2016; McDermott & Roen, 2016). However, repeated articulations of self-harm as hidden and secret could inadvertently support the view that visible self-harm is – *therefore* – ‘attention-seeking’. Such a position may put those who self-harm in potentially visible ways in a difficult position: requiring them to conceal evidence of injuries, potentially

shutting off routes to and possibilities of connection with others – including those who may support them, as well as further affirming that self-harm should remain hidden.

Professionals should be aware of the negative meanings ascribed to ‘visible’ self-harm as well as the willingness of some young people to challenge such negative interpretations. The above findings offer further support for school-based approaches which encourage discussion and reflection on mental health and self-harm (Evans & Hurrell, 2016). At the same time, practitioners should be wary of reproducing dominant narratives about the secrecy and ‘hiddenness’ of self-harm. For participants taking part in this study, self-harm was not always hidden – however young people who reveal or are ‘open’ about their self-harm run significant social risks. This has implications for discussions about self-harm in schools, and as part of wider ‘anti-stigma’ campaigns. In each of these contexts, it is frequently emphasised that ‘attention-seeking’ self-harm is a ‘myth’ and that most self-harm is ‘hidden’ (see e.g. Mental Health Foundation, n.d.). The data reported above suggests that this message makes it difficult for young people – and adults – to interpret visible self-harm in a sympathetic manner, as anything other than ‘attention seeking’.

A substantial body of qualitative and quantitative research has suggested that many (though not all) young people self-harm in the context of significant emotional distress, histories of trauma, abuse and loss (Curtis, 2016; Daley, 2015; Hill & Dallos, 2012; Madge et al., 2011). Despite this, negative attitudes towards those who self-harm continue to be evident among young people (Scourfield et al., 2011), and practitioners (Cleaver et al., 2014; Hawton et al., 2011). The charge of ‘attention-seeking’ remains a significant aspect of such negative attitudes, and the present study underlines the need for more focused and critical work to challenge this. The accounts of young people involved in this study suggest some fruitful ways forward in undermining negative attitudes: the need to question why young people might need, indeed deserve, attention; and the need to question why experiences of distress –

especially when made visible through self-harm – are so often responded to by attempts to minimise or query the legitimacy of the distress.

Limitations

This study presents qualitative data generated partly via an online survey. The survey was designed to collect qualitative data with a group of young people who might otherwise be ‘hard to reach’. Nonetheless, this approach necessarily limited the depth and richness of the accounts, limiting the ability of the researcher to prompt participants to develop a fuller account. As a qualitative study, the number of participants involved limits the ability to generalise. However, despite this, it is argued that the concepts identified here regarding tensions between attention-seeking and help-seeking may have wider applicability to different settings. In particular, the survey – which included participants from the US, the UK and elsewhere – indicated that the notion of ‘attention-seeking’ self-harm was meaningful to a range of young people, living in diverse geographical contexts. While these findings are not definitive, they do suggest the broad relevance of morality, visibility, and stigma regarding self-harm, that researchers and practitioners would do well to interrogate further.

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Tables

Table 1: Focus Group Participants

	Female	Male	Age Range	Totals
Focus Group 1	5	-	15	5
Focus Group 2	3	-	14-15	3
Focus Group 3	4	-	15-16	4
Focus Group 4	-	6	13-14	6
Focus Group 5	5	2	14	7
Focus Group 6	4	4	15-16	8
Totals	21	12	13-16	33

Table 2: Survey Participants

	Female	Male	Other gender identity ^a	Totals
13-14	10	3	3	16
15-16	35	17	4	56
17-18	8	3	-	10

19-26	6	-	-	6
Totals	59	23	7	88

^aIncludes transgender, genderqueer, unsure

Table 3: Statement about ‘attention seeking’ in the Survey (n88)

Statement	% agreed	% disagreed	% no answer	% providing qualitative response
People who self-harm are mostly doing it for attention	0	99	1	56