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Making sense of self-injury: A pluralistic case-study

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Making sense of self-injury: A pluralistic case-study

Aims: Self-injury is widely seen as a complex behaviour imbued with highly individual meanings. The objective of this paper was to show how research using a pluralistic qualitative approach could inform clinical practice, by outlining how intricate and at times divergent meanings could be attached to the behaviour in the areas of control, guilt and relatedness.

Method: A set of three interviews conducted with a woman with a long history of self-injury were analysed using three different interpretative lenses: interpretative phenomenological analysis (IPA), narrative analysis, and a psychosocial approach.

Findings: Combining different interpretations of the text brought out the participant's multifaceted understanding of control, guilt and social connection in relation to her self-injuring. The behaviour could be seen as a means of control and a sign that one was out of control; as inducing guilt but not responsibility; as a mode of communication steeped in disconnection.

Conclusion: While adhering to a recognised therapeutic model of the behaviour might be of considerable value to the practitioner, there is much to be gained from a careful exploration of the multiple and at times contradictory meanings attached to self-injury by each individual client.

Keywords: self-injury; meaning-making; qualitative pluralism

Making sense of self-injury: A pluralistic case-study

The past twenty years have seen a rise in interest in self-injurious behaviour from both researchers and practitioners, to the extent that non-suicidal self-injury was considered for inclusion as a distinct syndrome in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, before being finally classified as a 'condition for further study' (American Psychiatric Association, 2013). This is hardly surprising: bearing in mind that the lack of a consensual definition and the secrecy surrounding the behaviour make it difficult to assess its prevalence, self-injury is thought to affect around 4% of the general population, with up to 1% reporting a severe history (Klonsky & Muelenkamp, 2007). Higher rates of self-injury have been found in adolescents and young adults, and in psychiatric patients, with estimates of up to 20% for adult psychiatric inpatients and 40% for adolescent inpatients (Swannell et al., 2014; Rodham & Hawton, 2009; Briere & Gil, 1998). Developing a better understanding of the behaviour can thus rightly be seen an important task by researchers and practitioners alike.

But this task remains difficult. Self-injury is a complex behaviour, influenced by a wide range of biological, psychological, social and cultural factors (Nock, 2009). This complexity is well reflected in the multiple models that have been developed to guide clinical work, from neurobiological explanations to psychodynamic, cognitive or feminist theories; and it is certainly apparent in what may be the best recognised therapeutic approach to self-injurious behaviour in Britain today: dialectical behaviour therapy or DBT (Linehan, 1993). Importantly however, most if not all those working on and with self-injury seem to agree on the need to engage with the behaviour at the phenomenological level in order to gain greater understanding of the way it presents in the therapy room.

Following in the footsteps of psychoanalytic writers, qualitative researchers have therefore sought to provide a more intimate picture of self-injury, one in which meanings rather than prevalence, functions or aetiology would form the focal point. Taken together, their studies have further illustrated the multidimensional nature of self-injury and its individual variability. The phenomenological exploration of the meaning of self-injury also revealed previously overlooked aspects of the behaviour, for instance the way external signs of self-injury can take over one's sense of self (Walker, 2009); the existence of different experiential pathways to cutting (Huband & Tantam, 2004); or that of a dynamic around vulnerability in

self-injuring men (Russell, Moss, & Miller, 2010). More generally, qualitative research has confirmed that the men and women using self-injury made sense of their experience. They saw it as neither random nor irrational, but as a behaviour imbued with significance within the context of their personal and social history.

What these 'unitary' approaches could not capture however was the multi-layered meaning-making process surrounding the behaviour. It is this plurality of meanings that was the focus of the study presented here, and more precisely the multiple ways in which someone engaging in repetitive self-injury may construct and convey her unique experience. Using a pluralistic qualitative approach would, it was hoped, allow for the emergence of a three-dimensional picture of this complex phenomenon; it would also illustrate the value of qualitative pluralism as a mixed-methods approach enabling scientist-practitioners, including counselling psychologists in training, to engage more deeply with the subjective meanings attached to multidetermined behaviours.

Method

Qualitative pluralism takes as its central premise the multidimensional nature of subjective experiences; in order to achieve a more holistic understanding of the way these experiences are described researchers combine multiple theoretical and/or methodological frameworks (Frost, 2011; Chamberlain, Cain, Sheridan & Dupuis, 2011). Here this meant superimposing different interpretative approaches to allow for the emergence of a fuller phenomenological picture of self-injury, one that would not privilege a particular reading of the meaning-making process from the outset, but explore several of the ways in which a given individual might construct sense around a practice open to many personal and social interpretations. The same interview was thus analysed using three different qualitative 'lenses': interpretative phenomenological analysis (IPA); narrative analysis; and a psychosocial approach. Of key interest was the way in which these different approaches might create distinct yet complementary layers of meaning, enabling the researcher to better capture the complexity of self-injury.

This approach raised a number of methodological issues.[1] First, while the adoption of an overall contextual constructionist stance allowed for a degree of reconciliation, the epistemological position underlying each approach required careful consideration. Second, the interview material had to be of sufficient length and richness to provide the basis for multiple analyses. It was also deemed important that the participant have a history of (ongoing) self-injurious behaviour. The sensitive nature of the topic being researched, the in-depth discussion of potentially painful material and the vulnerability of the participant therefore meant close attention needed to be paid to the interviewee's well-being.

Shortly after ethical approval had been granted by City University, a participant volunteered through another student who had been recruiting for a different project on an online self-harm forum. Three interviews were carried out by the first author with Tina, a woman in her mid-30s with a long history of self-harm.[2] The interviews, lasting between one hour and one hour and a half, were conducted at weekly intervals and transcribed verbatim in the fortnight following the last interview. The transcripts were then analysed, as a block, using each of the three approaches in turn.

The first segment of interpretative work was carried out using interpretative phenomenological analysis (IPA). Themes were identified in Tina's discourse, and clustered to form superordinate themes. Master themes were then defined from clustering the superordinate themes across all three interviews (Smith, Flowers & Larkin, 2009). This iterative and reflexive process produced a phenomenological reading of Tina's lived experience of self-injury. The second segment of work drew on two separate forms of narrative analysis, in an effort to take advantage of the plurality and richness of the approach: a long, temporally-ordered narrative episode was first selected for structural analysis using Gee's (1991) approach; the overall form of Tina's narrative was then interpreted using Frank's (1995) illness narratives, so as to better frame the personal significance of Tina's experience of self-harm within the context of her life story. This time the linguistic and dialogical dimensions of the text were given particular emphasis. Last, a psychosocial approach combining discursive analysis and psychoanalytical concepts was used to bring out the performative and biographical aspects of Tina's meaning-making around self-injury (Hollway & Jefferson, 2012).

[1] See Josselin & Willig (2014) for a fuller discussion of the methodology used and its particular challenges.
[2] All names and identifying details have been altered to ensure participant confidentiality.

Findings

For lack of space, only a few of the insights gained from the analysis can be discussed here. However three were selected as carrying significant clinical implications: the first speaks to the contradictory nature of 'control' in relation to self-injury; the second to the complex construction of guilt and responsibility around the behaviour; and the third to the role of social isolation. Each time the use of several interpretative lenses allowed for the emergence of an intricate picture, and pointed to the need for a careful exploration of the meaning of the act for the individual client.

In and out of control

Gaining or affirming control is widely seen as one of self-injury's key functions (Klonsky, 2007; Polk & Liss, 2009). However the meaning of 'control' remains open to interpretation. The three readings of Tina's account confirmed both the centrality and the ambiguity of the notion of control as pertaining to her self-injuring.

In the IPA reading the theme of control was so prominent that it seemed to cut across several subordinate and superordinate themes. To begin with, the 'how' and 'when' of self-harm could be planned and a scenario played out again and again, giving Tina a precious, indeed essential sense of control:

> It's like I've got control over something, and that's something that I can control.

This repetitive construction suggested more than mere emphasis. Running her scenario through her head gave Tina control over 'something' at a time when everything seemed out of control; it also gave her something *to* control, i.e. something to work on, make her own, absorb herself into:

> it's like you're in this bubble. It's like, you can… you… you can block everything else that's going on outside but also you could divert your attention from how you're feeling.

Tina also compared her self-harm to a Sat-Nav kit, a 'way to monitor things', keep things in check, maybe not lose herself. However in the process she often reached a point where backing out was no longer an option:

> the strange thing is that, um, as I approach that, that date, then I start getting doubts in my head: do I really want to do this? Um... But because I have obsessed about it for so long, it's like: I have to do it. And you know, it's like: no, I made this decision, I have to do it.

By that point Tina often felt that self-harm was the only way out, and she overcame her last minute qualms. It was as if she had entrapped herself: from something she could control, self-harm had turned into something that controlled her. Tellingly the theme of self-harm as addiction was also present in all three interviews, Tina variously drawing parallels between self-harm and drugs, tobacco, and alcohol. There again she outlined a complex relationship between her and her self-injuring, one in which her control over the behaviour was at best questionable.

The theme of control was also central in the reading based on Frank's (1995) approach to illness narratives. During the first minutes of the first interview, Tina volunteered what seemed a tightly sequenced restitution narrative around her self-injuring. Her story outlined moderate, secret episodes of self-harming in childhood, followed by severe self-harming requiring in-patient treatment, followed by reduced self-harming after what appeared to be a successful course of specialist treatment. Interestingly, each of these stages suggested a different degree of agency on her part, from acting in secret, to being sectioned, to finally actively seeking help and gaining control, achieving a significant reduction in the number and severity of her self-injuring.

However, behind Tina's new awareness of and increased control over her self-injuring lurked another narrative thread, one that may have been unspeakable at times of acute distress and still conveyed a painful experiential truth, as in the following extract.

T. [*pause*] Yeah I suppose that self-harm is kind of, is an easier option in a way. Easier in the sense, well… easier in the sense that, you have… some… um… you know that… that it will work, at least for the short term. And that's… See when you get

> really distressed or really anxious or overwhelmed, you can't think… It's really really hard to think beyond the next minutes or the next few seconds even. It's like: I can't stand this any longer, um... So you don't… it's like you just don't have this foresight. You don't have, um… you know, it's really really hard to be able to stop yourself, to say, you know: this time next week I'm gonna have another scar on my arm or, you know, even in a couple of hours' time, I might end up having to go to hospital, and I hate hospitals. But, you know, it's just that, you know, you can't see past the next few seconds or minutes; because it feels like forever.

In this extract Tina foregrounded elements of a chaotic narrative in which she lost all bearings, including her sense of the future. Her powerlessness was further accentuated through the repetition of the word 'really' and she alternated between first and second person grammatical constructions, the latter a potential attempt to draw the listener in, to help her understand an experience perhaps impossible to convey; or conversely a sign that she had lost connection with her own experience. In Tina's illness narratives self-harm thus seemed to represent both action and surrender, control and loss of control.

Last, control and lack thereof was an important theme in the psychosocial interpretation. Throughout the interviews Tina constructed a dualistic position for herself: the position of hard-working, insightful and capable Tina on the one hand; and that of dependent, clueless and out-of-control Tina on the other. Capable Tina could analyse her self-harm and thus regain control over it. Out-of-control Tina was moved by impulse and circumstances. At times Tina seemed uncertain which of them to put forward:

> So I was rushing out of the flat, um, I had a glass, um, where I'd just had a drink of orange juice for my breakfast, and I accidentally dropped it on the kitchen floor, and it smashed everywhere and my first instinct was just to lift a piece of glass and to cut myself with it. Um… But, uh… so in that way it was, yeah I suppose it was impulsive, um… But, um… I was able to stop myself, um, quite quickly actually… which was good.

In this extract Tina described a recent episode of 'minor' self-injury. The first sentence captured the action. Interestingly, after a couple of typical hesitations the account became quite free-flowing, creating an impression of spontaneity uncharacteristic of Tina's

presentation in the interviews. The account then stopped abruptly, and became hesitant as Tina shifted to her observer position, tentatively labelling her actions ('in that way', 'I suppose') and thereby stepping back from her out-of-control self. She then gave Capable Tina the leading role ('I was able to stop myself'), and even commended her self-control ('which was good'). Tina's positions as observer and 'controller' of her self-harm thus appeared complementary, showing her as a woman in the process of developing awareness *and* control, in stark contrast with the impulsive, out-of-control individual who had 'just' lifted a piece of glass.

Different interpretations of the text thus brought out a similar duality in Tina's understanding of 'control' in relation to her self-injuring. This duality, which resonates with the dialectical ideas central to DBT and psychodynamic approaches, carries significant implications for those working with self-harming individuals. The potential importance of the behaviour as a means of achieving or regaining some form of perceived control over emotions and life ought to be borne in mind, and if relevant openly acknowledged in the therapy room. But so should the fear of being taken over by it, and thus revealed as 'out of control'. Failing to recognise the opposites of attraction and fear exerted by self-injury may not only hamper the formation of a strong therapeutic alliance; it may also deprive clinician and client of a valuable opportunity to explore a fundamental contradiction at the very heart of the behaviour, jointly 'make sense' of its complexity, and perhaps move closer to an integrated sense of self.

Guilt, expiation and responsibility

Punishment constitutes another well-documented motivation behind self-injury (Klonsky, 2007). The term itself was only used once by Tina, almost incidentally ('some of it, it's about punishment'). However, like that of control the theme of guilt appeared to resonate across interpretations. IPA provided a first take on Tina's experience of guilt in relation to her self-injuring, one that seemed intimately related to the role of self-harm as a means of communication. Because she could not convey the magnitude of her distress verbally, Tina communicated it through her actions, and her scars:

> The scars on my arms they are kind of… almost represent how I feel inside, um… They kind of tell… I don't know, they kind of tell a story or something, they sort of…

> They like… allow other people… For me they allow other people to see the magnitude of how difficult things can get.

But in Tina's experience self-harm was a flawed mode of communication, one which could all too easily be distorted by uncomprehending nurses and medics, and turned against her. Although her act bore 'no malice', instead of being heard she was then labelled 'manipulative', 'attention-seeking', a 'time-waster' or someone who 'obviously likes pain'. As her distress deepened, her self-harm increased:

> I already felt bad, I mean I didn't actually need anyone to, to…say that was a bad thing cause I… bad thing… the word 'bad' is maybe not the best word that is but… I already knew that I wasn't, and I felt bad about it, I felt guilty about it. But then that on top of it… Um, hearing that, this was like: I just feel even worse now, you know. And so then you get this cycle where you feel worse after, so maybe just to communicate how bad you feel you self-harm again, and it's just like this vicious cycle that it's really hard to get out of.

In this phenomenological reading of her experience, Tina's guilt and distress were thus compounded by the negative, judgmental reaction of others. Yet this only led Tina to try harder, in a desperate effort to make others realise. She became trapped in a vicious cycle in which self-injury, despair and the need to be heard seemed to feed off each other.

Turning to a discursive reading of Tina's narrative shed a different light on the significance of guilt in her meaning-making process, this time from a performative standpoint. First, anticipated guilt could be harnessed by Tina in her attempt to control her behaviour, as suggested in the following extract:

> When the self-harm comes into my head, I'll be able to um… be a little bit objective about it, you know, this is how you feel afterwards, um… You always feel guilty […]

However the rest of the extract revealed both the depth of Tina's feeling of guilt, and her ambiguous construction of it.

> You always feel guilty, cause you feel you're wasting everybody's time, you know, you've, you know, you've ended up in A&E and, you know, people in A&E have better things to do, and all these things go through your head, um… And the other thing is that, um, yeah this whole debate in your head, it just goes, gets bigger and bigger, because you start… on top of the worries that you already had before you self-harmed, now you feel guilty, now you feel, um… Yeah now you feel… you've done something really wrong, um…

Once again self-harm was framed as a tremendous source of guilt, something made very clear by the choice of an extreme case formulation ('You always feel guilty'); by the tonal emphasis placed on the word 'always'; and by Tina's use of the second person to describe the way she vigorously argued with herself over the behaviour. However here Tina also adopted a defensive position, externalising her self-harm ('comes into my head'), and suggesting that the guilt itself was imported, tied in with the messages of uncaring dismissal received from others ('people in A&E have better things to do'). It was also harmful since it just added to the 'debate' and 'worries' in her head, making Tina a victim twice over.

Importantly, this externalisation of Tina's guilt seemed to mirror her portrayal of her self-harm as governed by outside forces, some circumstantial (family dynamics, work stress, hospitalisation, over-medication), others stemming from her psychological processes but, like in the example given above, 'externalized':

> I don't know if it's physical or psychological or what it is, but there's something about it that keeps bringing you back to it.

In this formulation, self-harm became the subject and Tina the passive object 'brought back' to the behaviour again and again. At this point it is worth noting that illness narratives can function as defensive disclaimers, especially when dealing with complex and/or controversial conditions (Horton-Salway, 2001). Such narratives can be filled with external attributions, as interviewees work to convince the interviewer that their illness is neither willingly self-induced nor indeed self-serving. A similar dynamic may have been at play here: Tina's account seemed designed to make her come across as someone engaged in a painful battle with thoughts, feelings and, most importantly here, a behaviour that she had not chosen and could not fully control. The effect was to exonerate her from responsibility for her self-

injuring and even, as in the preceding extract, for the feeling of guilt 'attached' to it by blaming others.

Introducing psychoanalytical concepts provided yet another, possibly complementary perspective. Here Tina's pervasive sense of guilt may have been fuelled by a punitive superego, that critical part of her psyche so much in evidence during the interviews. Born from the introjection of significant objects in Kleinian thinking, the superego appears to be especially critical in the case of abuse victims, who seem to take on the guilt and responsibility of the act (Gardner, 2001). The abuse reportedly visited on Tina by her father might therefore have fed her physical and ideational self-attacks and constituted another, perhaps an essential, motivation behind her discursive positioning as the blameless victim of circumstances and inner dynamics. Drawing on her biographical account and on psychodynamic concepts, one could interpret the preceding extracts as capturing something of Tina's battle with her superego. Importantly, her self-hatred and guilt would then crystallize around her self-injury, in an endless cycle of attack and expiation.

Here again, recognising the complexity of meaning surrounding self-injurious acts seems important from a clinical standpoint. Tina's self-harming could be seen both as a source of guilt and as a form of expiation. Her guilt itself seemed driven by powerful internal and external forces, and may have accounted, at least in part, for Tina's construction of her self-harm as being outside her control, thus making it even harder for Tina to assume responsibility for her actions. Paying attention to the intricate link between self-injury and guilt may therefore enable the clinician to develop a fuller understanding of her client's at times contradictory responses and encourage a reflection around the issue of responsibility, often seen as a pre-condition for therapeutic change. The analysis also shows how past and present criticisms, or perceptions thereof, may further fuel the behaviour. Exploring these, and how they may affect the therapeutic alliance, seems important, especially if negative comments were made by other health professionals.

Really alone

The third and final theme that is considered here is that of relatedness. As was mentioned above, self-injury can be seen as a means to communicate inner experiencing where words fail. It is also a way to draw others to one when direct appeals for help cannot be articulated,

to elicit attention or affection (Klonsky, 2007). It is therefore hardly surprising to see that disconnection formed another major thread in Tina's meaning-making around self-harm.

The theme first appeared in the IPA reading of Tina's interviews, albeit somewhat discreetly. While interacting with judging others mostly seemed to further strengthen her critical self and weaken her fragile grip on life, setting herself apart could also trigger feelings of profound aloneness and despair. Tina described spending 'an awful lot of time' on her own prior to shooting herself in her teens, and feeling 'really alone', her voice catching for the first of very few times during the interviews. Elsewhere she explained that the near-delusions of power that often preceded a self-attacking 'crash' tended to occur when she spent too much time on her own. Finding the right distance from others therefore seemed essential to helping Tina control her self-harm.

So did finding understanding others, another theme that resonated across the interviews as a recent, hopeful development. The role played by these new 'others' related both to her self-harming ('there's people that can really grasp, that can understand the reasons you're doing it') and to her underlying needs. In an interesting double-entendre, Tina explained that she now had 'an understanding' with her local CMHT that hospital admission was an extreme last resort: at last she seemed to have found health professionals who could both understand her and negotiate a mutually acceptable arrangement for her care, thus making her feel both heard and in control.

Still, it is when using Gee's (1991) poetic approach to analyse in detail Tina's account of her first major act of self-injury - following which she was sectioned for the first time - that the theme of relatedness truly 'emerged' as central to Tina's meaning-making around her behaviour. As can be seen below (Box 1), the patterning of Tina's narrative suggested a lonely process of preparation and rehearsals, bookended by two appeals for help: in strophe 1, where Tina disclosed her father's abuse to a friend who then encouraged her to go to the police and gave her shelter; and in strophe 6 where, following a call to emergency services after the shooting, a terrified Tina was finally 'rescued' by the police.

The sense of aloneness underpinning Tina's self-shooting was also given powerful expression through her use of psychological subjects. According to Gee, the grammatical subjects of main clauses in a text are 'psychological launching points': 'they represent points of view

from which the material in a stanza is viewed, what the narrator is "empathizing" with', whether animate or inanimate (Gee, 1991, p.23). When studying Tina's narrative episode, one noticed a gradual reduction in the number of psychological subjects or stances: in part 1 (The context) Tina shifted subject several times, moving between 'I', 'she' (the lady), 'they' (it was not clear whether this referred to the police or to social services), 'the exams' and 'my family'. In part 2 however (The act), the range of psychological subjects narrowed, to include only 'I', 'it' (the gun) and 'she' (the lady). This was also true of part 3 (The aftermath), where 'I' was used throughout with a single exception (the police). The gradual shrinkage of Tina's social world was thus reflected in her use of language.

Box 1. - Outline of the narrative in terms of stanzas, strophes and parts

PART 1. THE CONTEXT

STROPHE 1. OPENING UP
Stanza 1. Working for the lady
Stanza 2. Going to the police
Stanza 3. Staying with the lady

STROPHE 2. ON MY OWN
Stanza 4. A lot of time on my own
Stanza 5. GCSEs
Stanza 6. Leaving the family

PART 2. THE ACT

STROPHE 3. REHEARSALS
Stanza 7. Looking at the gun
Stanza 8. Figuring the gun out
Stanza 9. Ready to pull the trigger
Stanza 10. Something that I could control
Stanza 11. Wanting to but not doing it

STROPHE 4. DOING IT
Stanza 12. Choosing the day
Stanza 13. Choosing the spot
Stanza 14. Doing it

PART 3. THE AFTERMATH

STROPHE 5. FIRST IMPRESSIONS
Stanza 15. Astounded
Stanza 16. Freaked out
Stanza 17. This warm feeling of blood
Stanza 18. Calling for help
Stanza 19. Scared

STROPHE 6. THE RESCUE
Stanza 20. Banging and shouting
Stanza 21. Lying in the dark
Stanza 22. Found
Stanza 23. Closing my eyes
Stanza 25. Not dealing with it

Overall, the detailed interpretation of this significant episode of self-injury focused attention on the importance of social connection and disconnection. Tina's act was framed as the direct result of being cut off from family and friend and finding herself alone, the act of shooting herself becoming a dramatic call for attention and help. The perceived loss of relatedness that can underpin acts of self-injury may therefore deserve further exploration in a clinical setting, and perhaps inform a more systemic or interpersonal approach to the behaviour. The IPA work also brought out the importance of coming to a shared 'understanding' of the client's self-harm, needs and wants.

Discussion

Turning to a more general discussion of the work, how did the readings illustrated in the preceding section sit with existing research on repetitive self-injury? As could be expected, Tina's account often resonated with previous findings on the aetiology and finality of the behaviour. Though lack of space prevents a full presentation of the themes identified in the analysis, the 'rush' of cutting, the abusive background, the interpersonal issues were all there, as were attempts to cope with overwhelming emotions, to communicate distress, to combat dissociation and to affirm control.

Revisiting established clinical models of repetitive self-injury yielded similar conclusions. For instance, Tina's emotional roller-coaster and the often contradictory nature of her struggle naturally brought to mind the emotion dysregulation and dialectical thinking central to Linehan's approach. But Tina's depiction of the way in which self-injury seemed to activate intense feelings of guilt followed by more self-injury also matched a key tenet of the experiential-avoidance model (Chapman, Gratz & Brown, 2006); and the reported impact of hospitalisation on Tina's behaviour could easily be read through the prism of psychosocial approaches, with their strong emphasis on the perceived powerlessness born of institutionalisation and the way it may mirror early family experiences (e.g., Motz, 2001). The very depth of the analysis thus created a fuller picture, one that transcended theoretical models to speak of a multidimensional and highly individual experience.

The approach chosen did of course carry some limitations. Single case studies are still seen as lacking external validity, despite the fact that case-centred analysis uniquely allows for the exploration of the many facets of subjective experience around a given phenomenon (Flyvbjerg, 2006). Perhaps most problematic for some, no 'novel' finding emerged to surprise the experienced practitioner. Instead, the layering of different approaches created a tapestry of Tina-specific insights. Yet we would argue that the very richness of this tapestry should speak to all clinicians, as it confirms the value of engaging with self-injuring clients on their own terms, however useful our therapeutic model of choice. The meaning attached to a behaviour will shift as an individual reflects on it; rather than looking for confirmation that our client's cutting works as a form of 'control', or that it is a sign of emotion dysregulation, we could perhaps try to follow him or her in their process of sense-making, and thus bear witness to a truly individual experience.

Conclusions

To conclude, we believe that qualitative pluralism has much to offer those interested in exploring, and working with, complex behaviours and difficulties. The variety of insights gleaned into Tina's meaning-making around self-injury spoke to the value of an approach that opened up rather than closed down, that offered a range of competing yet in important ways complementary readings of an individual's subjective experience, never claiming to speak 'the truth', but merely engaging in a tentative and reflexive manner with an overdetermined behaviour. This makes qualitative pluralism relevant not only to researchers intent on capturing complex phenomena, but also to clinicians seeking to engage with their client's experience on a deeper or more pragmatic level, and who may find the approach's rich pickings inspiring.

The way in which qualitative pluralism resonates with the values of counselling psychology is also worth highlighting here. A first meeting point lies in the emphasis put on the lived experience of the individual (Bury & Strauss, 2006, p.120). The common value placed on reflexivity and intersubjectivity is also noteworthy. But it is perhaps the pluralistic ethos of counselling psychology that makes qualitative pluralism such a natural match. Counselling psychologists advocate the tailoring of therapeutic work to the unique needs of each client (e.g., Cooper & McLeod, 2011). In their research orientation they similarly recognise the potential of methodological and epistemological pluralism (Rafalin, 2010; Kasket, 2012). Our study found that pluralistic qualitative approaches can considerably enrich one's understanding of individual experience, and do so with a mix of rigour and flexibility (Willig, 2012). As such they deserve fuller inclusion among the array of methodological options presented in doctoral training programmes, alongside more traditional single and mixed-methods approaches.

References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*, 5th edition (DSM-5). Washington, DC: American Psychiatric Publishing.

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

Bury, D., & Strauss, S. (2006). The scientist-practitioner in a counselling psychology setting. In D. Lane & S. Corrie (Eds). *The modern scientist-practitioner: A guide to practice in psychology* (pp.119-129). Hove: Routledge.

Chamberlain, K., Cain, T., Sheridan, J., & Dupuis, A. (2011). Pluralisms in qualitative research: From multiple methods to integrated methods. *Qualitative Research in Psychology, 8*, 151-169.

Chapman, A.L., Gratz, K.L., & Brown, M.Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy, 44*, 371-394.

Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. London: Sage.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry, 12*(2), 219-245.

Frank, A.W. (1995). *The wounded storyteller. Body, illness, and ethics*. Chicago: The University of Chicago Press.

Frost, N. (Ed.) (2011). *Qualitative research methods in psychology: Combining core approaches.* Maidenhead: McGraw-Hill Open University Press.

Gardner, F. (2001). *Self-harm. A psychotherapeutic approach*. London: Routledge.

Gee, J. (1991). A linguistic approach to narrative. *Journal of Narrative and Life History, 1*(1), 15-39.

Hollway, W., & Jefferson, T. (2012). *Doing qualitative research differently: A psychosocial approach* (2nd ed.). London: Sage.

Horton-Salway, M. (2001). Narrative identities and the management of personal accountability in talk about ME: A discursive psychology approach to illness narrative. *Journal of Health Psychology*, *6*, 247-259.

Huband, N., & Tantam, D. (2004). Repeated self-wounding: Women's recollection of pathways to cutting and of the value of different interventions. *Psychology and Psychotherapy: Theory, Research and Practice, 77*, 413-428.

Josselin, D., & Willig, C. (2014). Layering the wounded self: Using a pluralistic qualitative approach to explore meaning-making around self-injury. *Qualitative Methods in Psychology Bulletin*, *17*(4), pp.23-34

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review, 27*(2), pp.64-73.

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

Klonsky, E.D., & Muelenkamp, J.J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology: In Session, 63*(11), 1045-1056.

Linehan, M.M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

Motz, A. (2001). *The psychology of female violence*. Hove: Brunner-Routledge.

Nock, M.K. (Ed.) (2009). *Understanding nonsuicidal self-injury: Origins, Assessment, and Treatment*. Washington, DC: American Psychological Association.

Polk, E., & Liss, M. (2009). Exploring the motivations behind self-injury. *Counselling Psychology Review, 22*(2), 233-241.

Rafalin, D. (2010). Counselling psychology and research: Revisiting the relationship in the light of our 'mission'. In M. Milton (Ed.) *Therapy and beyond: Counselling Psychology contributions to therapeutic and social issues* (pp.41-56). London: Wiley-Blackwell.

Rodham, K., & Hawton, K. (2009). Epidemiology and phenomenology of nonsuicidal self-injury. In M.K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, Assessment, and Treatment* (pp.37-62). Washington, DC: American Psychological Association.

Russell, G., Moss, D., & Miller, J. (2010). Appalling and appealing: A qualitative study of the character of men's self-harm. *Psychology and Psychotherapy: Theory, Research and Practice, 83*, 91-109.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage.

Swannell, S.V., Martin, G.E., Page, A., Hasking, P., St John, N.J. (2014). Prevalence of non-suicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-threatening Behavior*, early view. Accessed on 11 March 2014 at http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1943-278X/earlyview.

Walker, T. (2009). 'Seeing beyond the battled body' – An insight into selfhood and identity from women's accounts who self-harm with a diagnosis of borderline personality disorder. *Counselling and Psychotherapy Research, 9*(2), 122-128.

Willig, C. (2012). *Qualitative interpretation and analysis in psychology*. Maidenhead: McGraw-Hill Open University Press.