Doctoral Thesis

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The experiences of men who self-harm: A qualitative analysis

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Total Word Counts

	Main Text	Appendices, references, tables and figures	Total
Thesis abstract	186	-	186
Literature review	7967	6797	14766
Research paper	7961	8772	16733
Critical appraisal	3791	846	4637
Ethics section	3559	5480	9039
Total	23464	21895	45361

Thesis Abstract

This thesis is comprised of four chapters, including a systematic literature review, an empirical research paper, a critical appraisal, and the ethics application section. The systematic literature review offers a meta-synthesis of the published literature exploring the experiences of men who self-harm in forensic secure hospitals and prisons. Five papers were included in the review, four were conducted in prisons and one in a forensic secure hospital. The results were synthesised using a meta-ethnographic approach. The empirical paper is a qualitative investigation that explores the experiences of young men who self-harm, attending to the relational and communicative aspects of these behaviours. This study utilised semi-structured interviews to gather the perspectives of five young men who self-harm and the data was analysed using Interpretative Phenomenological Analysis. The critical appraisal offers an overview of both papers, highlighting the main findings, as well as difficulties that arose during the research process, and the key clinical and research implications of the whole thesis. Personal reflections are also offered. The last section includes the ethics application process of the empirical paper and the supporting documents utilised in the process.

Declaration

The present research has been developed and conducted as part of the work undertaken for the Doctorate in Clinical Psychology at the Division of Health Research at Lancaster University. The research and work presented is the author's own, except where reference to others' work has been made. This work has not been submitted elsewhere for the award of another degree or academic award.

Name: Sara Asensio-Cruz

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I dedicate this thesis to my mom, Estrella, and my dad, José Carlos. I am who I am because of you. Thank you for your unconditional love and care, and for teaching me the core values that drive my whole life and career. You both are, and will always be, my biggest inspiration.

Finally, thank you, Danny, for all your love. For believing in me and helping me every step of the way, for picking me up when I was losing strength and cheering every single moment of progress and success. Thank you for walking all this long and hard path by my side. I love you.

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Section One: Systematic Literature Review

The Experiences of Men Who Self-Harm in Prison and Forensic Settings: A Meta-Synthesis

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Abstract

Introduction: The prevalence and dangerousness of self-harming behaviours in men residing in prison and forensic settings is concerning, however, self-harm is still largely stigmatised and misunderstood in this population. Exploring the perspectives of men who self-harm can provide us with essential information to understand these behaviours. Thus, it is important to review the available literature that has investigated the experiences of men in prison and forensic hospitals around their self-harm, in order to develop supportive approaches that reflect the needs of this population.

Method: This study offers a comprehensive literature review of the published qualitative studies around the experiences of self-harm in men in prison and forensic hospitals. The electronic search was conducted on PsycINFO, CINAHL and Academic Search Ultimate electronic bibliographic databases. The review used a meta-ethnographic approach to synthesise the findings from the articles identified.

Results: Five articles were selected for review. The subsequent data synthesis offered the following themes: the life-long impact of abuse and trauma, and mental health difficulties (Theme One), the internal struggle (Theme Two), self-harm to escape and the aftermath (Theme Three), and the need for help and support (Theme Four).

Conclusion: Men who self-harm in prison and forensic settings seem to have life-long experiences of trauma, and mental health difficulties, which lead to distressing emotional states that precede self-harm. The experience of men who self-harm in prison is related to basic human needs that can be difficult to achieve within restrictive environments, which seem to perpetuate some of the difficulties that men experience in these settings. Therapeutic environments within prison that offer informal and formal sources of support can help improve wellbeing, increase hope, and encourage reductions in the need to self-harm.

Keywords: Self-harm, experiences, men, forensic hospital, prison.

Highlights:

- The experience of men in secure settings is an under-researched topic.
- Basic human needs are involved in the need to self-harm in men.
- Therapeutic environments provide hope and encourage reduction of self-harm.

Introduction

Self-harm can be broadly understood as "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation" (National Institute for Health and Care Excellence [NICE], 2013, p.6). Around 5% of the UK general population have engaged in self-harm at some point in their life (National Collaborating Centre for Mental Health [NCCMH], 2020), and this is considered an important risk factor for suicide (Klonsky et al., 2013). In prisons, the prevalence of self-harm is much higher than in the general population (Dixon-Gordon et al., 2012), and around 6% of men and 24% of women prisoners are estimated to self-harm every year, with these figures rising dangerously over time (Hawton et al., 2014). Self-harm in men is a topic that is still poorly understood, perhaps because the prevalence of self-harm seems lower in male prisoners than in female prisoners. This is concerning because it has been observed that self-harm in men is much more likely to be categorised as moderate or highly lethal than in women (Hawton et al., 2014). Furthermore, disturbing numbers of suicides have been observed in prison settings, which have been significantly associated with previous self-harm incidents in men (Hawton et al., 2014). Even when the person does not intent to end their life, the potential dangerousness and severity of some methods of self-harm, for example, by ingesting items such as batteries, means that they carry a high risk of accidental death in prison (Smith & Power, 2014). Identifying the unique experiences of men and specific drivers and functions of self-harm in forensic settings is, therefore, central to inform assessment and management practices in these settings.

Prisoners experiencing mental health difficulties may require a period of assessment and intervention in a secure forensic hospital (Mental Health Act 1983, 2007). In these settings, individuals have difficulty accessing objects that could be used to self-harm; however, amongst different inpatient mental health hospitals, including acute services, forensic hospitals still have the highest prevalence of incidents of self-harm (James et al.,

2012). There is a much higher proportion of men than women in prisons (Ministry of Justice, 2021), as well as in forensic hospitals (Hare Duke et al., 2018), and self-harming behaviours in men pose a serious concern in both settings. In order to offer an appropriate understanding, it is important to attend to the reasons why people self-harm in these environments.

Human beings are driven to have their basic needs met (Roychowdhury, 2011), including physiological, safety, belonging, esteem and self-actualisation needs (Maslow, 1943). Due to the restrictive nature of prison and forensic secure environments, including physical, procedural and relational levels of security (Georgiou et al., 2019), individuals may experience a reduced level of freedom that can prevent them from self-sufficiently meeting their needs. Within this type of setting, someone can attempt to verbally express these needs but, if this does not obtain the desired response, an escalation in the intensity of the communication method may follow, which can involve the use of self-harm (Nock, 2008). Thus, self-harm can be used, in the short-term, as a last resort, when the individual is not as able, or motivated, to use more prosocial methods of communication to meet their needs (Roychowdhury, 2011). For example, men in prison may not be able to meet their need for safety (Maslow, 1943), due to being confined with other men who may pose a risk (John-Evans et al., 2018), and may use self-harm to express this or change their environmental circumstances.

Jeglic et al. (2005) described the case studies of four men residing in a forensic hospital, where important needs could be observed. On each of those accounts, self-harm seemed to be a way of attempting to achieve short-term goals linked to attempting to meet basic needs. For example, Jeglic et al. (2005) labelled a man's self-harm as "manipulative"; the man harmed himself so that he would be transferred to hospital, to avoid being deported, a situation that could potentially put all his human needs at risk.

Self-harm is still often misunderstood and stigmatised among professionals working in secure settings. Self-harm can be sometimes negatively identified as “manipulative” or “attention seeking”, particularly in men in forensic settings and prison (Dear et al., 2000; Haycock, 1989; Jeglic et al., 2005; Shea, 1993). These negative attitudes may be related to the consideration that working with people who self-injure can create strong, challenging reactions in professionals (Russell et al., 2010) and high levels of anxiety (NCCMH, 2020). Still, the use of these descriptions can lead individuals to feel judged, not listened to, and misunderstood (Dickinson & Hurley, 2011), or even prompt further self-harm or lead to avoiding medical support (NICE, 2013).

Self-harm can create confusion when attempting to understand actions that seemingly violate the human need for survival. To address this issue, many researchers have attempted to categorise and identify the functions of self-harm, mainly employing the use of checklist methods (Klonsky, 2007; NICE, 2004). Affect regulation, in order to release or reduce negative feelings, seems to be the most common function of self-harm in men in prison and forensic settings (Dixon-Gordon et al., 2012; Gallagher & Sheldon, 2010). This, however, can relate to a wide variety of feelings such as anger, numbness, or loneliness, which could be triggered by a wide variety of experiences leading to self-harm, including trauma or interpersonal rejection (Cawley et al., 2019; Jacobson & Gould, 2007).

There are few interventions that target self-harm in forensic populations and not many for which there is empirical support (Dixon-Gordon et al., 2012). This might be related to the specificity of individual needs that affect self-harm. Thus, the process of supporting individuals in forensic settings who self-harm should focus on their unique needs and characteristics.

Whilst the categorisation of characteristics of self-harm is important in order to generate a general understanding, there are in-depth qualitative differences depending on the personal experiences that precede self-harm. Self-harm in secure settings seems to relate to a complex intertwinement of relational, situational and internal emotional experiences, for example, having experienced childhood abuse leading to intense worry when feeling unsafe in prison (John-Evans et al., 2018). It is important to attend to the range of narratives of individuals, to understand the factors that contribute to self-harm and thus developing meaningful sources of support. Using quantitative methods risks misrepresenting and over-simplifying this complex behaviour.

Attending to the meaning that self-harm holds for individuals is important for developing a thoughtful and compassionate understanding that avoids the use of stigmatising connotations. There is a limited amount of literature exploring the experiences and perspectives of men who self-harm in secure settings. Nevertheless, some insightful qualitative studies have been conducted investigating this phenomenon. This topic requires a thorough analysis of existing literature to identify areas of further research required, and to develop more accurate guidelines that reflect the needs of men who self-harm. Therefore, the aim of this meta-synthesis is to gather and synthesise the findings of published qualitative studies conducted with men in prison and forensic hospitals. The review question is, "What are the experiences of men who self-harm whilst residing under secure conditions in forensic mental health hospitals and prisons?"

Method

Design

The present literature review encompassed a comprehensive systematic review and meta-synthesis of the qualitative literature covering the experiences of men who self-harm

residing in a secure forensic hospital or prison. The review used a meta-ethnographic approach (Noblit & Hare, 1988) to synthesise the findings from the articles identified.

Electronic Search Strategy

The protocol for the meta-synthesis was pre-registered in PROSPERO (ID: CRD42021233520). The SPIDER search tool (Cooke et al., 2012), presented in Table 1, was firstly employed to orientate the scope of the search. Subsequently, an exhaustive search strategy was developed by the main researcher, presented in Appendix 1-B.

[Insert table 1]

Due to the limited amount of literature in the topic area, and to allow a maximum number of articles to be included in the analysis, self-harm was understood in its most inclusive sense. This included any actions conducted by someone to attempt to harm oneself, irrespective of the motivation driving the behaviour (NICE, 2013), which could involve the consideration of ending one's life. For the same reason, no publication date restrictions were applied. Language was not restricted in the search stage but only papers in English language were reviewed. Studies had to be peer-reviewed, published papers. The initial inclusion and exclusion criteria are presented in Table 2.

[Insert table 2]

The systematic search was conducted on February 18th 2021 on the EBSCO electronic bibliographic databases of PsycINFO, CINAHL and Academic Search Ultimate (ASU), in order to attempt to include a manageable variety of meaningful databases. References lists of key papers were also reviewed to identify potential studies that had not been identified in the search. As presented in the diagram in Figure 1, five articles were finally selected.

[Insert figure 1]

Study Characteristics

Four studies were conducted in the UK, and one study across Canada and US. Only one study included men in a forensic hospital with high security category, the rest were conducted with participants in prisons with a variety of levels of security. Four studies included only male participants, however one study included men and women. The decision to include this study was based on the clear differentiation between genders in terms of the data analysis and results, including gender identification of the quotes presented. All the studies used semi-structured interviews. Two analysed the data using thematic analysis, two utilised grounded theory, and one study coded and analysed the interviews thematically, basing the process on the premises of grounded theory. Table 3 offers a detailed description of each study.

[Insert table 3]

Quality Appraisal

The five selected studies were critically appraised by the main researcher following the Critical Appraisal Skills Programme (CASP) checklist (CASP, 2013), which comprises ten items that are considered critical in qualitative research. The full CASP checklist questions can be found in appendix 1-C. For each of the last seven items, Duggleby et al.'s (2010) three-point scoring system was applied. As the weakest score, one point was assigned when little justification was given, a two-point score, when moderate justification was offered, and a score of three points when the item was well addressed. The maximum score was 24 and the scores of the studies varied between 16 and 24, as presented on table 4. To improve the validity of the ratings, three papers were independently scored by a peer trainee clinical psychologist, and checked with research supervisors, with any discrepancies resolved through discussion.

[Insert table 4]

Synthesis

The synthesis of the articles followed the principles of Noblit and Hare's (1988) meta-ethnography, comprising seven stages: getting started, deciding what is relevant to the initial interest, reading the studies, determining how the studies are related, translating the studies into one another, synthesising translations, and expressing the synthesis.

To conceptualise the meta-ethnographic process (Noblit & Hare, 1988), the author used the term "constructs" in a similar way to the working definitions of Malpass et al. (2009, p.158), based on Schutz's work (1962, as cited in Britten et al., 2002, p. 211). First order constructs, or *FOCs*, were the participants' interpretations of their own experiences of self-harm, represented by verbatim quotes. Second order constructs, or *SOCs*, were the interpretations of the papers' authors, represented by terminology used in the original paper or a close paraphrase. SOCs broadly corresponded to Noblit and Hare's (1988) concepts and metaphors. Third order constructs, or *TOCs*, were the interpretations of the researcher conducting the current review, developed using her own interpretative language.

Studies were read twice by the researcher in order to critically appraise them, identify the characteristics of the study, and begin to explore the findings. The researcher then collected in a Word document table the SOCs for each paper, in one column, and the FOCs that illustrated each of the SOCs, in another column. Table 5 illustrates the FOCs and SOCs identified in one of the studies, as an example. The full set of SOCs from all papers were then collated in Microsoft Excel. The process of translating studies into one another began by reading the list several times and identifying topics across different SOCs. By re-reading the lists of SOCs and topics identified, the researcher was able to establish relationships

between the studies (Britten et al., 2002) and their SOCs, and then developed the TOCs. The TOCs comprised most of the SOCs and topics identified.

[Insert table 5]

On occasions, it appeared that a certain paper did not contribute to a specific TOC. The researcher then read that paper again to confirm that the TOCs represented the findings, as reported by the authors. Where a paper only contributed a few SOCs to a TOC, this was also reviewed, to ensure that the TOC well represented the findings. In the case of Rivlin's (2007) study, the researcher found that some FOCs also contributed to the TOC the researcher was checking for, but had not been interpreted in this way by the study authors. For example, under the TOC "the internal struggle", the researcher included the following FOC:

> Because I used to supress my abuse. I supressed all the anger towards my dad about him beating me. I supressed all that a lot. When you're not talking about it, it just went boom - the lid come off. [After talking] I feel relieved. (Rivlin, 2007, p. 38).

This response was given by a participant when the authors were asking him what helped to stop the self-harm. Aware of the risk of re-interpreting quotations, the researcher only carefully included FOCs under TOCs where the link was clear, when the quote gave enough contextual information, and when other SOCs in that specific paper had already been observed to support that same TOC.

Almost all the SOCs in each paper were directly comparable between one another, as reciprocal translations (Noblit & Hare, 1988). There was only one concept that could be understood as a refutational translation between Rivlin's (2007) study and the rest. Rivlin's (2007) study showed a more positive outlook of Grendon prison, seemingly due to its therapeutic environment. In contrast, participants of other studies provided a more critical

overview of their prison environments throughout their accounts. Still, Rivlin's (2007) participants also explained difficulties experienced in previous prisons, which supported the process of reciprocal analysis across studies.

Results

Following the process described above, four third order constructs, referred to as "themes" from here onwards, were developed: the life-long impact of abuse and trauma, and mental health difficulties (Theme One), the internal struggle (Theme Two), self-harm to escape and the aftermath (Theme Three), and the need for help and support (Theme Four). Table 6 includes examples of constructs from each paper that contributed to the development of each of these themes. One theme did not appear in Adamson and Braham's (2011) study, represented as an empty cell in Table 6, potentially due to the narrower focus of the study on "pathways to episodes of self-harm".

[Insert table 6]

Theme One: The Life-Long Impact of Abuse and Trauma, and Mental Health Difficulties

Across studies, participants explained past and current abusive or traumatic situations, as well as experiences of mental health difficulties. These experiences continued during the time men spent in secure settings and seemed to have a critical impact on participants' lives, including the onset and course of their self-harm.

In four of the studies, men reported extensive traumatic experiences throughout their lives, including childhood abuse: "[The sexual abuse] that's where it all stems from" (Marzano et al., 2016, p. 162). As part of these adverse childhood experiences, other types of complex circumstances were reported by participants in most studies, including spending

time in care, having "mentally ill parents" (Marzano et al., 2016, p. 162), exposure to drug misuse (Smith & Power, 2014) and suffering with grief and loss (John-Evans et al., 2018).

These adverse life events had a complex impact on men. This sometimes included a loss of personal control described by Smith and Power (2014). One of their participants also explained this experience: "Between 11 and 13, I was sexually abused by my two cousins, one female and one male. When I voiced it [the abuse], no one believed it … it threw the family apart" (Smith & Power, 2014, p. 282).

Difficult living circumstances were prolonged during adulthood, which could also lead to feelings of alienation from family members and other people (Smith & Power, 2014). Negative interactions with others, including authority figures, also appeared to continue within the prison environment. Some staff and prisoners in the "system" were referred to as people who "don't give a toss, they don't care about you" and who "go out of their way to antagonise people" (Rivlin, 2007, p. 37), with participants reporting being "teased", "brushed off" and "bullied" by prison officers (Marzano et al., 2016, p. 162).

The "bullying, torment and personal abuse" that participants had suffered in the "system", often led to self-harm (Rivlin, 2007). Some of the actions of prison officers were generally perceived as "punitive", which could increase the frequency and severity of self-harm (Smith & Power, 2014): "It is not a great place to be, it does tend to make you worse, you do it [self-harm] more in here" (John-Evans et al., 2018, p. 33).

In this context, some men reported processes of rumination over adverse past life events and current difficulties in their lives (Adamson & Braham, 2011; John-Evans et al., 2018). This, coupled with the additional uncertainty about their peers' backgrounds, also led to experiences of distress: "I do not like being two-ed up with anyone; I was abused when I

was a kid so I am scared just in case, I never know what people are here for" (John-Evans et al., 2018, p. 33).

At times, the restrictions were experienced as a "reminder of childhood trauma", and even the prison environment was referred to as a sole trigger for men experiencing mental health difficulties and engaging in self-harming behaviours (John-Evans et al., 2018, p. 33). The consequences of the difficulties encountered in prison were significant, potentially leading some people to end their lives: "There are a lot of suicides through bullying – that's a fact" (Rivlin, 2007, p. 36).

Some participants and authors connected these traumatic experiences, including childhood abuse, with the development of mental health issues (Marzano et al., 2016; Smith & Power, 2014). One participant in Marzano et al.'s (2016) study explained his experience on this:

> They [prisoners][1] all come from disruptive backgrounds. People who have been abused – mentally, physically and sexually […] And mine [sexual abuse] was the worst sort, I think. Which makes it quite understandable that I grew up [laughing] with a few disorders! (p. 161).

In addition, studies indicated participants experiencing a wide range of mental health problems, including recurrent flashbacks of abuse, depression, panic attacks or personality-related difficulties (Marzano et al., 2016). Marzano et al. (2016) argued that these difficulties were "additional ways in which their problems manifested" (p. 162). Other authors specifically linked these as triggers or maintaining factors of self-harm. For example, John-

[1] Text in square brackets indicate exploratory material added by authors or the researcher.

Evans et al. (2018) reported participants becoming "increasingly depressed" prior to self-harming.

Smith and Power (2014) explained that the severe and life-threatening self-harm that was observed in some men seemed worsened by experiencing mental health problems, such as psychosis. Similarly, Adamson and Braham (2011) described some men's self-harm being preceded by experiencing symptoms of schizophrenia. These included hearing powerful voices encouraging the individual to hurt themselves or holding strong persecutory beliefs, which made self-harm a "logical decision" (p. 173).

Theme Two: The Internal Struggle

The difficulties explained in Theme One were described as interwoven with the struggle experienced by men attempting to manage internal emotional difficulties. This led to confusion, notable distress, or feelings of ambivalence, which preceded self-harming behaviours.

During the build-up to self-harm, a confusing set of emotions, that some men struggled to express or make sense of, was observed. Men described it as "a bit of a mixture of feelings … I do not really know" (John-Evans et al., 2018, p. 32) or something that "just happens" (Marzano et al., 2016, p. 162). Others also reported being unsure about what was triggering their self-harm (Smith & Power, 2014) and feeling "absolute confusion […] persistent confusion" (Adamson & Braham, 2011, p. 174).

This internal emotional struggle was difficult for participants to deal with. For some, attending to their distress, as well as trying to identify and verbalise it, could lead to experiencing further suffering (Smith & Power, 2014). However, trying to suppress, or not talking through their difficulties, led to a worsening of their mental state and even episodes of

self-harm or violence: “Cutting also happens when I have things all backed up and are not talking about it. When I hold back” (Smith & Power, 2014, p. 287).

At other times, these emotional experiences were described in more detail and as building up gradually. For example, “My mood gets down and down” (John-Evans et al., 2018, p. 32) or ‘‘When I’ve wanted to kill myself, that’s when I’ve had no hope left. That’s when I’ve cried through a lot of it” (Adamson & Braham, 2011, p. 174).

Some of the men’s stories demonstrated a complex perspective of their internal world as a combination of “what we’ve gone through” “plus being in here” (Marzano et al., 2016, p. 163), indicating how the restrictions of secure environments could even worsen participants’ difficulties. Some men felt hopeless and “unable to see a way out” (Adamson & Braham, 2011, p. 173), or wondered what is the point in living: “I just thought ‘I don’t want to live. There’s nothing to live for’. It’s that hopelessness where you think ‘I’m better off out of here’” (Rivlin, 2007, p. 36).

Participants then found themselves having to wrestle the desire to self-harm (Adamson & Braham, 2011; John-Evans et al., 2018; Marzano et al., 2016). Some men explained a struggle to self-harm as having to “fight the urge” due to feeling “pushed” to self-harm by one’s voices (Marzano et al., 2016, p. 163). Others explained arguing with their voices in an attempt not to surrender to their request, or complying with it to soothe the voices: “[the voices] just kept on and on […] and I argued with them saying like ‘You know I can’t do that really’. That went on for quite a while” (Adamson & Braham, 2011, p. 175).

As well as dealing with this urge, participants sometimes wondered what to do, or experienced ambivalent feelings about the consequences of self-harm. For example, in relation to making the decision to self-harm: “I did kind of think ‘what am I doing this for’, you know? Just why am I doing this? Is life really this bad that it’s come to this? There must

be some better way to deal with things" (Adamson & Braham, 2011, p. 174). For another man, this was about being indifferent in terms of living or dying as a result of self-harm:

> If you cut like I cut, you take a chance on dying. The voice only goes away when I cut deep, I hope one day I can kill her [visual hallucination] and me at the same time. If I die, then I die, if not now then the next time. If they get me to hospital then that is fine, too. (Smith & Power, 2014, p. 289)

Theme Three: Self-Harm to Escape and the Aftermath

Self-harm was described as a way to escape from the distress, or to let the distress escape from within, caused by participants' past difficulties, emotional experiences and life stressors: "It is like watching the problems pour out of you, like watching everything disappear" (John-Evans et al., 2018, p. 32).

As one participant explained, "it's always for a reason" (Marzano et al., 2016, p. 162). Participants reported self-harming as "the way I adapted to cope, anyway, [to] the situations that I've been in my life since I was a kid" (Marzano et al., 2016, p. 163). A desire to cope and escape from "mental wounds", traumatic and distressing "flashbacks", internal experiences and situations, seemed crucial:

> When things get too much, you know; that's how I release. It releases things on the inside of me. How I feel. And, of course, it gets me out of a situation, do you know what I mean? How I'm feeling. (Marzano et al., 2016, p. 163).

Self-harm was consistently reported as offering emotional release and relief. For example, one participant described self-harm as a "weird way of dealing with anger, and hatred and self-loathing that I felt. It was a moment of relief for me" (Adamson & Braham, 2011, p. 175). Participants also described self-harming in order to "get rid of all that anger"

(Rivlin, 2007, p. 37), to release emotional pain (John-Evans et al., 2018) or other emotions, such as sadness and stress (Marzano et al., 2016).

The need for relief sometimes extended further than a short-term need to escape from adverse emotional experiences. Engaging in self-harm also offered men a proxy to avoid harmful situations, for example, prompting a move to the healthcare wing, "away from the bullies" (Rivlin, 2007, p. 36).

It appeared that, for some participants, there was an "overwhelmingly positive aftermath" that self-harm offered (Marzano et al., 2016), as well as other positive sensations. These included tension-reduction, peacefulness (John-Evans et al., 2018) and a "release of endorphins" following "the sight and flow of blood" (Marzano et al., 2012, p. 163). In relation to this, self-harm is understood as having addictive qualities (Adamson & Braham, 2011), as a participant from the Smith and Power (2014) study explained: ''It's like adrenaline, like an endorphin rush. I actually crave it. It's very much like being addicted to drugs" (p. 284). This could be related to some men holding a normalising attitude towards it (John-Evans et al., 2018), sometimes "de-problematising some of its effects" (Marzano et al., 2016, p. 164).

Some authors described self-harm being a planned action for some men, as one participant explained: "There can be quite a great deal of planning, certainly in my experience" (Adamson & Braham, 2011, p. 174). Other times, a sense of impulsivity was noted (John-Evans et al., 2018; Marzano et al., 2016), and self-harm was described as something that "just happens" (Marzano et al., 2016, p. 162). At the extreme, one participant reported not even being aware of his actions, and realising he had self-harmed only when he found scars on his arms (Marzano et al., 2016, p. 163).

Within prison, Smith and Power (2014) reported that participants felt more comfortable when using "stereotypical masculine behaviours of externalised violence" when dealing with distress, instead of alternatives, such as therapy, which were perceived as "feminine options" (p. 287). Furthermore, self-harm was "less than an ideal choice", involving further distressing experiences, such as regret (John-Evans et al., 2018), and feeling "ashamed" and "stupid" (Marzano et al., 2016, p. 164). As self-harm was understood by Smith and Power (2014) in the context of low self-esteem and a negative self-concept, the continuation of self-harm as a way of coping could have adverse consequences in relation to the view that men have of themselves.

Theme Four: The Need for Help and Support

Participants and authors spoke about the value of men feeling supported and heard. Some men spoke about informal support and others discussed the benefits of attending therapy. Across studies, significant importance was given to others and their role in the process of participants achieving wellbeing, including managing their self-harm.

As previously discussed, participants explained adverse experiences within prison settings, related to feeling isolated and unsupported. This could have led to some of them potentially finding ways to meet important needs:

> They [staff] just said: 'no pain, no gain!'. 'No look, it's not a game to me, this is the situation I'm in' […] I try to explain, I do tell them, but it's still they don't wanna know. Until you do something […] Right, I'll cut myself. They might listen to me then." (Marzano et al., 2016, p. 164)

Participants in Marzano et al.'s (2016) study reported using self-harm as means to make themselves heard, "expressing how I feel" (p. 165), and communicate their suffering, in

order to receive help and support: “I’m really just screaming out to see a doctor. I just want a little bit of help” (p. 165).

Although a difficult goal to achieve, men tended to report a need to connect and communicate with others, to get “someone to listen” as they felt “ignored” (Marzano et al., 2016, p. 165). This peer-support was easier to achieve in some circumstances, for example, at Grendon prison, based on the premises of a therapeutic community. Here, participants explained having developed and maintained a meaningful supportive environment and a “close-knit community” (Rivlin, 2007, p. 173). However, this still appeared a rather difficult task in mainstream settings. Even surrounded by peers, men still felt lonely (Rivlin, 2007) and “frustrated”, as explained by one participant: “It would be all right if you had a mate you could talk to in here” (John-Evans et al., 2018, p. 34).

The benefits of having supportive relationships were highlighted in various studies. Being able to communicate with family and friends was described as a mediator of men’s self-harm (John-Evans et al., 2018), as well as feeling cared for by others (Rivlin, 2007). Despite the struggle around emotional expression discussed in Theme Two, authors and participants spoke about the potential benefits of engaging with formal support on men’s wellbeing. For example, talking was described by Rivlin (2007) as a “cathartic process which left them [prisoners] with a feeling of empowerment” (p. 38). Although some men still appeared to view attending therapy as a stereotypically feminine behaviour, and something to be avoided (Smith & Power, 2014), participants that had already undertaken therapy expressed an awareness of its benefits and mentioned regret over not having started earlier (Smith & Power, 2014).

In this sense, one participant who was receiving support from the in-reach mental health team in John-Evans et al.'s (2018) study recognised wanting to discuss their

difficulties: “I speak to somebody, that will help me” (p. 34). In addition, participants in Rivlin's (2007) study described how therapy enabled them to “level out” their emotions and reduce anger levels (p.37). The feeling of belongingness within a therapy group (Rivlin, 2007), and receiving professional support (John-Evans et al., 2018), were reported as important motivators to reduce or stop self-harm. One participant summarised his experience of self-harm cessation: “Why don’t I self-harm? […] It’s all about talking with me. That’s the only thing that will stop me doing anything” (Rivlin, 2007, p. 38). In contrast to the feelings of powerlessness usually experienced by participants in prison settings, a therapeutic environment seemed to offer them the possibility of feeling empowered (Rivlin, 2007).

Discussion

The present review provides a synthesis of the published qualitative literature around the experiences of men residing in prison settings and in forensic hospitals, who self-harm or have self-harmed in the past.

The findings present an overview of difficult life events and experiences that men in secure settings encountered during their lives, from childhood abuse to the development of mental health problems. The grave consequences of abusive and traumatic early experiences on people’s wellbeing have been discussed extensively in previous literature in general non-clinical and clinical populations (Felitti et al., 1998; Stinson et al., 2016; Sweeney et al., 2018). In men in particular, adverse childhood and life events, especially physical abuse, seem to play a significant role in the origins of self-harm (Gratz & Chapman, 2007).

Although early aversive events are not the only reason leading men to self-harm (Marzano et al., 2016), most of the authors in this review acknowledged and discussed the impact that these had on the participants. In addition, as it has been indicated in previous research, individuals who have experienced childhood adversity, as many of the participants

of this review had, are more likely to experience mental health difficulties (Kessler et al., 2010). A fair number of men in this review had experienced related issues, from mood difficulties, such as depression, to psychotic disorders, such as schizophrenia, which seemed to have had a notable impact on their self-harm (Adamson & Braham, 2011; John-Evans et al., 2018).

A highlight of the present review is the challenges that men faced in the prison-specific restrictive and potentially traumatising environment, which seemed to exacerbate and perpetuate their emotional difficulties, even sometimes driving and maintaining self-harm (John-Evans et al., 2018). The ability to manage distressing emotional states has been identified as additionally challenging in young men who self-harm, in comparison with those who do not (Gratz & Chapman, 2007). Men's experiences of emotional pain were clear in this study, which were observed to be coupled with the struggle of attempting to manage their distressing thoughts and emotions. Due to the resulting suffering, men found themselves looking for means to relieve and escape from these intense internal states, usually involving self-harm. This is consistent to Baumeister's (1990) idea of self-harm used in order to escape from aversiveness found within the self and in the world.

In Smith and Power's (2014) study, it was observed that men tended to avoid coping strategies that did not follow the traditional masculine social norms. Hence, physical aggression and other violent behaviours may be seen potentially as more "manly", and be used as a covert method of self-harm (Victor et al., 2018). Aggressive methods were documented in Smith and Power's (2014) study, for example, self-harming by ripping out wound staples. Other violent methods have also been observed in studies exploring self-harm in correctional settings outside of this review, for example, punching oneself (Bennett & Moss, 2013), or using methods potentially seen as masculine, such as breaking bones or

carving pictures in the skin (Morales, 2013) . The need to self-harm, in addition to wishing to fit in within peer groups, could lead men to find ways to bond with others through the use of violent self-harming behaviours, such as branding of skin, which are more likely to be accepted due to showing adherence with masculine norms (Addis, 2011; Green & Jakupcak, 2016). Participants in studies in this review who disclosed self-harm usually referred to feeling embarrassed, experiencing regret over having started to self-harm (Marzano et al., 2016), and struggling to manage their difficulties by other means (John-Evans et al., 2018). The issue is that men may tend to conceal emotional distress and self-harm due to its common association with emotional vulnerability (Cleary, 2012), and therefore men can find it difficult to share their distress and self-harm related difficulties.

The complexity of the meaning-making processes around self-harm in men and its functions in secure settings have been highlighted in the present findings, for example, by Marzano et al. (2016). However, staff seem to make simplistic assumptions about self-harm at times. Men reported being regarded by prison officers as "manipulative" and "attention seekers" (Marzano et al., 2016), which appears to be a judgemental way of understanding the distressing cognitive processes that precede self-harm. The effect of negative responses and reactions to self-harm from staff on the wellbeing of men in prison are significant, which include reinforcing low self-worth, discouraging seeking support, and contributing to further self-harm (Marzano et al., 2012).

Even mental health professionals working in prison (Dehart et al., 2009) and in forensic settings (Gough & Hawkins, 2000) can hold negative attitudes towards self-harm. In addition, although not observed in the studies in this review, researchers can also hold judgemental attitudes towards men who self-harm in prison. For example, by referring to self-harm in men with antisocial personality disorder diagnoses as "better explained in the

context of manipulative behaviours" than as a way of coping with distress (Verdolini et al., 2017, p. 158). Thus, some may assign a "manipulative" label to self-harm, for example, when this relates to someone's need to "influence" others (World Health Organisation [WHO], 2000) in order to achieve basic human needs, such as safety. However, staff sometimes do not take it seriously (WHO, 2000). Peel-Wainwright et al. (2021), in their review of the literature on interpersonal processes of self-harm, argued that the misunderstanding of its interpersonal functions could arise from a "disconnection of the function within the context", and a failure to recognise the effect that the environment can have on previous attempts of individuals to meet their needs (p. 16).

In her study of prisoners' motives for self-harm in prison, Snow (2002) found that interpersonal factors, such as relationship problems, and situational factors, such as bullying, were given as explanations for self-harming behaviours. As shown in the present findings, men who self-harmed argued that prison is a difficult environment to live in (John-Evans et al., 2018; Marzano et al., 2016; Rivlin, 2007) and described staff as abusive and punitive (Smith & Power, 2014). Participants described living within a "sick" and "messed up" prison environment and, as one participant stated, it is "no wonder" that suicide rates are high (Marzano et al., 2016, p. 162). In addition, being bullied by peers in prison settings was mentioned in this review as having led to suicide in men (Rivlin, 2007). This links to Peel-Wainwright et al.'s (2021) findings in their literature review, which suggested that self-harm can relate to needing to feel heard and acknowledged but from a position of having felt rejected and abandoned.

The findings of this review stress the need for men who felt isolated and unsupported to instead feel listened to and understood (Marzano et al., 2016; Rivlin, 2007). For example, men reported having to "scream" for help, and using self-harm as a way of asserting the

seriousness of their problems (Marzano et al., 2016) or self-harming in an attempt to escape from a dangerous prison environment (Rivlin, 2007). The communicative aspects of self-harm have been largely discussed in self-harm literature (Peel-Wainwright et al., 2021; Steggals et al., 2020) and this study showed the additional importance of self-harm as a way of communicating in men residing in secure settings. The present findings offer an understanding of self-harm as an attempt to communicate and achieve unmet core needs (Adshead, 2010; Snow, 2002), such as safety, belongingness and esteem (Maslow, 1943), that would potentially be neglected otherwise. These ideas are consistent with Roychowdhury's (2011) human needs model of motivation and behaviour, and the Good Lives Model that states that a reduction in risk behaviour would be observed by enabling the person to meet their needs (Ward & Brown, 2004).

In contrast to some of the more punitive approaches highlighted in this study, the findings of the present review also offered an optimistic outlook with respect to the experiences of support that men can receive in secure settings (John-Evans et al., 2018; Rivlin, 2007). Biggam and Power (1997) highlighted in their study with young men in prison how receiving social support from others, including prison staff, played an important role in mitigating participants' psychological distress and increasing their ability to cope with being in prison. Receiving care from peers and staff, including the development of supportive relationships with others, but also through undertaking formal therapy, seemed to be valuable resources to support men around the management of internal distress, reduction of self-harm and promotion of well-being.

Implications for Clinical Practice

In the present findings, it can be observed that men in forensic settings struggle with intense distress and emotional experiences. Generally, men seem to face greater difficulties

with emotional expression and disclosure of distress than women (Simon & Nath, 2004). Yet, it has also been observed that experiencing intense emotions in men could be a protective factor against self-harm (Gratz & Chapman, 2007). In light of this, supportive attitudes that normalise the wide range of human emotional experience would be a valuable starting point for staff in forensic settings to hold, to help men develop compassionate attitudes towards feeling understandable distress. This could be addressed by offering specific self-harm related training to staff to help them to use therapeutic responses, rather than potentially adverse approaches, as staff's attitudes working in secure environments can improve when receiving education around self-harm (Dickinson et al., 2009).

Staff in prisons also seem to experience challenging emotions when working with people who self-harm, including anger and frustration (Dehart et al., 2009), which can be reflected in unhelpful attitudes sometimes held by prison officers, as highlighted in the present review. This could be assisted by offering support and supervision from clinical psychologists, to help address difficult emotional reactions to self-harm.

The present findings suggest that men who self-harm in secure settings lack a range of helpful ways to cope with, and communicate, distress. Although therapies such as Dialectical Behavioural Therapy (DBT) may not always have the potentially expected benefits in some men (Smith & Power, 2014), John-Evans et al. (2018) and Rivlin (2007) and their participants reported the extensive gains of engaging in formal therapeutic environments and receiving support from mental health teams, which usually involved talking and feeling supported and heard. Looking into the barriers that prevent individual men from attending, and benefitting from, therapy would be valuable in finding ways to support their engagement.

In comparison with men in prison who do not self-harm, it seems that those who engage in self-harming behaviours experience less optimism about life and less control over

problematic situations (Haines & Williams, 1997). This was observed in the present findings, where men seemed to experience loneliness and hopelessness whilst residing in prison (Rivlin, 2007; Smith & Power, 2014) and hospital (Adamson & Braham, 2011). It seems understandable that environments that promote therapeutic and supportive relationships between staff and prisoners, and among peers, help to increase well-being and generate feelings of hope (Rivlin, 2007), helping them to meet belongingness and esteem needs (Maslow, 1943). It is important to acknowledge that secure environments may offer rather limited possibilities for men to experience freedom and positive life expectations. Nevertheless, working alongside men to promote a sense of control over their lives is important. An opportunity to do this could be through the development of supportive communities within secure settings that offer men the opportunity to give and receive informal support (John-Evans et al., 2018; Rivlin, 2007).

In addition, Democratic Therapeutic Communities have shown to be a great approach to develop a supportive environment within prison (Rivlin, 2007). Although some of its long-term benefits are still uncertain (Malivert et al., 2012), these settings can offer extensive benefits such as reduced levels of disruption in prison and promoting wellbeing, which seem to lead to a reduction of self-harm (Bennett & Shuker, 2017), and increase men's sense of belongingness (Rivlin, 2007).

Limitations and Future Research

The current review offered an overview of the experiences of men who self-harm in prison and in one hospital setting (Adamson & Braham, 2011). A clear limitation of this study was the small number of studies included in the review, which makes it inappropriate to assume that the findings represent the perspectives of men who self-harm in prisons, or within secure hospitals. Only studies published in English were included in this review, consequently potentially important studies may have been missed. In addition, several papers

did not comment on the relationship between the author and participants, therefore being unclear how the researchers' own stance informed the data analysis. Ensuring a non-pathological stance, for example, is important to demonstrate respect for participants and manage the impact of stereotypes when conducting research (Fassinger & Morrow, 2013).

This review highlights a clear need for further research into the experiences of men who self-harm within settings that restrict the freedom of individuals. Particular aspects of self-harm in men, such as its addictive aspect, have been identified in this review (Marzano et al., 2016; Smith & Power, 2014). This could interfere with the motivation and ability for men to find alternative ways of managing the difficulties that self-harm helps with, which highlights some of the challenges for forensic services, as well as for men engaging in therapy. Furthermore, self-harm in men can be potentially unreported and unrecognised (Marzano et al., 2016). Further research into differential characteristics of self-harm in this population would be helpful to understand the meaning that self-harm holds for individuals within secure settings, in order to develop meaningful sources of support.

Further studies should also explore the perspectives of men around specific characteristics of helpful and unhelpful support, to develop meaningful strategies and approaches that are tailored to the experiences of men who self-harm in secure settings. Similarly, the effectiveness of Democratic Therapeutic Communities has been poorly addressed in the literature (Malivert et al., 2012). It would be also valuable to further investigate the benefits of these settings, as well as the barriers that prevent the development of more Therapeutic Communities within prison settings.

Conclusions

Self-harm in men in secure settings is a complex phenomenon that is still largely misunderstood. Early and traumatic adverse experiences, as well as mental health

difficulties, seem to lead to emotionally challenging experiences that drive and maintain self-harming behaviours. In addition, the punitive and restrictive prison context appears to perpetuate these complex difficulties, including precipitating and worsening self-harming behaviours. Men in forensic and prison settings appear to struggle with experiencing and expressing emotional distress, which leads to self-harm as a way of escaping these difficult internal and environmental challenges. Although it has been observed that the action of self-harm can relate to wishing to meet short-term goals underpinned by neglected unmet core human needs, self-harming behaviours are still highly stigmatised in men residing in secure settings. The particular aspects of self-harm in men in prison and forensic settings, specifically around the situational, relational, and internal emotional experiences that influence self-harm, require further attention from a clinical and research perspective. Furthermore, the characteristics of meaningful therapeutic approaches that can support men in achieving their basic human needs in these restrictive environments are in need of further exploration.

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Appendix 1-A

Guidelines for Publication for Archives of Suicide Research Journal

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Archives of Suicide Research accepts the following types of article: original articles.

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Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

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These word limits apply to the main text of the article and do not include abstract, references, and tables/figures.

The word count limit for abstracts in 250 words.

A maximum of 4 tables/figures may be included with your submission.

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Please use American spelling style consistently throughout your manuscript.

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   For multiple agency grants
   This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].
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Appendix 1-B

Search Terms and Subject Terms Used for PsycINFO Database

Search ID#	Search Terms	Search Options	Actions	
☐	S10	S3 AND S6 AND S9	**Search modes** - Find all my search terms	View Results (1,071) View Details Edit
☐	S9	S7 OR S8	**Search modes** - Find all my search terms	View Results (137,311) View Details Edit
☐	S8	DE "Correctional Psychology" OR DE Incarceration OR DE "Criminal Offenders" OR DE "Forensic Psychology" OR DE "Criminal Justice" OR DE "Forensic Psychiatry" OR DE "Correctional Institutions" OR DE "Mentally Ill Offenders" OR DE Prisoners OR DE Prisons OR DE "Maximum Security Facilities"	**Search modes** - Find all my search terms	View Results (53,083) View Details Edit
☐	S7	TI ((secure N3 (unit* OR hospital* OR setting* OR facilit*)) OR (forensic N3 (unit* OR hospital* OR setting* OR facilit* OR population*)) OR (correctional N3 (unit* OR hospital* OR setting* OR facilit* OR population*)) OR (criminal N3 (participant* OR sample* OR justice)) OR offence* OR offend* OR forensic OR "confinement facilit*" OR prison* OR inmate* OR custod* OR jail* OR inprisonm* OR crime* OR crimin* OR "high secur*" OR "medium secur*" OR "low secur*" OR "secur* condition*" OR incarcerat*) OR AB ((secure N3 (unit* OR hospital* OR setting* OR facilit*)) OR (forensic N3 (unit* OR hospital* OR setting* OR facilit* OR population*)) OR (correctional N3 (unit* OR hospital* OR setting* OR facilit* OR population*)) OR (criminal N3 (participant* OR sample* OR justice)) OR offence* OR offend* OR forensic OR "confinement facilit*" OR prison* OR inmate* OR custod* OR jail* OR inprisonm* OR crime* OR crimin* OR "high secur*" OR "medium secur*" OR "low secur*" OR "secur* condition*" OR incarcerat*) Show Less	**Search modes** - Find all my search terms	View Results (131,598) View Details Edit
☐	S6	S4 OR S5	**Search modes** - Find all my search terms	View Results (2,163,249) View Details Edit
☐	S5	DE "Narrative Analysis" OR DE "Qualitative Measures" OR DE "Qualitative Methods" OR DE "Interviewing" OR DE "Focus Group" OR DE "Focus Group Interview" OR DE "Grounded Theory" OR DE "Thematic Analysis"	**Search modes** - Find all my search terms	View Results (18,856) View Details Edit

☐	S4	TI (interview* OR "focus group*" OR "case stud*" OR "grounded theory" OR narrative* OR thematic OR ethnog* OR qualitative* OR phenomenolog* OR experienc* OR explor* OR "open question*" OR examin* OR discourse* OR "content analys*" OR "dialogue*" OR "conversation analysis" OR "Case-Oriented Understanding") OR AB (interview* OR "focus group*" OR "case stud*" OR "grounded theory" OR narrative* OR thematic OR ethnog* OR qualitative* OR phenomenolog* OR experienc* OR explor* OR "open question*" OR examin* OR discourse* OR "content analys*" OR "dialogue*" OR "conversation analysis" OR "Case-Oriented Understanding") Show Less	**Search modes** - Find all my search terms	View Results (2,162,843) View Details Edit
☐	S3	S1 OR S2	**Search modes** - Find all my search terms	View Results (23,666) View Details Edit
☐	S2	DE "Self-Inflicted Wounds" OR DE "Self-Injurious Behavior" OR DE "Self-Mutilation" OR DE "Self-poisoning" OR DE "Self-Destructive Behavior"	**Search modes** - Find all my search terms	View Results (10,662) View Details Edit
☐	S1	TI ("self harm*" OR (self N3 (injur* OR harm* OR mutilat* OR violen* OR poison* OR cut* OR wound* OR destruct* OR burn* OR inflict* OR laceration*)) OR violen* N2 self OR "para suicid*" OR parasuicid* OR "suicide gesture*" OR "auto mutilat*" OR automutilat*) OR AB ("self harm*" OR (self N3 (injur* OR harm* OR mutilat* OR violen* OR poison* OR cut* OR wound* OR destruct* OR burn* OR inflict* OR laceration*)) OR violen* N2 self OR "para suicid*" OR parasuicid* OR "suicide gesture*" OR "auto mutilat*" OR automutilat*) Show Less	**Search modes** - Find all my search terms	View Results (21,903) View Details Edit

Appendix 1-C

CASP Checklist

SECTION A: Are the results of the study valid?

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?

SECTION B: What are the results?

7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?

SECTION C: Will the results help locally?

10. How valuable is the research?

Tables

Table 1

SPIDER Search Components and Descriptions

SPIDER component	Description
Sample	Adult men residing in a forensic hospital/prison.
Phenomenon of interest	Experiences, narratives, stories and opinions of the participants on their own self-harm.
Design	Qualitative methodology.
Evaluation	Interviews.
Research type	Qualitative analysis on self-reported data.

Table 2

Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
• Rigorous qualitative methodology. • Empirical data collection using qualitative methods, e.g., interviews. • Qualitative analysis of the data, including the development of themes. • Mixed methods that had a qualitative analysis of all or part of the data were considered. • When the main focus of the study was on suicide ideation, suicide intent or suicide-related attitudes, the decision to include the study was made depending on whether there was also a focus on self-harm and where self-harm-related specific findings were reported. • Written in English language. • Peer-reviewed papers.	• The data was collected from individuals who are not those who self-harm, e.g., staff's, peers, or family members' experiences. • Quantitative studies or studies that used a quantitative approach to the collection and/or analysis of the data. • Longitudinal studies. • Literature reviews.

Table 3

Characteristics of the Studies Included in the Review

Study num.	**Title**	**Authors (year)** **Journal** **Country**	**Aim**	**Methodology.** **Data collection**	**Setting**	**Participant characteristics**	**Focus**	**Main findings**
S1	Functions of non-suicidal self-injury in prisoners with mental health diagnoses.	John-Evans, H., Davies, B., Sellen, J., and Mercer, J. (2018). Mental Health Practice. UK.	To develop a deeper understanding of the underlying reasons/functions for non-suicidal self-harm in prisoners diagnosed with a mental health difficulty.	Thematic analysis. Semi-structured interviews.	Prison, category B.	Six men, aged between 18 and 60. History of repetitive self-harm during their current prison sentence.	Functions of self-harm.	Four main themes and ten subthemes: 1. Affect-regulation (anger, frustration, depression) 2. Affective change following NSSI (relaxation, relief) 3. Coping (coping skills, coping with prison environment, coping with past events) 4. Factors mediating NSSI (medication, social support)

S2	Non-suicidal self-harm amongst incarcerated men: A qualitative study.	Marzano, L., Ciclitira, K., & Adler, J. R. (2016). Journal of Criminal Psychology. UK.	To explore the perspectives of non-suicidal self-harm amongst male prisoners: needs and motivations.	Transcripts analysed thematically, following TA procedure. Semi-structured interviews.	Prison.	20 men, over half were aged 30 years or over. Self-harm at least twice in the previous month.	Needs and motivations of men who self-harm.	Three themes and eight subthemes: 1. Contextualising self-harm: troubled lives and troubling environments - Early trauma and associated mental health issues - Recent loss and isolation - Triggering emotions and "the way they treat you in these places" 2. Confused and confusing: not always making sense of self-harm - "It just happens" - Multiplicity, change and ambivalence 3. (De)constructing self-harm and "self-harmers" - Reasserting seriousness: what self-harm is not – and what *my* self-harm is not - Coping and having to cope: releasing tension, screaming for help and

								fighting a “messed up system” - Silliness, suffering, and (not) playing games
S3	Themes underlying self-injurious behavior in prison: Gender convergence and divergence.	Smith, H. & Power, J. (2014). Journal of Offender Rehabilitation. US and Canada.	Explore key gender-based themes associated with self-harm within inmates, including the contexts in which it takes place and the consequences of the behaviour.	Grounded theory. Semi-structured interviews.	Prisons of a variety of security levels, from minimum to maximum.	13 women and 33 men. Mean age between 30 and 40. History of documented self-harm and previous suicide attempt.	Issues underlying self-harm, gender differences.	Similarities and differences among men and women. Key differential aspects in men: - Male self-harm is centred on the expression of rage. - Women placed greater emphasis on relationships while men emphasized isolation. - A subset of men reported extreme SIB, suicidality, and violence.
S4	Pathways to episodes of deliberate self-harm experienced	Adamson, V. & Braham, L. (2011).	To explore pathway(s) to episodes of self-harm experienced	Grounded theory.	High-secure psychiatric hospital.	Seven men, aged between 24 and 44.	Pathways to self-harm.	Five core categories: 1. Availability of means 2. Ruminating

	by mentally ill men in a high-secure hospital over the course of their lives: An exploratory study.	The British Journal of Forensic Practice. UK.	by mentally ill men detained in high-secure hospitals over the course of their life.	Semi-structured interviews.		Two or more life-time episodes of self-harm		3. DSH in direct response to positive symptoms of mental health problems 4. Relief 5. Dyadic suicide pact Two pathways: 1. The relief pathway, consisting of a relief function and an expression of self-hatred secondary function 2. The response to mental health problems pathway.
S5	Self-harm and suicide at Grendon Therapeutic Community Prison.	Rivlin, A. (2007). Prison Service Journal. UK.	To explore the factors that influence the cessation of self-harm in a sample of offenders who had had more than one episode of SIB.	Based on the premises of grounded theory, interviews were coded and analysed thematically.	Prison: Category B training prison run entirely along the principles of a therapeutic community.	24 men, aged 21 to 59. Episodes of self-harm in the past but no incidents for five months prior to	Resolution of self-harm.	Nine themes: 1. Companionship 2. Contact with family, friends and 'the outside' 3. Bullying, victimisation and violence 4. Participation in activities and reduced boredom 5. Hopefulness and the future 6. Improved self-esteem and self-worth 7. Reduced anger and frustration

	Semi-structured interviews.	the interview.	8. Empowerment and control over life-path 9. Improved relationships with staff and inmates

Table 4

CASP Quality Assessment

Study number	Q 1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total score
1	Yes	Yes	3	3	3	3	3	3	3	3	24
2	Yes	Yes	3	3	3	1	3	3	3	3	22
3	Yes	Yes	3	3	3	2	3	3	3	3	23
4	Yes	Yes	3	3	3	1	2	3	3	3	21
5	Yes	Yes	2	3	2	1	2	2	2	2	16

Table 5

Example of Set of Second Order Constructs (SOCs) and Examples of First Order Constructs (FOCs). Study 1: John-Evans et al. (2018)

SOCs	Example of FOCs linked to SOCs
Affect regulation as the primary function of their NSSI. Internal build-up of emotions attempted to relief through somatic expression	(No directly linked FOC)
Struggled to identify emotions and difficulties in emotional expression or describing thoughts	"It is a bit of a mixture of feelings … I do not really know."
Inability to identify and express feelings difficulties contributing to internal state leading to NSSI	"I do not know, just feel upset, it is such a mixture of emotions, it is quite hard to explain."
Any degree of emotion, whether positive or negative	"It can be angry, happy, anything will send me off to do something."
Anger leading to NSSI	"I start getting agitated and getting angry and then I start thinking to self-harm, that is the trigger."
Mother's death and childhood abuse as a source of anger	"If my father was still alive, I would be doing life now instead of 18 months, I would have definitely killed him. I would have. That is the feeling I get in my head see … stuff like that."
Increasingly frustrated before an episode of NSSI	"It's a lot of frustration, you just do not know what to do with it all."

Self-harm when they became increasingly depressed, until they used NSSI to relieve these feelings	"My mood gets down and down. One specific think I think leads to it, I think, is depression."
Bodily outlet of emotion	(No directly linked FOC)
Seeing the blood as a visual release of tension from the body	"Like watching the problems pour out of you."
Relief: significant reduction in negative affect after NSSI	"It is like watching the problems pour out of you, like watching everything disappear."
Wound was an opening to release the emotional pain felt	"When I am cutting, I feel better because it gives you that relief … it is like watching it go."
Relaxation: tense-reduction after NSSI	"I just feel calm and relaxed like, it is unreal."
NSSI had a normalising effect and return to a more relaxed baseline	"I want to do something to myself straightaway, as soon as possible, just to get back to normal."
Euphoric before regretting his actions	"I was really happy but in a mad way […] then I started crying."
Difficulty coping with internal affective states led to NSSI	(No directly linked FOC)
NSSI helped participants cope with overwhelming emotions	"It was the only way to cope with everything that was going on."
Wanting to stop but not knowing of another way to process their feelings	"I can understand wanting to get it out of me but I think this is the worst way to do it, but how else can you take your anger out?"
Using substances to cope when living in the community but self-harm when in prison	"On the out if I was angry, I would turn to drink straightaway. That did not really help either, but I would certainly rather have a drink than start hurting myself."

Wanting to learn different ways to cope	"Finding other ways to cope with everything [would help]."
Discovering of writing to express himself	"I have just found ways of coping, different mechanisms."
Prison environment may be a sufficient trigger for those with mental health difficulties and coping deficits to initiate NSSI.	"In this place there is always something bad happening."
When self-harm before prison, frequency increased when in prison	"It is not a great place to be, it do tend to make you worse, you do it more in here."
Lack of social support contributes to build up of negative emotions	(No directly linked FOC)
Artificial comradeship between prisoners	"Everyone seems friendly in prison but they are not."
Restrictions and being surrounded by offenders triggered disturbing memories of childhood trauma	"I do not like being two-ed with anyone; was abused when I was a kid, so I am scared just in case, I never know what people are here for."
Previous trauma: ruminating over childhood trauma, including childhood abuse	"My mum and stuff like that, what my father used to do to us."
Antidepressant medication can contribute to stopping NSSI or increase NSSI since being on medication	"It is only since I have been put on the tablets that I can feel emotions again. I do not know whether that is a good or bad thing."
	"There have been quite a few incidents since I have been on the tablets"
The importance of social support in mediating NSSI	"If I could just ring my mate up and speak to him it might be easier. Or if I could speak with my family."

Stopping NSSI with help from the prison in-reach mental health team	"I speak to somebody, that will help me."
Helpful to discuss their NSSI with someone who has experienced it	"You could talk to them more because they would know how it feels."

Table 6

Examples of SOCs and FOCs for Each Study Contributing to Themes

	Theme One: The Life-Long Impact of Abuse and Trauma, and Mental Health Difficulties	Theme Two: The Internal Struggle	Theme Three: Self-Harm to Escape and the Aftermath	Theme Four: The Need for Help and Support
S1 (John-Evans et al., 2018	Mother's death and childhood abuse as a source of anger. Restrictions and being surrounded by offenders triggered disturbing memories of childhood trauma.	Inability to identify and express feelings difficulties contributing to internal state leading to NSSI. Struggled to identify emotions and difficulties in emotional expression or describing thoughts.	Bodily outlet of emotion. NSSI had a normalising effect and return to a more relaxed baseline. Euphoric before regretting his actions.	The importance of social support in mediating NSSI. Helpful to discuss their NSSI with someone who has experienced it.
S2 (Marzano et al., 2016)	Bereavement and traumatic events. Feeling bored, isolated, unsupported, and "teased"[2],	Not making sense of self-harm, motivations not always clear or defined.	Escaping, expressing and releasing anger, sadness, stress, distressing thoughts, pain and flashbacks, or "mental wounds".	Seeking attention was not constructed as manipulative but as an attempt to get some help and "someone to listen".

[2] Words in quotation marks represent participants' words from the authors' text or from direct quotations.

	"brushed off" and "bullied" by prison officers. One participant being singled out as a "manipulative" "attention seeker".	Feeling "ashamed", "stupid" and self-conscious about "wrecking" one's body.	Overwhelmingly positive aftermath of self-harm. Self-harm as an impulsive act.	Self-harm as a form of communication, it's about "suffering". Self-harm a means of expressing anger, sadness, stress and "pressures".
S3 (Smith & Power, 2014)	Experiences of trauma often involving authority figures. Punitive responses by prison, producing drastic increase in the frequency and severity of self-harm.	Distress when attempting to express own emotions, emotional suppression of stress was the prime trigger. Rage merged with a sense of nihilism, despair and ambivalence.	Initial attempt of suicide producing a life-long need for SIBs as means of dealing with life stressors. Accepting self-harm will lead to death.	Benefits of "opening-up" in therapy. Regret they have not engaged in therapy earlier.
S4 (Adamson & Braham, 2011)	Presence of symptoms of schizophrenia. Participants ruminating upon difficulties within their lives both past and present.	Attempt to resist the voices by arguing with them. Decision to engage in DSH was fraught with ambivalent feelings in order to self-harm.	Impulsive decision aided by the availability of means. Lack of available means lead to planning episodes. Addictive quality which led to an increase in the	

			frequency and severity of DSH.	
S5 (Rivlin, 2007)	"Bullying, torment and personal abuse" that participants had suffered in the "system" frequently led to self-harm.	A deep and overwhelming sense of hopelessness led to participants' SIB.	Self-harming enabled him to "get rid of all that anger", "getting [his] anger out".	Whilst staff 'cared' for prisoners, inmates 'trusted' staff.
	Staff and prisoners in the "system" who "don't give a toss, they don't care about you", "go out of their way to antagonise people".	"I suppressed all the anger towards my dad about him beating me. I suppressed all that a lot. When you're not talking about it, it just went boom - the lid come off. [After talking] I feel relieved."	SIB was commonly a tactic in young offender institutes to be moved to the Healthcare wing, away from bullies.	Talking as a difficult but cathartic process which left them with a feeling of empowerment.

Figure 1

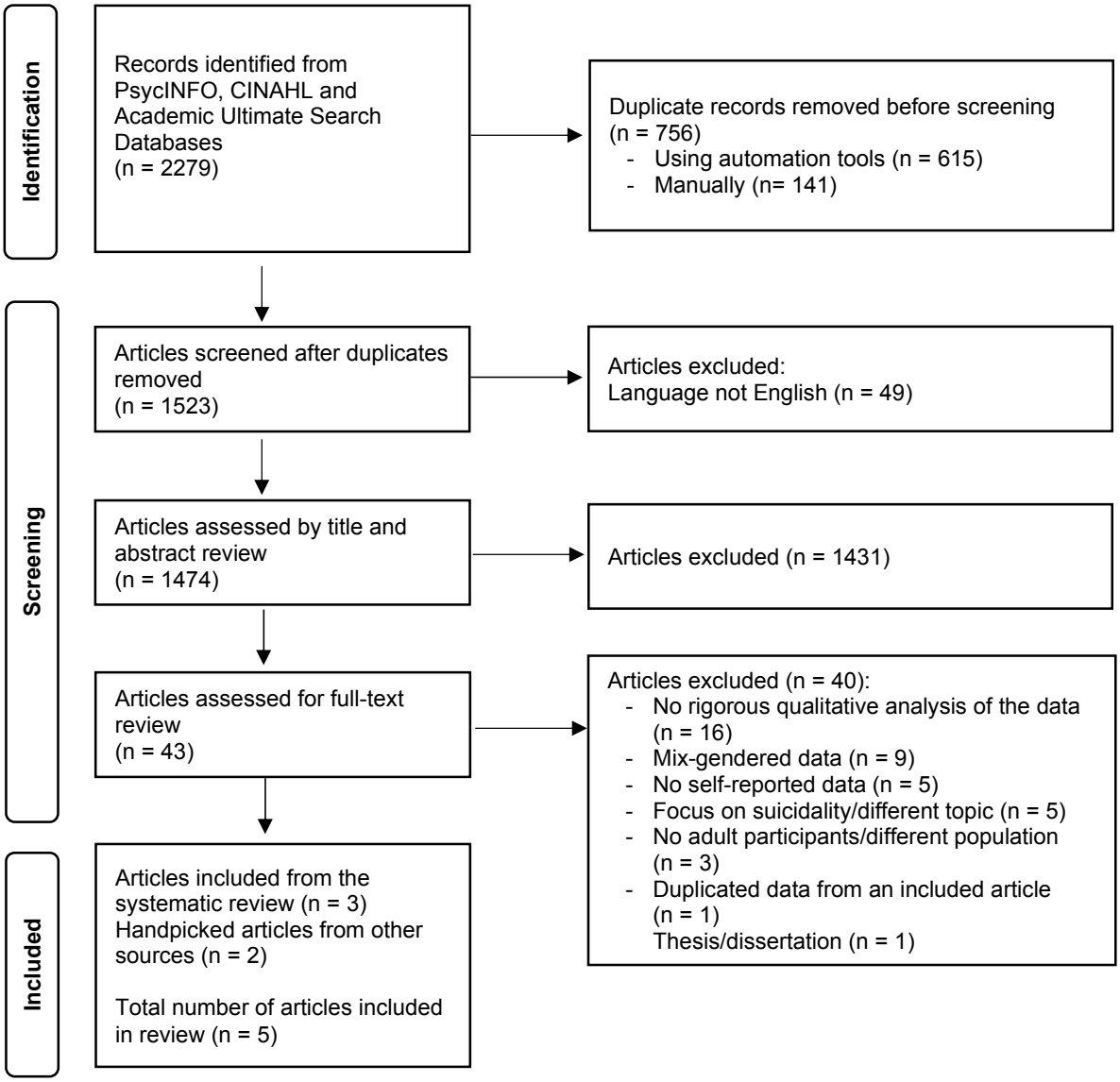

Figure 1. PRISMA Flowchart Diagram of Studies Inclusion

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Section Two: Empirical Paper

The Experience of Young Men Who Self-Harm: A Qualitative Study of The Communicative and Relational Aspects of Self-Harm

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Abstract

Introduction: Self-harm is a major public health issue that is often misunderstood and criticised in society, however the amount of literature regarding young men who self-harm is limited. Traditional masculine norms have an important impact on men's relational functioning, which affects how men experience and express distress. This seems to play a central role in the onset and maintenance of self-harming behaviours. Self-harm can then be used as means to manage emotional suffering and express important needs and experiences, including the need for help. Exploring this further is essential, to develop a meaningful understanding of self-harm in young men.

Aim: To explore the experiences of young men who self-harm or have self-harmed in the past, including their perspectives around the relational and communicative aspects of their behaviours.

Method: A qualitative approach using semi-structured interviews was used in the present study. Five participants, recruited in the community, were interviewed and the data analysed using Interpretative Phenomenological Analysis.

Results: Four overarching themes were developed from the participants' narratives: interpersonal experiences leading to self-harm, self-harm to connect with the self and find balance, stigma around self-harm and toxic masculinity, and the communicative aspects of self-harm.

Discussion: Self-harm in young men is a complex phenomenon that entails particular characteristics, including interpersonal and relational experiences that lead to self-harm. Men can find it difficult to tolerate and express distress, which seems linked to societal stigmatising attitudes. It is essential that professionals attend to these factors when assessing and understanding self-harm in young men, avoiding judgemental attitudes.

Keywords: Self-harm, young men, qualitative, communicative, relational.

Key practitioner message:

- Relational experiences are important in understanding self-harm in young men.
- Societal masculine narratives impact how men experience and express distress.
- Compassionate conversations around self-harm with young men are needed.

Introduction

Self-harm can be broadly conceptualised as "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation" (National Institute for Health and Care Excellence [NICE], 2013, p.6). The consequences of self-harming behaviours are highly concerning, including a significant risk of suicide (Kiekens et al., 2018). Interpersonal processes have been implicated as important aspects involved in the functionality of self-harm (Jacobson & Gould, 2007; Klonsky, 2007; Peel-Wainwright et al., 2021). Self-harm seems to occur often within aversive relational contexts (Peel-Wainwright et al., 2021), and can lead to antagonistic reactions from others who can label self-harming behaviours as "manipulative" or "attention seeking" (Dickinson et al., 2009). It seems that the interpersonal aspects of self-harm require further attention, as these can have a critical impact on its development and maintenance.

Although self-harm can appear across the life span, self-harm is more frequent in adolescence and early adulthood (Swannell et al., 2014). Self-harm also seems more common in women than men, including within young populations (O'Connor et al., 2018). Still, a concerning number of young men self-harm. In O'Connor et al.'s (2018) study with a representative sample of young adults, almost 12% of men between 18 and 34 years reported having self-harmed in the past, and 3% in the previous year. While women continued to be overrepresented in the literature (Victor et al., 2018), self-harm in men is less accepted and more misunderstood (Taylor, 2003).

The prevalence of self-harm in men may be underestimated in the literature, as men can engage in behaviours less easily identified as self-harm, for example, promiscuous sex (Taylor, 2003) or reckless driving (Claes et al., 2007). In addition, a large proportion of studies have focused on cutting, which is more common in women than in men (Cipriano et al., 2017). This can prevent the exploration of certain behaviours not always classed as self-

harm that are more common in men, including certain types of self-battery (Swannell et al., 2014), for example, breaking limbs (Taylor, 2003; Victor et al., 2018). In addition, an association has been observed between self-harm and physical aggression in men, but not in women (Rizzo et al., 2014). Using outward aggression, for example, by fighting others (Taylor, 2003), is potentially more socially accepted, which could offer men a covert form of self-harm (Victor et al., 2018). It seems important to broaden the understanding of the nature and characteristics of self-harm in men, as initial evidence suggests behaviours could be more severe (Hawton, 2000) and violent (Claes et al., 2007) than in women.

Self-harm is not yet well understood in society (Law et al., 2009; Saunders et al., 2012), however, and even clinicians may be "at a loss to understand the actions of individuals who self-injure" (Potter, 2003, p.9). As human beings have innate instincts for self-preservation, it is important to explore how "unspeakable bodily acts" can promote survival (Cresswell, 2005, p. 1668), despite the stigma and negative consequences that self-harm entail. Nock (2008) argued that self-harm can be broadly understood as having intrapersonal functions, in relation to managing internal experiences, and interpersonal functions, intended to evoke specific responses in others. Edmondson et al. (2016) conducted a systematic literature review of 152 quantitative and qualitative studies that explored the reasons for self-harm. Most of the main functions identified by Edmondson et al. (2016) can be mapped into Nock's (2008) classification. For example, affect regulation as an intrapersonal function, and interpersonal influence as a relational function. In relation to gender, Victor et al. (2018) reported no differences between men and women with respect to interpersonal functions, whereas men reported less intrapersonal motives of their self-harm. This could be in relation to men potentially finding it more difficult to articulate internal emotional experiences than women (Simon & Nath, 2004), or that quantitative research does not allow in-depth investigation of potential complex combinations around the functionality of self-harm.

It can be argued that the differentiation between interpersonal and intrapersonal motives may not be clear, as these could be interlinked (Peel-Wainwright et al., 2021) or even overlap in one single episode of self-harm (Klonsky, 2007). For example, affect regulation functions can emerge from distress preceded by problematic interpersonal contexts (Peel-Wainwright et al., 2021) that could lead to self-harm as a way of expressing, at the same time as relieving, intense emotions. In addition, functions reported by men, for example "to show strength" and "to get attention from others" (Claes et al., 2007), further illustrates the complexity around the motives and interpersonal aspects of self-harm.

Qualitative research can be valuable in exploring in depth the meaning that self-harm holds for men, and specifically around the complexity between intrapersonal and relational aspects. For example, in Wadman et al.'s (2017) study, participant Elliot referred to a function of self-punishment in relation to others: "Why should anything else [pause] suffer apart from me?" (Wadman et al., 2017, p. 1635) and how self-harm then provided him with relief from his own thoughts and emotions. Similarly, Taylor (2003) interviewed five adult men in his study and noted experiences of interpersonal rejection leading to self-harm. He also suggested a link between self-harm, low self-esteem and experiences of self-loathing and self-punishment, echoing the sense of self-blame, and self-harm to punish oneself, observed in Wadman et al.'s (2017) study. In addition, Russell et al. (2010) noticed a particular "dynamic around vulnerability and invulnerability" in adult male participants, in relation to a "macho attitude" to pain, but also as a "protective and close acquaintance" (Russell et al., 2010, p. 105). Literature exploring the experiences of self-harm in men highlights a complex dynamic around intense emotional suffering, but also the need to demonstrate emotional strength that warrants further exploration.

This could be in relation to self-harm potentially being more stigmatised and even less accepted in men than in women, linking to the predominance of societal narratives on

masculinity that discourage the disclosure of emotional vulnerability (Cleary, 2012). As Horrocks (1994) argued, men feel pushed to hide their weakness and tears and, in certain cultures, they are discouraged from expressing and even feeling emotions, such as sadness (Simon & Nath, 2004). This was noted in Taylor's (2003) study where three out of five participants felt that the expectation that men have to be "strong" and "able to cope" was a certain issue for those who self-harm. In young men in particular, these attitudes may be learned from experiencing fear of peers seeing them as feminine and, therefore, having to be "manly", show strength and conceal emotional suffering (Kimmel, 1994). This may manifest itself in a reluctance to seek support, as suggested in Evans et al.'s (2005) study with school students, which showed that boys who self-harmed were less likely to seek help than girls, even though they felt they needed support.

Self-harm can be used to communicate and meet certain needs when the individual is not able or motivated to use more prosocial ways (Roychowdhury, 2011). For example, two of the men in Taylor's (2003) study mentioned self-harm as a way of communicating; to express the need for help and "to show people what they've done to me" (Taylor, 2003, p. 87). Adshead (2010) maintained that people's ability to articulate experiences of distress can be overestimated, and that there is an association between self-harm and alexithymia, the inability to use verbal language to express feelings. This was recognised in Jacobson et al.'s (2015) study with young men, where a link was identified between self-harm and a difficulty in expressing emotions to others, especially positive emotions, such as love.

In its most inclusive sense, behaviours motivated by the intention to take one's life are also considered self-harm (NICE, 2013); however, suicidal and self-harming behaviours can be qualitatively different, for example, in terms of intentionality and functionality (Zareian & Klonsky, 2019). The present study focuses on self-harm in a narrower sense, defined as

actions performed with the knowledge that they will directly cause physical or psychological damage to oneself, but without suicidal intent (Nock, 2008).

Current research highlights the importance of attending to the communicative and interpersonal functions of self-harm (Adshead, 2010; Peel-Wainwright et al., 2021). In men who self-harm, these aspects seem to play a particularly significant role, which require further investigation. Given our limited understanding of self-harm in non-clinical populations of young men, an exploratory approach is called for. The aim of this study is therefore to explore the experiences of young men who self-harm. The main research question is "How do young men make sense of their self-harming behaviour?" and "What are the perspectives of young men in relation to potential communicative and relational aspects of their self-harm?", as a second-tier question.

Method

Design

Little is known about self-harm in young men; therefore, an in-depth exploratory study was chosen to investigate the meaning that self-harm holds for participants. A qualitative approach was employed, using Interpretative Phenomenological Analysis (IPA) to examine data from semi-structured interviews. IPA was chosen over other qualitative approaches because it allows a focus on the individual experiential phenomena and meaning-making of participants by first using an idiographic focus, before searching for broad conceptual patterns across participants' stories (Smith et al., 2009). In addition, the double hermeneutic of IPA embraces the researcher holding an interpretative role when engaging with participants' narratives by making sense of their sense-making (Smith & Osborn, 2003).

Research approval was obtained from the Faculty of Health and Medicine Research Ethics Committee at Lancaster University. For more information on ethical approval and related considerations, including management of risk, please refer to Section Four.

Procedure

Participants.

The sample was purposively selected to allow in-depth exploration of the meaning of self-harm for a small sample of young men (Smith et al., 2009). Fair homogeneity across participants was sought to offer a meaningful insight into this particular experience relevant to this population. This was achieved by looking for participants through a robust recruitment strategy, applying specific inclusion and exclusion criteria according to variables relevant to the present study (Pietkiewicz & Smith, 2014), including age, gender and self-harm experiences.

The inclusion criteria were that participants needed to be aged between 18 and 30 who self-harm or have self-harmed in the past, defined as any action done on purpose knowing that it might cause physical harm, but without the intent to end life. Participants had to describe their gender as male, including those who may be identified as female in formal documents, to allow inclusivity. They also needed to be able to speak English. These inclusion criteria aimed to recruit a sample of men in early adulthood, mirroring the age-range in Cleary's (2012) qualitative study exploring suicidal action in young men.

To allow a focus on specific aspects of self-harm that can differ from suicidal behaviours, participants were excluded from the study if they had experienced suicidal plans or intent in the previous six months.

Recruitment and Selection.

A recruitment poster was developed describing the study and encouraging potential participants to contact the researcher. This poster included a link to the Participant Information Sheet with further information about the study. For more information, see additional documentation in the research proposal in Section Four.

Anticipating that this population may be hard to reach, several recruitment approaches were used. Recruiting using social networks, such as Facebook (Kayrouz et al., 2016), seemed to be an effective strategy, therefore, the poster was shared on Facebook, Instagram and Twitter. Recruitment was also targeted through specific self-harm closed peer-support groups on Facebook and The National Self-Harm Network Forum UK website. Once candidates made contact, the researcher confirmed suitability and enquired about potential questions participants may have had about the study. Then, the Participant Information Sheet and consent form were sent to candidates. After consent was given, an interview was arranged. Out of eight potential participants, two did not contact the researcher after being offered the study information and one did not meet the inclusion criteria.

IPA guidelines encourage a relatively small sample range of between three and six participants (Smith et al., 2009). Five participants took part in this study. Due to the homogeneity of the sample and the depth of the interviewees' responses, during the data analysis both meaningful similarities and individual differences between participants' narratives were found. Consequently, after the five interviews were conducted, the research team felt that recruitment could stop.

Data Collection.

Data was collected using a semi-structured interview following a topic guide, which was developed by the lead researcher (see Ethics Section) based on guidance from Pietkiewicz and Smith (2014). The choice of interview was to allow participants to share

their experiences, leaving space to explore related topics that participants felt it was important to discuss. Due to the COVID-19 restrictions at the time of the study, interviews were conducted by the main researcher on Microsoft Teams. Interviews lasted between 52 and 76 minutes and were video recorded. Interviews began by asking about the participant's experience of self-harm and continued with questions around communicative and relational features. Specific prompts were used to invite participants to elaborate where appropriate.

Data Analysis.

The interviews were transcribed verbatim to allow full appreciation of their individual narratives. Pseudonyms were used to protect anonymity of participants. The analysis was conducted following IPA guidance (Smith et al., 2009), analysing each transcript separately. Firstly, the researcher read the transcript to familiarise herself with the data, followed by a second read to note initial comments while holding a phenomenological focus on the participant's descriptions. Emergent themes were then developed by mapping patterns between exploratory notes, remaining close to the participant's descriptions but beginning to include the researcher's interpretations. The last step involved searching for links across emergent themes, leading to the development of superordinate themes for the transcript, where the researcher took a more explicitly interpretative role. See appendix 2-B for an example of the previous steps, and appendix 2-C for the researcher's narrative of one participant's themes.

Once this process was completed for each of the transcripts, the researcher then spent time considering and reflecting on the whole set of superordinate themes across transcripts. At this stage, some of these themes appeared to share conceptual similarities, for example, around the interpersonal dynamics leading to the onset and maintenance of self-harm. The researcher then recognised and developed overarching themes that captured the majority of

the superordinate themes, reflecting perspectives of all participants. Some of the superordinate themes, however, showed conceptual differences. For example, some participants commented on what supportive communication looked like for them, whereas others mentioned a communicative nature in their self-harming behaviours. On these occasions, for example, around the communicative aspects of self-harm, the researcher broadened the overarching theme description to allow some inclusion of similar superordinate themes that showed conceptual differences. Sometimes this was not feasible due to the disparity of detail across some superordinate themes. When this occurred, the researcher reframed some of the superordinate themes to only include the emerging themes that fitted with the corresponding overarching theme. Supervision was sought at every step to increase the quality, validity and robustness of the analysis.

Reflexivity and Epistemological Position.

When considering potential research questions, the researcher spent time reflecting on her own personal experiences. Having previously worked with men who self-harm, where her interest in the topic emerged, she already held personal perceptions around interpersonal factors impacting the onset and development of self-harm. The researcher discussed her assumptions with her supervisors, as well as the importance of being open to revising her views if new understandings appeared (Haynes, 2012). She then identified key papers in the literature, from where the research aims were consequently developed. The critical reflexive questioning, and the idea of multiple constructed realities (Cunliffe, 2004), helped her in maintaining a curious approach throughout the study.

The study was designed from the epistemological position of critical realism (Bhaskar, 2013). This perspective assumes that the participant's world is constructed based on their individual experiences. It also assumes that an effect is caused by interactions of

many factors, not only by one single cause (Archer et al., 1999). From this position, the researcher recognised that we could only understand self-harm through the personal accounts of those who experience it, where no objective understanding of the world exists, and different, valid accounts are always possible (Maxwell, 2012).

Findings

The final analysis comprised four overarching themes: interpersonal experiences leading to self-harm, self-harm to connect with the self and find balance, stigma around self-harm and toxic masculinity, and the communicative aspects of self-harm. Each theme is explored below, alongside related individual themes, and supported by participants' verbatim quotes. Table 1 represents the overarching themes and superordinate themes that contributed to these. The full set of emergent themes contributing to each superordinate theme is represented in appendix 2-D.

[Insert table 1]

Participants ranged from 18 to 27 years old. Some of them reported being in contact with mental health services but, for others, this study was the first time they had spoken openly about their self-harm. Four men reported making cuts to different parts of their bodies. The youngest participant did not mention cutting, but reported self-harm by starving himself, punching walls and banging his head. As alternative ways of coping with the desire to self-harm, one participant reported being tattooed, and another participant smoked cannabis and tobacco.

Theme One: Interpersonal Experiences Leading to Self-Harm

Participants discussed interpersonal themes linked to the onset and drivers of their self-harm. The way participants understood others' actions, how they saw themselves in

relation to others, and how they believed they were perceived by others, were important factors that had an impact on their overall self-harm experiences.

For some participants, the relational dimension of self-harm seemed to relate to the development of their self-concept. Sam explained how he began to self-harm as a response to comparing himself with his siblings:

> You've seen your sibling succeeded, and you're kind of, like, well, what do I do? […] Why can't that be me? And I just compared myself to them and I think that's really kind of where the issue stemmed from. […] I felt shadowed and abandoned and it left me feeling hollow and less of a person, and that's when it started.

Merlin also explained how he returned to cutting himself the previous year, after a few years of not self-harming. This was due to a negative self-appraisal, after reflecting on the reasons for a lack of meaningful relationships:

> […] You start looking at your friends on social media. You fall into that trap, and, like, you see them all smiley and stuff. And it's like, fuck it, I'll just fucking slice my arm up […] A lack of community. A lack of belonging. When you just feel rejected by everything around you, you do start to hate yourself and think, well, what's wrong with- maybe I am not a good person.

These processes of comparison with others seemed to lead to a lack of belongingness in Merlin's narrative. There was a sense of feelings of worthlessness, in relation to considering self-blame as a response to feeling unworthy of belongingness.

Similarly, Ray began to isolate himself as a response to experiencing unbearable pain after the rupture of important relationships, which led him to buy a craft knife to cut his arms for the first time:

> After we broke up, I was obviously devastated and upset. It was not only my boyfriend; he was my best friend […] after that, I went to university and my friends drifting off and I was then on my own, and I stopped going to lectures […] After that, I heard of people doing self-harm, so maybe, maybe it might offer me some relief.

Some participants described further self-harm, since its onset, preceded by interactions with others that prompted unbearable experiences. For example, Liam's self-harm "really started" recently, aged 17, when feeling rejected and mistreated in intimate relationships. He self-harmed by head-banging and punching walls, but also by forcing himself not to eat when feeling "worthless":

> On the date it's supposed to happen, she's like 'oh, my mom's home, we can't do it' […] I took a really, really bad rejection and it felt a bit like… that's not the reason, I thought she was kind of lying, like that's not the reason, I thought she doesn't want to see me. So, it just killed me, and then, I just stayed in bed for three days and then didn't eat for one of the days.

It appeared that participants' first, and subsequent, episodes of self-harm were preceded by feelings of abandonment, isolation or relational devaluation. Finlay explained self-cutting intermittently since witnessing his mother self-harming when he was 15. Similar to Liam, who felt "shut down", Finlay described feelings of relational invalidation while living with a friend during the COVID-19 pandemic:

> He just wouldn't listen to it, I felt completely gaslit and ... angry, so I just snapped and that it had been building up over months. So, I literally went to my kitchen and I grabbed a knife off the draining board I just washed and just basically ... I cut my arm open, essentially. […] I felt like I was just being shut down in silence and I was like 'I can't do this'.

In summary, this theme illustrated relational origins driving participants' self-harm, either through interpersonal situations, or more generalised relational experiences. Participants highlighted feelings of isolation, rejection or feeling dismissed by others as drivers of their self-harm.

Theme Two: Self-harm to Connect with the Self and Find Balance

Self-harm was described by participants as a way of relieving and balancing contradictory or distressing thoughts and emotions, preceded by interpersonal experiences. This seemed to be in relation to a need for finding internal balance in order to regain control over the body, and to connect with the real self.

Liam explained his motivation to self-harm in the context of social interactions, for example, after ruminating over a conversation: "I think it is to hurt myself and almost punish myself for, even though there's nothing I've done wrong, I'm sort of annoyed at myself for being a little of a let-down to myself." In addition, it seems that Liam sometimes felt the need to release anger at himself: "With the punching and the banging the head, it's like a release of anger, and I come out of it and I'm like 'it's gone now'." Similarly, Merlin explained his experience of self-harm as self-punishment:

> Self-loathing, intense self-loathing […] I just don't seem to be living up to my own expectations and I feel I need to be punished for it […] Because I don't feel good enough. In the world. [inaudible] I don't feel lovable, I don't feel worth anything … Passive. So, it goes back to this idea of self-assertion by any means necessary.

Merlin explained self-harming to blame and punish himself, acting accordingly to the negative self-concept. In addition, self-harm served an internal balancing function by proving assertiveness. This seemed coupled with achieving a connection with the self, which was also observed in Sam's need to feel real: "When I felt like I was less of a person, like,

'oh, am I even human?' like, obviously, when I cut, I'd feel the pain and then I bleed as well." The transformative symbolism of the physical wounds resulting from self-harm was also reflected in Merlin's account:

> They start off as these open wounds and, over the weeks, they slowly heal and they slowly fade. And it's almost like a nice lesson in a way, you know, like you are capable of healing […] It means that I can heal. It means my body is not as soft as I sometimes feel.

Self-harm helped participants to connect with their human nature, for example, by Merlin's body asserting itself. Experiencing an active healing process seemed to transform the self-concept, which brought a further sense of capability. Ray also explained this experience when he began self-harming after he felt abandoned by his friends: "I can control the cutting, I can control the blood moving along my arm, and like dripping off. And it was, it was just like I have lots more control over doing this than say, losing my friendships."

Ray's connection with his own body seemed to relate to a positive feeling not possible in other areas of his life. Reflecting this idea of control, Finlay explained that his mother tried to take her own life in front of him and how he replaced emotional suffering with physical pain: "It felt like a way of kind of drowning that out because it's like if I'm in pain here on my arm, or my leg, or wherever, I'm not in pain up here in my head."

This need to release or replace intolerable emotions was an important aspect within most participants' stories. However, as Ray explained, this relief was only short-term:

> I'd be a bit like horrified by what I have done, like seeing it. Looking at it afterwards it's like, 'oh God, what have I done?' But at the same time, it's short periods of relief, five to ten minutes.

In summary, self-harm was related to participants' desire to connect with, reaffirm or transform their real self and self-concept, controlling or balancing extremely hurtful internal and relational experiences.

Theme Three: Stigma around Self-Harm and Toxic Masculinity

The experiences explored in previous themes were enmeshed within a wider relational context whereby participants encounter strict masculinity norms and stigmatising and judgemental social attitudes towards men who self-harm. These negative assumptions seemed to reinforce the underlying feelings that led to the onset of self-harm, such as a negative self-concept or a lack of belonging.

Sam argued his perspective around this stigma:

> I don't think people understand. I think that's the problem. There's so much stigma. It's like 'oh, this person is doing this, let's stay away from them, they're trouble'. I know we may be troubled, but we just want to be the best us we can be. We're not lesser people because of it, and I think it's way more common than people assume or consider. And I think being judged in a public situation is extremely damaging.

Similarly, Finlay spoke about not feeling ashamed of his self-harm, but wishing that others showed a more compassionate understanding of self-harm, especially in public:

> A few of my colleagues said something. 'Oh my God, what happened to your arm?' And one of them later on told me she knew what happened to my arm. But she asked me anyway and I was a little bit like, well, why did you need to do that?

Participants explained that a lack of awareness about self-harm led to comments that placed them under the "spotlight" and feeling criticised. Sam explained this social stigma in relation to the expectations specifically held about men who self-harm, and its consequences:

> Guys aren't supposed to be weak. It's like oh, guys don't cry. But no, guys do cry […] It's like 'oh, just man up'. I hate that phrase so much. Because no, we don't just have to man up and suck it up. We need help and it's the toxic social stigma and the toxic masculinity that men don't speak up and, ultimately, they end up taking their own life or going into a deep rabbit hole.

The concept of "toxic masculinity" was also explicitly mentioned by Merlin. In addition, all of them spoke about difficulties that men experience, in relation to the pressure to behave according to masculine norms. For example, Liam described men being criticised because of their appearance: "They'll be completely fine and then you'll wear like nail varnish and they'll be like [judgemental facial expression], you know?"

Merlin said he felt able to express his emotions but explained how men hide their feelings: "They're [men] not supposed to show their emotions. They're scared to show their emotions. 'Cause it makes them feel weak. 'Cause that's what society indoctrinates men to." Illustrating this thinking, Ray explained his decision not to share his emotional difficulties with his friends at the time when he was self-harming:

> I just didn't really want to ask them for help because it felt I'd give into it, like the weakness, [they'd] be like 'oh no, he's just a weak guy' […] 'we thought there was like this really funny, like great personality guy and he's actually just this weak' […]. And yeah, I just didn't really wanna drop the mask that I put on to say, to like communicating, to speak to them.

Ray described how the pressure to be someone different to his true self and not to show emotional weakness prevented him from seeking support from his peers. This discourse around weakness versus strength could relate and lead to self-harm as a private act of self-assertion, as discussed in theme two. It seemed that Ray felt he had to prove self-

sufficiency when managing emotional distress and self-harm, without requiring external support. He further explained how he would have needed to show strength if his friends had enquired about his self-harm:

> At the time, it would have been like 'oh, come on guys, stop worrying about me', you know, like, 'I can deal with this, I've got this'. And, obviously, I didn't. At the time, it would have been like 'ah, weakness'. No, I can't show them weakness.

In summary, this theme conveyed the impact of damaging societal norms around masculinity and self-harm on participants. As Finlay explained: "There's quite a lot of stigma attached to men experiencing emotions. And it isn't talked about enough." The lack of understanding in society caused them to feel ignored by others or criticised, which prevented them from freely communicating emotional distress or asking for help. Subsequently, self-harm seemed to be a way of achieving this unmet need.

Theme Four: The Communicative Aspects of Self-Harm

All participants talked about important communicative aspects around discussing and expressing self-harm and related difficulties. Some participants spoke about the importance of opening compassionate and non-judgemental channels of communication with men who self-harm. Other participants explained using self-harm to express important needs.

Three participants explicitly spoke about communicative aspects in their self-harm, as an inward or outward expression of emotions and needs. Liam explained his internal talk when he denies himself any food:

> It's kind of having a go at myself, it's like shouting at myself, but doing it better, like, 'why, why are you so?', like, not horrible person, but like, 'why are you such a horrible person that you can't just like accept that someone likes you?'

Liam described self-harm as a way of opening a channel of communication with the self, suggesting a fear of self-compassion, reflected in a condemnation of his own self-criticism. Two participants described self-harming as a form of relational expression. Merlin said that "people just don't listen, so you've gotta show them," and described what he wanted to convey to his friend when he showed him his wounds:

> I'm really in pain here and it's not funny anymore. It's not glamorous, it's not. It's nothing cool. It's nothing artistic, it's just really horrible and you should help me, I want you to help me, 'cause I don't know what to do. I can't do this on my own.

Self-harm allowed Merlin to encourage others to understand his emotional pain, when he felt his friend was not listening. Ray also explained his experience of telling his mother that he was self-harming, because he did not want to openly ask for help:

> That was in the back of my head, like this needs to get sorted, this isn't healthy for me. It's not gonna go well if I start doing it [self-harm] again for another year. Yeah, I figured it all came out […] in one text message. And after that, I did get the help.

After this, Ray stopped self-harming. Ray and Merlin both used self-harming behaviours as a way of requesting help. However, who the participant spoke with was important, to avoid feeling misunderstood, as discussed in theme three. For example, Finlay openly discussed this with friends:

> My friend [name] did [understand] because she also self-harms or used to self-harm. And I have a friend […] who I'm now really close with and she self-harms and has self-harmed in the past. So, like, those two know, like, I know I can go to them and talk about it, 'cause they understand.

Sharing self-harm related experiences and difficulties within close relationships sometimes had a positive outcome for Finlay. However, participants also discussed

assumptions being made about their needs. For example, Finlay received unhelpful support from another friend:

> You just want someone to listen. And I've tried pointing that out and like, 'right, I don't need you to tell me not to do it or to go to a counsellor, or to go on a different medication or anything. I just need you to listen to what I'm saying'.

For Finlay and Sam, avoiding assumptions and listening to the person's story was important in order to receive meaningful support. Feeling understood but not being pressurised to change was especially meaningful. According to this, Sam explained what supportive communication looked like for him:

> If someone said to me, 'I noticed that scar a few times, I've noticed more popping up and I'm worried about you. I've not been through what you've been through, so I don't understand why you do it, but I care about you, and I want you to be OK. You can talk to me if you want to.' I'd appreciate that.

In summary, this theme highlights the importance of the communicative dimension of self-harm for participants. For some, this related to their frustration around verbal barriers when talking about self-harm, whilst others explicitly identified self-harm as a way of expressing their needs. Respectful and compassionate conversations were essential for participants in order to tackle the stigma that is placed on men who self-harm.

Discussion

The findings of this study provide an insight into how the young, male participants made sense of their self-harm, and the role of relational and communicative factors in that process. Findings suggested a range of difficult relational experiences that led them to start self-harming, and then acted as drivers of these behaviours. Participants described comparing oneself with others, or with one's expectations of self, which seemed to bring about a sense

of emptiness, hollowness and self-loathing. In addition, difficult interpersonal situations were also described as important precursors of self-harm, as these led participants to feel rejected when their needs were ignored.

Self-harm helped balance the participant's distress, generated through intimate and wider social relationships. Some men experienced the need to self-harm to punish themselves according to their negative self-concept. Some men self-harmed to reconnect with the self, to feel real, or to regulate internal experiences. In addition, self-harm assisted in changing the focus of internal emotional suffering, bringing a sense of relief, but also helping to attain a sense of control that was lost in other aspects of their life.

Participants' relational experiences seemed to be engrained in the stigma and general lack of understanding about self-harm in society, which prompted them to feel criticised and stigmatised. Furthermore, the damaging impact that the normative masculine narrative had on participants' well-being was highlighted, as well as the difficulty in accepting and communicating internal distress. Some young men engaged in self-harm as a way of releasing, silencing, or expressing needs or difficult emotions. Self-harm was also used to communicate to the self, for example, as a way of self-criticising but also, for others, hoping to encourage understanding and care.

Meaningful relational bonds are critical to wellbeing (Baumeister & Leary, 1995). For example, relational conflict and criticism, which may lead to feeling unwanted, can have a strong negative effect on mental health (Vinokur & van Ryn, 1993). Challenging relational experiences appeared to lead young men to encounter feelings of relational invalidation and devaluation. Feeling abandoned, misunderstood or rejected by others then led to self-harm. Experiences of rejection have also been observed in similar studies, for example, in Taylor's (2003). There also appeared to be a connection between subsequent feelings of isolation, low

self-esteem and low mood in the present findings. Similarly, in O'Connor et al.'s (2000) study exploring hopelessness in people who self-harm, matched with hospital controls, the former showed higher levels of depression, hopelessness and a negative cognitive style. In this sense, the effect of depression and low self-esteem in young people's self-harm was also identified in Hawton et al.'s (2002) study, which may link to a negative self-concept.

Adams et al. (2005) investigated self-harm and self-concept among two young men and eleven women who self-harmed. They found notable levels of negative self-judgements, and feelings of inadequacy and inherent worthlessness in participants' narratives, as well as rejection and subsequent invalidation that led to social isolation. These findings fit with the negative self-concept held by participants in the present and in Taylor's (2003) studies. This could be explained by the theoretical construct of *rejection sensitivity* (Downey & Feldman, 1996). This concept explains how individuals may hold fearful expectations of others not valuing their relationship, resulting in painful feelings (Leary et al., 2006), which perhaps could be more pronounced in men with an already damaged self-concept. Men then seemed to find in self-harm a way of meeting needs that were ignored or triggered within interpersonal experiences. Some of the self-harm episodes described could be categorised as affect regulation, reported as the most common function of self-harm (Edmondson et al., 2016). However, the present findings highlight the complexity of categorising functions in men. Furthermore, this study showed that different functions of self-harm can coexist in the same individual and within an episode of self-harm (Dixon-Gordon et al., 2012; Klonsky, 2007). For example, one participant explained self-harming to regain control but also to relieve and cope with feelings of loneliness.

As argued by Taylor (2003), men may self-harm in different ways than what it is usually observed in women. In the present study, one participant reported getting tattoos to avoid the urge to self-harm, which has been observed in previous literature (Smith, 2016),

and another man said that smoking cannabis helped him avoid self-harm. The youngest participant explained self-harming by punching walls, and described food withholding as a method of self-punishment. O'Connor & Sheehy (2001) argued that eating disorders can be understood as ways of self-harming, which could relate to the idea of physical hunger being easier to cope with than emotional distress (Cross, 1993). Furthermore, self-starvation is usually attached to a female narrative; previous qualitative studies with men who self-harm do not seem to have captured self-starvation. This clearly highlights the need to broaden our understanding of self-harm in men.

The current findings show that self-harm helped demonstrate one's human nature through physical pain and bleeding in some participants. Cross (1993) described self-harm as an attempt to "*own* the body, to perceive it as self (not other)" (p.54). Russell et al. (2010) identified a sense of disconnection from reality in his male participants and Andy Smith (in Pembroke, 1996, p.18) explained how he looked for evidence of "hydraulic lines" inside his arms as he struggled to believe he was human. Similarly, participants in Polk and Liss' (2009) study described self-harming to confirm that they were alive and they could feel. In addition, self-harm provided some participants with proof of their capacity to heal and a sense of control over their own bodies. As observed in Himber's (1994) study with eight women in a psychiatric inpatient unit, self-harm can provide a sense of invulnerability and strength, which seems to also relate to the men in this study.

The present findings highlighted stigmatising and judgemental attitudes held by the public on the emotional experience in men. As a result, young men preferred to communicate with others who would not criticise them or judge them negatively. This linked with social narratives of masculinity, by which men are discouraged from expressing emotions (Horrocks, 1994; Kimmel, 1994) and encouraged to present physically and emotionally stronger than women (Courtenay, 2000). As Adams et al.'s (2005) study

showed, young people felt the need to hide their true self behind a mask, which was a particular experience explicitly shared by one of the men in this study, linked to a need to avoid showing emotional vulnerability in order to be accepted. Similarly, in Taylor's (2003) study, one man felt ashamed for his self-harm and another one wanted to punish himself for it. As a response to these constructions of masculinity, men may find it difficult to seek medical support when needed (Noone & Stephens, 2008) or ask for help, especially younger men (O'Brien et al., 2005).

As men can find it difficult to verbally communicate their emotional experiences with others (Simon & Nath, 2004), self-harm can be understood as a channel of communication. As Steggals et al. (2020) argued, although self-harm is usually perceived as an individualistic act, it is critical to attend to its communicative aspects. Some men in the present study openly discussed using self-harm as a means of expression with the inner self and relationally, especially to express emotional pain or the need for help, as identified in previous literature (Bryan et al., 2013; Edmondson et al., 2016; Taylor, 2003). One of the negative consequences of self-harm as a proxy for communicating difficult experiences is that it can lead to feelings of hopelessness (Adshead, 2010). As some of the young men described, self-harm only provided them with short-term relief and did not solve the difficulties leading to it. This potentially returns the person to the start of the self-harm cycle, where feelings of distress lead to a desire to self-harm.

Strengths and Limitations

The present study is one of the first to explore the unique experiences of self-harm in young men among non-clinical populations. Participants' characteristics were not explicitly requested, however including demographic variability within the report, such as cultural background or contact with mental health services, could have enriched the findings.

To obtain their consent, participants were informed that the focus of the study was on the interpersonal and communicative aspects of self-harm. Consequently, they may have been more likely to identify those aspects of their experiences, whilst overlooking other important elements of their self-harm. In addition, participants' self-selection and awareness of the nature of the study could have shaped the final findings and made the sample less representative of young men who self-harm.

The focus of IPA on individual meaning-making, and its open approach to interviews, allowed participants to guide their own narratives, which permitted a full consideration of their individual perspectives. A key strength of this study was the possibility of exploring the valuable experience of young men who self-harm. Important topics were identified, some of which were observed in previous literature with limited detail, particularly the importance of toxic masculinity in society and the related stigma. Key novel findings of this study highlight the relational dynamics leading young men to self-harm, engrained in societal norms, as critical factors that led them to feel misunderstood and neglected. Furthermore, findings show that young men require a compassionate approach to understanding self-harm, to reduce stigmatising judgemental attitudes.

Clinical Implications for Practice and Future Research

Society has a boundless impact on the stigma experienced by men who self-harm, who need to be provided with appropriate understanding and support. Young men spoke about the importance of feeling listened to, something that has already been argued by Potter (2003), and attending to their idiosyncratic story. Participants evaluated some help received from others as making them feel criticised, for example, when they felt placed in the "spotlight", or when others assumed what type of support they needed. Similarly, Cooper et al. (2011) found that individuals who self-harm could sometimes view the support offered to

them as intrusive, as the perception is dependent on the person's mental state at the time. The importance of respectful open communication when discussing self-harm is essential.

As well as in the general public, clinical staff sometimes lack understanding around self-harm. Dickinson et al. (2009) stated that 75% of the nursing staff in their study reported lacking education to understand self-harming behaviours in young people. Individuals delivering professional care need to be offered quality professional training around self-harm, as well as on formulation and intervention for specific gender differences. It also seems that gender-specific assessments are needed (Cleary, 2012). For clinicians working in mental health services, consideration needs to be given to assessing the interpersonal context (Peel-Wainwright et al., 2021) and the influence of interpersonal dynamics in young men's self-harm. In addition, difficulties this population may face around emotional experience and expression should be explored, as these can influence their ability to articulate internal distress and self-harm related concerns.

Further research into the distinct features and experiences of self-harm in men is needed. As Steggals et al. (2020) indicated, research into the social and communicative dimensions of self-harm is crucial to develop specific care and support services. Particularly, research should investigate further the particular meaning and characteristics of the relational difficulties that young men experience that lead to self-harm. As well as this, it would be important to attend to their experience of expressing emotional distress and using self-harm as a way of communication. In addition, research should look at the perspectives of young men on the stigma they experience that pushes them to hide their emotional difficulties, including self-harm. Finally, it would be important to investigate the particular characteristics needed in sources of support for young men who self-harm, in order to collaboratively develop professional support guidelines.

Conclusion

Self-harm in young men is a multi-layered phenomenon that requires special attention. Difficult relational and emotional experiences lead to young men experiencing intense amounts of distress that are related to the onset and maintenance of self-harm. The stigma surrounding men who self-harm and the critical attitudes held by the public can prevent them from openly communicating and expressing interpersonal and internal, distressing experiences. These aspects require special attention from a compassionate perspective, when attempting to understand their needs and experiences. Consequently, a respectful, non-judgemental approach is needed when opening channels of communication and support with young men who self-harm.

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Table 1

Overarching Themes and Contributing Superordinate Themes

Overarching themes	**Superordinate themes**	**Participant's transcript**
Theme One: Interpersonal experiences leading to self-harm	Unclear self-concept and hollowness	Sam
	Relational and communication difficulties	Finlay
	Interpersonal rejection	Liam
	Social grief, loneliness and hopelessness	Ray
	Yearning for social connection, love and appreciation	Merlin
Theme Two: Self-harm to connect with the self and find balance	Self-harm to fill a void	Sam
	Emotional overload and the "boiling pot"	Finlay
	Self-punishment and control	Liam
	A temporal sense of control, mind focus shift and replacing emotional pain	Ray
	Self-punishment	Merlin
	Self-harm to cope with the overwhelming void of emptiness and loneliness	Merlin
Theme Three: Stigma around self-harm and toxic masculinity	Toxic masculinity and the social stigma of self-harm	Sam
	Assumptions and stigma	Finlay
	General assumptions and stereotypes about men	Liam
	The stigma: the mask	Ray
	Searching for answers	Merlin
Theme Four: The communicative aspects of self-harm	The fight against stigma	Sam
	The barriers to communicate and seek help	Finlay
	The power of compassion, understanding and respectful communication	Finlay
	Expression of anger and pain	Liam
	Feeling understood	Liam
	Self-harm to aid communication	Ray
	Self-harm speaks louder than words	Merlin

Appendix 2-A

Guidelines for Publication for Clinical Psychology & Psychotherapy Journal

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10. References;
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Appendix 2-B

Example Section of Sam's Transcript: Researcher's Annotations, Emergent Themes and Superordinate Themes

Transcript	**Annotations/comments**	**Emergent themes**	**Superordinate themes**
SAM: I think the main one was a lot of people in my life at the time were [?] with better things than I was and I felt left behind, like less of a person. Erm, or my siblings were kind of getting like straight A's that got them into their chosen Uni if they wanted to. They got their apprenticeships. They knew where they wanted to go in life, and I was kind of just. . . I was just going to college 'cause it was something to do. I didn't really have the focus in their life goes the results compared to them and I, I overthought my … Uh, like a while ago. I just really just overthought myself, comparing myself to others … Erm … I'm not so bad at that now, but um, see when when you kind of the things [inaudible] [staining in you?] You seen your sibling succeeded in, you're kind of like well	Feeling "left behind", didn't have as many good things as others, bad grades. Comparing himself with his siblings. Harsh comparison?	Disappointment. Frustration.	
	Low self-esteem? Not in control? SH [3]as a way of finding control over his life? Feeling lost and unclear focus?	Low self-esteem. Unclear self-concept.	
	Not knowing what to do, feeling lost?	Lost.	
	Aspiring at being good but not feeling he could? Feelings of disappointment with himself?	Unclear pathway.	
		Self-concept dependant on others.	

[3] In the appendices, "SH" is an abbreviation of self-harm.

what do I do? It's, it's quite mentally tough and I don't want to act like it's their fault 'cause it's not. I'm proud of all of 'em and I'm super happy for all of them. It's just that how my brain works is is wired differently and the way I looked at it was like, why can't that be me? And um, yeah. I just compared myself to to them and I think that's really kind of where the where the issue stemmed from and where my older brother was really academic and diabetic. My younger brother was a bit of a troublemaker, but really good at sports. My sister was just really smart. I was kind of. I'm not super smart. I'm not athletic so I kind of… I, I guess I kind of felt abandonment issues from my parents because I felt like they were focusing on those kids 'cause they had that that personality trait that required the focus. I was just kinda like wasn't doing bad in school. I wasn't doing great. I wasn't in trouble. I was good all round on my subject so I didn't have, like, “Oh my God, look at this amazing thing he can do,” so I kind of felt I felt	Comparing to siblings, happy for them, proud. But where does this leave him if he’s not able to achieve the same? Feelings of envy? Feeling incapable of changing, of achieving what he thinks he should? Not finding his place in life? Who is Sam? He is not good at sports, he doesn’t have anything that make him special, he didn’t have diabetes, he wasn’t bad, but he wasn’t good, he wasn’t a troublemaker… who was he? Feeling like no one? Feeling “abandoned” by his parents, again feeling no one? Not important? Useless?	High expectations of self. Teenage. Comparing self to others is damaging. Feeling shadowed, useless, unseen, unimportant. Self-shame. Hollowness. Emptiness. Less of a person. The questioning self. Feeling dead.	Unclear self-concept and hollowness

shadowed and abandoned and it's kind of it led to me feeling hollow and less of a person and that's when it started. **SARA**: So how did self-harm? Yeah, yeah, I understand. . . How did self-harm you think then help you with that, that sort of situation? **SAM**: So, if yeah, so when I when I felt like I was less of a person like "oh, am I even human?" like obviously went when I cut a) I'd feel the pain and then b) I bleed as well. It's like I know that I am still human. I am still living and I am still here.	Feeling "shadowed and abandoned" led to – "Hollowness" and "less of a person": SH as a way of coping with these unbearable feelings? SH helped in feeling pain, bleeding, therefore "I am alive, I am still a human", "I am real", "I still exist". SH as the last resource to make him feel something and be someone tangible in life?	Abandonment issues. SH to cope with extremely difficult feelings. SH to fill a void. Bleeding as proof of life. SH as a last resource. SH to connect with self.	SH to fill a void

Appendix 2-C

A Narrative Summary of Sam's Superordinate Themes

1. Unclear self-concept and hollowness:

Experiences of feeling neglected and abandoned by his parents (and potentially other adults, e.g., teachers) who he feels they would place their attention on his siblings, and somewhat "neglect" his strengths in terms of his personality and abilities that make him unique. These experiences, along with high expectations (from himself, as well as from others) seem to feed into low self-esteem and a sense of disappointment in himself, potentially leading to feeling hurt and lonely. He experiences a sense of feeling unimportant, like an object rather than alive, and not even being human. This could be linked to feelings of emptiness and uncertainty about what his place in the world is. There is a sense of not fitting in, of not having a clear understanding of who he is, who he is supposed to be and what he is supposed to do. There is a sense of uncertainty about what his place in the world is.

2. Self-harm to fill a void:

Self-harm comes into place with different functions. It is a last resort to help him feel alive and real, when he feels he cannot cope any longer with feeling "dead"; "bleeding as proof of life". Self-harm also seems to help fill that hole of emptiness and hollowness. To cope with feeling like no-one, he self-harms and demonstrates that he can "do" something and regain some control over his life and over what he feels/experiences. It may also be something that has not been forced on him but that he has decided to do instead, that could make him feel different. It seems a last resort, an act of desperation.

The experience of feeling physical pain may also be more manageable/tangible/bearable than the emotional suffering, and something he has control over.

Self-harm can fill the void of loneliness and demonstrates that he is someone who can have control over what happens to him and the decisions made about his life, bringing certainty (e.g., how and when to get hurt).

3. Toxic masculinity and the social stigma of self-harm:

There is a critical social stigma attached to self-harm, plus a social toxic masculinity that forces men to feel that they are not supposed to struggle emotionally and that should "man up" and "get over" their difficulties. This feeds into his (and society's) high expectations of himself. Also, he notes a lack of understanding in society of what self-harm means to him and what his experiences about the world and about himself are. He feels he would be "looked down upon". This appears to force him to hide his disappointment and emotional suffering. He hides his self-harm to protect himself from expected criticism and judgemental attitudes about him and his actions that would reinforce his low self-esteem and negative self-concept. The idea of others being aware of his self-harm does not seem to be a good idea, as this may make him feel lonelier and more isolated, different. Another way of approaching this is to find alternative more socially accepted ways of self-harm, such as tattoos.

There is lack of communication about self-harm in society and a lack of available formal sources of support for men who self-harm. This potentially leads to feelings of isolation, loneliness and "rabbit hole" situations, in which people do not feel comfortable communicating their difficulties for fear of other's judgements and potentially being criticised.

4. The fight against stigma:

Opening up about difficulties and seeking help takes strength and bravery. Societal assumptions, judgemental views and the stigma attached to men who self-harm makes it difficult. There is a need to develop respectful, caring and non-judgemental

communication/conversations to begin supporting people who self-harm. This is the first step to fighting and destroying the stigma. Feeling that people understand, do not make assumptions, and do not judge, is extremely valuable (for example, informal support from friends that try their best to understand what he is going through). This helps in developing a self-understanding and a positive and compassionate self-concept, and supports the person in feeling accepted and confident that there is a place in the world for them. It is critical to acknowledge that each person is different, unique, special and valuable. He wants this for others as it is potentially what he would have needed when he was younger.

Appendix 2-D

Set of Emergent Themes Contributing to the Development of each Superordinate Themes.

Superordinate Themes	Emergent Themes
Unclear self-concept and hollowness (Sam)	Hollowness and emptiness Not good enough Unclear self-concept Lost Disappointment Unclear pathway Feeling non-human, unreal Family and abandonment issues Comparing self with others Feeling shadowed, useless, unseen, unimportant. Low self-esteem Feeling useless High expectations of self
Relational and communication difficulties (Finlay)	Invasion of privacy Overwhelming interpersonal difficulties Violation of boundaries Feeling disrespected, attacked and unsafe/trapped Putting other's needs first Difficult interpersonal dynamics Feeling unsafe, abused. Others being inconsiderate and disrespectful Feeling not listened to, hurt, let down
Interpersonal rejection (Liam)	Feeling rejected, ignored, "not good enough" Feeling hurt by others hurting him and dismissing his pain

	Loneliness, feeling different, not fitting in Feeling let down by others and by himself Feeling unworthy of other's love and care The importance of how others perceive you Comparing self to others: feeling unworthy, inferior to others Socially withdrawn Low self-esteem Frustration when feeling hurt by others. Feeling humiliated and let down.
Social grief, loneliness and hopelessness (Ray)	Loneliness Grief over losing close relationships (friends and partner) Feeling abandoned The risks of social isolation Feeling lost Self-blame Loss of feeling of belonginess Relational devaluation Hopelessness Feeling disconnected from others Depression Deep, dark hole of depression "No way out" A dark hole
Yearning for social connection, love and appreciation (Merlin)	The desire to feel connected with others The need to feel loved People who can relate are more able to understand Questioning the reasons for loneliness and isolation Desire to feel deserving of support and care Needing of emotional support from others

	Identifying feeling of absence when growing up Trust issues and social anxiety Feeling alienated Feeling estranged, “dis-joined” from people Unbearable loneliness Feeling different, like an outsider, and rejected Living around social emptiness
Self-harm to fill a void (Sam)	SH to connect with self SH to cope with emptiness Bleeding as proof of life SH as a way of escaping SH is transforming Desperation To feel someone Filling the emptiness To regain control Bringing certainty To communicate to self
Emotional overload and the "boiling pot" (Finlay)	Emotional overload The impulsive aspect of SH SH as a last resource to cope Feeling out of control SH as a way of coping with life stressors SH as a last resource when issues haven’t been dealt with appropriately Physical pain more manageable than emotional pain SH as a short-term release SH to relieve emotional overload

	SH as a way of covering up emotional and interpersonal difficulties Low self-esteem: feelings of disappointment and not "good enough" The boiling pot
Self-punishment and control (Liam)	Purposeful self-neglect Self-starvation Not eating SH as a way of feeling physical pain – punishing self SH brings control Self-neglect as punishment related to self-hatred Overthinking leading to self-blame, self-criticism leading to self-punishment
A temporal sense of control, mind focus shift and replacing emotional pain (Ray)	Overwhelming emotional pain SH to shift focus and avoid hurtful thinking SH and physical pain to replace emotional pain SH as temporary relief The perfectionism aspect of SH SH: the sense of control The sense of pride and accomplishment around SH The satisfying aspect of SH
Self-punishment (Merlin)	Hopelessness Painful self-criticism and low self-worth Self-loathing Worthlessness Questioning self-concept and self-hatred leading to self-punishment SH as a way of self-punishment Damaging comparison between self and others Feeling unable to reach high expectations of self Acting according to self-concept

	Confirmation bias of low self-concept "Not good enough" Deserving of pain
Self-harm to cope with the "overfilled void" of emptiness and loneliness (Merlin)	The painful absence of social support SH as an outburst of emotion The prison of the mind Feeling stuck in his sadness and life Feeling misunderstood SH brings a sense of hope Bleeding as a metaphysical escape The strength within that comes with SH The catharsis element of SH Struggling to regulate emotions Frustration when not able to find a solution SH to temporarily silence the emotional pain
Toxic masculinity and the social stigma of self-harm (Sam)	Toxic masculinity The taboo of SH Toxic social stigma around men and SH The social stigma of MH SH is not well understood Hiding SH to protect self The fight against stigma and its destruction Alternative and productive ways of SH Tattoos as a more socially accepted way of SH The stain of SH Society is critical and judgemental about SH Fear of being criticised and judged Being looked down upon Embarrassment and shame

	Avoidant approach to seeking help Assumptions lead to unfairness. Lack of communication about SH Feelings of isolation and loneliness Humans who SH treated as inanimate objects The fine line between being ignored and spotlighted
Assumptions and stigma (Finlay)	Social stigma around men and SH Toxic masculinity Assumptions and stereotypes of people who SH
General assumptions and stereotypes about men (Liam)	Criticism around men experiencing and expressing feelings Men's emotional experiences are dismissed. Emotions are weaknesses in men Men struggle to open up about emotions Societal views as a barrier to express emotions The negative consequences of assumptions and stereotypes The barriers to communicating emotions in men: not being able to express yourself. The emotionless mask.
The stigma: the mask (Ray)	Toxic masculinity Fear of judgemental and critical attitudes SH as a women's issue Avoiding showing weaknesses The emotionless mask The pressure on men to be self-efficient The stain of SH The "cool guy" protective mask The "I'm OK" protective mask Wearing a mask Fear of others' criticism or looking down to you

	Embarrassment around needing help Fearing having to face talking about SH Damaging judgemental/stereotypical attitudes Lack of communication and understanding The need of being accepted, having to be someone you are not
Searching for answers (Merlin)	Feeling stuck with labels Emotional expression associated with weakness in men The impact of societal narratives of men Questioning the link between emotional expression ability and SH The questioning of the impact of upbringing circumstances Questioning the reasons/formulation for SH Questioning how people should cope SH to achieve something Toxic masculinity Understanding the process of learning how to cope with difficulties
The fight against stigma (Sam)	Respect The power of communicating The impact of language and wording Compassionate and non-judgemental approach Individual uniqueness Developing understanding Informal support: friendships Normalising SH People who can relate can help SH as a potential way of communicating to fight stigma Lack of formal accessible sources of support
The barriers to communicate and seek help (Finlay)	Social stigma around men and SH Toxic masculinity

	Pointless criticism Assumptions and stereotypes of people who SH Harmful caring approaches, e.g., unsolicited advice, opinions Lack of empathy and assertiveness. Being put on the spotlight Having to become someone else to be accepted People expecting the person to get over it Feeling pressured to share and to change
The power of compassion, understanding and respectful communication (Finlay)	Accepting SH: the importance of a forgiving approach Feeling listened to, understood, not judged is key Kind, caring and empathic support The use of open questions The importance of tone of voice Having room to talk without pressure or feeling pressure to do (or not do) something The power of friendship Being allowed to express feelings Seeking peer support (others with shared experiences) Shared experiences open channels of communication SH scars as a potential channel of communication SH as a way of encouraging others to offer support and care SH as an alternative to express feelings in men, otherwise difficult to communicate. The importance of, taking a step back, slowing down and taking perspective
Expression of anger and pain (Liam)	SH to communicate feeling hurt by others SH to express pain SH as a way of expressing anger towards others and towards self SH as a way to communicate to self, shout at self SH as a purposeful act, not impulsive

	SH to punish others? SH (punching) as a release of anger The need to express and communicate emotions to others
Feeling understood (Liam)	Informal support: The power of friendships People who relate can help The importance of feeling understood The importance of feeling accepted and acknowledged.
Self-harm to aid communication (Ray)	SH to communicate what can't be expressed with words SH as a channel of communication SH as a way of connecting with others SH communicates need for help The power of (non-verbal) communication (SH) The importance of feeling cared for Getting help: attending therapy and feeling cared for People who relate can understand
Self-harm speaks louder than words (Merlin)	Communicating SH to avoid being dismissed Communicating SH to express seriousness of emotional pain Frustration when not being heard or understood Balancing the pros and cons of communicating SH Feeling misunderstood and not listened to SH to express emotional pain Taking communication to the next level Opening up to seek support The barriers for others to help: not understanding

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Section Three: Critical Appraisal

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Critical Appraisal

The previous sections of the present thesis have explored the experiences of men who self-harm. The first section offered a meta-synthesis study of the published qualitative research attending to the experiences of men who self-harm within prison and a secure forensic hospital. The second section was an empirical study with a non-clinical sample of five young men, around their experiences of self-harm and their perspectives on the communicative and relational aspects of self-harming behaviours.

In this critical appraisal, I aim to summarise and offer a broad overview of the findings of both studies, to offer an argument on important aspects of the experiences of men who self-harm. I will also explore issues that I have not discussed in previous sections. Personal reflections that have arisen during the process of designing and conducting the studies will also be offered. Finally, I will share overall considerations and implications for research and clinical practice that I have considered and observed throughout the research process.

Summary and Overview of Findings: The Experience of Men who Self-Harm

The literature review included a total of five studies. Four studies explored the experiences of men who self-harm in prisons; one explored those in a forensic high security hospital. The papers were analysed and conceptualised using a meta-ethnographic approach to synthesise the findings across studies (Noblit & Hare, 1988). The following themes were developed: the life-long impact of abuse and trauma, and mental health difficulties; the internal struggle; self-harm to escape and the aftermath; and the need for help and support.

For the empirical research paper, a qualitative approach was employed. Five participants were included in the study and their experiences were explored using individual semi-structured interviews. Each of the participants gave in-depth accounts of their own

experiences of self-harm, as well as their perspectives on potential communicative and relational factors. I examined the data from the interviews using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), which involved holding an interpretative role when making sense of the participants' accounts (Smith & Osborn, 2003). Four themes emerged from this analysis: interpersonal experiences leading to self-harm; self-harm to connect with the self and find balance; stigma around self-harm and toxic masculinity; and the communicative aspects of self-harm.

I have previously discussed the findings, limitations and implications of each study. However, there are salient themes that appeared when observing and synthesising the findings and discussions of both papers that seem important to mention.

The first thing that came to my attention after having written both papers was the small amount of qualitative research that has been conducted with men who self-harm that has attended to their own personal stories and narratives. The general lack of understanding in society that is reflected in the narratives of men in both studies is, consequently, not surprising. It is therefore clear that men who self-harm are a population that require further attention and support. Not only because of the difficult life experiences and related issues that are part of the complex context within which self-harm occurs (Townsend et al., 2016), but because of the considerable repercussions that self-harm has for men's wellbeing, as the findings of the present studies show.

Important key themes are highlighted across both papers. A critical aspect that can be observed is the central role that others play in the experiences of men who self-harm. As humans, we are all in need of social connections (Baumeister & Leary, 1995) and the need for belongingness as a human motivation has been argued in the literature since Maslow

(1943). The present review and empirical study highlight the particular role that relational factors play in men who self-harm.

Participants in the present studies mentioned experiencing difficult relational experiences during childhood and through adulthood, including within correctional services. Men in the empirical study felt neglected, rejected and misunderstood by others, including family, friends, or within intimate relationships. The literature review also showed how men felt dismissed, unheard and neglected in interpersonal situations. As Peel-Wainwright et al. (2021) argued in their literature review about the interpersonal aspects of self-harm, "not mattering in the minds of others" (p.11) is an important process in the experience of self-harm. Furthermore, the way our self-concept is developed depends on, and is modified by, relational experiences throughout our lives (Mattingly et al., 2020). It seems that being the recipient of hostility, rejection and abandonment, as well as the individual's interpretations of these relational dynamics, can contribute to the development of a damaged self-concept in men, as observed in the present studies. This also appeared to be strongly associated with further intense internal suffering that ranged from feelings of worthlessness to extreme hopelessness, and even a sense of ambivalence about life in individuals within prison.

Human basic needs for belongingness and esteem can also be observed across the participants' narratives in the present studies, and are important factors to consider when understanding self-harm and emotional suffering in men. Similarly to Peel-Wainwright et al.'s (2021) discussion around self-harm being a way of meeting interpersonal needs, such as social connection, it appears that this is a particular issue in men, as it arose in the findings of both studies. This thesis helps in highlighting the importance of holding a human needs approach to understanding self-harm (Roychowdhury, 2011), not only in forensic populations, but also in men in the community.

Another key finding observed in both studies was the intense emotional struggle experienced by participants, which contributed even further to their distress, preceded by difficult relational dynamics. This emotional pain was reported to be unmanageable at the time, and self-harm appeared to be a last resort method of managing this; a key function of self-harm that has been extensively discussed in the literature (Dixon-Gordon et al., 2012; Klonsky, 2007). However, holding on to a such simplified explanation of a complex experience risks misunderstanding or misinterpreting self-harm and its motives in men. Furthermore, as has been observed, this emotional or affect regulation function of self-harm always seems to be rooted in different relational aspects that require exploration and attention, in order to develop a meaningful understanding of self-harm in men.

In addition, the impact that the conventional constructs of masculinity have on men concealing their "weaknesses" and distress (National Collaborating Centre for Mental Health [NCCMH], 2020; Russell et al., 2010; Taylor, 2003) was observed in both studies. This included the influence that the masculine gendered social narratives had on men's willingness to seek help and the damaging effect that social misconceptions can have on their wellbeing. However, men sometimes reported willingness to reach for help and support, although perhaps feeling unsure how to achieve this. There seem to be particular factors and barriers that can prevent men from expressing their emotional suffering with others and meeting related needs, as observed in the present findings. Some men in both studies reported a communicative function of self-harm (Adshead, 2010), when struggling to express difficulties in other ways, or feeling dismissed by others when doing so. This seems to relate to the use of self-harm as an "idiom of distress", a concept originated by Nichter (1981) that explains using the body and physical behaviours to express distress; a mode of communication used when verbal approaches seem inadequate, or insufficient to convey the information wished to be communicated (Nock, 2008). Furthermore, as observed in the

stories of participants in both studies, self-harm can further be used as a means of expressing needs, desires and requests to others. This can include aiming at achieving support but also love, as it has also been observed in previous literature attending to the interpersonal aspects of self-harm (Peel-Wainwright et al., 2021; Steggals et al., 2020).

Overall, this thesis adds important considerations to our understanding of self-harm in men, that seem to be missing from the existing research literature, based as it is largely on studies conducted with women. It offers an overview of experiences of men who self-harm, highlighting the silent suffering that men experience and their need to feel understood, loved, supported and listened to.

Selection of the Research Topic

I have spent the majority of my professional life working with men in forensic mental health settings and secure hospitals. I have observed the powerful impact that staff and others have on men's wellbeing, as well as how secure environments can lead to experiences of loneliness, hopelessness and frustration. Some men who I have worked with have self-harmed and I have witnessed the extremely difficult situations and experiences that prompted their decision to harm their bodies in order to achieve their needs. In addition, I have observed the impact that services have on the maintenance of and recovery from their difficulties, including self-harm. Throughout my experience, I have heard professionals and clinicians sometimes referring to self-harm as an action that serves to manipulate others. This concept never resonated well with my perspective, as it did not seem to capture the complexity that I noted in men I worked with. In addition, as was also observed in the stories of the participants in Marzano et al.'s (2016) study, none of the men I have ever worked with referred to their behaviours as "manipulative" or "attention seeking". Because of this, I used to spend time considering the reasons why men would feel they have to harm themselves, and

why others, including myself, may struggle at times to understand the underlying reasons and decision-making processes that led men to harm themselves.

This was the starting point that made me want to understand more about self-harm in men, and where the idea for my initial empirical thesis project emerged from. Due to the restrictions aimed at containing the COVID-19 pandemic in the UK, I was unable to interview men who self-harm in forensic hospitals. This was due to the study requiring NHS research ethical approval, which was something unattainable during 2020, unless the investigation addressed a COVID-19 related research question. Consequently, I decided to interview men in the community, who may or may not have had contact with NHS services, for my research paper, and dedicate the literature review to the qualitative experiences of men in forensic services.

As observed in the systematic literature review of this thesis, there is a clear lack of qualitative research into the self-harm of men in forensic settings. Considering the similar characteristics and experiences that men in prison and forensic services can have in common, for example complex backgrounds, contact with the Criminal Justice System and the situational aspects of secure environments, I decided to look jointly at both types of secure service for my literature review.

The decision to use a qualitative approach in the empirical study and literature review was made because of the identified need for further in-depth exploration and analysis of the perspectives of men who self-harm. However, this decision was also made in order to empower men who self-harm by listening and attending to their own idiosyncratic narratives and experiences.

Strengths and Limitations of the Studies

The majority of empirical research on the topic of self-harm has utilised quantitative methods to categorise and quantify different aspects of self-harm (Edmondson et al., 2016). Of the limited number of qualitative studies, very few have focused specifically on men's experiences of self-harm. Thus, one of the key strengths of both studies in this thesis is that they add new knowledge to a little-understood topic.

In relation to the systematic literature review, the most important strength is its novelty. To date, it is the first study offering a synthesis of the published qualitative studies on the experiences of self-harm in secure settings and prison. The meta-ethnographic approach chosen in the literature review provided the process with a step-by-step guide that helped me to feel confident in the validity of the process of synthesising the data and the development of the results (Noblit & Hare, 1988). The papers included in the review utilised high-quality methodologies and offered very detailed findings sections, which helped with the validity and richness of the findings of the literature review. Despite its strengths, the review also presents its own limitations. The limited number of papers included in the synthesis mean that the findings are, by no means, generalisable enough to the whole population of men who self-harm in secure settings. There were four identified studies that attended to the experiences of men who self-harm in prison. Only one paper that attended to this phenomenon in men in forensic hospitals (Adamson & Braham, 2011) was found in the search process. The decision to include this paper, however, was supported by the fact that self-harm in forensic settings is an under-researched area that requires further particular attention.

In relation to the present empirical paper, this is the first one exploring the experiences of young men who self-harm in the community, attending particularly to its communicative and interpersonal aspects. The use of IPA in the empirical study offered me a robust structured method (Smith et al., 2009) to attend to the men's meaning-making, which

guided me through the process of analysing and making sense of the participants' understandings (Smith & Osborn, 2003). In contrast with IPA, if Thematic Analysis had been employed (Braun & Clarke, 2006), this would have supported the identification of themes across participants, while perhaps neglecting the individual significance of each participant's story. By using IPA, the focus was situated on each participant's experience, allowing them to share their own voice which was consequently represented throughout the findings.

The empirical study also has limitations. Participant selection bias is likely to have influenced the findings of the study (Robinson, 2013). Every man who participated was aware of the question of the study, including its communicative and interpersonal focus, and may have felt they could relate to these aspects in one way or another. Individuals who did not relate to the topics, or did not feel as motivated or able to articulate their emotional experiences, were potentially less inclined to participate, which may be reflected in the reduced number of candidates expressing interest in the study. This could have influenced the findings, and overrepresented men with certain characteristics, such as more openness to discuss their experiences, which consequently made the results less likely to be representative of the perspectives of all young men who self-harm.

The present empirical study adds to and complements other key studies addressing similar questions, such as suicidal attitudes (Cleary, 2012), or including men within different age-brackets (Russell et al., 2010; Taylor, 2003). The present study adds to the literature on self-harm in young men, and how relational dynamics and the interpretations that men develop from these can lead to intense distress, which is managed by self-harming behaviours. In addition, this study highlights that, due to the masculine norms widely available in society, young men can find it particularly difficult to communicate and manage their emotional pain. The importance of non-judgmental and empathic conversation is

further highlighted, as a way to reduce and manage the stigma held in society around self-harm in men.

Personal Reflections during the Research Process

Personal experience of reflexivity.

From the study design phase of the empirical research, I carefully maintained an awareness of my own perspectives and pre-existing understanding around the topic of self-harm in men. I kept a reflective diary (Wall et al., 2004) and used it to discuss in supervision my underlying assumptions based on my professional experience, to help maintain the integrity of the study (Noble & Smith, 2015). Throughout the process, I reflected on how my experiences and knowledge could impact the research and its outcomes (Haynes, 2012), including the design of the interview questions, data collection, data analysis and discussion of findings.

To support the validity of the empirical study findings, I engaged in discussions with my research supervisors at different stages of the research process, to help me bracket my assumptions and personal beliefs, in order to ensure they did not lead me to misrepresent participants' own interpretations of their experiences (Chan et al., 2013).

This was especially important around the theme reflecting the impact of "toxic masculinity" on the experiences of self-harm in young men. Before the design phase of the study, I was already mindful of the impact that societal masculine roles can have on the emotional experiences of men in general (Horrocks, 1994; Kimmel, 1994), and I wondered whether an effect would be experienced in young men who self-harm, and how this could impact the onset or maintenance of using self-harm as a way of coping with emotional difficulties. I assumed that men may feel stigmatised when attempting to express distress, due to the strong masculine societal narratives that would prompt them to consider self-harm

as a private way to deal with distress in the short-term. I also assumed that young men who self-harm could feel isolated and alienated, and further stigmatised by society when attempting to communicate self-harming related difficulties. In the first interview, Sam spoke about this, and named it "toxic masculinity". He further explained the impact he felt this had on himself and men in general. After this interview, I was consequently expecting to hear the topic of "toxic masculinity" in the rest of participants' narratives. In order to avoid developing a misinterpretation of the participants' experiences driven by my own beliefs, when I conducted the data analysis, every time I encountered a narrative that could reflect this topic, I stepped back, considered my assumptions, and re-read the transcript section several times. By doing this, I tried to confirm that it was not my own ideas naming the participant's experiences and ensured that the theme had fully arisen from within the person's narratives.

This process was occasionally time consuming, but it ensured that each of the four themes reflected the experiences of the five men who participated in the study. I therefore tried to engage in the whole research process from an ethical stand, hoping to construct valid and meaningful ideas based on the participants' stories, while constantly revising and adapting my own understandings of the experiences of self-harm in men (Cunliffe, 2003).

Reflections on the empirical data collection process.

During the data collection process for the empirical study, I experienced some emotional and practical difficulties in the process that I shared in supervision and reflected on in my research journal. During the interview process, I sometimes experienced intense emotions, such as frustration and sadness, that seemed to reflect the participants' experiences and internal emotional states during their discourse. I accessed my supervisors' support each time this occurred, in order to consider any potential risk issues, the impact that doing the

interviews could have on my wellbeing, and to ensure that the data I was collecting reflected participants' emotional experiences and not my responses to their stories.

As a trainee clinical psychologist, at times during interviews I felt a strong internal pull to offer participants reassurance over extremely difficult emotional experiences and events they were sharing with me. I highly appreciated their courage shown in communicating their frustrations and distress, and I responded with compassionate and empathic statements over their suffering. Before starting each of the interviews, I reminded myself of my position as a researcher and the importance of keeping a good balance between following the interview schedule, and showing understanding and care. I was aware that my position was not to deliver therapy or offer clinical support to participants. Nevertheless, I perceived that a non-judgemental and caring approach to the experiences that participants shared eased their engagement in the interview process and seemed to help in developing a comfortable atmosphere. Some participants reflected positively on my approach during the interview, which made me believe that I managed to maintain a helpful balance between being a researcher whilst using my own personal approach to peoples' experiences of distress.

Key Research and Clinical Implications

It is essential to attend to an individual's account when developing an understanding of someone's problems and experiences (Powell, 1997). A key clinical implication that the present thesis highlights is that, considering the time and scope limitations of social and mental health services, clinicians are encouraged to ensure that they gather the full perspective, experience and narrative of the person they work with. This is important, to allow a compassionate and respectful therapeutic relationship that can help the person to feel comfortable to share their needs and be open to receive support.

Self-harm is a complex behaviour that can be difficult to understand, because it involves behaving in a way that seemingly violates human nature in order to promote wellbeing and even survival (Cresswell, 2005). Staff, clinicians and researchers can struggle to understand the meaning of self-harm at times and even the World Health Organisation (2000) describe how self-harm can be seen as "manipulative". It is possible that experiencing strong emotional reactions when working with people who self-harm (NCCMH, 2020; Russell et al., 2010) can further support the development of critical and harmful attitudes towards this population. It is vital that anyone working with self-harm receives the appropriate support and training to enable reflection on, and a compassionate and kind understanding of, the nature of emotional experience in human beings, as part of living in a world that is full of tough challenges (Gilbert, 2010).

Due to the limited amount of research exploring the perspectives and narratives of men who self-harm (Brown & Kimball, 2013), and the importance of learning from the experiences of those who engage in self-harming behaviours (Taylor, 2003), it is important that further exploratory and in-depth qualitative research is carried out with this particular population. It is vital that we listen to the stories of men and explore their experiences, to gather important and meaningful knowledge. From doing this, we could aim at developing our understanding, in order to find ways of improving how services and clinicians respond to the difficulties that men who self-harm experience.

Conclusion

Self-harm in men is still a misunderstood phenomenon that entails a high level of complexity. Certain aspects of relational dynamics have been observed to be salient characteristics that lead to the consideration, and even maintenance, of self-harming behaviours in men. Self-harm can help them with the management or communication of

distress. It is vital to hold in mind, and continue to consider, the impact that societal narratives of masculinity can have on the experience and expression of emotions in men, and on their self-harm as a means to manage emotional suffering. Furthermore, the acknowledgement that self-harming behaviours seem to be related to core human needs, which may have been neglected or unmet within interpersonal relationships, could potentially encourage the development of compassionate attitudes towards the suffering of those men who self-harm. The experiences around self-harming behaviours require further attention, as well as research aimed at exploring the particular and differential characteristics and aspects of the perspective of men who self-harm.

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Doctorate in Clinical Psychology | Lancaster University

Section Four: Ethics Documentation

Sara Asensio-Cruz

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Health & Medicine | Lancaster University

Faculty of Health and Medicine Research Ethics Committee (FHMREC)

Application for Ethical Approval for Research

Lancaster University

Title of Project: The experience of young men who self-harm: A qualitative study of the communicative and relational aspects of self-harm.

Name of applicant/researcher: Sara Asensio Cruz

ACP ID number (if applicable)*: **Funding source (if applicable):**

Grant code (if applicable):

***If your project has *not* been costed on ACP, you will also need to complete the Governance Checklist [link].**

Type of study

Involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants. **Complete sections one, *two* and four of this form**

✓ Includes *direct* involvement by human subjects. **Complete sections one, *three* and four of this form**

SECTION ONE

1. Appointment/position held by applicant and Division within FHM: Trainee Clinical Psychologist, Doctorate in Clinical Psychology.

2. Contact information for applicant:

E-mail: s.asensiocruz@lancaster.ac.uk **Telephone**: [redacted]

Address: [redacted]

3. Names and appointments of all members of the research team (including degree where applicable)

3. If this is a student project, please indicate what type of project by marking the relevant box/deleting as appropriate: (please note that UG and taught masters projects should complete

FHMREC form UG-tPG, following the procedures set out on the FHMREC website

PG Diploma Masters by research PhD Thesis PhD Pall. Care

PhD Pub. Health PhD Org. Health & Well Being PhD Mental Health MD

DClinPsy SRP [if SRP Service Evaluation, please also indicate here:] DClinPsy Thesis ✓

4. Project supervisor(s), if different from applicant:

Research supervisors:

Dr Suzanne Hodge, Lecturer in Health Research, Doctorate in Clinical Psychology Programme, Lancaster University.

Dr James Kelly, Lecturer in Research Methods, Doctorate in Clinical Psychology Programme, Lancaster University.

Field supervisor:

Dr Hannah Darrell-Berry, Clinical Psychologist, Greater Manchester Mental Health NHS Foundation Trust.

5. Appointment held by supervisor(s) and institution(s) where based (if applicable):

SECTION TWO

Complete this section if your project involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants

1. Anticipated project dates (month and year)
Start date: End date:

2. Please state the aims and objectives of the project (no more than 150 words, in lay-person's language):

Data Management

For additional guidance on data management, please go to Research Data Management *webpage, or email the RDM support email:* rdm@lancaster.ac.uk

3. Please describe briefly the data or records to be studied, or the evaluation to be undertaken.

4a. How will any data or records be obtained?

4b. Will you be gathering data from websites, discussion forums and on-line 'chat-rooms' **n o**

4c. If yes, where relevant has permission / agreement been secured from the website moderator? **n o**

4d. If you are only using those sites that are open access and do not require registration, have you made your intentions clear to other site users? **n o**

4e. If no, please give your reasons

5. What plans are in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

6a. Is the secondary data you will be using in the public domain? n o

6b. If NO, please indicate the original purpose for which the data was collected, and comment on whether consent was gathered for additional later use of the data.

Please answer the following question *only* if you have not completed a Data Management Plan for an external funder

7a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

7b. Are there any restrictions on sharing your data?

8. Confidentiality and Anonymity

a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? yes

b. How will the confidentiality and anonymity of participants who provided the original data be maintained?

9. What are the plans for dissemination of findings from the research?

10. What other ethical considerations (if any), not previously noted on this application, do you think there are in the proposed study? How will these issues be addressed?

SECTION THREE

Complete this section if your project includes *direct* involvement by human subjects

1. Summary of research protocol in lay terms (indicative maximum length 150 words):

Self-harm causes significant psychological distress for those who self-harm as well as for people around them. People who self-harm are also at an increased risk of suicide. Most of the research on self-harm has focused on women and young people in educational institutions and there is a lack of research attending to the perspective of young men who self-harm. Although self-harm has many different functions, its communicative and interpersonal features seem to be important to understanding the meaning that these behaviours hold for the person.

The present study aims at exploring the perspective of men in the community who self-harm around the communicative and relational features of these behaviours, by listening to their lived experiences. The participants will be young men who have self-harmed at some point in their lives. I will use semi-structured interviews to enable the exploration of their own experiences and perspectives.

2. Anticipated project dates (month and year only)

Start date: November 2020 End date: May 2021

Data Collection and Management

For additional guidance on data management, please go to Research Data Management *webpage, or email the RDM support email:* rdm@lancaster.ac.uk

3. Please describe the sample of participants to be studied (including maximum & minimum number, age, gender):

I plan on recruiting a minimum of 8 and maximum of 12 participants that will be selected purposefully. According to an IPA design, we will have a fairly homogeneous group of participants within a sample that has been defined as similar according to important variables (i.e., gender, age and experience of self-harm) (Pietkiewicz & Smith, 2014). Participants will have first-hand experience of self-harm and an experiential understanding of this, and they will be able to offer their valuable perspectives on the topic (Larkin & Thompson, 2011).

Inclusion criteria:

• Men, including individuals who describe their gender as male, although this might have not been yet documented in formal documents (i.e., passport shows female gender).

• English speaker

• Aged between 18 and 30 years old.

• Currently engaging or have previously engaged in self-harming behaviours: "any deliberate non-fatal act, carried out in the knowledge that it is potentially harmful for the person" (Russell et al., 2010).

Exclusion criteria:

• Currently active suicidal plans and/or intent in the past six months.

4. How will participants be recruited and from where? Be as specific as possible. Ensure that you provide the *full versions* of all recruitment materials you intend to use with this application (e.g., adverts, flyers, posters).

In the process of recruitment, I will use the following materials:

- Recruitment poster: this will be a short summary of what the participation in the project involves, the inclusion criteria and ways of contacting the researcher. It will include a definition of self-harm similar to "any deliberate non-fatal act, carried out in the knowledge that it is potentially harmful for the person" (Russell et al., 2010). It will include a link to the "project information webpage".

- Participant information sheet: this document will include a summary of all the information related to the project. It will be available for participants who are willing to take part in the study. It will also include available sources of support for people who self-harm.

- Project information webpage: it will include the information in the participant information sheet. This webpage will be on the Lancaster University DClinPsy programme website.

The recruitment plan will involve three approaches to ensure an appropriate number of participants is recruited:

- Recruitment poster on online social networks (Facebook and Instagram) using accounts created specifically for the project (using my personal name and surname with my University email). Using personal and professional networking (by asking friends and colleagues to kindly repost and share the recruitment poster -that will be posted on my professional account - on their timelines) and consequent snowballing (by asking them to help requesting their contacts to kindly repost the recruitment poster in their accounts), it is hoped that the poster will be accessed by a wider population through friends and colleagues from a wide age range, and varied cultural and professional backgrounds.

- Recruitment poster Twitter: on the Lancaster DClinPsy programme, the Division of Health Research, and other professional accounts.

- Recruitment poster on websites of self-harm support organisations. I will present the project to the organisations using their contact forms or telephone/email and ask them to share the poster on their websites and social media to be accessed by potential participants. I have identified the following organisations:

  - User led support organisation 'Harmless' (www.harmless.org.uk).

  - The National Self Harm Network Forum UK (www.nshn.co.uk).

In the recruitment poster, I encourage potential participants who are interested in participating to contact me on social media (professional accounts), non-personal (research project) mobile phone number or by email (University email). I will ask them for their phone number/email address to contact them.

If the desired number of participants is not recruited within two months, I will discuss with my research supervisors the following options: using different social networks and online support services, increasing the age range to include adult men of all ages (18-65 years), or including younger adults (16-30 years).

5. Briefly describe your data collection and analysis methods, and the rationale for their use.

<u>Data Collection</u>

Eligible participants will be invited to attend a one-to-one interview that will last about 1-1.5 hours to gather the perspectives of participants on their own experiences of self-harm. The interviews will be semi-structured to bring structure to the discussion as well as flexibility to adapt the direction of the interview to the participant's account.

I will interview participants on video call (or voice call if they object to video) using Microsoft Teams. The interviews will be recorded. The option of phone call (mobile or landline) will also be offered to participants (e.g., if they do not have access to a stable internet line).

Data analysis

I will transcribe the interviews verbatim and store the transcriptions on OneDrive. Data will be analysed using Interpretative Phenomenological Analysis (IPA) following guidance developed by Smith et al. (2009). IPA is felt to be the most appropriate method for analysis in comparison with other approaches as this ideographic analysis of the data will give full appreciation to each participant's account and individual narratives (Pietkiewicz & Smith, 2014). During the process of analysis, I will seek regular supervision and consultation with both research supervisors to ensure that the IPA analysis is performed accurately and appropriately.

6. What plan is in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc.)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

When using Microsoft Teams, the interviews will be recorded on my personal laptop using the Teams recording function. These will then be uploaded straightaway to my Lancaster University encrypted folder on OneDrive. If conducting a telephone call, I will record the interviews using my laptop's recording software. The recordings then will be saved on the secure Lancaster personal hard drive (through VPN), password protected and immediately uploaded to OneDrive (secure storage cloud). If I encounter any difficulties with these options at the time of saving the recording (e.g., no Internet connection), I will save it on an encrypted and password-protected memory stick and upload it to OneDrive as soon as possible (this device will be securely stored in the meantime).

No data will be stored in personal devices and only my research supervisors and I will have access to the files. Research supervisors will have access to the video/audio recordings and transcriptions to provide guidance and feedback on the interview procedure, the transcription and analysis of the data. Field supervisor(s) will not have access to the raw data or the transcriptions.

Audio and video recordings will be deleted after completion of the project. All data (e.g., interview transcripts and consent forms) will be transferred electronically to the research co-ordinator using a secure method that is supported by the University. All data will be electronically stored for ten years and will be destroyed after this period of time. The research co-ordinator will be the person responsible for doing this.

7. Will audio or video recording take place? **no** **✓ audio** **✓ video**

7a. Please confirm that portable devices (laptop, USB drive etc) will be encrypted where they are used for identifiable data. If it is not possible to encrypt your portable devices, please comment on the steps you will take to protect the data.

All portable devices will be encrypted.

7b. What arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

Audio and video recordings will be deleted after completion of the project. All data (e.g., interview transcripts and consent forms) will be transferred electronically to the research co-ordinator using a secure method that is supported by the University. All data will be electronically stored for ten years and will be destroyed after this period of time. The research co-ordinator will be the person responsible for doing this.

8. Please answer the following questions *only* if you have not completed a Data Management Plan for an external funder

8a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

The raw data will be stored on the University server. Because of the small sample size and sensitive nature of the topic, this will not be made available for sharing.

8b. Are there any restrictions on sharing your data ?

The data collected will be sensitive in nature and will not be appropriate to make the raw data available.

9. Consent
9a. Will you take all necessary steps to obtain the voluntary and informed consent of the prospective participant(s) or, in the case of individual(s) not capable of giving informed consent, the permission of a legally authorised representative in accordance with applicable law? Yes

9b. Detail the procedure you will use for obtaining consent?
The consent form will be available for participants that meet the criteria and are willing to take part in the study.

Once potential individuals show interest in participating in the study, I will speak with them on the phone or email them to thank them for their interest, confirm suitability to participate in the study and enquire about any questions the candidate may have about the project.

After confirming suitability and consent, I will send participants the participant information sheet for further information and the consent form. Participants will be asked to sign the consent form and scan it or take a picture of it with their phone, then send it back to my email address. A date and time for the interview will then be arranged. If they are unable to do this, they will be able to confirm they have read the consent form and give verbal consent at the beginning of the interview – this part of the interview will be recorded and stored separately from the interview and stored for ten years on OneDrive.

10. What discomfort (including psychological, e.g., distressing or sensitive topics), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks. State the timescales within which participants may withdraw from the study, noting your reasons.

Participants will have access to the participant information sheet that will help participants to make an informed decision to participate in the study. Their consent to take part will be reviewed again at the beginning of the interview. Nevertheless, there is potential for certain distressing emotions to arise during the interview or some of the questions having an emotive impact on the participant.

Participants will be offered the opportunity to take a break if they find the content of the interview distressing. They will also be reminded of their right to withdraw at any point during the interview, to decide not to answer specific questions and to stop the interview at any given point (and continue another day or withdraw).

Participants will also be reminded of available sources of support (GP, Samaritans, Wellbeing & Mental Health Helpline, NHS, 999). Participants are welcome to withdraw from the study at any time before or during the interview and up to two weeks following their interview.

11. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, noting the support available to you; counselling considerations arising from the sensitive or distressing nature of the research/topic; details of the lone worker plan you will follow, and the steps you will take).

I will be in regular contact with my research supervisors during the recruitment and data collection phases of the process. I will make them aware of the timeline for data collection so we can ensure that either of them is available should I needed advice with a risk issue raised from an interview. In the unlikely event that neither of my research supervisors were available, I will contact my programme clinical tutor. I am aware that conducting an interview on a potentially emotive topic such as self-harm can have an impact on my emotional state. If I have any concerns around this, I will not hesitate in seeking support from my research supervisors.

The email address provided for participants to contact the researcher will be the University email address. The phone number will be a non-personal (research project) mobile phone number. The social network accounts will be set up specifically for this research purpose.

12. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

There are no foreseeable direct benefits for the participation in this study. However, related studies have found that discussing personal experiences of self-harm can be a positive experience and have a positive impact on the person's wellbeing (Biddle et al., 2013).

It is also hoped that the findings of the present study will help with encouraging further research on self-harm in young men, which might lead to the development of appropriate and meaningful support strategies and services for young men who self-harm.

13. Details of any incentives/payments (including out-of-pocket expenses) made to participants:

There will be no incentives for participation in this study.

14. Confidentiality and Anonymity

14a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? yes

14b. Please include details of how the confidentiality and anonymity of participants will be ensured, and the limits to confidentiality.

The interview and transcription file names will be anonymised and a pseudonym will be used for each participant. This is an attempt to increase anonymity at the data collection and analysis stages. The transcription of interviews will be completed using Microsoft Teams recording software. I will be manually transcribing the interviews that have been conducted on the phone.

Every participant will be made aware of confidentiality of the data and its limits in the participant information sheet. Everything a participant says will be kept confidential. The only exception will be if the participant were to disclose that they or someone else may be at risk or in immediate danger, in which case, I will have to inform my research supervisors. Prior to this, I will always attempt to discuss this with the participant, if possible.

15. If relevant, describe the involvement of your target participant group in the *design and conduct* of your research.

Due to time limitations, I have not had opportunity to gather the perspectives of a target participation group.

16. What are the plans for dissemination of findings from the research? If you are a student, include here your thesis.

- The findings of this research will be included in my DClinPsy thesis.

- Results of the research may be submitted for publication in an academic/professional journal, for example, Social Science & Medicine, International Journal of Psychiatry in Clinical Practice, Journal of Clinical Nursing, BPS, Clinical Psychology Review.

- Presentation and/or poster in psychiatric, psychology and mental health conferences.

- Poster with summary of findings to be offered to mental health organisations (e.g., MIND) and self-harm support networks and platforms.

17. What particular ethical considerations, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek guidance from the FHMREC?

There is a potential risk of participants becoming distressed or potentially disclosing information relating to a risk situation during the interviews. Do you think it would be necessary to ask them for their home addresses?

SECTION FOUR: signature

Applicant electronic signature: Sara Asensio Cruz Date 04/09/2020

Student applicants: please tick to confirm that your supervisor has reviewed your application, and that they are happy for the application to proceed to ethical review ☒

Project Supervisor name (if applicable): Dr Suzanne Hodge

Date application discussed 07/09/2020

Appendix 4-1

Research Protocol and Research Materials

September 2020

Title:	The experience of young men who self-harm: A qualitative study of the communicative and relational aspects of self-harm.
Applicant:	Sara Asensio Cruz
Research Supervisors:	Dr James Kelly, Lecturer in Research Methods, and Dr Suzanne Hodge, Lecturer in Health Research, Doctorate in Clinical Psychology Programme, Lancaster University.
Field Supervisors:	Dr Hannah Darrell-Berry, Clinical Psychologist, Greater Manchester Mental Health NHS Foundation Trust.

Introduction

Self-harm can be described as "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation" (National Institute for Health and Care Excellence [NICE], 2013, p. 6). These behaviours can lead to significant physical harm, for example, lasting physical injuries (Olfson et al., 2005) and scarring (Wilkinson, 2013), and enduring emotional and psychological harm (Nock, 2008, 2010). Self-harm also has a disturbing correlation with suicide ideation, attempted suicide (Kiekens et al., 2018) and completed suicide (NICE, 2013).

Self-harm seems to be most prevalent among adolescents (15.4%) followed by young adults (10.5%), and then adults (4.2%) (Swannell et al., 2014). Cipriano et al.'s (2017) systematic literature review found that around 39% of young adults attending university

engage in self-harming behaviours. The available data on self-harm prevalence among young adults has mostly been collected in educational institutions (Cipriano et al., 2017; Swannell et al., 2014).

In Andover et al.'s (2010) study, 20% of men with a history of self-harm also reported that they had attempted suicide. Research on self-harm has primarily focused on women (Claes et al., 2007); however, recent evidence does not support the widespread assumption that self-harming behaviours are more common among women than men (Swannell et al., 2014). Previous research has shown that the most common method of self-harm is cutting (Briere & Gil, 1998); however, it seems that the method more commonly used amongst men is self-battery (Andover et al., 2010; Swannell et al., 2014). Men tend to injure themselves more severely than women and are more likely to engage in violent self-harming behaviour, e.g., punching themselves or fighting others (Taylor, 2003). A considerable amount of the literature on self-harm focuses on cutting. It seems that research enquiring only about this method might prevent the identification of self-harm in men who are more likely to use different methods (Andover et al., 2010), potentially very dangerous and that are less likely to be identified as self-harm (e.g., breaking bones or joyriding) (Taylor, 2003).

It has been argued that the most common function of self-harm is emotional regulation, to relieve or manage emotional pain (intrapersonal function) (Klonsky, 2007); however, there is emerging data that shows that men might be more inclined to engage in self-harm for interpersonal reasons (Bresin & Schoenleber, 2015). For example, Snow (2002) found in his study within secure prisons that, in men, self-harm was mostly related to interpersonal factors. This might be different in community settings due to the characteristics of secure environments; however, it is also possible that there are more fundamental differences between men and women in the functions self-harm serves.

Evans et al. (2005) found in their study that more young men who self-harm felt they needed support but were less likely to seek help, in comparison with young women. It seems that men can also feel marginalized and sometimes not feel they have access to the support needed, and when they use self-harm to communicate what they cannot verbalise, these behaviours can be unhelpfully labelled as "manipulative" or "attention seeking" (Taylor, 2003). This might be as a result of the stigma attached to these behaviours and the predominance of masculinity norms that discourage disclosure of emotional vulnerability (Cleary, 2012).

Jacobson et al. (2015) found an association in young men (18-28 years old) between having difficulty in expressing emotions to others, especially positive emotions (e.g., love), and self-harm. It appears that the relational and communicative aspects of self-harm in young men require further exploration to enhance knowledge and understanding of self-harm as an attempt to communicate with the inner self or with others (Adshead, 2010).

Self-harm in men is understudied, even though it is a serious problem that is often misunderstood and poorly accepted (Taylor, 2003). As Taylor (2003) argues in his qualitative study, an exploration of the personal experiences and perspectives of men who self-harm is needed to enhance the knowledge around their particular needs. This will encourage further development of theories and research which may lead to the identification of meaningful support strategies.

The current project aims to explore the experiences and perspectives of young men who self-harm or who have self-harmed in the past. The first-tier research question is: "How do young men make sense of their self-harming behaviour?". The second-tier or secondary research question is: "What are the perspectives of young men in relation to potential communicative and relational aspects of their self-harm?".

Method

Design

The present research will employ a qualitative design. One-to-one interviews will be used to gather the perspectives of participants on their own experiences of self-harm. The interviews will be semi-structured to bring structure to the discussion as well as flexibility to adapt the direction of the interview to the participant's account.

Interviews will be transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA). This method was chosen to allow the investigation of how participants make sense of their own experiences, whilst engaging as much as possible with the experiential phenomena of men who self-harm.

Participants

I plan on recruiting a minimum of 8 and maximum of 12 participants who will be selected purposefully. According to an IPA design, we will aim for a fairly homogeneous group of participants within a sample that has been defined as similar according to important variables (i.e., gender, age and experience of self-harm) (Pietkiewicz & Smith, 2014). Participants will have first-hand experience of self-harm and an experiential understanding of the topic, and they will be able to offer their valuable perspectives on the topic (Larkin & Thompson, 2011).

Inclusion criteria:

- Men, including individuals who describe their gender as male, although this might have not been yet documented in formal documents (i.e., passport shows female gender).
- English speaker
- Aged between 18 and 30 years old.

- Currently engaging or who have previously engaged in self-harming behaviours: "any deliberate non-fatal act, carried out in the knowledge that it is potentially harmful for the person" (Russell et al., 2010).

Exclusion criteria:

- Currently active suicidal plans and/or intent in the past six months.

Materials

- Recruitment poster (appendix A-1): this will be a short summary of what the participation in the project involves, the inclusion criteria and ways of contacting the researcher. It will include a definition of self-harm similar to "any deliberate non-fatal act, carried out in the knowledge that it is potentially harmful for the person" (Russell et al., 2010). It will include a link to the "project information webpage".
- Participant information sheet (appendix A-2): this document will include a summary of all the information related to the project. It will be available for participants who are willing to take part in the study. It will also include available sources of support for people who self-harm.
- Project information webpage: it will include the information in the participant information sheet. This webpage will be on the Lancaster University DClinPsy programme website.
- Consent form (appendix A-3): this document will be available for participants that meet the criteria and are willing to take part in the study.

Recruitment

The recruitment plan will involve three approaches to ensure an appropriate number of participants is recruited (between 8 and 12).

- Recruitment poster Twitter: on the Lancaster DClinPsy programme, the Division of Health Research, and other professional accounts.

- Recruitment poster on online social networks (Facebook and Instagram) using professional accounts that I will set-up for the purpose of the project (using my personal name and surname). Using personal and professional networking and consequent snowballing, it is hoped that the poster will be accessed by a wider population through friends and colleagues from a wide age range and varied cultural and professional backgrounds.
- Recruitment poster on websites of self-harm support organisations. I will present the project to the organisations using their contact forms or telephone/email contacts and ask them to share the poster on their websites and social media to be accessed by potential participants. I have identified the following organisations:
    - User led support organisation 'Harmless' (www.harmless.org.uk).
    - The National Self Harm Network Forum UK (www.nshn.co.uk).

In the "recruitment poster", I will encourage potential participants who are interested in participating to contact me on social media (accounts created specifically for the project), non-personal (research project) mobile phone number, or by email (University email). Once potential individuals show interest in participating in the study, I will speak with them on the phone to thank them for their interest, confirm suitability to participate in the study and enquire about any questions the candidate may have about the project.

After confirming suitability and consent, I will send participants the participant information sheet for further information and the consent form. Participants will be asked to sign the consent form and scan it or take a picture of it with their phone, and send it back to my email address. A date and time for the interview will then be arranged.

Recruitment will be stopped when the maximum number of participants has been reached. If the desired number of participants is not recruited within two months, I will discuss with my research supervisors the following options: using different social networks

and online support services, increasing the age range to include adult men of all ages (18-65 years), or including younger adults (16-30 years).

Data Collection

Eligible participants will be invited to attend a semi-structured interview that will last about 1-1.5 hours. The possibility of breaking down the interview in two different shorter slots will be offered.

I will interview participants on video call (or voice call if they object to video) using Microsoft Teams. The interviews will be recorded. The option of phone call (mobile or landline) will also be offered to participants (e.g., if they do not have access to a stable internet line).

The initial 10-15 minutes of the interview will focus on reviewing consent and reminding the participant of their consent to withdraw at any point during the interview and the option of breaking down the interview. They will be encouraged to reflect on their own mental state during the interview and I will encourage them to inform me should at any point they feel distressed or anxious and wish to take a break. If I, as the interviewer, perceive that this might be the case, I will ask them if they wish to continue with the interview, take a break, stop the interview, and continue another day, or stop and withdraw from the process.

The interview will be semi-structured (interview topic guide – appendix A-4) beginning with open questions around the perspectives of participants on their experiences of self-harm and its functions and motives. It will also include follow-up questions looking for communicative and relational features of these behaviours, e.g., self-harm to express and communicate with others, how self-harm is affected by others and the consequences and the impact of self-harm on other people around them. In the process of developing the interview questions, I followed guidance from Pietkiewicz and Smith (2014) and advice from my

research tutors. Participants are welcome to withdraw from the study at any time before or during the interview and up to two weeks following their interview.

At the end of the interview, participants will be given the opportunity to ask any questions and to express how the process felt for them. They will also be reminded of available sources of support (GP, Samaritans, Wellbeing & Mental Health Helpline, NHS, 999).

Data analysis

I will transcribe the interviews verbatim and store the transcriptions on OneDrive. Data will be analysed using Interpretative Phenomenological Analysis (IPA) following guidance developed by Smith et al. (2009). IPA is felt to be the most appropriate method for analysis in comparison with other approaches as this ideographic analysis of the data will give full appreciation to each participant's account and individual narratives.

During the process of analysis, I will seek regular supervision and consultation with both research supervisors to ensure that the IPA analysis is performed accurately and appropriately. I will keep a research diary to document any potential influence that my own beliefs and values may have on the interpretation and analysis of the participants' narratives.

Data Management

All data collected related to participants, including personal data, interview recordings and transcriptions, will be kept in the Lancaster university secure cloud storage OneDrive.

When using Microsoft Teams, the interviews will be recorded on my personal laptop using the Teams recording function. These will then be uploaded straightaway to my Lancaster University encrypted folder on OneDrive. If using telephone call, I will record the interviews using my laptop's recording software. The recordings then will be saved on the secure Lancaster personal hard drive (through VPN), password protected and straightaway uploaded to OneDrive (secure storage cloud). If I encounter any difficulties with these

options at the time of saving the recording, I will save it on an encrypted and password-protected memory stick and upload it to OneDrive as soon as possible (this device will be securely stored in the meantime).

No data will be stored in personal devices and only my research supervisors and I will have access to the files. Research supervisors will have access to the video/audio recordings and transcriptions to provide guidance and feedback on the interview procedure, the transcription and analysis of the data. Field supervisor(s) will not have access to the raw data or the transcriptions.

Audio and video recordings will be deleted after completion of the project. All data (e.g., interview transcripts and consent forms) will be transferred electronically to the research co-ordinator using a secure method that is supported by the University. All data will be electronically stored for ten years and will be destroyed after this period of time. The research co-ordinator will be the person responsible for doing this.

Ethical considerations

- *Anonymity:* pseudonyms will be assigned to participants at the time of saving the video/audio recording files, and after this, for the whole process of transcription of the interviews and analysis of the data.
- *Potential emotive topics of discussion:* all participants will have access to the "participant information sheet" and will be made aware of the type of questions that the interview will entail. This will help participants to make an informed consent to participate in the study. Their consent to take part will be reviewed again at the beginning of the interview. Nevertheless, there is potential for certain distressing emotions to arise during the interview or some of the questions having an emotive impact on the participant. Participants will be offered the opportunity to take a break if the content of the interview was too distressing for them. They will also be

reminded of their right to withdraw at any point during the interview, to decide not to answer specific questions and to stop the interview at any point. Participants will also be offered options to contact appropriate support services depending on the level of distress and potential risk (e.g., GP, Samaritans, Wellbeing & Mental Health Helpline, NHS, 999).

- *Researcher Safety:* I will be in regular contact with my research supervisors during the recruitment and data collection phases of the process. I will make them aware of the timeline for data collection so we can ensure that either of them is available should I needed advice with a risk issue raised from an interview. In the unlikely event that both of my research supervisors were not reachable, I will contact my programme clinical tutor. I am aware that conducting an interview on a potentially emotive topic such as self-harm can have an impact on my emotional state. If I have any concerns around this, I will not hesitate in seeking support from my research supervisors.
- *Confidentiality:* The interview and transcription file names will be anonymised, and a pseudonym will be used for each participant. Every participant will be made aware of confidentiality of the data and its limits in the "participant information sheet". Everything a participant says will be kept confidential. The only exception will be if the participant were to disclose that they or someone else may be at risk or in immediate danger, in which case, I will have to discuss it with my research supervisors. Prior to this, I will always attempt to discuss this with the participant if possible.
- *Risks and benefits:* there are no foreseeable direct benefits for the participation in this study. However, related studies have found that discussing personal experiences of self-harm can be a positive experience and have a positive impact on the person's

wellbeing (Biddle et al., 2013). It is hoped that the findings of the present study will help with encouraging further research on self-harm in young and adult men, which might lead to the development of appropriate and meaningful support strategies and services for men who self-harm.

Timescales

- Submit application to University Ethics: September 2020
- Recruitment Process: November 2020
- Data collection: December 2020
- Data analysis: January 2021 – February 2021
- Research paper writing up: February – March 2021
- Submission of draft report: April 2020
- Deadline for submission of final report: May 2020
- Submit for Publication: Summer 2021

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Appendix A-1

Recruitment poster

Appendix A-2

Participant Information Sheet

Participant Information Sheet

The experience of young men who self-harm: A qualitative study of the communicative and relational aspects of self-harm.

For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage:
www.lancaster.ac.uk/research/data-protection

My name is Sara Asensio Cruz, trainee Clinical Psychologist at Lancaster University and I am conducting this research study.

What is the study about?
The purpose of this study is to explore the personal experiences of young men (18-30 years old) who have self-harmed at some point in their lives. I am interested in the meaning that self-harm has for them, and particularly in the role that their relationships with other people might play in their self-harm. Is the need to self-harm affected by their relationships with others and does self-harm, in turn, affect those relationships? In this research, self-harm is understood as any action done on purpose knowing that it might cause physical harm, but without the intent to end life.

Do I have to take part?
No. It's completely up to you to decide whether or not you take part.

What will I be asked to do if I take part?
If you decide that you want to take part in this study, I will invite you to an interview that will last approximately one to one and half hours. We will do the interview using Microsoft Teams (videocall): you can download it on your phone, or access it on your PC browser (I can help you setting it up). If you have any problems with this, we can do a phone call. The interview will be recorded for the purpose of the research.

Will my data be Identifiable?
All the data collected for this study will be stored in the University approved secure cloud storage OneDrive. Only the research supervisors and I will have access to this data.

The recordings and other documents will be encrypted (no-one other than the researchers will be able to access them) and the computer itself password protected.

The video interview recordings will be deleted once the project has been examined. The rest of the files (e.g. consent form) will be securely stored for 10 years, at the end of this period, they will be destroyed.

All your personal data (i.e. your name and age) will be confidential and will be kept separately from your interview responses. The typed version of your interview will be made anonymous by removing any identifying information including your name and I will use pseudonyms. Anonymised direct quotations from your interview may be used in the reports or publications from the study, so your name will not be attached to them. All reasonable steps will be taken to protect your anonymity.

There are some limits to confidentiality. If what is said in the interview makes me think that you, or someone else, is at significant risk of harm, I may have to break confidentiality and speak to my research supervisors about this. In some circumstances, I might have to share your information with other appropriate parties. For example, I might have to contact the police if what you tell me suggests that there is an immediate risk to life. If possible, I will tell you if I have to do this.

Additionally, the internet/telephone lines cannot be guaranteed to be 100% secure.

What will happen to the findings of the study?
The findings will be summarised and reported in my doctoral thesis and may be submitted for publication in an academic or professional journal. It is hoped that the findings will help encouraging further research on self-harm in young men, and will hopefully inspire the development of appropriate support strategies and services for men who self-harm.

Are there any risks?
Some people may find it difficult to talk about self-harm. I encourage you to reflect on how you feel about this before and during the interview. If at any point you feel that the questions are having a negative impact on you, we can always take a break or stop the interview. We can continue with the interview another day or you can decide to finish the interview straightaway and withdraw your consent to participate at any time – that's completely fine. If you experience any distress following participation you are encouraged to contact the resources provided at the end of this sheet.

Are there any benefits to taking part?
Some people can find it beneficial to open up and discuss their experiences of self-harm but there are no direct benefits in taking part.

Who has reviewed the project?
This study has been reviewed and approved by the Faculty of Health and Medicine Research Ethics Committee at Lancaster University.

Where can I obtain further information about the study if I need it?

If you have any questions about the study, you can contact me by email: s.asensiocruz@lancaster.ac.uk, or by phone: [redacted]

You can also contact my research supervisors:

Dr Suzanne Hodge: +44 (0)1524 592712, s.hodge@lancaster.ac.uk.
Dr James Kelly: +44 (0)1524 593535, j.a.kelly@lancaster.ac.uk.

Complaints
If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to me or my supervisors, you can contact:

Dr Ian Smith, Programme Research Director.
i.smith@lancaster.ac.uk
+44 (0)1524 592282
Health Research, C030, C - Floor, Furness College, Lancaster University, Lancaster, LA1 4YG

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:

Roger Pickup Tel: +44 (0)1524 594973
Chair of FHM REC Email: l.machin@lancaster.ac.uk
Faculty of Health and Medicine
(Lancaster Medical School)
Lancaster University
Lancaster
LA1 4YG

Thank you for taking the time to read this information sheet.

Resources in the event of distress
Should you feel distressed either as a result of taking part, or in the future, you can find the following resources helpful:

- Samaritans: 116 123 (freephone – 24 hours, 7 days a week)
- Wellbeing & Mental Health Helpline: 0800 915 4640 (freephone) – Lines open Monday to Friday 7-11pm; Saturday and Sunday 12noon-12 midnight.
- NHS: 111 (freephone – 24 hours, 7 days a week) an alternative to 999 if you need urgent help or advice but it's not a life-threatening situation.
- If you feel you need further support, do not hesitate to contact your GP or attend A&E if there is an emergency.

Appendix A-3

Consent Form

Consent Form
"The experience of young men who self-harm: A qualitative study of the communicative and relational aspects of self-harm."

We are asking if you would like to take part in a research project explore the personal experiences of young men who have self-harmed at some point in their lives. Before you consent to participating in this study, we ask that you read the participant information sheet and mark each box below with your initials if you agree. If you have any questions or queries before signing the consent form please speak to the principal investigator, Sara Asensio Cruz.

	Please initial each statement
1. I confirm that I have read the information sheet and fully understand what is expected of me within this study	☐
2. I confirm that I have had the opportunity to ask any questions and to have them answered.	☐
3. I understand that my interview will be video/audio recorded and then made into an anonymised written transcript.	☐
4. I understand that video/audio recordings will be kept until the research project has been examined.	☐
5. I understand that my participation is voluntary and that I am free to withdraw any time until two weeks after the interview has taken place without giving any reason.	☐
6. I understand that once my data have been anonymised and incorporated into themes it might not be possible for it to be withdrawn, though every attempt will be made to extract my data, up to the point of publication.	☐
7. I understand that the information from my interview will be pooled with other participants' responses, anonymised and may be published; all reasonable steps will be taken to protect the anonymity of the participants involved in this project.	☐
8. I consent to information and quotations from my interview being used in reports, conferences and training events.	☐
9. I understand that the researcher will discuss data with their supervisors as needed.	☐
10. I understand that any information I give will remain confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the principal investigator will need to share this information with their research supervisors.	☐
11. I consent to Lancaster University keeping written transcriptions of the interview for 10 years after the study has finished.	☐
12. I consent to take part in the above study:	

Name of Participant_____ Date _____

Name of Researcher _____Signature _____Date

Appendix A-4

Interview topic guide

INTERVIEW TOPIC GUIDE

(All the questions are in present sense; they will be adapted to past tense if the participant mentions that they self-harmed in the past but not currently)

Opening questions:

- Can you tell me a little bit about yourself?
- What made you decide to take part in this research?
- You've told me that you currently self-harm/have self-harmed in the past. Would it be okay if I ask you some questions about that?

Experience of self-harm:

- Can you tell me a bit more about your experience of self-harm?
    - For how long have you self-harmed?
    - How often do you self-harm?
    - What kind of self-harm or what methods have you tried?
    - Has your self-harm being stable throughout your life? Has there been any times where you have self-harmed more or less? Why do you think this was?

Reasons and motives for self-harm:

- People might self-harm for many different reasons. If you don't mind me asking, why do you think you self-harm? What do you think are your reasons to self-harm?
    - What have been the reasons for you to self-harm in the past? What have been lately the reasons for you to self-harm?
    - Why do you think other people self-harm? What could be the motives or the reasons for people to self-harm?

Circumstances/factors:

- Under what circumstances do you usually self-harm?
    - What factors do you think have an impact on your self-harm? What can make it better or worse?
    - What aspects in your life do you think might have an impact on your self-harm? What sort of things can make it better or worse?
- What sort of things happening around you do you think increase your self-harm?

Relational function of self-harm:

- Are other people aware that you self-harm?
- Do you tell other people when you have self-harmed?
    - Why do you think this is?
- Do you think other people understand your self-harm?
    - What do you think others think about your self-harm? How do you know that?

    - What do they say about your self-harm?
- How do you think your self-harm affects other people around you?
    - How do people respond when you tell them that you self-harm or that you have just self-harmed? How do they react? What do they say to you?
    - What do you think are the consequences or impact of your self-harm on others?
- How do people around you affect your self-harm?
    - Is there something they may do or say that make you want to self-harm?
    - Why do you think this is?

Communicative function of self-harm:

- Some people might self-harm to communicate with others (e.g. emotions, fears, needs), do you think self-harm can be a channel of communication?
    - Have you ever used self-harm to communicate? What type of things do you try to communicate when you self-harm?

Prompt questions:

- *Can you tell me a bit more about that?*
- *Could you explain that a bit more?*
- *How do you feel about that?*
- *Why do you think that is?*

Appendix 4-B

Ethics Approval Letter

Lancaster University

Applicant: Sara Azensio Cruz
Supervisor: Suzanne Hodges, James Kelly
Department: DHR
FHMREC Reference: FHMREC20005

01 October 2020

Re: FHMREC20005
The experience of young men who self-harm: A qualitative study of the communicative and relational aspects of self-harm.

Dear Sara,

Thank you for submitting your research ethics application for the above project for review by the **Faculty of Health and Medicine Research Ethics Committee (FHMREC)**. The application was recommended for approval by FHMREC, and on behalf of the Chair of the Committee, I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact me if you have any queries or require further information.

Email: fhmresearchsupport@lancaster.ac.uk

Yours sincerely,

[redacted]

Dr. Elisabeth Suri-Payer,
Interim Research Ethics Officer, Secretary to FHMREC.