What do adolescent natal males choose to tell us about self-harm: a thematic analysis of self-harm vlogs.

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ABSTRACT

Self-harm has been described as a national health crisis amongst young people in the United Kingdom. It has become an area of growing interest in response to reports of increasing prevalence. Despite evidence that the behaviour is not solely restricted to females, the study of self-harm has been largely restricted to adolescent female samples, meaning that what is known about them is often extrapolated to provide an understanding of self-harm amongst adolescent males.

In order to expand the limited evidence base on adolescent males and self-harm, this research investigated what natal males chose to share about their experiences in the vlogs they posted on You Tube. 14 vlogs were selected and analysed using thematic analysis to identify commonalities across the posts. The findings were represented in terms of six themes: Motives & Methods, Concealment, Addiction & Intensification, Emotional Expression, Thoughts about Help and Sharing Knowledge & Expertise.

The study found that vloggers wanted to use their first hand experiences of self-harm to be a source of information, encouragement and support for those engaged in self-harm or those wanting to find out more about it. They wanted to let others who might be heading in the same direction as them know about the more obscure aspects of the experience which makes it difficult to stop. They spoke about how they managed the consequences of self-harming in order to maintain outward normalcy. The vlogs were delivered in a context of candour and emotional expressiveness.

The limitations and implications of the study were discussed, as well as suggestions

for future research.

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Introduction

1.1 Chapter overview

This chapter opens with details of my professional background and how I became interested in the area of self-harm in young males, eventually choosing it as a focus for doctoral research. Also outlined are the events along this journey which have shaped the research. Following this is a description of the cultural milieu in England at the time when this research started, which provides context and rationale for why the study seemed pertinent and relevant at this particular time. This is followed by an introduction to self-harm, definitions and some of the theories that have been formulated to explain it.

1.2 Researcher's Background

I have worked as an Educational Psychologist for over a decade, in a large, socially and ethnically diverse Local Authority in the United Kingdom. I commenced Doctoral Training at the Tavistock Clinic in October 2012.

As an Educational Psychologist, I had worked with girls who self-harmed. That males behaved in a similar way was beyond my realm of knowledge and experience. The beginning of a more specialist interest in the area of self-harm in young males developed through a personal experience; hearing the news of a 19 year old young

man, not that well known to me who took his life seemingly out of the blue to the great shock of his community. Following this event, requests by the community were made for urgent support for another young man with the same friendship group who was expressing thoughts and feelings of harming himself. This young person was referred to mental health agencies, following which it was determined that he was not at any great risk: he very much wanted to live and to my knowledge, is alive and well today.

As an observer of these events, I became personally and professionally curious as to why these young men would want to hurt themselves. Particularly, why one definitely wanted to take his life (the method indicated that this was the case), whilst the other felt the urge to harm, but didn't actually want to die. Initial reading identified a dearth of research conducted into adolescent male self-harm. The opportunity to conduct formal research which could contribute to the body of knowledge in this area became a reality upon assuming doctoral studies. I felt strongly that the way to understand the phenomenon was to listen to what young men who self-harmed had to say about it.

The original proposal for this research was to conduct a narrative analysis of the life stories told by adolescent males using semi-structured interviews. The aim was to locate self-harm within the context of their life experiences and look at how and where they wove episodes of self-harm into the wider stories of their lives. Investigations involving vulnerable participants are subject to the highest levels of ethical scrutiny, and although ethical approval was eventually secured for the study, accessing participants meeting the inclusion criteria turned out to be a hurdle that could not be overcome. One explanation given by the Child and Adolescent Mental

Health Service which partnered with the study was that males who self-harmed were a group that were significantly underrepresented in the clinical/therapeutic system. The males who did seem to feature were those exhibiting significantly high risk, physically aggressive behaviours.

Considering ways to move forward, especially in the context of timely completion of a piece of doctoral research, I took the decision to look for a different way to access participants who were more readily available, as a starting point from which to illuminate and extend what is currently known about adolescent male self-harm. I found myself exploring the role of the internet and social media.

Advances in internet technology have created unique opportunities for psychological research and gives Psychologists the opportunity to observe new or rare phenomena online (Kraut, Olson, Banaji, Bruckman, Cohen & Couper 2004). Social media platforms provide space for expression, and this is used by many people, including young people who self-harm. This therefore seemed like a reasonable place to start researching. Initial explorations indicated that there was much investigation into how the internet is used and its possible effects on young people who self-harm. Further exploration revealed that the content of videos shared by young males who self-harmed was indeed a potential untapped source which could be used to create a rich picture of the phenomenon.

1.3 National and Local Context

I recall how self-harm seemed to permeate the national consciousness in the winter of 2014, with media sources reporting new figures indicating increases in self-harm amongst adolescents, particularly boys. The Daily Mail newspaper reported a 45 %

rise in self-harm in adolescent males aged 10-14 years between 2009/10 and 2013/14. Similar figures were reported by various other media outlets including The Guardian. Whilst it is reported that prevalence rates for self-harm can be difficult to reliably establish (McAllister, 2003, Madge, Hewitt, Hawton, Jan de Wilde, Corcoran, Fekete, van Heering, De Leo & Ystgaad, 2008; Stallard, Spears, Montgomery, Phillips & Sayal, 2013), figures provided by charities supporting young people with mental health difficulties supported these media reports. The Mental Health Foundation reported that the UK had one of the highest rates of self-harm in Europe, with 400 in every 100,000 young people harming themselves. The national charity Self-Harm UK estimated that around 13% of young people would deliberately try to harm themselves at some point between the ages of 11 and 16, although the actual figures could be much higher. The charity also reported a 70% increase in young people between the ages of 10 and 14 presenting at accident and emergency for self-harm related issues between 2012 and 2014. Records held by the National Society for the Prevention of Cruelty to Children showed self-harm to be the fourth most common concern for children and young people who contacted ChildLine in 2014/15 and over 19,000 ChildLine counselling sessions conducted during this period were to address self-harm related issues.

The national picture seemed to be reflected in the local context. Data obtained from the Heart of England NHS Foundation Trust, and University Hospitals Birmingham NHS Foundation Trust, cited in the Birmingham Mail newspaper, showed a 40 per cent increase in children presenting at hospitals with indications of self-harm. Numbers rose from 289 in 2009/10 to 404 in 2013/14. These increases were noted not only in Birmingham, but also in the surrounding regional 'Black Country' areas,

and whilst no distinction was made along gender lines, the statistics for the West Midlands seemed to concur with the upward trend in self-harm amongst young people reported nationally.

Reports pertaining to adolescent male self-harm seemed to provoke more interest, possibly because anecdotally self-harm is a behaviour not often associated with mainstream males. This perception may have been reinforced by a number of things e.g., some sectors of the research community reporting much lower prevalence rates amongst males (Madge et al, 2008; Baaken & Gunter, 2012; Stockwell, 2018), the frequent use of female samples for research into self-harm (Shaw 2002), gender biases in the way that self-harm is diagnosed (Healey, Trepal, and Emelianchik-Key, 2010) and the limitations of the diagnostic criteria (Green & Jakupcak, 2016). This is particularly true of research originating in the United Kingdom and North America, where the young, white, middle class female who cuts, has been portrayed as the archetypal self-harmer (Shaw 2002). The legacy of this is a skewed perception about who self-harms, when and how; and groups that don't fit this profile can end up being overlooked.

Although the study of self-harm, certainly in adolescence, is garnering more attention within the research community, there is still comparatively little literature examining adolescent male self-harm as an area worthy of exploration in its own right (Adamson & Braham, 2011). The result is that it is less likely to be recognised and understood (Taylor, 2003). It is within this context that a rationale can be made for conducting the current study.

1.4 Definition of Key Terms

1.4.1 Adolescence

Adolescence is an evolving theoretical construct, informed by physiologic, psychosocial, temporal and cultural factors (Curtis, 2015). It is traditionally seen as beginning at the start of puberty and extending until social independence is attained and adulthood assumed (Steinberg, 2014). Though generically identified between the ages of around 11-18, there is considerable inconsistency, to the extent that adolescence has been proposed to incorporate the age span between 10 and 18 years of age (American Psychological Association, 2002). Arnett (2000) proposed a new life stage between the ages of 18 and 25 termed 'emerging adulthood' acknowledging an extended period of adolescence/ early adulthood before the full assumption of adult responsibility. This hiatus between adolescence and adulthood takes into account changes in the social and economic world, which means that adult responsibilities for many young people are delayed.

Recent neurobiological studies have shown that the brain development associated with changes during adolescence occurs not only during the teenage years as initially thought, but well into the twenties, potentially influencing factors such as reasoning capacity, affective states, and impulse control (Geidd, 2015). In line with academics such as Curtis (2015), this study adopts an operational definition of adolescence as part of a transitional period occurring between the ages of 11 and 25, which reflects current theories of extended adolescence, supported by developmental science.

1.4.2 Males

This study proposes to study natal males who do not verbalise incongruence between their biological sex and gender.

1.4.3 Self-Harm

There are many definitions of self-harm cited in literature. Lloyd-Richardson, Perrine, Dierker & Kelley (2007) define it as

> '*Repetitive, intentional, direct injury of one's body tissue*
>
> *without suicidal intent, that is not socially accepted* '
>
> (Lloyd- Richardson et al, 2007, p1183)

Nock (2010) defines it as

> *…the direct, deliberate destruction of one's own body tissue*
> *in the absence of intent to die…*
>
> (Nock, 2010, p 65)

Self-harm is sometimes seen as an attempt to suicide. Whilst it has been established that this is not necessarily the case, there is a complex relationship between the two phenomena (McDougal et al, 2010). Suicide has been described as a *voluntary* and *intentional* act undertaken to end life, whilst with self-harm (or non- suicidal self-injury as it is sometimes called, amongst other labels), there is no real conscious intention to end life (Klonsky & Muehlenkamp 2007) - even though there may be thoughts about death or 'suicidal ideation' whilst in the moment (Muehlenkamp and Gutierrez, 2004). Self-harm can be difficult to define primarily because of the

uncertainty about the intentions behind the act. In some circumstances, the individual may not be consciously aware of what his/her intentions are – especially in times of significant emotional turmoil (Green & Jakupcak, 2016). Recognising this ambiguity Hawton, Saunders and O'Connor (2012) define self-harm as

'Intentional self-poisoning or self-injury, irrespective of type of

motive or the extent of suicidal intent'

(Hawton et al, 2012, p 2373)

Theoretically, if the defining factor of self-harm is intentionality alone, engagement in any act, accompanied by some conscious awareness of damage to the self could be regarded as self-harm; and the label could probably be applied to the actions of many people at some point in their lives (National Institute for Clinical Excellence, 2004). However, applying the lenses of context and culture can help to differentiate. Self-harm may form part of religious customs or be demonstrated as political or social protest (Babiker & Arnold, 1997; Walsh & Rosen, 1988). Tattooing and piercing are acts where intentional harm is perpetrated on the body; however the 'harm' is performed by someone else and the purpose is for body enhancement. It is a socially sanctioned act that often raises esteem - as an individual and amongst any associated peer group. This contrasts with self-harm where the behaviour is carried out by the individual upon him/herself, often when alone, and results ultimately in negative feelings. It is overwhelmingly evaluated by society as unacceptable and taboo.

The operational definition of self-harm adopted in this study will be one that is informed by Nock et al (2010) and Muehlenkamp and Gutierrez (2004). In light of my own understanding of self-harm, informed by reading and research, self-harm can be defined as direct and deliberate action against one's body which results in physical injury, which may be accompanied by thoughts of death or suicide, but done without serious intention to end life.

So far I have set out the contextual background to this study and discussed and defined the key terms related to the study. In the final section of this chapter, I will outline some of the theoretical explanations that Psychology has to offer for self-harm.

1.5 Psychological Explanations of Self Harm

Many models and theories have been proposed from the different perspectives in Psychology to help make sense of self harm. The complexity of self-harm makes it unlikely that one single theoretical approach could account for all scenarios. According to Bennun (1984), any serious explanatory attempt will benefit from a flexible, eclectic approach. In the interest of efficiency, it is not possible to consider all of the approaches with all their associated hypotheses. I have chosen to consider contributions from the neurobiological, social learning, psychodynamic and behavioural approaches, because they will be an informative base from which to understand the research.

1.5.1 Neurobiological Explanations

There are various theories which suggest that the onset and maintenance of self-harm may be the result of neurobiological abnormalities. It has been suggested that there may be a genetic predisposition in certain individuals which results in high emotional/cognitive reactivity. Due to abnormalities in the genes responsible for the transmission of serotonin, altered physiological reactivity acts as a catalyst for self-harm. The result is that the individual experiences physiological hyper arousal when faced with distressing situations and self-harm may be used to regain equilibrium. Some proposals suggest that there could be an association between low levels of cholesterol and triglycerides and self-harm; whilst other theories implicate dysregulation as a result of disrupted cortisol production and the reaction of the Hypothalamic Pituitary Adrenal (HPA) axis. It is proposed that self-harm could occur in the context of reduced cortisol release during times of elevated levels of stress, as a result of underactivity in the HPA axis (Groschwitz & Plener, 2012). Other theories have proposed the relevance of endogenous opioids in maintaining self-harm. Endogenous opioids are complex molecules which are associated with pain perception and addiction. Since self-harm stimulates the production and release of these natural opioids, it has been hypothesised that low opioid release can be adjusted by self-harming. A by-product of this is pain relief, an experience of euphoria and general calming and individuals get dependent on the act for the good feelings that are produced. Therefore self-harming behaviour becomes established and maintained, much like any other addiction (Blasco-Fontecillia, Fernández-Fernández, Colino, Fajardo, Perteguer-Barrio, & De Leon, 2016).

1.5.2 Social Learning Explanations

Social Learning Theory suggests that an individual's self-harming behaviour is shaped by his/her social world. Christakis and Fowler (2009) argue that key to understanding an individual's behaviour, is understanding the influence of his/her social networks. It is proposed that thoughts, feelings and behaviours, spread through social networks like epidemics;

> '*Like bacteria that result in disease, behaviours and attitudes are transmissible. The acceptance and adoption of certain behaviours can be communicable and passed from one person to another*'
> (Purington & Whitlock, 2010 p 11)

There is abundant evidence of social influence operating in society e.g., the adoption of fashion trends, adhering to social rules. It is argued that self-harm could be activated and perpetuated by a similar form of social influence, sometimes referred to as social contagion. This modelling effect is well documented in research (Hawton, Harriss, Rodham, 2010; Jarvi, Jackson, Swenson & Crawford, 2013) and is particularly observed in closed group settings e.g., residential facilities, schools. Whilst close connection has been identified as an important factor in the spreading of self-harming (Jarvi et al, 2013), this modelling effect has been found to be particularly influential for those already experiencing high levels of distress (Hasking, Andrews and Martin, 2013).

The mechanisms which activate social contagion can be explained using the principles of social learning theory, i.e., through observing and imitating a model in the environment, which is reinforced and shaped by experiences in the individual's psychological and/or social world (Raymond, 2012). Although self-harm often

manifests in adolescence, the process of social learning could potentially begin way back in early life, where normal patterns of caregiving and childhood interactions with parents teach that injury and hurt lead to care and attention (Simpson & Porter, 1981). The learning does not even have to be as a result of direct experience - it could come about vicariously, e.g., where the individual observes the benefits it brings to others.

Social learning explanations can also be used to explain the increases in self-harm observed amongst adolescents, since there is a correlation between prevalence rates in society and increased depictions of self-harm in the media (Whitlock, Purington, & Gershkovich, 2009) with both celebrities and ordinary people using self-harm as a mechanism to cope with life's difficulties. In fact, many young people who self-harm report observing the behaviour in friends, relatives or the media (Nock, 2009). As a result of modelling exposure, imitating the behaviour becomes less alarming and accepted as a relatively common pseudo acceptable phenomenon in the lives of young people (Puringer & Whitlock, 2010; Raymond, 2012).

This modelling medium has been demonstrated to be so strong that therapeutic cinematic modelling opportunities showing adaptive responses to situations which may previously have been 'resolved' using self-harm, have been suggested as a potential self-harm intervention (Trewavas, Hasking & McAllister, 2010).

1.5.3 Behavioural Explanations

Behavioural explanations stress the importance of reinforcement. Bentley, Nock & Barlow (2014)'s Four Function Model of self-harm illustrates how the intra and/or

inter personal benefits of self-harm can be reinforced positively or negatively in a dynamic model of self-harm shown in Table 1. Some individuals report that self-harm is followed by an immediate decrease or cessation of aversive states, e.g., anxiety, anger, self-loathing, demonstrating negative reinforcement via an internal (intrapersonal) experience. Similarly, engaging in the behaviour could result in the avoidance of unpleasant social experiences e.g., bullying from peers, episodes of abuse or parental conflict, resulting in interpersonal benefits for the individual. Positive reinforcement occurs when self-harming behaviour is closely followed by something desirable - such as positive thoughts or feelings of satisfaction from self-punishment originating from within the individual; receiving positivity from the people in one's social setting or attention from an esteemed other (interpersonal).

Table 1

Bentley et al (2014) Four Function Model of self-harm

	Positive reinforcement	**Negative reinforcement**
Automatic contingencies (personal)	Use of self-harm to create desirable psychological states	Use of self-harm to reduce negative psychological states, e.g., negative feelings
Social contingencies (social)	Use of self-harm to gain some interpersonal benefit e.g., attention	Use of self-harm to avoid negative interpersonal situation

Therefore rather than self-harm being a passive, helpless response, it can be seen as having a psychosocial function whereby needs are met. It can be according to Nock,

> …a signal of strength and fitness that is reinforced by warding off potential threats… and in some cases can strengthen affiliation with others

(Nock, 2008, p 159)

1.5.4 Psychodynamic Explanations

Psychoanalytic approaches identify self-harm as one outcome of poor early relationships, which they stress is important for healthy emotional development. The effects of early relational experiences, both positive and negative, will resonate throughout life (Shaw, 2002). Self-harm then serves certain psychic functions, compensating for deficits in early caring that should have come from significant others, but now have to be provided by the self. These hypotheses are controversial in that, rather than proposing self-harm to be destructive or maladaptive, they suggest that it serves to provide nurture and protection to the self. McAllister (2003) observes that in some self-help and therapeutic texts, self-harm is termed 'self-soothing' to highlight that there can be a caring intention behind the act and also to acknowledge it as a mechanism for coping. There has been anecdotal evidence, via self-report, of self-harm being viewed as a mechanism to cope with challenging situations or circumstances; hence some individuals report harming to live, rather than trying to die. Skin Containment is one of the psychoanalytical theories which advocate a psychotherapeutic understanding of self-harm, proposing that it is an act of caring and protection against 'emotional rupture' following a traumatic event or ongoing emotional turmoil (Failler, 2008). For Bick (1968), the primal function of the skin is to bind or contain parts of the self, just like in early childhood where the mother's role is to provide emotional containment through providing consistent, responsive caregiving and emotional soothing. This experience of containment will eventually lead to the development of emotional self-regulation, and other psychic developments including recognition and interchange between the internal and external worlds. Issues arise when unsatisfactory early caregiver experiences result in the

development of inadequate self-containment which means that persecutory anxieties cannot be adequately managed. Self-harm mediates this deficit.

1.5.5 An Integrated Explanatory Approach

Offering an eclectic approach to the explanation of self-harm, Nock (2010) proposes an integrated explanatory model, amalgamated from several different psychological theories. The model proposes that self-harm is more likely to occur where there is a need for emotional, cognitive and social regulation as well as a need for communicating with and influencing others. Individual differences may produce a genetic predisposition towards high emotional reactivity, emotional and cognitive aversion and poor stress tolerance, in conjunction with impaired communication and problem solving skills. Other more unique personal incongruities may be present, such as the inheritance of a biological vulnerability, resulting in low pain sensitivity through natural pain analgesia. Factors such as poor childhood experiences, abuse, maltreatment or intra-family issues may exacerbate psychological frailties. Being in an environment where social learning can take place through the modelling provided by others or where engaging in self-harm is viewed as key to being part of a 'social group' may provide the environmental conditions in which the behaviour can flourish. Any combination of a number of these factors, drawn from diverse psychological perspectives, could make it more likely that high risk strategies, such as self-harm could be used to manage challenging situations.

1.6 Summary and Research Aims

In this chapter, I have presented the context within which this research is being conducted and shared my interest in young males who self-harm, which has been a key driver in formulating the aims of the research. There has been discussion about the different definitions of self-harm, how it will be defined in this particular study and a number of psychological theories described in an attempt to provide an understanding of some of the explanations that have been given about self-harm.

The next chapter will provide a critical review of literature, to find out what is currently known about adolescent male who self-harm.

Chapter 2

Literature Review

2.1 Chapter Overview

One of the aims of this research was to expand the research knowledge about adolescent male self-harm. In order to ensure that the research was linked to identified gaps in literature, it was important to find out what was already known about the phenomenon by locating previous research and reviewing what has been illuminated so far.

The first part of this chapter summarises how the literature searches were conducted followed by a critical review of the literature. It concludes with the aims and research question that was formulated as a result of the review.

2.2 Systematic Literature Review

The literature review was conducted in a methodical way, in order to make it as transparent as possible. Firstly, a question was formulated to guide the review which was:-.

> '*What do the empirical studies conducted so far tell us about adolescent male self-harm?*'

EBSCO Host was used to conduct advanced literature searches of a number of databases: PsycARTICLES, PsycBOOKs, PsycINFO, Psychology and Behavioral

sciences Collection and Medline, in June and December of 2015 July 2017, and

February 2018 using the search terms shown in Table 2:

Table 2: Table of search terms

Search Name	Search Terms
Male	Boys or males or male or boy or gender; men
Adolescent	Adolescence or adolescent or teenagers or teens or youth, Young people
Self-harm	Deliberate self-harm; self-injury or self-harm; non suicidal self-injuy or self-harm; self-injurious behaviour

Inclusion and exclusion criteria outlined in Table 3 were devised in order to narrow

the search to literature that was directly relevant to the literature research question.

These were applied when selecting papers for review.

Table 3: Table of inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Empirical research	Non-empirical research
Adolescent males who self-harm	Secondary research
Papers contrasting males and females with regards to self-harm	Research which contains mainly female samples
Research published in the English language	Research published in any language besides English
Research emanating from Westernised societies	Unpublished research
	Research into self-harm which focuses primarily on suicide

The search results and additional details about the research papers selected, as well as those considered but excluded from review and the critical appraisal of all papers are contained in the Appendices (A to E).

In total eight research papers were identified for review, the main details of which are summarised in Table 4 below. In order to access as much information possible the search parameters were not limited in terms of the research period. As a result, the research papers outlined spanned over a decade. This meant that some of the findings may not have met the criteria of being recent knowledge about self-harm, bearing in mind the social and cultural changes that occur over time. However, considering the relatively limited research conducted in the area, their inclusion could be justified since the aim of the literature review was to capture the expanse of what was already known about adolescent male self-harm.

Another distinguishing aspect of this selection of papers is the use of methods which rely heavily on self- report. Seven of the papers reviewed employed methodology which included questionnaires or surveys. Whilst there are a number of benefits to this e.g., being able to reach a larger sample of the target population, there are also drawbacks. One drawback is social desirability responding where participants may give responses in line with what they think is expected or wanted. Self-reporting also can be affected by issues such as inaccurate recall or reconstruction during the process of remembering. Both of these issues could affect the reliability and validity of the information that is recorded and collected and ultimately compromise the research findings themselves.

The final point worthy of note is that the majority of studies outlined originate from outside of the United Kingdom (UK), illustrating the limited focus on research into

adolescent male self-harm in the UK. Only one piece of research outlined (Madge et al, 2008) included young people from the UK. Whilst all of the papers originate from westernised countries, there will still differences e.g., social and cultural factors, which may limit the extent to which the literature review findings can be used to reliably inform about self-harm amongst adolescent males in the UK.

Table 4: Details of papers selected for review

Author	Year	Place of study	Age	Method	Participants
Haavisto et al	2005	Finland	8 & 18	Questionnaire	2946 boys aged 8 2348 boys at 18
McMahon et al	2010	Ireland	15 - 17	Questionnaire	3881 48% boys
Green & Jakupcak	2016	USA	19	Clinical Interview	Case study 19 year old male
Bakken & Gunter	2012	USA		Questionnaire	2548 (50% male)
Madge et al	2008	Europe	15-16	Questionnaire	30000 (51% male)
Sornberger et al	2012	USA	11-19	Survey	7126 (49.2% male)
Baetens et al	2011	Belgium	16 (average)	Questionnaire	251 (37% male)
Andover et al	2010	USA	18 (average age)	Questionnaire & Interview	103 46% male

The literature review is organised in terms of the main areas addressed in the literature selected, namely Factors Associated with Self Harm, Prevalence,

Premeditation, Methods & Reasons, Help Seeking & Secrecy, and Location,

Control, Pain & Injury.

2.3 Factors Associated with Self Harm

2.3.1 Psychosocial and Life Factors

Six of the eight papers reviewed sought to identify different factors or associates

which correlated with self-harming thoughts and behaviors. McMahon, Reulbach,

Corcoran, Keeley, Perry & Arensman (2010) conducted a cross-sectional study, the

aim of which was to examine a broad range of factors associated with self-harm.

Participants completed a standardised, internationally validated questionnaire

anonymously, as part of the Child and Adolescent Self-harm in Europe (CASE)

study. Researchers found that a lifetime history of self-harm was significantly

associated with a range of psychological, lifestyle, interpersonal and life event factors

illustrated in Table 5 below:-

Table 5 - Factors associated with lifetime history of self-harm

Psychological Factors	Life style Factors	Interpersonal Factors	Life Events			
Depression Anxiety Self esteem Impulsivity Worries about sexual orientation	Drug use (past year) Smoking Heavy drinking	Fights with friends Difficulty making/keeping friends Boy/girlfriend problems	Serious physical abuse Self-harm in family member Forced sexual activity Trouble with police	Schoolwork problems Other distressing event Arguments between parents DHS of friend	Bullied at school Friend/family member suicide Self/family serious illness Fights with friends Parents separation/divorce	Not living with both parents Death of family member Death of someone close

Some factors were pertinent to both males & females, whilst some were specific according to gender. For males, two general areas of risk were identified - experiencing psychological issues and negative experiences related to school. More specifically anxiety, impulsivity, problems keeping up with schoolwork, and being a victim of bullying were all factors which significantly correlated with adolescent male self-harm. For both males and females, drug use and having a friend or relative, especially a close one for males, who engaged in self-harm was a significant factor. The broad areas of risk for females were in interpersonal interactions and relationships. More specifically of significance for them was low self-esteem, problems making or keeping friends, serious relationship problems (with both parents and peers), and being forced into sexual activity. The study has been useful in identifying not only general broad areas of risk, but also a number of specific factors that may be associated with self-harm based on gender. The main limitation is the relatively limited age cohort to which the data can be generalised.

Bakken & Gunter (2012) also looked for correlates of self-harm, using a random sample of ethnically diverse high school students, who anonymously completed the Delaware Youth Risk Behaviour Survey. Bullying victimisation, being involved in fights, sexual assault, substance use, use of hardcore drugs, sad/hopelessness, dieting behaviours, being the member of a sexual minority and sexual behaviour were all investigated to ascertain whether they were associated with self-harm and suicidal thoughts. A separate analysis was conducted to investigate any difference made by gender. Supporting research findings by McMahon et al (2010) they found strong associations between self-harm and being a victim of bullying, with those

experiencing high levels of bullying more likely to engage in self-harm than those experiencing low levels. They also found that substance abuse (excluding hardcore drugs such as cocaine and inhalants) correlated significantly with both variables, but especially self-harm. For males, more common substance use e.g., alcohol, cigarettes, soft drugs, were predictive of both self-harm and suicidal thoughts. This was supported by research conducted by Madge et al (2008) who also found an association between self-harm and the use of substances. In their study they found that alcohol was implicated in one in five episodes of self-harm and the use of illegal drugs was implicated in one in nine cases. The use of drugs and alcohol was more likely to be associated with male self-harming behaviour than female. Again supporting the finding of McMahon et al (2010), Bakken & Gunter (2012) found negative emotional states such as sadness and hopelessness to be significantly associated with self-harm and suicidal thoughts - especially for males. Being a member of a sexual minority for males was linked to suicidal thoughts but not self-harm - whilst an association was found with both variables for females.

In line with the study aims, the research identified a number of factors associated with self-harm and in doing so have supported some of the findings of previous literature, as well as highlighting new factors using a large random sample and standardised method of assessment, allowing confidence in the research findings. Importantly for the current study, the above studies validate the importance of conducting analysis along gender lines when studying self-harm. Bakken & Gunter (2012) found that when their data was analysed along gender lines, this accounted for between a quarter and a fifth of the variance found in the dependent variables, demonstrating the skewing effect that can occur when gender is not taken into account. The result of this is an

underestimation of the importance of gender specificity in researching and understanding self-harm.

Again looking for correlates of self-harm, a longitudinal study was conducted by Haavisto, Sourander, Multimaki, Parkkola, Santalahti, Helenius, Nikolakaros, Moilanen, Kumpulainen, Piha, Aronen, Puura,Linna, Almqvist (2005), who followed boys over a ten year period from the age of 8 to 18 years, when they were about to begin national service in Finland. Parents and teachers completed a number of published, standardised assessments e.g., Rutter Parents Scale and Rutter Teacher Scale for the boys when they were 8 years old, assessing their antisocial behaviours, hyperkinetic and neurotic symptoms and gave estimations about whether they thought the child needed psychiatric help. The boys rated themselves for depression, psychosomatic symptoms and bullying. Details about parents were collected, including their level of education. At age 18, follow up measures were taken just prior to military call up, assessing psychopathy during the previous 6 months, as well as other standardised measures of adaptive functioning and substance use, together with demographic and life events information. Deliberate self-harm was measured using three response variables; 'no suicidality' 'ideation of self-harm only' and 'acts of self-harm'. Assessing the significance of the relationship between the explanatory variables e.g., depression, somatic complaints and the three response variables, Haavisto et al (2005) found that anxiety and depression were strongly associated with both thoughts and acts of self-harm. In addition they found that aggressive behaviour displayed externally or not, was associated with self-harm. Externalised aggression was associated with acts of self-harm, whilst internalisation e.g., withdrawal, rumination, were strongly associated with both thoughts and acts of self-harm.

These researchers also found the same lifestyle choices, highlighted as significant in later studies (McMahon, 2010; Baaken & Gunter, 2012), correlated with self-harm behaviours. Smoking, heavy alcohol use and the use of illicit drugs were all associated with both thoughts and acts of self-harm. In addition they highlighted poor relationships in general to be significant, including disruptive family dynamics e.g., divorce, parental ill health.

Although dated, a strength of this research is its longitudinal nature, allowing hypotheses to be explored over time. Researchers found that boys who reported feeling depressed at age 8 showed an increased risk of displaying thoughts and acts of self-harm at age 18. The same was found in relation to somatic health problems - parental reports of somatic health problems at age 8, correlated with later thoughts of harm, but not actual self-harm. The reports made by the boys themselves however, were associated not only with later thoughts of self-harm, but also acts. This showed that there was a link between certain detrimental factors experienced during the primary years and self-harm in adolescence. It also showed the importance of the child's voice in assessing their inner state.

The importance of relationships in general was highlighted by this research, not only for girls as found by McMahon et al (2010), but also for boys. The absence of parental involvement was established as an important associate of self-harm. Parental level of education also turned out to be influential. Researchers found that boys who had at least one parents with a higher level of basic education (had graduated from upper secondary school) at the age of 8, were less likely later on to display acts of self-harm, although the risk of self-harm thoughts were elevated. By contrast boys of parents with

lower educational attainment were found to be more likely to show externalising behaviours and acts of self-harm. This could suggest that higher levels of parental attainment promoted patterns of interaction between parents and children which discouraged acts of self-harm, though not necessarily thoughts of it. Poor school achievement, as assessed by teachers, was another factor associated with later acts of self-harm.

The study was conducted in Finland as part of a nationwide study at the time when all 18 year olds faced compulsory military service. The follow up self- assessment data was collected when the young men were about to begin their service. It is possible that these very particular set of circumstances, not faced by the majority of young people in the UK who self-harm, may have an effect on how the young men behaved and subsequently assessed themselves. This confounding factor potentially reduces the generalisability of the study.

2.3.2   Personality factors

As well as psychosocial and life factors, research was conducted to find out whether individual personality factors might be relevant to whether someone self-harms or not. Perhaps certain personality characteristics might insulate from or make someone more vulnerable to the risk factors shown to correlate with self-harm. Investigation into individual differences could potentially shed light on why individuals facing similar disadvantageous situations take different paths in relation to self-harming behaviour and identify personal profiles that put individuals at risk of self-harm. One paper investigated the relevance of personality risk factors.

Baetens, Claes, Willem, Muehlenkamp & Bijttebier (2011) hypothesized that individual personality factors may have a role to play in the later development of self-harm. Researchers looked at the association between self-harm and temperament in male and female adolescents using Rothbart's Temperament Dimensions. This model contrasts discrepancies between two emotional regulatory systems important in managing behaviour - reactivity and self-regulation. Reactivity is the individual's response to changes that occur in the external and/or internal environment. Self-regulation is the competing system, responsible for controlling reactivity, particularly through the processes of executive attention and effortful control. Effortful control is apparent when an individual has the ability to voluntarily inhibit a dominant response and instead activate a subdominant one. Executive attention is where the individual is able to voluntarily manage his/her attention and force himself/herself to do something that he/she perhaps would not necessarily want to do. These abilities develop during childhood as a result of biological factors and environmental experiences. The model proposes four broad temperamental styles, outlined in Table 6:-

Table 6: Rothbart & Derryberry (1981) Temperamental Model

Factor	Description
Negative affectivity	Tending towards negative emotions e.g., anger, guilt, poor self-concept (related to Neuroticism)
Positive reactivity	Orientation towards exploration, thrill and sensation seeking (related to Extraversion/sensation seeking)
Effortful control	The ability to regulate attention and behaviour (related to Conscientiousness)
Affiliation	The desire for closeness with others (related to agreeableness)

Participants completed standardized assessment measures of self-harming behaviour and temperament whilst at school. Parents also completed assessments of their child's temperament. Researchers were interested in whether there were differences in temperament between adolescents who self-harmed and those who did not. They found significant gender effects in relation to temperament. Females who self-harmed scored significantly higher on measures of negative affectivity and affiliation, whilst males who self-harmed scored higher on positive reactivity. When gender was controlled, the results showed that young people who self-harmed scored significantly higher on negative affectivity and lower on effortful control compared to young people who did not.

The cross sectional nature of the research meant that causality between temperament and self-harm could not be inferred, however the research does provide an early link between the two which could be validated longitudinally. Although based in part on self-report, which is limited by social desirability responding, it shows that males who have a temperament which gravitates towards exploration, excitement and thrill seeking may be more at risk of engaging in self-harm. However, the research could also be seen to diminish the importance of gender by linking self-harm to the possession of certain personality traits, which could potentially be displayed by any individual, irrespective of gender.

2.3.3 Traditional Masculinity

Green and Jakupcak (2016) suggested that investigating the impact of traditional masculinity may hold a key in understanding adolescent male self-harm. They argued that the way self-harm presents in males can be complicated by a number of factors -

including the adoption of traditional western norms for masculine behaviour. In the sole paper to highlight this issue, they attempted to show how the true nature and identification of male self-harm can be shrouded by traditional masculine norms and expectations. They also highlighted potential difficulties in assessing male self- harm in relation to the current diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Their research was based on a clinical case study of a 19 year old male.

Green & Jakupcak (2016) proposed that whilst some of the self-harm behaviours displayed by males are typical of the diagnostically relevant traits constituting self- harm as measured by the DSM-V, others are not. They challenged some of the assumptions about self-harming behaviour which may not be relevant for males e.g., the assumption that self-harm is necessarily carried out in private. They proposed that some male self-harm behaviours may be conducted in a social setting and cited examples from their case study of the precarious behaviours engaged in by a young male. These included jumping from heights, punching walls, going out with the intention of getting into physical confrontations - all of which could potentially lead to harm. Whilst sustaining consistent and serious injuries as a result of his escapades, their participant reported his behaviour to be 'just messing around' with his friends, imitating risky acts seen on TV and social media sites. The motivation was to gain the reputation of being 'the craziest guy' and this crazy behaviour was reinforced by the applause and gratification he received from his peers. Notably, these reasons and functions did not concur with the formal diagnostic criteria or more common reasons given for self-harm. Looking into the young man's background, researchers found a number of factors, such as a disrupted upbringing without security or consistency,

depression, rejection /unavailability of parents, abuse – all factors which have been found to correlate with self-harm in males.

In addition, Green & Jakupcak (2016) argued that sometimes males lack conscious awareness of their intentions and the reasons why they engage in dangerous or risky behaviours, and this may hide unconscious attempts to self-harm. Whilst self-harm behaviours such as cutting and scratching are seen as taboo in society, some of the behaviours that could constitute male self-harm e.g., excessive drinking, aggressive behaviour, risk taking, are tacitly sanctioned through western male gender role socialisation. Since these functions and behaviours fail to synchronize with the diagnostic criteria for self-harm, miscalculations are easily made about how and why many males self-harm. They conclude that self-harm as it occurs in males, can be a highly complex phenomenon which can be difficult to identify - for both clinicians and young males themselves, because of western male culture. They argue for the magnification of the background, family and life context in assessment situations where males are repeatedly hurting themselves. All of the background factors identified in their case study e.g., broken attachments, home life disruption are indeed factors that have been shown to correlate with self-harming behaviour (McMahon, 2010). Haavisto et al (2005) specifically identified an association between physical aggression and self-harm.

The authors conclude that socially defined masculine behaviours including aggressive externalised acts may have latent functions, including communicating distress, providing relief and gathering support and approval from peers. They suggest that

> *'Masculine gender socialisation impacts the form and functions of*
>
> *some men's self-harm behaviours. Specifically …difficulties*
>
> *expressing intentionality, as well as the perceived normativeness*
>
> *of…some men's self-harm behaviours, results in these behaviours*
>
> *either being dismissed as not self-injurious or simply as normative*
>
> *for men.'*   (Green & Jakupcak, 2016, p 152)

Also they stress the importance of being

> *…alert to both the unique constellation of symptoms that*
>
> *accompany self-harm for many men (appearing as aggression or*
>
> *violence, occurring in social settings)… the factors that likely*
>
> *influence this presentation (masculine norms)… for psychological*
>
> *distress that likely accompanies these behaviours as well as for*
>
> *other maladaptive strategies for emotional regulation.*

> (Green & Jakupcak, 2016, p *153)*

Through the use of case study methodology, a rich and detailed narrative has been presented about male self-harm, although limited in terms of generalising the findings beyond the immediate context. Green & Jakupcak (2016) have shed light on a number of important issues regarding male self-harm, such as the alternative ways that self-harm may be expressed in males and the implications this has for assessment i.e., using diagnostic criteria which may not be relevant to some aspects of male self-harm. Another limitation of the research is the ethnocentric definition of western masculine

behaviour. Notions of masculinity have the capacity to vary not only globally, but amongst and within local communities.

Importantly, the study offers one explanation as to why prevalence figures for male self-harm may sometimes lag behind those of their female counterparts. It highlights how the extant diagnostic criteria for identifying self-harm can actually hinder the identification of male self-harm. The authors suggest that the criteria should be differentiated along gender lines.

2.4 Prevalence of Self Harm

Prevalence was addressed by six of the eight papers selected for review, and the literature demonstrated inconsistency in establishing a reliable picture of prevalence between males and females.

Haavisto et al (2005) found a self-harm rate of 2.2% and 4% rate of ideation using a single sex sample of 18 year old males. Including females in their sample, McMahon et al (2010) was able to provide a comparison and found marked differences based on gender. They found a ratio of at least 3:1 when comparing lifetime history rates of self-harm for females and males respectively. Sornberger et al (2012) also reported higher prevalence of self-harm amongst females compared to their male counterparts. They found a 32% prevalence rate in females and 17% in males. To investigate further, the researchers conducted additional analysis of the data to qualify frequency in terms of how often participants had engaged in the behaviour using the descriptors 'only once', 'a few times' or 'did it frequently'. In doing this they found only a significant

difference in prevalence between males and females who reported 'frequently' engaging in the behaviour - with females assessing themselves to have engaged more frequently than males. However, there was no significant gender difference for those reporting to have engaged in the behaviour 'only once' or 'a few times' and there was no significant difference in the number of times males and females had engaged in self- harm over their life time. There was further support for gender congruity in research conducted by Baetens et al (2011) who found that 27% of adolescents in their study showed at least one type of self-harm, with no significant difference in prevalence between males and females. Andover, Primack, Gibb & Pepper (2010) too detected no gender differences in prevalence. The males in their sample reported engaging in self-harm on average 36 times, the majority within the last year, with the onset occurring during adolescence. Whilst onset in adolescence was the same for females, Andover et al (2010) found that males started at a significantly later age. Bakken & Gunter (2012) found that in their sample of adolescents, 13% reported that they had engaged in self-harm in the previous year, and again, females reported significantly higher levels of engagement than did males. Madge et al (2008) also found more females reporting self-harm - irrespective of whether this was over the past year or over the course of a lifetime. What was common for both males and females was that once they started self-harming, the behaviour tended to increase over time.

The research presented shows variability in prevalence, particularly when trying to obtain a reliable comparison between rates of male and female self-harm. As demonstrated, sometimes the methodological decisions made in research may impact on what is found, e.g., the wording used (Sornberger et al 2012), how self-harm is defined and the assessment tools employed (Green & Jakupcak, 2016).

2.5 Premeditation

The international CASE research conducted by Madge et al (2008) was the only one to look at the issue of premeditation. They found that almost half of the young people in their sample who had self-harmed in the previous year had done so within an hour of first thinking about it, 23% had waited more than an hour but less than a week, whilst for 29% of young people more than a week had passed between thinking and acting. The researchers found that more males than females fell into the category of waiting more than a week before actually carrying out an act of self-harm. This tells us that in some cases there may be a limited time frame within which to intervene between an individual first thinking about self-harm and then actually carrying it out. It also demonstrates that self-harm may not be the rash and impetuous act it is anecdotally thought to be. The sample size of this research gives confidence in reporting its findings; however since it is the only paper in this review addressing the issue, further studies would be useful to validate these findings.

2.6 Methods and Reasons

2.6.1 Methods

Since there are gender differences in terms of issues such as prevalence, it is likely that there may also be differences in other features of self-harming behaviour (Sornberger et al, 2012). One area where differences have been identified is with regards to the methods of self-harm employed by males and females. Research by Green & Jakupcak

(2016) discussed earlier in this chapter, suggested that males sometimes self-harm in ways that are not traditionally thought of as self-harm and may not be consistent with current diagnostic criteria. Three further papers investigated methods of self-harm.

Sornberger et al (2012) used a random sample of high school students to investigate the methods they used to self-harm. Participants completed a computer adaptive online survey comprising 125 questions investigating a range of adolescent health related behaviours. Whilst some questions allowed a measure of free expression by participants, the majority required closed responses. The researchers found differences in the methods of self-harm reported by adolescents based on gender. They found that males were less likely to report using methods such as cutting and scratching, but were more likely to report methods such as head banging and punching. They also investigated whether there was a significant difference in the total number of methods used by males and females, but found there were no significant gender differences in this respect. Similarly, Baetens et al (2010) found that males were less likely to cut and scratch compared to their female counterparts, but interestingly found no gender difference in the use of methods such as head banging, burning and hitting. They also found that the use of drugs and alcohol was more likely to be associated with male self-harm, supporting previous findings from this review (Haavisto et al, 2005; McMahon et al, 2010). The use of substances was also more likely to be associated with the use of multiple methods of self-harm and be used by those who used methods besides cutting and overdose, implicating males. Although there was support for substance assisted male self-harm, it was seen in a relative minority of cases and therefore not considered to be a strong associate of self-harm (Madge et al, 2008).

Madge et al (2008) found that the majority of self-harm cases reported by the young people taking part in their study occurring in the previous year, involved cutting only (56%) and overdosing only (22%); and this was more likely to be reported by female participants than males. Despite this, they found that cutting was still the most common method used by both males and females, suggesting it is certainly one of the methods employed by males and not particularly a 'female only' practice. However like Sornberger et al (2010), Andover et al (2010) found that males tended to use more aggressive methods of harming - the most common method being self-hitting and they were also more likely to report burning. Table 7 shows the findings of Sornberger et al (2012) that males were more likely to report using physically aggressive methods such as head banging or burning compared to their female counterparts.

Table 7: Sornberger et al (2012) Methods of Self Harm by Gender

Method	% Male	% Female	% Difference
Cutting	56	79	23
Scratching	37	52	15
Burning	29	21	8
Banging head	38	23	15
Punching	37	24	13
Other	20	17	3

An interesting difference identified by Sornberger et al (2012) in terms of the methods chosen by males compared to females is in relation to blood. They found that males were more likely to endorse more physical methods of self-harm such as head banging and punching than females, and noted that these are methods in which there is likely to be an absence of blood. It is possible that an absence of blood may make injuries seem less serious and therefore less likely to require the attention of others or the medical

services. However, it is interesting to note the discrepancy that despite finding that males are more likely to use physical methods which may not involve blood, Sornberger et al (2012) also find that cutting is the method of self-harm most endorsed by males (56%), and one which presumably implicates the presence of blood.

2.6.2 Reasons

The research conducted by Madge et al (2008) was the only study which looked specifically at the motivations for self-harming behaviour. They found that males were less likely than females to give multiple reasons for self-harming, potentially suggesting that it served a more limited function than for females. Males were more likely to give single reasons such as wanting to get relief from a terrible state of mind, wanting to die, wanting to punish themselves, to show how desperate they was feeling or to get some attention. Madge et al (2008) also found that the reasons given for self-harm were related to the methods used. Males who used overdose only and those who used multiple methods were more likely to say they did it to find out if someone really loved them. They also found that males who used cutting as a single method were less likely to report that they did so as a way to communicate with others e.g., to let others know the distressed they were feeling.

In order to fully address questions of 'why' people self-harm, participants need to be given the latitude to express their thoughts and feelings fully without the limitations of pre-selected options. This is difficult for larger studies such as CASE simply because of the number of participants. CASE was a collaborative investigation conducted across seven European countries using a survey method, administered to school pupils.

In terms of size and scale, the study is robust and diverse enough to give confidence in generalising its findings. The drawback is that with such size and scale, subtle differences and personal peculiarities could be overlooked. Addressing the issue of motivation is one area which may benefit from a more qualitative methodological approach. Madge et al (2008) acknowledged the importance of this in the context of their study

> *...the research findings reinforce the heterogeneity of deliberate self-harm*
> *and the importance of treating young self-harmers as individuals with their*
> *own personalised patterns of behaviour*
>
> *(Madge et al, 2008, p676)*

2.7 Help Seeking & Secrecy

Help seeking and secrecy were two areas which did not receive very much attention. Two papers investigated help seeking and one, secrecy.

Both papers referencing help seeking found that the majority of young people who had self-harmed did not seek help, even though they were in distress. Haavisto et al (2005) found that despite experiencing quite significant mental health difficulties which involved self-harming, the majority of adolescent males in their study did not seek medical assistance. The researchers found that only 10% sought help from mental health services because of their self-harm thoughts and only 15% sought help even though engaged in acts of self-harm. In their study, Madge et al (2008) found that overall only 12% of participants reported attending hospital following their most

recent self-harm episode. However, they detected a significant gender difference – with more males attending hospital compared to females. Attendance at hospital was linked to the method used. They found that only 7% of individuals who had cut themselves and used this as the only method of harm presented to medical services compared with individuals who used multiple methods.

With regards to secrecy, Madge et al (2008) found that 82% of British participants reported that someone else was aware of their self-harming. Overall, only one in four males and one in five females constituted a 'hidden population' where the behaviour was conducted in complete secrecy. They also found that self-harming was more often than not conducted in private at home, but where this was not the case, it was more likely to be males who harmed in a social setting, supporting assertions made by Green & Jakupcak (2016).

2.8 Location, Control, Pain & Injury

Some of the papers selected for review investigated quite unique aspects of self-harming behaviour. Sornberger et al (2012) was interested in where on their bodies adolescents perpetrated harm whilst Andover et al (2010) investigated the degree of injury, sense of control and experience of pain.

Sornberger et al (2012) reported significant gender differences in the location of harm. Whilst females were more likely to injure their arms, males were more likely to injure core areas of the body - the chests, genitals and also the face. There was no significant gender difference identified for damage to the stomach or other undefined areas of the

body. Also there was no significant difference in the number of locations males and females reported harming their bodies. Although this was the only paper reporting on location, the results were drawn from a large randomised sample of adolescents, which allows a certain level of confidence in reporting the results.

Andover et al (2010) investigated the degree of injury, sense of control and participants experience of pain to see if there were any differences reported between male and female participants. The data collected was in the form of participant responses to a standardised questionnaire measuring frequency, a self-report inventory measuring psychological symptoms and a standardised interview. Whilst both sexes reported similar experiences in terms of feeling pain and being in (or out of) control of their behaviour, males reported a significantly lower degree of medical injury than females. The assumption is that they are then less likely to need medical attention, which would directly affect prevalence figures. Their findings also harmonize with those of Sornberger et al (2010) who found that males often choose methods of self-harm characterised by an absence of blood, which may make injuries seem less serious.

2.9   Summary of Literature Review Findings

The aim of the literature review was to find out what is already known about adolescent males who self-harm by conducting a systematic literature review. Eight papers met the criteria for review.

A number of the papers reviewed looked at the factors that are associated with adolescent male self-harm and identified certain psychosocial, lifestyle and life event factors as all being associated with self-harm. The research found that some factors were pertinent to both males and females e.g., drug use, having a friend who harms (McMahon et al, 2010); whilst other factors were more gender specific e.g., dieting behaviours were not relevant for males (McMahon et al, 2010; Bakken & Gunter). Males were found to be particularly impacted by psychological factors such as anxiety, depression, sadness and hopelessness (McMahon, 2010; Bakken & Gunter, 2012); school related issues (McMahon, 2010); lifestyle choices and life experiences such as drug use, smoking, drinking alcohol; having poor relationships with others, both parents and peers (Haavisto et al, 2005); being bullied and experiencing somatic health problems at a young age (Haavisto et al 2005; McMahon et al, 2010). Aggression, externalised and internalised was associated with adolescent male self-harm (Haavisto et al, 2005). Taking a longitudinal approach revealed that there may be trajectories between particular experiences in the primary years and self-harm during adolescence (Haavisto et al, 2005).

The literature also investigated personality factors that might make one individual more vulnerable to self-harm than another. For males, a temperamental inclination towards excitement, thrill seeking and exploration in conjunction with weak self-regulation was significantly associated with self-harm (Baetens et al, 2011).

Traditional masculine socialisation was linked to self-harm for adolescent males, in that society's acceptance of conventional western masculine norms may give tacit approval to some of the aggressive, risk taking aspects of male behaviour. It was

argued that this could unconsciously be self-harming, when done against a background of psychosocial, lifestyle and life event risk factors associated with self-harm.

The papers reviewed show a mixed picture in terms of prevalence. Some research suggests that males engage in self-harm less than females (McMahon et al, 2010; Bakken & Gunter, 2012; Madge et al, 2008), whilst other studies identify similar levels of engagement (Andover et al, 2010;Sornberger et al, 2012; Baetens et al, 2011). A number of factors affect measuring prevalence including methods classified as self-harm, the context from which data on self-harm is collected and the assessment tools used (Sornberger et al 2012; Green & Jakupcak, 2016).

The review found that males, whilst engaging with cutting as a method of self-harm, were more likely to also use physical methods such as head banging, jumping and burning - often methods not involving blood flow (Andover et al, 2010; Sornberger et al, 2012 Green & Jakupcak, 2016). They were more likely to focus injury on the core areas of their body, which are less visible, but also on the face – which is highly visible (Sornberger et al, 2012) and they were more likely to attend hospital for their injuries (Madge et al, 2008). The research suggested that males were less likely to use self-harm as a 'go to' response for distress of different kinds – often endorsing only one reason for self-harming as opposed to their female peers, who were more likely to give multiple reasons for self-harming (Madge et al, 2008).

To conclude, the literature review has presented a critical outline of what is already known about male self-harm. Whilst the studies reviewed have yielded much information about issues such as prevalence, and presented a host of factors that are

associated with self-harm and highlighted important gender differences, little qualitative information has been presented which investigates what adolescent males share when given the latitude to talk about self-harm and their experiences of it. This justifies the aims of the current research – which is to find out what adolescent males have to say about self-harm, in order to extend knowledge in the area, to inform future directions for research and enhance the practice of Educational Psychologists.

2.10   Aims and Research Question

In light of the above review, the aims for the current research will be:-

1. To expand research into adolescent male self-harm using qualitative research methodology

2. To see what adolescent males have to say about self-harm in the vlogs they post on YouTube

3. To outline further directions for research into adolescent male self-harm and make recommendations for the practice of Educational Psychologists based on these research findings.

The research question below will be used to investigate adolescent male self-harm:

> *'What do adolescent natal males choose to talk about in their self-harm vlogs posted on YouTube?'*

The following chapter will outline the research methodology for the study.

CHAPTER 3

RESEARCH DESIGN

3.1. Chapter Overview

This chapter outlines the rationale for the methodological decisions made in conducting this research. There will be a review of the broad ontological and epistemological debates within the area of social science research and the position of the current research in relation to these. This will be followed by an overview of the process of data collection and analysis, considerations around ethics and trustworthiness and actions that took place in conducting the research.

3.2 Research Aims and Research Question

The research design has been informed by the research aims and the research question. The aim of the research is to investigate what can be learned about adolescent male self-harm through analysis of the internet vlogs posted on YouTube. The research question which will guide the research is

> *'What do adolescent natal males choose to talk about in their self-harm vlogs posted on YouTube'*

3.3 Design

This research is both exploratory and emancipatory. Exploratory research seeks to unearth information which will provide greater insight into little understood situations

(Robson, 2002). Sometimes termed 'discovery' research, it can generate new propositions about the world (Mcleod, 2001). Research into adolescent male self-harm is relatively limited compared to the research that has been carried out using female samples (Suyemoto, 1989) and often research conducted into self-harm tends not to distinguish findings based on gender. From those that have, there is enough evidence to support the expectation of gender differences within adolescent and young adult samples (Sornberger et al, 2012). Under these circumstances a broad exploration of the area of male self-harm can be rationalised - the aim being to capture the potential expanse of the phenomenon which in future, might lead to more focussed research into specific areas. The purpose of this research is to explore adolescent male self-harm in terms of what is shared with the world on social media. As the research design will illustrate, this will be achieved by searching for the themes that can be extracted from the self-harm vlogs. The exploratory nature of this research extends to the fact that no other known study has attempted to investigate adolescent male self-harm in this way and for this purpose.

In addition to its exploratory nature, this research also holds the potential to be emancipatory. Emancipatory research aims to engage and empower groups of people who are at risk of disadvantage through not being heard. Without a voice these groups do not have the opportunity to influence understanding in the social world they are part of. Robson (2002) defines the emancipatory paradigm as being grounded in emancipatory theory. It focuses on the lives and experiences of groups within society that are marginalized or disempowered. The limited research into adolescent males who self-harm suggests that as a group, this cohort has been marginalised and their

voices are therefore unheard in society. It could be argued that by posting their vlogs into the public space on the internet, these young people have already emancipated themselves. However, making them the focus of research catapults their contributions into the arena of the research community and other professionals seeking to better understand adolescent male self-harm.

3.4 Research Strategy

3.4.1 Ontology and Epistemology

Researchers are guided by abstract principles which combine beliefs about ontology, epistemology and methodology. Contrary to being void of opinions and values, all researchers hold a set of fundamental philosophical beliefs, which dictate the principles and practices that will be utilised in their research. Ontology relates to questions about the nature of being, the nature of the world and what constitutes reality (Guba & Lincoln, 1998). Epistemology is concerned with how reality, whatever its nature, can be known and the relationship between the knower and what can be known (Moore, 2005). Guba and Lincoln (1998) emphasise the connection between ontology and epistemology and the influence this will have on the methodological decisions that the researcher subsequently makes. How reality and knowledge is defined will influence how they are investigated. According to Neuman (2006) since these interpretive frameworks or paradigms scaffold the researcher's actions during the research process, it is important that they are made explicit.

Cohen, Manion & Morrison (2011) identify two broad theoretical lenses that can be used to make sense of social reality. They are both underpinned by the assumptions related to ontology and epistemology and are probably best represented as a philosophical continuum ranging from a realist/objectivist/experimental approach at one end, to a relativist/subjectivist/dialectical one at the other. The realist approach, often referred to as positivism, developed from the empiricist tradition of the natural sciences. Advocates of this approach believe that the world is structured in a predictable way, making the methodological approaches adopted in the study of the natural sciences appropriate for the study of the social world. Since the world is structured in a predictable way, it follows that there are objective truths which can be discovered if particular methods of investigation are employed. Positivists argue that a meaningful reality exists independently of the operation of the mind, and can be experienced through the senses. The purpose of research then, is to discover and develop universal laws revealing the truth about all phenomena, including human behaviour. Positivist research strategy relies on the selection of representative samples, the observation of matter, the generation of hypotheses to test theories and the discovery of cause and effect relationships, as a result of the manipulation and control of variables. The use of well-structured standardised procedures are necessary to allow for the rigorous and unbiased testing and re-testing of theories, leading to assertions of causality and truth which can then be generalised. The expectation is that research will, at the very least, produce quantitative data - by its nature, objective, reliable and untainted by human interpretation or bias. Although this scientific method originated from the study of physical sciences such as astronomy and physics and applies more readily to the natural sciences, it is often regarded as the 'gold standard' in research.

Social phenomenon is however, more complex and irregular than natural phenomena. Humans vary enormously from each other in aspects such as personality, intelligence, self-awareness and self-esteem. Perceptions of reality are mediated by language and can be influenced by factors such as upbringing, culture and politics - all of which vary over time. This means that any attempt at an 'objective' understanding of social phenomena is likely to be contaminated by subjective experience and judgment.

At the other end of the spectrum sits the relativist/subjectivist approach – often referred to as constructivism. The constructivist paradigm is associated with the post-modern idealist movement which emerged as a critical response to the application of positivist methodology in the study of the social sciences. A basic assumption of constructivism is that knowledge is created or constructed, as opposed to being discovered, leading to a rejection of the positivist creed.

Constructivism is concerned with how an individual creates, modifies and understands his/her world. This may be in conjunction with others in his/her social group or society (social constructionism). Here shared internal models are built up in response to and in conjunction with the perceived constructs of others (Andrews, 2012). Alternatively, constructs can be created alone, as a result of the individual's external experiences, through internal cognitive processes (Andrews, 2012). These constructions are very unique and particular to the individual. From an extreme position, it could be argued that there is no objective reality or meaning independent of individual cognition, opening the door for the exploration of multiple realities and multiple interpretations of those realities. The implication is that people in different situations, societies,

cultures or eras can legitimately create different but equally valid constructions of the same phenomenon.

On the basis of this, a constructivist view will reject the assertion that knowledge of social reality can be obtained through the objective, scientific methods favoured by positivists, since the derivation of all knowledge and truth is bound by subjective interpretation. This is not only applicable to the participant who take part in research, but also to the researcher who comes to the research with his/her own constructions, biases and inherent subjectivity based on the his/her individual constructions, world view, upbringing, culture etc. This necessitates an alternative methodology to that favoured in positivism; one which acknowledges the particular and distinctive nature of the constructions made by individuals in order to understand their reality. In order to determine reality as perceived by the individual, the research methodology employed must look for quality over quantity, esteem the individual and give him/her the opportunity to share his/her personal accounts of the world – exposing the reasons for his/her views, beliefs, attitudes, motivations, feelings and behaviours. This means that qualitative data with rich and descriptive account of individual perceptions, will be valued and obtained using methods such as unstructured interviews and focus groups.

Like positivism, constructivist ideology has not been accepted without criticism and other post positivistic approaches have emerged as an alternative to both.

Critical realism emerged as one such approach. Holding onto realist roots, it asserts that there is objective reality which is neither created by individuals or restricted to the

realm of what is observable by them. Social entities exist independently of the human thought and language (Fleetwood, 2005). There is a real world that exists independently of our perceptions, theories, and constructions, however how we understand that world is influenced by our own individual constructions of it as a result of our learning and experiences. Some things may never be acknowledged or known. This realist/relativist blend recognises the importance of both qualitative and quantitative methods of investigation.

In terms of ontology and epistemology, this research adopts a critical realist position. Critical realism in the social sciences takes a realist view of phenomenon, whilst also recognising the fluidity of the social world and how understanding is shaped by individual interpretations. Adopting a critical realist stance to the study of self-harm recognises that in order to understand it, we have to unearth the multiple interpretations of it. An approach that allows the discovery of causal mechanisms, it supports the exploratory and emancipatory purposes of the current research. It also allows the flexibility to consider a range of methods in order to achieve the research aims.

3.5   Key Terms in the Research

The key terms 'adolescence' 'male' and 'self-harm' have already been discussed in Chapter 1.   Online video or 'vlogging' was a key tool in the research and will now be described.

3.5.1 Vlogging

One of the more recent forms of user generated communication to emerge on the internet is that of online video - colloquially termed 'vlogging'. Technological advances in media hardware have made it easier to produce videos and upload them to the internet e.g., webcams, editing software. Vlogs are cinematic productions in which conscious and unconscious decisions are made about what will be presented and in what way (Aran, Biel, Gatica-Perez, 2013). Diverse in style and content, they range from personal expositions and diaries to commentaries on everyday life and world events, presented through narratives, comedies, parodies - depending on the whim of the presenter.

3.6   Research Method

3.6.1   Research Participants

The population of interest for this research was adolescent natal males who had self-harmed and had chosen to share their experiences by vlogging on YouTube. Whether vloggers were natal males was assessed on their declarations and also corroborated by personal status information declared on their social media accounts. Vlogs were selected if they were able to meet the inclusion criteria for the study i.e., they were adolescence natal males who had first-hand experience of self-harm and presented a conversational vlog of at least 3 minutes in duration.

3.6.2 Data Collection

The choice to use vlogs in the investigation was primarily due to the challenges of securing data by other means. Conducting the literature review outlined in Chapter 2 validated a qualitative search for knowledge about self-harm and research highlighted a lack of studies using the content of self-harm vlogs to inform about the phenomenon.

At the outset of this research project, the aim was to conduct semi-structured interviews with participants in schools. An application for permission to conduct the research was made to the National Research Ethics Committee (NRES). Following recommendations made by the ethics committee, the proposal was adapted so that participants would be accessed through the clinical rather than educational system. An approach was made to Forward Thinking Birmingham. Ethical permission was obtained from NRES in June 2016. The agreement was that participants would be invited to take part in the study based on the recommendation of their clinical psychologist. This course of action produced no participants for the study. As a result, an alternative strategy was adopted and the decision was made to take the research in a different direction and use data that was readily available. Vlogs posted on the internet by adolescent males were targeted in the hope that they could reveal new and important findings about adolescent male self-harm. An application for ethical approval for this new study was submitted and subsequently granted by the Tavistock Research Ethics Committee in January 2018.

Due to the variable nature of the Internet, all searches and were conducted over the course of three days on the 8th, 9th and 29th of January 2018. The searches were

conducted using the terms outlined in Table 2 (p.28). The search was limited to vlogs

which had been posted within the previous year. They were accessed through the

video sharing website YouTube. According to Alexa (Web Traffic Analysts),

YouTube is the second most visited website and the top TV and video sharing

platform in the world, offering optimal opportunity to reach the desired participant

group. All vlogs generated by the search terms were allocated to a descriptive category

(Appendix F). The 32 vlogs which met the basic requirement of a natal male talking

about self-harm were logged and saved into a playlist. These were further scrutinised

to make sure that they fully met the inclusion criteria for the study (Appendix G).

Vlogs which were not found to fully meet the inclusion criteria were excluded from

the study (see Appendix H). After scrutiny, 14 vlogs were identified as meeting the

inclusion criteria. Whilst this constituted a fairly small sample, it fell within the

recommendations given by Braun & Clarke (2013) for small projects like the current

research, where secondary sources of data are employed. They advocate between 10–

100 participants for such research. Also, as previous experience had demonstrated

adolescent males who self-harm to be a hard to reach group, 14 vlogs was considered

reasonable. The content of each vlog was transcribed, with pseudonyms used for

protection and anonymity when writing up.

3.6.3 Approach to Data Analysis

The data collected was analysed using Braun & Clarke's (2006) 6 Stages of Thematic

Analysis. This method of analysis was selected because it was deemed to be the most

suitable form of analysis for the data being used. Thematic analysis can be very useful

for identifying commonalities across data through the identification of shared themes.

These commonalities would hopefully reveal new and interesting knowledge about adolescent male self-harm and hence was selected for use in this study. A key feature of thematic analysis is its flexibility as an analytical tool – it can be used to analyse qualitative data following systematic observations of a person, interaction, group, situation, organisation or culture (Boyatzis, 1998). Braun & Clarke (2006) argue that qualitative analytical methods can be allocated to one of two camps; those associated with a particular theoretical or epistemological position and those which are not. They cite techniques such as interpretive phenomenological analysis, narrative analysis and discourse analysis as approaches that are housed within a broadly interpretivist theoretical framework. Although some may seek to mark it with a realist/experimental tag, Braun & Clark (2013) argue that thematic analysis is sited firmly in the second camp, not tethered to any epistemological position. As a result of this, it can be used with both positivist and interpretivist research paradigms. Boyatzis (1998) argues that as such, thematic analysis can break down the epistemological totalitarianism between positivistic and interpretivist science.

Although there are various approaches to conducting thematic analysis, the broad aim is to identify, analyse and report patterns or themes, in order to make sense out of unrelated data (Braun & Clarke, 2006). It can be used to analyse qualitative data following systematic observations of a person, interaction, group, situation, organisation or culture (Boyatzis, 1998). Analysis starts with the generation of codes, which leads to the development of wider themes. A code is the most basic segment of the raw data that can be evaluated in a meaningful way in relation to a particular phenomenon; whilst a theme is a pattern found in the data that interprets aspects of the phenomenon (Braun & Clarke, 2006). The identification of themes comes as a result

of the researcher immersing himself/herself in the text through reading and re-reading. The analysis moves through three phases of inquiry – firstly 'seeing' - observing or identifying something of interest to the research question. The second involves 'seeing as' or encoding the information as something else, before finally 'interpretation' can take place. What is seen by one person may not necessarily be seen or agreed with by others (Boyatzis, 1998). This demonstrates an interpretive aspect to thematic analysis.

Whilst thematic analysis is increasingly a popular tool for data analysis, its accommodating epistemological flexibility has attracted some criticism. Braun & Clarke (2006) observe that thematic analysis can be viewed as an unreliable tool, used in different ways by different researchers.Whilst arguing that those choosing to use it can make active choices about the form they employ, Braun & Clarke (2006) propose a 6 phase guide to thematic analysis which offers a systematic and structured way to look for patterns in data, outlined in Table 8.

Table 8: Braun & Clarke (2006) 6 phase guide to thematic analysis

Stages	Description
Familiarisation with the data	Immersion and familiarisation with the data through reading and re-reading the data (and listening to audio-recorded data at least once, if relevant) and noting any initial analytic observations.
Coding	Generating labels for important features of the data of relevant to the (broad) research question guiding the analysis. Coding is not simply about reduction, it is also an analytic process. Codes capture both a semantic and conceptual reading of the data. The researcher codes every data item and ends this phase by collating all the codes and relevant data extracts
Searching for themes	A theme is a coherent and meaningful pattern in the data relevant to the research question. It is coding the codes to identify similarities in the data from which the researcher constructs themes. The researcher ends this phase by collating all the coded data relevant to each theme.

Reviewing themes	Involves checking that the themes 'work' in relation to both the coded extracts and the full data-set. The researcher should reflect on whether the themes tell a convincing and compelling story about the data, and begin to define the nature of each individual theme, and the relationship between the themes. It may be necessary to collapse two themes together or to split a theme into two or more themes, or to discard the candidate themes altogether and begin again the process of theme development.
Defining and naming themes	The researcher conducts and writes a detailed analysis of each theme ('what story does this theme tell?' and 'how does this theme fit into the overall story about the data?'), identifying the 'essence' of each theme and constructing a concise, punchy and informative name for each theme.
Writing up	Writing is an integral element of the analytic process and involves weaving together the analytic narrative and data extracts to tell the reader a coherent and persuasive story about the data, and contextualising it in relation to existing literature

Note. Adapted from Teaching thematic Analysis: Over-coming challenges and developing strategies for effective learning, by V. Clarke and V. Braun, 2013, *The Psychologist,* 26 (2), 120-123.

Braun & Clarke argue that the process of thematic analysis should not be viewed as linear – rather the analysis is a recursive process.

Once chosen as the process of analysis, other methodological decisions have to be made in terms of whether to take an inductive or deductive approach to mining the data and whether to deduce meaning at a semantic or latent level. Just like steps executed in the chosen version of thematic analysis, these decisions should be explicitly stated. A good analysis is one where the researcher gives a clear understanding of where he/she stands in relation to the above options, provides justification for making the choices he/she has made and then consistent applies these choices throughout the analysis (Braun & Clarke, 2012).

3.6.4 Inductive Coding

In this research the thematic analysis was conducted inductively. Inductive or bottom up analysis is wholly data driven and the identification of themes is not guided by any pre-existing interests. As adolescent male self-harm is an area where relatively little is known, the aim of the research was to be as broad in approach as possible in order to facilitate the discovery of knowledge which might lead to new understanding about male self-harm. Inductive coding leads to comprehensive analysis of all of the data collected, that can in some way be meaningful. This approach is in harmony with the broad research question chosen.

3.6.5 Semantic Analysis

A semantic approach to analysis was adopted for this study. This meant that the obvious meanings in the data were reported without seeking to go beyond what had been explicitly reported, by way of inferring hidden meanings and motives. This considered approach was taken because of the nature of the data and the research situation. When analysing at a latent level, the researcher explores and infers beyond the explicit and obvious content of what is shared by the participant. In order to do this he/she needs to have the opportunity to test values and beliefs, presumptions and conceptualisations (Javadi & Zarea, 2016) in order to confidently report the assumptions and ideas that lie behind what is explicitly stated. Due to the nature of this research situation, where the researcher would not have direct contact with the researched, this would not be possible and hence analysis at a semantic level was conducted.

3.7   Data Analysis

3.7.1   Procedure

What follows is a detailed description of the analytical procedures that were applied to the data. Nowell, Norris, White and Moules (2017) warn against an insufficient focus on rigor when conducting thematic analysis and the implications this has in terms of the credibility of the research process as a whole. This issue was addressed by applying Braun and Clarke's (2006) six phase guide to thematic analysis, and demonstrating how it became operationalised within the study. Although the process is described sequentially, the nature of the analysis meant that sometimes it was necessary to move backwards and forwards through the model producing a recursive as opposed to linear process.

Stage I – Familiarisation

Each vlog was worked on in turn and fully addressed before beginning work on another. The first step of familiarisation was to watch the vlog fully to make sure that it met the inclusion criteria and to get a flavour of what was being presented without any attempt to transcribe. Following this, the oral text was transcribed so that it could be analysed. Whilst transcription can sometimes seem time consuming and somewhat laborious, Riessman (1993) highlights the value of this step since it gives an excellent opportunity to become really familiar with ins and outs of the data. Braun and Clarke (2013) warn against skipping the important step of data familiarisation since it is

essential for systematic and deep engagement with rich and complex information. This leads to a deeper understanding in order to thematise the data.

Great care was taken with transcribing, to ensure that the resulting text on which analysis would be made remained true to the original verbal recording. This meant ensuring that the transcriptions were written verbatim with the original orthography preserved so that the meaning of utterances remained unchanged.

Some editing was undertaken in the interest of anonymity. Sometimes vloggers would give descriptions of personal situations or include details personal to themselves or someone else in their narratives. These distinguishing details were changed and replaced with 'XXX'. Ethically this was important to ensure the protection of the individuals whose vlogs were used in the study and third parties who may have been mentioned in the vlogs. On one occasion a disturbing description of self-harm was omitted in sensitivity to the triggering effect it could possibly have for some readers. Occasionally words/clauses not deemed essential for understanding the overall meaning of the text was removed from analysis e.g., repeated use of the word 'like', expletives. Upon reflection, these actions had the capacity to limit the fidelity of the research by introducing subjectivity and potentially bias, meaning that absolute transparency in terms of the process and data analysis was compromised. This approach also challenged the commitment to allow vloggers to tell their stories in the way they determined and potentially could have limited some of the results and conclusions which could be drawn from the study.

During this early phase of analysis, although not directly focused on the categorisation or interpretation of the data, key words and phrases that seemed worthy of note were highlighted and noted down, indicating potential early patterns and meanings that seemed to be coming through from the data (Appendix I). The next phase of the familiarisation process involved active immersion into the data - achieved by repeatedly reading through each transcribed vlog in turn. Phase II of the analysis was not undertaken until there was a thorough understanding of the content of all the vlogs in terms of what messages and stories the young men were trying to share. At this point the transcripts were checked against the vlogs to confirm transcription of the presentation and to decipher any difficult words or phrases.

Phase II – Generating initial codes

Since an inductive approach to data analysis was taken, during Phase II of the analysis initial codes were generated by studying the semantic content of the data, searching for meaning. All data that was identified as potentially meaningful in some way was coded following Braun and Clarke (2006) advice for an inductive approach. They also advocate coding inclusively where necessary, by including context or words around the segment in order to maintain meaning. This was a meticulous process of breaking each aspect of the written text down to its smallest part that carried some meaning and therefore could be coded. Three 'formal' sessions of coding were conducted on each vlog following transcription. During the first session, the data was coded using the mark-up feature in Microsoft Word (Appendix J). This ensured a rigorous, visual system whereby each data extract could be linked to its ascribed code. During the second session of coding, any further codes which were initially missed were added

using mark up. During the final session, the focus was on the codes, making sure that they reflected the meaning in the text adequately. Any codes which were not fully reflective of the statements they were meant to represent were reworded. Also, during this phase, attention was paid to the individual vlogs where identical codes had been identified because the vlogger had repeatedly made a point. These identical codes were removed. This was done because the purpose of analysis was not primarily to scrutinize the frequency of themes and ideas. The main purpose of the analysis was to identify as many themes as possible which could be used to answer the research question, including those which appeared infrequently and those which appeared to contradict the dominant narratives coming through the text. Repeating the process of searching for codes meant that the final list of codes were not only a reflection of the initial ideas generated during the early stage of familiarisation and transcription. Through the process of coding, further codes were identified and refined, illustrating the 'recursive' nature of this thematic analysis process. At this point in the analysis a list of all codes identified were collated (Appendix K).

In order to facilitate the search for themes which would follow, the codes from each vlog were written onto post-it notes and edited where necessary to make them as representative and succinct as possible (Appendix L). They were then sorted into clusters based on the identification of some relationship between them. Time was spent studying these conglomerated codes to ensure that there was a valid relationship between them i.e., the code belonged in that cluster and also to identify an initial name for the group of clustered codes which might subsequently form a theme for the group of statements. Although some of the codes could fit into more than one cluster the decision was made to represent them only once in the interest of data reduction.

During the coding phase, it was clear to see that some of the codes identified related to what was already known about self-harm in that they illustrated the theory and literature discussed or reviewed in Chapters I and II of the thesis. Some codes were linked to (or possibly informed by) pre-exposure to research in this area, whilst others were new ideas/concepts that were not linked to pre-existing knowledge and therefore could be classified as inductively generated. In light of this, extra attention was paid to these segments of text to ensure that they had been interpreted in a reasonable way rather than simply being unduly influenced by prior thinking. This illustrates the active nature of the coding, and acknowledges the possibility that the process of theme identification could be influenced by extraneous factors, such as prior knowledge.

Stage III – Searching for Themes

Braun and Clarke (2006) say that a theme

'…*captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set*'

(Braun & Clarke, 2006, p.82)

After the related codes had been clustered together into potential themes, further analysis was conducted to search for any patterns within each sub-set of data. Again, this was achieved by clustering together codes which were judged to be related in some way. This aspect of the analysis led to the formation of the sub-themes within each cluster of data. The process was rigorously followed for all of the potential

themes that had been identified. Consideration was then given to potential titles which might be suitable for each of the sub and the main themes, that might represent the codes allocated to them e.g., codes such as 'emotional build up', 'concoction of emotions' 'emotional overload' 'surprising level of anger' 'surge of emotion' 'backed up emotions' were grouped under the sub-theme of 'emotional dysregulation' and under the main theme of 'Affective Expressions'. During this process a note was kept of information that contradicted the dominant themes so that these could be discussed also. At the end of this stage of analysis, 8 potential main themes had been identified:- Help, Aggression, Causes, Advice, Duality, Gender Implications, Talk about Emotions and Social Media.

Stage IV – Reviewing Themes

During this phase, the process of refinement began. This entailed scrutinizing the themes, sub-themes and codes to make sure that they were representative of each other. During this process codes were either validated to remain where they were or extracted to be placed under a more suitable theme or new themes created. Some codes were so idiosyncratic that they were put aside to be dealt with as an area of contribution from one vlogger. A small number of codes which did not eventually fit into any of the themes were removed from the process and eventually discarded from the analysis.

The end of this process yielded six main themes, under which a number of sub-themes were identified (Appendix M). It was decided that these seemed to be a reasonable representation of the data.

Stage V - Defining and naming themes

A suitable name was allocated to each of the six themes. The suitability of the titles was checked through discussions with a small number of Educational Psychologist colleagues and during supervision. Any adaptations were made accordingly. The final themes identified were:-

Theme 1: Motives & Methods: Vloggers talk about how and why they self-harmed

Theme 2: Concealment: Vloggers talk about the hidden aspects of self-harm

Theme 3: Addiction & Intensification: Vloggers talk about the obscure characteristics of self-harm

Theme 4: Emotional Expression: Vloggers talk about their affective experiences

Theme 5: Thoughts about Help: Vloggers talk about their relationship to help

Theme 6: Sharing Knowledge & Expertise: Vloggers talk about their desire to help others.

Stage VI - Producing the report

With the analysis complete, the findings were written up and presented in Chapter IV as part of the overall research thesis.

3.8 Reliability and Validity

3.8.1 Trustworthiness

Reliability and validity are used to bolster rigor in research, but are ideals which tend to align more comfortably with positivist research traditions and are therefore sometimes seen as having limited usefulness for qualitative designs (Robson, 2002). Trustworthiness has been proposed as an alternative standard by which to address rigor in qualitative research (Reissman, 2008). Lincoln and Guba (1985) argue that being able to establish the trustworthiness of a piece of qualitative research is important in demonstrating its worth. There are many ways to judge trustworthiness including transferability, credibility, dependability and confirmability. Yardley (2008) emphasizes the importance of following principles when conducting high quality qualitative work and offers four principles for establishing trustworthiness: sensitivity to context; commitment and rigour; transparency and coherence and impact and importance. How these are addressed in the current research is outlined in Table 9.

Table 9 – Application of Principles of Trustworthiness

Principle	Application to this study
Sensitivity to context	• The research has been contextualised in relation to relevant theoretical and empirical literature as outlined in the introduction and systematic literature review (Chapters I & 2)
	• As a marginalised and vulnerable group extra care has been taken with the methodological decisions made in light of ethical considerations for this research e.g., conducting semantic thematic analysis so that the researchers interpretations are not imposed on the data
	• Taking the context of the research into account i.e., it is acknowledged that there may be alternative interpretations

	to the one presented in the research
Commitment and rigour	• A systematic approach has been taken to the data collection and analysis so that others can see all the steps taken to arrive at the findings • I have applied the research skills and scientific knowledge gained as an experienced Educational Psychologist • In-depth engagement with the topic of adolescent male self-harm through extensive research and personal interest has given background knowledge upon which to conduct the research and demonstrates an interest in this area of study
Transparency and coherence	• Throughout this thesis I have been explicit about the methodological decisions made in the research e.g., ontological and epistemological positioning, method and level of data analysis • Raw data has been linked to analysis in order to validate the interpretation of the data • To support validity, Educational Psychologist colleagues with some knowledge of Thematic Analysis were asked to look at the coding for this research to assess the reasonableness of the link between extract and code
Impact and importance	• Since there is limited research into adolescent male self-harm this research is important in building up knowledge and understanding in this area, especially in relation to what is shared via the internet about male self-harm • The findings will hopefully create new understanding in this under-researched field that will be of benefit to Educational Psychologists and potentially other professionals

3.9 Ethical Issues

Ethical approval was obtained from the Tavistock Research Ethics Committee and the study was sponsored by the Tavistock and Portman NHS Foundation Trust (Appendix N).

Ethical considerations are integral to any psychological research, regardless of the level of the research. The British Psychological Society (BPS, 2009) has produced a

Code of Ethics and Conduct for psychological research conducted with human participants based on the principles of respect, competence, responsibility and integrity.

Research using internet data can present particular challenges not apparent in traditional research. In line with the growth in studies using internet content, the BPS has produced specific guidance in the form of Ethical Guidelines for Internet Mediated Research (2013). This guidance has been used to consider and address the ethical issues raised by the current study under the headings of private/public distinction, confidentiality, copyright, consent & withdrawal, control and participant protection.

3.9.1 Private/Public Distinction

The BPS guidance states that where it is reasonable to argue that there is likely to be no perception and/or expectation of privacy or where the scientific/social value and/or research validity are deemed to justify undisclosed observation, the use of research data without gaining valid consent may be justifiable. Only vlogs that were openly available to the general public were use in the research. The proposal for the research held that the use of the data was justifiable because it was unlikely that in posting their vlogs online in an open context, vloggers would then have expectations of privacy. On the contrary, vloggers sometimes explicitly referenced that they wanted the vlogs to be shared and used to inform others about self-harm. It was also reasoned that the social and scientific value of the study into an area in which there was very little research leaving it poorly understood, justified the decision. In respect to this, the term 'vlogger' was used during analysis and write up instead of 'participant'.

3.9.2 Confidentiality

The following measures were used in an attempt to preserve anonymity:

- All data was collected from publicly available profiles on YouTube

- All data was anonymised upon transcription

- No identifying details were included in the dataset. Any information that might compromise confidentiality was changed or omitted (e.g., names, locations etc.).

- Transcribed data was stored on a Local Authority password protected server

- All vlogs were allocated a pseudonym

3.9.3 Copyright

Since uploads to social media or the internet are subject to copyright, this was a legal issue for the research. However, Section 29A of the Copyright, Designs and Patents Act 1988 permits the copying and analysis of online data for the purposes of non-commercial research. This being the case, the use of internet data can be justified on the basis of it being used in an educational context for a piece of doctoral research.

3.9.4 Consent and Withdrawal

Some issues related to consent are addressed above. Seeking consent and allowing means for withdrawal is the ideal when conducting research, however many other considerations may come into play when conducting internet mediated research. For this research, whilst acknowledging the importance of informed consent, consent was

not obtained to use the vlogs, which then impacted on vloggers' right to withdraw. The justification was that the focus of the research was on the data which was placed in the public domain and its use justified because of the scientific value of conducting research into a sensitive area with a hard to reach population. This is in harmony with BPS guidance. In further efforts to mediate this, exerted efforts were made to anonymise and safeguard the vloggers in terms of protecting their anonymity.

3.9.5   Control

Control is less of an issue for qualitative, unobtrusive approaches e.g. analysing server web logs, and other online sources non-reactively. The BPS guidance suggests that the relevant issue here may be in maintaining the security of any data gathered in order to protect personal identity. The actions outlined above to maintain confidentiality also address issues pertaining to control.

3.9.6   Participant Protection

In line with guidance given by YouTube, the decision was made that videos raising immediate concern for vloggers safety or the safety of others would be 'flagged' so that they would be brought to the attention of YouTube support staff for assistance. A message would also be left encouraging the individual to seek help and a signpost made to support services through which they could access help, such as their General Practitioner or through online support e.g., Befrienders Worldwide. Other than this, the observational nature of the study meant that no other contact would be made directly with any of the vloggers.

Three vlogs were flagged due to the deep distress perceived during viewing. These were vlogs in which individuals made strong suicidal intimations. Since individuals making overt suicidal expressions were not the focus of the present study, these vlogs were not included in the analysis.

3.10   Summary

This chapter outlines the ontological and epistemological positions that have been adopted for this study and the methodological decisions taken. It has also provided a detailed description of the process of data collection and analysis and attempts to establish trustworthiness. It has outlined the steps taken in terms of ethical compliance in accordance with guidance from the BPS.

The following chapter details the findings obtained through the process of data analysis.

Chapter 4

Findings

4.1 Chapter Overview

Through the process of thematic analysis outlined in the Chapter 3, 6 themes were identified. These are outlined in Figure 1.

Figure 1: Final Themes Identified
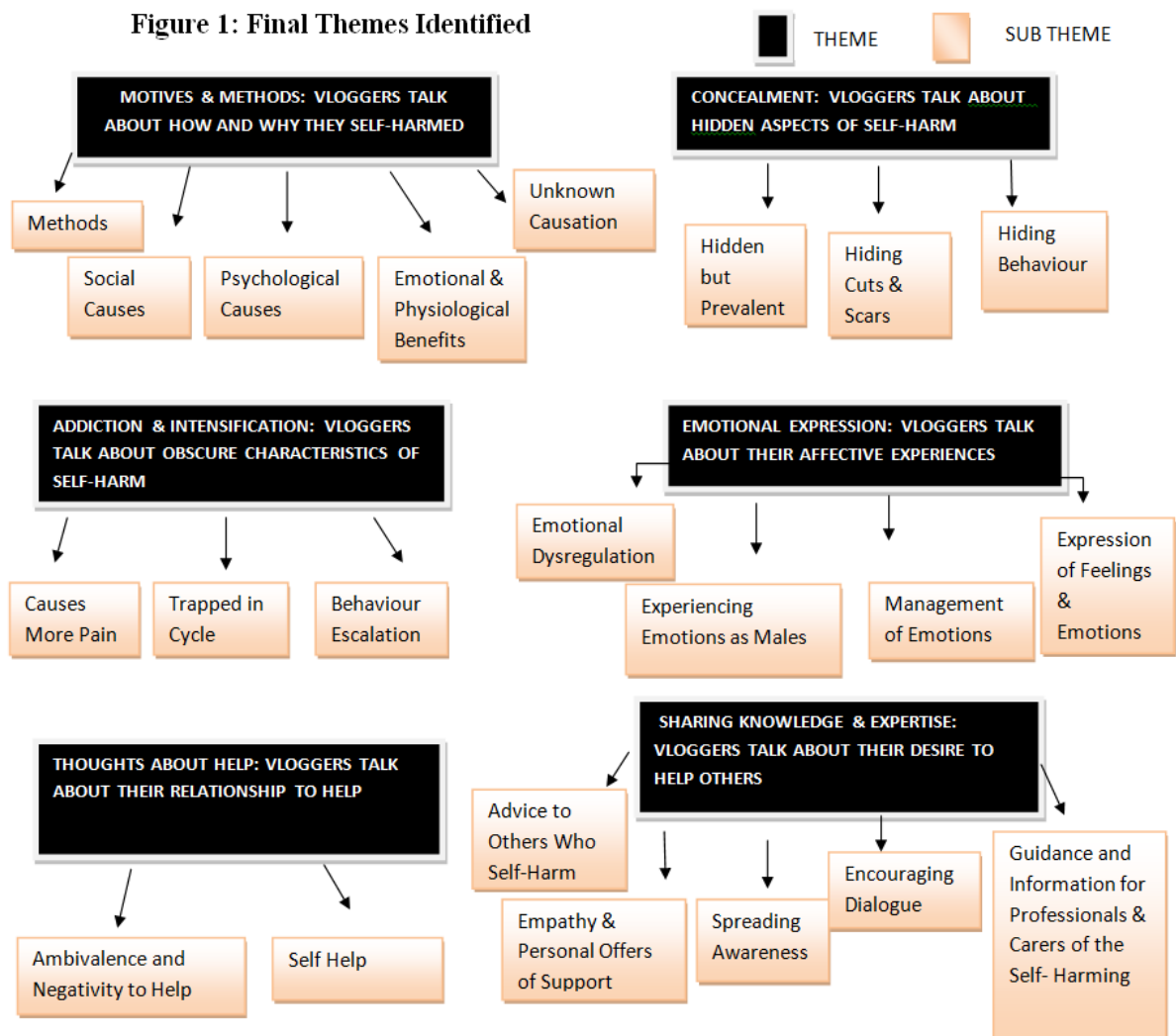
The purpose of the analysis was to look for commonalities amongst the 14 vlogs which might reveal new knowledge about adolescent male self-harm. The purpose of

this chapter is to present the results of the thematic analysis by sharing the themes

and sub themes that were found in the data. Each theme will be presented in turn and

couched in relation to the research question 'What do adolescent natal males choose

to talk about in their self-harm vlogs posted on YouTube'. Illustrative excerpts from

the vlogs are presented with each theme. A pseudonym has been allocated to each

vlogger.

4.2 Theme 1

Figure 2 – Illustration of Theme1
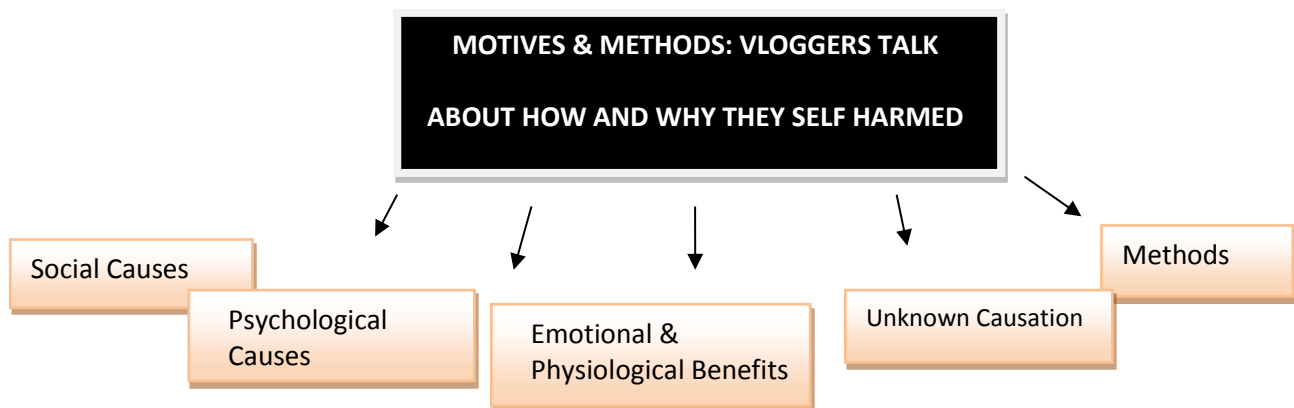
This theme focused on what vloggers chose to say about the factors that motivated

them to self-harm and the methods they used or could use to do it. It was divided into 5

sub-themes under the headings of Social Causes, Psychological Causes, Emotional &

Physiological Benefits, Unknown Causes and Methods,

4.2.1 Sub-Theme: Social Causes

Vloggers talked about a number of social situations related to their episodes of self-

harm. These were primarily in relation to interactions with significant others that had

broken down or terminated. They expressed how difficult these kinds of experiences were for them.

Samuel set his most recent self-harm episode in the context of a disrupted family history, being in care, the subsequent loss of an adoptive parent, rejection from his birth parents because of his sexual orientation and historical abuse. He talked about how inconsistency in the relationship with his adoptive dad left him feeling the need to self-harm -

> *'He didn't come to contact and I was upset with him. But now I don't get on with him – don't want anything to do with him and he is one of the reasons why I self-harm'* - Samuel

He also spoke of a powerful need to be accepted by his birth parents, even at the age of 16, following their rejection of him -

> *'... because I thought if I don't have my parents, what am I going to do'* – Samuel

In relation to this, vloggers also talked about the impact of rejection – whether it be from peers or in the context of the break-up of romantic relationships. Some talked about the emotional confusion and upheaval that accompanied these problematic social interactions -

> *'they just made fun of me about like my voice and how I acted and stuff like that and they would call me… mean names and it would hurt my feelings because I'd be like, why are my friends making fun of me, and making me feel this way, when I'm not even being mean to them'* – Tyler

…but the reason why I did it when I was 15 or 16.…Yeah I know I'm going to bring up my ex-girlfriend and (expletive); I know you gonna call me now- oh, your ex-girlfriend doesn't mean…WHOA! Yes she does. She matters to me a lot, Ok? She was my first (expletive) girlfriend - Benson

Vloggers reported how they would sometimes use self-harm to try to hold on to friendships and attachments which were coming to an end. Freddie spoke of beginning self-harming again when he was deemed 'better' and was going to have to leave the medical facility and staff with whom he had built up good relationships-

'You know, when somebody cares for you that much, you do become attached, so when that starts getting taken away from you, like the attachment starts being dragged out, and then some people can't cope with that and I couldn't cope with that, you know - Freddie

Besides recounting their own experiences vloggers also spoke about factors they thought could cause self-harm, including observing the behaviour working for others and social pressures, such as those brought on by social media and peer pressure. Some vloggers thought it possible that self- harm served as a gatekeeper to keep in check any temptation to express emotions through anti-social behaviour. They mused on whether they self-harmed instead of hurting others or things so as not to have to deal with the negative consequences of anti-social behaviour-

'Maybe I was hitting myself and doing that whole thing as a way to avoid causing damage to other people; instead of trying to attack somebody else or break something or throw a tantrum, you know. I normally didn't do that, I wouldn't damage stuff. Sometimes I'd punch a wall - but it would be like a hard wall so it just hurt my hand – it wouldn't be like I would put a hole in the wall' - Max

>*'There's also just the option to knock someone out or bash their*
>*face in but I don't have that option'* - Dave

4.2.2 Sub-Theme: Psychological Causes

Vloggers talked about a variety of psychological causes associated with the self-harm.

Sometimes they were general in their descriptors e.g., 'feeling great stress', on other

occasion they mentioned very specific factors such as anxiety and depression. Some

mentioned experiencing suicidal thoughts, even though suicide didn't seem like

something they actually wanted to do-

>*'I had really bad anxiety and depression and I had a lot of suicidal*
>*thoughts, like a bunch, it was insane'* – Mike

>*I had very bad depression when I was growing up to be honest, and*
>*I still have very bad depression and it hasn't got that much better*
>*for me- but it's gotten way better for me as in I haven't self-harmed*
>*for a while* - Rich

>*'I am going through depression right now, and I'm not trying to feel*
>*sorry for myself, but I deserve to feel sympathy for what they've*
>*done to me'* - Tyler

Vloggers commented on the influence of their thought processes. Reflecting his

experience, Dwayne was able to identify how his thought processes were distorted-

>*'But at the time I was just thinking differently because I was just so*
>*down and I just believed there was only one option left and that*
>*option might have not been the smartest option in my opinion'*

Tyler spoke about how rumination and overthinking was a precursor to his self-

harming episode-

>*'... one day I was thinking about it, I was home alone, I was in*
>*my room and I was being stupid and I was overthinking stuff'*

4.2.3   Sub-Theme: Emotional & Physiological Benefits

Some vloggers spoke about getting a physiological return from self-harm. This

physical experience was beneficial in a number of ways. Firstly it provided a concrete

release from an intangible emotional or psychological intensity and mediated the

feelings of helplessness that sometimes accompanied it-

> *I have to inflict pain on myself to get my release out of me and get my stress and anger out of me.* - Freddie

> *'...by doing that (punching), I was able to - that pain distracted from the emotions that I was feeling'* – Max

> *'self-harming was a way where I felt I could take my mind off this feeling of not knowing what to do with myself, into some other energy and this other energy was the pain'* – Mattie

For some self-harm actually felt good –although it hurt. Vloggers talked about the

thrill or kick that it gave-

> *' I know it's hard to stop cutting cos it feels good. What it does is tricks your brain into thinking it's happy, that you're happy'* - Warren

> *'...it kind of gets you hyped. Act like your screaming, builds you up but it doesn't - it still hurts, but it makes you game for it'* – Dave

Freddie compared the thrill that accompanied self-harm with the thrill that

accompanied getting a tattoo. Pleasure seemed to be a by-product of the pain-

> *'When you have a tattoo it's painful but for me, I get a thrill from the pain and it's like a sense of release'*

Vloggers said that another benefit of self-harm was that it worked. Its strength as an

antidote was that it met whatever need the individual had e.g., for thrill, for release, for

communication and the payback was immediate. The drawback was that the benefits

were only short term-

> *'I don't know how I got that idea honestly, but it ended up
> working and it actually helped'* – Max

> *'when I had a really bad day and I cut myself and as soon as I
> cut myself, that massive anxiety ball inside me just sort of seeped
> out of me and at the time, at that moment, when I was in that
> place I thought it was helping me because it drained out straight
> away'* - Mattie

> *'There was emotional pain and physical pain and errrm I just
> put the emotional pain on hold for a little time but the pain
> doesn't disappear'* – Dwayne

4.2.4 Sub-Theme: Unknown Causation

Whilst most vloggers made reference to specific things that caused them to self-harm,

some made the point that it was difficult to be absolute, because sometimes they

simply didn't know what the cause was or there were many reasons and sometimes

those reasons changed-

> *I guess it's was when I had a big surge of emotion and I was
> super frustrated and felt like I was super frustrated or feel
> misunderstood or something – I honestly can't remember because
> this has happened so many different times for so many different
> reasons* - Max

What was a reason to self-harm for one person would not necessarily produce the same

behaviour in another person, but something else might. Whilst stating that there was no

good reason to self-harm, Jeff admitted feeling guilty because of the 'stupid' reasons

he cut himself-

> *'not that there's a good reason to cut yourself, but you know, you'd think like if I had a legitimate reason, like family trauma or something like that, I'd have a good reason to, but to be honest I never have'*- Jeff

For some self-harm just seemed to be a general response to anything difficult that might happen or an automatic response. Some vloggers couldn't necessarily give a specific reason as to why they turned to it-

> *'I did it because – you know uh, I just don't know – it just feel like the urge to do it because that's just how things go when things goes bad and stuff'* - Benson

> *'When I see something sharp I'm instantly like, it's so tempting to cut. Sometimes I don't even know why I'm depressed and I just cut'* - Samuel

Max reported that he discovered self-harm from a young age without actually realising he was self-harming;

> *'...and I never even thought about it in the context of self-harm because I never even knew about that until later in life'*

4.2.5 Sub-Theme: Methods

Vloggers talked about the methods they personally used and the different methods that could be used to self-harm. Sometimes they talked specifically about the alternatives that could be used instead of cutting-

> *'Course there's cutting, but I'm too much of a sissy for that. I bite myself. I guess that's like my equivalent to cutting – takes more effort but it does the trick'* - Dave

'...but there are also other forms like punching yourself in your leg, or your arm to give yourself bruises to distract yourself from what's really causing you pain emotionally. There are better alternatives to those two. I'm not going to say worse and I'm not going to say more deadly because there's also burning yourself which I'm never going to do. I can't stand the smell of burning flesh' - Warren

'what I would do is make a fist and hit myself with that part of my hand, in the face – like normally in my face, like in my face here or in my forehead, or my side of my head – like as hard as I could at the time, just a few times' – Max

Vloggers said that just as there are many reasons why people self-harm, there are also countless methods of self-harm. However, their definitions of what constituted self-harm were sometimes broader than the definitions used diagnostically-

'Now when we say self-harm that means we are purposefully going out to harm ourselves – if that would be doubting ourselves, saying you look ugly – saying to yourself you look ugly or taking pills or cutting or burning yourself – everything – there's loads of ways of self-harming – it's endless – there's just so many ways people will self-harm it's just unbelievable' – Andy

'some people just think, oh it's just cutting yourself where other people might not realise that you know, you might not be only physically hurting yourself but telling yourself thoughts over and over again that may be, aren't very healthy or depriving themselves of food or exercise or whatever it may be' - Mattie

4.3 Theme 2

Figure 3 – Illustration of Theme 2

CONCEALMENT: VLOGGERS TALK ABOUT HIDDEN ASPECTS OF SELF HARM

Hidden but Prevalent

Hiding Behaviour

Hiding Cuts & Scars
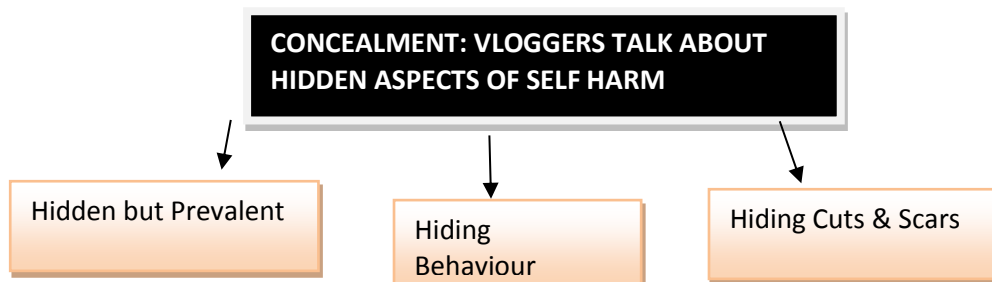
Issues related to concealment was divided into 3 sub themes which focused on self-harm as a global phenomenon in wider society which is hidden but prevalent and also on a personal level as a behaviour which is done in secret and goes largely unnoticed by others. Finally the dilemma about how to deal with cuts and scars was talked about. Often hidden in the aftermath, they bore future witness to previously hidden behaviours.

4.3.1   Sub-Theme: Hidden but Prevalent

Vloggers talked about how they perceived self-harm to be manifested at a societal level. They spoke about the behaviour being common, but not often talked about-

> *'I don't think it's really spoken about very much but I think it is prevalent'* – Mattie

> *'...we know that there are always some people who are thinking about self-harm somewhere'* – Dwayne

> *'I would say it's completely normal. A lot of people self-harm – you'd be surprised'* – Andy

Andy made notes on his video to explain that by 'normal' he actually meant 'common'. He spoke about his amazement at how there were people carrying on with their everyday lives, yet hiding this great secret-

> *'I've talked to people who I didn't think ever self-harmed and they've told me they've self-harmed'*

> *'There are people who don't even tell people that they self-harm they will live a normal life, be like, have a smile on their face. They'll be*

> *going to work smiling and saying they're happy, they don't self-harm*
> *well they won't say they don't self-harm, they won't even mention it*

On a personal level, some vloggers related how they self-harmed but the behaviour seemed to go completely unnoticed/unnoticed for a long time by others who were in close proximity to them-

> *I can't remember all of the details I just know that no one ever*
> *said anything about it and nobody ever questioned me about it -*
> Max

> *I self-harmed when I was 13 and then after that it was really,*
> *really bad but no one noticed that - until when I was 15* – Benson

This means that they were able to carry on their behaviour completely undetected for a long time, by which time the behaviour became well established.

4.3.2   Sub-Theme: Hiding behaviour

Vloggers spoke about how they kept their behaviour a secret, even from those close to them, and shared the things they had to do in order to maintain this secrecy-

> *'... obviously like, my family don't (know) – nobody in my*
> *family does'* - Jeff

> *'I hid this from everyone I've never told my mum I've never told*
> *my dad, I'd never do it anywhere where people could see me; and*
> *also I never hit myself hard enough so that I had a bruise'* - Max

Rich shared how he lied to his parents about his self-abuse in order to keep his behaviour secret- expressing disappointment in himself for doing so-

> *'And my parents were asking me what are you doing and I was*
> *like 'oh, these are cat scratches', so they believed me because I*
> *never used to lie and it sucks that I do now, it's just I can - I'm not*
> *a very good person anymore but I'm starting to change'*

To ensure privacy, Max mentioned specifically choosing the one place where solitude is usually guaranteed-

> *'I would go away from everybody - normally to the bathroom*
> *because nobody can follow you into the bathroom. You just go in*
> *there like you're going to the bathroom and I'd close the door'*

Vloggers didn't just keep secrets for their own benefits, sometimes the thought of the upset it would cause to significant others made it important to keep the behaviour a secret. No one in Jeff's family knew about his self-harm -

> *'...like my family don't – nobody in my family does, cos to be*
> *honest, I don't know if my mum understands, erm, and it would*
> *break my heart to upset her, which I think it would'* – Jeff

4.3.3   Sub-Theme: Hiding cuts & scars

What vloggers shared about cuts and scars related to how they were managed. These were potential witnesses to the hidden behaviour. They told how they tried to make sure that cuts & scars were not detected – by making faint cuts or covering up with clothes-

> *'I didn't go that far I just did my arms first then I started going*
> *into my legs so nobody would notice'* – Rich

'*I was wearing sweaters because I didn't want to show anybody'* -

Tyler

Often scars were portrayed negatively, as a permanent reminder of a difficult past-

> *'scars don't always go away and then you will be reminded of*
> *your physical pain forever' –* Dwayne

One vlogger however, talked about scars positively – suggesting that they should be

seen as testament to personal strength and resilience-

> *'I self-harmed, I'm not scared of showing people my scars. I just*
> *think a scar is a sign of strength; a scar shows to people where*
> *you've come from and it's, you can say to people, I used to self-*
> *harm - but look where I am now' –* Freddie

There were some exceptions to the theme of secrecy. Whilst the majority of vloggers

confessed to never sharing their experiences of self-harm, others reported showing

their cuts in a bid to get help or sometimes they were simply 'outed' by their scars-

> *'So at the time I had a girlfriend and I told her during class*
> *period because she went through similar things so I was like, hey,*
> *look what I did to my arm I'm so stupid. She got mad at me and I*
> *immediately took it back' –* Tyler

> *'I showed her my arm and she was like, 'ahhhh that's really bad*
> *Samuel' - and she was there before when I'd self-harmed. I just*
> *showed her and she called them and they examined me' –* Samuel

> *'some of my friends know and obviously all of my partners knew,*
> *because I've got scars all over my arms and my torso' –* Jeff

Even sharing via the internet some vloggers made reference to a notion of secrecy or privacy. One made it clear that they were not going to share *everything* in their vlog, whilst another vlogger asked his viewers to keep secret some of what he shared, for fear of sounding in need of mental institutionalisation.

4.4   Theme 3

Figure 4 – Illustration of Theme 3

ADDICTION & INTENSIFICATION: VLOGGERS TALK ABOUT OBSCURE CHARACTERISTICS OF SELF HARM

Causes More Pain

Trapped in Cycle

Behaviour Escalation
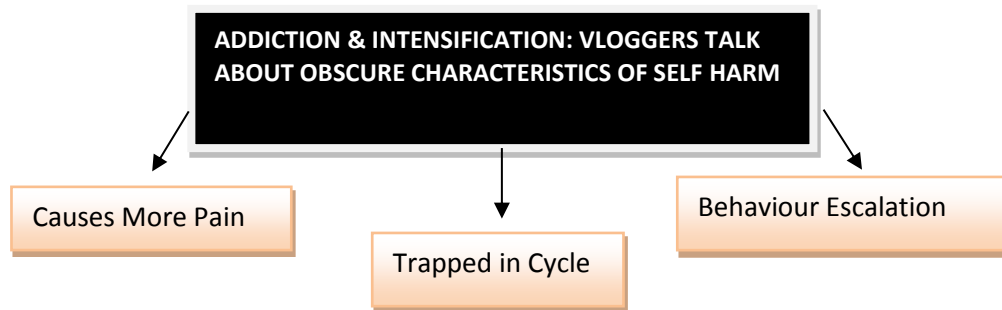
Theme 3 reflected the more obscure features of self-harm. To the onlooker, self-harm may quite simply be seen as a particular action which is performed at will, by an individual upon themselves. However some vloggers talked about the intangible, less containable aspects of engagement. The theme of Addiction and Intensification illustrates how once started, the life cycle of self-harm can take on a momentum of its own in terms of pain creation, impetus and recurrence. This theme was divided into 3 sub-themes:- Causes More Pain, Trapped in Cycle and Behaviour Escalation.

A strong message that came through was that vloggers wanted to stop others from beginning or getting too deep into self-harm before it became the compelling and overwhelming phenomenon they experienced it to be. They suggested that the

compelling and destructive nature of self-harm is something that can't fully be understood until engaged with - and by then, it's too late.

4.4.1 Sub-Theme: Causes More Pain

Vloggers told how self-harm only causes more pain in many different ways. They said that whilst relying on it for help, ultimately it didn't help. Essentially it provided a pain interchange – trading the emotional for the physical-

> *'I just got other pain that will make my emotional pain stop a little while, by thinking about the other pain - but there's still pain, so it doesn't make sense. It doesn't help anyone if you cut yourself and it doesn't help yourself, because you still feel pain even if it's other pain, you still feel pain and that sucks'* – Dwayne

Self-harm also affected interpersonal relationships. Vloggers told of the negative reactions they faced from others if they were found out. This resulted in them feeling disappointment and regret at having engaged in the behaviour. Some said they felt as if they had let others down-

> *'It's going to be harder to talk to people if you keep doing it. If you're in a relationship, it could ruin it. My relationship with my girlfriend was ruined today because I cut. She couldn't help it'* - Warren

> *'I disappointed a lot of people. I didn't tell everyone, but you know I just disappointed some friends who are very close to me and it really sucked and I really don't want to disappoint any of my friends because I love them, so yeah I, they were disappointed in me but also very worried; I was disappointed to myself'* - Dwayne

> *'I've had friends that have self-harmed and I no longer speak to them because of it'* - Andy

Reflecting on their behaviour, some of the vloggers noted that it was dysfunctional and counter-productive. The ultimate realisation was that it could have cost them their lives. Those who commented on this recoiled at such an outcome – even though they may have wanted this at the time when they were self-harming-

> *'Before I knew it, it was really deep and there was a point where I could see my vein and I'm telling you now, this is why you do not want to do this. I almost died'* - Samuel

> *'I have like suicidal thoughts a lot – stuff that I see, like, stuff that like (potentially triggering description) and someone tell me to do it but I don't want to do it cos I've got dreams and I don't want to die early'* - Benson

> *'I thought I was going to die that night but you know what, I didn't cut this way, so, I was lucky; I was stupid and lucky at the same time, so'* - Rich

There were exceptions to expressions that death was an undesirable outcome of self - harm, but this wasn't representative of the views of most of the vloggers. For Benson, there was ambiguity and contradiction. Whilst he spoke of not wanting to die early, earlier in his vlog his words showed complacency to life-

> *'And for me, if I like die I die – I mean, everybody dies anyway'*

4.4.2 Sub-Theme: Trapped in Cycle

Vloggers talked about how once they started to self-harm it was hard to regain control or stop. Some described it as being trapped. Mike spoke about an expectation of being able to be in control of cutting when he first started-

> *' I made the mistake of thinking that I would be able to make one*
> *freekin' cut and it would be fine, like I'd be able to stop right*
> *after, but that was not the case'*

> *'it's a vicious circle and you know unfortunately once you're in*
> *that circle, it's hard to get out of '* – Freddie

They also spoke about the constant battle not to begin the behaviour again once they

had managed to stop. Some vloggers, though not actively harming at the time of

posting, still felt prone to beginning again at any time-

> *'I've stopped now, erm, but that's the thing, it's something you*
> *can't really say I've stopped and I'll never do it again because*
> *it's something that, I don't know, when you start doing it, it's*
> *just something that you can do at any time – you know it just*
> *takes constant will power to not do'* - Jeff

> *'I still kind of suffer from like those kind of thoughts and it's*
> *still really difficult for me to not like do it, because I still have*
> *those thoughts – obviously it's still very difficult to not just fall*
> *back into that trap'* - Mike

Some vloggers used the language of addiction when talking about self-harm e.g.,

addiction, clean, relapse. Andy actually referred to self-harm as -

> *'An addiction that is personal to someone'*

Whilst acknowledging that an addiction to self-harm was different in nature to an

addiction to substances, an addictive quality was reported none the less-

> *'And I'm not putting it on the same plateau as alcohol*
> *addiction or drug addiction which can be a lot more*
> *damaging, I'm just saying that it's not something you can*
> *really draw a line under and say, you know that's it, I'll*
> *never do it again'* – Jeff

Some expressed the duality of wanting to stop the behaviour, but also somehow not

wanting to stop - which was difficult to make sense of-

> *'because it, there can be times where you don't want to stop*
> *–as much as you do want to stop – if that makes sense'* **–**
> Andy

The advice given to avoid getting trapped in the cycle, was to resist that first time-

> *'just try and not do it for the first time, not self-harm for the*
> *first time because it's easier to stop when you haven't*
> *started' if that makes sense'* – Andy

4.4.3   Sub-Theme: Behaviour Escalation

In a subtle difference to the cyclical pitfall of self-harm, some vloggers spoke about

how they experienced an escalation in their behaviour over time - the behaviour began

in a mild form but seemed to intensify over time. Samuel told his story of escalation-

> *'I've been self-harming for 3 years and it started off very mild'*

> *'it got worse over time, like l think it started to get worse when*
> *I was about 14; but it stated to get really bad when I was 15*
> *and now I'm 16 and things just got out of hand and it became a*
> *habit'*

Another told how his trajectory intensified in terms of the methods employed-

> *'When I started cutting myself, leaving these scars in my skin, I*
> *didn't just do that, I started with that, I started with that'* – Rich

Rich goes on to tell of the catalogue of abuse he subjected himself to, which started

with cutting but led to drug taking, self-battery and finally an attempt to take his life -

> *'Finally I thought I had enough and I took a knife and I was*
> *going to end it that night - and I almost did'*

Again, vloggers talked about this escalation in relation to what happens with addiction

i.e., there is loss of control and the behaviour gets worse over time-

> *'that's the thing, is when you found that like, drug or anything,*
> *once you've found that thing and it works for you, you'll carry*
> *on, and it will spiral out of control and only get worse'*
> *- Mattie*

> *'Cos once it's gone too far it's hard to pull it back you know'*
>
> *- Freddie*

4.5   Theme 4

Figure 5 – Illustration of Theme 4
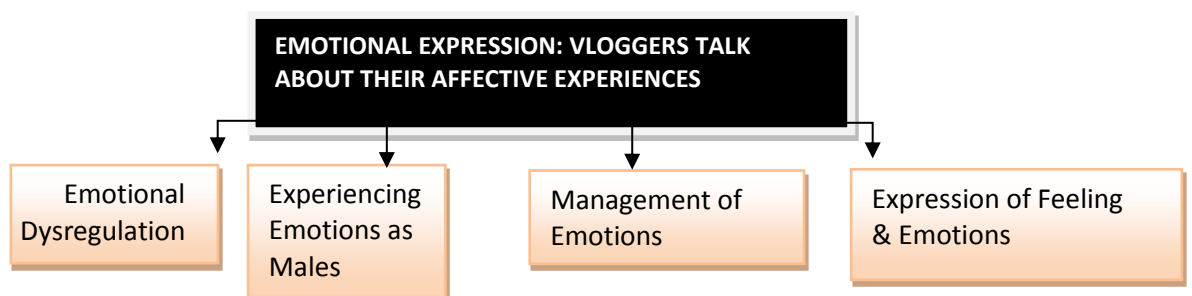
Theme 4 focused on emotions and captures evidence of vloggers identifying and

showing their emotions. Sometimes they described the emotions they experienced

when going through the difficult times which corresponded with self-harming. Other

times they showed their emotions whilst sharing and reflecting on their self-harm

experiences with their audience. The theme of Emotional Expression is divided into 4

sub-themes, namely Emotional Dysregulation, Experiencing Emotions as Males,

Management of Emotions and Expression of Feelings and Emotions.

4.5.1 Sub-Theme: Emotional Dysregulation

In Theme 1, vloggers reported that intense feelings and emotions were sometimes

provoked by the social situations they found themselves in or the psychological state

that they were in, and this sometimes caused them to self-harm. One of the

distinguishing features of their experience was being overwhelmed by emotions that

manifested themselves in a physiological as well as psychological way. A prominent

feature in some presentations was specific identification of the unpleasant feelings they

had experienced-

> '…when I was feeling really down and I started to self-harm, it
> was sort of like I was so anxious, it was built-up into this massive
> ball in my chest ' – Mattie

The uncomfortableness of these feelings led to the need to do something for relief, and

this was when self-harm became useful-

> 'When all them emotions get built up inside you, that's the point
> when you do start thinking about that I need to cause pain' -
> Freddie

For some, this build-up of intense emotion was associated with feelings of

helplessness. Vloggers reported not knowing what to do about the powerful feelings

and sensations they were experiencing-

> *'there'd be an event that caused a surge of emotion inside of me*
> *and I didn't know what to do with that - I wasn't sure what I was*
> *supposed to do with that'* - Max

The pain of self-harm seemed to be a way of coping with or distraction from the uncomfortable psychological and physiological manifestations in the absence of anything else to help-

> *'self-harming was a way where I felt I could take my mind off*
> *this feeling of not knowing what to do with myself into some*
> *other energy and this other energy was the pain'* Mattie

Linked to helplessness, some participants reported feeling that they had limited options in terms of what they could do with their uncomfortable feelings and emotions. For some, self-harm seemed like the only option-

> *'Sometimes you just feel all out of options and you see a sharp*
> *object and the only thing coming in your head is to forget your*
> *pain by cutting yourself and harming yourself in other ways'*
> – Dwayne

One vlogger highlighted the irony of the situation, where one feels forced to hurt oneself - when ordinarily people spend a lot of time and effort trying to protect themselves from hurt. This situation arose because of the helplessness-

> *'nobody wants to hurt themselves but when you've got*
> *nowhere else to go and nothing else, or the coping*
> *strategies, then you do turn to pain and self-harm'*
> – Freddie

Some vloggers identified self-harming behaviour as an antidote for needing to let out feelings of intense anger. One described his emotional contrast in terms of the Robert Louis Stevenson character Dr Jekyll & Mr Hyde. When self-harm was conducted in the context of elevated levels of anger, some questioned whether it became a way of dealing with a desire to engage in aggression towards other people. These aggressive impulses were at odds with socially acceptable behaviour and the punitive sanctions that would accompany anti-social behaviour. Self-harm then, seemed to be a less problematic approach to managing aggressive impulses towards others.

4.5.2 Sub-Theme: Experiencing Emotions as Males

Vloggers talked about the conflict between themselves as emotional beings and the social and cultural expectations of wider society. They talked about the negative reactions they encountered when there were certain outward shows of emotion. Disparagement came not only from remote sources such as the media, but from people who were close to them and loved them. Whether explicit or nuanced, the messages communicated that certain shows of emotion were not acceptable for them as males. One vlogger stated that from an early age, crying for him was frowned upon-

> *'If they don't say it directly, they hint that you're getting too old to cry now, like you shouldn't be crying over these little things, so I tried not to'* – Max

This resulted in feelings of frustration with himself as he gradually succumbed to the expectations of the adults in his life-

> *'…but then when I would cry I would get really frustrated with
> myself, and I would be hard on myself – because I had adopted
> or had started to adopt their way of thinking'* - Max

Along with communications about how males shouldn't express their emotions, some

vloggers spoke of the rigid messages they received about what 'being a man' meant.

This again they reported to be diffused throughout society from an early age-

> *'in the fairy tales, in the novels, even in the novels; in the TV
> shows, in the movies – everywhere – a man is supposed to be
> almighty, made of stone, with no flaws and no emotions'*
> – Maurice

For some, the result was acquiescence and they sought to supress their emotions-

> *'Very very early on I started consciously attempting to and then
> successfully supressing my own emotions '*– Max

Now old enough to feel the weight and injustice of these expectations, there was anger

and rejection. Addressing anyone who might subscribe to the view of males being

> *'…almighty, made of stone, with no flaws and no emotions. Go
> (expletive) yourself if that's what you're thinking. We men also
> suffer '*- Maurice

4.5.3 Sub-Theme: Management of Emotions

Vloggers talked about finding ways to manage their emotions – especially the ones

they were aware could not be outwardly expressed for fear of reprisal. One way was to

suppress them or find a distraction from them-

> *'It all gets buried, and you don't let it show, not even the tiniest*
> *bit cause you know if you show it, even the tiniest bit, it's going to*
> *keep growing and growing and growing until it finally explodes*
> *and you do something you're going to regret.'* - Dave

> *'– I hate this about myself, because if there's something in my*
> *mind that bothers me I usually ignore it and I don't care and I*
> *distract myself and I don't go back to it until I remember again.*
> *So I would just ignore it and push it off and be like its fine,*
> *whatever I don't care'* – Tyler

Another vlogger explained how he used humour and joking to avoid engaging with his

emotions. Whilst admitting that letting emotions out was important, years of not

feeling able to had led to him making light of his feelings and using jokes to sidestep

engaging with his emotions-

> *'I've developed a personality that avoids that and makes jokes out*
> *of things instead of actually feeling them'* - Max

Distraction was spoken about in association with the pain of self-harm. Pain offered an

effective way to deal with emotions, particularly in the context of feeling that there

were no alternatives-

> *'By doing that, I was able to - that pain distracted me from the*
> *emotions that I was feeling and it allowed me to avoid the act of*
> *crying and like stay strong and not cry, you know'* – Max

Even in the moment one vlogger explained that he was holding back his emotions,

although he knew this wasn't the right thing to do-

> *'I want to cry. I know I shouldn't hold back emotion'*- Andy

Although using suppression and distraction to try to cope with emotion, some made the point that letting out emotion was a good thing. Max, who had been taught from a child that emotional expression through crying wasn't okay, now realised the importance of letting out emotion and also that this was the primary function of crying-

> '*Crying is good. Crying is how you physically express all of these emotions that are inside you, whether they're good or bad or whatever*' - Max

For Max, the purpose of his post seemed to be to share his experience, because unlike others, he acknowledged that he still felt at a loss about how to manage his emotions. He confessed to having 'no solution' to the problem.

4.5.4 Sub-Theme: Expression of Feelings and Emotions

As well as talking openly about the emotions and feelings that accompanied the experiences associated with self-harm, vloggers also expressed their emotions in the moment while they were sharing their stories. They confessed to feeling emotional and in some circumstances voiced the battle to retain composure-

> '*I don't want to cry in this video, but I'm getting emotional*'

> '*I'm holding back emotions. I want to cry. I know I shouldn't hold back emotions but for you guys I will stay strong. For you watching I will stay strong because I know what you're going through*' – Andy

Other emotional expressions pertained to the activity of actually sharing something so personal to them with 'the world'. Some vloggers said that sharing something as significant as self-harm was important, but also uncomfortable. Others said that this was the first time they had spoken out about their experiences, suggesting that this was a time and place where they felt comfortable to do so-

> *'I haven't got that off my chest for ever. I've never got that off my chest until now, it's a big big thing to get off your chest and say to the world'* – Rich

> *– I was going back and forth about whether or not I should make it because obviously it's pretty, I don't know, it's like an intimate thing to share because, like, I haven't shared with anybody* – Max

Vloggers also reported quite negative emotions & feelings brought on by vlogging about self-harm, including feelings of uncertainty, nervousness, vulnerability, humiliation & embarrassment-

> *'I'm, what's the word I'm looking for, I'm I'm I'm nervous. I'm actually kind of nervous to talk about this with you guys but erm - I wanted to talk about self-harm with you guys today'* – Dwayne

> *'In a way it's almost like humiliation or embarrassment involved with this. I feel really vulnerable sharing this but at the same time, I think it's a good idea to put it out there'* - Max

Vloggers took the opportunity to talk emotively about the things they had recently been through. One told how within the last hour or so, he had endured feelings of great stress which he felt the need to let out physically – on his environment or others. Another spoke of feeling heartbroken and needing sympathy.

4.6   Theme 5

Figure 6 – Illustration of Theme 5

THOUGHTS ABOUT HELP: VLOGGERS TALK ABOUT THEIR RELATIONSHIP TO HELP

Ambivalence & Negativity to Help
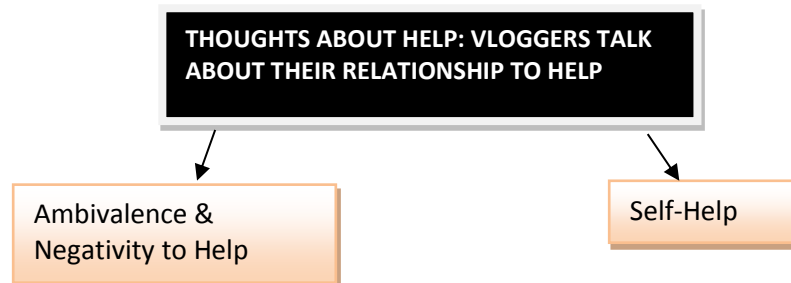
Self-Help

In Theme 5, participants talked about their relationship to help and this was divided into two Sub Themes – Ambivalence and Negativity to Help and Self-Help

4.6.1   Sub-Theme - Ambivalence & Negativity to Help

Vloggers were sometimes ambivalent to help in the sense that they expressed uncertainty or were hesitant about accepting it - although they admitted wanting help. Trust, authenticity and friendship seemed to be important factors in considering any help. There was a suggestion that the help offered by professionals could not be trusted -

> *'I don't want help. Well that's not true, I just don't want help from counsellors, counsellors may make you think that they're your friends or whatever - that you can trust them but eventually it all has to go back to somebody'* – Dave

Dave went on to say that friends were the only ones that could be trusted.

One vlogger viewed the prospect of help from others very negatively. For Benson there was an outright rejection of help, questioning why anyone would want to help.

However he was the only vlogger who showed a strong aversion to the assistance of others-

> *'I can just handle this thing by my damn self cos I don't like when people helping me. Cos I like to help myself. I don't depend on anyone else, because, you know and (expletive) like that, I don't depend on them. Cos you know, I mean, why helping me for? It's not even working out for me to do that, cos you know how stupid I am anyway, so yeah'*

Not being sure that people would understand sometimes was as a barrier to help seeking-

> *'I couldn't talk to anyone about my problems because I didn't think anybody understood'. – Freddie*

> *And even though I kind of assumed that nobody would understand, I think talking about it can help them to understand - Jeff*

4.6.2 Sub-Theme: Self-Help

Some vloggers demonstrated resilience, finding the strength to somehow fight against the urges to self-harm. Dwayne spoke about doing something strong and 'brave' which seemed to be a turning point in his self-harm journey-

> *'I did something brave a couple of weeks ago. I was ready to cut myself – short knife against my arm – but instead of cutting myself with the knife, I wrapped it in kitchen paper then I broke it and threw it away, and that was the moment I realised I didn't need to harm myself because I was just kind of fighting my pain with other pain'*

Vloggers also referenced being able to share their experiences through their YouTube

vlogs as a source of help and stress relief-

> *'I guess this is another way to relieve stress too – just talking
> about it on YouTube. I guess that's the whole reason I made this
> channel to begin with. So it would help me'* - Dave

> *'This is no dramatic science it's just that I need to process around
> saying this on the internet. I don't mean to make a big world-wide
> change saying this'* – Maurice

Some vloggers told of coming to a point where they recognised that they couldn't

carry on relying on self-harm to help them with their issues-

> *'I realised I didn't need to harm myself because I was just kind of
> fighting my pain with other pain'.* – Dwayne

> *'A few weeks passed and I was like, OK, I need to tell someone
> because this is getting bad and this is not healthy'* – Tyler

Others experienced a dual epiphany – recognising the need for help and also realising

that they themselves could be instrumental in providing that help-

> *'I thought no one else is doing this for me I'm going to work on
> myself, I'm going to make myself better'* – Mattie

Help seeking wasn't always demonstrated assertively. Sometimes vloggers simply

placed themselves in the vicinity of help and relied on others to recognise their need.

After self-harming, Samuel got himself to a public place which was staffed in order to

get help-

*'There were 2 staff on and I just sat down and pretended like
nothing happened and XXX came up to me, and 'XXX' I said, 'can
I have a private chat?' '*

This approach put the onus on those around to see the need and offer help, even though

the request was not verbally stated.

4.7 Theme 6

Figure 7 – Illustration of Theme 6
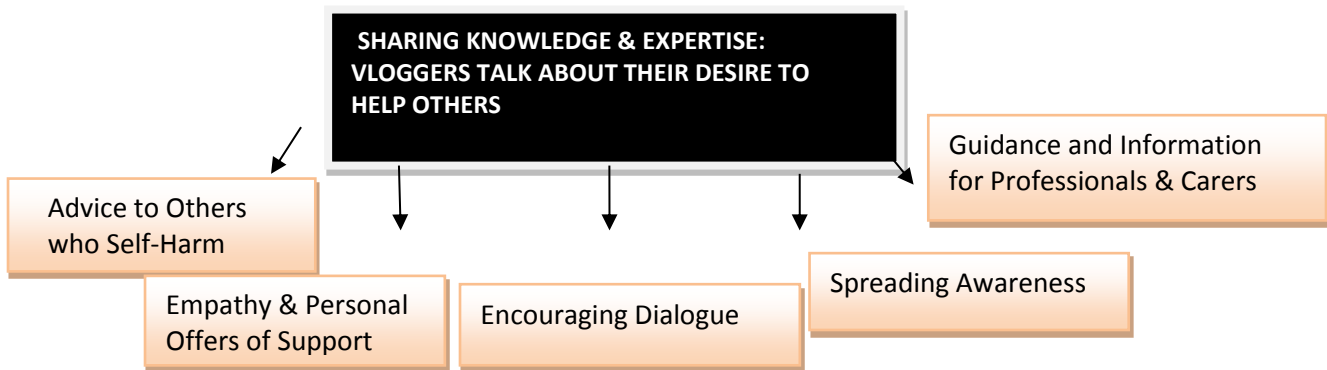
Theme 6 highlights comments which illustrate vlogger's desire to contribute to the

wider self-harm community and others interested in the topic. They demonstrated

how having a vlog on YouTube gave them a platform from which they could not only

talk about their experiences, but also offer advice and support to others. Sometimes

they were explicit about who the advice was aimed at e.g., teachers, others who self-

harmed/was thinking about self-harming. This final section is themed Sharing

Knowledge & Expertise, with the sub-themes of Advice to Others who Self-Harm,

Empathy & Personal Offers of Support, Encouraging Dialogue, Spreading Awareness

and Guidance and information for Professionals and Carers.

4.7.1 Sub-Theme: Advice to Others Who Self-Harm

Advice against self-harming was unanimous. Not one vlogger recommended that it

was ultimately a useful course of action – even though some noted the hypocrisy of

this since they themselves were/had been engaged in it. The aim of advice seemed to

be to stop others before they became embroiled-

> *'Now this may be like controversial me saying, oh if you want to hurt yourself for the first time just don't. It sounds easy for me to say it, but it's more easier at that stage than once you start it* - Andy

> *'You do not want to cut, because I cut really deep and that's why I've got these on' (vlogger shows bandages on his arms).* - Samuel

> *'we are capable of amazing things and it would be a shame to spend the finite amount of time you have on this planet hating yourself and cutting yourself'* – Jeff

> *'It's not worth it so don't start doing that okay? There's better things out there for you to do than to do that and I'm actually going to talk about those things'* - Mike

> *I've had people say that to me before and I'm like, but you don't even know what I'm going through so how can you tell me not to self-harm - but trust me – from what I've just recently gone through you do not want to cut* – Samuel

Some vlogs were posted as a warning to others. As referenced in Theme 3 when

talking about the less visible features of self-harm, vloggers warned that once started,

the chances were that it would be difficult to stop and that would result in more pain.

Self-harming viewers of the vlogs were encouraged to save themselves before it was

too late-

'because if you're thinking about self-harming for the first time, it's easier to save yourself from self-harming than it would be if you did self-harm' Andy

For those who already found themselves in a similar position to the vloggers, they were advised to stay strong and seek help. Vloggers even tried to deal with the psychological barriers that might make someone reluctant to seek help-

'I guess what I wanted to say is don't feel ashamed or embarrassed to do it and don't feel as though you've got to justify why you have to do it to anybody. Just try to remember that it's not weak to admit that you're struggling and that you need to talk and you need to let it out'
-Jeff

Vloggers also encouraged their viewers towards self-help. Rich said that whilst it was a good idea to get a counsellor who would help, there were some things that the individual would need to do for himself -

'So if you're having troubles get a counsellor's attention and be like, hey I'm having troubles and the counsellor will help you or will try to help you anyways. They can't help you with everything – some things you'll have to do by yourself, which they'll tell you'
- Rich

'The best thing you can do is look at yourself and try and better yourself' – Andy

Vloggers suggested various strategies and approaches that self-harming viewers might use, which had worked for them-

'having a plan for me helped massively… (here Mattie describes his personal plan)… that for me, having those plans, stuff like that so, not only obviously finding out what is causing you to feel like that from the beginning, but giving yourself goals to make you happy and doing things that make you happy really, really helped

me and have got me through this and I haven't been self-harming in about 3 months, and that was a big thing for me over the past 6 months before' - Mattie

'and I thought, you know, because I have coped with it for so long I know a lot of techniques and things like that and I want to share them with you' – Mike

They tried to give encouragement and engender self-harming viewers to have confidence in themselves to succeed-

It's just you have to have faith in yourself, not in someone else, just have faith in yourself. And I'm not saying like don't believe in any religion – that's up to you, that's totally up to you and yeah, just just believe in yourself and you'll get through it, that's a promise. You'll get through it. It's like you got to put the work in and the work will pay off in the end – Jeff

'…in the end you will prevail – just believe in yourself. And and I believe in you – ok' – Rich

They made encouraging statements and offered themselves as examples of how it was possible to come through self-harm or arrive in a better place for now-

'Look at me – that I'm proof that you can do it' - Freddie

'Look at me …I thought it would never get better and it did'
- Rich

Freddie cross referenced the physiological feedback that seemed so addictive to 'legitimate activities' that could give the same or similar relief. As discussed in Theme 3, he described how the pain of getting a tattoo brought thrill and a release.

He also mentioned physical activity – going to the gym and the benefit of physical expenditure as stress release which could be a potential alternative to the perceived physiological benefits of self-harm-

> *'It's like when you go to the gym and get your anger out – you know that's a release and that's a safe release'*

Whilst some vloggers talked about keeping their behaviour and distress secret, they advocated that viewers should share their experiences and make use of the support networks they had at their disposal-

> *'At the end of the day your family love you for who you are, your friends love you for who you are, your work colleagues love you for who you are. They just want you to get better and you know, you need to speak to them as much as possible because at the end of the day, they're your social network and they're going to be around you 24/7'* - Freddie

> *There's other people in the world that have been going through this stuff and they might be able to help* **-** Rich

4.7.2   Sub-Theme: Empathy & Personal Offers of Support

Being able to connect with others because of the shared experience of self-harm seemed to be important to vloggers. This put them into the position of being able to reach out in a way that people who had not had direct experience of self-harm were not able to-

> *'I may not specifically know what you're going through in the mind but I can relate to it'* – Andy

> *'Like I can empathise with people because I've been through a lot of (expletive) and you can't judge someone 'til you've been*

through it, so please take that as a compliment or advice
because I know what I'm talking about' - Samuel.

Sometimes there was a focus on just letting others know that they were not alone in what they were going through. Freddie made reference in his advice to people caring for those who self-harm, that loneliness was one of the things they struggled with. Vloggers made comments which suggested that they didn't want others to feel alone and isolated-

'So I just kind of wanted to make a video to say that it's something
that I went through' - Jeff

'I just want this to be out there on the internet just so anyone else
who's currently doing that or have done it before knows that
you're not alone' - Max

Sometimes the support was in challenging some of the negative views and feelings that self-harming viewers might have about themselves - possibly because they are thoughts and feelings that they themselves experienced. In his post, Freddie told of the negative views he had of himself and tried to counter those potential thoughts in others. Andy encouraged his viewers not to hate themselves for wanting to self-harm - again perhaps having experienced this himself-

'But I'm telling you now that just because you self-harm
doesn't mean that you are an inconvenience, just because
you've got a mental health problems doesn't mean you're an
inconvenience' - Freddie

'Also if you're thinking about self-harming or you have, and
you've done it or you want to do it, don't hate yourself for
wanting to do it' - Andy

Having established a connection in terms of past experience, vloggers wanted their self-harming viewers to know that they were there for them. They offered themselves as available to give direct support. They encouraged contact, if that was deemed helpful – day or night-

> *'I'm here and do these things because I want to help people going through what I've been through'* – Andy

> *'If you want to talk to me you can message me at any time and I'll help you through some things if you need or if you're just looking for somebody to talk to I'm here'* – Mike

> *'I don't care if you message me in the middle of the night on Facebook or YouTube and ask me, you know, can I do this – help me with this please – can you give me some advice on this and I'll give you my advice any day'* – Freddie

Sometimes vloggers acknowledged that they themselves were not in the best place, but were still willing to be of help to others in the event that there was no one else there for them-

> *'If you're considering self-harm, I'm here for you because if you feel as if there's no one there for you I will be that person who's there for you. I'm not the best person for you because I'm not the greatest person to take advice from. I'm certainly not the best role model out there, so yeah'* - Andy

Vloggers showed their empathy by wanting to save others from going through the same things they had been through-

> *I don't want any of you in the world to go through what I've been through* - Samuel

4.7.3   Sub-Theme: Encouraging Dialogue

One specific piece of the advice given to self-harming viewers was to talk. Talking was advocated as an opportunity to vent the emotions that could lead to self-harm-

> *'So, yeah, like, when you do get frustrated speak – that's the best advice I can give anybody'* – Freddie

> *'I know it sounds stupid but sometimes talking it out sometimes does wonders'* – Mike

> *'..as long as you can speak about it and vent your frustration and your emotions then that's the best thing to do and that's the best advice I can give anybody who self-harms'* – Freddie

Vloggers not only advocated talking in person, even the opportunity to talk online was recommended as useful-

> *'...there's also this App called Koko, I think that's how you pronounce it, but it's actually really good because you can talk to somebody on there - just kind of talk it out'* – Mike

One mentioned that just the experience of vlogging seemed to be helping him-

> *I've never really talked about it to anybody and to be honest, even just making this video is kind of helping* - Jeff

Talking was not only of benefit to those who self-harmed. Vloggers pointed out that talking about it could also be of benefit to listeners, leading them to a greater understanding of self-harm-

> *'I think talking about it can help them to understand and that they in turn can then help me'* – Jeff

Even for those who self-harmed, being able to talk to others who did so too seemed to help-

> *'I've talked to people who I didn't think ever self-harmed and they've told me they've self-harmed and it's very touching because it's makes you feel not alone'* - Andy

However, some vloggers who advocated talking as an antidote to self-harm admitted that it was a difficult thing to do and they actually never did it-

> *'If you're thinking about self-harming, try and seek help. I know it's hard talking to people'* – Andy

> *'...it can really help to just talk to somebody about it, errm, I never did...'* – Jeff

4.7.4 Sub-Theme: Guidance & Information for Professionals & Carers

Some vloggers wanted to make a contribution to the knowledge that was available to help others understand people who self-harm. One vlogger directly targeted his contribution to those professionals and carers – especially teachers - who supported young people who self-harmed. Professionals were reminded of the duty of care they had towards pupils who self-harmed. They were admonished to maintain curiosity in order to spot signs of self-harm early on. Additionally there was some intercession on behalf of the self-harming - they were not bad or selfish, but poorly and more than likely lonely, using self-harm because they were afraid to give voice to the fact that

they were not coping. Students were identified as a particular group who were at risk

of self-harming and needed more to be done to support them-

> *'Especially students, like students might do it because they can't cope*
> *with the stress of their exams and that's when I think more support*
> *from teacher and lecturers or whatever needs to be given to the*
> *students you know, like the pastoral team needs to step in and say is*
> *anybody struggling'* – Freddie

Supporters of the self-harming were admonished to give encouragement, offer

themselves up as a key person to scaffold a young person's journey, give

encouragement and most importantly, to look beyond the cuts-

> *'people would say well that's attention seeking but, it is attention*
> *seeking but there's a reason I'm doing it and the reason is I*
> *want, need somebody to realise that I am struggling at the*
> *moment and I need them to talk.-* Freddie

There was recognition of the perplexity that others may feel when regarding someone

who self-harms. Freddie said that he used to question why and how people could do

it, until he did it himself-

> *'Before I got ill I would have thought awww there's not a*
> *chance I'd self-harm. How do them people self-harm? How*
> *cut themselves? How do they punch walls? How do they -*
> *yeah, I don't get how they do it. But that was the naïve me*
> *and until I'd been through it, I understand why they do it*
> *now'*

Being in the unique position of having themselves self-harmed makes the

contribution of people who vlog about their self-harming experience pertinent and

powerful in the fight to understand the phenomenon better.

4.7.5 Sub-Theme: Spreading Awareness

Vloggers stressed the importance of promoting the understanding of mental-health difficulties and particularly self-harm. Self-harm was not just about getting attention or people cutting their wrists – it was a serious issue hampered by a general lack of knowledge and understanding-

> *'I just want to say two things. First to help to spread awareness about mental health because people, some people say this is all in your head – just chill out, calm down. This is, this is not real. You're just making things up; hmmm, maybe'* – Maurice
>
> *'nobody realises how much (expletive) you go though in a mental health illness. They don't realise the ins and outs, it's not as easy as just taking a tablet and things getting better'* - Freddie
>
> *'So when you start saying ohhh stop doing it, you're just doing it for attention, no they're not doing it for attention - and I can think of a hundred things, hundred things that you can get attention for'*
> – Freddie

An aim for some vloggers was to build the knowledge and understanding they felt society needed. Mattie spoke about the stigma of self-harm as a mental health issue, which is maintained because it isn't talked about. The stigma needed to be defeated -

> *'It's not always nice to talk about but for someone who wants to make an impact on mental health and the stigma of mental health, I feel like I need to talk about it and get it out and to show people – and just to understand it slightly better'*
>
> *'I really hope I cleared things up for people for felt the need for harming themselves or just giving information to people who don't really feel the need to harm themselves'* - Dwayne

The picture portrayed in this sub-theme was that self-harm is a common behaviour which people are afraid to talk about, but talking defeats the stigma and fear around it. For this reason it was important to share experiences. It was also important for prominent people in society and on social media to speak up-

> *'and if people are keeping quiet day to day, even if its celebrities, YouTubers - whatever it may be; no one's talking about it, then how is someone who's feeling so anxious about their self-harm meant to feel that they can put that across to other people'* – Mattie

4.8   Summary

This chapter has described the outcome of the thematic analysis investigating what adolescent males who self-harm talk about in the vlogs they place on YouTube. The next chapter will discuss these finding in greater depth - theoretically in terms of how they relate to existing research and theory and practically, in terms of the implications they could have for further research and the professional practice of Educational Psychologists.

CHAPTER 5

Discussion

5.1 Chapter Overview

In this chapter I will discuss the research findings obtained through analysis of the self-harm vlogs in light of existing knowledge and theory. Additionally I will spend some time reflecting on a number of issues that have come to light as a result of conducting the research in relation to:-

- The validity of internet mediated research

- Vlogging and therapeutic affordance

- Males and emotional expression

- Participant led research

Finally the implications and limitations of the research will be discussed, as well as recommendations for future research.

5.2 Discussion of Findings

The question driving this research was 'What do adolescent natal males choose to talk about in their self-harm vlogs posted on YouTube'. Six themes were identified through thematic analysis, which substantiated and extended what is currently known about how adolescent males experience self-harm. The following discussion will look at each theme individually.

5.2.1 Motives & Methods

The vloggers in this study talked about the things they felt motivated them to self-harm and the methods they used to do this. In doing so, they addressed some of the basic questions that have driven research into self-harm over the past few years. The reasons they gave were broken down into social, psychological, emotional and physiological and unknown factors.

Vloggers mentioned a number of social factors which precipitated self-harm for them. At the core seemed to be the disruptions that were caused to the relational aspects of their lives. They cited being left out of friendship groups, arguments with parents, bereavement, and the breakdown of romantic relationships. Another important factor linked to this was rejection, which seemed to have a powerful influence irrespective of whether it came from friends, partners or parents. Close relationships with family and friends were mentioned in a positive way throughout e.g., talking was indicated as an important way to get help and often self-harming viewers were referred to their family and friends for this. Compared to previous research, there is some support for the importance of social relationships for males who self-harm. Haavisto et al (2005) found poor relationships with others generally to be associated with self-harming behaviour. However more specific analysis found that this was more likely to be a factor for females rather than males (McMahon et al, 2010). This research has found that for these adolescent males, disturbances in interpersonal relationships was indeed a provocative factor for self-harm; therefore highlighting the importance of acknowledging the impact of relationships and relationship breakdowns for adolescent

males. The potential impact of compromised interpersonal relationships should not be underestimated for both males and females. Males too need support when experiencing interpersonal turbulence with both family and friends.

As well as social factors, vloggers mentioned psychological issues such as feeling depressed, helpless and experiencing anxiety. They also identified cognitive distortions such as thought biases, rumination and overthinking. The identification of these factors coincide with the findings from previous research. Haavisto et al (2005) found anxiety and depression to be strongly associated with thoughts and acts of self-harm. Bakken & Gunter (2012) identified emotional states such as sadness and hopelessness as associates of self-harm and McMahon et al (2010) identified psychological, lifestyle and interpersonal factors as being possible precursors to self-harm with psychological and school related factors being especially significant for males. Whilst the current research found evidence of psychological factors such as anxiety and depression being cited in relation to self-harming behaviour, scholastic difficulties were not referenced specifically in this cohort of individuals, perhaps owing to the wider definition of adolescence used meaning that some vloggers had potentially left education. Where school matters were referenced, it was in respect to the relational difficulties that were occurring there.

Although making self-harm the central feature of their vlogs, some vloggers also mentioned having suicidal thoughts. As discussed in Chapter I, the aim of this research was not to focus on suicidal individuals. However, in this sample, there seemed to be a distinction between having suicidal thoughts and wanting intentionally to act on those suicidal thoughts to end life. Whilst acknowledging suicidal thoughts, vloggers also indicated that they wanted to live, e.g., by doing things to stay safe such as using

strategies. Previous research has also found that self-harm and suicidal thoughts commonly occur together, though not necessarily accompanied by a desire to die. Engaging in self-harm has been found to increase the risk of suicidal thoughts, especially when it becomes a habitual behaviour (Kidger, Heron, Lewis, Evans & Gunnell, 2012). This suggests that there may sometimes be a distinction between having suicidal thoughts and having suicidal intentions, which is an area that could be explored further.

Vloggers indicated that identifying a cause for self-harm was not always easy. One mentioned that he would sometimes cut without really knowing the reason why he was doing it. This theme also housed codes such as 'many reasons why', 'different for different people', 'different times, different reasons'. This indicated that whilst there are situations where identifiable links between certain experiences and the need to self-harm can be made, some motivations are less easy to identify and may change over time or be different for one person compared to another. This suggests that attempts to find globally applicable templates for why adolescent males self-harm are likely to result in oversights and inaccuracies, because in some cases, only an individualistic approach will be scrupulous enough to deal with its potentially shifting nature. Green & Jakupcak (2016) suggested that males in particular may not always be cognizant of or able to verbalise the reasons why they engage in behaviours which results in them getting hurt. Madge et al (2008), despite conducting a large international study on self-harm, warned of the dangers of generalising the research findings indiscriminately because of the inaccuracies this may produce in gaining a full understanding of the more idiographic and abstruse nature of self-harm.

The issue of methods wasn't addressed in great detail by vloggers, but an important message given was that self-harm included, but was not only restricted to cutting. This perhaps hails back to some of the customary views on self-harm i.e., adolescent females who cut themselves (Shaw 2002). Vloggers spoke about a number of methods of self-harm that they had either used or could be used, including cutting - but also including punching, smashing, biting and burning. This supports previous research which has found that there may be gender differences in the methods used by males compared to females. Males are more likely to report physical methods such as head banging and punching (Sornberger et al, 2012) and less likely to report methods such as cutting and scratching (Baetens et al, 2010) - although cutting is certainly one of the methods they use (Madge et al, 2008), as has been demonstrated by this research. The findings also endorse, in essence, the contributions of Green & Jakupcak (2016) who highlight that the focus on cutting as the epitome of self-harm can be unhelpful when trying to understand and identify male self-harm. A recent YouGov survey commissioned by Young Minds, found that young men were more likely to engage in activities that would not necessarily align with accepted definitions of self-harm. Heavy drinking, punching walls, controlling their eating, over-exercising, pulling hair and taking illegal drugs were all mentioned as ways of dealing with pressure or stress. This means there may need to be increased curiosity and vigilance, even around every day behaviours and the injuries males sustain – especially when occurring excessively or consistently.

Vloggers also expressed a wider definition of what constitutes self-harm than is typically recognised. Traditional definitions often focus on the external, physical act of harm e.g., Lloyd Richardson et al (2007) and Nock (2010) both make reference to the

destruction of body tissue. For some vloggers self-harm was defined as something that could occur at a cognitive and psychological level e.g., being verbally self-abusive, depriving oneself of essentials where there is no disruption to body tissue. Turp (2003) also found that some of her participants extended their definitions beyond the extant criteria used to define self-harm. This suggests that how professionals see and assess self-harm may be fundamentally different to how it is classified by those who engage in it. Turp (2003) argued that acceptance of self-harm almost exclusively occurs where there is significant and highly visible physical evidence. However, some individuals engaging in the behaviour appear to be making the point that there are other more subtle forms of self-harm that individuals can use against themselves, which are not observable to the naked eye. These could be precursors to physical self-harm or an end in themselves; but the assumption that self-harm can only be validated in the context of a physical manifestation can further uphold the belief that the phenomenon is less common than it actually is (Turp, 2003).

Whilst vloggers did not endorse self-harm, they spoke openly about its emotional and physiological benefits. This may be testament to the freedom with which vloggers were able to express themselves. All vloggers spoke about or alluded to self-harm being a negative feature in their lives and something they would not endorse for others, but one of the positives was that it worked. Self-harm did the job they wanted it to do whether releasing uncomfortable feeling or communicating distress to others. To this extent, it was fit for purpose. Beyond this, some vloggers described the act of self-harm, specifically cutting, as feeling good and this made it difficult to stop. Others talked about needing to inflict pain on themselves in order to release their stress and feel balanced again. These descriptions tally with theoretical explanations of why self-

harm may occur and be maintained. Neurobiological explanations of self-harm refer to the neural mechanisms that underlie the behaviour, including the actions of hormones and neurotransmitters which affect stress regulation. Endorphin theory (Sher & Stanley, 2008) holds that the release of endogenous endorphins accompanying cutting, produces pleasurable feelings which powerfully reinforces the behaviour. The association of pleasure with the act of cutting makes it likely that the behaviour will be repeated again – harming to receive the pleasure bought on by the pain. This research also provides support for aspects of Bentley et al's (2014) Four Function Model of self-harm (p.24), showing how automatic positive reinforcement is one of the factors which maintains self-harm. The associated pleasant physical sensations and the emotions they give rise to would, under this model, constitute immediate, positive reinforcement which is controlled by the individual (automatic). Some vloggers, whilst recognising that self-harm was not healthy, said that it worked and gave them the immediate relief they needed, when they needed it. For professionals seeking to intervene with males who self-harm, it may be that the important features of effectiveness, immediacy, pleasant affect and ultimate control have to be taken into account when thinking about alternative strategies. If the alternatives on offer don't have the features that make self-harm attractive and useful, there is the possibility that the interventions will fail and the self-harming behaviour continue.

An interesting emotional/physiological finding was that self-harm brought on a sense of thrill and arousal for some males. Some vloggers said they needed the 'high' feeling from self-harm to get their stress out. One vlogger talked about acts of self-harm like biting and feeling boiling water as spine tingling, exhilarating experiences. These experiences were secondary however, in that self-harm wasn't performed simply for

the thrill, it was spoken about in relation to difficult psychosocial experiences that prompted the behaviour in the first place. This shows the importance of identifying the psychosocial drivers behind self-harm and addressing these. Addressing issues of thrill seeking will only address half of the problem.

One vlogger compared the pain sensation produced by self-harm to the pain sensations when getting tattooed, which for him was a pleasurable experience. Baetens et al (2010) suggested the need for autonomic thrill in some individuals may be linked to gender and temperament. They found that the need for intense, euphoric physiological arousal was more likely to be found in males with a personality drive for exploration, thrill and sensation seeking – more likely linked to extroversion. Due to the methodology employed in this research, temperament was not an aspect which could be explored further. However, this research does add support to previous theory and research which outlines the physiological benefits sometimes reported by individuals who self-harm. It again highlights the importance of seeking the rationales of individuals who self-harm in devising targeted interventions. If the purpose of self-harm for one individual is to feel aroused and enlivened, advocating calming, mindful techniques may not meet these needs and again, the behaviour may be perpetuated because of the inadequate fit between the function and the intervention.

Vloggers reported emotional and physiological drawbacks as well as perceived benefits. They described feeling out of control, that their brain was being 'tricked' into thinking it was feeling good when in actual fact they were in distress. Some spoke about thinking they were in control, but actually had entered into a cycle from which it was difficult to escape. For others, a drawback was that whilst self-harm worked and

gave the immediate relief they were looking for, it was merely a short term remedy. One vlogger shared a poignant view of the pain transaction that goes on with self-harm, where emotional pain is traded for physical pain. In whichever scenario there was pain, which made it all worthless.

This research supported previous research findings potentially linking self-harm and aggression. Some vloggers mused on the possibility that engaging in self-harm could be a strategy to avoid externalised anti-social behaviour. The suggestion was that behaving aggressively towards themselves was less likely to result in social penalty compared to externalising aggression towards others. This is supported by research conducted by Hill & Dallos (2011) who found that a major thread within the narratives collected from a group of young people who self-harmed was using it as a way of directing their anger inwards rather than outwards. Often children from a young age are drilled to be kind to others, sometimes at the expense of themselves. Here individuals ultimately sacrifice themselves in order to maintain acceptable standards of behaviour towards others. Since males are more likely to engage in physically aggressive behaviours than females (Eagly & Steffen, 1986), it is possible that using self-harm as a social and emotional regulator may be more significant for them.

That vloggers mentioned curbing aggressive impulse through self-harm is interesting in light of the offerings of Green & Jakupcak (2016) who alternatively suggested that aggression in the form of social deviance, could itself be a form of self-harm in some males. They suggested that intentionally getting into fights with others and risky 'laddish' behaviours, which were tacitly sanctioned in western masculine culture could, when occurring in conjunction with factors known to correlate with self-harm,

be investigated to see if they serve a purpose that could be interpreted as self-harm. This would be more likely to happen if a wider definition of self-harm was adopted along with an acceptance of alternative functions and methods for males. Whilst there was the suggestion that self-harm could be used to redirect aggression away from others, there was no evidence to support the notion that male aggression was displayed publicly and conceived to be self-harm.

5.2.2   Concealment

Vloggers spoke about keeping everything connected with their self-harm secret – the acts, the cuts and the scars. There was secrecy on a personal level, but they also talked about an element of concealment at a public level in that self-harm and issues related to mental health in general were hidden or unseen in society. Male self-harm in particular may attract the label of 'hidden' because it can sometimes be under detected when people use selective and biased criteria to identify self-harm. One vlogger stated that his aim in vlogging was to let others know that males suffer too. Perusal of the internet when researching this topic revealed many images with similar messages suggesting that young males felt left out of the count when concerns were discussed about self-harm e.g., on Pinterest under the search 'boys self-harm too' messages can be found illustrating this point - 'girls self-harm, but so do guys', 'it's just as hard to be Ken as it is to be Barbie'. Other vloggers, whilst not directly mentioning gender, spoke about the importance of sharing their stories on the internet just so others know that they are not the only ones harming themselves, which could relate to the loneliness reported by some. The issue of concealment is paradoxical in some respects, for whilst some vloggers stated that they hid their self-harm from family and

friends, they were sharing their experiences on social media with potentially thousands of people (potentially including family & friends). Why this might happen is addressed later when looking at the features of online disclosures compared to face to face interactions. The notion of secrecy and concealment when carrying out self-harm is supported in research by Madge et al (2008). They suggest that in the majority of cases, self-harm is indeed an act that is carried out in private, more than likely at home. Interestingly, where this is not the case, it is usually males who take self-harm into a public setting.

As greater understanding about adolescent male self-harm emerges it becomes clear that method and definition, as discussed above, plays an important part when considering just how hidden it is. Vloggers reported being careful in the way that they harmed to make sure there was never any evidence for the outside world to see or any evidence which could not be explained away. This is in line with research which has found that the majority of individuals who self-harm often do not injure themselves severely enough to need hospitalisation, nor indeed do they tend to seek treatment for their wounds (Bowen & John, 2001, Madge et al, 2008). For males, who were more likely to seek help following self-harm that did not involve cutting (Madge, 2008), alternative explanations could be made for those injuries, e.g., accidental injuries. Thornton (2015) reported that the kind of self-harm injuries that lead males to hospital can more easily be written off as accidents, helping to hide the true scale of the problem.

Vloggers secrecy and screening was met with ignorance from others. Some vloggers mentioned that either others around them did not seem to notice their behaviour or their curiosity did not extend beyond what could be diverted with a simple explanation. Research suggests that sometimes people are unconsciously blind to male self-harm because of the stereotypes attached to it e.g., assumptions that it is primarily a teenage girl problem (Shaw 2002), although increasingly this myth is being dispelled (McAllister, 2003).

As well as the behaviour of self-harming, vloggers also referenced cuts and scars in terms of hiding. Sometimes cuts and scars were hidden under clothes because of the fear of judgment if they were exposed. Scars hung around and were testament of bad times in the past. Scars told the old story to new partners & friends. Tattooing over has become a popular way to disguise self-harm scars so that people can continue their lives without the stigma associated with their past behaviour. An alternative narrative around scars was also identified in the research. For one vlogger scars meant life, strength, progress and was something to be used to inspire others to be overcomers too.

5.2.3 Addiction & Intensification

Vloggers talked about some obscure characteristics of self-harm, which were a number of undesirable effects which could not be known until engagement had commenced. The way vloggers communicated about these features had the essence of a 'heads up' or warning to others who may be thinking of self-harming, or had recently started. The message was not to start - or to stop before it was too late and they too were

embroiled. Besides the fact that self-harm produced more pain i.e., physical pain was added to emotional pain, some vloggers also talked about an addictive quality to self-harm. Though not equating it with substance addiction, they described an addictive experience that made it difficult to retreat from. This supports the work of Blasco-Fontecilla, Fernández-Fernández, Colino, Fajardo, Perteguer-Barrio, and De Leon (2016) who propose an addictive model of self-harming for both self-harm and suicidal behaviours. They argue that self-harm, just like other everyday activities such as tanning, shopping and internet use, can be addictive. Supporting neurobiological explanations, they argue that there are neurobiological and psychological mechanisms underlying addiction to self-harm. The way self-harm was described by some vloggers in this study indeed seemed to illustrate some of the ingredients of an addiction i.e., loss of control, continuance despite the negative consequences experienced, some element of pleasure. Vloggers spoke about their experiences using the language of addiction e.g., when they had managed not to self-harm for a while, they referred to themselves as being 'clean' and when they had begun again, they had 'relapsed'. The message seemed to be that the best cure for self-harm was prevention i.e., not starting in the first place.

If self-harm is seen as an addiction with neurobiological underpinnings, one argument is that interventions for self-harm might not differ significantly from those proposed for other addictions e.g., drug treatments. One drawback of this is that self-harm usually occurs in conjunction with psychosocial and life difficulties. Whilst drug treatments will tackle the outward observable features of self-harm which is often the focus, the social and environmental drivers widely reported by individuals to be associated with self-harm will remain unaddressed.

Another obscure feature spoken about was the escalating nature of the behaviour in terms of the methods used, the severity of the abuse and the repetition cycle. Previous research has found that the chances of eventual suicide significantly increases when self-harming behaviour persists over an extended period of time (Owens, Horrocks & House, 2002) even in the absence of initial suicidal intent (Kidger et al, 2012). The findings from this research could possibly provide an explanation for why this is the case in terms of the reported escalation. Vloggers spoke of their behaviours becoming out of control and worse over time. One vlogger described how self-harming for him started with a tiny shard of glass and went through a number of method changes to include punching, bashing and drug taking - until the night he recalled cutting with the intention to take his life. In retrospect he described himself as 'lucky and stupid'. Another vlogger also spoke about the night he cut with the intention of taking his life and wanting to die because of rejection from his parents – only to seek help when he felt himself getting weaker. Although focusing on self-harm, this research has touched on the difficulty of accurately assessing the true intentions of individuals who self-harm and the potential dangers of constructing a rigid divide between self-harm and suicide. Although they are acknowledged to be two distinct and separate entities, over a period of time or even through the experience of a particularly harrowing event, there can come a point at which the two, perhaps unintentionally coincide, due to issues of intensification.

Some vloggers described feeling the threat of self-harm always looming. Even those who were not actively self-harming at the time of recording their vlog declared that they felt, as one vlogger put it, 'you could never really draw a line under it' meaning it always felt possible to start the behaviour again. Whilst research has found that in the

majority of cases self-harm is a transitional phenomenon and most cases will resolve spontaneously given time (Klonsky & Muehlenkamp, 2007), repetition is more likely to occur when stresses persist over time (Larkin, Di Blasi & Arensman, 2014). Since stressful experiences are a part of everyday life, this could explain why some vloggers reported feeling under continual threat of resuming the behaviour and also makes sense of their appeals to others not to start self-harming in the first place.

5.2.4 Emotional Expression

A unique contribution of this current research is in the revelation of feelings and emotions expressed by vloggers. The qualitative nature of the study meant that there was latitude for this kind of expression, essentially precluded in predominantly quantitative studies. Vloggers spoke about the feelings of emotional dysregulation they experienced around the times when they self-harmed. Some described not only emotional turmoil, overload, anger and feelings of aggression but also distressing physiological sensations e.g., one vlogger described the feeling of a ball of anxiety in his chest which was relieved by self-harming. Previous research has documented the role of self-harm in providing an escape from strong and unpleasant feelings and emotions (Najmi Wegner, Nock, 2007).

Gratz & Chapman (2007) highlight the strong and unique contribution of emotional dysregulation as a risk factor for self-harm in males, arguing that it is one of the most important contributors to the onset and maintenance of self-harming behaviour. They found that this was more significant than other factors such as affect intensity/reactivity and emotional inexpressivity. Madge et al (2008) reported that 62.7% of males selected the statement 'I wanted to get relief from a terrible state of

mind' as a reason for self-harming, which is the function most often endorsed across a variety of studies of self-harm (Green & Jakupcak, 2016). These findings provide more support for Bentley et al's (2014) theory, which proposes that self-harm provides negative automatic reinforcement, as it alleviates intense negative feelings.

Some vloggers described their feelings in terms of a build-up or surge of emotions. Sometimes it was a mixture of emotions which was difficult to define but needed to be released. Whilst it may not be uncommon to experience times of intense emotions, especially when going through negative experiences, some vloggers also talked about experiencing feelings of helplessness which was particularly challenging. Sometimes this was related to a particular predicament they were in and possibly indicates difficulties with problem solving. This has been identified in young people who self-harm in previous research (Oldershaw, Grima, Jollant, Richards, Simic, Taylor & Schmidt, 2009). Helplessness was also reported to be about not knowing what to do with the emotions they were feeling. Some vloggers linked these feelings of helplessness to the expectations placed upon them as males, where they had been socialised not to show their emotions in particular ways. Previous research has related poor emotional outcomes to a traditional western masculine upbringing, where the release of emotion, particularly through crying can be frowned upon by family members and wider society. O'Beaglaoich, Morrison, Nielsen & Ryan (2015) found that adolescent males identified the expectations of traditional masculine behaviour and restrictions on non-normative gender expression as two factors that produced gender role conflict. Green, Kearns, Ledoux, Addis & Marx (2015) found an association between the features of traditional masculinity and self-harm and Chao, Yang & Luo (2016) found a strong relationship between gender role conflict and self-

harm in older male adolescents. In their study, Green and Jakupcak (2016) highlighted a traditional westernised upbringing as being instrumental in the dynamics of self-harm for some males. Addressing this necessitates a cultural shift, particularly in the messages that males are given from an early age about masculinity and the expression of emotions.

In response to expectations and messages discouraging certain affective display, some vloggers reported actively managing their emotions. Some reported suppressing their emotions by limiting, avoiding or distracting from them. One vlogger told how he would go to the toilet, the place of almost guaranteed privacy and punch himself in the head in order to suppress his tears - a demonstration of how self-harm was one of the physical techniques used to suppress emotion in this research. Clinical approaches to the management of self-harm have highlighted the importance of teaching adaptive ways to respond to emotional distress in order to dissuade individuals from trying to avoid or limit distressing feelings, which instead should be normalised and experienced as a part of everyday life. Clinicians argue that individuals should be encouraged to be aware of their feelings, understand and accept them, rather than seek to eliminate them – because of the association with self-harm (Gratz, 2007).

As well as talking about the emotions they felt at the time when they were self-harming, vloggers also communicated their feelings and emotions in the moment. These were the feelings that recounting past emotive episodes evoked. One vlogger shared how he wanted to cry, but was going to struggle to maintain his composure for the sake of his audience. Another expressed how sharing his experiences in this way felt 'intimate' and yet another said he wanted his delivery to be 'open hearted'.

Relating in this way contrasts with some of the expectations about males and how they express emotion. Green and Jakupcak (2016) cited male emotional inexpressivity, difficulties introspecting on feelings and identifying and communicating feelings as issues that lead to self-harm. In addition research has found a significant positive relationship between difficulties identifying and describing feelings, self-harm behaviors, stressful events, and suicidal ideation in adolescents (Cerutti, Zuffianò & Spensieri, 2018). However, this research has illustrated that for these vloggers, identifying and describing their emotions seemed to be an important and evident part of their disclosure. There could be several explanations for why they were able to do this. It could be that vlogging is more attractive to individuals with a particular personality type which is naturally more confident and emotionally expressive. Another explanation could be that the conditions under which the declarations were made had an impact on what was shared. Research has highlighted the proliferation of expression through social media sites such as YouTube not only in relation to self-harm but also, for example, about cancer survivorship (Chou, Hunt, Folkers & Augustson, 2011) and genetic testing (Harris, Kelly & Wyatt, 2014), suggesting that sharing through social media platforms has become a natural way to communicate about personal and emotive topics (Gibson, 2015). Coulson, Bullock & Rodham (2017) found that people using online self-harm forums reported several important benefits, including the mutual support received from being able to make contact with others who self-harm, which reduced feelings of loneliness and isolation. Also valued was the opportunity to learn about and share strategies to reduce or stop self-harming, the ability to share as well as find out about the experiences of others and being able to choose what and how to present themselves to others in the online community. Michelmore & Hindley (2012) found that talking to professionals in a face to face

context can be particularly challenging for young people who self-harm and seeking help through peer support networks in an online context was a preferred option. Overt distrust of professionals was expressed by one vlogger in this study and another talked about having not talked directly to other people in his life e.g., family and friends. However they expressed experiencing benefits from vlogging. It is possible that vloggers found the context in which they were able to talk about sensitive issues such as their emotions and self-harm less intensive and invasive. This perhaps made it easier to discuss taboo topics and do socially unconventional things, such as talk about their feelings and express their emotional states as males. Whilst recognising the small sample size in this study, this research presents an alternative view to that which suggests that males per se possess affective communication difficulties which means that they cannot talk about their emotions and emotionally loaded topics. What could be proposed based on this research is that it may be possible that some males have the capacity to identify and express their emotions in certain scenarios, but are limited and inhibited when faced with others.

5.2.5   Thoughts About Help

The research findings present a mixed picture with regards to help seeking. Although some vloggers reported seeking out and approaching others for help e.g., family, peers, and professionals, others whilst recommending this strategy, reported that they themselves never did. A minority showed rejection or ambivalence to help. Though this was expressed by only a small number of vloggers, it shows that this is still a feature that might be demonstrated by adolescent males who self-harm. One vlogger warned others to expect resistance to their efforts to help. Some vloggers who expressed ambivalence were alienated by what was perceived to be the disingenuous

relationships offered by professionals. The heart of this concern was that their information would be shared with others and that professionals were receiving payment for their engagement. They also mentioned friendships. They said that professionals 'pretended' to be a friend, but really they were not. Sharing with real friends was preferred, because friends could be trusted. This supports previous research which found that professional help was not always valued by individuals who self-harm because of fears about confidentiality (Kendal, Keeley & Callery, 2014), whereas online help from peers was a preferred option (Michelmore & Hindley, 2012; Frost, Casey & Rando, 2016). Another vlogger completely rejected the help of others and demonstrated staunch self- reliance which, although not specifically stated, could be related to the western masculine norm of being strong and self-sufficient, taking care of one's own needs and handling things alone.

Some vloggers explicitly advised help seeking and spoke about how they had come to the point of seeking help. Sometimes it was the dawning realisation that what they were doing was not healthy that triggered help seeking. This could be in the form of telling someone else – a peer or adult, or putting themselves in a place where they knew they would be discovered by others. There was evidence of showing cuts and scars both to communicate distress and to get help. Previous research has found that males are more likely to seek help (Madge et al, 2008) and display their self-inflicted wounds in an attempt to communicate their need (Claes, Vandereycken & Vertommen, 2007). This is important to note as sometimes the showing of wounds can provoke a negative reaction from others, with the focus being more on the visual and physical aspects rather than the communicative intent behind the revelation.

Some vloggers accepted that they had some responsibility to help themselves, rather than simply relying on others to help them. They shared the various strategies they employed, including vlogging to process their feelings for emotional outlet.This shows evidence of coping when defined as an individual making efforts to manage emotional arousal in order to change the situation (Frydenberg, Lewis, Kennedy, Ardila, Wolfgang & Rasmiya, 2003). They also described using structured problem solving to get to the heart of why they needed to self-harm. Both of the above strategies have been linked to reduction of self-harming behaviour (Guerreiro, Figueira, Cruz, & Sampaio, 2015) and in this instance shows how online communities can be a source of helpful information and modelling. This also shows an aspect of the self-harming adolescent male who, despite obvious obstacles, manages to retain some notion of control and attempts to facilitate change against the odds. This is in contrast to the view of the self-harmer as always vulnerable, helpless, secretive and dependent; although again this aspect of the findings could be related to the sample used i.e., particular characteristics related to males who have chosen to put their experiences into a public space.

The desire to facilitate help for others who self-harm by educating those who might be in a position to help them was expressed. The focus was to give advice and suggestions to professionals, carers and others who may find themselves in the position of helping people who self-harm. The main focus however, was on teachers because of their close association with adolescents. Some vloggers took on the role of championing an understanding of self-harm, based on their personal experience. One vlogger highlighted the need for teachers to be educated about self-harm because their knowledge and reactions are pivotal. Whilst many interventions have been put in place

in schools to help teachers support young people's social emotional and mental health needs, sometimes staff can feel under skilled when working with school children and young people who self-harm (Simm Roen & Daiches, 2010). Teacher's attitudes and feelings of efficacy have been found to be directly related to their effectiveness in dealing with self-harm situations. Negative attitudes were likely to reinforce secrecy and further negatively impact on wellbeing (Heath, 2011). Parents too often lack knowledge and need information and resources on how to respond to self-harm in their children (Roberts-Dobie & Donatelle, 2007). The advice given through the vlogs was to focus on addressing the psychological needs of the individual, maintain curiosity and for teachers, to remember their duty of care. This is pertinent in light of the findings of Klineberg, Kelly, Stansfeld & Bhui (2013) who found that often teachers tended to focused on the physical injuries rather than the emotional state, to the detriment of the young person seeking help.

5.2.6 Sharing Knowledge & Expertise

The potential to be able to help others seemed to be a powerful motivator for vloggers. They highlighted their unique position of 'having been there' and therefore being in an advantageous position to understand the impact and peculiarity of self-harm in a way that only someone who had been through it could. Having direct experience was seen to amplify the legitimacy and authenticity of the help and support that was offered, making it superior to the help of others. This concurs with the finding of Jones, Sharkey, Ford & Emmens (2011) who found that an appealing aspect of engaging with online self-harm support communities was that interface was amongst other things,

with those who had gone through/were going through similar experiences and therefore they were not merely able to sympathise, but could also empathise.

Some vloggers specifically stated that they were putting their stories into the public domain so that others in a similar position wouldn't feel alone or as if they were the only ones doing these acts. Vloggers also offered themselves personally as support to others. Whilst sometimes admitting that they may not be the best source of support because of where they were in their lives, they offered to be there for self-harming viewers if no one else was. Offers were made to provide 24/7 support because social media meant that they were always contactable. Jones et al (2011) found that this again was a feature that was highly rated by users of online self-harm forums. There was comfort in having an open line of communication available all the time - even if there wasn't anyone actively on line at the time. This seemed to provide the psychological benefit of feeling that there was always someone available. Similar support was offered by vloggers in this study to self-harming others.

The advice exclusively given by vloggers to those who either were thinking about it or had actually started self-harming was that they should not start or they needed to stop. There was no suggestion that self-harm might have a long term positive impact, although short term benefits were acknowledged. For those who were thinking about self-harm the message was something akin to 'save yourself now'. One vlogger said he didn't want people starting something that he knew they were going to find difficult to stop. Other advice encouraged viewers positively e.g., to stay strong, work on themselves, better themselves, stay positive, overcome then be an inspiration to others. This aspect supports the findings of Dyson, Hartling, Shulhan, Chisholm, Milne,

Sundar, Scott & Newton (2016) in their systematic review of social media use. They found that self-harm sites were generally supportive, providing a sense of community for its users. Like this research, they found that generally there was advice about stopping self-harming behaviour and encouragement, although this is by no means always the case. Peer driven, informal self-harm websites were found to be very popular and accessed more often than professional information websites, but could contain a variety of triggering content (Duggan, Heath, Lewis & Baxter, 2012). One possible explanation for the supportive nature of the messages found in this research could be due to the nature of the vlogs chosen i.e., overtly visual and conversational, meaning that an individual might be less likely to post material that would be detrimental to the health and survival of others, which may not be the case with written posts or animations which provide more anonymity for the poster.

Some vloggers were explicit about the role they aimed to take on as vloggers – which was to be a spokesperson to challenge the stigma of mental health, particularly self-harm. They described the phenomenon as being poorly understood, not nice to talk about and containing unhelpful stereotypes that needed to be debunked. Vloggers were able to use their unique position of having actually experienced self-harm to share information so that it could be better understood. In this way, the aim of these vloggers seems in harmony with the aims of the research community - to promote better understanding of self-harm. Certainly this is the case with the present study which aims to harness the richness of what adolescent male vloggers have to say in order to promote greater understanding of adolescent male self-harm.

Another very prominent message given by vloggers to others who self-harmed was to speak out. Although acknowledging how difficult this was and some even admitting that they themselves never told anybody, a clear message was that talk was an important mediator for self-harm. Vloggers said that some of the benefits of talking was that it vented emotions, helped others who didn't understand to understand and in general 'did wonders'. One mused that the remedy could actually be that simple. Even the opportunity to talk online was valued. A number of vloggers mentioned that this was actually their first time sharing these experiences and remarked on the immediate benefits this online context yielded. Having these real time descriptions of the benefit the young men experienced through vlogging in some way mirrors the benefits reported through self-harm. In the context of Bentley et al's (2014) Four Function Model, talking on the internet, like self-harm provided automatic contingencies because it was readily available, could be availed by the individual at any time, day or night and provided positive reinforcement – in the form of the positive emotional benefits described by vloggers. Vlogging also afforded social contingencies in the form of the interpersonal benefit that could be experienced if vloggers felt useful and purposeful. Also there could be internal gratification in knowing the special position they held in awareness raising about something that they knew so intimately and many others did not. Therefore their desire to help others could also have a function in helping themselves - and one vlogger actually stated that helping himself was the main reason he had created his YouTube channel.

5.3   Reflections on Issues Arising from the Research

5.3.1   The Validity of Internet Mediated Research

As discussed in the introduction, the initial plan for this research was to harness the personal stories of adolescent males who self-harmed by conducting semi-structured interviews. When this proved difficult, a number of alternative routes were considered. Using internet vlogs instead of conducting face to face interviews initially felt like an inferior option. However, the potential value and intensity of the stories told became apparent during the initial stages when watching the vlogs. Although feeling somewhat voyeuristic, it was touching to see the vloggers' vulnerability – taking the opportunity to be open and being moved by what they shared. As a researcher, my presence had no influence on what the young men chose to share, how or where they chose to share it. The result was an overwhelming amount of data addressing aspects of the experience that I possibly would not have thought to ask about in a face to face situation and therefore may not have been shared. The British Psychological Society has issued guidelines on internet mediated research acknowledging it as an authentic way of gathering information in a digital age, especially with young people who are usually digital natives. For this research it has proved to be a way of accessing a hard to reach group to explore a topic that often proves difficult to talk about with a cohort not known for expansive expression. As far as I am aware, this research is unique in its methodology in the area of adolescent male self-harm, and has provided quite extensive qualitative findings which can serve as a springboard for further research.

5.3.2 Vlogging and Therapeutic Affordance

Therapeutic affordance refers to the benefits that may be perceived by an individual through engagement with a particular thing, in this case vlogging. Research has found that engagement in self-harm community activities may result in a range of therapeutic benefits which lessen the psychological burden of self-harm and promote positive coping (Coulson, Bullock, Rodham, 2017). Vloggers in this study spoke about the benefits they were receiving from vlogging about their experiences of self-harm. For some, this might seem like a strange thing to do - to talk about something which vloggers acknowledged felt private and somewhat embarrassing. Some people challenge the motives of individuals who do this. Research into the phenomenon known as vlogging has stepped up pace as the practice proliferates. Research conducted into emotional exchanges during bereavement suggests that YouTube, and other social media platforms are now a primary space to connect with others when needing to express personal distress. Looking specifically at bereavement, researchers noted remedial aspects associated with engagement e.g., the immediacy with which contact can be made following grief, posts which run for extended periods after the event thereby affording support for as long as is needed. This new technological way of seeking and receiving support is also reshaping society's constructs about friends, strangers and intimacy (Gibson, 2015). With opportunities to share, reflect on oneself and one's situation and feel a sense of connectedness to others, vlogging may achieve some of the goals of therapeutic activity (Raun, 2012). One vlogger in this study specifically said that in rejecting the help of professionals, he had created his YouTube channel in order to help himself and research has found that many vloggers state that they created vlogs for their own benefits (Liu, Huh, Neogi, Inkpen, Pratt, 2013). An

additional therapeutic benefit of vlogging that has been noted is helping others.

Feeling of use to others is another aspect found to have beneficial effects for vloggers,

with just the potential that a vlog could be helpful to another person yielding benefits

to the vlogger (Liu et al, 2013). It could be argued then, that vlogging online

potentially shares some therapeutic similarities with, for instance, client centred

psychotherapies. Important features of the therapeutic relationship include

genuineness, acceptance and emphatic understanding of the phenomenological world

of the other. It could be argued that these qualities are implicitly assumed in the

relationships between vloggers and their audience. Certainly vloggers in this study

seemed to be offering these qualities to their self-harming viewers.

5.3.3 Males and Emotional Expression

Another interesting research finding was the extent to which these male vloggers

engaged in emotional expression. As discussed above, research has shown social

media's rise as a powerful tool for mediating expression, including affective

expression. It is possible that the conditions of exchange peculiar to vlogging helped

the males in this study to feel more comfortable to talk about taboo subjects and share

their emotions. The internet, though a public arena, may have felt like a safe place to

share personal information and emotions that might normally feel awkward or be

frowned upon, in line with upbringing and societal expectations. Also of relevance

may have been the features of a vlogging situation, where there is no face to face

intensity to inhibit disclosure, no perceived power differential and where there is

ultimate control. The agenda, how much or how little is shared, is completely set by

them and they are able to assume any role they want. This is supported by research which has found that online features including equivalence, distance and anonymity provide a less threatening environment and seems to facilitate openness and self-disclosure (Spies Shapiro & Margolin, 2014). This suggests that rather than making assumptions about males lacking emotional expressiveness, the undertaking is to find the conditions under which they are able to express and employ these to allow them the confidence to use their voices.

5.3.4 Participant Led Research

At the core of qualitative approaches to investigation are attempts to minimize the researcher's control and influence over the research situation, giving the participant an elevated role in what is revealed and treating them as the expert on their own experiences. The nature of this research meant that the position of the investigator was that of researcher observer, utilizing information that was chosen, constructed, delivered and paced solely at the discretion of the researched. This is the epitome of participant led research and allowed vloggers to share what was important to them, rather than what I as researcher chose to ask. That there were so many similarities reported across vloggers' experiences supports the adoption of a critical realist stance towards self-harm, although the fact that essentially they gave narratives of their experiences shows how fundamental storying is to communication. This approach allowed the vlogger to occupy the position of power and to share a narrative which was truly his own, as opposed to one that is co-constructed with the researcher. In this research, vloggers, some of whom were by their own admission, struggling with getting their behaviour under control, created a narrative of victors rather than victims.

Often people who self-harm are talked about in ways which stress their vulnerability and brokenness. Whilst this may be relevant specifically to individuals who vlog on social media, many of these individuals appeared to be projecting an image of self-harming survivors or warriors, which may have a positive impact on those still struggling with self-harm and result in enhanced feeling of self-worth.

5.4   Implications for Professionals

There are a number of important implications which could be drawn from this research to share with people who support adolescent males who self-harm. This could include not only Educational Psychologists but also other stakeholders such as school staff and parents.

Making people aware of the differences between male and female self-harming practice and the stereotypes that exist around adolescent male self-harm would be one suggestion. This includes fostering understanding that the form and function of male self-harm may be different to that demonstrated by females. The male vloggers in this research spoke about perceiving self-harming behaviour to be hidden and sometimes invisible to others. A key message was for people to be vigilant. This will be more likely to happen if the stereotypes about what self-harm is, who does it and how, are clarified. This can only happen if male self-harm is spoken about as an issue in its own right. Opportunities to have training on these issues will ensure professionals are fully informed about the different profiles of males and females who self-harm. This should include the importance of tailoring gender specific interventions in light of the functions of self-harm.

Another important issue is how we teach males, from an early age, to express their emotions – particularly in light of the restrictions that may be unconsciously placed on them in line with western masculine socialisation. Perhaps society as a whole could be challenged to make changes in the messages sent to young males about the suppression of emotions, which may end up stunting their emotional growth and expression e.g., through language and media depictions. Although spoken in innocence, statements like 'boys don't cry', 'you're too old to cry', 'you need to man up' may inadvertently have the effect of teaching young males the art of emotional suppression. Accepting and expressing strong feelings and emotions could be an area worthy of intervention for males for which Educational Psychologists are in a prime position to support e.g., enlightening schools about techniques such as mindfulness, that encourage the experiencing and normalising of feelings and emotions instead of suppressing or avoiding them.

Educational Psychologists often work with parents in homes and Early Years settings with younger children. This may provide opportunities to address different areas of child development, including helping young males to express their emotions appropriately. The teaching of healthy forms of emotional regulation for males, particularly at adolescence, could help them to feel comfortable and overcome any feelings of uncertainty about how to express emotions appropriately.

In order to ensure that the key messages from this research are disseminated, training on self-harm will be offered to schools in the host Local Authority. Educational Psychologists will also receive awareness raising by this research being delivered as

part of the regular continuing professional development programme within the service. There are also plans for this research to be shared as an article in a peer-reviewed journal.

Another important message that can be taken from the research in order to better the lives of young males is the perception gained from vloggers that in terms of self-harm, prevention is better than cure. One way that this can be addressed is by making sure that schools have the knowledge and training they need about how to work preventatively in this area with both staff and pupils. For pupils this might be by demystifying some of the more obscure physiological and psychological experiences that may manifest themselves during stressful times in their lives and teaching adaptive ways to deal with them. For staff, this may be recognising that they need to be skilled in listening techniques and trained to spot signs of distress in young males, which may sometimes manifest as anger and aggression.

How Educational Psychologists utilise the naturally occurring therapeutic benefits sometimes associated with the use of technology and social media to support adolescent males with social, emotional and mental health difficulties in school is an area that warrants further investigation. Perhaps this could be achieved by exploring the role of technology in consultation, assessment and intervention e.g., creating supervised virtual peer groups to provide emotional support, offering online or telephone consultations if adolescent males would be more comfortable with this as opposed to face to face meetings with Educational Psychologists, encouraging them to keep regular video diaries in which they talk about their feelings and experiences, which could be shared or not.

5.5   Suggestions for Future Research

Interest in self-harm has grown in recent years as part of a broader response to reports of compromised mental health in young people. This research has gone some way into extending an understanding of adolescent male self-harm, but it is still an area that warrants further exploration. This research highlighted the precipitating effect of certain types of gender role socialisation on self-harm for some vloggers. Multiculturalism means that potentially there are now different interpretations of what it is to be male in British society. Investigations into how different cultural interpretations of masculinity relate to self-harm could be explored further.

Another area of further research could be to look at the role that technology may play in helping young people to talk about their social and emotional difficulties in school. This research has found that contrary to traditional perceptions of males not talking about and expressing emotions, technology possibly facilitates this expression. Trying to substantiate the mechanisms that underpin this could be an area for further investigation.

An interesting theme from the research was that the young men wanted to raise awareness of self-harm and part of this was to inform adults and professionals of what they need to do to support young people who are self-harming. Whilst research has found that teachers are not always confident in meeting the needs of pupils who self-harm, little research has been done with Educational Psychologist to see how confident and competent they feel about working with young males who self-harm or schools that need support in this area. Therefore another focus of research could be

into Educational Psychologists' perceptions about their expertise and training needs in the area of adolescent male self-harm

The broad questions that could stimulate further research could be:

- What do adolescent males who self-harm say about the effects of their cultural upbringing in relation to masculinity?
- In what ways could technology be used to facilitate the expression of feelings and emotions for males with social emotional and mental health difficulties in schools and further education?
- How skilled do Educational Psychologists feel when working with schools and further education establishments to support adolescent males who self-harm and how can these skills be enhanced?

5.6   Limitations of the Research

Despite producing some very important findings, this research is not without limitations. Since so little is known about adolescent males who self-harm, it is difficult to know how far the findings are representative of the general population. Utilizing YouTube vlogs may mean that they are not broadly generalisable to all adolescent males who self-harm. This will only be known when more direct research is conducted with this group. As mentioned previously, it is possible that the nature and experiences of individuals who are motivated to vlog about their self-harm experiences are somehow distinct from the population of self-harming males. This limitation is also compounded by the small sample size. The aim of the original study

was to interview adolescent males who self-harm but this was not possible. Conducting this research has shown how challenging trying to carry out real world research can be, particularly when trying to access the voices of hard to reach groups. The methodology employed grew out of the challenges of real world research. The rich information, affective expressions of vloggers and the overall research findings have however validated adopting this methodology. It is possible that a face to face interview method may not have yielded the rich information that was shared on YouTube. It could also be argued that a potential strength of the research was that its content was untainted by researcher involvement or restricted by pre-set questions. The qualitative nature of the research was a strength in terms of the thoughtful and reflective nature of the information gathered.

This study adds to the growing number of studies focusing on self-harm using the internet. One of the limitations of such studies is the use of secondary data and some of the ethical challenges this can produce. In this study, the focus was on looking for similarities in the data collected rather than on highlighting personal stories. Since the information was placed in the public domain, consent was not sought. Whilst confidence comes from attaining ethical permission to conduct the research and also adhering to guidance given by the BPS for conducting internet mediated research, there may still be some controversy around not securing informed consent.

The absence of interaction between the vlogger and researcher, although having the benefits mentioned above, has disadvantages that arise with not being able to investigate particular areas of interest more deeply. The themes identified in this

research however, could form the basis for future investigations which allows for more interaction e.g., through internet interviews.

A potential threat to the validity of the research is the social nature of the internet. One feature of social media is the endorsement of posts by 'liking' or 'subscribing'. This may influence vloggers to post videos that are distinctive or unusual in order to attract the endorsement of others. Whilst this is possible, the internal consistency, depth and emotional openness observed in the vlogs reviewed make it likely that they were posted in sincerity to reflect their experiences of self-harm, with genuine goals to advantage others in similar situations. However, it must be acknowledged that whilst making every attempt to ensure the vlogs met the inclusion/exclusion criteria for the study, there was reduced capacity to objectively validate the authenticity and genuineness of the self-harm vlogs used in this study and any validation was a subjective judgment on my part as researcher. The possibility that some vloggers may have been masquerading as self-harming males when they were not, cannot be discounted. This is a potential threat to the validity of the research findings, in terms of what it reveals about adolescent males who self-harm.

The definition of adolescence was operationalised in Chapter I. This interpretation took into account more recent neurobiological research which indicates adolescence to be more protracted than previously acknowledged. Whilst every effort was taken to ensure that vloggers were within the stated age cohort, for those who did not reveal their age, it is possible that some may have fallen outside this boundary e.g., been older than 25. It is also possible that the ages stated either in the vlogs or noted on their social media accounts may not have been correct for the purpose of anonymity.

Although by visual appearance all participants looked in the vicinity of extended adolescence, this was also a subjective assessment on the part of the researcher which could affect the validity of the research findings.

Another constraint to the research has been the time allowed to analyse the data in the context of completing a piece of time limited doctoral research. Every effort was taken to ensure that the data was analysed as fully and justly as possible, however it has to be acknowledged that time was a constraint.

Some methodological decisions that were made could also have affected the findings. The decision was made during the coding stage to assign each code to one sub-theme in the interests of data reduction, even though potentially some could have been relevant in other themes. The assignment of codes to themes was undertaken in terms of 'best fit' and in relation to the overall message of the vlog. It is acknowledged that this decision could potentially influence the 'story' told by the data and that using a different method of categorisation may have highlighted other elements of the vlogs.

6 Conclusion

This thesis set out to investigate self-harm in adolescent natal males by looking for commonalities in the vlogs they posted on YouTube. Focus on self-harm has steadily increased in relation to reports of increases in the behaviour amongst young people. The majority of research so far has focused on self-harm using mainly adolescent female samples. This has led to a dearth in studies which look to investigate and explain adolescent male self-harm, meaning that generally it is not well understood.

The aim of the current research was to extend what is currently known about adolescent natal male self-harm in order to educate professionals, particularly Educational Psychologists, and others who might be in the position to support them. A review of existing literature identified a lack of qualitative studies which allowed adolescent males to talk about the features of their self-harming experiences that were important to them.

A thematic analysis of the internet vlogs revealed that despite the peculiar nature of self-harm, commonalities were found in the presentations made by adolescent males. The results were interpreted in light of some of the psychological research and theories that have been put forward to explain self-harm. The commonalities identified pertained to the motives and methods used to self-harm, how self-harm was managed through concealment and distinct features of the experience, i.e., addiction and intensification. How self-harming vloggers related to help and the desire to share their knowledge and expertise, being in the unique position of being able to empathise with self-harming viewers was exploited to give advice and encouragement. Emotional expression was featured in their personal reflections and vlog presentations.

Self-harm is not a topic that is often referenced in educational establishments until it occurs for fear of inciting it. This research highlights the importance of taking preventative action by teaching adolescent males how to manage their emotions effectively, considering alternative ways to enable them to talk about their feelings and experiences and equipping those who may need to support them with relevant knowledge and skills in order to provide gender differentiated support.

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Appendices

Appendix A

Literature Review Search Terms & Results

	Boys or males or male or boy or gender	Boys or males or male or boy or gender AND Adolescence or adolescent or teenager or teen or youth	Boys or males or male or boy or gender AND Young people	Men	Papers meeting inclusion criteria
Deliberate self-harm	20	3	3	3	2
Self-injury or self - harm	157	40	12	30	7
Non suicidal self- injury or self- harm	84	24	25	25	6
Self- injurious behaviour	4	7	8	7	0

Appendix B

Papers selected for review

Study 1 Factors associated with ideation and acts of deliberate self-harm among 18 year old boys – A prospective 10 year follow-up - Haavisto, Sourander, Multimaki, Parkkola, Santalahti, Helenius, Nikolakaros, Moilanen, Kumpulainen, Piha, Aronen, Puura,Linna, Almqvist (2005)

Study 2 - Factors associated with deliberate self-harm among adolescents
McMahon, Reulbach, Keeley, Perry, Arensman (2010)

Study 3 - Deliberate self-harm within an international community sample of young people: comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study
Madge, Hewitt, Hawton, Jan de Wilde, Corcoran, Fekete, van Heeringen, De Leo, Ystgaard (2008)

Study 4 - Nonsuicidal Self-Injury and Gender: Patterns of Prevalence, Methods and Locations amongst Adolescence
Sornberger, Heath, Toste & McLouth (2012)

Study 5 - Self-cutting and Suicide-ideation among Adolescents: Gender Differences in the Causes and Correlates of self-injury
Bakken & Gunter (2012)

Study 6 - Masculinity and Men's Self-Harm Behaviours: Implications for Non-Suicidal

Self-Injury Disorder

Green & Jakupcak (2016)

Study 7 - The relationship between between non-suicidal self-injury and temperament in

male and female adolescents based on child and parent report

Baetens, Claes, Willem, Muehlenkamp, Bijttebier (2011)

Study 8 – An examination of non-suicidal self injury in men: do they differ from women

in basic NSSI characteristics

Andover, Primack, Gibb & Pepper (2010)

Appendix C

Papers Identified Through Searches

	Boys or males or male or boy or gender	Boys or males or male or boy or gender AND Adolescence or adolescent or teenager or teen or youth	Boys or males or male or boy or gender AND Young people	Men
Deliberate self-harm	Haavisto		Madge	
Self- injury	Bakken Sornberger McMahon	Baaken Sornberger Baetens McMahon	Madge	Green & Jakupcak Andover
Non suicidal self- injury or self- harm	Baetens Haavisto McMahon	Sornberger McMahon	Baetens	Green Andover
Self- injurious behaviour				

Appendix D

Paper Considered for Review Then Excluded

Paper	Reason
Deliberate self-harm among underserved adolescents: The moderating roles of gender, race, and school-level and association with borderline personality features .	Broad aims, limited cohort
Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis	Older sample
Deliberate Self- Harm in Adolescents: the Importance of Gender (2005) Rodham, Karen Hawton, Keith Evans, Emma	Article not research
Self-harm behavior and suicidal ideation among high school students. Gender differences and relationship with coping strategies. Kirchner T; Ferrer LForns M Zanini D	Focus on suicidal inclination

Appendix E - Critical Appraisal of Papers

Paper: BAETENS (2010)	Yes	No	Don't Know
Question	Yes	No	Don't Know
INTRODUCTION			
1. Were the aims/objectives of the study clear?	x		
METHODS			
2. Was the study design appropriate for the stated aim(s)?	x		
3. Was the sample size justified?		x	
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	x		
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	x		
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	x		
7. Were measures undertaken to address and categorise non responders	x		
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	x		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	x		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	x		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	x		
RESULTS			
12. Were the basic data adequately described?	x		
13. Does the response rate raise concerns about non-response bias?			possibly
14. If appropriate, was information about non-responders described?	x		
15. Were the results internally consistent?	x		
16. Were the results presented for all the analyses described in the methods?	x		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	x		
18. Were the limitations of the study discussed?	x		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?			Not referenced
20. Was ethical approval or consent of participants attained?	x		

Paper: ANDOVER ET AL (2010)

Question	Yes	No	Don't Know
INTRODUCTION			
1. Were the aims/objectives of the study clear?	X		
METHODS			
2. Was the study design appropriate for the stated aim(s)?	X		
3. Was the sample size justified?	X		
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)		X MEN & WOMEN BUT USING YOUNG PEOPLE	
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?		X	
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?		X	
7. Were measures undertaken to address and categorise non responders		X	
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	X		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	X		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	X		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	X		
RESULTS			
12. Were the basic data adequately described?	X		
13. Does the response rate raise concerns about non-response bias?		X	
14. If appropriate, was information about non-responders described?		X	
15. Were the results internally consistent?	X		
16. Were the results presented for all the analyses described in the methods?	X		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	X		
18. Were the limitations of the study discussed?	X		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?			X UNSTATED
20. Was ethical approval or consent of participants attained?	X		

Paper: HAAVISTO (2005)			
Question	Yes	No	Don't Know
INTRODUCTION			
1. Were the aims/objectives of the study clear?	X		
METHODS			
2. Was the study design appropriate for the stated aim(s)?		X*	
3. Was the sample size justified?	X		
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	X		
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	X		
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	X		
7. Were measures undertaken to address and categorise non responders	X		
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	X		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	X		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	X		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	X		
RESULTS			
12. Were the basic data adequately described?	X		
13. Does the response rate raise concerns about non-response bias?	X NON RESPONDERS SIGNIFICANTLY DIFFERENT FROM RESPONDERS		
14. If appropriate, was information about non-responders described?	X		
15. Were the results internally consistent?	X		
16. Were the results presented for all the analyses described in the methods?	X		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	X		
18. Were the limitations of the study discussed?	X EXPLICITLY		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?	X ACKNOWLEDGEMENT DECLARED		
20. Was ethical approval or consent of participants attained?	X		

*Comments: Significant methodological issues distinguishing between self harm and suicidality – mixing of the two.

Paper: Sornberger et al (2010)			
Question	Yes	No	Don't Know
INTRODUCTION			
1. Were the aims/objectives of the study clear?	× Strong and clear		
METHODS			
2. Was the study design appropriate for the stated aim(s)?	×		
3. Was the sample size justified?		×	
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	×		
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	×		
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	×		
7. Were measures undertaken to address and categorise non responders		×	
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	×		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	×		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	×		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	×		
RESULTS			
12. Were the basic data adequately described?	×		
13. Does the response rate raise concerns about non-response bias?			× ISSUE NOT ADDRESSED SUFFICIENTLY
14. If appropriate, was information about non-responders described?	× VERY LIMITED		
15. Were the results internally consistent?	×		
16. Were the results presented for all the analyses described in the methods?	×		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	×		
18. Were the limitations of the study discussed?	×		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?			NO DECLARATIONS MADE
20. Was ethical approval or consent of participants attained?	CONSENT OBTAINED FROM PARENTS		

Paper: Madge et al (2010)			
Question	**Yes**	**No**	**Don't Know**
INTRODUCTION			
1. Were the aims/objectives of the study clear?	×		
METHODS			
2. Was the study design appropriate for the stated aim(s)?	×		
3. Was the sample size justified?	×		
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	×		
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	×		
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	×		
7. Were measures undertaken to address and categorise non responders	×		
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	×		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	×		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	×		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	×		
RESULTS			
12. Were the basic data adequately described?	×		
13. Does the response rate raise concerns about non-response bias?		× LARGE SAMPLE	
14. If appropriate, was information about non-responders described?		×	
15. Were the results internally consistent?	×		
16. Were the results presented for all the analyses described in the methods?	×		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	×		
18. Were the limitations of the study discussed?	× VERY LIMITED		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?	POSSIBLY		
20. Was ethical approval or consent of participants attained?	×		

Paper: McMahon et al (2010)

Question	Yes	No	Don't Know
INTRODUCTION			
1. Were the aims/objectives of the study clear?	x		
METHODS			
2. Was the study design appropriate for the stated aim(s)?	x		
3. Was the sample size justified?		x	
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	x		
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	x		
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	x		
7. Were measures undertaken to address and categorise non responders	x		
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	x		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	x		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	x		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	x		
RESULTS			
12. Were the basic data adequately described?	x		
13. Does the response rate raise concerns about non-response bias?		x	
		(Large sample)	
14. If appropriate, was information about non-responders described?		x	
15. Were the results internally consistent?	x		
16. Were the results presented for all the analyses described in the methods?	x		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	x		
18. Were the limitations of the study discussed?	x		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?			x
20. Was ethical approval or consent of participants attained?	x		

Critical Appraisal of a Case Study

Green & Jakupak (2016)

Appraisal questions Yes/No/ Can't Tell

1. Did the study address a clearly focused question / issue?	Yes
2. Is the research method (study design) appropriate for answering the research question?	Yes
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes
4. Is the researcher's perspective clearly described and taken into account?	Yes
5. Are the methods for collecting data clearly described?	Yes
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	No - Based on clinical experience
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes - Based on composite of clinical cases
8. Are the results credible, and if so, are they relevant for practice?	Yes
9. Are the conclusions drawn justified by the results?	Don't know
10. Are the findings of the study transferable to other settings?	No

Adapted from Crombie, *The Pocket Guide to Critical Appraisal*; the critical appraisal approach used by the Oxford Centre for Evidence Medicine, checklists of the Dutch Cochrane Centre, BMJ editor's checklists and the checklists of the EPPI Centre

Paper: BAKKEN & GUNTER (2012)			
Question	Yes	No	Don't Know
INTRODUCTION			
1. Were the aims/objectives of the study clear?	×		
METHODS			
2. Was the study design appropriate for the stated aim(s)?	×		
3. Was the sample size justified?		×	
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	×		
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	×		
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	×		
7. Were measures undertaken to address and categorise non responders		˅	
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	×		
9. Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?	×		
10. Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	×		
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	×		
RESULTS			
12. Were the basic data adequately described?	×		
13. Does the response rate raise concerns about non-response bias?		× HIGH RESPONSE RATE	
14. If appropriate, was information about non-responders described?		×	
15. Were the results internally consistent?	×		
16. Were the results presented for all the analyses described in the methods?	×		
DISCUSSION			
17. Were the authors' discussions and conclusions justified by the results?	×		
18. Were the limitations of the study discussed?	×		
OTHER			
19. Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?		× DECLARATION MADE	
20. Was ethical approval or consent of participants attained?			

Appendix F – Vlog Descriptions

Category	Description of vlog	Number identified
Other	Addressing issues other than self-harm e.g suicide, bulimia, Tourettes, drug addiction, beauty, hair cutting,	700
Female	About self-harm presented by females	269
Commentaries	People presenting videos on self-harm without engaging in the behaviour	24
Gender	Non natal males	6
Informational	Documentaries,, TV programmes, short stories, presentations about self-harm	171
Visuals	Self-harm animations, card stories, songs/visuals, images, role plays, ASMR, non-character	93
Non English	Self-harm vlogs delivered in languages other than English	4
Duplicates		71
Target	Adolescent males who self-harm	32

Appendix G

Vlogs Assessment Inclusion Criteria

	Date Uploaded	Inclusion Status
Vlog 1	21 June 2017	Inclusion criteria met
Vlog 2	28th February 2017	Inclusion criteria met
Vlog 3	Deleted	Inclusion criteria not met – no experience of SH
Vlog 4	23rd June 2017	Inclusion criteria met
Vlog 5	5th August 2017	Inclusion criteria met
Vlog 6	24th January 2017	Inclusion criteria not met – no experience of SH
Vlog 7	10th September 2017	Inclusion criteria not met – No language
Vlog 8	23rd May 2017	Inclusion criteria not met – No language
Vlog 9	20th September 2017	Inclusion criteria met
Vlog 10	1st May 2017	Inclusion criteria not met – focus on harm as opposed to SH
Vlog 11	1st August 2017	Inclusion criteria not met – Autism diagnosis declared
Vlog 12	22 February 2017	Inclusion criteria not met – less that 3 minutes content on self-harm
Vlog 13	21st October 2017	Inclusion criteria not met – motivational, no indication of personal experience of SH
Vlog 14	7th May 2017	Inclusion criteria met
Vlog 15	19th February 2017	Inclusion criteria not met – other content and less than 3
Vlog 16	deleted	Inclusion criteria not met – other - gaming content

Vlog 17	13 December 2017	Inclusion criteria met
Vlog 18	26th July 2017	Inclusion criteria not met – main content other (eating disorder)
Vlog 19	3rd December 2017	Inclusion criteria not met – Psychosis diagnosis declared
Vlog 20	18th September 2017	Inclusion criteria met
Vlog 21	9th March 2017	Inclusion criteria met
Vlog 22	20th February 2017	Inclusion criteria not met - trans male
Vlog 23	26th January 2018	Inclusion criteria met
Vlog 24	6th June 2017	Inclusion criteria not met – too short
Vlog 25	7th February 2018	Inclusion criteria met
Vlog 26	24th February 2017	Inclusion criteria not met – commentary - no personal experience of SH revealed
Vlog 27	28th January 2018	Inclusion criteria not met – focus on suicide
Vlog 28	19th January 2018	Inclusion criteria not met – diagnosis ASD
Vlog 29	28th August 2017	Inclusion criteria not met – focus on suicide
Vlog 30	11 November 2017	Inclusion criteria met
Vlog 31	10th January 2018	Inclusion criteria met
Vlog 32	26th November 2017	Inclusion criteria met

APPENDIX H

Flow diagram showing exclusion process

1370 vlogs identified through search

1299 remaining

71 duplicates removed

599 remaining

700 Videos not about self harm removed

330 remaining

269 self harm vlogs presented by females

159 remaining

171 informational videos removed

66 remaining

93 visuals removed

42 remaining

24 commentaries removed

38 remaining

4 non-English removed

32 remaining

6 non natal males

14 remaining

18 not fully meeting inclusion criteria

Appendix I

Initial Ideas Following Vlog Transcriptions

Addressing Stereotypical Ideas

Methods of self-harm

Reasons for self-harm – so many, too many – it's not the reasons it's the emotions attached to the reasons.

Expectations for masculine behaviour

Feeling intense emotions – stress

Physiology – physical feelings

Importance of relationships with others e.g., parents, friends/girlfriends

Reaction of other

Feelings of helplessness

This happens to males too

It's good to talk

Wanting help/not wanting help

Appendix J

Sample coding of transcriptions using Microsoft Markup

Vlog 1 - DAVE

I don't know what to do. Recently like may be an hour ago maybe half an hour ago I felt a lot of stress. Some of the things I may say may make me look like a total whack job and make me seem like I need to go to a mental hospital or whatever. I really don't want that so kind of keep this to yourself, but then again I don't know why I would be putting this on you tube anyway.

> **Comment [SB1]:** Feeling great stress
>
> **Comment [SB2]:** may sound insane
>
> **Comment [SB3]:** keep secret shared on internet
>
> **Comment [SB4]:** uncertain sharing on Youtube

Have you ever wanted to just tear somebody apart? Like Dr Jekyll and Mr Hyde? When he's Dr Jekyll he's fine, he's perfect he's smart even. When he's Hyde he just let's everything lose – his anger, his hatred, his sin. I struggle with that a lot. It all gets buried, and you don't let it show, not even the tiniest bit cause you know if you show it even the tiniest bit it's going to keep growing and growing and growing until it finally explodes and you do something you're going to regret. I'm on the verge of that. I'm here pacing in my room thinking about whether to break down my door or punch a hole in the wall – most likely that's just going to result in me breaking my hand and then me flip out over that and then get my parents in here.

> **Comment [SB5]:** Jekyll & Hyde
>
> **Comment [SB6]:** Feelings buried & hidden
>
> **Comment [SB7]:** Losing control
>
> **Comment [SB8]:** Rage and violence

I've discovered a number of ways to try to relieve stress. Course there's cutting, but I'm too much of a sissy for that. I bite myself. I guess that's like my equivalent to cutting – takes more effort but it

> **Comment [SB9]:** antidote for stress
>
> **Comment [SB10]:** brave to cut

does the trick. There's also (pause), it's not just showers - you could go to your sink and do it by running boiling yourself it kind of gets you hyped. Act like your screaming, builds you up but it doesn't - it still hurts but it makes you game for it. There's also just the option to knock someone out or bash their face in but....i don't have that option cos if I do a number of scenarios;- I could get beat up, I could hurt the person too badly and I know probably any of the people that I know that are watching this would think that's a load of BS but nobody's ever seen me fight, but I know if I really fought I would let loose and I'm not trying to like brag or anything, I'm really not, I'm just saying what would go down.

Comment [SB11]: alternative methods to cutting

Comment [SB12]: gives a rush

Comment [SB13]: since violence no option

Comment [SB14]: surprising level of anger

I guess this is another way to relieve stress too – just talking about it on u tube. I guess that's the whole reason I made this channel to begin with. So it would help me, even though I don't want help. Well that's not true, I just don't want help from counsellors, counsellors may make you think that they're your friends or whatever that you can trust them but eventually it all has to go back to somebody. You don't get paid to do something for nothing. It all goes back to somewhere. That's why I trust my friends…

Comment [SB15]: Talking on youtube a stress relief

Comment [SB16]: Purpose of channel to help self

Comment [SB17]: Rejection of professional help

Comment [SB18]: Deceptive nature of professional relationships

Comment [SB19]: Trust friends

Vlog 2 - Maurice

As some of you know, I've been dealing with depression. And since (date), yes, since (date); and since last (date) since the first days of (month), of last year, I've been dealing with stress, anxiety and sleeping disorder; it's like 3 in the morning and a half, and I have not

Comment [SB20]: depression

Comment [SB21]: stress, anxiety, sleeping disorder

been able to sleep at all. I'm tired and stuck, but I cannot sleep. At all (small laugh). Why am I saying this? It's hard. Don't get me wrong, it's hard. I'm saying this because a couple of months ago, like, like all this time since a month ago when things, when I decided that things needed to change. I've been breaking down again, and again, and again on a weekly basis. Once a week I would hit the bottom and cut myself (pause) errr….this is no dramatic science it's just that I need to process around saying this on the internet. I don't mean to make a big world wide change saying this. I just want to say 2 things. First to help to spread awareness about mental health because people, some people say this is all in your head – just chill out, calm down. This is, this is not real. You're just making things up, hmmm, Maybe. Maybe this is in my head because actually its. It is. That's because it is, it's called mental health (nods towards camera) (unintelligible word).

And secondly because I'm a boy, a guy, a dude, a man. I'm going to be the husband I'm going to be, like, the ruler of the house and stuff and I don't know. I'm suppose to be errrm, strong – errm I don't know – like almighty, made of stone and need to be the almighty blue prince in the white horse that we all see in the movies, in the tales, in the fairy tales in the novels, even in the novels; in the TV shows, in the movies – everywhere – a man is supposed to be almighty, made of stone, with no flaws and no emotions. Go F yourself, if you're thinking that. We men also suffer and I'm just going to go into this in the next video because this is like the kind of introduction, because I needed to get it off my chest….

Comment [SB22]: breaking down regularly

Comment [SB23]: in need of change

Comment [SB24]: process experiences talking on internet

Comment [SB25]: spread awareness

Comment [SB26]: people misunderstand mental health

Comment [SB27]: men should be strong

Comment [SB28]: messages everywhere in society

Comment [SB29]: flawless & emotionless

Comment [SB30]: men suffer too

Vlog 4 - TYLER

I was in (school year) and I was friends with this one girl and we were friends, you know like… no one wants to be there so you have to at least have like, a good friend that is there, so you can hang out and stuff. Like a few weeks - like 3 weeks pasted and we're just friends; and we see this one girl that is a grade below us, she's in (school year). Yeah. She's in (school year) and I'm in (school year) and then the other girl that I was hanging out with she was in (school year) also. And I was, 'oh lets go and say Hi to her because she seems a little lonely'. I just like doing stuff like that even though I'm really shy. We kind of became friends but those two girls became closer and I just became like the 3rd wheel. I was like OK that's cool I don't really care. Those two girls, when I was there, I was in (school year) and I was like the new kid (at the school) and so I just went there and was kind of hanging out and they just made fun of me about like my voice and how I acted and stuff like that and they would call me … mean names and it would hurt my feelings because I'd be like why are my friends making fun of me and making me feel this way when I'm not even being mean to them. That went on for a few more weeks then I was at my house, being all alone. And I would really – I hate this about myself, because if there's something in my mind that bothers me I usually ignore it and I don't care and I distract myself and I don't go back to it until I remember again. So I would just ignore it and push it off and be like it's fine whatever I don't care. And one day I was thinking about it, I was home alone, I was in my

Comment [SB126]: left out of friendship group

Comment [SB127]: deny feelings

Comment [SB128]: toxic friendship group

Comment [SB129]: distract and ignore

room and I was being stupid. And I was overthinking stuff and I

worked myself up, I would usually hyperventilate and I can't breathe

and I start crying and stuff like that. So when that happened I was like

I don't know what to do. Then I literally went to my backpack and I

had a pencil sharpener and I went to my brothers room and grabbed a

screw driver and I unscrewed the little blade from the pencil

sharpener and I was just crying and thinking about why are my

friends being so rude to me, why are they calling me these names and

stuff like that. And I was just home alone and I just felt I couldn't do

anything about it and I just did it. I cut my arm and I cut 6 times. So

then I just did it and so the next day, No 1 friend was the first one I

was talking to, 2nd friend was the one I was like 'oh lets go talk to

her' – so the one that I was like 'let's go talk to her' , I told her why

are you being so mean to me, you're so rude, I thought we were

friends - and they were just like - walk away from me, both of them,

they just walk away from me, and didn't say anything – both of them

- they would just laugh at me and say really mean names – I don't

want to say the names - I just wanted their approval, I wanted their

approval. I started changing myself to please those two girls. I was

literally changing. I was changing how I acted, I wasn't really being

myself and it was just bad and I just went home and I cried and I was

like why do they hate me, and I started cutting again.

A few weeks passed and I was like, OK, I need to tell someone

because this is getting bad and this is not healthy. So at the time I had

a girlfriend and I told her during class period because she went

Comment [SB130]: rumination & overthinking

Comment [SB131]: emotional overload

Comment [SB132]: don't know what to do with emotions

Comment [SB133]: helplessness

Comment [SB134]: toxic friendship group

Comment [SB135]: peer approval

Comment [SB136]: changing to please others

Comment [SB137]: thoughts & feelings

Comment [SB138]: realise need of help

through similar things so I was like, hey, look what I did to my arm

I'm so stupid. She got mad at me and I immediately took it back – no

no no neighbour's cat scratched my arm and I was like ha it was just a

joke. And she was no they're not, stop lying those are too deep to be

scratches from a cat. And I was like – no, I'm playing. I went to class,

she went to class. Then after that she just started to talk to me and was

like you should stop doing this it's not healthy for you. After like 2

days passed, I go to those two girls and I literally asked them again – I

want to be your friend, I literally changed how I acted what else can I

do to be your friend and I was like, come on – I literally pulled up

my sweater and I showed them my cuts. Then she got scared and she

literally just stopped talking to me and I took that as a sign that

they're never going to be my friend, they were never my friends and

they were just making fun of me for whatever reason that was and it's

not ok to make people feel that way and I definitely scared them and

they never talked to me ever again; and I saw them walking between

classes and they didn't see me, they didn't even look at me at the eye:

and when I did say Hi they were just been like 'Hi. OK. Got to go,

Bye. From that day and forward I'm like if someone is treating you

wrong, don't try to change yourself for someone and don't change for

no one and don't think that you're wrong or you're doing something

bad. I don't know how to explain it – basically what I'm trying to say

is don't change for other people don't let people get to you, like it did

to me and if it is getting to you, make sure to tell your mom, your

parents or a really close friend of yours and they will definitely help

Comment [SB139]: reveal cuts to friend

Comment [SB140]: others reaction to cuts

Comment [SB141]: showed cuts to enemies

Comment [SB142]: don't change for others

you. I had my girlfriend that helped me with that and later on I told

my mum about it when I had scars on my arm. I don't have them anymore but I did.

Vlog 5 - DWAYNE

… I'm (what's the word I'm looking for) I'm I'm I'm I'm I'm nervous. I'm actually kind of nervous to talk about this with you guys but erm … I wanted to talk about self harm with you guys today.

This might come as a shock for some of you, but I harmed myself a couple times in my life and it wasn't the best idea because take it from me, it doesn't help at all. But at the time I was just thinking

differently because I was just so down and I just believed there was

only one option left and that option might have not been the smartest option in my opinion. So let me show you how it kind of felt and how

I was thinking at that moment. Sometimes you just feel all out of options and you see a sharp object and the only thing coming in your

head is to forget your pain by cutting yourself and harming yourself in

other ways. So that's basically how it went for me every time I cut

myself, I wanted to cut or harm myself. But the last time I tried to cut myself I did something very brave which I will explain to you now – but erm, yeah – you should definitely listen. So that's basically how

everything felt when I wanted and did cut myself and I know it may be different for me than for some other people, some people may harm themselves for other reasons than me and think differently than me, but that's how it went for me so may be that explanation could

help a little but the last time I wanted to harm myself I did something very brave. I did something brave a couple of weeks ago. I was ready to cut myself – short knife against my arm – but instead of cutting myself with the knife, I wrapped it in kitchen paper then I broke it and threw it away and that was the moment I realised I didn't need to harm myself because I was just kind of fighting my pain with other pain. There was emotional pain and physical pain and errrm I just put the emotional pain on hold for a little time but the pain doesn't disappear. I just got other pain that will make my emotional pain stop a little while by thinking about the other pain but there's still pain so it doesn't make sense it doesn't help anyone if you cut yourself and it doesn't help yourself because you still feel pain even if its other pain you still feel pain and that sucks. But take it from me self harm doesn't help you in anyway, it just makes you – well, for me , it make me feel regret like a little while after I hurt myself I regretted it. I disappointed a lot of people. I didn't tell everyone but you know I just disappointed some friends who are very close to me and it really sucked and I really don't want to disappoint any of my friends because I love them, so yeah I, they were disappointed to me but also very worried; I was disappointed to myself but now I know that self harm doesn't help. if you really are feeling bad or sad just talk to a friend or family member or even a teacher of yours, just talk about it, try to do something about it that doesn't include making yourself even more sad or harming yourself because the scars don't always go away and then you will be reminded of your physical pain forever. But

Comment [SB153]: Brave detour when going to cut

Comment [SB154]: Self-realisation of futility of cutting

Comment [SB155]: short term relief

Comment [SB156]: pain interchange

Comment [SB157]: feel regret

Comment [SB158]: shared experience

Comment [SB159]: disappoint self and others

Comment [SB160]: just talk about it

Comment [SB161]: don't cause more pain

Comment [SB162]: permanent reminder in scars

meanwhile some of the emotional pain will just go away. I really
hope I cleared things up for people for felt the need for harming
themselves or just giving information to people who don't really feel
the need to harm themselves but can just send this video around to
people who are feeling sad and who might be worried about them
harming themselves or just spread it around the internet for we know
that there are always some people who are thinking about self harm
somewhere it, so I hope this video helps you if you are feeling the
need to self harm…

Comment [SB163]: video to give information

Comment [SB164]: Share story on internet to help others

Comment [SB165]: Always someone somewhere

Vlog 6 - MIKE

(greeting) today something hit me that I want to talk about. Alright so
I'm turning 16 in like 4 days for some reason I didn't think about it
until now, but whenever I was 12 I didn't think that I would make it
to 16 years old. I didn't think that I would be alive – I had really bad
anxiety depression and I had a lot of suicidal thoughts, like a bunch, it
was insane. But over the years I've kind of learned how to deal with
it more and I know that a lot of people suffer with the same type of
thing and I thought, you know, because I have coped with it for so
long I know a lot of techniques and things like that and I want to share
them with you. So first thing off let me just tell you right now, if you
have suicidal thoughts and you want to self harm or something please
don't I made the mistake of thinking that I would be able to make one
freeking cut and it would be fine, like I'd be able to stop right after

Comment [SB166]: Anxiety, depression, suicidal thoughts

Comment [SB167]: Many people suffering

Comment [SB168]: Share personal strategies

but that was not the case. It just turned into an addiction – which isn't

Comment [SB169]: Thought it could be controlled

good. So do not start cutting – I repeat do not start ok I don't care how

strong you usually are and if you think that you will be able to stop.

You will not be able to. I mean maybe you will be able to but I don't

Comment [SB170]: difficult to stop

know - it's just, its not worth it so don't start doing that ok, there's

better things out there for you to do than to do that and I'm actually

going to talk about those things. So the first thing you could do is

Comment [SB171]: better alternatives

listen to music. If you don't know that I have a (music host) and I

have all kinds of playlists on there confidence boosters, mood

boosters all kinds of different kinds of playlists so if you want music

go check that out. Also in the description I'll have a link to tumblr,

this is basically just a link. It's like a link of distractions – things that

you can learn and just distract yourself. So if you ever get those type

Comment [SB172]: distracting activities

of thoughts just wait it out cos its literally like a wave – it's going to

hit hard when it does but then eventually it's going to smooth itself

out and you're going to be relaxed and it's going to be over. But

Comment [SB173]: ride out the urge

sometimes it's constantly hitting you so there's a lot of things you can

do. Another thing is I have this app on my phone like err – I think its

'self-calm' or something like that. I'll leave a link in the description

to it if you want to check it out. There's all kinds of activities and

Comment [SB174]: online support tools available

stuff like that and there's also this app called 'koko' I think that's how

you pronounce it, but its acutally really good because you can talk to

somebody on there, just kind of talk it out . I know it sounds stupid

Comment [SB175]: opportunity to talk on line an advantage

but sometimes talking it out sometimes does wonders. Also my DU's

Comment [SB176]: talking does wonders

on and always open and I have a kik now so if you want to talk to me

you can message me at any time and ill help you through some things

if you need or if you're just looking for somebody to talk to I'm here.

So OK,yeah, that's pretty much what I just wanted to talk about . its

weird – I still kind of suffer from like those kind of thoughts and it's

still really difficult for me to not like do it because I still have those

thoughts – obviously its still very difficult to not just fall back into

that trap. I'm only like 7 months clean from cutting and that's not

very long – especially because I have those thoughts every night and

it sucks because you – once you start it's just you've fallen in again

and can't get out – I mean sure, you might be able to but the thought

is still with you there so don't give in and everything should be ok if

you just kind of stick to those strategies and don't fall into the traps

Comment [SB177]: Message anytime

Comment [SB178]: Difficult not to begin again

Comment [SB179]: Clean from cutting

Comment [SB180]: Constant battle

Comment [SB181]: Stick to strategies

Vlog 7 - BENSON

Ummmm, I don't know why I'm making this video but you know,

stuff like that and, I'm going to be talking about my self harm, why,

and stuff like that and Sh8t, I'm not going to be editing this video

anyway so (cough) woe - I mean, before you call me and sh8t like

that, people tell me to stay strong a lot – I can't stay strong because,

you know, if I stay strong and then something happens again then I

end up failing in sh*t and that, so I can't stay strong so. But for you

people, you guys stay strong, but for me, don't worry about me cos I

handle things by myself a lot. And for me, if I like die I die – I mean,

Comment [SB182]: Unsure why vlogging

Comment [SB183]: Sharing video unedited

Comment [SB184]: told to stay strong but can't

Comment [SB185]: handle things alone

everybody dies anyway so yeah. Um, like I say, I hate when people call me, say stay strong and stuff like that; it pisses me off – well, not pisses me of sometime gets me fri**ing like, feeling sad or something like that and I like can't explain it though because, you know, there's a lot going on OK, I mean, um stuff like that and I'm going to keep it personal sometimes – I won't be telling you the personal stuff but you know. Yeah, because I don't want like listening, but I'm fine though – I'm sad and stuff like that – but I'm fine though so don't worry about it. um,err, yes don't tell me to stay strong so. Yeah, I can just handle this thing by my damn self cos I don't like when people helping me. Cos I like to help myself. I don't depend on anyone else, because, you know and sh8t like that, I don't depend on them. Cos you know, I mean, why helping me for, it's not even working out for me to do that cos you know how stupid I am anyway, so yeah, that's. The only thing I'm F happy is doing videos and doing things for you guys cause you know, I love you guys (laughs) and stuff like that, so. My self harm, the reason why I do it is um (pause) – I did it when I was 13 and all the way to 16 but then I stopped when I was 16; but When I was 13 I did it because – you know uh, I just don't know – it just feel like the urge to do it because that's just how things go when things goes bad and stuff – and yeah – I self harmed when I was 13 and then after that it was It was really, really bad but no one noticed that until when I was 15. So, Yeah, I got locked out. But then I got locked up, I stayed in there in a mental hospital for about 4 hours then I got out. Lucky, so yeah – cause I promised not to do it again. I

Comment [SB186]: complacency to life

Comment [SB187]: wont tell everything in vlog

Comment [SB188]: distressed but don't worry about me

Comment [SB189]: don't depend on others

Comment [SB190]: why should others want to help

Comment [SB191]: Happy Making videos

Comment [SB192]: Get the urge to do it

Comment [SB193]: Stuff goes bad

Comment [SB194]: unnoticed

didn't do it anymore but the reason why I did it when I was 15 or 16. I think 16 – because I am 16 now and you now, for um 7 month it's been a long time and I actually. Yeah I know I'm going to bring up my ex girlfriend and sh8t, I know you gonna call me now oh, your ex girl friend doesn't mean…whoa, yes she does. She matters to me a lot. Ok. She was my F first girlfriend like. If you don't notice that – if you love someone you really love someone – you feel like you about to kill yourself for them like that and stuff like that. I 100 percent or 90 percent guarantee you will do if for someone like that, cos you love someone to death (use friend as an example) Iike I said I know I bring up my ex girlfriend and stuff, I actually do miss my x girlfriend and it's kind of hard for me to think about her because me and her been dating for one year and six months. We was going to go for 2 years until something happened….if you guys don't know what happened you can go to my recent videos, im not going to put the link on the screen cos you guys can find it yourself (laughs), Idk, im a lazy youtuber, but for me if you guys want to know, I can just tell you short cos for some reason things changed when I got here because I stayed at her place because December 17 when I was 15 years old, um, Then my birthday came over December 17 of course, and I went to her place and I went there for like 2 and a half weeks I think idk…we do some stuff , like cool things on Christmas or – something like that you know and came back on 4th July, what am I talking about, January 4th I think, idk, 4th or 7th…Idk, but I went back home – something changed about her – she told me that she got bad grades

> **Comment [SB195]:** relationship breakdown

> **Comment [SB196]:** intense love

> **Comment [SB197]:** share personal experience

or whatever and stuff; because you know she go to school before me –
because you know her school, idk, I think her school started on the 5th
and mine started on the 7th? I've no idea though –but her grades were
bad or something like that, she said her mom would take her phone
away if she don't get her grades up. And I don't believe that so I don't
believe that at all. Then something happened between us man and she
broke up with me. I was crying x 3, I just wanted to kill myself in the
bathroom just for that and yeah, I just feel like (hand to face, rubbing
eye) this is like 7 month (jumble) this is like not long at all and stuff
like that, you know. I mean, (laugh) I know it's stupid just to cry over
a girl or something; you would probably do it too – like 99 percent of
you – you would do it too, and um, and stuff like that –and It's hard
for you to like someone and you know, stuff like that, it makes me
urrr sad a lot because you know, so, I mean; I still talk to her and
stuff, you know – she's at her boyfriend place or whatever – I mean
I'm happy for her. For me, I mean, I have a YouTube channel, I
actually have 3, but the 3rd one don't count because that's my is my
friends club channel and um my own club channel and stuff like that
- but Idk, I just cut and stuff like that, but I'm OK…. I don't know
what I just said cut for – I'm going to end this video – I'm too tired.
It's like F*** one o'clock or 2 o clock in the morning – Idk; so that's
the reason why I self harm. I have like suicidal thoughts a lot – stuff
that I see, like, stuff that like (disturbing description) and someone tell
me to do it but I don't want to do it cos I've got dreams and I don't
want to die early (laughs) or something like that, but it's just really

Comment [SB198]: silly to cry over things

Comment [SB199]: showing emotion a normal reaction

Comment [SB200]: girl/boy relationship break up

Comment [SB201]: suicidal thoughts

Comment [SB202]: don't want to die early

Comment [SB203]: got plans for the future

hard to focus on something and stuff like that. like the only thing that make me happy or, is to write songs or play video game or if my best friend is here that is making me happy but (talks about friend) I don't take pills for anything or stuff like that because it will make it worse if I take pills. I might overdose of something – cos that's what I would do of course. But that's basically my-self harm that I do in the past years, cos I did that when I was 13, like I said and I did 16 – but I clean now – see nothing on my body (shows arms), so. So yeah that's pretty much it. I pretty much it, I just want to share my story with you guys cos it won't be fair. And I know you guys will be like oh, (unintelligible) you should stay strong man or whatever, but I won't stay strong, because that's my thing. I wont stay strong Like I say – I help myself – I don't depend on anyone, I help myself and yeah – but you guys stay strong because (laugh) I love you guys a lot too. I know, but I guess I just don't really think about me staying strong, because I'm not strong – so, yeah, but anyway I love you guys (salute)

Comment [SB204]: still have pleasures in life

Comment [SB205]: risk of overdosing if medication is about

Comment [SB206]: clean from cutting

Comment [SB207]: told to stay strong, but wont

Comment [SB208]: don't depend on others

Comment [SB209]: viewers must stay strong

Vlog 8 - WARREN

.... I know it's hard to stop cutting cos it feels good. I What it does is tricks your brain into thinking its happy, that you're happy. But you're causing more pain to you. It's going to be harder to talk to people if you keep doing it. If you're in a relationship, it could ruin it. My relationship with my girlfriend was ruined today because I cut. She I couldn't help it. cutting in particular is hard to stop because even though people tell you to you might not listen , because you like it. but there are also other forms like punching yourself in your leg, or your arm to give yourself bruises to distract yourself from what's really causing you pain emotionally. There are better alternatives to those two. I'm not going to say worse but and I'm not going to say more deadly because there's also burning yourself which I'm never going to do. I can't stand the smell of burning flesh. Anyway, they're bad, just like other types of self harming. But bruising in particular – if you hit yourself too hard and just right it can cause a blood clot = cos that's basically what a bruise is , its blood pooling underneath the skin. But if you punch yourself it could cause a blood clot which may go to your heart eventually and just like that your dead, no warning signs no nothing. Cutting it's hard to hide, same with bruising yourself or burning....you really need help if you're burning yourself. ....there are alternatives to cutting bruising or burning yourself. Taking a rubber band, it's not the best solution but it's one solution. If

Comment [SB210]: hard to stop cutting

Comment [SB211]: cutting feels good

Comment [SB212]: tricks brain that it's feeling good

Comment [SB213]: causing more pain

Comment [SB214]: ruins relationships

Comment [SB215]: enjoyable

Comment [SB216]: ignore advice to stop

Comment [SB217]: other methods besides cutting

Comment [SB218]: all methods bad

Comment [SB219]: possibility of death

Comment [SB220]: hard to hide

you snap a rubber band on your wrist it can temporarily take your mind off whatever it's on and put it on the pain that was caused by snapping it. Or drawing that can be a good one. Texting. Having someone text you non-stop – that can keep you from doing it. I've done that before – I've had people do it. I've also done it to people so they won't kill themselves.

> Comment [SB221]: alternatives to self harming

Vlog 9 - MAX -

As I was getting older my mum and dad and even pressure from other people in my life, all around me, it's just like people kind of – if they don't say it directly, they hint that you're getting too old to cry now, like you shouldn't be crying over these little things so I tried not to, but then when I would cry I would get really frustrated with myself, and I would be hard on myself – because I had adopted or had started to adopt their way of thinking – or what I thought their way of thinking was; when I say they, I mean people that I loved. People that I looked up to and I loved were telling me you know, don't cry so much, don't cry and sometimes even calling me a cry baby. And it was really frustrating because I thought, you know, maybe you know they're right – I am too old to be crying and I shouldn't be doing this. So early on, very very early on I started consciously attempting to and then successfully supressing my own emotions – especially the ones that involve crying – the act of crying. I would just push them away

> Comment [SB222]: too old to cry

> Comment [SB223]: subtle messages when growing up

> Comment [SB224]: frustrated with self for crying

> Comment [SB225]: adopt adults view of crying

> Comment [SB226]: loved ones reinforced no crying

> Comment [SB227]: consciously suppress emotions

and stuff. And something that I remember doing and I don't have exact ages for this but I know I did this before I was a teenager and I also did it when I was a teenager, in my early teens and may be even later because all the times I did this they were separated by a lot of time – it wasn't like I did this weekly or anything – but so anyway, when I had an event, like, where I was feeling really upset, sometimes may be it would be an argument with my mom – or maybe she said something to me that just made me very angry inside um, or I was in trouble for something – whatever it was. It wasn't always me being in trouble but it was just something …there'd be an event that caused a surge of emotion inside of me and I didn't know what to do with that - I wasn't sure what I was supposed to do with that. All that surge of emotion made me want to do was cry. So this would happen and I remember what I would do is I would disappear; I would go like away from everybody, like, normally to the bathroom because nobody can follow you into the bathroom. You just go in there like you're going to the bathroom and I'd close the door and I remember looking at myself, and I would stare at myself in the mirror feeling this surge of emotion, like, coming to the surface and I would see my face and it would be red because I was so angry or sad, or frustrated or whatever it was. And I would feel that I was about to start crying….not just like tears dripping out of my eyes but like when your face like changes into that face like, when you start crying, like a full on cry? And I didn't think this through, like 'oh, I should do this, because of that' it just automatically – what I would do is make a fist and hit myself

Comment [SB228]: push emotions away

Comment [SB229]: supress throughout childhood

Comment [SB230]: surge of emotion

Comment [SB231]: unsure of what to do with emotion

Comment [SB232]: find private place

Comment [SB233]: surge of emotion

Comment [SB234]: no thought about it

(makes a fist) with that part of my hand, in the face – like normally in my face like in my face here or in my forehead, or my side of my head – like as hard as I could at the time, just a few times. Not like over and over and over again but I would do it several times and it would hurt pretty bad and I did that – I guess I didn't really think it through but by doing that, I was able to…that pain distracted me from the emotions that I was feeling and it allowed me to avoid the act of crying and like stay strong and not cry, you know. And this became a habit like, I didn't do it for every little thing, I guess it's was when I had a big surge of emotion and I was super frustrated and felt like I was super frustrated or feel misunderstood or something – I honestly can't remember because this has happened so many different times for so many different reasons, I'd get a surge of emotions and then I would do that, and um it was a habit and it became like it's not like how I dealt with emotions, because I never dealt with them, and I still have a lot of trouble with this because I hid this from everyone I've never told my mum I've never told my dad, I never do it anywhere where people could see me; And also I never hit myself hard enough so that I had a bruise. Sometimes I would get like the area would get red or something, but that would go away shortly. Or maybe it would be where my hair is so you can't see it. I can't remember all of the details I just know that no one ever said anything about it and nobody ever questioned me about it … but yeah I really did that, beyond any humour or any jokes and I've never told anybody. I've only ever told one person right now knows this until you watch it, whoever you are.

Comment [SB235]: punch

Comment [SB236]: distract from emotions

Comment [SB237]: avoid crying

Comment [SB238]: different times, different reasons

Comment [SB239]: kept it from everyone

Comment [SB240]: not addressed – nothing said by others

I decided to make this video – I was going back and forth about whether or not I should make it because obviously it's pretty, idk, it's like an intimate thing to share because, like, I haven't shared with anybody. In a way it's almost like humiliation or embarrassment involved with this. I don't currently do it, or at least I haven't for a very long time – but I did this for years as a way to just supress emotion, like when it would come up, I would just press it down. And I think eventually I learned how to do it automatically so I could do it without needing this thing (hitting head). It became a habit to supress emotion in general, I could do it without hitting myself or causing physical pain. I could just do it automatically.

Comment [SB241]: feels intimate sharing

Comment [SB242]: humiliation & embarrassment

Comment [SB243]: automatic suppression

Crying is good, crying is how you physically express all of these emotions that are inside you whether they're good or bad or whatever. Um and like I said I have trouble doing that. I've developed a personality that avoids that and makes jokes out of things instead of actually feeling them it's like for years I've not been crying when I should have. Or maybe I cry a little bit and then I say OK that's enough now and then I stop it and its put me in a place where I feel as if I have a lot built up inside of me, a lot of emotion built up…

Comment [SB244]: crying is good

Comment [SB245]: jokes distract

Comment [SB246]: limit emotion

Comment [SB247]: backed up emotions

In my early/mid teens when I was really angry – or it comes through as anger and I don't know why, I mean, maybe I was hitting myself and doing that whole thing as a way to avoid causing damage to other people; instead of trying to attack somebody else or break something or throw a tantrum … you know, I normally didn't do that , I

Comment [SB248]: anger

Comment [SB249]: avoid damage to people

wouldn't damage stuff; sometimes I'd punch a wall - but it would be like a hard wall so it just hurts my hand – it wouldn't be like I would put a hole in the wall you know, yeah, I know, obviously, see now I can see that it was really dysfunctional, as I said I never thought this through, I never thought it would be a good idea – I didn't see any information that told me you should try this, it was just an automatic reaction to intense emotions. Hitting myself in the skull very hard so that I felt throbbing pain so that I'd be distracted from it. um … I'm not looking for anything from people, I just want this to be out there on the internet just so anyone else who's currently doing that or have done it before knows that you're not alone and I don't necessarily want to say that its normal to do that but, like, to me it always has been; someone like me, it always has been normal to do that and I never even thought about it in the context of self harm because I never even knew about that until later in life and when I learned about that; normally when you look it up say on wiki the first thing that pops up is images of like cutting, people who cut themselves and I never was into that…automatically I would just hit myself in the face; I wouldn't have to go find a tool to do it but I don't know how I got that idea honestly but it ended up working and it actually helped. Thank you for watching and for being understanding – especially if you've never done this before – you know you're like 'what the hell are you talking about?' and um and yeah, just know that if you do this or if you've done this or you've done another form of it or in another way that youre not alone, and,

Comment [SB250]: only hurt self, not others

Comment [SB251]: dysfunctional way to handle emotion

Comment [SB252]: automatic response to intense emotion

Comment [SB253]: message through internet – you're not alone

Comment [SB254]: normal abnormality

Comment [SB255]: unaware it was self harming

Comment [SB256]: ended up working

Comment [SB257]: grateful for understanding viewers

and um, I wish I had a solution to offer but I don't I still have my own issues . I feel really vulnerable sharing this but at the same time I think it's a good idea to put it out there…

Comment [SB258]: no solution to offer

Comment [SB259]: feel vulnerable

Comment [SB260]: good idea to share like this

Appendix K – List of Codes

Vlog 1	Vlog 2
Feeling great stress	Depression
May sound insane	Stress anxiety sleeping disorder
Keep secret shared on internet	Breaking down regularly
Uncertain sharing on YouTube	In need of change
Jekyll & Hyde	Process experiences talking on internet
Feelings buried and hidden	Spread awareness
Losing control	People misunderstand mental health
Rage and violence	Men should be strong
Antidote for stress	Messages everywhere in society
Brave to cut	Flawless and emotionless
Alternative methods to cutting	Men suffer too
Gives a rush	
Since violence no option	
Surprising level of anger	
Talking on YouTube a stress relief	
Purpose of channel to help self	
Rejection of professional help	
Deceptive nature of professional relationships	
Trust friends	

Vlog 3	Vlog 4
Important topic	Left out of friendship group
Lack of understanding	Deny feelings
Common behaviour	Toxic friendship group
Social pressures	Distract and ignore
Not just about getting attention	Rumination and overthinking
Frustration	Emotional overload
Lack of understanding	Don't know what to do with
Mental cause	emotions
Self-harming feel lonely	Helplessness
Not just about getting attention	Peer approval
Information for supporters	Changing to please others
It works	Thoughts and feelings
Observing behaviours in others	Realise need of help
Release emotion by self-harming	Reveal cuts to friend
Legitimate pain has same effect	Others reaction to cuts
Out of options	Showed cuts to enemies
Pain a release	Don't change for others
Fills need to feel	Tell friends and family
Last resort	
Self-hatred	
Take life	
Negative self-view	
Not inconvenience	

Encouragement	**Vlog 5**
Use support networks	Nervous
Vent emotions by talking	Self-harm doesn't help
Emotional build up	Distorted thinking
Other stress release	Only one option left
Internal/external conflict	Out of options
Brain not functioning	Forget emotional pain
Didn't understand till experienced it	Only one solution
Safe release	Important message to share
Underlying stress	Brave detour when going to cut
Find good coping strategies	Different for others
Speak out	Self-realisation of futility of cutting
Message me	Short term relief
There for others in similar	Pain interchange
circumstances	Feel regret
Guilt and anger	Shared experience
Anger the biggest cause	Disappoint self and others
Unidentified cases	Just talk about it
Any hurting for release is self-harm	Don't cause more pain
Low self esteem	Permanent reminder in scars
Bullying and lack of friends	Video to give information
Feel better	Share story on internet to help others
Can't cope	Always someone somewhere
Not worth talking because others wouldn't	
understand	

Cry for help

Communication cuts

Look beyond cuts

Deserving of attention

Talking offers fresh start

Not selfish behaviour

Breaking attachment

Not bad, poorly

Message to share

Students at risk

More support at school

Scared to voice need

Different people, different reasons

Spot signs, catch early

Professionals have a duty of care

Unexplained cuts

Cutting wrist stereotype

Keeping cuts hidden

Report signs

Biting relief

Maintain curiosity

Spot abnormalities

Wanting to die

Hopelessness

Responsibility to encourage

Vlog 6

Anxiety, depression, suicidal

thoughts

Many people suffering

Share personal strategies

Thought it could be

controlled

Difficult to stop

Better alternatives

Distracting activities

Ride out the urge

Online support tools

available

Opportunities to talk on line

an advantage

Talking does wonders

Message anytime

Difficult not to begin again

Clean from cutting

Constant battle

Stick to strategies

Vlog 7

Unsure why vlogging

Sharing video unedited

Told to stay strong but cant

Use internet to inspire	Handle things alone
I'm proof	Complacency to life
Direct communication style	Won't tell everything in vlog
Be their key person	Distressed, but don't worry
Expect resistance	about me
Emotional build up	Don't depend on others
Concoction of emotions	Why should others want to
Emotions released by self-harming	help
Hard to escape vicious cycle	Happy making videos
Scars mean life	Get the urge to do it
Hide through fear of judgment	Stuff goes bad
Scars mean strength	Unnoticed
Scars show progress	Relationship breakdown
Be an inspiration to others	Intense love
Mental health not understood by others	Share experience
Hard to regain control	Silly to cry over things
Grateful for a second chance	Showing emotion a normal
Offer of help	reaction
	Girl/boy relationship breakup
	Suicidal thoughts
	Don't want to die early
	Got plans for the future
	Still have pleasures in life
	Risk of overdosing if
	medication is about

	Clean from cutting
	Told to stay strong but wont
	Viewers must stay strong
Vlog 8	**Vlog 9**
Hard to stop cutting	Too old to cry
Cutting feels good	Subtle messages when growing up
Tricks brain that it's feeling good	Frustrated with self for crying
Causing more pain	Adopt adults views of crying
Ruins relationships	Loved ones reinforce no crying
Enjoyable	Consciously supress emotions
Ignore advice to stop	Push emotions away
Other methods besides cutting	Supress throughout childhood
All methods bad	Surge of emotion
Possibility of death	Unsure of what to do with emotion
Hard to hide	Find private place
Alternative to self-harming	No thought about it
Vlog 10	Punch
	Distract from emotions
Started mild	Avoid crying
Communicate upset	Different times different reasons
Early abuse	Kept it from everyone
Can empathise	Not addressed- nothing said by others
First-hand experience	

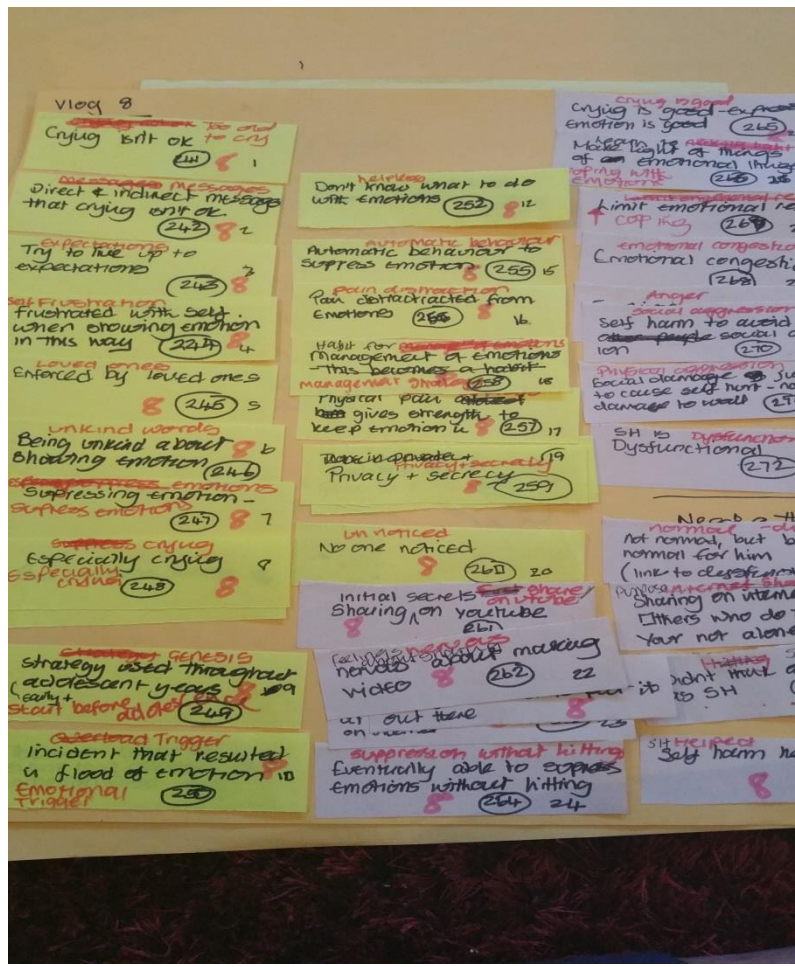|	
Worse over time	Feels intimate sharing
Got out of hand	Humiliation and embarrassment
Unsure of the reason	Automatic suppression
Psychological issues because of past trauma	Crying is good
	Jokes distract
Loss of loved ones	Limit emotion
Don't self-harm	Backed up emotions
I've been there	Anger
Do not cut	Avoid damage to people
Family issues	Only hurt self not others
Rejected sexuality	Dysfunctional way to handle emotions
Stereotypical view of manhood	Automatic response to intense emotions
Suicidal thoughts	Message through internet- you're not alone
Heartbroken	
Deserve sympathy	Normal abnormality
Distress caused cutting	Unaware it was self-harming
Could have died	Ended up working
Dying slowly	Grateful for understanding viewers
Unavailable parents	No solution to offer
Passive help seeking	Feel vulnerable
Hope video helped	Good idea to share like this
Here for you	
Save others from this	
Come out stronger	
Focus on positive	

Vlog 11	Vlog 12
Common behaviour when younger	Lack of understanding
Never really free	Not just cutting
Not the same but similar to substance addiction	Different ways to harm
	No more self-harm because in better place in life
Ridiculous reasons	
No good reason to self-harm	People afraid to mention self-harm
Guilty	Defeat mental health stigma
Been through this	Talking defeats stigma
Common but unspoken	Importance of celebrity/YouTube models
Unprecedented stress	Find your reason
Talk to somebody	Not nice to talk about
Never talked	Personal crusade
Kept secret	Mental health hidden so forgotten
Upset family	Massive anxiety
Scars tell secret history	Not sure how to control anxiety
No one will understand	Helps helplessness
Talk helps others understand	Immediate relief
Others can help when they understand	Not healthy but helps
Don't feel ashamed	Spiral out of control
Not weak to need help	Find root cause
Vlogging sincerely helping	Offer of problem solving approach
Don't waste time doing this	Work on yourself
	Make myself better
	Make a plan

	Engage positives, reject negatives
Vlog 13	**Vlog 14**
Depression	Sensitive and personal video
Not talked about much	Different extremities to self-harm
Started cutting	Endless methods
Convenient	Message for those thinking about it
Felt good	Scary thinking about self-harm
Discrete cuts that won't show	Save yourself now
Deceit to hide behaviour	Cycle will begin
Not a good person	Don't start
Cutting just the start	Hard to stop once you start
Increasing brutality	Resist first time
End life	Repeated self-abuse once started
Could have died that night	Any abuse continue once started
Will get better	Seek help
Look at me	Varying reactions
Have faith in self	Many reasons why
Get counsellor	Reasons changed
Self-help too	Now feel the need to
Encouragement and affirmation	Feeling emotional
Big thing to share	Hard to talk to people but do
Hope this helped	Not the best model but here
Others may help	Don't want others to enter cycle
Stay positive	Do yet don't want to stop

	Subsequent regret
	Relapse
	Warning video to others
	Stay strong
	Personal addiction
	Wants video to be openhearted
	Should let emotions out
	Holding back emotions
	Can relate
	Broken relationships
	Better yourself
	Not bad person because of it
	Serious issue, must talk
	Don't hate self
	More common than realised
	Surprised who does it
	Don't feel alone when people share
	Some carry on as normal
	Advice to talk about it
	Got to be someone to talk to
	Feel worse holding in
	I'll be there for you
	Not best, but here
	Resist first time

Appendix L

Examples of Code Allocations

Appendix M

Table of Themes, Sub-themes & Codes

Theme 1 – Motives & Methods – Vloggers talk about how and why they self-harmed

Sub-Themes	Social causes	Psychological causes	Unknown Reasons	Emotional, Physical & physiological benefits	Methods
Codes	Girl/boy relationship break up

Left out of friendship group

Intense love

Rejected sexuality

Toxic friendship group

Changing to please others

Family issues

Peer approval

Social pressures

Observing behaviour in others

Early abuse

Relationship breakdown

Loss of loved ones

Communication cuts

Communicate upset

Since violence no option

Body image | Psychological issues because of past trauma

Unavailable parents

Distorted thinking

Self-hatred

Anxiety, depression, suicidal thoughts

Low self esteem

Unprecedented stress

Depression

Guilt & anger

Rumination & overthinking

Helplessness

Thoughts & feelings

Suicidal thoughts

Internal/external conflict

Self hatred

Sleep disorder

Brain not functioning | Many reasons why

Different people, different reasons

Unsure of the reason

Reasons changed

Different for others

When stuff goes bad

Get the urge to do it

Ridiculous reasons

Different times, different reasons

Unaware it was self-harming | Gives a rush

it works

Fills need to feel

Emotions released by self harming

Forget emotional pain

Short term relief

Cutting feels good

Tricks brain that it's feeling good

Enjoyable

Distract from emotion

Ended up working

helps helplessness

Immediate relief

Not healthy but helps

Convenient

Avoid damage to people

Hurt only self, not others

Since violence no option

feel better | Not just cutting

punch

biting relief

alternative methods to cutting

Endless methods

Different ways to self harm

Other methods besides cutting |

		Wanting to die Hopelessness Distress caused cutting Breaking attachments Underlying stress Frustration Mental cause Negative self view Anger the biggest cause Communication cuts Cry for help		Antidote for stress No more self harm because in better place in life (e)	

Theme 2 - Concealment - Vloggers talk about hidden aspects of self-harm

Sub- Themes	Hiding behaviour	Hiding cuts & scars	Hidden but prevalent
Codes	Kept it from everyone keep secret shared on internet (e) deceit to hide behaviour find private place kept secret no one would understand shared experiences (e)	hard to hide keeping cuts hidden hide through fear of judgement discrete cuts that won't show scars mean life (e) scars mean strength (e) scars show progress (e) permanent reminder in scars scars tell secret history showed cuts to enemies (e) showed cuts to friend (e)	surprised who does it some carry on as normal not talked about much more common than realised common behaviour when younger unnoticed unidentified cases always someone somewhere not addressed-nothing said by others common but unspoken

Theme 3 – Addiction & Intensification – Vloggers talk about the obscure characteristics of self-harm

Sub- Themes	CAUSES MORE PAIN	TRAPPED IN CYCLE	BEHAVIOUR ESCALATION
Codes	Others reaction to cuts Self-harm doesn't help Pain interchange Disappoint self & others Don't want to die early Ruins relationships Dying slowly Scary thinking about self-harm Varying reactions Subsequent regret Broken relationships Causing more pain Upset family members Could have died Negative reactions Come out stronger (e)	Thought it could be controlled Difficult not to begin again Hard to escape vicious cycle No thought about it Hard to stop once you start Now feel the need to Never really free Repeated self-abuse once started Not the same but similar to substance addiction Hard to stop cutting Any abuse will continue once started Constant battle Personal addiction Do yet don't want to stop Difficult to stop Cycle will begin Normal abnormality Relapse Clean from cutting (e)	Cutting just the start Started mild Spiral out of control Out of hand Worse over time Hard to regain control Possibility of death Increasing brutality End life

THEME 4 – Emotional Expression – Vloggers talk about their affective experiences

Sub-Themes	EMOTIONAL DYSREGULATION	EXPERIENCING EMOTIONS AS MEN	MANAGEMENT OF EMOTIONS	EXPRESSION OF FEELINGS AND EMOTIONS
Codes	Emotional build up	Subtle messages when growing up	Feelings buried & hidden	Feeling emotional
	Concoction of emotions	Too old to cry	Distract and ignore	Holding back emotion
	Emotional overload	Adopt adults view of crying	Automatic suppression	Feel regret
	Surprising level of anger	Messages everywhere in society	Push emotions away	Heartbroken
	Surge of emotion		Limit emotions	Feeling great stress
	Backed up emotions	Unsure of what to do with emotion	Avoid crying	dysfunctional way to handle emotion
	Told to stay strong but can't	Frustrated with self for crying	Consciously suppress emotions	deserve sympathy
	Anger	Loved ones reinforced no crying	Deny feelings	Rage & violence
	May sound insane		Automatic response to intense emotion	Feels Intimate sharing
	Losing control	Men should be strong	Supress throughout childhood	Humiliation & embarrassment
	Out of options	Flawless & emotionless		Guilt
	Only one option left	Stereotypical view of manhood	Not sure how to control anxiety	Sensitive & personal video
	Last resort	Men suffer too	Crying is good (e)	Feel vulnerable
	Can't cope		Jokes distract	Nervous
	Only one solution		Pain a release	Happy making videos
	Take life		men suffer too	Should let emotions out
	Can't stay strong		don't know what to do with emotions	Grateful for Understanding viewers
	Massive anxiety		silly to cry over things	Grateful for a second chance
	Jekyll & Hyde		showing emotion a	Big thing to share
	Breaking down regularly			
	Risk of overdose if medication is about			

			normal reaction	Wants video to be openhearted
				Sharing video unedited
				Uncertain sharing on Youtube
				Still have pleasures in life
				Unsure why vlogging
				wont tell everything in vlog (e)
				Surprising level of anger

THEME 5 – Thoughts about help - Vloggers talk about their relationship to help

Sub-Themes	AMBIVALENCE & NEGATIVITY TO HELP	SELF HELP
Codes	Rejection of professional help	Brave detour when going to cut
	Deceptive nature of professional relationships	Purpose of channel to help self
	Don't depend on others	Make myself better
	Why should others want to help	Self-realisation of futility of cutting
	Handle things alone	Realise need of help
	Not worth talking because others wouldn't understand	Passive help seeking
	Distressed, but don't worry about me	Process experiences talking on internet
	Complacency to life	Talking on Youtube a stress relief
	Told to stay strong but wont	
	Ignore advice to stop	
	Trust friends (e)	

Theme 6 – Sharing knowledge & expertise – Vloggers talk about their desire to help others

Sub-Themes	ADVICE TO OTHERS WHO SELF-HARM	EMPATHY & PERSONAL OFFERS OF SUPPORT	GUIDANCE & INFORMATION FOR SUPPORTERS OF THE SELF-HARMING	SPREADING AWARNESS	ENCOURAGING DIALOGUE
Codes	Don't start Do not cut Don't waste time doing this Warning video for others No good reason to self-harm Online support tools available Don't cause more pain Find your reason Ride out the urge Don't hate self Not a bad person Safe release Not inconvenience All methods bad Save yourself now stay strong Seek help Not weak need help	There for others in similar circumstances First-hand experience Been through this You're not alone I've been there Can relate Encouragement & affirmation I'm proof Can empathise Look at me Encouragement and affirmation Here for you Message me Share personal strategies Message anytime Offer of help Not the best model but here I'll be there for you Save others from this	Self-harming feel Lonely Not bad, poorly Use internet to inspire Deserving of attention Not selfish behaviour Students at risk Be their key person Spot signs, catch early Responsibility to encourage Maintain Curiosity Expect resistance Professionals have a duty of care Direct communication style More support at school Look beyond cuts	Important topic Message to share Spread awareness Mental health not understood by others Personal crusade Share story on internet to help others Lack of understanding Defeat mental health stigma People misunderstand mental health Video to give information Different extremities to self harm Cutting wrist stereotype	Talk helps others understand Don't feel alone when people share Speak out Talk to somebody Others can help once they understand Not nice to talk about but important Talking does wonders Opportunity to talk on line an advantage vent emotions by talking Tell family & friends Just talk about it On line support tools

Don't feel ashamed	Hope video helped	Report signs	Importance of celebrity/youtube models	Never talked (e)
Stick to strategies	Message through Internet – you're not alone	Scared to voice need	People afraid to mention self-harm	Hard to talk to people but do
Be an inspiration to others	Hope this helped	Spot abnormalities	Not just about getting attention	Vlogging sincerely helping
Don't change for others		Unexplained cuts	Common behaviour	Serious issue, must talk
Others may help		Didn't understand until experienced it	Good idea to share like this	Advice to talk about it
Work on yourself		Talking offers fresh start	Don't want others to enter cycle	Got to be someone to talk to
Better yourself		Information for supporters	mental health hidden so forgotten	Feel worse holding it in
Self-help too				Talking defeats stigma
Stay positive				
Resist first time				
Have faith in self				
Will get better				
Get counsellor				
Make a plan				
Other stress release				
Engage positives, reject negatives				
Offer of Problem solving approach				
Don't self harm				
Use support networks				
Any hurting for release is self harm				
Find root cause				
Message for those thinking about it				
Viewers must stay strong				
Legitimate pain				

	has same effect Find good coping strategies better alternatives focus on positives No solutions to offer (e)				

Appendix N – Ethical Approval Letter

The Tavistock and Portman **NHS**

NHS Foundation Trust

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Stacey Turrell

By Email

5th January 2018

Re: Research Ethics Application

Title: *A thematic analysis of self-harm blogs posted by adolescent males on You Tube*

Dear Stacey,

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
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cc.   Brian Davis, Course Lead