



AN UNDERSTANDING OF ADOLESCENTS WHO SELF-HARM AND THEIR MEANING-MAKING OF SCHOOL

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A thesis submitted in fulfilment of the academic requirements for the degree of Doctor of Philosophy, School of Education, University of KwaZulu-Natal

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Co-supervisor: Professor Ravhee Bholah

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ABSTRACT


Rates of self-harm are constantly on the increase in adolescence compared to adulthood. It is important to understand why adolescents engage in self-harming behaviour. Adolescents who self-harm are at higher risk of a repeated episode and self-harm is a key risk factor in completed suicide. Only a few studies have directly explored adolescents' views of their self-harm using their personal accounts. The present study employed a qualitative design using the Interpretative Phenomenological Analysis (IPA) to explore the subjective experiences of twelve adolescents who self-harmed, and to gain understanding of how they assigned meaning to their experiences within the context of their school. Data were gathered via interviews, solicited diaries, photos and drawings elicited. Session recordings of the participants formed the dataset. Data were transcribed, and from the analysis, five super-ordinate themes were developed: (1) Disconnected at home (2) Traumatic Pain leading to self-harm (3) Coping strategies at school (4) School connectedness and (5) Fostering resilience. Accounts highlighted the complex interplay between self-harm and depression across episodes of self-harm. Self-harm was a means of communicating distress as well as managing emotions. Encouragingly, many participants described being able to resist self-harm, often mirroring why the adolescents harmed themselves in the first place. Results indicated that participants reported adversities at home, but experienced a high-level of connectedness to school, including peers and teachers, and this resulted in positive coping strategies. Several protective factors have been found to alleviate conditions, including resiliency building, leading to cessation of self-harm. Ultimately a recovery from self-harm model was developed.

Findings were discussed in relation to the literature along with strengths, limitations, clinical implications and future research. Results suggest schools may benefit from improving their approach to preparing for students' self-harming behaviours, by providing an environment that is conducive to the development of the students' mental health.

DECLARATION - PLAGIARISM

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APPROVAL OF PhD RESEARCH PROPOSAL

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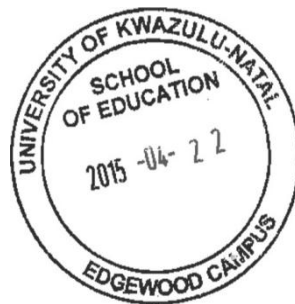
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Protocol reference number : HSS/0076/015D

Project title: Understanding adolescents who self-harm and their meaning-making of school.

Full Approval — Committee Reviewed

Protocol This letter serves to notify you that your application in connection with the above has now been granted full approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

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GLOSSARY OF ACRONYMS AND ABBREVIATIONS

APA-	American Psychiatric Association
BPA -	British Psychological Society

BPS - The Biopsychosocial Approach

CASE - Child & Adolescent Self-harm in Europe

DA - Drawing Analysis

DSM-V- Diagnostic and statistical manual of mental disorders: DSM-V-

ICD - International Statistical Classification of Disease and Related Health Problems.

II - Individual Interview

IPA- Interpretive Phenomenological Analysis

NHS - National Health Service

NICE - National Institute for Health and Care Excellence

NSSI - Non-suicidal self-injury

P - Participant

PA- Photo Analysis

PD - personality disorder

PE - Photo-Elicitation

PTG- Post-traumatic growth

R - Researcher

SBD - Suicidal behaviour disorder

SD - Solicited Diary

TA - Thematic Analysis

WHO - World Health Organization

Editing Letter

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Date: 09 December 2019

To whom it may concern

This is to certify that the Doctoral Thesis:

An Understanding of Adolescents Who Self-Harm and their Meaning Making of School

written by

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has been edited by me for language.

Please contact me should you require any further information.

Kind Regards

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. ORIENTATION

This introductory chapter establishes the context, background and the importance of the topic that leads to the development of the study. It sets the course by investigating the issues, which are central to the research and addresses the significance and objective of the study. Challenges that adolescents experience are varied but the specific phenomenon being explored is self-harm. This research explores the perspectives of adolescents who self-harm and their experiences of everyday life as well as the meaning they make of school. This chapter outlines the key terms, research questions, rationale and context, as well as my positionality within this project. Finally, I describe the contributions and limitations of this research, and a summary of the structure of the thesis is outlined at the end of the chapter.

1.2. CONTEXTUALISATION OF THE RESEARCH STUDY

Reports from Life-Plus unit (an aegis of Ministry of Social Security, National Solidarity and Reform Institution) where the study was conducted indicate an alarming increase in the rate of self-harming behaviours among adolescents in distress annually (Life-Plus Report, 2014, 2015, 2016). There is little scientific data on the prevalence of this phenomenon, especially on how the adolescents try to cope with this serious problem at schools in Mauritius. The need for such a study stems from an observation of the upward trends in terms of cases of self-harm in general but more particularly among adolescents in schools and the inexperience of teachers and other school staff to respond appropriately to pupils who exhibit self-harming behaviours (Margrett, 2014). Toste and Heath (2010,p.14) specified, “one of the most significant hurdles to effective identification of NSSI in schools is a lack of awareness and knowledge about the behaviour; the majority of school personnel underestimate the prevalence of NSSI,

believing that students rarely engage in this behaviour". (NSSI is the acronym for non-suicidal self-injury).

A majority of adolescents develop into strong adults with "evidence only mild or sporadic periods of upset, whereas others appear to be on a long rollercoaster ride" (Broderick & Blewitt, 2006, p. 310). They are unsuccessful in adjusting to this transition and in managing these "adjustment hurdles" (Frydenberg, 2008, p.2). This generation is frequently exposed to technology, which is both advantageous and disadvantageous to them cognitively, emotionally, and socially (Immordino-Yang, Christodoulou & Singh, 2012). They depend deeply on social media for amusement and intermingle with their peers. These adolescents experience lengthy stages of rapid advancement in communication technologies and social networking because "maintaining interpersonal connections is an important developmental task of adolescence" (Espinoza & Juvonen, 2011, p.1). Many adolescents believe that the internet can help them deal with their difficult situations by openly sharing their difficulties and providing acceptance, belongingness and support that allow them to unite instantly through shared experience (Whitlock, 2012). These "digital natives" (Prensky, 2001, p.2), the so-called adolescents of this "mobile" generation (born after 1985), have been living in a more technologically sophisticated world than that of previous generations. This digital generation has spent their lives in the digital surroundings where they are affected deeply by the rapid development of information technology, which controls their lives. They are "fluent in the digital language of computers, video games and the Internet" (Prensky, 2005, p. 8) which enable them to stay connected and multitask as "mobile technologies facilitate constant connectivity with peers while also providing new tools for communication" (George & Odgers, 2015, p.833). Their social life has changed tremendously while maturing "in this digital age" that has modified the situation of particular adolescents

"in a way that constitutes the most critical activity in their daily life. These cause them distress and functional impairment, which is perceived as a loss of control impacting on their health and wellbeing. These problems are not restricted to the Internet in general and can be applied to a full range of specific online activities that potentially could affect users' health (personal, social, and environmental). Indeed, they constitute a biopsychosocial phenomenon" (Lopez-Fernandez, 2019, p.xi).

The advent of the Internet appeals to adolescents to seek privacy and anonymity and look for easy accessibility of knowledgeable information (Purcell, 2010). Smartphone apps may assist in the provision of strategies, particularly for vulnerable individual adolescents who might not be cared for because they lack resources, or be stigmatised or socially marginalised (Chandrasekhar, 2018).

1.2.1. The vulnerability of adolescents

“Adolescence represents a major transition that takes place over the second decade of life” (Rytilä-Manninen, 2018, p.19). Adolescents encounter a horde of enduring traumatic life experiences which have been causing “an increased risk of emotional, cognitive and behavioural difficulties in adolescents such as depression, behavioural problems in and outside school, various anxiety disorders and academic failure” (Frydenberg, 2008, p.2). Adolescence is defined as a vulnerable phase in life, characterized by major developmental periods of transitions where numerous adolescents endure mental health problems such as depressive symptoms during secondary school (Garvik, Idsoe, & Bru, 2014). Additionally, it involves the development of independence and identity formation. The toxic stress in life and the rates of anxiety and depression including the numerous factors of progressive tasks that need to be accomplished with one's peer group and schooling may account for self-harm being most prevalent among adolescents. With the stress that accompanies this developmental period, it is likely for adolescents to suppress their feelings and thoughts, leading to more serious psychological problems and conflictual family disorder (Spinazzola, Hodgdon, Liang, Ford, Layne, Pynoos, et al., 2014). Adolescents' sexual orientation and development may cause anxiety and confusion (Oyefeso, Brown, Chiang & Clancy, 2008). The findings of Palmer, Walsh and Tiffin (2016) reveal that conflictual family perceptions are linked to self-harming behaviours, with adolescents who had self-harmed conveying negative perceptions of their families compared to those who do not self-harm.

Additionally, adolescents commonly use their outward appearance to communicate their identity through clothing and music preferences or body piercing, and self-harm may be a continuation of this association to a group to identify themselves with an adolescence culture and achieve a sense of belonging (Young, Sproeber, Groschwitz, Preiss & Plener, 2014). This could include Goths (Young, Sweeting & West, 2006),

Emos (Definis-Gojanovic, Gugic & Sutlovic, 2009), and Punks culture (Bešić & Kerr, 2009). Such sub-cultures developed out of the "emotional hard-core" music of the 1980s styled by distressing lyrics, with some songs openly referring to self-cutting (Whitlock, Powers & Eckenrode, 2006).

“Adolescents experience wide fluctuations in their daily emotional states and learning to manage these emotions is vital in later life. During adolescence, emotional development involves establishing a coherent and realistic sense of identity in the context of relating to others and learning to manage emotions and cope with stress” (Rytilä-Manninen, 2018, p.24).

During the course of their development phase, adolescents encounter many traumatic experiences, heightening “an increased risk of emotional, cognitive and behavioural difficulties in adolescents such as depression, behavioural problems in and outside school, various anxiety disorders and academic failure” (Frydenberg, 2008, p. 2).

The search for identity growth is reflected as the primary task of the adolescent developmental period. The effect of the search for an identity is shaped by each adolescent’s social development, such as his/her peer group, parents, the schools that are attended, and neighbourhoods (Broderick & Blewitt, 2015). Adolescence is not a homogenous experience (Claiborne & Drewery, 2010). It is essential for parents to develop a “parent-child relationship (which) constitutes the foundation for the shaping of a child’s emotional dispositions” (Rytilä-Manninen, 2018, p.25). “By adolescence, individuals have a better capacity to regulate their emotions and are also capable of cognitively sophisticated emotion regulation strategies” (*ibid*). In addition, “an adolescent may show effective emotion regulation in one context, e.g. with peers, but not in other situations, e.g. with siblings, suggesting that emotion regulation is more an interpersonal than an intrapsychic phenomenon” (Rytilä-Manninen, 2018, p.26).

Additionally, the relationship with peers has a great influence on adolescents because it is at this stage that they cultivate and develop better friendships. An adolescent’s development of personality interrelates with his/her already existing rational thinking process to generate their goal attainment of awareness. These specific interpretations

are then appraised to measure the individual's global goal pursuits (Procacci, 2008). They are dominant factors to the identity of self to demonstrate the individuals' views of themselves. When adolescents have accomplished rationally and emotionally communicative accounts of traumatic conditions in their lives, they appear to have improved physical and psychological health in later life (Fivush, Sales, & Bohanek, 2008). During this emotional and cognitive development in earlier stages of life, parents are unquestionably the key element, in contributing both as being a model and a caregiver in this process. At this level of development, it is crucial and more challenging to acquire awareness of building one's emotion regulations. At subsequent stages of growth, parents are likely to control the level of regulation and support they provide, based on their child's potential for emotional regulation (McLean, Breen & Fournier, 2010). When children narrate the stressful events of their lives alone and include more emotion and explanation, they tend to show increased levels of anxiety and depression (McLean & Breen, 2009).

1.2.2. Adolescence, stress and self-harm

The adolescent phase is demarcated as "the period of physiological, psychological, and social maturation that occurs in individual humans between the ages of approximately 11 and 18 years" (Claiborne & Drewery, 2010, p. 210). Adolescents want to be loved, respected, and cared for and have their basic needs of food, clothing, shelter, and safety met and parents are important in the development of adolescents (Morris, Cui, & Steinberg, 2013). In spite of the adolescents' autonomy, they continue to be dependent on their parents (Schwarz, Stutz, & Ledermann, 2012).

Individuals cannot endure the same kind of stress daily. Adolescents' search for more opportunities to gain autonomy often disturbs the relationships with parents and cause them to be more stressful and strained, which is usually contrary to the demands of the adolescents' parents (Qin, Pomerantz, & Wang, 2009). It has commonly been assumed that stress has a substantial influence on an adolescent's lifelong physical and mental health (Foster, Gronda, Mallett & Bentley, 2011; Shonkoff & Garner, 2012). Self-harm is a multifaceted behaviour in which adolescents engage for very personal and individual reasons (O'Connor, Rasmussen & Hawton, 2014). It is partly caused by difficulty in assuming adaptive coping strategies (Adler & Adler, 2011). One of the common reasons individuals engage in self-harm is to cope with overwhelming or

intense and undesirable feelings, also referred to as affect regulation (Klonsky & Muehlenkamp, 2007). It provides relief of tension, anxiety, stress, depression, or anger while providing a sense of calmness (Nock & Cha, 2009; Adler & Adler 2011). The purpose of this self-harming behaviour is to display emotional pain through physical means (Polk & Liss, 2009). This may be the only way they know how to cope with their pain (Holm & Seveinsson, 2010). Emotions of anger, anxiety, and frustration are often present before one engages in self-harm, but are then followed by a sense of calmness (Chandler, 2014). Individuals also use self-harm as a form of self-punishment or a way to self-direct their anger (Klonsky & Muehlenkamp, 2007). However, self-harm can recur, developing a mal-practice and turning it into a habit (Victor, Glenn & Kolinsky, 2012).

Researchers suggest that younger adolescents are not able to emotionally regulate their own negative emotions generated by traumatic events, but are dependent on adults for support to build and generate their processing interpretations (Fivush et al., 2008). As such for adolescents to receive appropriate descriptive instructions of building narrations and emotion regulation approaches, it is important for parents to help them cope with making meaning of events.

Internalizing and externalizing symptoms as well as selections of friendship are all crucial and progressive demonstrations of adolescents' meaning and coping strategies, which reveal their socio-emotional well-being. During the adolescent developmental period, there is a considerable display of behavioural, physical, and psychological changes taking place. "These periods are essential for the development of personality, social skills, and vocational abilities, and therefore, depression might have a negative impact on immediate outcomes" (Belvederi Murri, Ferrigno, Penati, Muzio, Piccinini, Innamorati & Amore, 2017, p.69).

Research also shows that depression is more dominant in adolescence and moderately infrequent in children, which may lead to self-harm and eventually, suicide attempts. This raises the problem of how both current and potentially future depressive symptoms and self-harm are interlinked. Self-harm is commonly assumed to evolve because of high emotional distress such as anxiety, depression and self-hate. The common motives of adolescent self-harm as seen elsewhere, are pertinent to contemporary Mauritius. Scant academic attention has been hitherto given to questions such as

whether there are trends that are more specific and patterns in adolescent attempted suicidal behaviour in the local context. Thus, this research study will look into self-harm among Mauritian adolescents.

1.2.3. Adolescents and interpersonal relationships

Adolescents are influenced by their peers' opinions and behaviours, and it becomes more crucial to the adolescents to be perceived in a positive way by their contemporaries. Therefore, adolescents put greater emphasis on the social relations by giving more importance to their interactions. Similarly, the interactions with parents are often more conflictual and deteriorate as adolescents pursue opportunities to gain independence from their parents, usually to the disapproval of their parents (Qin et al., 2009). Because of this struggle to obtain independence, adolescents experience conflictual behaviours, which are internalised and can lead to depression and anxiety throughout the adolescent's life (Bayer, Sanson, & Hemphill, 2006). Expressive behaviour, such as anger, intensifies in adolescents when they encounter a denial from parents or when there is no participation from parents (Sharaf, Thompson & Abd El-Salam, 2016). This can lead adolescents to resort to substance abuse that is closely correlated to violence and misdemeanours in early adolescence (Hayatbakhsh, McGee, Bor, Najman, Jamrozik, & Mamun, 2008). Anxiety experienced by adolescents predisposes them to internalize such feelings of psychological problems and family conflicts (Bayer et al., 2006). However, if parents inspire their adolescent children to express themselves emotionally and discuss their negative emotions with them, this can reassure them of those eventual difficulties and encourages them to develop expressive emotions and thoughtful ideas.

“Emotional and companionate support, instrumental support, moral guidance and advice, allowing freedom and showing respect or trust for the adolescent were all found to be important. Emotional and companionate support included encouragement, affection, talking and listening, and doing things together. Instrumental support included getting support and educational help. Giving moral guidance and advice included being taught the right ways to behave and how to act morally” (Tinnfält, Jensen & Eriksson, 2015, p. 431).

Hence, conflictual behaviours such as impulsiveness can be eschewed by encouraging the development of emotions. However, if they suppress their emotions, adolescents

tend to internalise and externalise conflictual behaviours (Sim, Adrian, Zeman, Cassano, & Friedrich, 2009).

Adolescent goals in life have received substantial consideration in the developmental literature (Burrow & Hill, 2011). Research has indicated that meaning in life is considered as positive emotional indicators, such as happiness and pleasure (Jetten, Haslam, & Haslam, 2012) and life satisfaction (Bronk, Hill, Lapsey, Talib & Finch, 2009). The importance of meaning in life during this stage influences development and identity formation (Bronk, 2014). Establishing meaning in life is a central component of the adolescent's identity development (Burrow & Hill, 2011), specifically, identity confusion, the gaps that sometimes exist between parents and adolescents, and threatening factors that the adolescents encounter while negotiating their native culture as well as the global one (Jensen, 2011). This confusion causes frustration when it contrasts with universal values, and can cause adolescents to exhibit anger and violence (Oshri, Schwartz, Unger, Kwon, Des Rosiers, Baezconde-Garbanati, Lorenzo-Blanco, Córdova, Soto, Lizzi, Szapocznik & Villamar, 2014).

1.2.4. Adolescent-parent relationship

When adolescents grow successfully, they develop physically with the ability to cultivate loving connections and perceptive thoughts as well as being able to cope emotionally (Hazen, Schlozman & Beresin, 2008). However, not all adolescents are able to experience successful development. Some adolescents face difficult situations during this phase, mostly due to maltreatment in the home, negative parenting practices and parental neglect that affect them negatively (Harold & Sellers, 2018). While adolescence is a phase of multiple threats for problems, it also signifies an imperative scope for adjustment through involvement (Harper, Dickson & Bramwell, 2014). "The adolescent period also involves other behavioural changes such as an increase in time spent with peers, increase in conflicts with authority, changes in sleep patterns and decreased satisfaction with daily life"

(Schmied & Tully, 2009,p.5). Adolescents often lack confidence in their parents, and exhibit a greater reliance on their peers for socio-psychological support.

1.2.5. Self-harm and school

Self-harm is referred to as “deliberate damage to one’s own body tissue without suicidal intent” (Nock & Prinstein (2004, p.1). It may or may not include suicidal intent but is believed to be a mainly adolescent phenomenon according to Hagell, Coleman and Brooks (2013). On the other hand, self-harm is certainly not the consequence of only a particular reason or a particular stressor (Lofthouse & Yager-Schweller, 2009). It is generally very difficult to understand the phenomenon of self-harm, especially by staff in clinical settings (Mitten, Preyde, Lewis, Vanderkooy & Heintzman, 2016). Self-harm is not a well-known phenomenon at school and among parents. Self-harm continues to be a problematic behavioural occurrence and can be misinterpreted as a suicide attempt (Mitten et al., 2016). Moreover, many adolescent self-harmers do not have pathological problems, and they seem to thrive fairly well but use self-harm as a coping mechanism when they can no longer bear the stress in their lives (Andrews, Martin, Hasking, & Page, 2013).

At the clinical unit at Life-Plus, the yearly reports specify a worrying surge at self-harm among distressing adolescents (Life-Plus+ report, 2014, 2015, 2016). Naga (2007) presented a paper titled *Self-harm by poisoning in Mauritius* in 2007. According to her study, “Most of the acts were impulsive, in response to social problems. The reasons for self-poisoning varied. Interpersonal difficulties were common” (2007, p.42). Other research was conducted on suicide in Mauritius. For example, Dewkurrun (2002) carried out a research on “Attempted Suicide in Mauritius: A Sociological Study”, whereas the Mauritius Research Council (MRC) through its Centre for Applied Social Research (CASR) conducted a survey titled “The causes and consequences of suicidal behaviour among teenagers in Mauritius” in 2015.

Recent evidence globally has demonstrated marked increases in suicide attempts and suicide ideation among adolescents presenting to hospital (Plemmons, Hall, Doupnik, Gay, Brown, Browning, Casey, Freundlich, Johnson, Lind, Rehm, Thomas & Williams, 2018). Self-harm is becoming an alarming phenomenon for educators, counsellors and parents. Self-harm is a poorly understood behavioural occurrence because of the multiple features that may lead to it, especially the unknown aspects, and because it is

often misunderstood as a suicide attempt (Kapur, Cooper, Rory, O'Connor & Hawton, 2013).

Several studies that focus on the connectedness to school highlight the significance of the value of relationships among peers and teachers in the engagement of learning, and on good conditions of living and well-being (Uslu & Gizir, 2017). Adolescent relationships at school affect their bonding with teachers and peers and their affect regulation as well as their learning process (Corso, Bundick, Quaglia, & Haywood, 2013). Research related to school bonding reveals that some adolescents of “minority social groups” are subjected to disconnectedness at schools, developing undesirable interactions and experiences with the school community that inhibits their connectedness to school (Golaszewski, Pasch, Fernandez, Poulos, Batanova & Loukas, 2018). However, when positive relationships exist between teachers and students, students are unlikely to form negative attitudes towards teachers and the school. Research posits that teacher support is directly related to adolescent engagement at school, as compared to the parental involvement and peer connection (Tosolt, 2010). Although adolescents want to be independent from adults, they still require support, attention, and reassurance from their teachers in order to understand that they are connected to their school and are competent in succeeding in their education (Rawatlal & Petersen, 2012). Rawatlal and Petersen (2012, p. 2) have established that “teachers’ beliefs about their own ability to affect student outcomes are strongly correlated to student achievement”.

Law, Cuskelly and Carroll (2013) posited that friendship can cultivate a sense of attachment to school, safeguarding the practices of inclusion and exclusion resulting from peer group involvement. Klonsky (2007, p.227) defined “self-injury” as the “intentional and direct injuring of one’s body tissue without suicidal intent”. Adolescents indulge in self-harming behaviours because they lack the ability to define their emotions (Brown & Kimball, 2013). Most adolescents who indulge in self-harming acts do not pursue service-aid assistance which culminates in the act (Moran, Coffey, Romaniuk, Olsson, Borschmann, Carlin & Patton, 2012). However, when the adolescents’ social bonding is optimistic and when the adolescents consider they are skilled at activities at school their self-esteem peaks (Holt, Kingsley, Tink & Scherer, 2011). These insights

inform my understanding of adolescents who self-harm and their meaning-making of school.

1.3. STATEMENT OF THE PHENOMENON

Several research papers posit that the occurrence of self-harming behaviours in adolescence is increasing (Whitlock & Hasking, 2017). “Self-harming is a key health problem among adolescents. It may not always indicate ‘*severe pathology*’ but rather a period of *transient distress*” (The Royal College of Psychiatrists-RCP, 2010, p.24). Individuals take risks in indulging in self-harm when they experience toxic stress. Higher levels of stress are linked with lesser positive disposition and higher adverse attitudes among adolescents (Bai & Repetti, 2018; Timmons & Margolin, 2015). Banks and Salmon (2013) matched the dissimilar inferences for meaning-making between negative and positive happenings by showing individuals' predisposition to associate situations to adverse identity characteristics. Experiences of self-harming are under-reported (Mars, Cornish, Heron, Boyd, Crane, Hawton, Lewis, Tilling, Macleod & Gunnell, 2016). The ever-increasing phenomenon of self-harm among school-going adolescents in distress is a public concern globally, across developed and developing countries alike (Muehlenkamp, Claes, Havertape & Plener, 2012). Yet it is unequivocal that each case of self-harm which is a deliberate self-mutilation is a case too many. Self-harm is explicitly interrelated to managing emotional distress (Borrill, Fox, Flynn, & Roger, 2009; Williams & Hasking, 2010). Based on my review of studies, no great consideration has been committed to the lived experiences of those adolescents in distress who self-harm in Mauritius, where this study is located.

Within a short duration of time, Mauritian society has swiftly developed from a traditional culture with shared ethical norms to a modern Western culture that is more individualistic, and materialistic (Park & Lester, 2006). This change has led to a higher incidence of conflicts in the family structure (Lahey, 2015). Relationships between parents and adolescent children are often more apprehensive and tense because the adolescent pursues more prospects to achieve independence, usually to the disagreement to the requirements of the adolescent's parents (Mastrotheodoros, Meeus & Branje, 2018). Within the context of this denial over independence, which is a global phenomenon, internalizing behaviours often grow among adolescents. This

triggers depression and anxiety that affects the adolescent's development (Trickett, Kim & Prindle, 2011). This phenomenon is no different from that of the Mauritian adolescents who ultimately resort to self-harming behaviours. Depression is more dominant in adolescence, and moderately infrequent in children, which may lead to self-harm and eventually suicide attempt. This raises the problem of how both concurrently and prospectively depressive symptoms and self-harm are interlinked. Self-harm is commonly assumed to evolve because of high emotional distress such as anxiety, depression and self-hate. The common motives of adolescent self-harm as seen elsewhere also are pertinent to contemporary Mauritius. Scant academic attention has been hitherto given to questions such as whether there are trends and patterns that are more specific to the local context. Hence, the phenomenon being explored is the experiences of adolescents who self-harm and their relationships within their school, and the meaning they attribute to these relationships and to all dimensions of schooling.

1.3.1. Adolescents and information technology

In this contemporary culture that gradually shifts to modern traditions (Galland & Lemel, 2008), which also mirrors the Mauritian context, adolescents appear to enjoy more benefits, related to modern life, than previous generations (Shonkoff & Garner, 2012). Yet with drastic social, economic, and technological changes reforming the world, adolescents find themselves in an unfamiliar and challenging environment (Hagell, 2012). In addition, they are more familiar with social networking sites than adults are. Consequently, they are influenced by social media as a socialising power. Hence, with the digital development generated by globalization, adolescents are exposed to a wider variety of moral values, and behaviours from which to select, and this inevitably causes identity confusion (Schwartz, Zamboanga, Luyckx, Meca, & Ritchie, 2013). Research into internet use indicates that adolescents spend hours online entertaining with their friends, where they have additional connection compared to direct contact (Mahon, 2015). The internet has often been identified as a means of support for self-harmers (Lewis, Heath, Michal, & Duggan, 2012; Lewis & Seko, 2015).

The internet is supposed to provide a harmless possibility for lonely adolescents, and they feel less isolated where they can talk endlessly online (Duggan, Heath & Lewis, 2012). This increases virtual friendships, and support (Lenhart, 2015), and is helpful to self-harmers. Self-harming adolescents often demonstrate a reluctance to express their

emotions (Klonsky, 2009). However, Whitlock (2012) posits that virtual contact gives the perception of a new kind of distancing. Sheldon, Abad and Hinsch (2011) state that social media usage may assist in serving as a popular coping device instantly, causing them to indulge greatly in, but aggravate antecedent psychological difficulties later-on (Sheldon et al., 2011).

Most adolescents in contemporary society own mobile phones and frequently use mobile technological tools as their primary means to access to the Internet and engage in social media (Lenhart, 2015). Social networking sites can offer openings for adolescents to explore possible identities and improve individuality (Baker & White, 2011). It has been reasoned that spending time online could make adolescents feel more isolated and depressed (Nikklen, Valkenburg & Huizinga, 2014). Adolescents with pre-existing problems are also spending more time online to reward themselves for lacking social skills (Valkenburg & Peter, 2007).

1.4. SIGNIFICANCE OF THE STUDY

Adolescence is the developmental stage in life potentially affected by high levels of distress. Most policy developers and researchers, however, concentrate on adult phenomena and on more serious appearances of mental illness. This study digresses from the focus on adult mental health, and by exploring adolescent mental health. It is anticipated that findings from this study would be important to policymakers, who are responsible for education and social welfare, in the struggle against self-harm among adolescents.

I explore the subjective perspectives of the distressed adolescents on the cause and meaning of experiences in their lives and the shared interaction of their roles and activities at their school and at home. To the extent that activities still involve investigation of human behaviour, I believe that a rich account of the 'lived experiences' of the distressed students at school could offer an exclusive perception of experiences that may add to their coping strategies and may maintain resilience. This in-depth study of the lived experiences of the adolescents in distress has the potential to provide psychologists with important information to inform effective interventions during treatment of adolescents. Findings of the research would not only enrich my understandings of the topic, but would also be used for improving the therapeutical

treatment that my peer psychologists and counsellors at school and myself would consider.

Findings from the study would help to identify the meaning-making process of the adolescents who self-harm, especially as it relates to the school. These findings could inform the plans of teachers, school managers, school counsellors and other stakeholders in education, which can be crafted to address self-harm among adolescents.

Identifying themes of adolescents' meaning-making of school provided a starting point to conduct larger-scale quantitative studies that could provide transferable results to classroom. This study could therefore be useful to researchers.

1.5. CONCEPTUALISING SELF-HARM

Literature is replete with terms such as “self-injurious behaviour,” “self-injury,” “self-harm,” “self-mutilation,” or “cutting. Self-harm is used to describe all intentional acts of self-poisoning (such as overdoses) or self-injury (such as self-cutting), irrespective of degree of suicidal intent or other types of motivation” (Hawton, Witt, Taylor, Arensman, Gunnell, Hazell, Townsend & van Heeringen, 2015, p.6). “Self-injury” is a term chosen in the United States of America (Hawton, Saunders & O’Connor, 2012) and “refers to the direct and deliberate destruction of one’s own body tissue in the absence of lethal intent” (Nock, 2010, p.340). Earlier the term ‘*parasuicide*’ was introduced to include self-harming behaviours. *Parasuicide* has been used in the United States of America (USA) to refer specifically to acts of self-harm without suicidal intent and the term has largely fallen into disuse in the UK and other countries. There are two types of self-harming behaviour, namely “Non-Suicidal Self Injury” (NSSI) and “Suicidal Behaviour Disorder” (SBD) which are considered important for further study (Diagnostic and Statistical Manual of Mental Disorders, DSM-5; American Psychiatric Association, 2013). However, Kapur et al. (2013, p.327) argue that “whether we prefer the terms self-harm, or NSSI, or suicidal behaviour disorder (that has recently appeared in the proposed draft of DSM-5), these are all behaviours and not disorders”. Nock (2010, p.341) argued that “even if the focus is restricted to studying non-suicidal self-injury, one sees various terms across studies, including “self-mutilation,” “self-harm,” “deliberate self-harm,” “cutting,” and “parasuicide”, scientists and clinicians have begun to make more careful

distinctions and to use clearer and more consistent terms and definitions for these behaviours". According to Hagell (2013, p.1) "In the USA the usual term is non-suicidal self-injury (NSSI), whereas in Europe it is more usually referred to as deliberate self-harm (DSH). "In the UK the most widely used definition of self-harm is self-injury or self-poisoning irrespective of the apparent purpose of the act" (Chandler, King, Burton & Platt, 2016, p.42), and is described according to National Institute for Clinical Excellence (NICE, 2011).

Self-harm, as used in this thesis, refer to non-fatal self-injuries according to the definition: "An act of intentional self-poisoning or self-inflicted injury irrespective of the apparent purpose of the act" (World Health Organization, WHO, 2015). In this study, the definition of self-injury also includes behaviours of self-harm, for example, overdosing on analgesics and psychotropic drugs. Hence, it is similar to the diagnosis of "non-suicidal self-injury" proposed in the DSM-5 (2015). Walker (2013) asserted that it is crucial to determine the intention of the act of self-harming behaviours.

"Although most often associated with the term "cutting," the most common forms among youth include scratching, cutting, punching, or banging objects with the conscious intention of self-injury; punching or banging oneself; biting, ripping, or tearing the skin; carving on the self; and burning" (Whitlow, 2010, p.1.)

Adolescents find difficulties in dealing with emotional regulation and distress, which are common symptoms of self-harm and those adolescents who self-harm often struggle with venting their emotions (Home & Seveinsson, 2010). However, by exploring the field of broad definitions, I find that self-harm cannot be defined in any broad and meaningful way without considering the motives underpinning self-harming behaviour. This research also draws on the definition provided by NICE (2011, p.4): "any act of self-poisoning or self-injury carried out by an individual irrespective of motivation". With a particular interest in non-suicidal self-harm, the behaviours discussed for this thesis will be considered non-suicidal unless suicidal ideation is clearly expressed.

1.6. RATIONALE FOR THE STUDY

The rationale for this study is rooted in the following imperatives. First, based on my review of literature, I am aware that there has been no study to investigate on self-

harming behaviours from a school perspective within the Mauritian context. There has been no focus on the adolescents and their meaning-making of deliberate self-harm at school. In spite of the limitation of the existing research, no guidelines have been developed that set out best practice for self-harm at school over the island of Mauritius. There has been a disproportionate representation of research in adolescent mental health, which favours suicide and suicide attempts.

The second imperative is based on my experience, working as a psychologist within a private school. My role function includes providing pastoral care to the students. Hence, I engage with adolescents in distress who self-harm and who are at risk of depression almost daily. I am also a psychologist who works on a part-time basis at Life-Plus+ to assist the clients, including the adolescents, in psychological and therapeutic interventions. According to my observations, many Mauritian adolescents tend to be vulnerable to depressive moods and have high levels of anxiety and frustration at school. Some of them are unable to cope with school-life, whereas others manage to deal with their distress. Therefore, I intend to conduct research on the adolescents in distress who self-harm and their meaning-making of school, to gain a reflective professional understanding of the phenomenon.

1.6.1. The gap in research

Non-fatal self-harm is no less common than suicide, although there are no existent record of hospitalization rates and prevalence for this behaviour (Hawton, Bergen, Cooper, Turnbull, Waters, Ness & Kapur, 2015). Non-fatal self-harm occurs most frequently during adolescence (Nock, 2010). Most countries have a shortage of national data on self-harm as there are no reliable prevalence estimates on this phenomenon. The British Psychological Society (BPA, 2015) together with The Royal College of Psychiatrists (RCP, 2015) has developed national clinical practice guidelines for the care of those who self-harm. In the UK, self-harming behaviour is habitually considered to denote self-cutting that is complemented by minimum suicidality (Scourfield, Roen, & McDermott, 2011). Self-harmers, with or without suicidal intent, do not undergo interventions because they do not inform their health departments about this issue. In Europe and the United States, investigations have been conducted which specified that

on average about 15-30% report deliberate self-harm or self-injurious behaviour (Brunner, Kaess, Fischer, Ameis, Schulze, Groschwitz, Koelch & Plener, 2014; Morey, Mellon, Dailami, Vern & Tapp, 2016).

The phenomenon of self-harming behaviours among adolescents shows that these behaviours are prevalent and in some cases, on the increase (Beauchaine, Crowell & Hsiao, 2014; Garcia-Nieto, Carballo, Diaz de Neira, Hernando, de Leon-Martinez & BacaGarcia, 2015). Yet it remains an under-researched phenomenon (Mars et al., 2016). There is a necessity for further extensive research investigating the issues of self-harming behavior. Within the Mauritius context, the phenomenon of self-harming behaviours and meaning-making of school has not been researched, based on my review of literature for this study and for my professional occupation. Herein lies a research lacuna in adolescents' mental health, especially those within the Mauritian context.

1.7. RESEARCH, AIM, OBJECTIVES AND QUESTIONS

1.7.1. Research Aim

This study is designed to explore the lived experiences and disclosure of a varied sample of adolescents who self-harmed as well as the meaning they attributed to school. It aimed to include, specifically, the expressions and words of the adolescents who had been self-harming and to address their experiences at school to better understand their views based on the complete nature of their domestic, school and peer relationships. In addition, the study also reflects how the adolescents deal with the challenges and opportunities prevailing at school.

1.7.2. Objectives of the study

The main objectives of the study were:

1. To obtain a more detailed understanding of the conditions of adolescents' distress and self-harm.
2. To understand the lived experiences, related to distress management at school, of adolescents who self-harm.

3. To obtain a broader understanding of the meanings that adolescents who self-harm attribute to school.

1.7.3. Research Questions

The research questions were proposed to contribute to the research gaps that were discerned, and to add to the field of knowledge. The following questions are central to this research:

1. What are the conditions of adolescents' distress and self-harm?
2. What meanings do adolescents who self-harm attribute to school? Why is this the case?
3. How do the meanings that adolescents attribute to school influence their self-harming behaviour?

Each question explores the key characteristics of adolescents who self-harm and their meaning-making of school as presented in the literature review. In finding answers to the above questions, it is expected that the findings will enhance an understanding about the experiences of adolescents who self-harm and the meaning they attribute to school.

1.8. POTENTIAL CONTRIBUTIONS OF THE PRESENT STUDY

The current research hopes to add and contribute to the field of knowledge concerning the experiences of adolescents who self-harm and their perceptions of school. The contributions are 1) contextual, 2) perceptual, 3) relational, and 4) methodological. This study hopes to provide a contextual contribution by enriching the specificity in the study of the research problem. Secondly, it will be interesting and beneficial to explore the different ways, if any, that adolescents who self-harm perceive their school and their relationships within the school. By understanding the interpretation from both perspectives, not only can a broader view of their meaning-making of their school be obtained, but also the ways that they perceive school connectedness differently may contribute to the understanding of that perception about school. Thirdly, the present

investigation may illuminate the interaction dynamics and patterns of that connectedness at school. From a theoretical point of view, new perceptions regarding the designs of the connectedness of school can be revealed. Finally, this research is among one of the other strategies in looking at the relationship between the adolescents who self-harm and their meaning-making of school in a qualitative way. This study will not only contribute to the limited amount of research regarding adolescents who self-harm in this country, but it may also provide information and insights from a phenomenological perspective.

1.9. POSITIONALITY

According to Vanner (2015, p.9), positionality is “analyzing the power dynamics of the research process to avoid misrepresenting, exploiting, and endangering participants”. My concern about meaning-making through the narrations of individuals is inextricably connected to my engagement with adolescents as a counsellor. I have strived to understand the meaning that adolescents who self-harm attribute to school, in order to work more effectively. An extract from my journal illustrates my challenges in understanding the meaning that adolescents attribute to school (Appendix A1 & A2). According to Orange (2016, p.2176), “researcher’s positionality influences a study’s setting, the participants, the data collected, and how data are interpreted. Researchers consider their prior experiences and assumptions and how they may influence their research”.

I work as a qualified female Senior Educator in a private school. I grew up in a predominantly multicultural country in the cosmopolitan town of Port-Louis. I possess a Master’s degree in Education and another in Clinical/Counselling and psychotherapy. In addition to working at school, I work as a part-time psychologist at Life-Plus Unit, which was an aegis of the Ministry of Social Security, but now changed to Ministry of Gender and Quality of Life. I counsel people, including adolescents with depression, and provide therapy to the clients. I am also involved in voluntarily providing assistance as a psychologist in the rehabilitation youth centre for both boys and girls, during the weekends.

My attention to the field of self-harm was possibly initiated by the fact that my first client at the clinic was diagnosed with depression. Through counselling, she disclosed that she was actively self-harming. Fortunately, I possessed the capacity to counsel her about self-harming, because I had participated in a research project on suicide at the Ministry. I realised that my reaction to this disclosure was crucial not only to the development of a therapeutic relationship but also to the well-being of the client. My motivation grew further when I received more cases of self-harm from adolescents who were referred to the unit. Some were severely depressed and had attempted suicide. I became increasingly enthusiastic in developing my knowledge in the field of self-harm when the adolescents at school presented with this symptom. I felt an urge to understand and improve the depressive moods of these young adolescents. My expertise in clinical psychology and my concern about the mental health of adolescents increased further. I realised that self-harm is a serious mental health concern among adolescents in the country, and the Ministry of Health (2015) had established an action plan to address self-harm and suicide in most schools across the island. Indeed, I seek to understand the area of self-harm to better inform my practice as a clinician working with the adolescents. I expect that my work in the area of self-harm among adolescents can contribute to addressing harmful stigmatisation of adolescents who self-harm. It will also increase the awareness of the high prevalence rates of self-harm at school across the island.

Self-harm is a behaviour that I have attended to during my practice throughout my profession as a psychologist. I was part of the team that conducted a research of the “Study of Risk Factors associated with Suicide among attempters in Mauritius” (2003-2005) (Mauritius Research Council, MRC, 2005). I was also involved as a Project Consultant on a study on the “Causes and Consequences of Suicidal Behaviour among Teenagers in Mauritius” (2014-2015) (MRC, 2015).

1.9.1. Reflexivity

Reflexivity

“is essentially a process of self-critique by the researcher to examine how his/her own experiences might or might not have influenced the researcher process the constant awareness, assessment...of the researcher’s own contribution

/influence/shaping of inter-subjective research and the consequent research findings, the role of the researcher is subject to the same critical analysis and scrutiny as the research itself” (Patnaik, 2013, p.101).

Reflexivity has been established as a process that “allows researchers to consider the ethics of their work” (Orange, 2016, p.2177). Reflexivity helps the researcher to be honest and transparent “with one’s self, one’s research and one’s audience” (Tracy, 2010, p. 84). “Reflexivity serves as a means to enhance several areas of research studies, including data collection, analysis, and ethics and may help researchers be aware of their biases in their studies” (Orange, 2016, p.2176). There are multiple ways that reflexivity is defined in research. In this study, I have drawn on reflexivity to specify my authority in the research process. This understanding of reflexivity attempted to let the data and the participants speak for themselves (Orange, 2016). Considering the possible questions that may arise regarding my subjectivity as a participant-researcher, I drew on Kendrick's (2003, p.56) position. Kendrick stated that “when we research human lives, our own lives as researchers inevitably become entangled in the lives of our participants, just as their lives become entangled in ours; it is the complexity and subjectivity of that entanglement that enhances and promotes the richness and authenticity of qualitative research” (p. 56). A reflexive approach to research supported the working sessions with adolescents that focused upon developing empathy with the research participants – hearing, listening, and supportive of the research relationship – doing research “with” instead of “on” participants (Borg, Karlsson, Kim & McCormack, 2012). In order to be reflexive, I had to explore my motivations for carrying out this research particularly because in Interpretative Phenomenological Analysis (IPA) the researcher is interpreting the account of the participant’s experience (Smith, Flowers & Larkin, 2013). “Engaging in reflexive practices may allow researchers to become aware of their biases and consider if and how they are affecting the way results are presented (Orange, 2016, p.2177). However, I realise that reflexivity should not be used as a method for reflection of the self, but rather to assist the adolescents’ understanding of the related context (Meyer & Ulrike, 2007). In this study, my goal was to gain insight into aspects of the twelve adolescents' lives, to gather information about their meaning-making across contexts and more specifically, of their school. To achieve this, I recognised these adolescents as active participants in the research, who could report valid views and experiences (Borg et al., 2012).

My role as an interviewer during the interviews facilitated the discourse of the participants' experiences of their school. However, I was an outsider because of my status as a psychologist. Furthermore, the generation gap between the participants and myself as the researcher allowed a different perspective on our school experiences—one from a learner and the other from an educator. My participants were effectively experiencing the school of the new millennium. Therefore, I could not take for granted that we viewed experiences in the same way. My gender also played a part during the interviews in retrospect; I believe that my gender could have affected the male participants who were more reserved during the interviews. I made a concerted effort to create a suitable rapport and feelings of safety for the participants to enable them to speak candidly about their experiences of self-harm and their meaning-making of school. Indeed, some girls, as well as the two boys, showed great interest in sharing their thoughts and experiences. I was pleased that I had a mix of gender in order to yield a diversity of experiences of self-harm and their meaning-making of school, although this did not form part of the research study.

Professionally, as an educator and a psychologist, I privilege the adolescent's voice in trying to understand their experiences of school and the specific problems rather than concentrating on individual mental deficiencies (Deacon, 2013).

1.10. STRUCTURE OF THE THESIS

This thesis comprises seven chapters – including the current chapter, which deals with the introduction. The chapter organises the plan of this research by defining the scope and objectives and by declaring the research problem, the gap as well as the rationale of the study. It also includes the reflexive statement and the personal stance. Chapter two offers a wide argument of the existing literature regarding vulnerable adolescents at school who deliberately self-harm, as well as their meaning-making of school and school connectedness. The chapter covers overall features of self-harm such as the universal definition, the contagion and the frequency of deliberate self-harm and associated consequences. This is followed by a discussion of the relations and differences between self-harm and suicide, as well as a detailed literature of self-harm among adolescents. The link of school connectedness and self-harm is well documented. The different models of self-harm are also detailed in this chapter.

Chapter three details the research design and methodology. It also deals with the design of qualitative paradigms, which this study embraces, and provides details of Interpretative Phenomenological Analysis (IPA) as the theoretical and methodological framework. The choice of an interpretative phenomenological analysis (IPA) as the theoretical approach in this research is justified. The criteria for the analysis of meaning are developed using the global and situational meaning and IPA analysis to study adolescent's self-harm and meaning-making of their schools. The meaning model is also detailed in this chapter. The chapter includes a focus on the research methods, sampling, the participants at Life-Plus, and the validation and ethical concerns of the study. Chapter four consists of a comprehensive data processing analysis, including the profile of the twelve participants. This chapter presents descriptions of the participants' domestic and geographical context. Chapter five presents the findings and the interpretation of the study. This chapter is designed to explain the research questions of the study, and it includes further information in the form of direct quotes from the participants. In this chapter, the five superordinate themes and their subordinate themes are introduced. The quotes from the transcripts ensure that the findings can be justified within the data, pertaining to the triggers of self-harm, the methods and severity of self-harm. Frequency of self-harming behaviours of the adolescents is indicated, including the emotional context of the self-harm of the participants as well as the coping strategies and the meaning-making of their school. Chapter six outlines the interpretative phenomenological analysis of the main findings. In the discussion of the results of the present study, as the researcher, I support the findings with extant and relevant literature concerning self-harm, which either sustain previous research or differs from previous conceptions. I use different models of self-harm to explain how these adolescents regulate their emotions. Finally, a new model is proposed to illustrate the phenomenon of self-harm among the participants. The final chapter, chapter seven, contains a brief overview of the findings of the research project, an evaluation of the contributions and limitations of the study. A discussion on the possible implications of the current study, as well as recommendations for future research, is dealt with, and the thesis is concluded.

1.11. SYNTHESIS OF THE CHAPTER

This chapter defined the contextual background that guided the development of the research study. It detailed adolescence as a developmental phase that is characterised by physical, cognitive and behavioural changes. Diverse difficulties including parental conflicts, social injustice, depression, suicide and drug addiction, as well as other problems that could encumber their development and generate confusion in the school environment, were briefly alluded to, and culminated in a discussion about the likelihood of self-harming. This chapter also considered the research gap based on the literature reviewed, the rationale for the study, research questions and objectives that framed the study, and my positionality in the context of the study. Finally, the structure of the thesis, which comprises of seven chapters, was addressed.

CHAPTER TWO

REVIEW OF LITERATURE

2. 1. ORIENTATION

Chapter one provided a description of the contextual background that guided the development of the study. It frames adolescence as a possibly challenging phase in life where physical, cognitive and behavioural changes happen. The meanings of self-harm were discussed, to illuminate the phenomenon of self-harm among adolescents.

Chapter two begins with an overview of the phase early adolescence, characterised by numerous novel shifts in physical, emotional, mental, social, and academic sphere that explains adolescent risk behaviours. In this chapter I offer a progressive framework for the study and rationalise the reflection of connections between self-harm and the meaning-making of school. It is also aimed at providing a definition of self-harm, including the risk factors influencing adolescents' development, as well as the reasons why adolescents engaged in the practice of self-harm. The connection and distinction of self-harm and suicide is outlined as a linear continuum of the complex issue of self-harm. The prevalence and trends of self-harm during adolescence are also presented. Self-harm and its interactions with adolescent development, including the part played by prevailing culture and social contagion in increasing self-harm, is debated. A literature-based discussion of the link among adolescents who self-harm, school connectedness and the meaning making of school, including models of self-harm and meaning-making, is provided. This section concludes with a synthesis and application of the literature to the present study.

2.2. ADOLESCENCE

Adolescence is a period of time when the child is expected to prepare for adulthood and is known as a tumultuous period for some. According to Curtis (2015, p.1) "adolescence is a complex, multi-system transitional process involving progression from the immaturity and social dependency of childhood into adult life with the goal and expectation of fulfilled developmental potential, personal agency, and social

accountability". It is a period when the child is replacing his or her childish behavioural patterns, a period of intense and rapid development. Although it is difficult to obtain consensus on the definition of adolescence (Hawton et al., 2012), it is a development phase with considerable risk for self-harm. For some this period is predominantly problematic because of the presence of risk factors such as substance abuse, domestic violence, and child abuse or neglect in the family setting that prevent them from regular developmental growth (Dubowitz, Kim, Black, Weisbart, Semiatin & Magder, 2011).

Parents play very important roles in adolescent development (Morris et al, 2013). However, "parents need to adapt their behaviour and expectations to a more egalitarian relationship with their offspring. Therefore, changes in how parents behave towards their adolescent children may be expected. During this developing process, differences arise in how parents and adolescents perceive their relationship as well as in what their expectations are regarding when autonomy should be attained" (Mastrotheodoros et al., 2018, p.846).

Curtis (2015, p.1) adds, "The most commonly used chronologic definition of adolescence includes the ages of 10-18". Adolescence is characterised by physical growth, especially that of the musculo-skeletal system (*ibid*). The World Health Organization (WHO, 2017) defines "adolescents" as individuals between 10 and 19 years. However, in this study adolescence is defined from age 12 to 18 because at Life-plus secondary school learners within this age range present with psychological problems.

2.3. SELF-HARM IN ADOLESCENCE

"Self-harm is a serious public health problem and has been identified as one of the most significant social and healthcare problems for young people, and one of the primary reasons for their presentation to hospital"(Doyle, Sheridan & Treacy, 2017, p.135). Self-harm includes both non-suicidal self-injury and attempted suicide, and is an important public health problem that is not well understood (Nock, 2012). Self-harm is referred to as the rapidly growing behavioural disorder among adolescent (Purington & Whitlock, 2004). Alder and Alder (2005, p. 351) argued that there was scarce information on self-harm and that people who self-harmed did this in a "social vacuum".

While previous indications of self-harming behaviour can be traced back to previous years, awareness on self-harming behaviours grew in 2013 when a psychiatric association endeavoured to frame research norms for this occurrence (American Psychological Association, APA 2013). The research criteria for self-harming behaviour specified in section 3 of DSM-5 as, “Emerging Measures and Models” have been greatly approved in the research studies (Zetterqvist, 2015).

Self-harm represents a substantial health threat, particularly during adolescence, when young people indulge in generally usual forms of damaging choices such as cigarette smoking, to riskier behavioural urges such as jumping from great heights or substance overdose. Certain behaviours, which are categorised as conventional or normal in one cultural circumstance, can be considered as self-harming behaviours in another culture (WHO, 2005). Self-harm is a complex behaviour in adolescents who engage in it for very specific reasons (Baker, Helm, Bifulco & Chung-Do, 2015).

There is a firm relationship between “self-harm and several negative mental health outcomes, including depression, anxiety, interpersonal or family conflict, isolation or loneliness, impulsivity, psychiatric illness (e.g., borderline personality disorder), suicidal behaviour, self-derogation or self-criticism, externalizing disorders, substance abuse” (Xavier, Cunha & Gouveia, 2015, p.42). Self-harm is widespread among adolescents with the highest frequency of self-harm coinciding with the start of puberty (Hawton, Bergen, Kapur, Cooper, Steeg, Ness & Waters, 2012a; Moran et al., 2012; Morey et al., 2016). “Self-harm in adolescents is the result of complex relationships between genetic, biological, psychological, social and cultural factors” (Xavier et al. (2015, p.42). Roen (2016, p.315) states that “through self-harm, particular types of distress get mapped onto the body. The pubertal body in general and the queered body in particular, become sites where gender-related distress is played out”. Adolescents become depressed because of an inability to feel comfortable with the bodily changes associated with puberty and adolescence. These bodily changes for some adolescents are beyond their control and cannot be accepted (Hill & Dallos, 2012; Mikolajczak, Petrides & Hurry, 2009).

“Self-harm behaviours exist on a continuum, with many terms that sound similar being used interchangeably to describe different phenomena. Direct self-harm is

defined as behaviour that results in immediate tissue damage and for which the intent of the behaviour is clear: a desire to cause injury to oneself. Direct self-harm that occurs without suicidal intent is termed non-suicidal self-injury (NSSI). In contrast, indirect self-harm refers to behaviour in which damage resulting from the behaviour is less immediately severe or is more likely to accumulate over time” (Green, Hatgis, Kearns, Nock & Marx, 2017, p. 209).

Guerreiro, Figueira, Cruz and Sampaio (2015, p. 31) state, “self-harm (SH) refers to intentional self-poisoning or self-injury, irrespective of the type of motive or the extent of suicidal intent”. Accordingly, “self-harm among adolescents is currently seen as the outcome of a complex interplay between genetic, biological, psychiatric, psychological, social, and cultural factors” (Guerreiro et al., 2015, p.31). Self-harm is considered as a problem behaviour as well as a risk behaviour among adolescents within the clinical and educational settings and by society as a whole.

“Within school settings, self-harm has been described as a “silent school crisis”, reflecting insufficient knowledge, confusion and lack of effective interventions and the tendency for adolescents to shy away from dealing directly with the issue” (Alfonso, 2007, p.1).

“Adolescents who self-injure are higher in negative emotionality compared to adolescents who do not self-injure. That is, they experience more frequent and more intense negative emotion and struggle with emotion dysregulation. In addition, they report greater frequency of psychiatric problems, including mood and anxiety disorders, borderline personality disorder, eating disorders, and substance use disorders” (Raitt, 2018, p.1).

During the act of self-harm, most adolescents declare that hurting themselves causes them no pain; instead, it offers them an adequate relief of tension and worry. Moreover, they prefer to feel physical pain than emotional pain because they transform mental pain into a more controllable physical torment (Klonsky & Muehlenkamp, 2007). This description of the emotional/psychological symptoms portrays the self-harmers as experiencing frequent disturbing impulses to hurt oneself, without the apparent capacity

to struggle, a sensation of being “trapped” in an unbearable state (Taylor, Gooding, Wood & Tarrier, 2011). Researchers considered low rates of seeking help from professionals among individuals who self-harm (Schoonderbeek & Lewis, 2010), including unwillingness to expose the behaviour to mental health officials (Rowe, French, Henderson, Ougrin, Slade & Moran, 2014). However, many adolescents who self-harm do not request for assistance and it is a public concern because they do not provide an account of their self-harm and their motives (Moran et al., 2012). They indulge in self-cutting very cautiously and frequently assure they harm in places, such as their legs or their forearms or chest that can easily be concealed with their clothes (Chandler, 2014). They feel embarrassed to show the scars and their act of self-harming behaviours (Chandler, 2014).

In many countries, self-injurious behaviour is more prevalent among females than males (Hawton & Harris, 2008). Females are estimated to self-harm more regularly, by cutting, biting, scratching, hair pulling, and prevent the cuts from curing (Bresin & Scholenberger, 2015). However, “although self-harm is recognised as a serious problem internationally, a major large-scale longitudinal study of self-harm found that most adolescent self-harm resolved spontaneously with no significant adverse outcomes” (Doyle et al., 2017, p.135).

2.3.1. Definitions of Self-harm

The application of diverse terminology from different countries such as in Europe and Australia, Canada and the United States render it difficult to compare research about self-injurious behaviours (Muehlenkamp et al., 2012). Moreover, an absence of a standard definition thwarts a broad understanding of the phenomenon of self-injurious behaviours (Craigien, Healey, Walley, Byrd & Schuster, 2010). Researchers and clinicians often use unclear and varying terms and definitions for the self-harming behaviours that create hindrances in the study of the phenomenon (Nock, 2010). Self-injurious behaviour is argued as an expression of behaviour denoting psychological distress that is meant, “to get relief from a terrible state of mind” (Rasmussen, Hawton, Philpott-Morgan & O'Connor, 2016, p. 179). It is referred to as “intentional” (Skegg, 2005) or “deliberate” (Nock & Prinstein, 2005). Nock and Favazza (2009) used the term

“self-mutilation” to refer to more severe behaviours, which have been linked with negative and disapproving inferences. In some research studies, the terms “deliberate self-harm” and “self-injury” were used concurrently in the literature, irrespective of suicidal intent (Nock, 2012). The North American literature tends to favour “attempted suicide”. In Europe, the more favoured term is “deliberate self-harm” (DSH) (Silverman, 2011). There are other definitions used in the literature which include “parasuicide” (Claes & Vandereycken, 2007), “NSSI: non-suicidal self-injury” (Nock and Favazza, 2009), “non-fatal non-suicidal physically self-damaging act” (WHO, 2015), suicide attempts (APA, 2013) as well as “self- mutilation” (Klonsky, Muehlenkamp, Lewis, & Walsh, 2011), “suicidal behaviours” (Horesh, Sever & Apter, 2003), and “suicidal acts” (Miller & Taylor 2005). “The term ‘attempted suicide’ was abandoned many years ago in recognition that many acts of self-harm have no suicidal intent, and was replaced by the term ‘parasuicide’. However, this term caused confusion and was subsequently dropped and replaced by ‘deliberate self-harm’” (Doyle et al., 2017, p.135).

Research often refers to the act itself, such as “self-injury” or “self-poisoning” (Horrocks, Price, House & Owens, 2003), and some refers to people who indulge in the act, such as “self-cutters” or “self-poisoners” without any thought of suicidality (Rodham, Hawton & Evans, 2004). However, intentional self-injury has been incorporated as a method of harm and been classified in the International Classification of Disease (ICD-10), (WHO, 2014). “Self-injury, a term favoured in the United States of America, refers to the direct, intentional destruction of one’s own body tissue without intent to die” (Doyle et al., 2017, p.135).

Currently, the term ‘self-harm’ is predominantly used throughout Europe, Australia and the United Kingdom to describe a much wider predominant range of self-injurious behaviours than NSSI (Heath, Toste, Nedecheva, & Charlebois, 2008) and “has been briefly defined as self-injury or self-poisoning regardless of suicidal intent” (Doyle et al., 2017, p.135). National Institute for Clinical Excellence, NICE (2011) published its guidelines and defined self-harm as follows: “The term self-harm is used in this guideline to refer to any act of self-poisoning or self-injury carried out by an individual irrespective of motivation” (NICE, 2011, p.4). Woldorf (2005, p.196) defined self-harm as “Deliberate damage to one’s body that is not culturally sanctioned, is not motivated by suicidal intent, and is meant to relieve intense negative emotions”. Muehlenkamp (2005, p. 324)

referred to self-harm as “repetitive, low-lethality actions that alter or damage body tissue (e.g., cutting, burning) without suicidal intent. Superficial/moderate SIBs (self-injurious behaviours) have a unique set of symptoms, are viewed as a type of morbid self-help, and are exhibited by individuals with and without various mental disorders”.

Recent studies use the term “self-harm” instead of “deliberate self-harm” which appeared more regular in previous literature (Carroll, Metcalfe & Gunnell, 2014; Hawton et al., 2016). The British Journal of Psychiatry editorial guidance specified a preference for ‘self-harm’. Additionally, NICE (2004, 2011, 2015) no longer use the term ‘Deliberate Self-Harm, DSH’, instead ‘self-harm’ is used. Kerr, Muehlenkamp and Turner (2010, p. 240) state that adolescents indulge in self-harming behaviours by “cutting, skin carving, burning, severe abrading/scratching and punching/hitting”. Claes, Islam, Fagundo, Jimenez-Murcia, Granero, Agüera, Rossi, Menchón and Fernández-Aranda (2015) added other injurious behaviours such as cutting, hitting, bruising, fracturing of bones, and burning. However, cutting is mostly seen on the upper surface of the arm or areas of the thigh closer to the groin (Somer, Bildik, Basay, Gungor, Basay & Farmer, 2015). Hence self-harm refers to the “culturally unacceptable behaviour that involves direct and deliberate infliction of physical harm to one’s body, regardless of the presence of suicidal intent and in the absence of a pervasive developmental disorder” (Vrouva, Fonagy, Fearon, & Rousow, 2010, p. 852).

In this thesis, the term used is “self-harm” and is defined as linking to any self-enacting, non-fatal injury, including non-suicidal self-harm. Hence, the self-injurious behaviours discussed for this thesis will be considered non-suicidal unless suicidal ideation is clearly expressed. For the purposes of this research, the definition provided by NICE (2011, p.4) will be used, and is “any act of self-poisoning or self-injury carried out by an individual irrespective of motivation”. This definition informs my understanding of adolescents who self-harm and their meaning-making of school.

2.3.2. Prevalence of self-harm during adolescence

How common is self-harm? It is not easy to establish prevalence precisely because of the reserved disposition of adolescent self-harmers (Adler & Adler, 2011; Curtis, 2016). Global surveys of self-harm at schools revealed that about 13% to 25% of adolescents self-harmed (Rodham & Hawton, 2009). Additionally international findings indicate that 15% to 20% of adolescents in the general population were noted to involve in self-

harming behaviours at least once (Plener, Schumacher, Munz & Groschwitz, 2015). However, the prevalence of self-harming behaviours differs largely from country to country. In Australia there is a rising concern for adolescents who are being treated at hospitals for self-harming behaviours (Australian Institute of Health and Welfare, 2014). Additionally Lawrence (2015) states that one in ten Australian adolescents have engaged in self-harm. In South Africa, the prevalence of self-harming behaviours is approximately 18.66% (Carshagen, 2012). In Mauritius, the reports from Life-plus indicate a tendency that reveals an increase in self-harming behaviour each year. Hawton et al. (2012b, p. 2373) argued that “adolescent self-harm is a major public health concern”. Moran et al. (2012) reported in a longitudinal study that self-harm might peak during adolescence.

Researchers estimated the age of onset to range from 10-15 years of age for those who self-harm (Garcia-Nieto et al., 2015; Hanania, Heath, Emery, Toste & Daoud, 2015). According to Nock (2009), the age of onset of self-harming behaviours is constantly stated to be between 12 and 14 years. “Only a small percentage of young people present to hospital and recent surveys have indicated that the prevalence of self-harm in adolescents is greater than indicated by hospital figures” (O’reilly, Kiyimba & Karim, 2016, p.480). Longitudinal studies on self-harming behaviours have proposed that a greatest occurrence is attained at nearly the age of 15, with a noticeable drop in early adulthood (Plener et al., 2015). Recently, researchers Plener, Kaess, Schmahl, Pollak, Fegert, Brown (2018, p.25) indicated,

“According to a meta-analysis, the mean lifetime prevalence of at least one occurrence of NSSI in school samples worldwide is 17.2% (range 8.0–26.3%). Similar age dependency has been reported for lifetime prevalence rates in Germany: while 25–35% of adolescents in school samples reported at least one incident of NSSI”.

Moreover, researchers reported the prevalence of self-harm was highest in range age of 13 and 16 years, especially amongst girls (Morgan, Webb, Carr, Kontopantelis, Green, Chew-Graham & Ashcroft, 2017), but dropped at the age of 17. Another study reported a decline in repetitive self-harming and suicidal behaviours in adolescents with range age 15 and 17 in Germany during a two-year sequel (Plener et al., 2018).

Some studies on the prevalence of self-harm and gender provide conflicting findings. While some studies have found no indications of significant gender differences (Swanell, Martin, Page, Hasking & St John, 2014), others have revealed greater prevalence among women and girls (Zetterqvist 2017; Bresin & Schoenleber 2015). Lazar (2013) has showed that boys probably involve in self-harming behaviours secretly and do not seek mental health care. No substantial differences have been revealed in self-harming behaviours and socio-economic status (Jacobson & Gould, 2007). However, there is a link between self-harm and sexual orientation. Sexually oriented 'queer' minorities show greater threat to self-harming behaviours than their heterosexual group. In fact, adolescents identifying themselves as bisexual are at considerably higher threat for self-harming behaviours in contrast with both their heterosexual and homosexual fellows (Whitlock, Muehlenkamp, Purington, Eckenrode, Barreira, Baral Abrahms, Marchell, Kress , Girard, Chin & Knox, 2011). "Most acts of self-injury are precipitated by a sense of loss, interpersonal conflict or perceived rejection, or isolation" (Alfonso & Dedrick, 2010, p.74-75). Researchers found low rates of seeking help from professionals among individuals who self-harm (Schoonderbeek & Lewis, 2010), as well as an unwillingness to disclose the behaviour to mental health professionals (Rowe et al., 2014).

Literature reveals that negative life experiences, few internal coping means, and lack of contact with mental health facilities were meaningfully linked to self-harming behaviours (Brown & Kimball, 2013). In a global context, self-harming behaviour represents a transient period of distress. Psychological distress is defined as having experienced stressful life events that thwart the physical or mental health, failure to cope successfully with this life stressor and the mental torment that emerges from unsuccessful coping (Horwitz, 2007). Results of stressful life events and daily problems can adversely affect adolescents' reaction to them (Zimmer-Gembeck & Skinner, 2008). When individuals purposefully harm themselves without the intention to kill themselves, they are self-harming (Nock, 2009). Several behaviours denote self-harm, including cutting with razors, knives or pointed objects, "scratching, or burning the body's surface as well as hitting against objects, resulting in direct injury to skin or bones" (Plener et al., 2018, p.23). "Inserting objects under the skin (e.g., safety pins), hitting oneself, biting oneself, picking at wounds, and pulling out one's hair" (Nock, 2010,p. 346.); taking an overdose

of medication; picking at skin; punching walls or objects to hurt oneself (Klonsky, 2007) are all included in self-harming behaviours.

2.3.3. Self-harm and adolescent development

To understand the development of self-harming behaviours during adolescence, the frequency of emotional disturbances during adolescence must be considered with biological features of early adolescence, the changing traits and attributes of early adolescence, and the role that self-harm plays during developmental adolescence (Nock, Teper, & Hollander, 2007). Early adolescence, the period between 12 and 15 years of age, is identified by significant cognitive, physical, emotional and social development (Frydenberg, Care, Freeman, & Chan, 2009). Early adolescence represents a period of change where the individual develops a new status and adopts a new role; they are no longer considered as children, nor are they yet grown-ups (Santelli, Haerizadeh & McGovern, 2017). “Early adolescence, the period between 10 and 14 years of age, is characterised by a multitude of somewhat simultaneous biological, social, and psychological changes” (Alfonso, 2007, p.15). Early adolescence begins when the individual becomes sexually mature. Boys mature, on the average, later than girls do; they have a short period of early adolescence. In early adolescence, the adolescent brain undergoes changes, as Giedd (2015, p.33) described, “the teenage brain is not an old child brain or a half-baked adult brain; it is a unique entity characterized by changeability and an increase in networking among brain regions”. Moreover, the forebrain regions undergo substantial alterations during adolescence (Stienberg, 2014). Steinberg (2005, p.69) states, “behavioural and cognitive systems mature at different rates and under the control of both common and independent biological processes, this period is often one of increased vulnerability and adjustment”. Curtis (2015, p.15) recognised that “It is tempting to designate 14-17 as “middle” adolescence since the developmental transition is most frequently divided as a triad”. Accordingly,

“Depression, low self-esteem, and anger peak during early adolescence when the gender gap between males and females is the largest; however, on average, depression and anger decrease, self-esteem increases, and the gender gap

narrows during the transition to early adulthood, which corresponds to, on average, increased independence and greater emotional regulation abilities". Alfonso (2007, p.23)

Adolescents are expected to adjust to several aspects linked to their developmental situation, such as bodily and hormonal changes, sexual or romantic moods, coping relationships with parents, school transitions, and changes in social networks (Lerner, Lerner, Lewin-Bizan, Bowers, Boyd, Mueller, Schmid & Napolitano, 2011). At this developmental phase, friendships and belongingness, become more important as well as their involvement in social networks (Baskin, Wampold, Quintana, & Enright, 2010). Moreover, self-injurious behaviours tend to occur with the advent of pubescence development (Hawton et al., 2012a; Moran et al., 2012).

The majority of adolescents who engage in self-harm were found to have grave particular emotive behaviour or mental health problems during this period (Hill & Dallos, 2012). Mikolajczak et al. (2009) established that roughly two-third of adolescents in their study were diagnosed with mild to severe depression. A significant proportion of adolescents are currently faced with issues related to self-harm and other difficulties that often start about the age of 13-15 while they were in their early years of secondary school (Garcia-Nieto et al., 2015; Hanania et al., 2015). Normally there is a rise in self-harming behaviours from early to middle adolescence and that weaken in later adolescence (Muehlenkamp et al., 2012). Self-harming behaviours are ways to cope with emotions of guilt, anger, hatred, fearfulness, anxiety, low self-confidence and isolation (Cutter, Jaffe and Segal, 2008). Some adolescents who self-harm have experienced physical abuse or maltreatment in some ways so that they suffer from anxiety (Brown, Heines, Witt, Braehler, Fegert, Harsch & Plener, 2018). This can create stress and psychological pain in the adolescent's life (Rodham et al., 2004) leading adolescents to attempt self-harm to stop the pain (Yates, Carlson & Egeland, 2008). Self-harm can also be a way to release emotional pain and physically express what cannot be said through words (Nock, Prinstein & Sterba, 2009). A person who engages in this behaviour will report that it provides a source of tension release (Kakhnovets, Young, Purnell, Huebner, & Bishop, 2010). Engaging in self-harm is also used as self-punishment, because adolescents may feel anger towards themselves, or have difficulty expressing anger towards others (Nock et al. 2009).

A recent British study also found a relationship with Goth subculture and self-harming behaviour among adolescents (Klonsky & Moyer, 2008). Rutledge, Rimer, and Scott (2008, p. 461) state that Goth culture “tends to draw teens who are depressed, participate in self-harm activities, have family or social problems, and experience feelings of hopelessness”. Additionally,

“Research has suggested that such actions function as a way of regulating and coping with difficult or overwhelming emotions. Notably, although one might expect these emotions to be triggered by major life events, young people themselves report that they self-harm as a response to daily stresses such as academic pressure, feeling isolated and low self-esteem” (O’reilly et al., 2016, p.480).

Although historically self-harm was thought to occur only in people with mental health disorders, it has been found that it can happen among people who display better mental health (Glenn & Klonsky, 2010). Not everyone who engages in self-harming behaviours have mental health challenges (Fox, Franklin, Ribeiro, Kleiman, Bentley & Nock, 2015). Research indicates nearly 15-20% of adolescents who engage in self-harming behaviours do not experience any disorder (Nock, Joiner, Gordon, Lloyd-Richardson & Prinstein, 2006), but are linked to other factors.

“Self-harm in adolescents has been linked to different styles of parenting. Childhood abuse or neglect is consistently reported as a risk factor for self-harm, but less extreme family factors such as difficult family relationships, low parental care, and fear or alienation in the parent–child relationship have also been linked to self-harm” (Ferrey, Hughes, Simkin, Locock, Stewart ,Kapur , Gunnell, Dan & Hawton, 2016, p.1).

Indeed, there is a necessity to recognise the various implications of self-harm and the personalised features of those meanings. Doyle et al. (2017, p.135) admitted that “theoretically, the functions of self-harm have been delineated into positive and negative intrapersonal and interpersonal functions in which self-harm decreases negative and distressing feelings and/or brings about more positive emotional or physical sensations”.

2.3.4. Risk Factors and their relationship to self-harm in adolescents

Self-harm is the consequence of an intricate relationship among biological, emotional, and contextual factors. Consequently, there is no clear answer to the causes of self-harm because there is not only one trigger; but also other triggers (Patton, Hemphill, Beyers, Bond, Toumbourou, McMorris & Catalano, 2007). A study conducted by Garcia-Nieto et al. (2015) found that peer effect and contagion are the important issues in adolescents' self-harm. Adolescents may acquire negative emotional regulation strategies, such as substance abuse and self-harming behaviours from their peers, in order to deal with stress (Mars, Heron, Crane, Hawton, Kidger, Lewis, Macleod, Tilling & Gunnell, 2014b). Feelings of desolation and being rejected by peers, conflicts with peers and feeling lonely and isolated can add to further dissociation, including negative coping strategies, past childhood trauma and/or abuse- sexual or emotional abuse (Trickett et al., 2011), poor family communication and low family warmth (Garcia-Nieto et al., 2015).

Research indicates that physical abuse is linked to self-harm in adolescents by showing that the earlier children experience harsh physical treatment by parents, the more likely they are to consider self-harm to cope during adolescence (Garcia-Nieto et al, 2015). Studies reported important associations between self-harm and emotional neglect (Zoroglu, Tuzun, Sar, Tutkun, Haluk, Sava, Ozturk, Alyanak & Kora, 2003). Moreover, the education system can add tension and pressure to vulnerable adolescents. When adolescents achieve poor academic performance which results in academic failures, this causes psychological stress and negative affect (Oyserman & Destin, 2010), and low self-esteem (Tatnell Kelada, Hasking & Martin, 2014). However, when adolescents achieve high academic performance, this results in greater emotional well-being that protects them from maladjustment (Taylor, Oberle, Durlak & Weissberg, 2017).

2.3.5. Social Contagion and self-harm

Concerns have been raised regarding a 'social contagion' outcome (Jarvi, Jackson, Swenson, & Crawford, 2013). Marsden (2005), (as cited in Alfonso, 2007, p.43), states that social contagion refers to "imitative behavior based on the power of suggestion and word of mouth influence." Although this literature review did cover empirical evidence

which confirms the influence of the media in the spread of self-injurious behaviour (Lewis, Rosenrot & Messner, 2012), many studies have shown that media play an important role in the development of affiliated self-harming behaviours such as suicidality, (Whitlock, Purington & Gershkovich, 2009). Several studies have demonstrated that self-harm can be very contagious at school (Walsh & Doerfler, 2009). School is identified as a place where self-harm contagion can take place (Lieberman, Toste & Heath, 2009). Adolescents who are depressed and demonstrate self-harming behaviours are more likely to join Goth groups (Bowes, Carnegie, Pearson, Mars, Biddle, Maughan, Lewis, Fernyhough & Heron, 2015). Review of literature revealed a paucity of empirical evidence based on findings from studies that focus on the relationship between peer contagion and self-harm (Dishion & Tipsord, 2011). The internet is considered an influence for social contagion since many adolescents use the web sites as a platform for messages, YouTube videos, and other social media sites where individuals with an interest in self-harming behaviours provide support and socialise online (Lewis et al., 2012). On-line groups can be a great help in not only providing the termination of self-harm, but also assisting in the reinforcement for such behaviours (Lewis & Michal, 2016). However, the frequency of self-harming behaviours has made this negative behaviour to be imitated by others and intensified considerably (Walsh & Doerfler, 2009).

2.4. MENTAL PAIN IN ADOLESCENCE

Mental pain as a concept is considered from various outlooks: theoretically, clinically and empirically. Tossani (2012, p.67) states that “In the literature, terms such as mental pain, psychic pain, psychological pain, emptiness, psychache, internal perturbation, and psychological quality of life have been used to refer to the same construct”. Accordingly, psychological pain is the emotional state related with divergence between perfect and actual awareness of self. Shneidman (1996) who formulated the concept ‘psychache’ (i.e., unbearable mental pain) has provided the most prevalent impact to the clarification of the concept. According to Tossani (2012, p.67), psychache is “defined as an acute state of intense psychological pain associated with feelings of guilt, anguish, fear, panic, angst, loneliness and helplessness. The primary source of severe psychache is frustrated psychological need’. Psychache is the mental pain of being perturbed. Perturbation refers to one’s inner turmoil or being upset or mentally disturbed”.

“...suffering can be the result of pain, or it can be engendered by many other states, such as fear, anxiety, depression, hunger, fatigue, or loss of loved objects. Suffering exists only in the mind and the events that lead to suffering will differ from one patient to another”. (Loeser, cited in Tossani (2012, p.68).

Tossani (2012, p.67-68) further stated that “Intense ‘unbearable’ mental (psychological) pain is defined as an emotionally based extremely aversive feeling which can be experienced as torment. It can be associated with a psychiatric disorder or with a severe emotional trauma”.

“Physical pain is often easier to manage than emotional pain, and when inflicted, it can change the individual’s mood and consequently habits are formed. Cutting releases endorphins, providing a brief calming effect, and when combined with serotonin, a mood enhancer, the experience is one of temporary relief” (Burton, 2019, p.220).

The damaging blend of intolerable mental pain and failure to indicate one’s distress to others can add to a severe effort to harm oneself (Askew & Byrne, 2009). Hence, adolescents use to self-harm to control emotional pain, evading, and escaping negative emotions (Mikolajczak et al., 2009).

Psychological pain, compared to depression, is greatly linked to outcome of suicidal ideation and suicide attempts (Li, Fu, Zou & Cui, 2017). However, not all individuals who suffer from extreme psychological pain, attempt suicide. In some context, individuals who do not escape venting their pain are prone to select negative coping, such as withdraw, if pain becomes extreme. Self-harm may offer physical pain that adequately distracts adolescents from painful emotional stimulation. Self-harm may function to change attentional emphasis away from emotional pain towards physical pain (Chapman, Gratz & Brown, 2006). However, individuals with normal ability skills may rely on support from friends and family, inspite of the use of suicidal behaviour as a means of negative communication (Odenweller, Booth-Butterfield M, & Weber, 2014).

2.5. SELF-HARM AND SUICIDE

Many who are not acquainted with self-harming behaviours are misled into believing that this is an attempt at suicide. However, one of the describing features of self-harm

is the absence of suicidal intent, and normally the aim of self-harm is precisely the opposite of suicide. At one end of the spectrum, the individual's intent may be to end life, while at the other it may be to maintain it (Rae, 2016). Adolescents who self-harm are usually seeking to improve their situations, not to end life. Suicide attempts are believed to involve a goal to end one's life, but self-harm is normally expected to preserve life (Walsh, 2012). Only segments of adolescents who self-harm are at the distressing end of the self-harm spectrum (Walker, 2013). Roberts-Dobie and Donatelle (2007, p. 258) distinguished between self-injury and suicide: "self-injury and suicide attempts are very distinct behaviours. Self-injury is not a failed suicide attempt but often a coping mechanism for negative emotions".

Other researchers show that there is a well-illustrated relationship between self-harming behaviours and subsequent suicide attempts (Rae, 2016). Many adolescents, who self-harm commit suicide and do so either intentionally or accidentally (Bain & Fedynich, 2011). Barzilay, Feldman, Snir Apter, Carli, Hoven, Wasserman, Sarchiapone, Wasserman, (2015) also perceived that preceding self-harm intensifies the possibility of later suicide. In addition, a survey of 11-16 year old adolescents found that 3% was without a disorder but had self-harmed and also considered suicide (National Health Service- NHS, 2018). Castellví, Lucas-Romero, Miranda-Mendizábal, Parés-Badell, Almenara, Alonso, Blasco, Cebrià, Gabilondo, Gili et al. (2017) state that there is a close association between self-harming behaviours and suicidality. Self-harm is a "strong predictor of future suicide attempts - even stronger than a history of past suicide attempts" (Klonsky, Victor, & Saffer, 2014, p. 566). Accordingly, self-harm

"may represent a unique risk factor for suicide, as it is strongly associated with emotional and interpersonal distress, which increases risk for suicidal ideation and (or) desire, and desensitizes people to the pain associated with self-injurious behaviours, which increases capability to act on suicidal desire" (Klonsky et al., 2014, p. 567).

Nock et al. (2006, p.65) discovered "70% of adolescents engaging in NSSI reported a lifetime suicide attempt and 55% reported multiple attempts".

"Globally suicide risk is an important issue for all age groups, but of particular concern are those under 18 years. Internationally suicide is the most common cause of death in

female adolescents aged 15–19 years” (O’reilly et al, 2016, p.480). According to them, self-harm precedes suicidal ideation which is a significant factor associated with suicide.

2.6. SELF-HARM AS A MALADAPTIVE COPING MECHANISM

Various attempts have been made to explain self-harming behaviours, which involve more challenging coping strategies for treatment of greatest emotional distress (Hagell et al., 2013). Adolescents are involved in self-harm for many reasons, such as controlling distress and dissociation (Sharaf et al, 2016), and elements of self-punishment and expressions of self-loathing (Klonsky & Muehlenkamp, 2007). Self-harming behaviours among adolescents can include several motives that it are not easy to resolve or to provide a remedy for the psychological distress. Within community samples of adolescents, Nock et al. (2009) stated that adolescents inflict self-harming behaviours for releasing tension, gaining attention, and/or expressing their anger at schools in the form of bullying that seeks to control them. Taylor et al. (2011) suggested that psychological treatment is intended to reduce entrapment by encouraging positive reappraisals of one's abilities to cope with stressful situations, to recover from negative insights, and adapt to situations without self-harm.

2.7. THEORETICAL MODELS OF SELF-HARM

This research provides reinforcement of existing theoretical models to explain the occurrence of self-harm as a strategy to manage emotional distress. These models of self-harm include the affect regulation model (Nock, et al., 2009), the diathesis-stress model (Nock & Cha, 2009), the anxiety reduction model and the traumagenic model (Yates, 2004). The purpose of these models is to enhance an empirical understanding of the adolescent and the individual determination of their behaviour. The existing models illuminate mental pain, emotion regulation, impulsivity, and neuro-physiological stimulus (Nock, 2010) and consider self-harming behaviours to be “an effective tool for achieving connectedness, maintaining and protecting the integrity of the self, and processing and regulating affective experience” (Yates, 2004, p. 58).

2.7.1. The diathesis-stress model of Self-harm

People differ in their abilities to overcome traumatic life events (Aziz & Klein, 2010). “Individuals under the influence of negative thought about themselves will tend to reflect

these negative cognitions in response to the occurrence of stressors. These later develop the conditions called stress-reactive rumination and maladaptive inference” (Aziz & Klein, 2010, p.233). In general, the diathesis-stress model assumes that particular issues predispose individuals to develop depression when challenged with adverse life stress. The diathesis-stress model (Nock & Cha, 2009), according to Fadum (2016, p.11) “is often conceptualized as a multi-causal developmental model, which proposes that over the course of development, multiple risk factors interact with stressors and protective factors and contribute to normal development or psychopathology”. Many researchers have suggested models on suicide and self-harm within this practice, determining susceptibility of self-harming behaviours to ‘distal factors’ that affect adolescents at high risk of self-harm, tension and trauma (Meyer, Ouellette, Haile, & McFarlane, 2011) or ‘proximal factors’ that activate self-harm among those who are more exposed (Nock, 2009).

The diathesis–stress model seeks to describe a disorder or its tract, as the consequence of a relation between a pre-arranged susceptibility and a trauma produced by life stressors. The diathesis is related to the individual's consequent trauma reaction. The diathesis-stress context suggests that the diatheses (vulnerability factors) are inactive during the inexistence of trauma. Nevertheless, when trauma emerges, it triggers these causes, causing vulnerable individuals to endure depression. The diathesis-stress model, established from the effects of negative social atmosphere causing depression, is intensely related to the event of poor experiences in life. Poor parental relationship in early childhood is expected to intensify the likelihood of depression among adolescents (Cummings, Schermerhorn, Keller, & Davies, 2008). Parenting style that provokes neglect, harsh and maltreatment practices are liable to cause negative structural functions. “These negative depressogenic cognitive structures are believed to be dormant until they are activated by various stressful events, which later on were called the diathesis-stress model of depression” (Simpson, Lyday, Hayasaka, Marsh & Laurienti, 2013). Children and adolescents are directly affected by noxious stress, acquired probably because of maltreatment and violence, which has caused modifications in their biological structures and brain development, reducing opportunities for stimulating relationships (Shonkoff, Garner, Siegel, Dobbins, Earls, Mc Guinn et al., 2012).

2.7.2. The affect regulation / dysregulation model of Self-harm

The affect regulation model of self-harm (Nock, et al., 2009) suggests that self-harming behaviour is used to regulate affect. Klonsky (2007, p.229) states, “the affect-regulation model of self-injury suggests that self-injury is a strategy to alleviate acute negative affect or affective arousal”. Accordingly, “early invalidating environments may teach poor strategies for coping with emotional distress. Individuals from these environments and/or with biological dispositions for emotional instability are less able to manage their affect and are therefore prone to use self-injury as a maladaptive affect-regulation strategy” (Klonsky,2007, p.229). This model illuminates attempts to modulate intense emotional reactions.

Emotional dysregulation is associated with depression and anxiety among adolescents (Maack, Tull & Gratz, 2012). Self-harm can function as a means to endorse the internal experience and to convey the gravity of this feeling to others because the individuals who self-harm have difficulty with verbal expression (Brown & Kimball, 2013). Klonsky (2007, 2009) further explained that negative emotion, including feelings of emptiness and guilt, anxiety, frustration, depression, loneliness, anger, tension, agitation and dissociation may decline following self-harm, while positive emotional conditions, such as relief and calmness will develop. Self-harmers can also dissociate themselves to regulate emotions through distancing as a defensive strategy for emotional regulation.

In the affect regulation model, self-harm functions as an expression of externalising overwhelming emotions that the individual has been suppressing, which allows the individual to have apparent control over emotions. Research in clinical settings demonstrated that self-harming behaviour is moderately a consequence of affect dysregulation that involves problems with expression or control of emotions. This model is mostly linked to the anxiety reduction and hostility models studied by Ross and Heath (2003).

2.7.3. The anxiety reduction model of self-harm

The anxiety reduction model suggests that individuals indulge in self-harming behaviours to control the emergent feelings of anxiety and to feel relief. This reduction model advocates that during periods of anxiety the self-harmers may endure increasing

strain and stress because there is an absence of positive skills or ability to cope with the situation. Such circumstance has recourse to self-harming behaviours to release the anxiety and re-establish the homeostatic emotional levels (Aldinger, Stopsack, Ulrich, Appel, Reinelt, Wolff, Lang & Barnow, 2014). To release the pressure the individuals point their anger within self by self-harming (Adler & Adler 2011; Favazza, 2011).

2.7.4. The hostility model of self-harm

The hostility model, which builds on the anxiety reduction model, states that the individual who cannot cope with both feelings of hostility and anger, resort to self-harming behaviours. Individuals who self-harm are not able to express anger and aggression openly, which cause them to resort to self-harming behaviour to release emotional periods of stress. They are considered to have meaningfully more anxiety and feelings of guilt, rumination, self-criticism and hostility (Ross & Heath, 2003). Related to the affect regulation model, the tension reduction, anxiety reduction and hostility models all consider self-harm as a strategy to decrease inner psychological tension.

2.7.5. The traumagenic model of Self-harm

Yates' (2004) Traumagenic model of self-harm provided additional guidance for the current research studies that stated that maltreatment impacts negatively on descriptive developmental processes in several ways, including the emerging sense of self, affect regulation, and relational patterns. From this perspective self-harm emerges from trauma-induced disruptions and is viewed as a "compensatory regulatory and relational strategy" (Yates, 2004, p. 54) that assists the individual to facilitate negotiation of developmental challenges. Thus, self-harm may be considered "an adaptive function for the developmental vulnerable individual" (Yates, 2004, p. 52). In particular, the trauma experience is viewed to impact negatively on levels of competence (i.e., motivation, attitudinal, instrumental, emotional, and/or relational) that typify development. Self-harm is therefore considered "an effective tool for achieving

connectedness, maintaining and protecting the integrity of the self, and processing and regulating affective experience” (Yates, 2004, p. 58).

Childhood experiences examined as predictors of self-harm have included parental loss, separation or deprivation, sexual and physical abuse, and emotional neglect (Zoroglu et al., 2003). Self-harming adolescents reported more childhood traumatic experiences, mainly emotional and physical abuse. It seems plausible that physical abuse is related to self-harm in adolescents given that research has shown that the earlier children experience harsh physical treatment by caregivers, the more likely they are to experience adjustment difficulties in early adolescence (Garcia-Nieto et al., 2015). Studies reported important associations between self-harm and emotional neglect (Zoroglu et al., 2003). However, no distinct causality or defining central attribution exists to define and therefore categorise the individual who self-harms.

2.8. SCHOOL CONNECTEDNESS

“School connectedness,” “school attachment,” “school bonding,” “school affiliation,” “school membership,” or “school community” were terms used in the literature to denote adolescents’ attachment to school. Shochet, Dadds, Ham & Montague (2006, p.170) quoted Goodenow (1993) who defined school connectedness as the “extent to which students feel personal accepted, respected, included and supported by others in the school environment”. School connectedness or the bonding an adolescent experiences at school, is a significant expectation of school success (Loukas, Roalson & Herrera, 2010). School ethos concerns the whole school culture, including the atmosphere or positive climate, the school context, teacher support, school involvement and school engagement (Loukas et al., 2010).

School connectedness, the attachment that individual adolescents have to the school, is linked to some mental behaviours (McLaughlin & Clarke, 2010), including internal and external problem behaviour such as depression, psychological distress, impulsivity and aggression. Adolescents spend more time in school than in any other setting (Hess, 2009). Adolescents have various problems that need to be understood at school and adolescents’ socio-emotional growth is important in the school context. Many indicators such as poor academic performance and low incentive, lack of self-esteem and school disengagement, can account for disturbance at school (Yeager & Dweck, 2012).

Adolescents need healthy socio-emotional growth to be well equipped to study when they join school (Appleton, Christenson & Furlong, 2008). The school culture functions as a point of resilience in an adolescent's environment (Campbell-Sills, Cohan & Stein, 2006). However, if the school does not offer suitable scholastic environments to adolescents, they are likely to develop negative social behaviour (Ungar, Theron, Liebenberg, Tian, Restrepo, Sanders, Munford & Russell, 2015).

Additionally the school gives adolescents prospects to improve proper social skills with their peers, including good relationship with adults. Peer relationships offer adolescents not only a possibility to appraise themselves, but also to cultivate an appreciation of themselves and others, as well as the opportunity to probe behaviours, beliefs and values (Molloy, Gest & Rulison, 2011). School connectedness helps adolescents to adapt positively in their environment with educational incentives and successful performance (Loukas et al., 2010).

Dornbusch, Erickson, Laird, & Wong (2001) suggested that those adolescents who have less attachment to school are more likely to associate with peers who have lower levels of school connectedness, and this causes pressure to engage in deviant behaviour. One study by Shochet, Smith, Furlong and Homel (2011) who surveyed school relationships of adolescents showed that adolescents with emotional distress and suicidality were negatively connected to school. The study also found that poor school connectedness caused late middle-school adolescents to show greater levels of anxiety and depression (Bond, Butler, Thomas & Carlin, 2007). When adolescents were given opportunities to take part in important activities and to participate in the classroom and school society, their intrinsic motivation and ability to study improved (Windle, 2011). Hence, a positive relationship of devoted staff and keen students can enhance school connectedness (Vidourek, King, Bernard, Murnan & Nabors, 2011). Teachers at school can have significant concern for students' interest. Chapman, Buckley, Sheehan & Shochet (2014) found that teachers uniformly believed that student connectedness was important regarding the reduction of problem behaviours. Adolescents' participation in structured activities such as school sports, charity drives, and academic clubs increased academic achievement (Veronneau & Dishion, 2011).

School connectedness and supportive teachers can have an influence on emotional well-being of adolescents at school (Ansong, Okumu, Bowen, Walker & Eisensmith, 2017). Research revealed that positive school interactions and commitment have a strong influence on other features of adolescents' mental health (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011). The importance of schools and teachers in the resilience of adolescents cannot be ignored (Ungar et al., 2015).

Through qualitative research narratives about what is helpful to adolescents' emotional well-being can be solicited. This study aims to address the paucity in research related to adolescent self-harm and distress within the Mauritian context, by tapping into these narratives.

2.8.1. Adolescents who self-harm and school connectedness

Adolescents need careful, steady, and emerging relationships with important powerful personalities (Cheung & Pomerantz, 2012). In schools, this requirement can be obtained when adolescents and teachers develop relationships and bonding, nurturing academic performance and achievement when interactions are sincere and positive (Ansong et al., 2017). School connectedness and bonding from teachers influence adolescents' mental health (Ungar et al., 2015). A positive relationship with teachers is associated with academic motivation, school adjustment and engagement at school during adolescence. Each adolescent has a unique life style and makes meanings distinctively (Wong, 2012). When adolescents participate in different physical activities, their risks for health-threatening behaviour, including substance abuse, sexual promiscuity, delinquency, truancy and self-harming behaviours, tend to be diminished (Singh, Uijtdewilligen, Twisk, Van & Chinapaw, 2012). Hence, effective social and emotional programmes for adolescents are linked to considerable developments through psychological, social, behavioural, and academic spheres (Taylor et al, 2017).

2.9. THE MEANING-MAKING CONCEPT

In trying to understand the concept of meaning-making, researchers examines how meaning is produced from historically and subjective narratives. One perspective of meaning-making is related to the degree adolescents learn something about themselves, or their lives, from past experiences (McLean & Breen, 2009). "Making

meaning is an integrative process that draws together various aspects of our understanding, experience, and valuation to form a cognitive grasp around fundamental reflective questions about life, such as who we are, what the world is like, and how do we fit in" (Martela & Steger, 2016, p.538). The concept of meaning-making has been understood in terms of the complexity of meaning. Other conceptualisations of meaning-making refer to situational outcomes (Pasupathi, Mansour, & Brubaker, 2007), how each person clearly connects early issues to their behaviours. Meaning-making has been related to contents of many different kinds of situations, including crises, personal recollections and daily occurrences (Greenhot & McLean, 2013). Meaning-making is also explored from the perspective that as each person identifies the difficulties that occur later in life, connections to previous situations, and how these relate to the present-day identity, are made (McLean & Breen, 2009). Meaning-making contributes to psychological functioning and may involve an adjustment to previous happenings (Greenhot & McLean, 2013; Park, 2010). Roepke, Jayawickreme and Riffle's research (2013) stressed the fact that positive life events are more likely to lead to development when they heighten a sense of meaning.

Additionally meaning-making is the process of how people understand or make sense of life events, relationships, and the self. Meaning-making has been conceptualized as both automatic and unconscious processes and as effortful coping activities with high expectations and opportunities for meaningful participation and contribution (McAllister, Knight, Hasking, Withyman & Dawkins, 2018). Some researchers considered meaning-making attempts as deliberate coping, others as an automatic process (Folkman & Moskowitz, 2007) and still others as a combination (Park, 2008). Meaning making is widely considered essential for adjusting to stressful events (Park, 2010). Some studies have found that meaning-making efforts do not diminish over time (Updegraff, Silver & Holman, 2008), and others have demonstrated significant drops over time (Bonanno, Brewin, Kaniasty & La Greca, 2010). At any rate, there appears to be sufficient support for the belief that meaning making is a common experience following stressful events and that it often persists long after the stressful event (Park, 2010). Through meaning-making, people are "retaining, reaffirming, revising, or replacing elements of their orienting system to develop more nuanced, complex and useful systems" (Gillies, Neimeyer & Milman, 2014, p.208). Meaning-making refers to a person engaging in the type of behaviours that others would find meaningful. Meaning-making may be thought

of as an individual self-narrative process where the individuals' pursuit is to make "meaningful connections between personal and cultural experiences" (Strong, Pyle, deVries, Johnston, & Foskett, 2008, p. 124).

People can employ various strategies for meaning-making. The most frequently used categories include: personal growth, family bonds, spirituality, valuing life, negative affect, lifestyle changes, compassion, and release from suffering. Another strategy people use is to create meaning is by valuing their own life. People who create meaning in this way may try to value the life they have strived to find their purpose, or change their lifestyles. The process of meaning making is a powerful framework that allows people to construct and generate meanings for themselves and for others. Meaning-making is the process by which a person takes in information and experiences and makes sense of them in the context of their life. The study of Steger, Kashdan and Oishi (2008) has shown that one must engage in meaningful actions in order to feel a sense of meaning in one's life. "The meaningful life makes sense to the person living it, it is comprehensible and it is characterized by regularity, predictability or reliable connections" (Heintzelman & King, 2014, p. 562). Furthermore, having significant presence of meaning appears to be protective against negative well-being outcomes when searching for meaning (Park, Park, & Peterson, 2010). Thus, meaning can be conceptualized as resulting from what one does and who one is. Meaning is a personal impression of how the individual sees and expresses him/herself in the world. Meaning interacts with the areas of spirituality and psychology in some important ways. A person's belief in, and relationship to, an inspirational presence or ideal seems to be part of the shaping of the way in which a person makes meaning of one's life experiences (Wong, 2008). Personal meaning varies within and between people. The complexity of meaning in the lives of people has much to do with how meaning is attributed to different objects, people and life events. Meaning-making is accomplished through acculturation and language, telling of stories, the pursuit and fulfilment of goals, and personal development (Steger, Oishi & Kashdan, 2009).

2.9.1. Purpose and meaningful life goal

Purpose and meanings have often been used interchangeably, but recent theory defines purpose as a separate concept. Individuals seeking purpose ask not only "what gives my life meaning?" but also more precisely, "how can I contribute to or connect

with the world in ways that give my life meaning?” Damon, Menon, & Bronk (2003, p. 121) defined this distinctive concept as follows: “Purpose is a stable and generalized intention to accomplish something that is at once meaningful to the self and of consequence to the world beyond-the-self”. Purpose is a long-term life goal, and has the potential to give motivation to others and meaning to the efforts made in everyday life (Damon, 2008; Bundick, 2009). Purpose is an essential life goal that organizes and directs planning, behaviours, and temporary goal pursuit (Damon, 2008; Kashdan & McKnight, 2009). Though essentially a goal, purpose is more of an internal drive, more meaningful to the individual, and of a higher order than most goals. Research has also found that goals that were described as being intrinsic in nature, such as personal growth and contribution to the community, were positively predictive of wellbeing; whereas, goals, which were described as extrinsic, such as financial success and fame, were negatively predictive of wellbeing (Martos & Kopp, 2011).

2.9.2. Meaning-making of adolescents at school

According to Park (2010, p.257) meaning making is “the restoration of meaning in the context of highly stressful situations”. Research has established that adolescents participate in the search for meaning and purpose without stimulation from others (McLean et al., 2010). Meaning-making originates from various functions in life, such as leisure activities, religiousness, contacts with others, and having an influence in the society at large (Reker & Woo, 2011). It is a practice of vigorously “construing, constructing, and creating meaning” Wong (2008, p.75) and through experiences a person is advised and tries to make sense of them in the context of their life. Meaning-making is supposed to be an individual self-account where his/her search is to make “meaningful connections between personal and cultural experiences” (Strong et al., 2008, p. 124). According to Martela & Steger (2016, p.536) “meaning refers to coherence, the output of having made sense of something”. Meaning may result from vigorous and current arguments of existence within a living experience (Strong et al., 2008). Research has recognised that people who attribute meaning to life enjoy greater emotional well-being (Cohen & Cairns, 2012), are more pleased with their lives (Steger et al., 2008a), have greater positive experience (King, Hicks, Krull, & Del Gaiso, 2006), and have reduced anxiety and rumination (Steger et al., 2008a).

Park, Park and Peterson (2010) state that individuals with an important existence of meaning are secured against harmful consequences when in search of meaning. According to Park (2010, p.257) “meaning appears particularly important in confronting highly stressful life experiences, and much recent research has focused on meaning making (i.e., the restoration of meaning in the context of highly stressful situations)”. Meaning is found when being involved in the world and it becomes a means to generate an internal feeling of conformity and adaptability. If individual cannot cope and adapt, they start ruminating, causing them psychological distress.

During adolescence, the practice of searching for meaning and purpose is also connected to the development of identity. McLean (2005, p. 683) expressed that this emphasis on identity formation “begins to emerge in adolescence because of the onset of formal operations, physiological maturity, and often the demands for establishing oneself in the world through work, school, and family, demands that tend to allow for or even require meaning-making”. Accordingly, a lack of meaning may cause psychological distress. Hence, there is more to meaning than just what one does (Wong, 2008). Martela and Steger (2016, p.535) mentioned that “the presence of meaning in life is associated with less suicidal ideation and lower lifetime odds of a suicide attempt, thus emphasising the idea that meaningful life indeed is a life worth living”.

Meaning-making is exclusive to the individual, but it is not fashioned in a vacuum: the essence of meaning-making is subjective and influenced by external factors. In short, meaning is understood as “the feeling that one’s experiences or life itself makes sense” (Heintzelman & King, 2014, p. 154). Steger et al. (2008a) show that meaning in life is inversely linked to adverse moods and feelings, including fear, anger, shame, sadness, rumination, stress and general psychological distress. It is uncommon for individuals to encounter purpose of meaning emerging from only one issue in their existence; actually, well-being is derived from a horde of diverse causes of meaning related to general meaning (Reker & Woo, 2011). Steger et al. (2008b, p. 200) described “the search for meaning in life as the strength, intensity, and activity of people’s desire and efforts to establish and/or augment their understanding of the meaning, significance, and purpose of their lives”.

Many theories and models maintain that searching for meaning is sometimes regarded as a positive or natural development. Other theories consider it as an indication of uncertainty and inspired by instability. Researchers studying adolescents showed that life satisfaction was linked to a sense of purpose (Bronk et al., 2009). An absence of meaning among adolescents can also effect the educational development. Adolescents' disengagement from the educational process may be manifested from a sense of meaninglessness in life. They may develop aggressive and distracting behaviour at school (Divjak, 2010) and require support to direct the course of making-meaning of their lives at school. Bronk et al. (2009) maintain the importance of examining meaning with adolescents for its various advantages and possible significances related with absence of meaning; a meaningful attitude provides a person resiliency against the growth of adverse psychological outcomes (McLean et al., 2010). Hence meaning-making is a serious developing process for a clear identity to emerge by assisting individuals to make sense of trials. Through this process, meaning-making might be involved in making sense of situations.

2.10. MEANING: THEORIES, MODELS, AND EMPIRICAL FINDINGS

Meaning is crucial to many theories and models to understand hostile experiences (Dik, Duffy, & Eldridge, 2009). These theories and models apply diverse abstract and functioning devices to meaning. Here the most important attribute of the adolescent's social background is that of meanings. Meanings can be related to the semantic categories that form a participant's view of reality with which to describe engagements. Social experts refer to meanings as cultural norms, understandings, social realism, and definitions of situations, conviction, global interpretation, beliefs and perceptions (Park, 2010; Greenhot & McLean, 2013).

Meanings are trans-behavioural which implies that meanings not only describe behaviour, but can also define, justify and interpret it (Waters, Shallcross, & Fivush, 2013; Park, 2010; Greenhot & McLean, 2013). People who engage in social activities experience decrease symptoms of depression (Kleftaras & Psarra, 2012). As the number of positive social experiences increase, so does meaning-making. Loneliness could be experienced when one perceives one's relationships to be devoid of meaning.

The most important attribute of a human social background is that of meanings. The presence of meaning-making depends on norms based on the individual's sense that his/her life has purpose and meaning (Steger, Frazier, Oishi & Kaler, 2006).

2.10.1. The model of global and situational meaning

According to Park (2013, p.40), there are “two levels of meaning, global and situational meaning”. Global meaning indicates the person's constant awareness of the past and present, and anticipations about the future. Park (2013, p.40) adds: “Global meaning refers to individuals' general orienting systems and view of many situations”. There are two significant components of global meaning: a person's belief about order, and a stimulus element involving goals and purpose. Extrapolations about order consist of beliefs about the world, beliefs about the self, and beliefs about the self in the world. “Global meaning ... consisting of beliefs, goals, and subjective feelings ...is constructed early in life and modified on the basis of personal experiences” (Park, 2010, p.258). Global beliefs include wide understandings of judicial consideration, certainty, rationality as well as individuals' opinions (Leary & Koltko-Rivera, 2004). “Global goals are internal representations of desired processes, events, or outcomes. Among the most commonly reported global goals are relationships, work, religion, knowledge, and achievement” (Park, 2010, p.258). People are supposed to construct global meaning early in life and adapt the meaning based on their individual experiences (Wong, 2012b; 2012c). However, global meaning can be strongly determined by individuals' cognitive ability, their activities, and emotional responses (Park, 2010). Thus, meaning making may require reviewing global beliefs and revising goals (Wrosch, 2010).

“Situational meaning refers to meaning in the context of a particular environmental encounter. Situational meaning thus begins with the occurrence of a potentially stressful event and describes an on-going set of processes and outcomes, including assignment of meaning to the event (appraised meaning), determination of discrepancies between appraised and global meaning, meaning making, meanings made, and adjustment to the event” (Park, 2010, p.258).

She further describes situational meanings as involving an analysis of a situation, and altering global meanings (Park, 2013). The person appraises or tries to understand his/her situation, instructed by the global meaning, and recognises appropriate coping

approaches, which begins the development in the search for meaning. During one's lifespan, a person is confronted with situational meaning which can either maintain or change their global meaning. Either this encounter could emerge as altering the beliefs and goals that create their global meaning or they could reassess the situational meaning to decrease its inconsistency with their global meaning. If none of these happens, the individual will start ruminating. Rumination is frequently related to maladjustment and depression (Nicolai, Laney & Mezulis, 2013).

The figure below (Figure 1) illustrates how meaning-making requires reviewing global beliefs and revising goals (Wrosch, 2010) and the appraisal process of an individual's specific environmental transaction which refers to meaning in the context with experiences, including his beliefs, values and goals, and the existence of a possibly stressful event (Park, 2010). The person appraises his/ her situation, informed by the global meaning as stressful and determines whether coping strategies are triggered and the stressor is eventually resolved. In the primary appraisal process, the individual ascribes meaning to a particular environmental transaction and regulates the importance of that transaction to his safety. This could also be appraised as creating substantial threat or harm that provokes negative emotions such as fear, anxiety, and anger. The environmental transaction could also be viewed as a challenge that focuses on improvement and development when sufficient coping resources are available. This is considered as positive emotions.

In the secondary appraisal when the individual encounters a stressful event, be it a threat or a challenge, he has to decide what must be done to cope with the situation. Secondary appraisal is introduced to support individuals in recognising and appraising both their coping resources such as self-efficacy and their situational conflicts such as level of support, and their coping style (Dewe & Cooper, 2007). If none of these arises, the individual may reach the phase of rumination. Rumination is repeatedly associated to greater disturbance in emotional stability that causes high depression (Nicolai et al., 2013).

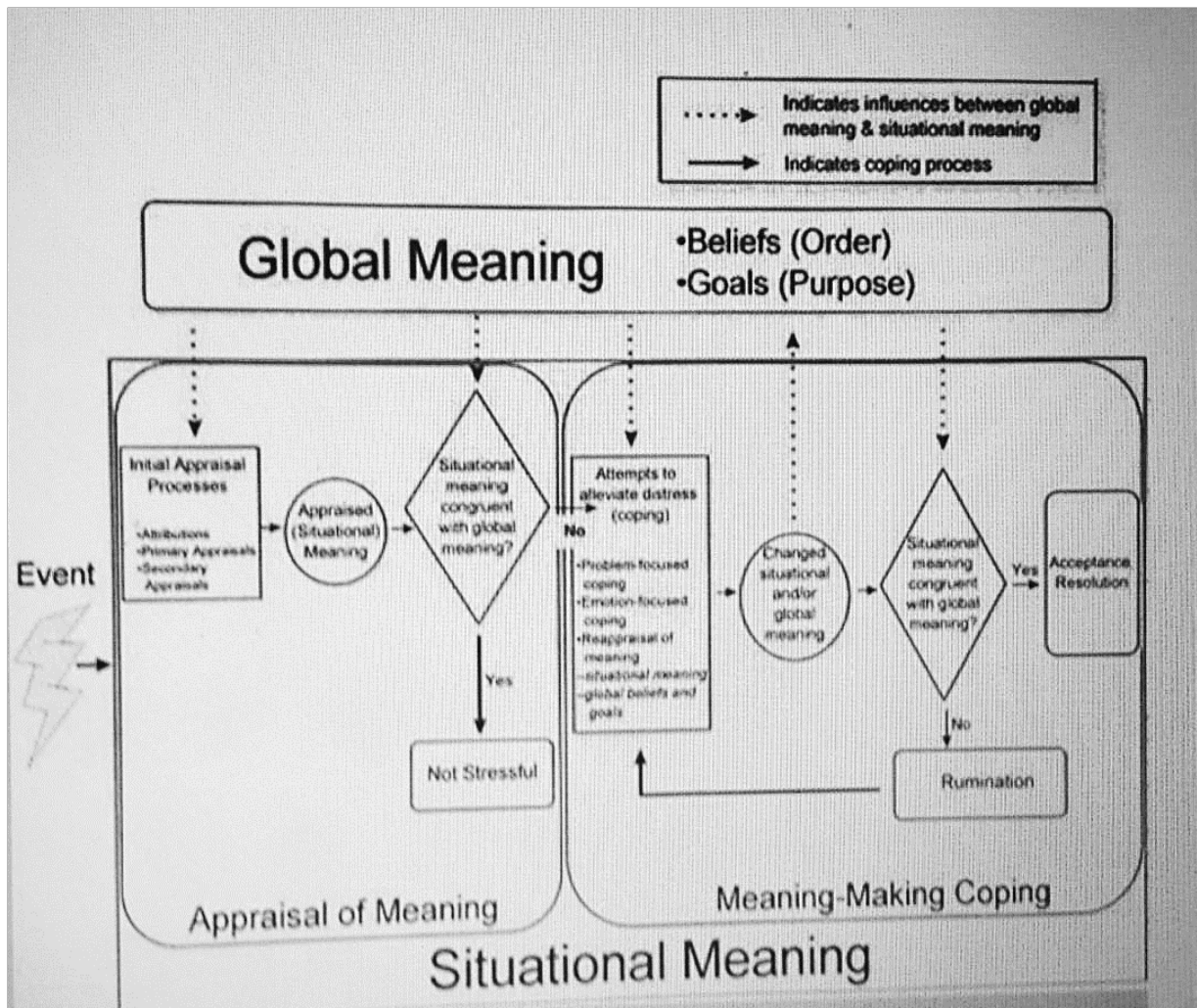


Figure 1. Model of Global and Situational Meaning.

Source: Park, C. & Folkman, S. (1997, p. 115).

2.11. SYNTHESIS OF THE CHAPTER

This review of literature has captured a broad perspective of self-harm phenomenon through considering the findings of previous studies, theoretical perspectives and from applying an evaluation using a holistic framework. This has clearly shown that in order to extend the understanding of self-harm, research is required which generates the formulation of robust theory from examination of the variables and factors both clarified and discussed in this chapter.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. ORIENTATION

The review of literature was presented in chapter two. It provided a broad purview of literature related to the phenomenon and linked these to the key questions for this research. The literature provided me with insight into the effective research approaches that had allowed me to obtain insights into the lives of the adolescents who self-harmed and to examine the ways in which their meaning-making of school had influenced their behaviour. The different models of self-harm were also outlined. Moreover, it equipped me with the knowledge to develop the conceptual framework that acted as a road map and guided me through my study.

Chapter 3 presents the research methodology, including the design of qualitative paradigms and the theoretical framework of interpretative phenomenological approach to the study. Interpretative phenomenological analysis (IPA) is presented as the methodological approach of this research. It begins by introducing the essentials of IPA as well as the reason for selecting IPA as the theoretical approach in this research. An interpretation of phenomenology and the procedure for analysis are presented. Next IPA as understood through past research studies is outlined. The procedures and criteria for the analysis of meaning are developed using the global and situational meaning made by the participants. This is followed by the theory of meaning-making. This chapter also outlines the design of the study by describing the location and sampled participants, and the use of interviews, diaries, drawings and photos. Data were gathered from 12 adolescents who self-harmed. It was ultimately deep meanings that the data aimed to discover, instead of obtaining superficial information from many participants. Validation and trustworthiness in IPA are discussed. Finally, the limitations of the research are addressed. The chapter concludes with a synthesis of the methodological choices.

3.2. THE RESEARCH PARADIGM

According to Kivunja and Kuyini (2017, p.26) “a research paradigm inherently reflects the researcher’s beliefs about the world that s/he lives in and wants to live in. It constitutes the abstract beliefs and principles that shape how a researcher sees the world and how s/he interprets and acts within that world”. Agee (2009, p 431) states, “The idea of qualitative inquiry as a reflective process underscores the strengths of a qualitative approach”. Walliman (2011, p.9) recommends, “The choice of which design to apply depends on the nature of the problems posed by the research aims. Each type of research design has a range of research methods that are commonly used to collect and analyse the type of data that is generated by the investigations”. According to Domegan and Fleming (2007, p.24), “Qualitative research aims to explore and to discover issues about the problem on hand, because very little is known about the problem. There is usually uncertainty about dimensions and characteristics of problem. It uses ‘soft’ data and gets rich data”. Gill (2014, p.24) maintains, “Qualitative research is largely associated with interpretivism” which is supported by Denzin and Lincoln, (2005, p.3) who state, “qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them”. Based on these descriptions, the selection of a qualitative approach and paradigm are justified.

“The goal of research, then is to rely as much as possible on the participants’ views of the situation” (Creswell, 2013, p. 20). This research is embedded within the interpretivist paradigm in order “to understand the participant’s world and how that individual’s world and experience are constructed” (Chwalisz, Shah & Hand, 2008, p.391). Here the IPA epistemological stance is adopted as the participants’ narratives of their experiences are considered which relates to this paradigm, based on interpretivism. The goals of interpretivism are both idiographic (Smith et al., 2013) and emic. Emic refers to thinking patterns or behaviours that are particular to a specific person, within a particular setting, and cannot be generalized to others (Neuman 2011). Here the adolescents who self-harm are unique cases that cannot be generalised. Indeed, it is necessary to gather the thoughts, feelings, meanings and intentions as well as awareness of the adolescents who self-harm so that the internal reasoning, which directs the behaviours and actions

of those adolescents, might be interpreted. Here, facts and cause and effect relationships are not emphasised, but rather insight and understanding are privileged. For this reason, objective measurement was not possible. Constant intervention in an ongoing interaction process underpins an interpretivist philosophical approach.

This interpretive research paradigm, which was chosen to inform my research, situates the context of this study. Kacprzak (2017) emphasises that we research the situation of the human beings with their dilemmas and troubles, or more broadly with their coping condition with the world and in the world. Walia (2015, p.1) adds that “the interpretative school of thought talks about understanding (empathy) as human actions are meaningful and that reality consists of people’s subjective experiences; thus, they may adopt an inter-subjective epistemology and the ontological belief that reality is socially constructed. So they use qualitative methods as they give more importance to words than numbers”. Thus in the interpretive paradigm, “there is no objective truth which can be discovered by researchers and replicated by others, in contrast to the assumptions of positivist science” (Oliver, 2012, p.372). Accordingly “a social researcher has to explore and understand the social world through the participants’ and their own perspectives; and explanations can only be offered at the level of meaning rather than cause” (Gill, 2014, p.24). This research is located within an interpretivist paradigm, and draws on tenets from constructivism, “to understand the participant’s world and how that individual’s world and experience are constructed” (Chwalisz et al., 2008, p. 391). “Every effort is made to try to understand the viewpoint of the subject being observed, rather than the viewpoint of the observer. Emphasis is placed on understanding the individual and their interpretation of the world around them” (Kivunja & Kuyini, 2017, p.33). Hence, the strategic precept of the interpretivist paradigm is that truth is generally constructed in a social world. “In this paradigm, theory does not precede research but follows it so that it is grounded on the data generated by the research act. Hence, when following this paradigm, data are gathered and analysed in a manner consistent with grounded theory” (Kivunja & Kuyini, 2017, p.33). Accordingly, “this paradigm assumes a subjectivist epistemology (and) a relativist ontology” (Kivunja & Kuyini, 2017, p.33). The researcher processes data based on the researcher’s existing knowledge framework and experiences (ibid.2017).

3.2.1. Ontological and Epistemological Positioning

Ontology refers to “our views about what constitutes the social world and how we can go about studying it” (Barbour, 2008, p.296). Buchanan (2010, p.352) emphasises that ontology “seeks to answer the question why there is something rather than nothing”. According to Kivunja and Kuyini (2017, p.27) “Ontology is a branch of philosophy concerned with the assumptions we make in order to believe that something makes sense or is real, or the very nature or essence of the social phenomenon we are investigating”. They further state, “Ontology enables you to examine your underlying belief system and philosophical assumptions as the researcher, about the nature of being, existence and reality” (Kivunja & Kuyini, 2017, p.27). A social ontology is a shared or collective perspective about what something means and is considered our reality, and is created in relationships.

Epistemology is a Greek word, derived from “episteme”, meaning knowledge. Hence, “in research, epistemology is used to describe how we come to know something; how we know the truth or reality” (Kivunja & Kuyini, 2017, p.27). “It focuses on the nature of human knowledge and comprehension that you, as the researcher or knower, can possibly acquire so as to be able to extend, broaden and deepen understanding in your field of research” (ibid). Accordingly, how a researcher comes to understanding something determines the extent to which the researcher can trust the data and the meaning attributed to it.

Kivunja and Kuyini (2017, p.38) concluded, “Choice of a paradigm for your research implies that the research will be nested in a particular epistemology, ontology, and axiology, and that these elements will therefore guide you towards a particular methodology. Thus, the choice of a paradigm implies a near certainty about particular methodologies that flow from that paradigm. This relationship is very important because the methodological implications of paradigm choice permeate the research question/s, participants’ selection, data collection instruments and collection procedures, as well as data analysis”.

This study is informed by IPA, because individual adolescents’ subjective experiences, and the meaning they attribute to these, are privileged. Following Heideggerian theory, I was interested to explore the sequential experience of the adolescents who self-harm;

that is, how those adolescents agreed on their past, present and future after experiencing self-harm. These participants, seemingly not permanent victims of self-harming behaviours, gave deep descriptions to enable the understanding the conceptualisation of self-harm in this study. In order to gain insight into the adolescents' engagement in a range of communicative relationship, I understood that the more absorbed we become in the contexts in which our participants attribute meanings to situations and events, the more accurate our descriptions of those meanings become. In this study, I combined my interpretive account on the ways in which adolescents who self-harmed constructed meaning in their worlds with their own accounts on their meaning-making of school. I also involved the adolescents in the research process by sharing the collected data and my interpretations of the data at various points throughout the study, and by engaging in conversations with them about their perceptions on their meaning-making of school. In short, there was a co-construction of meaning of data in the dialogic space between the participants and me.

3.2.2. Qualitative methodology

As the researcher, I used a qualitative research that enabled me to connect with the participants and to see the world from their viewpoints (Corbin & Strauss, 2015). Biggerstaff (2012, p.177) states that “qualitative research embraces the concept of intersubjectivity usually understood to refer to how people may agree or construct meaning: perhaps to a shared understanding, emotion, feeling, or perception of a situation in order to interpret the social world they inhabit”. A qualitative research methodology was adopted to gain a broader understanding of the influence of adolescents' distress on their experiences, activities and studies at school. The main objective was to identify how adolescents at their schools experienced, understood and managed their distress. Hence, a phenomenological qualitative methodology suited the purpose. Qualitative research plays an important role in enlightening the meaning of lived experience because qualitative research explores experiences (Yancher, 2015). A researcher who works within the qualitative methodological paradigm uses data generation methods, which involve working closely with participants within their natural setting, in order to understand their experiences (Finlay, 2008). Hence, this research design is built on the notion of capturing how adolescents in distress and who self-harm, make significant new meanings in the setting of a complex environment such as the

school, including its learning organization, its ethos, its activities as well as the relationship with its members.

Denzin and Lincoln (2011, p 3.) states that “qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them”. Qualitative approaches comprise a wide range of inquires. Hence, this study was located within an interpretivist paradigm. It adopted a qualitative approach because qualitative research typically focuses on the meanings that participants assign to themselves and their worlds (Smith, 2007, 2011).

3.2.3. Interpretative Phenomenological Analysis (IPA)

In this study, Interpretative Phenomenological Analysis (IPA) has been adopted. I have chosen IPA because, as Alase (2017, p. 11) stated “The most important aspect of IPA tradition is its ability to make sense of the ‘lived experiences’ of the research participants and truly allow the research study to explore the phenomenon that the research is investigating”. According to Creswell (2013, p.76), “phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon”. My study aimed to analyse the experiences of twelve participants and explore the meanings allocated to their experiences as, “it is also an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences” (Creswell, 2013, p.76).

Additionally, for an IPA study, Creswell (2013, p.155) stated, “It is essential that all participants have similar lived-experience of the phenomenon being studied”. Phenomenology originated with Husserl's attempts “to construct a philosophical science of consciousness, with hermeneutics (the theory of interpretation), and committed to the examination of how people make sense of major-life experiences” (Smith et al., 2013, p.1).

“IPA researchers employ techniques which are flexible enough to allow unanticipated topics or themes to emerge during analysis. Thus, IPA researchers do not attempt to verify or negate specific hypotheses established based on the extant literature; rather they construct broader research questions which lead to the collection of expansive data. The most exhilarating analysis is often that

which develops unanticipated while engaged with the material and the flexible data collection and analysis techniques of IPA facilitate this” (Smith (2004, p.43)

Hence, IPA, a relatively newer qualitative inquiry (Smith, 2011, p. 9), is centered towards understanding and explaining the way participants ascribe meaning to their experiences, and is helpful in introductory studies of emotional experiences. IPA is dissimilar from other methodologies as in IPA the aim is to choose respondents who shed light on specific phenomena, and to develop stimulating interpretation of the data. The IPA researcher use the approach to collect data from semi-structured interviews using a 'prompt sheet', including some key themes that the researcher produces to be considered with the participants.

3.2.4. The rationale for choosing interpretative phenomenological analysis (IPA)

“Interpretative Phenomenological Analysis is a framework methodology, which determines theoretical and practical tips on constructing a research project” (Kacprzak, 2017, p.53). According to Smith (2011, p. 9) “IPA is a recently developed qualitative approach which, since its inception, has rapidly become one of the best known and most commonly used qualitative methodologies in psychology”.

Smith, Flowers and Larkin (2009, p.1) explain, “IPA researchers are especially interested in what happens when the everyday flow of lived experience takes on a particular significance for people”. This study intends to establish how IPA can benefit researchers to understand participants’ experiences. It aims to introduce Interpretative Phenomenological Analysis (IPA) as a research methodological design concerned with “a synthesis of phenomenological, hermeneutic and idiographic perspectives”, (Sakamoto, 2015, p.26).

Sakamoto (2015, p.26) in her study further elaborated that

“IPA studies involve detailed examination of human lived experiences and this is what connects it to phenomenology. It is a hermeneutic style of inquiry in that it involves interpreting the meaning of the human experience. Finally, it is idiographic in the way that it situates participants in particular contexts and

explores their subjective experiences specifically. While the different traditions discussed above make up important aspects of IPA as a whole, it is also a research approach that promotes a perspective of its own”.

Smith et al. (2013) stated that through IPA research, the meaning that individuals attribute to significant life events could be revealed. There is less accent on description and greater interpretation than in descriptive phenomenology (Langdrige, 2007). Larkin and Thompson (2012) stipulate that IPA does not examine cause and effect relationships but instead focuses the interpretations of events that individuals experience within a particular setting. As Smith et al. (2009, p. 3) explain, “When people are engaged with ‘an experience’ of something major in their lives, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections”.

3.3. KEY PERSPECTIVES OF IPA

The IPA approach is guided by the methods of hermeneutics and idiography (Smith, et al., 2013). Kacprzak (2017, p.54) states, “IPA refers to the basic principles of phenomenology, hermeneutics and idiography”. According to Callary, Rathwell and Young (2015, p.63),

“IPA is informed by three key positions: phenomenology, hermeneutics, and idiography. Phenomenology describes the “what” and “how” of individuals’ experienced phenomena, develops descriptions of the essences of experiences, but does not explain or analyse descriptions. Hermeneutics is a theory of interpretation concerning textual meaning, as in the techniques used in speaking and writing that divulge the intentions and context of the speaker/writer. Finally, idiography relates to details and thorough analysis of small cases”.

Hence, the key perspectives of IPA are phenomenology, interpretation (hermeneutics) and idiography (Smith, 2004, 2007; Smith et al., 2009). The IPA researcher should aim to move along the participant’s approach according to the accounts disclosed by their experiences (Smith & Osborn, 2008). Nevertheless, the researcher’s own “biographical presence” (Smith, 2004, p. 45) with their ability and experiences are required to make meaning of what is said and using their insight in the analysis and interpretation of the

account, the researcher shows clearly the effect of their viewpoints (Finlay, 2008). IPA investigators use a Heideggerian perception to formulate their insights of a specific issue but admit that a consciousness of these 'fore-conceptions' may not emerge unless interviews are in progress, followed by the analysis so that the phenomenon can develop (Smith et al., 2013).

3.3.1. Phenomenology: A Study of Lived Experiences

Phenomenology is an approach of qualitative research. "As a research design, this methodology would be ideal because it seeks to understand, describe, and interpret human behaviour and the meaning individuals make of their experience" (Carpenter, 2013, p.117). Smith et al. (2009, p.11) define phenomenology as an approach that "shares a particular interest in thinking about what the experience of being human is like, in all of its various aspects, but especially in terms of the things that matter to us, and which constitute our lived world". The interpretations of phenomenology go beyond the descriptions involved in other types of qualitative research (Porterfield, 2009).. Giorgi and Giorgi (2008) propose that a qualitative approach has the influence to gain rich description and interpretation of a phenomenon in the context. Phenomenology transacts with "the appearance of things as contrasted with the things themselves" (Spinelli, 2005, p. 6). In this study, Phenomenology is a method that facilitates giving voice to those adolescents whose narrations might not be told. In this study, I try to seek and share the stories of the adolescents, their behavioural moods as well as the way that this behaviour is understood in the context of the adolescents' culture. Their life-world is their foundation for life and is altered by common reinterpretation, which "appears meaningfully to consciousness in its qualitative, flowing given-ness; not an objective world 'out there', but a humanly relational world" (Todres, Galvin & Dahlberg, 2007, p 55). Indeed the approach of phenomenology fits the purpose of this project. Moreover, an interpretative analysis also will be used. According to Creswell (2013, p.76) "Phenomenology is not only a description, but it is also an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences".

3.3.2. Interpretation (Hermeneutics)

IPA is referred as "an interpretative endeavour and is therefore informed by hermeneutics, the theory of interpretation" (Smith et al., 2009, p.3). "The interpretation

involved in IPA is seen as a dynamic process, in which the researcher takes an active role” (Smith & Eatough, 2007, p.36), and adopts a “range of skills, including intuition” (Smith, 2007, p.4). Heidegger (2011) stated, “the meaning of phenomenological description as a method lies in interpretation”. Within IPA interpretations, there is a “double hermeneutic” process, in that “the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world” (Smith, 2004, p.40). Smith (2007, p.5) argues, “the hermeneutic circle is perhaps the most resonant idea in hermeneutic theory”. In this study I am concerned with “the hermeneutic circle” which is described as “the manner in which interpretation through understanding is achieved by the circular process of continuous re-examination of propositions” (Rapport & Wainwright, 2006, p.233). In this process, to understand the whole, the parts must be discussed and then move back to the whole. According to Smith et al. (2009, p.28), “to understand any given part, you look to the whole; to understand the whole, you look to the part”. This circular pattern is linked to the method in IPA. In IPA the researcher “moves back and forth through this process” (Smith et al., 2009, p.28) which is an iterative analysis of the data.

“As a result, IPA can be characterised by a set of common processes (e.g. moving from particular to the shared, and from the descriptive to the interpretative) and principles (e.g. a commitment to an understanding of the participant’s point of view, and a psychological focus on personal meaning-making in particular context) which are applied flexibly, according to the analytic task”(Smith et al., 2009, p. 79).

I am more concerned about “the hermeneutic circle” of the analysis of data because I continuously engaged with the participants. Through IPA the voices of the adolescents who self-harmed and their meaning-making of school is brought to the centre. IPA differs from other methodologies because it “is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experience” (Larkin & Thompson, 2012, p.101). This is significant in my study that has a psychological basis. Moreover, “The outcome of a successful IPA study is likely to include an element of ‘giving voice’ (capturing and reflecting upon the principal claims and concerns of the research participants) and ‘making sense’ (offering an interpretation

of this material, which is grounded in the accounts, but may use psychological concepts to extend beyond them” (Larkin & Thompson, 2012, p.101). Hence, semi-structured interviews were conducted with each participant followed by the entries in reflective diaries and elicitation of photos as well as drawings of their school to understand what meanings they made of their school. Smith and Eatough (2007, p.37) affirm that the design must be rightly phenomenological with mutual meaning of experience of a phenomena for numerous individuals “about the narrative life world of the particular participants who have told their story”.

3.3.3. Idiographic Inquiry

Idiography is concerned with the distinctive accounts of specific individuals and the specific frameworks in which those experiences arise (Eatough & Smith, 2008; Smith et al., 2013). Ponterotto (2005, p.128) states, “Idiographic research or assessment focuses on understanding the individual as a unique, complex entity. Writing that is idiographic is very descriptive and detailed in presentation”. The situation is significant to this research study because each case had to be analysed on its own. Results from the initial case are saved to retain each participant’s unique story (Smith et al., 2013). Miller and Barrio Minton (2016) proposed that themes obtained from the initial analysis could be applied to enlighten the successive analysis of the other participants. However, a stronger pledge to the idiographic approach has been expressed in research recently (Smith et al, 2013). IPA is idiographic in its specified consideration with precise or exclusive occasions (Shinebourne, 2011). The theoretical keystone of IPA is positioned in phenomenology and hermeneutics, combined with an idiographic outlook (Shinebourne, 2011). Smith et al. (2009, p. 37) state, “Without the phenomenology, there would be nothing to interpret, [and] without the hermeneutics the phenomenon would not be seen”.

3.4. APPLICATION OF IPA TO STUDYING SELF-HARM AMONG ADOLESCENTS AND THEIR MEANING-MAKING OF SCHOOL

In this study, there are four reasons for using IPA as a methodological approach. IPA is used, first for its vigour and competency to determine how participants make understand events in their lives, as well as identifying the researcher’s notions and beliefs (Levers, Anderson, Boone, Cebula, Edger, Kuhn et al., 2008). In-depth interviews are conducted

in a face-to-face setting to generate rich descriptive and interpretative data that can be analysed. According to Wong (2008, p. 76), “only the creative process of storytelling is capable of revealing the whole, full-bodied person actively engaged in the dynamics of the business of living”. As the interviewer, I engaged with the participants in an adaptable way and tried to deduce accurate meanings that they attributed to events in their lives. Secondly, IPA is effective in offering an “insider perspective” with divergent participants. Those adolescents who self-harmed contributed a huge amount of rich, in-depth descriptions of experiences that would not have been possible with standard quantitative methodologies, with the use of questionnaires, for example. Thirdly, IPA considers the prospect of theory building and model structure (Fadde, 2004). In this study, the lived experiences of the adolescents who self-harmed and their meaning of school could lead to the emergence of a model of the connection of the self-harming adolescents and their meaning-making of school. Lastly, IPA is an established dependable, feasible, and firm research methodology extensively utilised in various areas of research (Mulveen & Hepworth, 2006).

In this study, I worked with adolescents who self-harmed and I focused on the meaning they ascribed to their school experiences. Consequently, I chose IPA to interpret adolescents’ experiences by examining their life world in-depth (Smith et al., 2013) as well as maintaining “an awareness of the contextual and cultural ground against which data are generated” (Reid, Flowers & Larkin, 2005, p.20). Smith (2009) suggests that IPA theoretical account permit these rules to be set in motion. Hence, in this study, the rules of IPA were closely adhered to, in order to increase the trustworthiness of the data and the rigour of the study. It illuminated the choice of an interpretative research paradigm, supporting the position that people socially and meaningfully create their own realities.

3.5. DATA GENERATION METHODS / INSTRUMENTS

Triangulation in this study used artefacts such as drawings and photographs, in addition to interviews and diaries to provide data from lived experiences in the participants’ context. Cohen, Manion and Morrison (2011) state that qualitative data emerges from several roots by making use of artefacts such as interviews, observations, documents,

photographs and diaries. Consequently, methods of collecting data this study included semi-structured interviews, solicited diaries, photo elicitations and drawings. According to Eatough and Smith (2017, p.29), “the interview is by far the most common way of collecting data in IPA and for good reason – the real-time interaction with the participant gives major flexibility for the researcher in facilitating the participant in exploring their lived experience.” Flick (2014, p. 444) defined triangulation as “the combination of different methods, study groups, local and temporal settings, and different theoretical perspectives in dealing with a phenomenon”. Accordingly Shaw and Frost (2015, p.2), assert that using several methods is advantageous because:

“human experience is multidimensional and multi-ontological, that its exploration can be better served by combining methods to address the research question in many ways, and that embracing the differences that different paradigms bring can help us better understand the complexities of human experience and interaction.”

By combining various methods, it is intended that each method enhanced the other, so that it collectively offers richer data in the context contrary to what is seen from only one angle. “The researcher inevitably has some influence on the interview and on the data” (Cohen, Manion & Morrison., 2013, p. 204). According to Eatough and Smith (2017, p.30), “the IPA researcher employs semi-structured interviews which means developing a set of questions which are used to guide, rather than dictate, the course of the interview”. “Whereas in diary studies, participants create data themselves and the researcher only becomes involved in the analytical stage” (Giles, 2013, p. 262). Each section supplies a statement on the other section of the research (Frost, 2009). The four methods used in the present study of making meaning of the adolescents who self-harmed at school are highlighted below. A copy of the Interview grid (Appendix B), Instrument guidelines for diaries (Appendix C1), photos, and drawings (Appendix C2) are attached in appendices.

- In-depth interviews
- Diaries
- Visuals :
 - (1) Photos of schools and its activities
 - (2) Drawings

3.5.1. In-depth interviews

This research focused on the adolescents' lived experiences and used an in-depth interview as the essential method (Marshall & Rossman, 2011). First, a phenomenological approach of in-depth interviewing was used to emphasise the significance of making-meaning of their experience. This interpretative study of lived experiences was an effort to add to the lived experience by drawing out its meaning (Wong, 2008). In-depth interviews in research helped the participants to realise the meaning they made of their experience. By encouraging the participants to speculate on their experiences and then reflect on its meaning, the interviewer inspired participants to share in that engagement that then allowed them to consider the meaning of their lived experiences (Greenhot & McLean, 2013). However, Finlay (2011) contends that the meaning of lived experience cannot be assumed in isolation. Hence, an in-depth interviewing strategy has allowed me to put behaviour in the context that provided access to understanding the actions of the adolescents who self-harmed. Smith and Osborn (2007, p.57) describe this method of interviewing which "allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participants' responses and the investigator is able to probe interesting and important areas which arise". Cohen et al. (2013) underscore the researcher's role in shaping the data that is generated during interviews.

In-depth interviews were conducted due to the flexibility and versatility this method lends, which enables the exploration of multiple research aims and provides the ability to gather a rich description of individual-level knowledge, including the attitudes, beliefs, thoughts, and feelings about a particular phenomenon, and in this case, the phenomenon was self-harming by adolescents (Guest, Namey, & Mitchell, 2012). This semi-structured interview was appropriate for my data analysis because I needed to provide a rich and deep analysis to show authenticity (Cohen et al., 2013).

Phenomenological in-depth interviews necessitate a sequence of three interviews with each participant to be conducted at a certain interval (Seidman, 2013). A three-interview format permits the interviewer and the participant "to capture and explore the meanings that participants assign to their experiences" (Reid et al., 2005, p. 20). The first interview in my study was used to understand the context of the participants and was not

audiotaped, as a way of putting participants at ease. It was initiated through an introduction with each participant, establishing a rapport between the researcher and the participants.

The second interview enabled the participants to reorganise the particulars of their understanding of their experiences. The third interview inspired the participants to mirror the meaning of their experiences. However, the third interview is the focus of the participants' interpretation of their experiences and their meaning-making of the situation (Smith & Osborn, 2008). This practice of narrating experiences into events is a meaning-making process (Brocki & Wearden, 2006). In semi-structured interviews Dyer (2006, p. 32) notes: "the general direction of the interview may be mapped out in advance as a series of topics but as the interview proceeds, the questioning process is guided by the content in the participant's answers".

3.5.2. Diaries

In order to make meaning of the experience of self-harm, participants documented their experiences in reflective diaries. The diary was used to assess or identify the triggers and motives of self-harm and the emotional experiences of the adolescents over a period of six weeks. Diaries in research are used to offer reports and insights on people's experiences in their daily lives (Bolger, Davis & Rafaeli, 2003). Solicited diaries are a practice in research of written diaries that individuals are invited to execute (Straker, 2006). Solicited diaries are not uniquely the effects of the participant, but they are also fashioned by the researcher through their design, content and analysis (Hawkes, Houghton & Rowe, 2009). Solicited participant diaries, in my study, were significant forms of data that, added to follow-up interviews, provided additional unique insights into the daily experiences and activities of participants (Kenten, 2010). I obtained an insight into the participants' lives through their diaries. In this study, the diary method was designed with simple questions and prompts to enable participants to complete them. A notebook was given to participants to use as a diary, with the first page outlining a flexible guide, which included questions and prompts (Appendix C1). These were written in red to make them distinguishable so that the participants could concentrate on reporting important events and issues such as their behaviours, moods

and activities (Kenten, 2010), which were significant in my study. An excerpt from Brian's diary (Brian is the pseudonym for Participant 2) is found in Appendix C (1) a. Diaries offer a tremendous choice in adding a narrative account as well as descriptive interpretation for analysis, (Jacelon & Imperio, 2005). In conjunction with interview data, diaries were used as another data source for analysis. I collected the diaries on a weekly basis to ensure that participants' re-constructive accounts were recorded on time. Detailed data was solicited at the beginning of the practice, but with time participants lagged with 'diary fatigue' (Hayfield, Jones & Gray, 2012).

3.5.3. The use of visuals

Visual method were also used in this study as an artefact or an incentive to generate responses. Photographs and drawings were also used in this research. The aim was to add visual methods as a device to support interviews as a kind of 'add-on' and to stimulate and grasp the lived experiences of the participants (Pauwels, 2015).

3.5.3.1. Photographs

Researchers make use of photographs to supplement the data from the interviews. It challenges participants, provides nuances and triggers memories (Pilcher, Martin, & Williams, 2015). Photo-elicitation encourage shy participants to voice their feelings. Similarly, feelings like pain and self-harming behaviours can be expressed vividly through visual expression (Theron, 2008). Furthermore, photo-elicitation can facilitate the interview process by initiating conversation to prompt memory and refine the course of the interview (Bagnoli, 2009). Rose (2011) states that photo-elicitation can offer profound insights and help to capture and scrutinise life experiences of participants that are sometimes not easy to discuss. When participants describe photographs or drawings, more complex issues and emotional details of their lived experiences can be revealed (Bagnoli, 2009). In this study, photographs of participants' schools and related activities were used to trigger participants' emotions/feelings, in order to progress towards understanding the meaning they attributed to school. The participants chose these photographs from the Website (through photo gallery- appendix C (2) of their school, before being interviewed. This photo-elicitation in my study enabled me to

capture fuller perceptions about the meaning that adolescents who self-harmed attributed to their schools (Lawson & Wardle, 2013).

3.5.3.2. Drawings

Drawing is a creative design method in research (Theron, Mitchell, Smith & Stuart, 2011). Drawings are understood as communicating meaning to the context (Wright, 2010). In this thesis, the drawings were created by the adolescents and used as a complimentary source of data. Drawings are effective ways of encouraging people to express what they are thinking and what they had experienced. Drawings were used to enable participants to talk about the meaning embedded in their drawing. Here the participants were asked to engage with drawings about their schools, home life and their activities, describing and interpreting them and reflecting on them. During the collection of this visual data, the participants were reminded that the activity was on the drawing content, and not to test their artistic ability of drawing. I also encouraged them not to rush their drawings (Mitchell, Theron, Stuart, Smith & Campbell, 2011). Being interviewed on their drawings provided the opportunity to privilege participants' voices and explain what the drawings were conveying (ibid, 2011). From a visual aspect, drawings were included in the course of the study that were a simple technique of data collection (Mitchell et al. 2011). This visual method was utilised to elicit thoughts and feelings by drawings that as a further strategy to explore meaning-making by the participants.

Methodological stimulus devices provided me with data from lived experiences of adolescents in the context, through activities (drawings and interpretation of photos) and by interaction with the participants (interviews, drawings and reflections of photos). Creswell (2012) mentions that by triangulating among various data sources, the accuracy of information can be heightened. Cohen, Manion and Morrison, (2007, p. 141) state, "Triangulation is defined as the use of two or more methods of data collection in the study in the attempt to find a single answer for a single purpose".

3.6. SAMPLING

Qualitative research, especially IPA, is often restricted to small numbers in sampling for practical control. Smith et al. (2013) suggest that purposeful sampling, a non-random sampling technique should be used in qualitative research where the researcher stipulates the individualities of the population to be studied and selects individuals whose experiences resonate with those particularities. According to Smith et al. (2013), IPA samples must include specific criteria that deal with the understanding of a particular experience for analysis. IPA requires uniformity sampling to aid the researcher in analysis of “the pattern of convergence and divergence which arises” (Smith et al., 2009, p. 50). Creswell (2012, p.76) stated, “a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon.” Moreover, a small sample in IPA provides intense, in-depth analysis (Larkin & Thompson, 2012) which consumes time. Smith et al. (2009, p. 51) asserted: “IPA (deals) with a detailed account of individual experience. The issue is quality, not quantity, and given the complexity of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases”. In this study a sample of twelve adolescents who were self-harming were selected so that meanings of their behaviours could be engaged with. “The very act of acknowledging multiple voices in the research discourse is a valuable addition to the inter-subjectivity perspective of qualitative research in the social sciences” (Patnaik, 2013, p.105). Creswell (2012, p.76) stated, “Phenomenologists focus on describing what all participants have in common as they experience a phenomenon”.

Hence, phenomenological study was carried out, using twelve adolescents. The sampling frame was designed to be a list of adolescents who self-harmed. In order to recruit participants, I requested permission to generate data from adolescents whose names were on the clinical unit database from the Ministry of Social Security at that time. Information from records at the Clinical Unit database, acquired in the year 2015, were assembled to create the sampling frame. These adolescents with emotional distress and self-harm were identified from these records at the Unit. However, I did not include adolescents from my school, in order to minimise bias and enhance ethical rigour. A purposive sampling technique was used. The criteria for selection included

adolescents' attendance at the Clinical Unit for therapy. These 12 adolescents, aged from 12 to 18 years, were identified as having been distressed and having inflicted self-harm. They were selected from twelve different schools around the island. Participants of both genders were considered. Retrospective descriptions are often the source of phenomenological data because it is conveniently available. Hence, semi-structured interviews were most suitable. Purposive sampling allows for the recruitment of a sample across significant variables to examine differences and similarities of a phenomenon within a particular group, which is consistent with the theoretical approach of IPA (Pietkiewicz & Smith, 2014). For this study, the twelve participant adolescents exhibited the behaviour of self-harm and they were selected from the Life-Plus Unit population sample.

3.6.1. Context of the Study- The Life-Plus Unit

The Life-Plus Unit supports citizens in all matters relating to suicide prevention, suicide ideation and depression. It is a government body of Mauritius, and had worked under the aegis of the Ministry of Social security previously. More recently, the Unit was relocated to the Ministry of Gender and Quality of Life. Previously the unit was located in Beau-Bassin, a city in the centre of the island. The main aim of the unit was to keep suicide and its related suffering to a minimum level. Besides providing counselling sessions and psychological therapies, Life-Plus provides a 24-hour hotline. The unit is also involved in encouraging constructive and healthy living, performing mindfulness campaigns on stress and stress management techniques, and educating people about suicide and how to identify suicidal people. Such interventions involve giving talks in schools, in social welfare centres and being active in the media. Life-Plus counselling is also available on the internet through its website with contact information, a stress inventory and other information.

In dealing with psychological problems of depression, suicidal ideation and suicidal attempts, Life-Plus also helps clients and their relatives to cope with the stigma attached to suicide attempts. It also aims to assist these people in achieving a happier life. Life-Plus also collaborates with other agencies such as the social security services, schools and other referrals in order to better meet the needs of clients.

3.6.2. Participants

This research focused on 12 adolescents who exhibited depressive symptoms and who had been screened at the Life-Plus Unit. Schools send the adolescents to the Unit when adolescents are perceived to be in distress and potentially self-harming. Adolescents are usually accompanied by their parents or an equally responsible party. These adolescents come from different schools around the country, irrespective of gender. The sample was selected to enable insights from young people from different parts of the island.

Although gender parity was envisaged in the sample, more girls than boys volunteered to participate. Some participants were excluded because they were not present for the second or the final interviews.

Participants were screened before they engaged in this study for their depression. I did not consider demographic conditions such as the ethnic or religious group, sexual preferences, and economic income bracket for the selection of participants. The reason is based on my professional experience, which has been that all people, regardless of their demographic conditions, are susceptible to psychological disturbances and diseases.

Table1: List of 12 participants with pseudo-names, ages, gender.

Participant	Fictional-Name	Age	Gender
P1	Saras	17	Female
P2	Brian	17	Male
P3	Cathy	16	Female
P4	Annie	17	Female
P5	Sweetie	16	Female
P6	Yeshna	18	Female
P7	Arti	15	Female

P8	Aandi	15	Female
P9	Rajesh	16	Male
P10	Brinda	15	Female
P11	Koshika	16	Female
P12	Teeroosha	13	Female

IPA research study stipulates that similar participants help to get a “better understanding of the general perceptions among the participants’ lived experiences”. Creswell (2013, p. 155). Furthermore, Creswell (2013, p. 155) specified “It is essential that all participants have (similar lived) experience of the phenomenon being studied”. The details of the participants are summarised in Table 1.

3.6.3. Pilot Study

IPA is related to the consistency and depth of participant’s experiences (Wedlock, 2016) and does not test hypotheses. In IPA, the intending purpose of inquiry is exploratory rather than explanatory (Larkin & Thompson, 2011). Hence, piloting for interview is a useful procedure and forms an integral feature in the process of conducting qualitative research as it improves the guidelines of the interview schedule (Harding, 2013). Harding (2013) maintained that a pilot study is essential ‘because it can identify potential difficulties and so reduce the danger that flawed data is collected’ (Harding, 2013, p.48). Interview questions are at the heart of interviewing. In order to test out my questions, I piloted my interview to determine whether the questions constructed would illicit answers from participants’ stories that would strike profound causes of meaning (Simon, 2011). The interview was set up in the same way that the rest of the interviews were framed. With such experience, I understood that my questions led to the narratives that were reflective of the participant’s personal meaning to seek insights of them. I began to create my list of prompts for the stories. This pilot testing helps me to ensure the clarity of instructions in the interview schedules (Peterson, Peterson, & Powell, 2017). However, it is not unusual for the research participants to be involved in the early stages of an IPA project, in the ‘piloting’ of interview schedules.

A pilot study procedure conveyed occasions to mirror upon the interview process and detect enhancements for the main study. Hence, a pilot semi-structured interview

investigation was conducted prior to the beginning of the study to assess the workability and structure of the set of questions in the schedule. To check whether the interview was an appropriate method to explore self-harming behaviours, the study was piloted to assess the suitability of the questions. Interviews were piloted with two adolescents who had self-harmed. The attitudes and responses of the interviewees to strategic questions and the overall time taken for the interview were important considerations. Equally important was the ethical consideration of doing no harm, and I was alert to the possibility of trauma being triggered due to the memories that were recalled. The pilot interview helped to explore my research questions that would elicit responses from participants' narratives for deeper sources of meaning. Changes were made to questions and duration of the interview, based on insights from the pilot study. Two examples of questions are: "Were you having too many problems to cope on your own?" to "Do you often find that your problems are too difficult for you to manage on your own? Can you please tell me more about this?" Prompts were also added to some questions. Having piloted the interview, and determined that the questions were suitable, unambiguous, had little potential to create trauma, and would provide insight into the phenomenon being explored, I started my first interview.

3.7. GATEKEEPER PERMISSION AND ETHICAL CONSIDERATIONS

Informed consent was obtained from the gatekeeper of the Clinical Unit (Appendix F) which was the head of the Ministry of Social Security. The head of the Life-Plus Unit was informed of the objectives, the data collection procedures, and the interviews to be conducted with the participants. Ethical clearance was obtained from the Research Office at the University of Kwa-Zulu Natal (p. iv).

After approval from the gatekeeper, a list of participants based on a "purposeful sampling" method, were developed. All the parents of the twelve participants themselves, who were contacted attended the interviews, signed the consent form, and agreed to grant their children consent to participate in the study. I also verbally described the course of the study to them and informed them about the choice of their children to withdraw from the study at any time with no consequence. Voluntary participation was emphasised to the participants and their parents. It was initially agreed that the interviews would be conducted at Life-Plus Unit in Beau-Bassin and that the

participants and their mothers would be present at the first interviews. However, for the third interviews, some parents were unwilling to consent to their children's continued participation, stating that their children were reluctant to relive those emotionally harsh moments. The right of these participants to withdraw from the study without negative consequences was respected. In addition, those participants were offered further counselling by my peers at the Life-Plus Unit. Hence, five more participants were selected and the interviews were done afresh. This time it was done according to the availability of the participants. Most interviews were done during the school holidays because this was convenient for participants. For some participants the interviews were conducted at their place of residence, according to their convenience. As a researcher, I learned the importance of implementing a reflexive approach in framing the questions for the interviews, and of being flexible during the interviews. Willig (2013) considered reflexivity as a continuing process that can be re-examined several times within the course of the study. According to Finlay and Evans (2009), to be reflexive it is essential to be conscious of the varieties of the type of knowledge we use that implicate seeking and evolving important self-reflection on our feelings that could influence the research process. Hence, by being reflexive, I need to represent the participants who reveal their situations (Langdrige 2007). In addition, the ethical requirement to ensure that participants engaged in this research voluntarily, was respected, although I had not anticipated withdrawal.

There were three ethical considerations concerning the research study: to issue informed consent, the confidentiality and anonymity of their participation, and ensuring no (psychological) harm. These ethical considerations, including the measures engaged to reduce any potential harm, are described in this section.

Informed consent

According to Gravetter and Forzano (2009, p. 587), "the ethical principle requiring the investigator to provide all available information about the study so that the participant can make a rational, informed decision regarding whether to participate in the study" are clearly stipulated. This was done using a written informed consent form, and explaining it verbally, the first interview.

The safety of individuals is mandatory of all research conducted throughout the country as well as at UKZN. The protection of the adolescents participating in the research was of ultimate significance. All 12 participants had to sign consent form although some of them were already 18 years old at that time. During an initial meeting with each individual potential participant, I described the objectives and the interview procedures of the study, as advised by Gravetter and Forzano (2009). As part of the process of choosing participants for an IPA study, Creswell (2013, p.154) stated “important that phenomenological research study endeavour to obtain participants’ written permission”. An information letter (Appendix E (1)) and an assent letter for participants (Appendix E (2)) were used. An information letter (Appendix E (3)) and an informed consent letter (Appendix E (4)) were also issued to their parents. A semi-structured interview schedule was utilised to guide the data collection strategy and a voice recorder was used to digitally record the interviews, and permission for this was sought.

Anonymity and confidentiality

During the initial meeting, I emphasised the assurance of anonymity of each participant in the study. As such, the names of the participants in the study, as well as the schools they attend and the name of the Unit were not used in any of the research material. All participants in the study had pseudo-names and the privacy of the participants and their schools were maintained to shield them from being identified and stigmatised (Gravetter & Forzano, 2009). Participants' responses were presented as responses of a particular group of people, and not attributed to individual participants. In my study, confidentiality of the interviews was considered.

All the interview transcripts were kept in a locked cupboard or a password-protected file. Participants viewed the transcripts and could elect to remove some of the information they had disclosed if, on reflection, they were no longer willing to admit that as data. Additionally, in IPA study a safe and secure repository unit should also be provided for the security and controlling of the research data (Rubin & Rubin, 2012). In this study all precautions were made to respect confidentiality and by protecting the identities of participants.

Doing no harm

Additionally participants may be exposed to questions that may be stressful or upsetting. Hence as a psychologist, given my professional expertise dealing with such issues including distress and self-harm, I provided them with all psychological and therapeutical assistance and support where necessary so that the participants would not encounter any undue distress. I also engaged the services of a fellow psychologist to assist participants. Although I do have expertise in this field, the reason for engaging another psychologist in this instance was to ensure that the requirements of the research process were not met at the expense of harming participants. At all stages, protection of participants superseded the research interests.

The most pressing ethical dilemma in this study was the possibility of psychological harm to the participants. The study focused on issues of adolescents' self-harming behaviours that were a private matter to them. All participants were informed that if they felt overly anxious or depressed by a recollection of an event, they could choose to stop the interview or not answer the question, or request to speak privately to my colleague who was a psychologist at the Life-Plus Unit.

During the interviews I managed to build a trusting relationship with the adolescents who self-harmed by stimulating responses thoughtfully and attending considerately to them and at the same time being reflexive about the process. I was particularly vigilant to sustain steadiness and giving those who seemed anxious ample time to respond, or the choice not to respond. During the process, I tried to compile as many inscriptions and interpretations for further analysis of the interviews (Johnson & Christensen 2007).

Additionally, as suggested by Gravetter and Forzano (2009) and according to various research regarding deliberate self-harm (Rissanen, Kylmä & Laukkanen, 2008), the three semi-structured interviews conducted with the participants in this study ended with a debriefing. As the researcher, I probed about the likely adverse reactions that their involvement in the interview could elicit. They were informed about a counselling and

therapy session that would relieve them from their psychological harm, that would be conducted free of charge by my colleague.

3.8. PRELIMINARY DATA COLLECTION

During the interview, process two boys and one girl withdrew after the first interviews and two others after the second interview. This had caused the extension of the process because more participants were recruited from the list available and interviews started afresh.

3.8.1. Interpretative Phenomenological Analysis Processes

Qualitative data analysis comprises structuring, elucidating and explaining the data obtained (Cohen et al., 2011). In an IPA analysis, the structure covers simple description and interpretations of participants' lived experiences and their meanings they attribute to their social, cultural, and theoretical contexts by justifying and illuminating on the data obtained (Cohen et al., 2011). My study employed qualitative methods, using the semi-structured interviews conducted with each participant, as well as the analyses of their solicited diaries and drawings. Data analysis employing IPA started during the interview process, where I attempted to ascribe meanings to the meaning-making of the participants (double hermeneutic) (Smith et al., 2009). Hence, the first step of analysis using IPA assists in making sense of the participants' personal and social world by exploring life experiences (Smith et al., 2013). The investigation procedures make use of an inductive sequence during the various stages (Smith et al., 2009). In the first step of the data analysis process I engaged with the interview transcripts by "reading and re-reading" (Smith et al., 2009, p.82), and this continued throughout the stages of data analysis. This lengthy process involved my transcribing oral recordings of the interviews, while trying to understand the meaning of the participants' responses (Boeiji, 2002).

Diaries were also analysed after being translated. Diaries, photographs of schools and their activities as well as drawings were used as a practice of "triangulating data" and enhancing research rigour.

3.9. RESEARCH RIGOUR

Validity is the key to effective research used in quantitative research, whereas trustworthiness issues are employed in qualitative research (Cohen et al., 2011).

Quantitative validity involves the researcher's search for the truthfulness of the findings by engaging in definite processes, while qualitative reliability specifies that the researcher's approach is reliable across diverse researchers and different assignments (Gibbs, 2007). However, data validity in qualitative research can be approached through the trustworthiness (Cohen et al. 2007). In qualitative data, four criteria are utilised to introduce trustworthiness that include credibility, transferability, dependability, and confirmability (Maree, 2007). Denzin (2010, p. 271). states, "Objective reality will never be captured. In depth understanding, the use of multiple validities, not a single validity, a commitment to dialogue is sought in any interpretive study". Accordingly Kivunja & Kuyini (2017, p.34) posit that within the interpretivist paradigm validity "should be replaced with four criteria of trustworthiness and authenticity. These include are credibility, dependability, confirmability and transferability".

3.9.1. Validity checks

Cross-analysis among the 12 participants and their frequencies across groups were primarily performed to reach the eventual categories. The analysis of data saturation also validated the fresh pattern about results, showing evidence of superfluous data. This meant that the results were steady and undoubtedly to alter, even with the addition of other participants (Hays & Wood, 2011) or even when crosschecked with different researchers in comparing to yield consistent results. Member checks (here with the supervisors) are regarded as significant in confirming trustworthiness (Leech & Onwuegbuzie, 2007). During the three sequences of interviews, I repeatedly checked the truthfulness of my understanding of the participants' lived experiences by discussing this with each participant during the subsequent interviews. Additionally, transcripts of all interviews of the participants were sent to them to determine whether their comments were accurately captured. My supervisors also read the transcripts before these were analysed and coded.

3.9.2. Trustworthiness in IPA

Trustworthiness sums up the qualitative framework to confirm that qualitative research signifies the truth (Butler-Kisber, 2010). According to Smith et al. (2013), IPA does not claim for generalisability nor for greater populations, but is dedicated for analysis of smaller numbers of participants and exists in the specific descriptions and themes established in perspective of a particular phenomenon. The inductive circle of IPA allows researchers to negotiate the meanings and interpretations of their analysis in the view of diverse prevailing theories, models or approaches. As mentioned earlier I made use of a reflective journal during the research process to examine my own researcher conduct and interpretation (Smith & Osborn, 2007). Reflexivity, prolonged engagement, peer debriefing and support were integral to my research design (Smith et al., 2013). Hence, to address the issue of trustworthiness, I sought the assistance of a colleague at the Life-Plus Unit with clinical experience and qualitative research skills to double-code the transcripts in order to ensure coding accuracy. A translator colleague was sought to verify accuracy of translation and interpretation, to enhance trustworthiness of the data. Polkinghorne (2005, p. 139) wrote that researchers should “understand that translations of gathered data from one language to another may distort meaning . . . [and] that participants vary in their facility to explore experience and to express the exploration in language”.

Numerous procedures were engaged to confirm trustworthiness in this study. Researchers have their exclusive world-views, making it important to enter their feedback during data collection and analysis (Fassinger, 2005). The participants regularly discussed the content of the reflective diaries that yielded rich data sources. It gave participants the opportunity to express their thoughts and beliefs so that I could reconstruct the participants' realities.

In this study, data was generated over a period of seventeen months, which gave ample time to confirm and validate outcomes. During the analysis process, accuracy of interview transcripts were used to validate results (Johnson & Christensen, 2007). Qualitative research applies four criteria to established trustworthiness: credibility, transferability, dependability, and confirmability (Padgett, 2008).

“The criterion of credibility is used in research located within the Interpretivist paradigm to refer to the extent to which data and data analysis are believable, trustworthy or authentic. This criterion relates to the researcher’s ability to investigate the question: How do the findings align with reality as constructed by the researcher and the research participants?”(Kivunja & Kuyini, 2017, p.34).

Four techniques were used to institute credibility--lengthy commitment, multiple methods, debriefing, and checking of data. My colleague psychologists at the Life-Plus Unit and I looked for issues not linked with the study and hence not applicable to the research questions, what Durrheim (2009) calls ‘validity threats’. It was of importance also to attempt to detect other causal issues, apart from those mentioned, which could likewise have shaped the research results, thus forming uncertainty on their validity (Durrheim, 2009). In the study, multi-modalities for triangulation, such as interviews, dairies, drawings and photo analysis were employed. My colleague psychologist at Life-Plus viewed the raw data and the interpretations thereof, and this allowed me to reflect more deeply on my interpretations. I also asked my two supervisors to check my interpretations of the data.

Next was transferability that is the competence of other investigators to relocate findings to other sites. According to Kivunja & Kuyini (2017, p.34) transferability helps researchers “to ensure that they provide enough contextual data about their research so that readers of their findings can relate those findings to their own contexts”. Researchers use techniques such as thick description and purposive sampling to enable transferability. A thick description of the researcher’s experience at the Life-Plus Unit was needed to provide a context.

The next criteria was dependability that in quantitative research links to reliability (Williamson & Whittaker, 2014). According to Kivunja and Kuyini (2017, p.34) “this criterion refers to the ability of observing the same outcome or finding under similar circumstances”. I used a reflexive journal and described the expected process, including the description of my methodology of the research, as practices to demonstrate dependability. Kivunja and Kuyini (2017, p.34) state, “the researcher can make inferences which in themselves are influenced by the researcher’s own construction of meaning. Those inferences and interpretations are dependable depending on the

researcher's ability and skills to make sure that the findings truly emerge from the data gathered and analysed for the research".

The last criteria was confirmability, which means proving that the data are valid demonstrations of the participants' views. According to Kivunja and Kuyini (2017, p.34) it "refers to the extent to which the findings of your research project can be confirmed by others in the field. The overriding goal of this criterion is to ensure that your biases are minimised, and preferably eliminated, from contaminating the results of the data analysed". Here debriefing, the use of a reflexive journal, and individual case history were employed. The debriefing assisted me in interrogating my interpretations. Additionally, my reflexive journal supported my profound understanding and interpretation of the data. In reporting my findings, I supported my interpretations with several examples of quotes from divergent participants for the various themes.

In conclusion, I considered that I demonstrated the trustworthiness of this research by establishing the four criteria, namely credibility, transferability, dependability, and confirmability (Padgett, 2008). Reflexivity was implemented in this qualitative study (Walker et al., 2013). Smith et al. (2009, p. 424) argue that "from an idiographic perspective, it is important to find levels of analysis which enable us to see patterns across case studies while still recognising the particularities of the individual lives from which those patterns emerge". Hence, the researcher must be competent to demonstrate her stages of the data analysis process to validate that the findings are built on a detailed and clear analytical process (Smith et al., 2009).

The criteria of validity, reliability, generalizability, and objectivity as used in quantitative research are not appropriate to phenomenological research (Zweck, Paterson & Pentland, 2008). Alternatively, the four criteria that established trustworthiness, namely credibility, transferability, dependability, and confirmability (Padgett, 2008) were adopted in this study. IPA has maintained an "essential simplicity, paradoxical complexity and methodological rigour" (Biggerstaff & Thompson, 2008, p.2) and as Smith and Osborn (2010, p.66) claims, "IPA is not a prescriptive methodology". Callary et al. (2015, p.63) contend: "IPA extends simple description and makes sense of

participants' lived experiences by developing an interpretative analysis of the description in relation to social, cultural, and theoretical contexts".

3.10. LIMITATIONS

This study took place at the Life-Plus Unit with participants who came from different schools. Twelve participants in my study were identified to participate in in-depth interviews. Although this purposive sampling procedure would tend to decrease the generalisability of the findings, this qualitative phenomenological study could be subject to other interpretations through its findings. Moreover, the retrospective descriptions that would be acquired, as the raw data could be the chance of error or inaccurate recollection with regard to the participant/s. No claims for objective reality were made. In fact, the whole process was dependent upon the researcher's subjectivity. Moreover, participants could have been exposed to questions that may have been stressful or upsetting. Hence as a psychologist myself, given my professional expertise dealing with such issues like distress and self-harm, I provided them with all psychological and therapeutical assistance and support if necessary so that the participants would not encounter any further distress.

As the researcher, I recognised two main methodological limitations to the study. It is a well-known fact that there are drawbacks in diary studies, especially the high level of commitment needed from the participants, their accommodation in writing, their response and the fact that the information obtained was secondary (Bolger, Davis & Rafaeli, 2003). The diary filling could endure familiarisation, which means that participants can get used to filling out the diary and omit pertinent comments or experiences. The diary itself can thus change or alter the participants' experiences.

3.11. SYNTHESIS OF THE CHAPTER

This chapter explained the research methodology, outlining the design of qualitative paradigms and the theoretical framework of interpretative phenomenological approach to the study. IPA was presented as the framework of the study. It began by introducing the essentials of IPA as well as the justification for selecting IPA as an approach used

for this study. The theory of meaning-making was discussed. The chapter also indicated the site of the study, how participants were sampled, and the use of interviews, diaries, drawings and photographs to generate data. The chapter also focused on the different methods describing the modality of inquiry for this present study – Interpretative Phenomenological Analysis. Ultimately, the main advantage was that these different methods allowed me to investigate the meaning-making of the adolescents in different contexts to yield better results. Additionally, ethical concerns were addressed, including the emphasis on issues of research rigour. The chapter closed with an outline of the limitations of the study and a synthesis of the process.

CHAPTER FOUR

DATA GENERATION PROCEDURE

4.1. ORIENTATION

Chapter three highlighted the research design and discussed numerous features of the phenomenological research methodology as well as the research paradigm. The different methods applied and the rationale for opting for an interpretative phenomenological approach (IPA) were addressed. The present study employs qualitative procedures, which permits me as the researcher to determine the understandings of the adolescents' experiences of self-harming behaviours and the meaning those adolescents make of their school. The choice of methods and instruments used were highlighted, including the sampling and the context in which the study was conducted. I presented a summary of the events that occurred prior to data collection, and the ethical procedures that I undertook throughout this research. I also addressed issues of trustworthiness, and I ended the chapter with a description of the validation IPA, including validity checks and trustworthiness in IPA.

In chapter four, I highlight the data processing analysis of the study. This is an intersecting discussion of IPA and the methods of data generation. I then present a summary of the preliminary data, followed by the individual case description. The participant demographics are described, outlining each participant's profile to provide bearing points of the narratives that I analysed and quoted as I investigate solutions to the research questions. In this chapter, I also discuss the adolescents' involvement in the study, especially during the data generation process. I then present the data analysis procedures. I gathered data from several methods and used methodological triangulation to confirm credibility, transferability, and confirmability in research (Yin, 2018).

4.2. DATA ANALYSIS STRATEGIES

Creswell (2012, p. 282) advised, "Both during the process of conducting a study as well as at its conclusion, you need to be mindful of the quality of the research". Data analysis began with analysis of individual interviews first, then with discussions of diaries,

followed by photographs descriptions and lastly drawing analysis. These following methods were employed only to stimulate recall. Primarily they were used to elicit responses, but also served as a data generation strategy to a lesser extent. These multi-modals were applied to triangulate interpretations and discussions (Denzin & Lincoln, 2010). I was acutely aware of my researcher-psychologist position and this enabled a reflexive understanding of the interviews (Binder, Holgersen, & Moltu, 2012). During the analysis, “an interpretative account of what it means for the participant to have such concerns within their particular context” (Larkin, Watts & Clifton, 2008, p. 113) was considered.

I regularly adjusted “emic and etic positions” (Smith et al., 2009) with the different techniques advocated in IPA research (Reid, Sinclair, Barr, Dobbs & Crealey, 2009). With an emic position, I related to the interviewees and used my insights into them “by looking at the data through psychological lens and interpreting it with the application of psychological concepts to illuminate the understanding of research problems” (Pietkiewicz & Smith, 2012, p. 366). I also asked participants to check the scripts at the end, which is a process used by researchers to check the accuracy of the data (Creswell, 2014). However, I retained an etic position when I examined each participant's words, including “the convergences and divergences of their experiences” (Allan & Eatough, 2016.p.17) in the general data collection “by looking at data from the outsider’s perspective, we have a chance to develop higher level theories and insights” (Pietkiewicz & Smith, 2012, p.366). I was deeply engaged in the meaning-making process of the individual; therefore, it was necessary for me to realise through my experiences to interpret meaning from those of the participants. However, I believe that my position as an insider within the research issues enabled me to gather meanings and to reach the degree of insight that could not otherwise have been attained.

4.2. 1. Reflexivity and ‘insider - outsider’ perspective in IPA

Reflexivity is a technique of examining the self in which the constant procedure of expressions by the researcher on beliefs, thoughts and behaviours, which may guide results during the interview process, was carried out (Topping, 2006). According to Finlay (2017, p.1) reflexivity is “the use of a critical, self-aware lens to interrogate both

the research process and our interpretation or representation of participants' lives". The purpose of my reflexive journals and field notes helped in the pursuit for reflexivity and were utilised. Before each interview, I reflected on my thoughts and preconceptions on the questions in the interview schedules. The subjectivity of both the researcher and the participant is considered as a component of the process. Therefore, the researcher's journals, her reflections and insights form parts of the data too (Flick, 2014).

In IPA, reflexivity, which is an important measure of the study (Smith 2009) means simply describing how characteristics of the study determine the data and interpretations of the transcripts (Parahoo, 2014). The following processes were taken throughout the research journey to check on reflexivity. I applied the hermeneutic circle during data analysis, writing down the primary thoughts preceding and succeeding each interview by adhering to my personal journal during the complete course of the research development as personal reflexivity. During the process, I tried to be aware of the findings that would surface from the analysis. In this way my reflexivity allowed the 'fore-structure', admitted my thoughts and "reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research" (Willig, 2008, p.10). Reflexivity therefore played a fundamental part in my endeavours to check on my ideas. Finlay (2008, p.29) states, "The challenge for the researcher is to remain focused on the phenomenon being studied while both reining in and reflexively interrogating their own understandings". This challenge comprised my position in the research "bringing to the fore [my] understanding of position in terms of personal values, beliefs, motivations, culture, ethnicity, and so on" (Horrigan-Kelly, Millar & Dowling, 2016, p.10). Horrigan-Kelly et al. further stated, "Reflexivity during the interview process involves bringing to the fore experiences and knowledge that may block appropriate exploration with the study participant or facilitate a deeper exploration. Finally, reflexivity during data analysis aims to avoid reaching an interpretation prematurely" (Horrigan-Kelly et al., 2016, p.10).

The 'insider outsider' positioning effect is also essential in IPA research (Smith et al, 2009). Both the investigator and the interviewee are important in qualitative research and it is nearly infeasible to endorse an indifferent function with the interviewees (Flick, 2014). As a researcher I am unknown to the interviewees, however as a psychologist working at Life-Plus, I am an insider which necessarily influenced my opinions and

interpretations. Additionally when I was a teacher working in a school, I observed the behaviours of the adolescents. Moreover, a crucial factor from an insider position is the attempt to see the world from the participants' views, so that the IPA researcher is permanently attempting to indulge in the insider perspective (Smith et al, 2009). In my study, the positive aspects of the insider role included the easy access to the participants who volunteered to participate in this research, and who were also my clients at Life-Plus. Negative aspects of insider research included participants assuming a sense of common understanding with the researcher due to a shared functioning context (Smith et al., 2009). However, my role as a professional psychologist prevented such commonalities.

4.3. METHOD OF ANALYSIS IN IPA

While quantitative investigation depends on objective truths, content analysis in IPA is specially exploited for the understanding of a phenomenon that is under consideration or difficult to deal with. For this intent, a lived-experience account of self-harm and the meaning-making of their school can yield a very rich and detailed understanding of the phenomenon from a particular positioning (Van Manen, 2016), thus illuminating the phenomena and opening other approach of investigation (Smith et al., 2013). In IPA, interviews are usually preferred and questions are exploratory and semi-structured (Rubel & Okech, 2017). The procedure is lively, and what comes out is a co-construction built by the reflux between the participant and the researcher (Finlay, 2011). As the transcription of the interview, recordings were analysed using thematic analysis (Creswell, 2013) and iterative rounds of induction and deduction (Miles, Huberman, & Saldaña, 2014). Allan and Eatough (2016, p.17) offer the following view,

“data analysis as an iterative and inductive cycle, which draws on a number of different strategies including: line-by-line analysis of experiential claims, concerns, and understandings (Larkin, Watts & Clifton, 2006); identification of segment patterns or themes emphasizing both convergence and divergence first for a single case then across cases”.

Data analysis continued as I asked more questions and used more prompts to elicit responses. The participants made sense of their self-harm in their words by explaining and interpreting their own experiences and further elaborations were offered through

prompts and new questionings. According to Smith et al. (2009,p.36), “the researcher is like the participant, is a human being drawing on every day human resources to make sense of the world. On the other hand, the researcher is not the participant, she/he only has access to the participant’s experience through what the participant reports about it, and is also seeing this through the researcher’s own, experientially-informed lens”. As the researcher, I explain and interpret the meaning of the participant’s account during the analysis and writing up. Smith and Osborn (2008, p 51) used the term “double hermeneutic” to describe this.

“Making sense of what is being said or written involves close interpretative engagement on the part of the listener or reader. However, one will not necessarily be aware of all one’s preconceptions in advance of the reading, and so reflective practices and a cyclical approach to bracketing are required”(Smith et al., 2009, p.35)

Moreover, Larkin and Thompson (2012, p.101) state,

“The outcome of a successful IPA study is likely to include an element of ‘giving voice’ (capturing and reflecting upon the principal claims and concerns of the research participants) and ‘making sense’ (offering an interpretation of this material, which is grounded in the accounts, but may use psychological concepts to extend beyond them”.

4.3.1. The interview analytic procedures

Smith et al. (2009, p. 57) stated, “A qualitative research interview is often described as ‘a conversation with a purpose’. This purpose is informed, implicitly at least, by a research question”. According to Wu and Wu (2011, p.1305), the researcher “focuses on context analysis, explores the deeply-rooted causes of phenomena, and highlights the explanations of what happened”. Smith et al. (2009, p.57) stated that the “Interviewing [process] allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of participants’ responses, and the investigator can enquire after any other interesting areas which arise”. Smith et al. (2009) describe IPA as symbolising processes to the understanding of the participant’s

interpretation and aim at particular meaning in specific contexts. Moreover, as IPA is a cyclical process, several iterative stages were involved.

An inductive cycle was applied through different stages of analysis (Smith et al., 2013). “In IPA’s case, the focus directs our analytic attention towards our participants’ attempts to make sense of their [lived] experiences” (Smith et al., 2009, p. 79). Participants were asked to relate their ‘lived experiences’ about their self-harming behaviours and the meaning they made of their school that illustrated their identity, and stories about essential moments. Smith et al. declare, “the aim of an [IPA] interview is largely to facilitate an interaction which permits participants to tell their own stories, in their own words” (Smith et al. (2009, p. 57). I used the adversities of the adolescents since the early years of their experiences in the interviews as contextual data to gather the meaning of their stories of self-harm.

Alase (2017, p.17) maintained, “In a qualitative research analysis, the interview transcript should be transcribed verbatim into a hard copy and then analysed by utilising the color-coded (or any other practical methods) and categorization for analyses (i.e., common themes)”. According to Alase (2016), the first data coding process requires the researcher to breakdown the responses into block of sentences or statements that can mean the ‘core essence’ of the participants’ ‘lived experiences’ before they can condense and manage into the category phase. Alase (2016, p.88-89) indicated, “Utilizing the generic coding method allows the researcher to meticulously and methodologically break down the participants’ responses without diminishing or misrepresenting the core meaning of their responses or “lived experiences”. Finally, by adopting the same process of condensing, themes are developed. Creswell (2013, p.193) advised that researchers should “treat each statement as having equal worth, and works to develop a list of non-repetitive non-overlapping statements”. Additionally, he informed researchers to “write a description of “what” the participants in the study experienced with the phenomenon” what Creswell (2013, p. 193), termed as the “textural description” of the participants’ experiences. Alase (2017.p. 16) informed, “the written descriptions of what happened to the research participants must include verbatim examples”. Furthermore, Miles et al. (2013, p. 108) specified, “Credible and trustworthy analysis requires, and is driven by display that are focused enough to permit

a viewing of a full data set in the same location and are arranged systematically to answer the research questions at hand.”

4.3.1.1. The Heideggerian hermeneutic interpretive phenomenological method

Researchers emphasise on the predominant role of Heidegger’s view of interpretation in an IPA study. Data in this study were analysed according to a Heideggerian-hermeneutic interpretive phenomenological method (Horrigan-Kelly et al., 2016). Smith et al (2009) maintained that the interpretation of an individual’s meaning-making, by ascribing quality of meaning to the phenomena, is essential to a Heideggerian phenomenology (Smith et al, 2009). The process of conducting research guided by Heidegger’s phenomenology requires the researcher to engage in both descriptive and interpretive activities. Gill (2014, p.7) maintained, “For any phenomenological methodology drawing on the work of Heidegger, interpretation is not a choice but an integral aspect of research”.

Hence, utilisation of an interpretative approach requires the researcher to accept and value the descriptions given by the participants as their reality, their understanding of the phenomenon. Dahlberg, Drew and Nystrom (2008) reported,

“Heidegger asserted that human existence is a more fundamental notion than human consciousness and human knowledge. His philosophy makes it clear that the essence of human understanding is hermeneutic, that is, our understanding of the everyday world is derived from our interpretation of it” (cited in Reiners, 2012, p.2).

Heideggerian-hermeneutic phenomenological approach includes interpretive hermeneutics that endorsed the hermeneutic circle method of analysis, where there is continual review and analysis between the parts and the whole of the text and where understanding and interpretation of phenomenon is gained through shared knowledge and shared experiences. Accordingly, researchers cannot detach themselves from the meanings extracted from the text where they become a part of the phenomenon. Finlay (2011, p.23) declares that it is "inevitable that researchers bring their subjective selves into the research along with preconceptions which both blinker and enable insight".

Subjectivity can both obscure and allow perception (Finlay, 2011). Therefore, caution is advised when one is being inquisitively reflexive during analysis. Heidegger announces 'interpretation' as a concept thoroughly entangled with 'understanding' in "making explicit that which was already implicitly present in understanding" (Cerbone, 2009, p. 62).

To accomplish 'understanding', however, 'interpretation' involves the researcher to go further than the verbatim meaning of the participants' words to engage in the 'fore-structures' and meanings in the data. Fore-structure comprise constructs, which are known before interpretation. It precedes awareness and is the anticipation of meaning. Some phenomenological researchers refer to 'fore-structure' as pre-understanding or background. According to Heidegger, 'interpretation' reveals what is 'already there' in its entirety. Interpretation allows that which is already understood, to be revealed. Heidegger considered 'interpretation' as a circular process whereby the 'fore-structures' of understanding are made explicit, then considered in terms of the whole of the understanding of something, and then re-considered in new ways. Methodologically, this is seen in the concept of the hermeneutic circle.

4.3.1.2. Data analysis process

To implement an effective and consistent thematic analysis of the data, several stages were followed. A word-by-word transcription of the interviews occurred, where these were translated from 'Creole' or 'French' language to English, then transcribed by me as the researcher. As in IPA, the data analysis began with reading the transcripts a number of times to engage into the data (Cooper, Fleischer, & Cotton, 2012). Additionally, I examined all interview transcripts with detailed reading and subsequent review regarding the content and where necessary, I referred to the interview digital recording to reconstruct the text where necessary. Initially, I independently assessed the multiple transcripts. Each interview transcript was filed in a portfolio devised for the participants with their number, for example, P1 for participant Saras, P2 for participant Brian, P3 for participant Cathy, and so on.

I conducted a first reading of the interview transcripts to consider any relevant emergent themes. The breaking-up of the data into units of meaning enabled me to become familiar with the data. In IPA, first the researchers administer a complete single case

analysis for each participant and later examine for patterns across cases, making comparisons. Each individual transcript was subjected to an in-depth analysis. As the researcher, I initially acquainted myself with each transcript with phenomenological coding (Larkin & Thompson, 2012) and then searching for patterns and contradictions to understand the meaning-making of the participants, followed by identification of key issues or themes (Smith et al., 2009). Interview transcripts are more about "the way in which an individual talks about a particular experience in a particular context, rather than about the experience itself" (Willig, 2008, p.67).

Afterwards, these constructs were arranged to form the basis of a conceptual categorisation of different schemes that described the meaning of school made by the participants who self-harmed. At this phase, "the initial notes are transformed into concise phrases which aim to capture the essential quality of what was found in the text" (Smith & Osborn, 2007, p. 68). (refer to Appendix G for extract of transcripts P1-Saras).

In the second stage, I read the transcripts again, moving between inductive and deductive positions. I considered the themes that I entered in the right-hand margin of each transcript. Here, the abstract concepts were formulated by looking for connections, correlations, patterns, and similarities within the data to develop the themes further (copy of an extract of Saras' interviews is found in Appendix G). The data in each category were then analysed for patterns, themes and subcategories, and I paid particular concern to contradictions specified by the participants and looked for irregularities between the concepts to avoid counter-themes (e.g. connectedness vs. disconnectedness; engagement vs. disengagement). These counter-themes (e.g. engagement vs. disengagement) were considered under the 'higher-order themes' (Smith et al., 2009). The process was cyclical, iterative and inductive (Allan & Eatough, 2016 p.17). Finally, these themes were organised into groups of principal themes, showing constructs that are more abstract. Smith and Osborn (2008, (p. 72) stated, "As a researcher one is drawing on one's interpretive resources to make sense of what a person is saying, but at the same time one is constantly checking one's own sense-making against what the person actually said".

Smith et al. (2013,p. 21) state, “a feature of IPA is also the need for a researcher to be fully aware of each person and how they are situated within the world before making more overarching claims about the essence of their experience”. A table summarising all themes for all the participants was produced which facilitated the synthesis and integration of themes from the texts that led to superordinate themes being identified (Appendices I & J).

Three interviews were conducted with the twelve participants, but only two interviews were audio-recorded and transcribed since two interviews would “yield adequate data to allow in depth analysis of similarities and differences between cases” (Smith et al., 2009, p. 63). In addition, the first interview was not audio-recorded in order to put the participants at ease, and establish a rapport and create a mutual understanding about their contribution towards the project. The themes were reviewed and checked for accuracy to ensure validation of the data. Certain themes that were not previously considered were added as they emerged during the course of the data analysis and were integrated into the coding structure. Themes were then clustered into more general "higher-order themes" or superordinate themes that carried a descriptive title of the abstract nature of the theme (Eatough & Smith 2006, 2008; Smith et al., 2013). These superordinate themes were prescribed prior to comparing across cases to yield a picture of “patterns of meaning of a shared experience” (Smith et al., 2009, p.79). This was done for each transcript.

4.3.2. Analysis of Solicited diaries

Analysis of diary entries, made by adolescents who self-harm, were added to the interview data sets to understand the ongoing experience of self-harm, participants generated solicited diary reflections. These reflections of the participants aimed at understanding the emotional lived experiences of the twelve adolescents over six weeks. These diary reflections included the emotional experience, self-defeating thoughts, coping and self-harming behaviours. Nearly all the adolescents, except two, reported that the motive for self-harm was mostly emotional relief and control, therefore reflection on these emotions by recording them in diaries was appropriate. There were several reasons for including diary reflections. First, the diary was used to appraise how the participants related their internal experiences to self-harming behaviours. The diary reflections considered the emotive experiences, including reflections on weekly

happenings, related to accounts of their aversive experiences of their self-harm and their engagement in self-harm. Participants recorded their daily experiences and noted their life as more negative, positive or neutral, whether they experienced any emotions during relevant events (an excerpt from a solicited diary in appendix C (1a)). Participants were requested to focus on specific aspects of their lives and to express the reactions they felt during the most significant moment in their life and noted them down in the diary each week. They were also requested to note down details of the activities that they were involved in and to write down about the most striking moments that also occurred each week and were asked to rate the emotions that implied as happy / moody / depressed / angry / frustrated / positive / neutral or negative. This offered insight into what emotions might characterise the experiences of the adolescents who self-harmed and allowed observation of any differences in their emotional experiences that were compared and contrasted with one another. The same questions on emotions over the past weeks, and about self-harm were repeated in each diary every week (Appendix C (1)). Questions began with events and activities at school, their mood on that day and problems encountered; their coping with the problems encountered; whether help was sought; whether they indulged in self-harm and if so, how they harmed themselves; their out-of school activities and their feelings on the day. These details would not have been easily solicited in an interview method. This diary method enabled participants to note down their daily experiences they had encountered, which would have been difficult to recollect during an interview (Kenten, 2010). Participants' responses were coded thematically with a specific focus on emerging themes and subthemes.

Similar to the interview procedure for analysis, the data in the diary were first transcribed verbatim, translated from 'Creole' or 'French' language to English by me and subsequent coding and analyses were conducted in several stages as suggested by Smith et al.(2009). The three C's of analysis that were applied, included coding to categorizing to concepts (Lichtman, 2010).

4.3.3. Data generation and analysis using visual methods

Data collection photography as a photo elicitation approach (Lawson & Wardle, 2013) was an additional method to stimulate responses from participants and share their interpretations, and understand what encourages changes (Einarsdottir, 2005).

Photographs may also highlight the participants' perspectives and help guide discussions with researchers, which are especially crucial in working with individuals. Participants chose photographs of activities from the gallery of the school website and were required to give a description for each photograph, together with a reason for selecting such precise photograph/s. Moreover, questions of their meaning making were asked to situate events representing the photographs and their impressions and feelings to elicit their own perceptions on their lived experiences (Harcourt & Einarsdottir, 2011).

I transcribed the recordings about the photo-elicited responses and then analysed the transcripts using phenomenological analysis (Creswell, 2013) and "iterative rounds of induction and deduction" (Allan & Eatough, 2016 p.17). The analysis accommodated for organisation of the raw data into themes. Interpretative analysis of the data yielded themes within the concept. Diaries, interviews as well as drawings were used as a way of "triangulating data" and enhancing research rigour. Methodological triangulation in this study provided data from lived experiences in the context (interview, diary and drawings), through activities (drawings) and by interaction with the participants.

Similarly, drawings were included in the study for exploring, constructing and communicating 'lived experiences' of the adolescents at school (Wright, 2010). The participants were requested to draw any activities that they performed at school. Drawing activity in the study was employed as one of the multi-modal forms of data collection alongside the semi-structured interview and the solicited diary. This inclusion of the use of pictorial representations of their experiences at school (Kirkham, Smith & Havsteen-Franklin, 2015) was to elicit emotive responses and their meaning –making of their school.

IPA is flexible enough to allow for the use of varying data collection methods. Hence, visual methods were used. These included interpretations of photos of school and its activities as well as drawings that participants could use to make sense of their school and its activities (See Appendix C (2)).

4.4. ANALYSIS OF IDENTIFIED THEMES

Twelve participants discussed their engagement in self-harm, such as cutting oneself, the intentional over-dosage of prescribed drugs, severe alcohol intoxication, non-

ingestible substances and punching the wall until bleeding. Self-harm began at early adolescence, peaked by the mid-teens and mostly stopped in the late teens (Griffin, Arensman, Corcoran, Dillon & Perry, 2016). The main themes that developed were related to triggering factors, specifically relational conflicts; self-harm and suicidal behaviour; and the functions of school and extra-curricular activities as a coping strategy (Frydenberg, 2014). The adolescents in my study linked self-harm to negative coping strategic factors. Issues related to their home experiences and poor relationships were also noted as triggering factors for self-harm. At this critical age in adolescence, participants addressed meaning-making of their psychological distress (McLean et al., 2010).

The analysis attempted to go further than merely provide an account of the data, to extend interpretations of this psychological distress into theme/s (Tomura, 2009), to entail meanings and techniques of self-harming behaviours when engaging in activities at school. Lastly, schema were generated which recorded each superordinate and the subordinate themes that comprised it. Many possible original themes may be excluded, pooled and established during the process of searching for relationships and connections between themes or 'clustering' (Pietkiewicz and Smith 2014).

4.4.1. Individual Case Analysis

According to Smith et al. (2009, p. 3) "IPA is committed to the detailed examination of the particular case. It wants to know in detail what the experience for this person is like, what sense this particular person is making of what is happening to them". It is therefore, appropriate to start the first analysis and focus on each case study, beginning with Saras. The transcripts that were printed to allow easy accessibility, and were read several times to start the analysis. First, I noted important comments in the right hand column of the transcript, words and phrases that were seen to apply to Saras' experience. These were highlighted in red and the explanations for their importance were noted down on the opposite margin. Convergences and contradictions in Saras' transcript were also written at this stage with observations made on the transcript sheet in the right hand margin as part of the preliminary coding. (An example of these initial codes can be found in Appendix H. Smith et al. (2009, p.92) claimed, "the themes reflect

not only the participant's original words and thoughts but also the analyst's interpretation". This double hermeneutic pervaded the interpretation of data.

Heidegger's hermeneutic circular process played a vital role at this stage where the transcripts were reviewed as the different themes emerged from the transcribed texts that described the participant's experience. This phase ensured that the disclosure of the participants' self-harming behaviours was not misrepresented as the interpretation progressed deeply. The preliminary themes at this level were recorded in the left-hand column of the transcript (Appendix G). Miller & Barrio Minton (2016) indicated that themes from the first case supported the subsequent analysis of the other cases. Once a case had been attained for Saras, the process was completed for the other eleven participants. During this practice of analysis, there could be an influence on the analysis of next participant when each participant was analysed.

4.4.2. Cross Case Analysis

Once each of the twenty-four transcripts (from the two interviews per participant) had been analysed, together with data from the diaries and photographs, the subsequent phase was to look for patterns across the cases, creating subordinate themes (Appendices- I-J). These subordinate themes "reflect the experiences of the group of participants as a whole", emphasising "the quality of the participants' shared experience of the phenomenon under investigation" (Willig, 2008, p.61-62). The superordinate themes for the twelve participants were clustered to a new table and classified per codes accordingly. This helped to have a view of the initial visual representation of the clustered themes. Provisional correlations were sought and appropriate headings were agreed by participants, supervisors and myself to each subordinate theme created (Table 3). These subordinate themes were then reconsidered with details from the participant transcripts and interpretative reviews and reorganised as necessary. The superordinate and subordinate themes were transferred onto a table with the emergent themes associated with the subordinate themes, and the line-quotes highlighted. This was important to confirm that the superordinate themes were inserted in the data. An example of superordinate themes and sub- themes are 'Parental support and domestic circumstances' and 'self-harm' for Saras which can be found in Appendix H.

4.5. SUMMARY OF DEMOGRAPHIC DETAILS OF PARTICIPANTS

Mauritius is a small island in the Indian Ocean. However, adolescents, including the participants, commute to secondary school long distances from their homes. This was because they were allocated seats at their respective schools according to their Certificate in Primary Education (C.P.E.) results at Grade 6 level. Moreover, some participants had relocated from state schools to private schools during their schooling. Table 2 provides a synopsis of the demographic details of the 12 participants aged between 12 and 18 years who participated in this study. This information on Table 2 enabled me to understand the everyday stress these adolescents encountered when they commuted to school and the friendships they made on their way to school and back (Bagwell & Schmidt, 2011), especially at the bus-stand (Archambault, Janosz, Fallu & Furlong, 2008). Most adolescents develop their friendship with friends outside school (Prinstein & Dodge, 2008). In this study, most participants commuted from their home in different directions to reach their school, which was usually found far away from their home. The table illustrates the direction each participant commuted to their school; for example, Saras commuted from the southern region of Mahebourg to reach school situated in the centre of the island. Cathy, who once lived nearby her school, moved in the west. Thus, she had to travel to her school in the lower centre of the island. Arti who lived in the west, located to a private school in Port Louis. Previously she attended a state school in the centre.

The aim of the research interview was to acquire sufficient data suitable for the study from an adequate number of various participants from schools (Gentles, Charles, Ploeg & McKibbin, 2015). Hence, a limited number of 12 participants were considered adequate, according to IPA (Smith et al.2013).

Among the twelve participants, nearly all of them were girls (n: 10) and the other two were boy-adolescents who formed the sample in this study. The boys were more reluctant to participate in the study. The majority of the participants came from the rural areas over the island, but they mostly attended either private or state schools, that were allocated to them in the urban vicinity.

Table 2: Identifying Information of the 12 Participants

Pseudo-name	Age	Gender	Home school/s	School/s	Region/s of school/s
<i>P1</i> Saras	17	Female	Mahebourg	Centre-Private	South- Centre
<i>P2</i> Brian	17	Male	Flacq	Centre-SSS	East- centre
<i>P3</i> Cathy	16	Female	Beau-Bassin-Albion	Lower-centre-SSS	Centre-West
<i>P4</i> Annie	17	Female	Souillac	South-SSS-Private	South-Centre
<i>P5</i> Sweety	16	Female	Rose-hill-Rose-bell	Centre-South-Private	Centre-South
<i>P6</i> Yeshna	18	Female	Mahebourg	South/Centre-Private	Centre-South
<i>P7</i> Arti	15	Female	Gros Caillous	West-SSS-P-Louis-Private	West-Centre
<i>P8</i> Aandi	15	Female	Quatre-Bornes	Centre-SSS-P-Louis	Centre-P-Louis
<i>P9</i> Rajesh	16	Male	Dagotiere	Centre-Private	Centre
<i>P10</i> Brinda	15	Female	Quatre-Bornes	Centre-Private-West-SSS	centre-west
<i>P11</i> Koshika	16	Female	Terre-Rouge	North-West-SSS	North-West
<i>P12</i> Teeroosha	13	Female	Taick	Centre-Private	South-Centre

SSS-State Secondary School

4.5.1. The Participants' forms of Self-harm

Self-harm has been associated with factors revealing poor insight and poor identity formation, including low self-esteem (Lundh et al., 2007) and dissociation. Many of the participants showed low self-esteem. In this study self-harm includes cutting oneself on either the wrist and/or thigh, and/or chest, the intentional ingestion and/or overdosing of prescribed drugs, severe alcohol intoxication, and consumption of non-ingestible substances. The adolescents who were between 12 and 18 years of age were interviewed to understand the conditions of their self-harming as well as the meaning they make of school. The act of self-harm typically suggested psychological distress in adolescents (Hilt, Cha, & Nolen-Hoeksema, 2008). My study contributed to the research discourse on self-harm by listening to the voices of the participants and obtaining their personal perceptions of self-harm based on their very private and unique

circumstances. In Table 3, trigger events that resulted in self-harm and/or suicidal attempts are presented which are linked to participants. Participants' ages and genders are repeated here (from Table 1) in order to provide a deeper contextual description.

Table 3: Identifying Information of 12 Participants' self-harm and trigger event

Fictional-Name	Age	Gender	Trigger Event/s	engagement in Self-harm	suicidal attempt/s
P1 Saras	17	Female	clashes with mother jilted by boy-friend	burnt arms with cigarette cut arms	consumed non-ingestible substance- toilet detergent
P2 Brian	17	Male	bullying at school	cut arms /thighs /abdomen	-----
P3 Cathy	16	Female	clashes with mother	substance abuse /drugs	cut wrist
P4 Annie	17	Female	clashes with mother-in-law and husband	cut arms/substance abuse/ chain smoker	teenage pregnancy attempt to jump heights
P5 Sweety	16	Female	clashes with father	cut arms/substance abuse	consumed lizard poisonous substance
P6 Yeshna	18	Female	clashes with brothers	cut arms	_____
P7 Arti	15	Female	conflicts at home	cut arms (deny)	-----
P8 Aandi	15	Female	clashes with father	cut arms	ingest pills
P9 Rajesh	16	Male	clashes with father	cut arms/punched fists	-----
P10 Brinda	15	Female	clashes with brother	cut arms	ingest pills
P11 Koshika	16	Female	clashes with father	cut arms/thighs	-----
P12 Teerousha	13	Female	clashes with father	cut arms	-----

4.6. PROFILE OF PARTICIPANTS

The following profiles of participants were written and resonate with the framework of IPA research. According to Smith et al. (2009), IPA's criteria for the selection of participants is designed upon their similarity of experiences and emotional outcomes, regardless of their demographic, economic, educational and social status. However, the

profiles were written out of my inferences and the empathy that was built during the interviews. The profiles are therefore, highly subjective.

4.6.1. P1- Saras

Saras is 17 years old and attends a private paid school. She has a brother who is one year younger than she is and both are living at their grandmother's place. Before she came to Mauritius, she lived in Malawi together with the family. They resided in Malawi for years until her father became unemployed. Her father is an Indian national and had left them in Mauritius and relocated to India in the hope of getting a job and reuniting with them in India. Her mother and siblings (including her) returned to Mauritius and settled at her grandmother's home in the south of the island. Saras also stayed at an aunt's home in the centre of the island to access school easily. However, she realised that the latter was treating her as a servant; she had to do all the household chores before and after school. When her father delayed sending her money, her aunt mistreated her. Finally, she left her grandmother's place because her grandmother could not understand her, and she had altercations with her mother and brother. Her mother is an alcoholic and a drug addict and had conflicts with her at home. Nobody supports her emotionally. The only place she likes is school, but there also she has language problem. When she talks in Creole (the language most commonly used in Mauritius), her peers bully and tease her because of her accent. However, she has some friends who understand her and support her at school. She likes going to school, but she had financial problems and were unable to pay the school fees; she becomes depressed and upset. Every month she fears the same situation. Sometimes her father would delay in sending her the money for schooling. Her mother was not working and her grandmother is living on her pension. Her brother is also studying and needs money too. Sometimes Saras did parttime jobs during the school holidays and at times, during weekends.

Saras was very angry with her father because her father neither would return to take her with him nor would call them back to India. Finally, she severed all ties with him and dissociated herself from him. Her mother went to join her father and left Saras and her siblings behind in Mauritius. She was in a deep depression and it was hard at home because she and her grandmother were financially impoverished. She experienced tremendous stress. During the holidays, she got a job in a call centre based on her

proficiency in the English language. However, she could not establish friendships with her colleagues because when she speaks in Creole (most commonly spoken language on the island) her colleagues bullied her because of her accent. This made her feel depressed and became isolated until her trainer became friendly with her and helped her. However, she became too familiar to him and was infatuated by him. Their relationships deteriorated when she learned that the trainer had a girlfriend. She then suffered fell from depression for which she was hospitalised. Subsequently, recovered and resumed her work.

4.6.2. P2- Brian

Brian is 17 years old. He attended a star state school and is a brilliant student. He is the elder child of the family with a brother who is physically disabled due to an accident. This brother is the focus of the care in the family. Brian considers himself an out-cast and believed that he could not depend on his family for anything. Although he is close to his mother, he cannot confide in her. He does not even confide in his girlfriend. He has a sister who is five years younger than he is and she is his little princess. At school, he had been a victim of bullying because of his name that has a negative connotation when translated into the local language - Creole – his name translated chicken. This forced him not to mingle with his peers and he established very few friendships. He often felt depressed and he thought that self-harming would rid him of this situation and would enable him to cope with life. At one time, he was following Marilyn Manson's Gothic culture - cutting arms and always wearing black attire. He used to self-harm four to five days a week. He has learned the habit from the internet. He even feels that the teachers do not help him at school to socialise. Although he achieved good grades and is among the top achievers of the class, he feels marginalized in his class, being so different from his classmates based on his ethnicity. He comes from a different ethnic group and he is not as wealthy as the learners are. His diminutive physique, lean figure and untamed hair rendered him an outcast and most of the time, he led a solitary existence. His only solace is to play music and when he is depressed, he listens to music or plays his guitar. He established a band of music and composed songs.

During the lunch break, he played roller- skating with a few friends at the back of the school premises away from the eyes of other intruders. He feels an introvert and it is challenging to make friends now. Moreover, he has conflicts with his brother at home.

Both of them do not enjoy a stable, harmonious relationship. Instead, there is some rivalry between the two of them and his brother is very violent. Brian elected not to communicate or interact with his brother, as far as was possibly used to leave him alone.

4.6.3. P3- Cathy

Cathy is a beautiful girl of 16 years old, who attended a school in the Centre of the island. She lives with her mother and stepfather near her school. She has an elder sister who is employed, but lives with her parents in their grandmother's home. Her parents have been divorced for six years. When she was 13 years old, her father relocated to Canada without his family. At that time, she went to live with her maternal grandparents. However, she could not adjust and lived with them for a mere six months. Thereafter, she returned to live with her mother. However, her mother cohabits with a partner and works from 7.00a.m. to 6.00 p.m. Cathy is left all alone and by herself from 2.30 p.m. after school, until her mother returns home. Sometimes she was feeling depressed and wanted to be alone. She befriended older men (possibly seeking a father figure) and used to go out late in the night. When she returned home, altercations between her and her mother would occur. Sometimes her mother was harsh to her to the point of punishing her and confining her to the house. Nevertheless, she would play truant from school, bunk classes, and go out with boyfriends. She used alcohol and drugs, like cannabis and her anxiety and stress deepened. Her mother was summoned to school, due to her rebellious behaviour and Cathy was given disciplinary warnings. That agitated her mother and Cathy was reprimanded more often. She found this unbearable and suffered deep sadness and grief. She felt suffocated and wanted to jump into the waterfall near her house. However, she did not have the courage to do this and she ended up cutting her wrist when she was all alone. On one occasion, she bled her veins and it hurt; but she felt relieved and eventually slipped into unconsciousness. Sometime after this incident, her mother left her partner.

Subsequently, Cathy's conduct changes. She becomes more obedient and calmer with her mother as compared to previously. She feels closer to her now and confides in her about any problems. Although at times she feels nervous and moody, she is now more studious and more organised, she did not consider suicide like she had done previously. Now she is happy with her family and at school. She obeyed her mother and her teachers. She tries to be more considerate and adapts to her surroundings. Sometimes

she feels at a loss, but her mother helps her to overcome these feelings. When she is with her mother, Cathy feels fine. She believes she has hurt her mother immensely and now she wants to gain her confidence.

Subsequently Cathy's mother met another partner. Cathy presently lives with her mother and stepfather and they have now moved to the west of the island. She is in Grade 11 and attends a state school. When she came to live with her mother and stepfather, (the latter who is an Indian, not a Mauritian), conflicts between her stepfather and her arose. Her mother opposed her and both parents were very strict with her. Cathy began to feel very isolated and depressed. Her stepfather did not try to understand her and imposed many rules in the house. Her stepfather was very strict with her and very demanding, expecting her to obey his rules and to listen to him. Cathy could not adjust and was feeling lonely and threatened to commit suicide.

4.6.4. P4-Annie

Annie is now 17 years old. She attended a state school some distance away from her house in the south of the island. Then she got pregnant and was married. She left school, when she was pregnant. However, her mother-in-law refused to assist with the baby. Her husband was imprisoned. Annie returned to stay at her mother's house after her baby was born; her husband by then had left her. She decided to join school again and relocated to a private school in the centre of the island. Nevertheless, she still missed her first school where she was a star student because all her teachers appreciated her style and versatility. However, she tried to adapt to her new environment at school. Although she had to travel a long distance by bus to reach school every day, she decided to study to get a good job and look after her baby. Annie is an intelligent girl and is very studious.

Annie had many problems at school as well as at home. She had conflicts with her sister and brother who wanted her to go back to her mother-in-law and husband. However, her husband was a drug-addict and went to prison several times. To add to her problems her child was seriously ill and was diagnosed with leukaemia. This affected Annie adversely and, on several occasions, she contemplated suicide. However, the love for her child prevented her from following the thought of suicide. Fortunately, the hospital helped her to overcome the problems related to the child's health and finally the child

recovered. She could concentrate on her studies and with the support of her parents, especially her mother who wanted her to succeed. Her mother had to work in order to meet the expenses related to Annie's schooling and the baby. Annie worked during the school holidays to generate more income. Later she studied some courses on hotel management and got a job in a hotel. She passed her exams and was offered a job in a hotel as a waiter. Although this was not a high-paying job, it allowed her to contribute financially at home. She became more content with her life and has many ambitions for her future.

4.6.5. P5-Sweety

Sweety is 16 years old. She attended to a private school and is in Grade11 this year. She had lived with her mother, father and her two little brothers. She was the favorite child of her father because she was the only child in the family for years before her two brothers were born and Sweety became quite a spoilt child. She attended a state school in the west of the island and was faring very well. Then her brother was born when she was in Grade7 class. Since then she believes her life was disturbed and she felt rejected and neglected. More attention was given to the baby. Subsequently, after one year, another baby boy was born. Sweety was compelled to look after her little brothers and sometimes she had to absent herself from school to help her mother in the tasks at home. Things were deteriorating and she was neglecting her studies. She started feeling a distance between her father and herself and became depressed. At school, she became aggressive with teachers and peers. She began to listen to Marilyn Manson's songs that have provocative messages and she was urged to cut her hands. When she was very depressed, she cut her hand more deeply to feel the pain and relieve herself of the tension. She began dressing in black to identify with a Gothic image and had piercings on her tongue. She had many friends at school and befriended older girls. Her parents were always quarrelling and were causing tension at home. She could not concentrate on her studies because she had two little brothers to care for and she fought with her mother almost daily. Her mother would give her excessive chores to do at home. Although she preferred to go to school than to remain at home, she played truant and from school at times and went out to the mall with her friends. She made many friends on Facebook and at the bus terminal. Sometimes the boys convinced her to drink alcohol and smoke cigarettes. She had experimented with drugs and her father

became aware of this from the principal. Some friends at school influenced Sweety to engage in poor lifestyle choices and in this way, she succumbed to peer pressure. Once she ingested 10 Paracetamol tablets with Red Bull (a stimulant). She and her friends consumed alcohol at school and she vomited in the toilet. The usher saw her and brought her to the principal's office, who called her parents to school. By then the principal took her to the sickroom to rest as her vital signs were deteriorating and she had nausea. When her father fetched her from school, he took her to the doctor. She did not want to care for her brothers and she became aggressive. Her relationship with her father and mother deteriorated and she did not speak to them sometimes. She often returned home late at night, and her mother would scold and swear at her. Although she then changed her school and relocated nearer home, she did not mend her ways until she came to Life-Plus. When she reported she was cutting her wrists, psychological therapy was administered.

Subsequently, Sweety moved in the south of the island. She is 18 years' old and stays with her mother, stepfather, stepsister and one of her little brothers and attends a private school near her house. Her mother and father then separated and her mother then established an intimate relationship with another partner. After this occurred, there was no further contact with her biological father. Sweety was always independent and was free to go anywhere. When her mother started working, she could not supervise Sweety who felt neglected and lonely. Sweety continued her behaviour of going out with friends and came under negative peer influence. She consumed drugs and went out late at night with boys. Sweety and her mother argued because her boyfriend with whom she was intimate, was a drug addict. Sweety became increasingly aggressive and wanted to live in her boyfriend's house. Her mother did not approve of her behaviour and she locked her in her room. Sweety became aggressive and beat her mother. One day Sweety and her mother had a row because of the internet connection and she was forcibly confined in her room. Sweety became depressed and in a fit of anger, ingested half of the poison in the vial that was in her room. She had previously collected the vial that contained lizard poison and placed it in her room. Nobody noticed her deed until her little brother went to her room to collect his toys and left the door open. Her stepfather happened to pass nearby, peeped into the room to see Sweety inert on bed, and rushed her to the hospital. She was in a coma for 3 days and had stayed in the Intensive Care Unit(ICU). A week later, she returned home and everybody paid attention

to her and she once again felt loved and cherished. Her mother stopped working and looked after her. Sweetie was impressed by her mother's sacrifice and wanted to mend her ways. Nevertheless, she continued to meet the boyfriend until she realised that he had been unfaithful to her when she was at the hospital, and she felt he had never genuinely cared for her. Then the family relocated to a new environment where she attended another school. She regretted the upheaval she had created in her family.

4.6.6. P6-Yeshna

Yeshna had to look after the household chores, which included cooking and washing before going to school, and after returning home from school. She was not free to study, which had affected her performance negatively, and she could not cope with her homework. There was pressure from her two brothers who insisted that she must study. They were very strict and did not allow her to go out with friends. She never knew her mother as she was only 9 months old when her mother died. Her maternal grandmother raised her and until recently, she returned to live with her father and her two brothers. She thought she would feel better at her grandmother's home, but the latter had made her do all the chores of the house. She had no time to study, and was always tired. Consequently, she came to live with her father and her two brothers. Her father was lenient and allowed her to do as she wishes without being supervised. Her two brothers, however, were strict and controlled her life. She had an elderly cousin who lived with them; but she was very distant to her and they did not get along.

Yeshna felt very lonely and most of the time she suffered from depression. She started cutting her arms to cope with her situation. Apart from going to school, her two brothers did not allow her to go anywhere. At home, she was constantly at the mercy of her two brothers. There was no love and affection from them. She believed that all they did was to exercise authority and control over her. Yeshna felt exasperated and at the end of her tether.

Now that Yeshna has passed her Senior Cambridge exams (SC), she is quieter and does not have to look after the household chores, as was the case previously. She did not go to university because her results were not good, but she found employment. There is no longer any pressure from her two brothers. Yeshna feels contented currently and most of the time she works and meets new friends and colleagues. She has stopped

cutting her arms as she can cope with her situation. At home, she is no longer under the control of her two brothers and there is more love and affection from them. Yeshna is independent now and moves around freely. Her brothers trust her now that she is working. She did not continue to study Grades 12-13 to complete her Higher School Certificate (H.S.C) exams. Nevertheless, she intends to follow some professional courses in the future and get a better job.

4.6.7. P7-Arti

In 2015, Arti was 15 years old and she was studying in Form III at a state secondary school in the east of the island. She failed her exams and she was relocated to a private school. Her mother viewed her as a problem child. Arti usually came late from school and her mother did not know her whereabouts. She had played truant from school and was getting into trouble, which resulted in her mother being called in and she came to know about Arti's truancy. Once her mother confiscated her mobile phone and Arti became very aggressive. Currently she joined girls from other classes who were very mischievous at school. These girls came from low-income family background and unstable domestic settings. Arti has an elder brother aged 25 years and is formally employed. He completed his studies and wanted his sister to work hard like him to succeed in her exams. He is very strict with her because of her record of mischief and her truancy. One day her brother slapped her when he discovered she was loitering with friends and was sending messages to them. She became very furious and threatened to commit suicide and went up to the roof, threatening to jump from there. She also frequently cuts her arms and is very aggressive and impulsive.

Arti, 16 years old, is the only daughter who has been spoilt by the members of her family, including her grandmother. Her mother has left work to supervise her. At that time, her brother was planning to get married soon and was getting his house constructed in the backyard. When she got her results in December, Arti had failed in nearly all the few papers she wrote and has now changed schools. She was playing truant during exams at her old school, was keeping bad company, and went missing from home for three days. When the police undertook an investigation, they found her at a friend's house and learnt that she was frequenting a pool club. Therefore, her parents decided to change her school to prevent her from meeting her friends. Currently she is attending a school in the capital and her mother has more control over her. Arti

is attending a vocational school and is studying for a career in the bakery. Arti has become reserved. She seems to be at a loss. She misses her old school and her friends. Arti no longer has contact with her old friends whom she misses and has become reserved.

4.6.8. P8-Aandy

Aandy was 16 years old and lived with her mother, father and a younger sister. She attended a state school, was sitting for the Senior Cambridge exams this year, and was progressing well in her studies. At times, she became extremely depressed and she could not concentrate on her studies. Her self-esteem was crushed as her father used to humiliate her, teased her and swear at her. She was very depressed and was self-harming, cutting her wrists many times. She had suicide ideation (suicidal thoughts). Once she had tried to take all the pills that had been prescribed for her mother, by gulping all of them at once. She had to go to the police and file a case against her father as he became very aggressive and used foul language with her. She consumed detergent for cleaning surfaces and had to be admitted to the hospital. Aandy had suffered from insomnia. She has one younger sister, but they were not closed and she also has a brother who is working and never bothered about them. Her mother also had conflicts with her father who wanted them all to move away from the house and to find some other place to live. The house belongs to her grandfather's parents. There was much conflict at home. Aandy is a very brilliant girl and is an introvert. She had problems with her cousin who harassed her on Facebook (Cyber-bullying). She had a boyfriend whom nobody approved of because he was believed to be a drug addict and he used to blackmail Aandy. He harassed her, would not allow her to talk to other (boy) friends, not even her cousin-brother, and was very possessive towards Aandy. Once at a wedding party, Aandy was dancing, and this boyfriend arrived and caused a lot of commotion. Aandy's mother had prevented her from meeting the boyfriend. However, Aandy was not able to break the relationship with him. At school, she had very few friends and was mostly on her own.

Aandy is 17 years' old now and goes to a school in Port-Louis. She blames herself for the death of her father who died a year ago when she was in Form V although she was not very attached to him. She has a brother who was not leaving with them because of her father, but currently lives together with his mother and sisters. They get along very

much now. Her mother is also working in a factory. She goes to work at 7.00 a.m. and returns late at 7.15 p.m., leaving Aandy alone all day. Her grandmother was expected to care for her, but she lived a distance away. Therefore, Aandy is on her own and is unsupervised. Aandy commutes daily to school and meets many friends on her journey. She became very intimate with a boy of about 22 years old, who is from other religious background and is unemployed. Consequently, Aandy's family did not approve of the relationship. Aandy became very stubborn and aggressive and fought with her mother daily. Aandy subsequently ran away and went to the beach with the boy. Her mother was worried and went to the police. However, the boy's family (father, mother and sister) had accepted her. Aandy's family was deeply concerned, as they knew Aandy was making a dangerous choice, was becoming adamant, and would not return home. She had stayed for three days at the boyfriend's house in Port-Louis. By then the police were informed and Aandy was forced to return home. She stopped attending school and became increasingly lonely, cried a lot and was depressed. Her grandmother had to stay with her because her mother was working. However, Aandy continued to create discord. Her boyfriend had bought her a mobile phone and they continued to communicate until her mother learned about it, confiscated the mobile phone, and gave it to the police. Aandy had no other way to remain in contact with boyfriend and became extremely distressed and depressed. She felt she could not live without her boyfriend, refused to speak to anybody, became aggressive and inflicted self-harm. She cut her wrist and had to be taken to the doctor. Aandy's relatives were very worried about her condition. She has two uncles (mother's brothers) who have settled down in England. They both invited her and her grandmother to spend some time with them and paid for their tickets. Aandy stayed for six months as a tourist there. By then she had recovered and had time to follow some courses over there and make new friends.

4.6.9. P9-Rajesh

Rajesh is 16 years old and is taking part in Senior Cambridge exams this year. He is trying to study intensively to pass his exams and enroll for some courses in Hotel Management. However, he has conflicts at home and cannot concentrate in his studies. His father is an alcoholic and very violent. Rajesh has endured domestic violence since early childhood. He has a brother and had a disabled older sister who died last year while he was writing his exams .Consequently, he did not do well in his subjects,

although he was promoted to Form V. At home, there live his mother, his father, an elder brother who is at the university and himself. His unmarried aunt and grandmother also live with them and sometimes family conflicts arise. They have a vegetable shop at their home. Rajesh's father is physically disabled and cannot walk and subsequently he receives a pension. Rajesh also receives a pension and materials to fund his schooling costs. At times his father became frustrated and aggressive which affected Rajesh adversely. His father is predisposed to violent behaviour. Rajesh loves his mother so much that he would not tolerate his father's violence against his mother and sometimes when his father beat him or his mother, he would retaliate by hitting his father back. Rajesh is old enough to defend himself. His father does not get along with his brother because each time his father beats his mother in front of him, his brother would beat him and prevented him from being aggressive.

His brother is now 21 years old. He had an only one sister whom he loved very much and he missed her a lot. He used to get her medicines from the chemist shop. However, he does not get along with his grandmother. If he stays in the house, his grandmother would scold him. She is verbally abusive to his mother that irritates Rajesh. He walks out to the river and waits for some times until he calms down and then he returns home. His brother never helps in the field, is free from household chores and is always at home studying. Therefore, he is free to concentrate on his studies and he never comes in to help in the garden. His brother is successful in his education. On the other hand, Rajesh does not have much time to study. When he returns from the field, he is too tired and cannot concentrate well in his studies. If he goes to the field and brings vegetables, his grandmother keeps scolding him because she is not satisfied with these types of vegetables. His Aunt works in a factory and is seldom at home. The relationship between his aunt and his mother is strained. His aunt fights with his mother and he gets so irritated that he punches his knuckles against the wall because he cannot bear the injustice against his mother. When he was younger, he was bullied at school because of his small eyes and his physique. He finds it difficult to have friends and always consoles himself by playing with his dog.

4.6.10. P10-Brinda

Brinda is now 15 years old. She goes to a state school in the east of the island, although she lives on the Central Plateau. She moved schools when she was in Grade 10

because she had been loitering around with friends playing truant from school. She has many friends that she made on Facebook. Once her brother discovered she has been shopping with her friends and she has been beaten. Her brother disapproves of her talking to boys and befriending them. She had a boyfriend, but they ended it due to the pressure from her brother. Since then her brother supervises her closely. She believes her brother is her mother's favorite child. Her mother has no control over her brother who taunts her persistently. Her brother is two years elder than she is and is in Grade 12, but he has authority in the home. He used to beat Brinda, swear at her using foul language and confiscated her mobile phone. Brinda has no contact with friends.

Brinda's father is an alcoholic who goes early to work and returns late home at night quite drunk. He has no authority in the house. Brinda's grandmother lives downstairs and favours her brother. Whenever Brinda is beaten, she cannot take refuge at her grandmother's place either. She has her maternal grandmother who lives a distance away. During the school holidays, Brinda visits her. Whenever she goes there, she feels quite happy as her grandmother pampers her a lot. However, Brinda is depressed as her self-esteem is crushed. She used to cut her arms and thighs and hurt herself that she had learned at school among friends. She wanted to be considered in her peer group as self-harmed. She was in Grade 8 at that time which was why she moved schools. Her mother did not want her to associate with those peers. At her current school, Brinda is faring well and is trying to succeed. She was elected as a prefect of the school for this year. Two weeks ago, she consumed an excessive dose of Paracetamol. Nobody was at home at that time as her mother had gone to meet her grandmother and only returned the next day. By then Brinda started vomiting and fell sick. The next day she called her grandmother who took her to the hospital where she had stayed for two weeks. The doctor diagnosed mild liver damage. Brinda is currently following treatment, concentrates on her studies and goes regularly to school. She feels safer at school than at home. Moreover, she is following therapies at Life-Plus.

4.6.11. P11-Koshika

Koshika was 16 years old. She was studying at Grade 12 and the following year she would attempt Higher School Cambridge (H.S.C.) exams. She seemed to be a very intelligent girl, but she was very depressed and always self-harmed, cutting her arms and her thighs. She had problems with her figure and considered herself overweight.

When she was in primary school, she was bullied excessively and was called an ugly duckling that resulted in two suicidal attempts. She felt very lonely because she could not adjust to her new school and with her new classmates. She was always alone at school and at home and did not trust anybody. At home, there were multiple conflicts and she did not have a healthy relationship with her parents. She believed that her parents were very strict towards her and there were too many restrictions to follow. Once they confiscated her mobile phone and was so aggrieved that she attempted suicide and was taken to the hospital. She wanted to live on her own and did not like to be supervised. She has a brother who is 4 years younger than she is and they hardly speak to each other. When she joined secondary school, her classmates were bullying her. She had changed for higher school for Grade 12-13., but she did not seem to like this school much and could not cope with her studies. According to her, the teachers were biased and they applied school rules inconsistently. They would give certain privileges to some girls.

She had a boyfriend on Face-book and was always chatting with him on her tablet. When her father became aware of this, a row at home continued for a long time. There were always conflicts at home. One day she attempted suicide by consuming Dolipran with Paracetamol pills. At times, she became very depressed and had suicidal tendencies. Previously, when she had consumed javel, a detergent, she was admitted to the hospital for three days. She started self-harming when she was in Grade 7 and was 12 years' old. Since then when she has problems, she cuts her arms to ease her emotional pain. Once she undertook an enterprise -a jewellery business-and was quite happy about that because she was earning some money and felt quite independent. However, her father forbade her to continue. Finally, her father had asked her to leave the house and confiscated her mobile phone. He had asked her to discontinue the business because he felt she was neglecting her studies. That night, she made another attempt at suicide by consuming a detergent. She was taken to the hospital where she stayed for three days. She wants to complete her studies and intends to go abroad one day.

4.6.12. P12-Teerousha

Teerousha who was 13 years old at the time of interviews old, lives with her father, mother, sister and grandmother. She lives in a village in the south of the island and

attends a school in the town at the central plateau in the island. She looks frail and weak. Teerousha used to be beaten by her father with a cane sourced from a guava tree that depressed her. When she was 12 years' old her father insisted that she had to start learning to drive a car. They have a big car and her father began teaching her to drive. This scared Teerousha, especially when she had to drive up the hill that she refused to be taught. Consequently, her father would beat her. She started to have nightmares and felt depressed. She was a victim of trauma and had to undergo some psychological distress, suffering from child maltreatment. Her younger sister also used to beat her. Teeroosha began to self-harm. At school, she learned to cut herself from friends when she was in Grade 7. They had asked her to cut her arms to belong to their group. Teeroosha often had difficulty breathing when she was afraid or angry. Currently her grandmother and an aunt are helping her to address her problems. However, her aunt lives a long distance away from her house in the south of the island. Each time Teerousha was beaten, she used to take refuge at her ggrandmother's home, but sometimes her grandmother was not at home. Once she was beaten severely because she was talking on her mobile phone with her boyfriend. She started experiencing dizziness because she was bleeding profusely from her injuries. In the afternoon, her father bought medicine for her. Since then her father left her alone and stopped taunting and beating her. Teerousha is following therapy at Life-plus and feels better.

4.7. SYNTHESIS OF THE CHAPTER

Chapter four presented a synopsis of the lives of the 12 participants. The participants' demographic details were presented, drawing each participant profile to help the reader to refer to their stories that I analysed and quoted as I discovered results for the research questions. I addressed the concept of reflexivity as an awareness of my contributions as a researcher through meanings during the research development. I then presented the data collection and data analysis procedures. Data were collected via individual interviews and were analysed according to a "Heideggerian hermeneutic interpretive phenomenological method". Solicited diaries of individual participants were also analysed, followed by photography and drawings.

CHAPTER FIVE

FINDINGS & INTERPRETATIONS

5.1. ORIENTATION

In chapter four data presentation and analysis is highlighted. This includes the individual case analysis as well as cross-case analysis, in order to discern patterns. A series of themes was assembled from the individual cases into cross cases that I grouped into super-ordinate themes, demonstrating collective higher-order attributes. The participant demographics were stated, outlining each participant profile in order to help the reader refer to their stories that I analysed and quoted as I explored results from the analysis. I also presented my position as an insider/outsider researcher and I addressed the concept of reflexivity to show my thoughts and knowledge to the involvement in the structure of meanings during the research process.

In this chapter, chapter five, I provide an outline of the significant results that were researched in greater descriptions. I define the super-ordinate themes with the relevant data generation. I present the master table of themes for the cross cases in Table 4. The stories from the participants are analysed and quotes are used as I explored answers to the research questions. The interpretative analysis revealed five super-ordinate themes and many identical sub-ordinate themes that describe how participants made sense of their self-harm and inferred to their meaning-making of school. The interview data was analysed using IPA, a qualitative data analysis approach that can yield a rich detailed understanding of the human lived experience (Smith et al., 2013). This approach was selected to illuminate the phenomenon to address the focus of this study, which explored the experiences of adolescents who self-harmed and their meaning-making of school. The chapter ended with an explanation of how the remainder of the thesis was developed, using the methods inherent in IPA analysis.

5.2. OVERVIEW

Using the IPA approach, I thematically analysed the twenty-four semi-structured interviews that resulted in the development of five super-ordinate themes, which include the following: (1) Disconnectedness at home (2) Trauma-related pain leading to self-harm (3) Coping strategies at school (4) School connectedness and (5) Fostering

resilience. These super-ordinate themes and their component sub-ordinate themes (Table 4) were investigated to form the fundamental element of this chapter, enriching each theme with verbatim extracts from the interviews, visual and reflective diary data. These themes were interpretations of the experiences of adolescents' self-harm and the meaning they made of school. However, not all aspects of the participants' experiences were included in this chapter, but only selected verbatim accounts that were relevant to the research questions.

5.3. INTRODUCTION

This chapter shows the data and analysis thereof, as these relate to the experiences of adolescent participants who self-harmed and their meaning-making of school. It is divided into five super-ordinate themes mentioned previously. When writing up the analysis, Callary et al. (2015, p.72) mentioned "Smith (2011) notes the importance of being transparent, providing an interesting and well-evidenced analysis (from several participants) of four or five themes, and showing the prevalence of themes with the density of the theme clearly demarcated. For participant samples over eight, there should be extracts from at least three participants for each theme to illustrate variation and detail of prevalence, or evidence of the density of the themes (Smith, 2011)". The interpretative analysis revealed five super-ordinate themes and many parallel sub-ordinate themes. Within each super-ordinate theme and its composite subordinate themes, participants related to how they interpreted their self-harm and meaning-making of their school. The intensity and intricacy of the interpretative analysis reveals the extensive range of the super-ordinate themes that vary from the distress resulting in self-harm, to their meaning of school. I introduced and summarised each super-ordinate theme at the start, followed by the sub-ordinate-themes. Table 3 illuminates the sub-ordinate themes for each super-ordinate theme. Data were analysed in the following ways underscored by Callary et al. (2015, p.69): "(i) descriptive experiences, (ii) the manner in which participants described their experiences and (ii) our interpretations about how participants understood the experiences they described". As mentioned in chapter four I included verbatim quotes from a range of participants, identified by their pseudonyms. To indicate quotes in this thesis report, I illustrated them as indented italicised texts or quotations marks when brief quotes were included in the main text analysis. These extracts from participants' narratives, from either interviews

or solicited diaries and drawings, were applied to illustrate the arguments of specified themes. The verbatim extracts underwent some slight modifications to enhance clarity. Verbatim words that were excluded were specified by the ellipsis (...), and added words within brackets where materials to demonstrate the point of reference. The acronym for the source of data is presented within square brackets, with the codes used to refer to data sources, for example [II] for Individual Interview, [SD] for solicited diary, [PE] for photo elicitation and [DA] for drawing with analysis. No identifying information was stated, and the pseudo-names applied in the methodology chapter have been preserved to shield the privacy of participants.

Table 4: Super-ordinate Sub-ordinate themes arising from the interpretative analysis

Super-ordinate Theme	Super-ordinate Theme	Super-ordinate Theme	Super-ordinate Theme	Super-ordinate Theme
1.Disconnectedness at home	2.Trauma-related Pain leading to self-harm	3.Coping strategies at school	4.School connectedness	5.Fostering resilience
Sub-ordinate Themes	Sub-ordinate Themes	Sub-ordinate Themes	Sub-ordinate Themes	Sub-ordinate Themes
1. Conflicts at home 2. Poor relationships with siblings 3. Maltreatment at home 4. Restrictions at home 5. Negative parenting practices and neglect	1.Triggers of self-harm 2.Forms of self-harm	1. Companionship at school 2. Leisure activities at school 3. Media-digital technology shared at school	1. Friendship 2. Teacher support 3. Extracurricular activities 4. Goal in life	1.Challenges of self 2. Meaning-making of school 3. School rules and values

Super-ordinate theme 1: Disconnectedness at home

The following research question is related to this superordinate theme:

1. What are the conditions of adolescents' distress and self-harm?

5.4. Disconnectedness at home

This super-ordinate theme is found to be the dominant argument presented by a majority of the participants. All twelve participants provided responses that articulated with the super-ordinate theme that alluded to parents' disengagement in the home. Data from the adolescents in this study revealed five apparent parenting and familial characteristics. As stated above, these five characteristics included Conflicts at home; Poor relationships with siblings; Maltreatment at home; Restrictions at home; Negative parenting practices and Neglect.

A common experience that participants reported was the absence of parental engagement and their emotional support. All participants reported conflicts in their domestic environment, which led them to become disengaged in the homes. The data reveals that some parents applied strict disciplinary methods that some participants perceived as emotional abuse. Many participants confirmed that their parents did not seem to care for them and were emotionally distanced from them. In spite of being physically present in some cases, some parents were psychologically absent from their children's lives, according to the participants. The adolescents, especially the girls, experienced this mode of distancing more intensely. The following data reveals this.

Table 5: Participants' conflicts in their home environment

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
1. Disconnectedness at home												
Sub-ordinate themes												
1. Conflicts at home	√	√	√	√	√	√	√	√	√	√	√	√
2. Poor relationships with siblings	√	√	√	√	√	√	√	√	√	√	√	√
3. Maltreatment at home	√	--	√	√	√	√	√	√	√	√	√	√
4. Restrictions at home	√	--	√	√	√	√	√	√	√	√	√	√
5. Negative parenting practices and neglect	√	√	√	√	√	√	√	√	√	√	√	

The following sub-themes describe participants' similarities and divergence with respect to the conflicts they encountered at home, including with siblings.

5.4.1. Conflicts at home

Several participants in my study reported diverse forms of conflict by various family members, within their domestic settings. For example, Saras stated the following during the interviews:

My mother and I ended up fighting really badly andI can't remember for what...but she lied about something to my dad...and I was really fed up with all the fighting in my house ...because every day there was fight... So my mother was into xxx (a highly sedating cough mixture with codeine) the drug and she didn't care and she was fighting in the house and I can't and got so fed up of it... [II-Saras]

Saras, a young adolescent, described her parents' separation that had affected her. In this personal story, she made clear meaning of her experience. During her interview, Saras disclosed a lasting feeling of powerlessness. In her diary, she mentioned how depressed she felt at home:

I am tired of Laxmi's (mother's) issues and quarrels in the house every day. Akshay (brother) keeps saying the house was better when I wasn't there. [SD-Saras]

Constant domestic conflict signalled by “everyday there was a fight” made Saras disillusioned when she “got fed up”. This was exacerbated by her mother’s excessive consumption of medication (“the drug”).

Similarly, Rajesh did not want to aggravate the conflict-ridden situation at home. Therefore, he left the house whenever conflicts arose:

Like if I've problems at home, I don't stay in the house....because if I stay in the house my grandmother will aggravate things and shouts at me... Sometimes she shouts at my mother...I cannot shout back at her.... This irritates me....So I move out to the river and I wait for some moments until I calm down and then I'll be back home. I'll sit at the river. I usually take my friend with me... [II- Rajesh].

Contrary to the other participants in this study, Rajesh had a supportive relationship with his mother. His mother had been able to potentially make him stop engaging in self-harm. However, Rajesh's parents were involved in a hostile and distressing couple relationship that made his father typically more adverse and aggressive towards the children. Rajesh

also experienced intergenerational conflict because his grandmother, who resided with his family, chastised his mother and himself. Rajesh's distress was borne out of direct conflict with his grandmother, indirect conflict between his mother and grandmother, as well as physical abuse by his father. The following is evidence of this:

*I was 6 years old (when my father began to beat my mum)...
Sometimes when he (my father) started beating me, I too started beating him....
I don't want him to beat my mother any more...like before I was not able to
(defend my mother)...My mother endured a lot...and she lost a daughter
and he still has the mentality... [II-Rajesh]*

Rajesh's mother had been battered by his father during her married life. When Rajesh and his sibling were older, they attempted to protect their mother from being abused.

In her diary, Annie related how her trauma of her teen pregnancy had affected her life and her goal and the conflictual relationships she endured at home at that time:

*I fought with my mother every day and at night with Father and I became aggressive.
My relationship with my mother was very tense. I didn't talk to her sometimes. I used to
come back home late and mother used to scold me and swear at me. I was feeling
depressed and was crying a lot. When I discovered I was pregnant, I was worried
and did not go to school regularly. [SD-Annie].*

Annie had multiple sources of distress: discord with both her parents, and an unplanned pregnancy, and these contributed to her self-harm.

Adolescents feel that they are misunderstood so that they started to rebel with parents and their surroundings causing much conflict (Benson, Buehler & Gerard, 2008).

5.4.2. Poor relationships with siblings

In this study, many participants had poor relationships with their sibling/s. In this study, the sibling relationship is seen to be a complex one. For most participants it was a source of rivalry and conflict. During adolescence, sibling conflicts usually seem to lessen, and the sibling relationship often displays help and support. However, for some participants in this study it became a source of contention. Although Rajesh entertained a good relationship with his brother, conflicts arose at times. The following extract provided evidence of how he thought he had helped his brother, but to his bewilderment, his brother reprimanded him and conflicts arose:

*Last year I think...In January,...The ministry has asked him (my brother) to join work.
My brother had asked me to do some work for him. I completed the*

work. But he thought I hadn't. So when he went to work, he had so much to do and he worked under pressure. So when he comes home, he feels irritated and shouted at us. But I've already done his work and he thought I hadn't done. He didn't even ask me and started yelling at me...So I get so vexed and wild that I took my bicycle and rode fast until I get so tired... [II-Rajesh]

As depicted in Table 4, all participants had conflicts with their siblings. Brinda, like Rajesh, reported being psychologically and physically abused by her brother to the point of causing her to feel depressed and to consider committing suicide:

...I tell you frankly...I want to go to the Police Station because the situation with the family...I cannot bear him (brother) beating me...So much beating... and you know the swearing that woman (in general) hears...He used to swear at me and used big words.... Because...as I told you...I had a boyfriend... Because I was on Facebook ...He beats me... I cried the whole night. What is more painful was my mother was sitting there and couldn't take my side and prevent him from beating me... each time I've problems I cut myself...I feel as if relieved.... [II-Brinda]

According to Brinda, her brother abused her because she had a boyfriend, of whom her brother had disapproved. She perceived that it was common in her family for her parents to show favouritism. This favouritism had contributed to the sibling abuse in several ways. Her parents treated her differently from her brother. In Brinda's view, that had created a sense of comparison between them. Her abusive brother had developed an identity based on patriarchal power and privilege and acted aggressively towards her (for example, by beating Brinda) without any fear of the consequences of such acts. The enactment of violent masculinity is further suggested by her comment: '*you know the swearing that woman (in general) hears*'. When Brinda perceived that she was the lesser favoured of the children by her parents, she became depressed and frustrated and harmed herself as a way of releasing anger:



Picture 1: Brinda's drawing of her abusive brother

*He's (Her brother is) imposing his rules....And he can move wherever he likes
Without asking for permission....He comes home very late... He's very free... [II-Brinda]*

In her diary, Brinda wrote about the abhorrent feelings she bore towards her brother... "He is despicable and vile". Brinda in her drawing illustrated the stern look of her brother and depicted him as authoritarian, arrogant and abusive although he seemed to be smart. Brinda depicted his callous stare here in the sketch as despicable and vile. This showed how she despised her brother's defiance at home.

Similar to Brinda, Yeshna had two brothers who terrorised her and wanted her to do the chores. When Yeshna arrived at school, she was exhausted from having done many household chores before school had begun. This depleted her energy and ability to concentrate at school. Yeshna's mother had died when she was a baby. Her father, like Brinda's, had no power in the home:

*....I have only two brothers...but they don't live like brothers
and sisters should be.... They prefer to be very strict (not letting me
to meet friends nor go out) with me...
It's very difficult...as if you are fed-up with your life...
Then you prefer to be on your own...don't exist...all alone...yes... [II- Yeshna]*

Yeshna's disillusionment with her family life was palpable. She wanted to be removed from that situation, to live on her own. Then her disillusionment intensified when she said she preferred not to "exist" at all. Brian also mentioned how his disabled brother had affected the family unit:

*They (my parents) don't understand me and they are all on my brother's side.
They mistake stuffs (make excuses) on the medical side of my brother,
on the diagnostics. They just let him do whatever he wants. I think there
is some rivalry between the two of us (brothers). The way I'm doing in life as well....
I tried to talk to him... bring friends to my place...bring him along ...
talked to him...I tried to get the medication....Nothing else can fix it...
Next two days it (the discord) starts all over... [II- Brian]*

Brian had difficulty in communicating with his brother, trying to be friendly with him and wished his brother's behaviour could be changed. His parents imposed excessive pressure on him. Brian emphasised the impact of the disabled brother on the parents and him, especially the stress that the parents experienced. Brian struggled to cope because of the aggressive relationship with his brother who manipulated Brian with his disability.

This resulted in Brian's feeling of isolation (*they are all on my brother's side*), and this resonates with findings from studies by Soli, McHale and Feinberg (2009), stating sibling conflict has been linked to internalizing signs of depression.

Brian further described a relationship defined by feelings of rejection and separateness:

I have conflicts at home, especially with my younger brother. [II- Brian].

Brian believed that there were qualitative differences in the ways their parents loved them. He felt that preferential treatment was given to his handicapped and aggressive brother. There was a clear division between himself and his brother who, according to Brian, behaved in a hostile manner towards him. His mother, brother and father had become closer to one another, in a way that Brian felt excluded. According to Brian, the trio formed a bond that intensified Brian's sense of isolation. For Brian, this family relationship was experienced as painfully confusing and unfair:

*It's more about the clashes my parents have about my younger brother...
It's really because my parents did not want to take appropriate actions to
resolve the issue about my younger brother. I'm really enraged at some point... [II-Brian]*

Similarly, apart from Brian's description of a relationship defined by feelings of rejection, Brian's mother, father and brother formed a bond that excluded Brian and intensified his sense of parental neglect and his disconnectedness from the family.

Sibling conflict was also experienced by Teerousha whose sister was 2 years younger than she was. Teerousha reported that she was always victim of verbal abuse by her younger sister:

*She would only shout at me and scold me and if I asked her
to get me something she would reply whether my hands are
broken... (Sarcastically) If I tell her something, she'll go on beating me...
.... When I tell my mother, she'll lie to her...
And mother sided with her. [II- Teerousha]*

Being the younger adolescent in this study, Teerousha's feelings elicited sadness and internalization instead of overt aggression. Similar findings emerged in studies by Dirks, Persram, Recchia, and Howe (2015) that focused on adolescents who spent much of their time together among siblings and where conflicts were frequent, experiencing emotional distress and hopelessness.

5.4.3. Maltreatment at home

Five participants, Aandi, Sweety, Teerousha, Koshika and Brinda endured on-going maltreatment at home causing distress and depressive symptoms among them. They were regularly abused and they perceived the verbal harassment they received in these relationships as distressful. Aandi, talked about her emotional abuse from her father, which she had experienced for several years. In the case of Teerousha, she related her father's lengthy emotional and physical abuse and described how her very violent father was beating her:

This year in April he (my father) beat me...And he confiscated my mobile phone...he beat me with wood... with a branch of Guava tree. Since I got beaten, I started getting dizziness... he brought medicine.....For the wounds... [II- Teerousha]

Teerousha sustained physical injuries during the beating. She explained that her father attempted to teach her to drive a car at the age of 12. He berated her severely during these lessons:

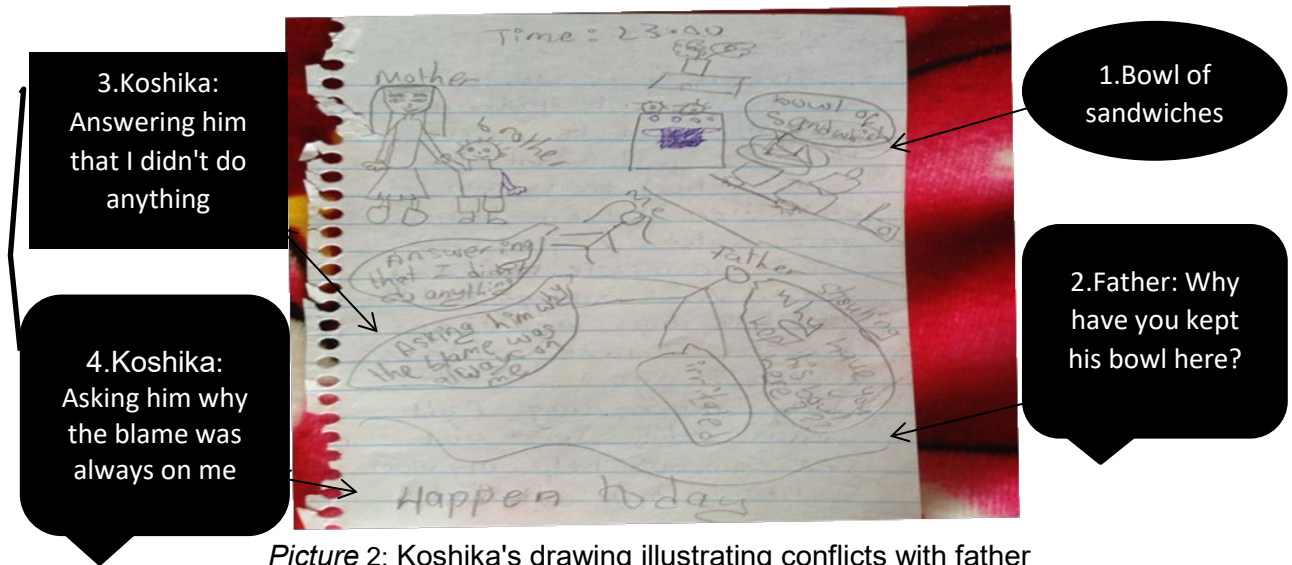
Before he (my father) used to beat me for nothing....He used to force me to drive and then when I wouldn't know he would beat me...when I was 12 years old,...He said he wished I learned when I was younger...When the car was going up, I couldn't drive and he used to beat me.... [II- Teerousha]

Similarly, Koshika described conflicts in the house with her parents. She started a small business involving beaded jewellery, which was flourishing. However, her father disapproved of that business, imposing his authority over his daughter. There was verbal abuse over the business, causing frustrations and distress to Koshika:

But I didn't feel like leaving it (the business)... then my father asked me to stop... Finally, he told me that if I want to continue (with the business) I'll have to leave the house...He told me if I go, I should not come back. Then he confiscated my mobile I felt my world has ended....as if everything has ended. Do you think I realise they (parents) don't mean anything to me...I'm fighting for them...because tomorrow people would say because of them something happened to me...I drank Javel (a detergent)... As soon as I drank a little...and then I started vomiting ...and I was crying... [II- Koshika]

Koshika implied that she did not want her family to be blamed if something happened to her. Further probing revealed that by "something happening to her", she implied her suicidal ideation. Her unhappiness intensified and she consumed a toxic substance in an attempt to end her life.

In her drawing, she depicted the scene that happened the night prior to one of her interviews. They were in the kitchen. Koshika indicated that for no apparent reason, her father scolded her. Her mother, holding her brother was watching passively and Koshika was in the centre of a confrontation.



Picture 2: Koshika's drawing illustrating conflicts with father

Some readers could interpret the illustration in Picture 2 as a trivial misunderstanding. However, it disturbed Koshika to a great level and this resulted in her electing to represent discord with her father in this way.

5.4.4. Restrictions at home

Nearly all participants described restrictions at home as being unreasonable. Some participants were raised in homes where parents displayed powerlessness. According to Koshika, her parents seemed to be highly restrictive and manipulative causing their daughter to engage in self-destructive behaviour. During her interview, Koshika showed feelings of disillusionment and her only respite was the power to self-harm:

It's like hell....tired...you want to go to bed....go to sleep....revise lesson done... No one cares..... You're not supposed to have any hobby. You're not supposed to be using your mobile phone at all. At home it's a crime. If my father comes home and sees me with the mobile....He starts...Are you working on the mobile... What are you doing on the mobile? I know that I read at school or I don't want to make a difference....won't make a huge difference for me because when I've to study seriously, I'll do it. [11-Koshika]

Koshika was of the view that her father believed she was constantly on her mobile phone and was neglecting her studies. She, however, believed that she made adequate time for her studies and felt emotionally eroded by the constant harassment from her father.

Contrary to parental support, parental psychological control is defined as parents' endeavours to empower the child's feelings and judgements that are likely to suppress their social and emotional development (Moed, Gershoff, Eisenberg, Hofer, Losoya, Spinrad & Liew, 2015). This was felt among some participants - Koshika, Sweety, Brinda and Teerousha. This restriction is assumed to build a weakness to instability at their developmental age. Koshika had an argument with her father about her jewellery business:

I argued with him....argued...until finally he (my father) told me that if I want to continue (my jewellery business) I'll have to leave the house.... I said ...fine...I'm going.... [II-Koshika]

Some parents fail to elicit their sense of duty towards their children. On the contrary, parents' demand for a mutual relationship that creates an utmost worry, as in Koshika's case, the sense of vexation was combined with a sense of powerlessness. Koshika narrated the huge pressure she felt from her parents to achieve success in her academic endeavours. Koshika perceived her parents' restrictions as rigid and tight, because they only valued academic achievement. She found it difficult to abide by her father's demands. She felt troubled by her father's annoyance; she perceived instability in her beliefs for success that she was not able to realise her ambitions. Besides being pressured to be successful, she developed a strong desire to be responsible and succeed in her studies. She constantly argued with her parents over her autonomy.

Similarly, Brinda's parents had negative views on Brinda's conduct, but similar restrictions were not applied to her brother. Brinda opposed the different treatment of her and her brother from their parents and believed her brother was given preferential treatment and power in the home. Her mother in particular, exerted different degrees of control over her children. Her brother was the authority figure in the house and contributed to restrictions on Brinda's whereabouts. Brinda had developed the feeling of being less valued than her brother and her perception of having unfair treatment in the home made her feel defenceless. Brinda expressed a dislike for her parents' harshness, and biased gender prescription. This restriction and discrepancy in treatment was perceived as generating a wide gap in the family that would be difficult to overcome later:

He (my father) has the right to do that...But the way my brother acted, he (my father) is powerless and cannot talk to him.my mother too is scared of him (my brother) and has to go according to his will. Whatever he says,

we'll have to obey...he's imposing his rules. I'm not supposed to meet friends after school. He (my brother) comes home very late...He's very free... [Il- Brinda]

She further felt disheartened when her mother watched her being beaten by her brother (next excerpt) without objection. Her parents seemed to use her brother to control Brinda's conduct:

I cried the whole night. What is more painful was my mother was sitting there and couldn't take my side and prevent him from beating me... [Il- Brinda]

Brinda's parents appeared to support the construction of violent masculinity in the home. This is in keeping with the patriarchal order in many Mauritian families, in my experience as a professional counsellor.

5.4.5. Negative Parenting Practices and Neglect

Parenting is an exigent function, which necessitates several skills and considerable efforts to move on well and enjoy the family unit. In this study many elements may be connected to the growing rates of self-harm, including disjunction at the family units, such as nuclear families living separated so that adolescents spent more time alone when not in school. The communication between parents and the participants decreased or became more toxic when there were conflicts at home. All the participants believed they endured parental neglect. Saras' perception of her parents' parenting style as deficit was linked to her mother's depression and substance abuse:

So my mother was into (xxxx)-the drug and she didn't care and she was fighting in the house and I can't and got so fed up of it... and then I went into the bathroom...I just drank duck (a detergent) [Il-Saras].

In her diary, Saras narrated events about her mother's negative practices:

She gives me money to use for transport and food. But when we fight, she asks for it back. [SD-Saras]

Saras could no longer endure the conflicts and negative parenting practices at home. Her relationship with her mother was often more tense as she tried to seek more possibilities to increase her freedom, and this resulted in confrontation. This echoes findings from a study undertaken by Alegre (2011) who emphasised that neglectful parents do not pay attention to children's emotions and opinions.

Similarly, Koshika's relationships with her parents were often stressful. Koshika's parents were not aware of their daughter's good intentions:

I was doing that (my jewellery business) in the hope that I can save some money to go abroad....for my studies....because I do realize I won't get 3 or 4 million rupees with that...But I'm not sure they'll be able to pay all my fees and there's a brother after me...so I can't impose myself on them (parents) ... [II-Koshika]

She was feeling sad about her business and began to rebel and argue with them to gain more freedom in high school and during her adolescence. Similar to Koshika, Cathy had a highly controlling stepfather. He controlled the way she dressed and her choice of music, and simultaneously exerted pressure on her to study:

*I prefer to work in a laboratory. But he wants me to be a doctor.
.... at school, then we are together (the boys) and we talk.
It is a mixed school. He (stepfather) was strict with my way of dressing...
Uniform...and the type of music (to listen to).... [II- Cathy]*

Cathy could no longer bear the control and maladaptive parenting by her stepfather on her choices. She felt burdened by her stepfather's constant annoyance and needed some space to adjust to that pressure which was denied to her:

*I wanted to commit suicide... I took javel (a detergent)...after that I realize that I'll foam... I don't know...Whatever I do they don't like...
It was not necessary for me to live. But I didn't want to put an end to my life.... [II- Cathy]*

Eventually the stress was unbearable and she ingested detergent as a way of self-harm. Cathy was confused and frustrated because her stepfather did not respect her need for autonomy and this precipitated the attempt to commit suicide although she was not willing to die.

Rajesh had to be more engaged at home, helping in the household tasks. His father was a disabled man and could not work:

Sometimes...-family problems. I've a shop at home. But my father has one of his legs and arms handicapped. Means he can walk, but he's lame in one foot.So sometimes he's frustrated and becomes aggressive, he takes food and throws away...Because of these I'm disturbed and I've headache and ... I don't have that much time to revise and when I come back from the field I am dead tired and I cannot concentrate well in my studies..... [II-Rajesh]

Rajesh had taken up the responsibility of running the shop (business) which they owned. After school, he helped in the shop as well as in the plantation ("field"). This excessive out-of-school work affected his studies negatively.

Saras was angry because in her view, her parents evaded their responsibility towards their children. Her father deserted her and went to India because of financial constraints. She felt abandoned and destitute. Moreover, her mother was a drug-addict and was always in depression. Saras had to bear the consequences of the situation:

*It's the anger...at times... Family what ...it is, my Dad...
Since he left in 2016, (for India) he hasn't comeback (home) to us...
because he's also having financial problems there...
Because he has his own problems and I don't stress him out... [II- Saras].*

Saras described her parents' separation in her diary, how that experience had affected her. In her diary, she related her experiences and the stressful events of her past:

*I'm tired of Laxmi's (mother's) issues and quarrels in the house everyday....
The way she talked to Dad really broke my heart. She made Dad feel useless.
She told him she doesn't want him anymore. He doesn't have anything....
Now the decision is taken that I'll be leaving with him (to India).... [SD-Saras].*

Saras was affected by her parents' separation. She would have to leave her school and her friends and go back to India to start her life in a new environment. She was confused and these on-going situations acted as triggers for her self-harming behaviour. In this study, findings show that parents' responsibility to their children was questionable.

There were few father-headed families in this study. Fathers seemed to be in the background and they were powerless and seemed to care less for the family. Apart from the empowerment of the fathers of Brian, Sweety and Koshika in the family unit, the fathers of the other participants like those of Saras, Brinda and Yeshna were, 'powerless and unable to handle the responsibility of the house', causing stress in the relationship. This role of father is evident in research that has recognised its impact on the adolescents' development (Scott & Gardner, 2015; Lamb & Lewis, 2013).

Superordinate theme 2: Trauma-related pain leading to self-harming behaviours

Research questions addressed:

What are the conditions of adolescents' distress and self-harm?

5.5. Trauma-related pain leading to self-harming behaviours

Data from the adolescents in this study revealed two trauma-related pain features, leading to self-harming behaviours. The two characteristics are: triggers of self-harm and forms of self-harm.

Table 6: Participants' turmoil leading to self-harm

Super-ordinate theme	Participants											
	P 1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
2. Trauma-related Pain leading to self-harming behaviours	√	√	√	√	√	√	√	√	√	√	√	√
Sub-ordinate themes												
1. Triggers of self-harm	√	√	√	√	√	√	√	√	√	√	√	√
2. Forms of self-harm	√	√	√	√	√	√	√	√	√	√	√	√

This super-ordinate theme includes how participants internalised psychological distress, considered as a condition of psychological disturbances with indications of despair and apprehension that more often include lack of sleep and headaches (Shonkoff & Garner, 2012). All participants experienced traumatic and intolerable pain that had led to self-harm. The most commonly cited reasons for these acts of self-harm were distressful events. Participants who self-harmed in this study were distressed because they were being poorly treated at home or school. Those adolescents became calmer after their act of self-harm. Here self-harm functioned as a way to relieve participants' tension.

5.5.1. Triggers of self-harm

In the present research, participants explained the motives for self-harming behaviours in their narratives. Most of them also narrated their engagements in self-harm more responsively, illustrating details of the circumstances and their triggers. Participants controlled the physical outcome of their self-harm during their interviews. They also believed that self-harming would calm their distress and would make it more manageable. Individual participants, who engaged in self-harm, had heightened tolerance for pain.

Individual participants, who engaged in self-harm, had heightened tolerance for pain. Some participants repeated their behaviour of self-harm as a way of coping with

distressing psychological trauma. Participants who underwent experiences of psychological abuse were likely to be depressed and guilt-ridden. The adolescents mostly linked self-harm to interpersonal factors. Many participants related their physical trauma and maltreatment at home by their parents and some by their siblings. All of them admitted experiencing problems at home that were at times unbearable and several mentioned feelings of isolation and distancing as precipitating factors for self-harm.

Table 7: Participants' trigger events and engagement in self-harm and some participants' attempts to commit suicide.

Pseudo- Name	Trigger Event/s	Form of Self-harm	Suicidal attempt/s
P1 Saras	Arguments with mother jilted by boy-friend	burnt arms with cigarette cut arms	consumed poisonous substance - toilet liquid
P2 Brian	bullying at school	cut arms /thighs /abdomen	-----
P3 Cathy	Arguments with mother	substance abuse /drugs	cut wrist
P4 Annie	Arguments with mother-in-law and husband	cut arms/substance abuse chain smoker	teenage pregnancy attempt to jump from heights
P5 Sweety	Arguments with father -----	cut arms/substance abuse	ingested poisonous substance used to kill lizards
P6 Yeshna	Arguments with brothers/ Beaten by brothers	cut arms	-----
P7 Arti	Arguments at home/ Beaten by brothers	cut arms (deny)	-----
P8 Aandi	Arguments with father	cut arms	ingested pills Paracetamol poisoning
P9 Rajesh	Arguments with father	cut arms punched objects with fists rode cycle fast going nowhere	-----
P10 Brinda	Arguments with/ beaten by brother	cut arms	ingested pills Paracetamol poisoning
P11 Koshika	Arguments with father	cut arms / thighs	ingested pills
P12 Teerousha	Arguments with father/ Beaten by father	cut arms	-----

Nearly all participants described a precise trigger for their self-harm and some even named numerous causes for their actions. However, most participants described feelings related to intra-psychological and inter-psychological events. Nearly all participants

attributed their first self-harm to their negative emotional state of anger and hopelessness in related to the context of on-going conflicts in the home. The feelings that most commonly preceded self-harm were helplessness, bitterness and vexation. Such a blend of emotional reactions triggered the act of self-harm. Brinda self-harmed when her boyfriend abused her emotionally and physically, and then decided to terminate their relationship. She narrated how she constantly inflicted self-harm when she became depressed, “to feel relieved”:

I used to cut here also (shows me her thigh). Each time I have problems I cut myself...and then I feel as if relieved... I cannot bear him beating me... he used to swear at me and used big words. [II- Brinda].

Brinda claimed that she often inflicted more self-harm from various provocations at home. These also include feelings of isolation, academic pressure, low self-esteem and poor body image. Koshika also reported feelings of self-hate due to her low self-esteem that stemmed from poor body image. In this study, participants emphasised interpersonal and social aspects that precipitated and sustained self-harming behaviour. Brian and Koshika disclosed that being bullied frequently resulted in higher levels of depressive symptoms. Koshika, who ultimately resorted to suicide attempts, also experienced this problem. In his interview, Brian alluded to following a Goth culture and eventually he succumbed to self-harm when he was bullied at school:

I've actually....I was more impressed about Marilyn Manson and the fact that he was like cutting himself and that was like...well... that's not for me...And then one day...err...there was some serious bullying going on me...They (the class-mates) swore about my name ... calling me chicken in the classroom and it affects me really ...really bad and I just went home. I had my biochemistry set on my table (to self-harm)... [II- Brian].

Additionally Brian claimed to be bullied by his classmates. He reported that he was subjected to discriminatory practices when his peers labelled him as ‘a chicken’ due to his name that has a negative connotation in Creole language:

There was the fact that....being promoted...in the first (best) class at school. There was difference in culture, even though it was a private school. I was the only one with that background in my class and the only one from a particular ethnic group that was in that class doing science. So I lost all my friends as they remained in the other class where I was. I was so sad...I left most of my friends. So new class, new people to deal with, new students, new level... [II- Brian].

Brian admitted that he suffered from the isolation of having been separated from his friends; belonging to a different ethnic group made him feel humiliated and lose his self-esteem resulting in more self-harming acts.

*bullying just worsened....no classmates...my name (being labelled chicken)...
Every day it was like this and, I just go back home and ruminate about it
(his depression). [II- Brian].*

Brian suffered from multiple stressful life events. Brian's relocation to a new class enhanced his feeling of isolation. Findings show that recent stressful or growing life events were related to low psychosocial regulation and grief. This is in line with research findings by Evans, Brooks-Gunn and Lebanon (2011), and Shonkoff and Garner (2012).

Similarly, Rajesh like Brian, was bullied at school when he relocated from primary to secondary school:

*Before when I started coming to secondary school, I used
to be bullied....I didn't know my friends then....
In Form1, yes....I was being bullied...and then in Form2 it
Gradually stopped...until now...sometimes....but it's less.... [II- Rajesh].*

Saras was undergoing stressful life events. Apart from moving back to Mauritius and having to face the absence of her father as well as financial constraints, Saras felt marginalized at school because of a lack of peer connectedness:

*Well...It's like I couldn't talk to the students...And the way they talk
...sometimes...It's... they bully... Because I was not talking in creole
...and ...this affects me ... [II- Saras].*

Saras did not fit in with her group at school because of linguistic differences, resulting in a social barrier and a disconnect from her peers. It was difficult for her to feel connected because of her different culture and language barrier. She had very few classmates whom she could befriend at school.

5.5.2. Forms of self-harm as a response to stress

Some participants affirmed that the reactional moments that triggered self-harm included irritation, exasperation, distress and remorse. These feelings formed a blend that was distressing for the participants. These adolescents emphasised that they used to self-harm to manage their trauma-related reactions. They also believed that the harm would distract them from their distress as it provided a source of tension release. Participants

claimed to have lost control of themselves that led to self-harm. There are many behaviours where self-harm is done by cutting their arms with razors, knives or sharp objects which is a common form of self-harm (Hamza, Stewart & Willoughby, 2012). Burning the skin is also common, not only among boys (Swannell et al., 2014), but also among girls. Saras cut herself, was suicidal, and drank a toxic liquid. Similarly, other adolescents used cutting and self-poisoning as self-harming methods.

At 16 years old, Brian started cutting his ribs when he moved to another class at school and again he faced the bullying by his new classmates. The emotional pain was intolerable and he resorted to cutting near his heart this time, not bothering that he might cut deeper and cause damage to his vital organs:

*Well. Before ...this (playing music) did not occur...
I just get to [cutting] my ribs and chest... It was painful
It was...As I said it was kind of salvation...
I was finding some comfort in the pain. [II- Brian].*

Participant Brian claimed that such labelling- “they swore about my name ...calling me chicken in the classroom”- (his name has a negative connotation in the Creole language) generated a state of disgrace and lack of confidence, resulting in further self-harming behaviours. At some point Brian had mixed feeling about committing suicide, attempting to cut near his ribs, in the area of his heart. Brian felt extremely frustrated and angry and could not bear to have this type of life that he believed he could not change. He was powerless. He could change neither his physique nor his ethnicity and his culture was different from that of his classmates. He was part of an out-group:

*At some point I did I... suicide....I was very down....that darkness inside
... something in my life...and things are squashing ...something squashing down
...so I we'd think it's better ending it there
but then every time I go for this final step I hear my parents' cries...
saying what will happen if I actually do it...
It was definitely...some sort of release...and at some point
I was going to some sort of emotional evasion where I could actually
ease the pain...very easy ...but it just turn the emotional pain into
physical pain and also I could actually see it and then I just let it go ... [II- Brian].*

In his diary, Brian mentioned how he was tormented with ruminated thoughts that struck him from time to time and he was helpless. He just wanted to be alone:

*Some random thoughts are striking from time to time and I go back to that
state of rumination, sadness, numbness and being cold to everyone.
I don't need anyone to be part of this hell. The only one who can help
me is myself and no one else. [SD-Brian]*

The diary reading further confirmed his state of ruminations and depressive moods because he believed that ruminating about his mood and symptoms would help to understand himself better:

Some random thoughts are striking from time to time and I go back to that state of rumination, sadness, depression, numbness and being cold to everyone. [SD-Brian]

He also mentioned the psychological turmoil that depressed him:

I'm literally on edge... slowly fading in the immensity and darkness of the void which I created inside my head... A fortress of pain and despair no one can understand... [SD-Brian]

Brian perceived an inability to cope with and to manage challenges. He described his symptoms of distress and depression to last long when he indulged in self-harming behaviours to regulate his negative emotions. Brian also engaged in it to manage his distress. Similarly, Aandi mentioned experiencing suicidal tendencies, often due to her emotional turmoil:

*...It comes... sometimes.... suicidal tendencies...I see a dark shadow....a deep hole...
... Cut my wrists...or keep my breath [Aandi].*

These thoughts were confirmed in her diary writing when she confessed:

I feel like leaving school and everyone else and go to places where there is nobody. I feel insecure about myself despite being with my friends. It's like I don't know what to do with my life. Sometimes I feel like crying for nothing...and I feel depressed and blank... Every little thing that happens makes me feel like I'm breaking down.... I feel like I bother people just by being alive. Sometimes I want to die for a day, and just watch who really cares. [SD- Aandi]

Additionally in the diary, she revealed the turmoil in her mind that tortured her so much that she could not control her emotions and was desperate for some support:

then something happens like a switch turn off somewhere. And all I'm left with is the darkness of my mind. But each time it seems like I sink deeper and deeper. I'm scared .Terrified that one day I won't make it back. I feel like I'm gasping for air, screaming for help, [SD- Aandi]

Aandi had been exposed to distressing events and experienced heightened psychological strains with confusing beliefs that resulted in a desire to end her life. Hence self-harm (“cut my wrists”) was employed during these intense circumstances to regulate her emotions and get rid of her distress.

Some participants in this study resorted to self-poisoning by deliberately ingesting additional quantities of drugs. Also included were acts of poisoning with other toxic

substances (Hawton, Bergen, Casey, Simkin, Palmer, Cooper, Kapur, Horrocks, House, Lilley, Noble, Owens, 2007). Brinda in a fit of depression consumed an excessive dose of Paracetamol pills:

I took tablets of Paracetamol...2 sealed packs [II- Brinda].

Sweety consumed poison to self-harm. However, Sweety did not act on impulse like the other participants. In her case, she had planned her attempt at suicide, but did not have the courage to execute her plan until she could no longer bear the emotional pain:

The poison for lizard was in the kitchen cabinet. I took it the day I did mischief...I let myself decide first...It's that I waited and drank it in a gulp. I used the internet when they (parents) were not present. I was using the computer connected to the internet (to chat). When they came, they saw I've been using the net...mother was angry and closed me in the room... [II Sweety].

In most cases, self-harm began before the first suicide attempt, but in the case of Saras, she ingested a toilet liquid detergent when she could not bear her emotional distress:

*Previously...In my previous country ...I drank 'Duck'.
A toilet Liquid. I actually tried to commit suicide... [II- Saras,].*

Koshika ingested a toxic detergent when her father confiscated her mobile phone. She felt her world had crumbled and as if everything had ended:

*I drank Javel (a detergent)...I don't know how much I drank...
I only know that I drank...As soon as I drank a little...and then I started vomiting...and I was crying ...Then I went to the hospital. [II- Koshika].*

By self-harming four individual girls, namely Saras, Sweety, Aandi and Brinda spontaneously and repeatedly engaged in self-harm to let go of their anger and sadness. Another feeling that the participants endured was that of dissociation. An individual applies physical harm to divert himself away from psychological ache, by trying to inflict pain physically, rather than emotionally (Moran et al., 2012). Aandi cut her arms and did feel the pain. For her the physical pain was bearable compared to her emotional pain:

*When I cut myself, I feel much better...as if...I feel hurt,
but in a way I feel relieved...As if it is not more than the pain I'm feeling... [II- Aandi]*

The bodily pain has a cathartic bearing in contributing to a desperate concentration, followed by a feeling of respite. Brian who found a kind of salvage in his self-harm illustrated this:

*It was some kind of relief...may be some kind of salvage....you just feel ...
Like the pain, you can't express the pain...your...body can't express the pain and you
can't express it...so you just take a blade and cut it...you feel it...You can give it a sense...
You can quantify it...actually quantify the pain... [II- Brian].*

Self-harm also provided a sense of control for most of the participants. All participants related that their psychological trauma could not be regulated, and self-harm conveyed a sense of emotional regulation. They admitted that a time and location was cautiously planned for self-harming behaviour where nobody would disturb them and they would have all the appropriate tools available. All participants except Saras self-harmed at their homes. Brian, like all the other participants, admitted self-harming at home in his room. Brian sought to self-harm privately as he did not want others to be alerted to his action of self-harming behaviour. Paradoxically, he saw the home as a safe space to harm himself:

*...I never cut at school. It's always at home...When I'm alone...
In some way it's safer...I just...At school I don't want anyone to know....
I don't want friends to know what... [II- Brian].*

However, this inevitable act of self-harm suggests that this sense of control to self-harm at home is imaginary.

Anxiety is predictably related to self-harm as a means to shun away “unbearable states of minds” (Motz, 2010). Glazebrook, Townsend and Sayal (2016) in their study of older adolescents found that self-harmers described a sense of greater apprehension and despair.

Contrary to the other participants, Saras self-harmed both at school and at home when she could not cope with situations:

*As for me...it's really hard because I end up cutting myself and
sort of harming...and for the solution...
When this situation is getting very bad, you get really confused...
Not knowing what to do. Like me....I find that sometimes my parents don't
understand I started realise they mustI started cutting myself...
And when I can't concentrate at school sort of when I start leaving...I start cutting also...
At school and at home... [II- Saras].*

Similar to all the participants, Yeshna mentioned she would keep her self-harming behaviour private and would not let her friends make fun of her situations:

I have friends...but I cannot tell my problems...They take it as fun... [II- Yeshna].

All participants related their concealment of self-harm. They narrated that their self-harming behaviours were private and done cautiously and quietly. The stigma associated with these behaviours led participants to conceal them. Hasking, Rees, and Martin & Quigley (2015) also confirmed that it could be difficult to discern whether an adolescent is self-harming because this is generally concealed.

Additionally, participants used their diaries to report psychological motives for self-harm, disclosing release from stressful emotion caused by irritation and anger, relief from negative affect (emotions) and externalisation of emotional pain (Spinazzola et al., 2014). One theme that was constantly reported in each diary narrative was the secretive phenomenon of self-harm. This hidden phenomenon of self-harm exhibited itself differently. In this study, participants appeared to have been concerned about the social stigma that prevented them from disclosing their self-harming behaviour. This resonates with the view of Smail (2015), that society socialises people to despise those who do not conform to the social norms of behaviour, and this leads to stigmatisation of self-harm.

Superordinate theme 3: Coping strategies at school

Research questions addressed:

2. *What meaning do adolescents who self-harm attribute to school? Why is this the case?*

5.6. Coping strategies at school

Table 8: Participants' coping strategies at school to alleviate self-harm and distress

Super-ordinate theme	Participants											
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
3. Coping strategies at school												
Sub-ordinate Themes												
1. Companionship at school	√	√	√	√	√	√	√	√	√	√	√	√
2. Leisure activities at school	√	√	√	√	√	√	√	√	√	√	√	√
3. Media digital technology shared at school	√	√	√	√	√	√	√	√	√	√	√	√

Data from the adolescents in this study revealed three coping strategies that the participants exhibited at school.

These three characteristics include: Companionship at school, Leisure activities at school and lastly, Media-digital technology shared at school. In this study, all participants managed to find ways of coping with their distress at school.

Coping denotes a process that an individual practises to manage his stress and tries to adapt to his situation. However, not all coping strategies are effective and relevant to a positive adaptation (Markova & Nikitskaya, 2017). There are two styles of coping strategies. The first is emotion-focused coping that directly controls distressing emotions arising from a stressful situation. It includes distancing, denial, escape, alcohol/drug addiction and avoidance. The second is problem-focused coping strategies directly manage the stressful events by finding alternate solutions to the problems (Frydenberg, 2008). Unsuccessful adaptation to a stressful event may result in distress and functional disturbances (Özlem- Schäfer, Naumann, Holmes, Tuschen-Caffier & Samson, 2017).

Adolescents self-harm because they cannot cope with problems and psychological distress in their lives (Guerreiro, Cruz, Frasilho, Santos, Figueira & Sampaio, 2013). However, self-harm, as an emotion-focused coping strategy that offers only brief respite, remains an unhealthy process to manage stressful situations (Guerreiro et al., 2013).

5.6.1. Companionship at school

Companionship with friends means spending time together, irrespective of the nature of the interaction. Support from companions is recognised as a significant caring aspect for the well-being of individuals, including positive effects on several educational outcomes (Alias, 2015). The two boys in this study, Brian and Rajesh preferred to address their distress by involving themselves with their surroundings of friends at school. These friends were steadfast in their support, and had the ability to distract, to provide their groups with various forms of resources, as well as a sense of meaning, purpose, and belonging (Jetten, Haslam, Haslam, Dingle & Jones, 2014).

Although Saras tried to mingle with her fellow school learners, she was the only participant to indicate a disposition against social interaction because of the language barrier. (Saras' first language was Hindi, which is different from the commonly spoken language used among Mauritian learners, which is Creole). However, socialization was important at school for her and she tried to adapt:

I only make friends with some classmates. Or like even when I socialize with my friends I hardly speak ...I would have been the quiet one because...that...I don't know if what I'm going to say ... got to make sense or if it's going to be part of the conversation... [II- Saras]

For Saras it was less important to have a larger number of friends ("I only make friends with some classmates") and more important to have healthier friendship attributes at school. The support of merely one friend acts as an encouraging source of protection towards social adjustment, according to Waldrip, Malcolm & Jensen-Campbell (2008) and Furman and Rose (2015).

Rajesh had the company of his older friend from school who tried to appease him in times of difficulties. They had been together since primary school:

I don't go alone...Anytime I need his help he's ready to help... As if I can rely on him...He's a good friend ... Yes my friend. Each time I've problems, he'll come and see me and together we talk and tell our problem. He'll talk to me and I forget my problems... [II- Rajesh]

Rajesh shared his problems with his trusted friend and relied on his companionship in dire times. He had an emotional basis for his trust in his only friend. Rajesh's friends calmed him down when he was angry. In this way, Rajesh was able to cope with interpersonal and intra-personal triggers of trauma ("I forget my problems"). Increase in perceived shared companionship has been shown to promote trust (Foddy, Platow, & Yamagishi, 2009). Similarly, Yeshna had developed new friendships when she changed schools and she felt her life had improved:

I feel better compared to what I was before. Now that my life has changed and I made friends ... And new friends and no bad company. I find myself better... [II-Yeshna].

At school, companions typically influence greatly adolescents' lives compared to parents or other carers. Healthy relationships with friends are essential development for the

development of adolescents' social life to cultivate their beliefs and values for personal goals (Markova & Nikitskaya, 2017).

5.6.2. Leisure activities at school

Another sub-theme under the super-ordinate theme "Coping strategies at school" is leisure activities. Leisure activities served as a distraction for all the participants in managing their distress and self-harm at school. Holder, Coleman and Sehn (2009) defined leisure activities as engaging in unpaid occupation that brings satisfaction and enjoyment to one's life. Within the engagement in activities, participants in this study revealed a vast selection of activities at school including dancing, listening to music, playing volleyball, participating in cross-country events, engaging in a fun day and music day activities, and many other activities, either alone or with others at school. Kim (2009) showed that when adolescents engage in leisure activities, they acquire pleasure and enjoyment and are satisfied with them. Not surprisingly, the participants mentioned leisure activities in the company of friends frequently. Brian cherished moments with his friends during recess at school:

*... those (moments) during the recess we had our hanging-out areas...
just hanging out at that place and just skate, play the guitar [II-Brian].*

Additionally, Brian found solace in his guitar and music as a strategy to cope with his depression:

*I really like rock and metal music and some of the artists are
very fond of and have dark lyrics...very uneasy...music helps me....
As soon as I put my hands (on my guitar) and just put the music on,
I just feel all the weight going away. It's just me and... me and the music... [II- Brian].*

This interview was conducted after Brian had revealed his feelings deep sadness. Brian felt the "weight going away" and this implies that he felt the emotional and psychological stress dissipate through this leisure activity. In this way, he coped with these stresses. Skinner and Zimmer-Gembeck (2011) maintained that adolescents adopt other coping strategies, such as playing music to feel distracted and more at ease and relaxed.

5.6.3. Media-digital technology shared at school

Adolescents make considerable use of media since the past decade (Rideout, Foehr, & Roberts, 2010). Inadvertently adolescents are more knowledgeable about the

affordances of social media as compared to adults. Accordingly, they are more conversant with global media as an interacting social power. Hence, with the transformations underpinned by globalization, multiple digital pathways become accessible to adolescents to expand their beliefs and values, and social interactions. However, these are liable to result in identity confusion (Jensen & Arnett, 2012). Excessive internet use is found to be detrimental to family relationships but is more suitable with friends at school where they can communicate. The use of internet and social media raises the adolescents' self-esteem, life satisfaction and academic performance (Hamm, Shulhan, Williams, Milne, Scott & Hartling, 2014). Arti was connected to her friends using cell phones and Facebook in particular. The cell phone was a precious resource for socialising, and without it, this participant became agitated, as is evidenced in the following excerpt:

As soon as brother snatched the phone, I became irritated and became aggressive and argued with brother, swearing at him and screaming...Then I opened the door, left the house and went onto the road...I go on Facebook on the phone [II- Arti].

Arti reacted aggressively as soon as her brother snatched her mobile phone. She became irritated and argued, screamed and swore at her brother. On impulse, she walked out of the home. Similarly, Koshika found it unbearable when her phone was confiscated:

When he (father) confiscated my mobile...I felt my world has ended... as if everything has ended....finally, you start crying.... I was blank...I was like to finish it once for all [II- Koshika].

For Koshika, without her smart phone she was unable to communicate with her friends at school. This device was extremely valuable to her and without it; she felt hopeless and wanted to end her life. Similarly, Brinda too wanted to recover her cell phone to communicate with her friends at school:

*But everybody has a mobile phone.
They don't ask us to have one...
But by myself I feel I should have one....
If you've a phone we can share songs (with friends) and listen.... [II-Brinda].*

In this study, findings point to the reliance on digital devices for enhancing peer relationships and for increasing attachments to peer groups. Similar to Koshika, Arti and Brinda felt the cell phone was vital for them to share music and songs among friends at school. In such cases, the users appeared emotionally attached to the devices and they

felt anxious, distressed and hopeless without them. These findings are consistent with those of Sapacz, Rockman and Clark (2016). The anxiety that this creates is called “state anxiety”, and is considered a component of behavioural addiction (Sapacz et al., 2016, p 158).

Superordinate theme 4: School connectedness

Research question addressed:

3. How do the meanings that adolescents attribute to school influence their self-harming behaviour?

5.7. School connectedness

Data from the adolescents in this study revealed four apparent school connectedness themes. These four characteristics include: friendship, teacher support, extra-curricular activities and goal in life.

Table 9: Participants' connectedness at school

Super ordinate theme	Participants											
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
4. School connectedness												
Sub-ordinate Themes												
Friendship at school	√	√	√	√	√	√	√	√	√	√	√	√
Teacher support	√	--	√	√	√	√	√	√	√	√	√	√
Extracurricular activities	--	√	√	√	√	√	√	√	√	√	√	√
Goal in life	√	√	√	√	√	√	√	√	√	√	√	√

Within the connectedness themes, participants described their connectedness with friends and with teachers. Nearly all participants portrayed school connectedness. All participants liked attending school because school determined their future and their goals. Some viewed school as crucial to providing education (Herman, Reinke, Parkin, Traylor & Agarwal, 2009).

In this study, all participants showed school connectedness by describing their belongingness in their interviews, diaries and through the photo elicitation as well as in their drawings.

5.7.1. Friendship at school

In this study, participants considered friendships in school as a very potent feature of school life. They all perceived friendships as a cogent force. All participants showed influence and expectation from their friends. These participants looked to their friends for protection and strength, and these friendships shaped their identity in the school community. They mentioned that familiarity bred further affection among friends. They had common preferences of school activities and this strengthened their bonds of friendship. Teerousha described how this occurred by stating:

*During these activities (sports)...we get friends to enjoy ourselves...
It develops your personality also... [II- Teerousha].*

It was imperative for her to include other friends to share affections. Teerousha showed the importance of friendships at school, as she perceived that it builds their personality. These friends shared warmth and security. Adolescents report more pro-social behaviour with friends (Padilla-Walker, Nielson & Day, 2016). Brian expressed his friendship during recess at school.

*I did (play) with friends during the recess. We had our hanging-out areas
and the shirt and school uniform...just hanging out at that place
and just skate, play the guitar [II- Brian]*

When he was requested to draw what he liked about his school, he willingly talked about his friends at school and their meeting place outside school. His drawing confirmed how he enjoyed himself outside school with his friends at the seaside:

*With my friends, we used to go there (seaside) with our bikes
every Sunday... and cycling there... [II- Brian]*



Picture 3 Brian's drawing of his friends

He had even organized a band among his friends from school and they used to meet to play musical instruments and compose songs.

Saras revealed the help she gained from her friends in her studies through photo elicitation of her school:

When I'm with my friends in class, I'm happy . You forget about the problems at home. You're with friends and they help you in all ways (in studies and in social life). You feel much better. My friends help me a lot to do my work... [PE: Saras]

This extract shows the support Saras obtained from her friends to do her work and to succeed in her academic achievement. Similarly, Sweetie described how she felt in the company of her friends:

I feel very comfortable with my friends. We share our secrets all together. When one of them is not in a good mood, we try to cheer her up. [PE: Sweetie]

Peer connectedness increases engagement in the life of the school. Similarly, many participants in this study reported spending additional leisure hours with their friends, leading them to depend on them as a source of social support. Participants also conveyed the meaning they attributed to school and their success at school. Multiple positive effects contribute to friendship interactions among adolescents that lead to higher academic achievement (Chase, Hilliard, Geldhof, Warren, & Lerner, 2014). Interestingly, friendships contribute greatly to the progressive development of adolescents. This resonates with research findings by Padilla-Walker, Carlo and Memmott-Elison, (2017).

5.7.2. Teacher support

In this study participants exhibited positive sentiments about teachers. Relations with teachers were considered as an excellent means of social and academic encouragement to the participants. In some cases, they relied more on the support of their teachers than their parents, the latter who were neglectful, according to some participants. Teacher support is linked to the extent to which a student feels close to and valued by the teacher. Teacher connectedness and support leads to student's success (Roorda, Koomen, Spilt, & Oort, 2011).

Saras depended heavily upon the teachers' support. Saras valued one supportive and trustworthy teacher in particular who had helped her financially and emotionally and had cared deeply for her:

*She was the one I always tell my problems. A few times also (hesitant)...
She helped me with my fees, with money. So she gave me money
from her salaries. She was always by my side. Each time I approach her,
she would be there. Even the cutting she wouldn't have liked it.
She would shout at me. [II- Saras].*

Saras believed that the teacher valued her (Saras') well-being when she stated the teacher "wouldn't have liked" the cutting/self-harm. There was no self-harm when the teacher supported her. Teacher connectedness helped Saras to 'outgrow' the behaviour and overcome her self-harm by developing psychological empowerment as she gained personal guidance and the support of the teacher. The teacher helped her to pay her school fees, and that allowed her to be connected to her school as well. This support demonstrates that Saras had changed from being sad and guilty to being more confident and trusting at school. This was consistent with literature findings by Roorda et al. (2011), who stated that a positive teacher- student relationship developed learning and personal growth facilities.

When Saras moved to another school, she felt insecure. After she left the first school, Saras experienced distress at having been separated from her caring teacher and she became more isolated. She respected that teacher who had helped her in her needs both psychologically and academically:

*Yaah. I didn't have anybody. When I was talking to her, each time
I was praying God I will always be with her and I was totally alone
(when I moved to the new school).
And it was really hard for me for these months by myself. I wouldn't even talk
to anybody. I just didn't want to be with anybody. I don't know what is wrong with me.
[II-Saras]*

It was important for Saras to meet people who shared her difficulties. This revelation gave her hope and confidence, when the teacher supported her in the same way as a friend would do by making her feel connected to school and thrive in her studies. Participants respected teachers who were helpful and ready to express their concern to their needs at school. Rajesh was very happy about his relationships among his teachers who helped and motivated him in his studies:

*The teachers are nice...we understand their way of teaching....
They know our performance and they go accordingly...
They know us and we're used to them and their way of teaching... [II- Rajesh].*

In this study, Rajesh acknowledged and valued teacher support. This relationship with the teacher was imbued with positive feelings. Rajesh "decided to stay here (in school)

only and complete my studies"... He also stated:" I tried to do my best, but my friends got more marks". There was competition among his classmates. Similarly, Annie felt connected to her school and agreed that the teachers helped significantly to make them succeed in their academic studies:

The thing that I like the most is that the teachers are very hardworking and they want their students to achieve success. Teachers are friendly. This relationship becomes easier for students to ask questions about lessons that they don't understand. They would never discourage pupils, like you will fail. [PE: Annie]

Sweetie mentioned:

There are many good teachers whom I really admire a lot my maths teacher, my English teacher and also my business studies teacher. They are very hardworking and sweet towards students. [PE: Sweetie]

In this study, teachers supported adolescents at school in several ways. The more help teachers show towards students, the stronger their relationships, which are built with healthier social and psychological responsibilities, and better academic achievement. This is in line with findings from Murray-Harvey and Slee (2007).

5.7.3. Extracurricular activities

In this study, the school-based engagement in extracurricular activities of the school provided exceptionally designed leisure environments, where participants could exercise and develop their identity over the selection of arrangements and activities at school. Many school-based extra-curricular activities, such as sports, playing volleyball, participating in cross-country events, music day, fun day, or performing in groups such as dance, are represented as exceptionally designed activities as opposed to unstructured leisure activities.

It was worth noting that participants derived many social and peer relationship benefits from extracurricular activities. Sports at school is a good practice of physical activity that includes competition, development of physical skills and organisational rules and other important aspects. Many participants practised sports at schools and sports made students want to be at school. Rajesh practised various types of sports, which helped him, despite his being a disabled person. Although he had been in a car accident when he was 8 years old, he persevered and wanted to be as healthy as his peers were:

*I participated...In cross-country, I won a Medal for 4th position.
I think I was 8 years old... I hit against a car (and couldn't run)
But I cannot see my friends running and winning medals. So I tried to run also.
I used to be trained for running in my village with my neighbour...
He only coached me. I used to participate in football and I'm good at playing football...
And I'm training for running too...and won at school for running... [II- Rajesh]*

School helped him to participate in many activities that enhanced his engagement in the life of the school and tournaments that were organised for inter-college competition. He had won sporting medals and sporting cups at school. This made him stay connected to his school and boosted his self-esteem.

Rajesh illustrated in a drawing about football that he was very fond of at school. He used to participate in tournaments organized at the national school competition level. Rajesh's personal beliefs about his abilities and self-confidence towards his goals and behaviours at school, was a primary factor in his achievement.



Picture 4 : Rajesh's drawing depicting his interest in foot-ball.

This showed his investment and collaboration in school activities. At the same time, he tried to develop psychological devices for combating his traumas that led to improvement in his personal health and wellbeing. This resonates with findings from Anderson-Butcher, Amorose, Lachini & Ball (2012).

Physical activities convey many improvements in an adolescent's life activity by providing many benefits, including resilience (Fraser-Thomas & Harlow, 2019). Rajesh continued with his feat at sports such as cycling:

Sports develop my muscles.... I like to participate in sport...I think one day I can win a medal for cycling. They (the organisers) came at home and proposed to me... so they want me to participate and they proposed to buy me a good bicycle. ... [II- Rajesh]

Rajesh showed increased self-efficacy (individuals' appraisals of themselves), an important intra-personal aspect of psychological empowerment. He confidently reviewed his capacity to adjust positively to his school environment, and he won medals in the competitions.

Similarly, Brian stated that he practised extra-curricular skating at school with his friends. In the absence of extra-curricular activities, Brian stated he would have been in an awkward situation at school:

*If I am not doing extracurricular activities
I would probably be in a cranky situation
Skate boarding is fun and nice. Football is good. [11-Brian]*

These activities helped Brian to interact with his friends and altered his mood and restored a positive image of his body...."my physique and I'm kind of short...so dark with long straight hair...And I'm very thin..." Physical activity worked as a catalyst in the development of Brian's interpersonal relationships where his participation enabled him to connect more eagerly with his peers, parents, and communities (Fraser-Thomas, & Harlow, 2019). Similarly, Annie participated in all activities at school:

*When there were Music day, Asian day...all activities
and there will be dancing and singing...
I was always in the forefront,...I was preparing everything ...
...I was the one to show them how to dance and
I was singing and I was teaching them (my friends) how to sing...
As if from the musical side...I was...like a star only... [11-Annie]*

These extra-curricular activities boosted her self-image and confidence and gave her opportunities to express her talents and to become "a star" at school. Annie's drawing also depicted her participation at music day in school using the various musical instruments among her friends.



Picture 5: Annie's drawing depicting her participation in music day

Music day and other activities at school were memorable events for Annie where she sang and played different types of musical instruments and showed her artistic talents:

*As if, the atmosphere at school makes me forget all these problems...
My school is doing much for me. My friends and some teachers are
helping me (with my studies and emotions)... [II- Annie]*

Annie was aware of her beliefs about her own capabilities and self-worth and she attempted to achieve greater ease and relief from negative mental states through conscious actions, by performing at school. She reflected on her increased sense of personal confidence, competence and knowledge and used her ability to understand and manage her distressing experiences. This built her psychological empowerment that enabled her to adjust and challenge herself, and achieve success in her studies at school.

In this study, participants won respect from their peers through sporting achievements. Findings indicated that adolescents found the enjoyment and self-fulfilment most appealing during these extracurricular activities.

5.7.4. Goal in life

In this study, completion of their studies was the goal of all participants. Goals, especially long-term life goals, are an important aspect of an adolescent's life because they can provide motivation in other aspects of life and give meaning to the efforts made in everyday life (Damon, 2008; Steger, Bundick & Yeager, 2012). Hence, life goals for an adolescent are related to educational achievement and career. Rajesh hoped to become an athlete or a sportsman, or a famous cyclist in the future. However, his immediate goal was to complete his schooling and help his family. He was hopeful that he would succeed:

*I wanted to study and complete my SC Form V level... and then
go to an Institute for Hotel Management. Then I could work and
look after my parents...and I can stand on my own legs...
I think of going for a career in a hotel to help my parents. [II-Rajesh]*

Rajesh's priority was to complete school and he wanted to get a better result at school and in post -school education so that he could get a good job and look after his parents. He prioritised care for his parents, then financial independence. Similarly, Brian wanted to pursue his studies and get a good job:

*It is important because you need to have a good job. For ... what I need to,
I really need to complete the university too.*

I intend to go for further studies and get a good job... Yes, at some point if I want to be accepted at the university. I need to be good, having a good grade [II- Brian].

According to Brian, his goal was to pass all his exams with high marks so that he could obtain a seat at the university and continue his studies to get a better job. Additionally most participants considered studies very important for their choices in career. Others pointed out that education is meaningful because it provides opportunities for employment. In her narrative, Annie stressed that she aimed to help in her community by being a teacher as a means to realise that goal:

*.....I try to make an effort...and find solution...I try to get a job...
I try to see what I can do and then I try to get a job.....That's why
my mother is sending me to school and continue my studies...
I will look after my child and make him grow up. I'll depend on
I and then I've to look after my parents...They are helping me actually...
When I go home I do my homework and study hard.... [II- Annie]*

Although Annie was likely to suppress her sense of purpose at times, she was able to engage in different roles (as mother and learner) towards her goal. Annie shared that she wanted to continue to study for her child to live a more comfortable life. After delivering her baby and returning to school, Annie demonstrated higher levels of achievement motivation.

Additionally, Annie, as a student mother, used coping strategies to adjust to her situation. Annie shared that when in times of adversity, she considered her baby as her motivation and inspiration to surpass all the trials. The transition to being a mother was not easy, according to Annie; she had felt irritated easily about minor incidents, but she managed to cope by keeping herself busy studying in order to obtain good results and ultimately a better job prospect for the sake of raising her baby:

*My goal is to finish schooling...go and find some course...
follow some course...to get a job... when the teachers start talking
to you, encouraging you while explaining...there is a hope that one day
I'll understand what he means....When I would grow up then only will
I understand what he/she means....the good advice... [II -Annie]*

Annie appreciated her teachers who sacrificed their time to do extended classes during lunchtime and free tuition because they wanted their students to achieve success:

She (teacher) was giving me free tuition...only I had to pay my bus-fare to go for tuition at her place (the teacher's place)... [II -Annie]

Annie had the incentive to complete her schooling and had to work hard to achieve her goal and look after her son. Similarly, Brian in his interview state

...you need to complete (a diploma). You need to finish that because you need to prepare to face life...At some point if I want to be accepted at the university. I need to be good, having a good grade..., for what I need to, I really need to complete the university too. and I was fortunate to be always a topper in class...get good grades [II- Brian]

According to Brian, it was important to have a diploma to enter the world of work and strive to achieve a better life. He valued school because it prepares one academically and professionally. Rajesh's uncle owned a restaurant and another one worked as a police officer. These persons served as role models to Rajesh and helped to solidify his career interests:

I intend to work in a hotel restaurant. My relatives work in restaurants. sort of I want to stay in this business. ...I wanted to be a police officer, but I require more height and one of my uncle told me I won't get that job. [II- Rajesh]

Role modelling by close provided support to Rajesh. Adolescents pave their way by fashioning their goals into a position in society to forge their identity. In late adolescence, individuals reassessed their priorities after school, where relationships played an important part to establish their goal through this development phase (Steger, 2012).

Superordinate theme 5: Fostering resilience

Research questions addressed

2. What meaning do adolescents who self-harm attribute to school? Why is this the case?

5.8. Fostering resilience

Data from the adolescents in this study revealed four characteristics underpinning fostering resilience. These three characteristics include: challenges of self, meaning-making of school and school rules and values.

Table 10: Participants' challenges at school to meet resilience

Superordinate theme	Participants											
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
Fostering resilience												
Sub-ordinate Themes												
1.Challenges of self	√	√	√	√	√	√	√	√	√	√	√	√
2.Meaning-making of school	√	√	√	√	√	√	√	√	√	√	√	√
3.School rules and values	√	√	√	√	√	√	√	√	√	√	√	√

Within the themes, participants described the challenges they face at school that determined their turning-point, their meaning-making of school, school rules and values. All participants revealed that they valued school and attributed a positive meaning to it. For most participants, participating in physical activity taught them stability, confidence in self, and perseverance. Peer and teacher support at school also helped the participants to build resilience. Resilience helps adolescents in their ability to cope with stressful situations and adversities. According to Lahad (2017), resiliency encourages a steady psychological condition in an individual, permitting him to take control of his life where he formerly had none.

In this study, most participants demonstrated resiliency. In spite of their psychological distress and negative environmental experiences, they were able to develop coping and resilience strategies, tolerate negative environmental experiences and succeed in their goals. At school, participants were able to engage by the way that they co-constructed positive or negative identities as learners through contact with their teachers and peers (Reed-Victor, 2008).

5.8.1. Challenges of self

The theme challenges of self emerged through the participants' stories. Participants taught themselves how to transform their disruptive beliefs of self-harm and channel their energies towards their academic experience, and this resulted in their valuing of school. In this study, all participants displayed resilience by endeavouring to challenging the self to cease self-harming behaviours as they tackled the problems by using positive coping strategies. One participant, Yeshna found that gradually and with favourable

circumstances, she no longer felt the urge to self-harm. Yeshna attributed the cessation of self-harm to keeping the company of good friends. This ability of distinguishing between “good” and “bad” friends gave weight to this maturity:

*That means I've stopped visiting my old friends...
As we were doing bad things...And now that I've got new friends
that they prevent me from doing such bad things
Like self-harming-cutting myself, drinking alcohol... [II-Yeshna]*

Yeshna had realised the importance of being selective about friends through her maturity that a careful selection of friends was necessary in order for her to stop self-harming. This involved spending positive time with peers, developing positive relationship and good behaviour. This mirrors findings from the literature on positive relationships by Molano, Jones, Brown and Aber (2013). A well-illustrated case of challenge of the self is found in the participant Rajesh, who managed to regulate his emotions despite all the adversities he encountered in life:

*As for me, I wanted to study and complete my SC.
Form V level and then go to an Institute for Hotel Management. [II- Rajesh].*

School was important to Rajesh because he wanted to get a better result and get a good job. When he came to school, he met his friends, and they joked, made fun and enjoyed themselves together. They learned good mannerisms, rules and discipline. Rajesh's school had introduced many extra-curricular activities and he participated in the cross-country event where had won the third prize that was a bronze medal. He felt very proud and happy and this participation helped him to overcome his problems to some extent:

*I wanted to... beat them (friends). Even in sports (at school), I want to be first.
When I saw them in front of me..., I wanted to beat them [ii- Rajesh].*

Rajesh had strived and won a medal in cross-country, in sports activities at school. This evidence proved how Rajesh persevered in his goal at participating with his peers, despite his disability. Another participant, Brinda, showed her success by being nominated as a prefect at school and was very active in all activities at school despite adversities at home:

*I'm nominated as Prefect at school... Then I will have to be engaged in all activities
I'm in charge of organising things and I've to welcome guests. You feel
great and feel important... [II- Brinda]*

This nomination as a prefect at school revived Brinda and boosted her self-esteem. This resulted in her enhanced self-confidence. Both Rajesh and Brinda felt it important to be active at school, and that had enabled them to overcome their distress and find meaning in their lives. This progressive outcome had also raised their status at school, which was good for their self-esteem. Beltman Mansfield & Price (2011) mentioned that it is important to develop constructive identity to maintain confidence and adapt to circumstances to sustain resilience. This challenge of self reveals that change is not a risk to individual safety, but a chance for personal progress and development. Similarly, in this study, experiencing adequate adversity and tension during adolescence may have left some participants to challenge the self and be resilient while facing adversity and withstand stress, as in the case of Brian:

I think school gave me a hard time (about bullying)...it gives me a very hard time. But I just try to focus on the plus side of it it's like I've been to hell...So I actually know where my weaknesses are .I know where I can go and why. So it did help me to do that whereas someone is not as strong as he thinks he's....darkness can strike at it at any time. So it's very glad that it happens to me at school that it happens to me these years at school and I do have learnt thing for the past years over there... [II-Brian]

Brian focused 'on the plus side' and recognised his social relationships at school as the only intention to be at school there although the school “gave me a hard time” and did not offer much of what he wanted:

We were a group of friends at school and we started a band of music.... It's been clinging on with friends and the studio and composing music [II-Brian]

He challenged his 'weaknesses' and was able to withstand significant interpersonal stress and strain and to go on to have social well-being. He surmounted his difficulties by participating in activities at school with his friends during recess.

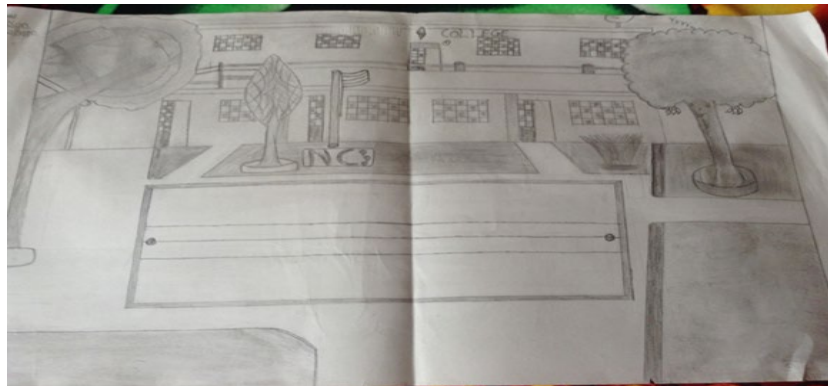
5.8.2. Meaning-making of school

In this study, participants regarded school as important for their future success because it gave them hope and meaningful purpose in their life. They pointed out that education because it provides opportunities for employment. School fostered those adolescents in achieving success in life with their friends who often found their best support networks in one another. Most of the participants described how school engagement made their daily

life meaningful and stated the importance of love, belonging and affection towards their friends, teachers and their school. They felt highly valued because the staff cared about their health and they felt safe there at school. Annie confessed her preference to be at school rather than stay at home:

I like my school and the company of my friends... At home, I have problems... to be able to look after my baby... There are conflicts at home... when I meet my friends I feel relaxed... I want to pass my exams... I tried to work hard.
[11- Annie].

At school, there were plenty of friends and she appreciated their support in her emotional needs as well as with academic issues, by building strong connections or closeness. Yeshna drew a picture of her school of which she was very proud. It was a two-storeyed building with many trees in the premises and various play-fields in the background:



Picture 6: Yeshna's drawing displaying the school building

In the analysis of drawing of school Yeshna acknowledged, “my school is a second home for me. Without learning you can’t go anywhere”. Another participant Annie stated in her drawing analysis, “my school is doing much for me”.

All participants maintained that schools helped in developing protective aspects such as good role models and suitable supervision from adults, an awareness of belongingness, safe environment with strong positive peer relationships and effective resource services. Sweety described the support she received from her friends at school:

We spend most of our time together (friends). Whenever I'm in problems, they come and help me. If I don't understand anything, they help me to solve the problem. When they don't come to school, I feel very lonely and unhappy.
[PE: Sweety]

Protective behaviours can influence learning and health. Apart from encouraging adolescent development and growth, school helps to the improvement of coping with

mental health difficulties. Adolescents experience a sensitive time in their developmental transition and numerous adolescents develop mental health difficulties during their school years (Garvik et al., 2014).

In this study, connected students attended school and learned more. As an active adolescent, Rajesh was able to deal with his emotional behaviour and made more progress in his social interaction than his inactive friends (Holt et al., 2011). Similarly, Rajesh maintained that he was more involved in school, engaging himself academically as well as in extracurricular-activities and had more positive academic attitudes and values towards school:

*School is a place of hope. School makes you a better person.
We can become intelligent through studies, education, teachers' work
and explanation. [II- Rajesh]*

The following description in his photo elicitation confirmed Rajesh's meaning of school:

*School is important for me. I want to get a better result and get a good job.
When we come to school, we meet our school friends and enjoy ourselves.
We learn good mannerisms, rules and discipline. These help us
when we are going to look for a job. School has introduced many sports activities.
I've participated in the cross-country and I have won a bronze medal. I feel very proud.
[PE- Rajesh].*

Similarly, Sweety described her school as:

*an institution of wisdom and creativity as it consists of teaching students
like us to help us improve and get a better life in future. My school is like
a temple where we show respect for each other. It is very peaceful
and we learn good manners. It is here that we get good education. [PE- Sweety].*

Annie shared that she wanted to continue school for her child to live a comfortable life:

*It's peaceful and I'm much happy at school...I used to do all my work.
I want to pass my exams and get a job... I would rather concentrate on
my studies... I have much work to do and to revise the lessons.
My teachers and some of my friends help me. [II- Annie].*

After returning to school, after delivering her child, Annie demonstrated higher levels of achievement motivation:

Now it's extra important to pass my H.S.C exams... [II-Annie]

Annie no longer indulged in destructive behaviour, (e.g. she had ceased to indulge in heavy drinking among friends):

*then there was no more contact... (with peers who made unhealthy life choices)
I've already changed my habits (of heavy drinking).... [II-Annie]*

She concentrated more in her studies to obtain higher marks and better results. She attended school more regularly than previously, and stayed in school after school hours for extra tuition. The school climate, including her relationship with her friends and the teachers were important in keeping her engaged in her learning at school.

Most adolescents in this study valued social interactions among their teachers and peers, especially their classmates. Participants reported that they had a good relationship with either their friends or teachers that deepened their connectedness to their school. For most participants in this study, apart from Rajesh and Arti, who were members of a club in their community, school was the only place where they participated in any type of joyful physical activities. These results support the view of Rasberry, Lee, Robin, Laris, Russell, Coyle, Allison & Nihiser (2011) that the school system should provide opportunities and motivation for adolescents to be physically active. Broderick and Blewitt, (2015, p.319) state, "School plays a major role in the psychosocial, intellectual, and vocational development of adolescents". Saras revealed that school was important for her and that she would want to complete her studies as school provides better job opportunities:

*School is doing much for me. School has always been
the best place for discipline, for education -wise. [II- Saras]*

In her photo analysis of her school, Saras stressed her happiness at school:

I'm happy at school. You forget about the problems at home. You're with friends and they help you in all ways. During lunchtime we share whatever we've brought and if you haven't got anything to eat, you'll have something to share with you. [PA- Saras].

Teerousha illustrated in her drawing the discipline and safety at her school. With the guidance of police authority, the students reached school safely and in a discipline manner.



Picture 7: Teerousha's drawing illustrating the discipline and safety at her school

5.8.3. School rules and values

Many participants complained of school rules that they found to be very harsh. Rajesh admitted that the school was too strict about the rules that adolescents at his school had to conform to if they wished to remain at that school:

The rules..., regulations..., uniforms, and all...it's very strict. We cannot go according to fashion... I'm happy to wear the school uniform and badge. My friends... we follow the rules at school the way you have been brought up at school we can have a good personality... [Il-Rajesh]

Rajesh maintained that wearing uniforms promoted a positive image in public and to the students themselves and generated a sense of connectedness to the school. Rajesh wore his uniform with pride because he was happy with the school he attended.

Similarly, Sweety showed her sense of belonging to her school

I personally like my school uniform very much and I have a suitable hairstyle to go to school to conform to the rules and regulations of the school. [PE: Sweety]

Annie acknowledged that without discipline at school adolescent will not thrive academically:

.... If there is no discipline...Nobody would be interested to learn. Where there are girls ...and even boys also would join in. Then there would be chaotic situation... [Il- Annie]

Conversely Saras who was intrinsically motivated to perform well and to work in class, was not able to gain maximally from classroom teaching due to lack of discipline at her school. She expected much from her school and her teachers

The school is not doing much for me...If you tell your teacher you don't want to do this right now...So it will be okay, fine. There's no seriousness. So you just got to open a book and...sometimes I wasn't feeling comfortable with that because I want to do more. I want to get more pressure on me from the teaching... [II- Saras]

However, the teachers were lenient and allowed students to dictate the agenda (“if you don’t want to do this now... it will be okay”). Hence, Saras found the rules were not strict about encouraging her to progress in her studies. Meaningful engagement is an assurance of purpose (Damon, 2009). Brian engaged in voluntary work at school helping the weak students in their mathematics during lunchtime:

Well I take some responsibilities at school. I was giving some private tuition to some of my cousins and other students [II-Brian]

Volunteering at school is an important positive way that Brian could use to help stimulate his development. Additionally, this activity maintains a sense of purpose and meaning and promoting intrinsic values. Steger (2009) states that volunteering is a long-lasting positive trait during adolescence (Steger, 2009). The altruism that Brian exhibited was a protective factor. This task is particularly crucial; it is an interval when individuals decide to observe established objectives and beliefs (Schwartz et al., 2013). Research confirms that engagement in volunteer activities is principally significant for the individual when the action contributes to a community or society (Steger et al., 2008a). Similarly, Saras helped in a volunteer programme with the disabled citizens in a community and she was proud of her effort to motivate them. She always had to plan events and activities for the people in the group that challenged her in developing her values:

I participated in a volunteering programme, helping the disabled senior citizens in my village when I was in Malawi. I had the opportunity to work with the intellectual disability agency. I volunteered to help them as a community service requirement. I thought it was going to be a difficult task trying to motivate and help the citizens do what they were required to do. But some were extremely self-motivated and competitive. [SD-Saras]

Altruism commonly refers to behaviours that enhance good qualities in a person, and this action is executed willingly and deliberately with no expectation of external reward. This is how Brian found meaning in his life through his meaning-making of school.

I would say it (school) is an institution where it prepares you for life... Daily it prepares you for everything that you'll face in life...not only academically, but also professionally...It just prepares you to be

someone likes...the adult of tomorrow. [|| Brian]

Brian positively experienced the unpredicted alterations in his behaviour and challenges that had provided him with personal meaning, value and purpose. Meaning originates from several diverse scopes, such as leisure activities, bonding and serving the society (Reker & Woo, 2011).

In this study, participants were able to engage in school activities and develop their goals and purpose, giving meaning to their experiences (Cattaneo & Chapman, 2010). This engagement provided them with chances to challenge their existing purpose. Most adolescents who had a purpose in life revealed their beliefs and moved ahead when they acquired fresh perspectives by entering the work place. Saras, for example, forged new friendships with peers at work when she applied for a job during the holidays:" They (friends) try to talk to me and try to make me laugh". Saras was able to re-examine her beliefs and her role, and reappraise her goals (Reilly, 2009), negotiating her life by balancing the socio-economic and psychosocial resources available to her (Schoon, 2015; Schoon & LyonsAmos, 2016).

5.9. SYNTHESIS OF CHAPTER

In this chapter, the results from a phenomenological interpretative analysis using different modalities were discussed. Most participants made great efforts to hide their scars and bruises ((which resulted from their self-harming behaviours). Self-harm that was a secretive act, might be perturbing them. In this study self-harm was rationalised as a way of coping with life rather than an attempt to end it (Nock & Cha, 2009; Adler & Adler 2011). Self-harm was understood to relieving psychological trauma. Gradually, internal or external negative life circumstances triggered self-harm as a spontaneous coping reaction. Additionally adolescents who self-harmed tend to have various problems that they used maladaptive coping strategies. The only support was their friends at school. They commonly articulated their disengagement from their home, expressing a variety of conflicts among the family, who according to some of them were severely dysfunctional or psychologically neglectful. Feelings of loneliness were totally ingrained in the participants whose parents seemingly neglected their children. Emotion regulation

through music (Miranda & Gaudreau, 2011), participation in activities and voluntary work acted as positive coping strategies among adolescents to adjust effectively to their surroundings and to develop resilience amidst adversities. This helped them to find solace, escape from distressful emotions and enhance their personal identity (Bonenberger, Plener, Kirchner, Keller, 2013). Support from friends and teachers were sought to establish relationships and become more pro-social during adolescence. Most adolescents in this study were connected to school that helped them to overcome their distress and build resilience through activities and support from friends and teachers. School and its social environment developed their maturity and influenced their cognitive power making some of them to be altruistic. With maturity and their cognitive knowledge, some of these adolescents overcame their distress and tried to stop their self-harm.

CHAPTER SIX

DISCUSSION OF FINDINGS

6.1. ORIENTATION

In chapter five, the data generation was analysed thematically using interpretative phenomenological analysis. Analysis of the twelve semi-structured interviews, using IPA resulted in the generation of five emergent super-ordinate themes with their sub-ordinate themes. These super-ordinate themes were highlighted and analysed using quotes from the raw data as I explored answers to the research questions. They were as follows: (1) Disconnected at home (2) Traumatic Pain leading to self-harm (3) Coping strategies at school (4) School connectedness and (5) Fostering resilience. Analysis into these super-ordinate themes and their component sub-ordinate themes (Appendix K) formed the essence of chapter five, with each theme explained and reinforced by specific extracts from the interviews and solicited diaries. These themes were accounts of the experiences of adolescents' distressful situations and the meaning they made of their school. These twelve accounts were common themes with some areas of divergence and difference, which were commented upon. In this chapter, self-harm was understood to be a means to alleviate emotional distress that was later negatively reinforced. These negative emotional stimuli triggered self-harm as an automatic coping reaction. The solicited diary was used primarily to assess emotional experience, self-defeating thoughts, coping and self-harm as well as the meaning they made of their school. In their interpretation of the photographs and generation and meaning they ascribed to the drawings of their school, participants captured images of activities with their friends such as music day, fun-day, and prize-giving day and organised educational tours at school and recreational pastimes such as football or volleyball matches during recess. Nostalgia was also evident in the photo-elicitation and drawings narrations by the individual participants.

In the domestic sphere, a disconnect from disengaged family was commonly expressed. Furthermore, emotion regulation through music and adult support as well as activities at school and coping strategies, were crucial for adolescents to adapt successfully to everyday stress. Most adolescents were connected to school, which helped them to challenge their self, overcome their distress at a turning-point in their life, and build

resilience. Some adolescents were able to disclose what led to their cessation of self-harm.

6.2. OVERVIEW

In this chapter six the discussion outlined how the analysis and literature related to the research questions through a dual philosophical approach: a phenomenological perspective which captured the adolescents' daily life stress-coping at school as an existential phenomenon, while the hermeneutic focus was on interpreting the links between lived experiences and meaning-making of their school. Phenomenologically, emotional experiences is situated in an 'inter-affective space' (Fuchs, 2013, p.234), diffusing our world with meaning as 'the affected subject is engaged with an environment that itself has affect-like qualities' (Fuchs, 2016, p197). In this section, I discussed the research questions considering the existing literature on the experiences and the meaning-making of school of the adolescents who self-harmed. This research lends support for existing theoretical models of self-harming behaviours, such as the affect regulation model, the diathesis-stress model of self-harm and the anxiety reduction model as skills to cope with emotional distress. These models were described in Chapter 2. Participants in this study recounted emotional motives and reasons for self-harm, including relief of frustration and resentment (Nock et al., 2009) which support the tension reduction model of self-harm. Relief from negative affect and externalization of psychological pain support the affect regulation models of self-harm. Accordingly, self-harm began as a means of relieving psychological distress, but was adversely fortified (Nock, 2010). Gradually negative drives that elicited adverse reactions triggered self-harm as a spontaneous coping response (Nock & Cha, 2009) as mentioned in the 'Result' chapter. Additionally, self-harm is believed to be deteriorating with their emotion regulation over time (Wilson, Robinson, Brocklesby, Kingi, Garisch, Langlands, Russell & O'Connell, 2016), signifying that engaging in self-harm may lead to poorer ability to deal with psychological distress. Models of self-harm supported this. Furthermore, social support is found to relieve the adverse effects of stress (Clark & Mills, 2012). In this section, connection as a feeling of closeness, emotional expression, putting effort into a relationship, acknowledging difficulty, and improving relationships that were expressed

by the participants, as well as giving meaning to their school are the focus of this discussion.

6.3. THE CONDITIONS OF ADOLESCENTS' DISTRESS AND SELF-HARM

This section answered the research question one: What are the conditions of adolescent's distress and self-harm? The results show that adolescents participating in this study faced a series of barriers to health such as depression and anxiety, and experienced some negative emotion regulations. Many factors in the social environment possibly affect adolescents' vulnerability to self-harm. Self-harm was systematically represented as a struggle for survival, although some participants had attempted suicide, generally out of impulsive behaviour, which is in accordance with findings from Adler and Adler (2011). Accordingly, both psychological and biological factors appear to increase vulnerability to self-harm in adolescents in this study. These adolescents showed the relationships of events leading to their maladjustment and behavioural conflicts, resulting in behavioural problems by venting their distress. This maladjustment showed their interpersonal and intra-personal causality of their self-harming behaviours in this study. Hence, understanding the causes of the adolescents' situational events might help discern the meaning of the situations and what these signify about one's life, predispositions, preferences, and the changes adapted that was stimulated by the adverse experiences (Kun & Liming, 2007). Finding meaning accordingly includes both designating meaning of the occurrence (i.e., attributions) and showing constructive improvements from the experience that includes "tendency to avoid pain and overcome adversities" (Wong, 2012a, p.11). Similarly, Brassai, Piko, and Steger (2011) suggested that meaning in life might serve as a shield against making choices that may harm their physical and psychological well-being. As mentioned earlier, disconnectedness from home, psychological turmoil, maladjustment and motivational/ behavioural problems were shown in the negative feeling stages to affect the adolescents in this study (Table 5). The participants experienced these dimensions at unpredictable times across their psychosocial developmental phases and during their self-harming behaviours. According to Buelens, Luyckx, Gandhi, Kiekens and Claes (2019, p.2) "This heightened psychological distress is then supposed to be handled by emotion regulation abilities that are still maturing during early adolescence. This may increase the possibility of

developing maladaptive emotion regulation strategies". Henceforth, this maladaptive emotional experience may lead to self-harm, rumination and attempted suicide. Psychological aspects and emotional turmoil include loss of self-respect, hopelessness, low self-esteem, frustration, anger, worry, impulsivity, and an inclination for ruminations, and a sense of entrapment (O'Connor & Nock, 2014). Rumination, which is repeatedly associated to greater disturbance in emotional stability, causes poorer adjustment and high depression. Biological aspects involve changes in the hormonal serotonergic and stress-response structures (Van Heeringen 2014) which cause depression and self-harm to be often repeated (Carroll, Metcalfe & Gunnell, 2014). Rodham and Hawton, (2009) maintained that repetition of the behaviour is common among self-harmers.

Cutting as a method of self-harming behaviour was cited in many previous research studies, and this method was common among both females and males in this research. Nearly all adolescents, apart from their wrists, hands and arms, identified their thighs, and chests as sites for their self-harming behaviours, which concurs with findings from Whitlock, Muehlenkamp, Purington, Eckenrode, Barreira, Baral Abrams, Marchell, Kress, Girard, Chin and Knox (2011). Furthermore, some female participants also ingested excessive medicine pills, which resonates with findings from Hawton et al (2006), that overdosing on potent medicines is the most common method of self-harming behaviours among females. Additionally, this study found that among both male and female participants, self-esteem and toxic relationships with family members caused adolescents to self-harm. Consequently, it was found that the social environment at home played a crucial role for both male and female who self-harmed. Nearly all participants began self-harming at an early age. These findings converge with those of Hawton et al. (2012), which revealed that self-harming behaviours usually started around the age of thirteen, which is deemed an early age.

This study revealed that Rajesh, Koshika, Saras and Brian who were being bullied at school, had experienced a wide variety of indicators of depression, poor self-esteem, anxiety fear, behavioural difficulties, suicidal thoughts and attempts. Many researchers confirmed such symptoms among bullied individual at school (Heikkilä Väänänen, Helminen, Fröjd, Marttunen & Kaltiala-Heino, 2013; Kaltiala-Heino, Koivisto, Marttunen & Fröjd, 2011). However, Teerousha who had self-harmed once subsequently ceased

with her self-harming behaviour, describing this negative behaviour as being executed when disturbed. She also attributed the self-harming behaviour to trying to imitate her peers (social contagion) in order to belong to the group (Long & Jenkins 2010). Arti was reticent regarding her self-harming behaviours, despite the many scars on her wrists. She preferred to keep her self-harming behaviours private. The reason for this could be her experiencing difficulties in expressing her feelings that could have been discourage her from voicing her feelings, or she might not have been at ease to narrate her self-harming behaviour, given the intense emotional states when reporting the act. Hence, the sense of alienation during the self-harm description might explain the inconsistent remembrances and an apparent absence of pain and constant denial of her self-harming act. This denial concurs with the findings of research from Adler and Adler (2011) and Favazza (2011) that show dissociation and denial to produce emotions. On the other hand, Rajesh described his experiences of self-harm that had been discovered by his mother. His mother was shocked. So he resorted to other means of reinforcing his desire of self-harm by banging his head against the wall or punching his fists to the point of bleeding and causing harm. The stunned reactions from his mother on seeing his self-harming behaviours showed how she misunderstood the dysregulations reactions of her son, thus concentrating on the visible wounds of scratches on his wrists.

In this study, several participants being uncertain conveyed their struggles to lessen their self-harm that was considered as a relief during the distressful moment. However, research suggests that the impulsive desire to self-harm could be curtailed by employing alternative coping schemes and adapting some emotion regulation practices. This concurs with the findings of research from Andover, Schatten, Morris and Miller (2015) and Gratz, Bardeen, Levy, Dixon-Gordon, and Tull (2015). Accordingly, the important negotiations for the healing of self-harm could implicate recurrences, instead of preventing the behaviour instantly (Fischer & Peterson, 2015). The isolated nature of self-harm in this study is supported by previous research findings which highlight the relation between self-harm and distancing (Ystegaard, Arensman, Hawton, Madge van Heeringen, Hewitt, de Wilde, De Leo & Fekete, 2009). Hence, the more the adolescents were isolated, the more difficulties they encountered to seek help (Pietrusza, Rothenberg & Whitlock, 2011). Many adolescents refused to seek help because they feared that the distressing disposition of their self-harming behaviours would result in them being

stigmatised (Pietrusza et al., 2011). Wilson and Deane (2010) confirmed in a study that lack of seeking help in adolescents might lead to higher suicidal ideation. Comparatively, adolescents in this study came to Life-plus to seek help and gradually, they recuperated from their negative behaviour of self-harm, due to therapeutic intervention.

However, at the beginning, shame and embarrassment were expressed by participants of their self-harm, considering that they viewed their self-harm to be a mental health problem. These participants expressed fear of being disgraced among friends. Rosenrot and Lewis (2018) cited the association of shame with disclosing self-harm and resultant stigmatisation among individuals compelled them to perform their self-harming behaviours in secrets. This was a key reason for participants eschewing requests for mediation to support them in their restorative path (Rosenrot & Lewis, 2018). These adolescents had expressed their fears about stigmatization, which resulted in them not confiding in others. Ben-Zeev, Young and Corrigan (2010) mentioned stigmatisation and negative attitudes as the detrimental impact on individuals who self-harm. However, in this study participants who self-harmed were directed to the Unit at Life-Plus whereas those who had attempted suicide were referred to a hospital or the unit for treatment. It was this disclosure during treatment that gradually enhanced the recovery from their self-harming behaviours for some adolescents.

In this study, biological aspects were not considered. Nearly all the adolescents who described their self-harming behaviour in this study also reported that they had repeated self-harming activities. This finding converges with those of Madge, Hewitt, Hawton, de Wilde, Corcoran, Fekete, van Heeringen, De Leo and Ystgaard (2008) and Hawton et al. (2012) who stated that cutting is linked to further recurrence as compared to self-poisoning. Self-harm fulfilled various functions for the participants in this study, such as gaining a sense of power, altering emotional pain to physical pain, punishing oneself and asserting control over the body. These were cited by previous research studies (Hamza et al., 2012; Klonsky et al., 2014b). Briefly, the motive of self-harm was to feel better, but these feelings usually lasted for a short time (Yen, Kuehn, Melvin, Weinstock, Andover, Selby, Solomon, & Spirito, 2016). The diathesis-stress model of self-harm (chapter 2) presented by Nock and Cha (2009) resonated with the explanations of negative life events in those adolescents. Self-harm is perceived as a device for regulating emotions in times of distress to manage intra-personal and inter-personal experiences. Self-harm

serves as multiple means of inter-personal and intra-personal functions (Nock, 2010; Klonsky & Glenn, 2009). It is mostly considered as a condition of poor emotion regulation and in this study, self-harm as an emotion regulation strategy was identified among the participants, followed by the non-uniformity in the roles of self-harming behaviours that could predict poor self-esteem through their negative behaviours.

The diathesis-stress model, which could be used to understand the adolescents' self-harming behaviours, involved both the inter-personal and intra-personal risk factors (Bentley, Nock & Barlow, 2014) and differentiated between distal and proximal indications of the behaviours, accounting for both the psychological and social aspects of self-harm among the participants in the study. Distal stressors are stimuli that relate to events and experiences outside the capacity of the person. In contrast, proximal stressors relate to stimuli that are converted into internalising thought developments through socialisation, which the person experiences. Distal traumatic experiences are life events, such as maltreatment and abuse, familial antipathy, enduring tensions, daily stresses, and expected sequential life happenings that have been disillusioned (Meyer et al., 2011). Proximal stressors are stimuli that cause anxiety, worry, and include internalised negative social attitudes. These may lead to the expansion of common distressing issues, such as maladaptive coping strategies, where individuals are likely to react to stressful life events in an ineffectual style (Nock, 2009).

Identity formation was hardly found to be important among the participants and be considered as a central development in this study as they endeavoured to cultivate their worth and self-esteem among their friends and in their environment (Arnett, 2015; Schwartz et al., 2013). Schwartz et al. (2013) mentioned identity formation to be significant among adolescents during their developmental phase because it is during adolescence that individuals develop their sense of meaning in life and observe past experiences to establish precisely their goals, values and beliefs. Verkuyten (2016) underscored the concept of cultural flexibility in identity development, which is supported by findings from Umaña-Taylor, Quintana, Lee, Cross, Rivas-Drake, Schwartz and Seaton, (2014).

6.3.1. SELF-HARM AND SUICIDALITY

This present study revealed the individual adolescents who self-harmed and others who were suicidal at times. The difference between self-harm and suicidality is vigorously disputed among researchers. While some researchers stated that suicidal acts could possibly be demarcated, others deny such a possibility (Plener & Fegert, 2012). However, paradoxically in this study, self-reporting by the adolescents indicated their self-harming behaviours were understandably acts of impulsiveness rather than those related to suicidal intent, as observed by past research (Klonsky, May & Glenn, 2014a). On the other hand, Carr, Ashcroft, Kontopantelis, While, Awenat, Cooper, Chew-Graham, Kapur and Webb (2017) mentioned a strong link between self-harming behaviours and suicidal attempts and/or completed suicide. Accordingly, self-harming behaviours as a mark of elevated hazard of consequences necessitate cautious and constant appraisal (Stewart, Esposito, Glenn, Gilman, Pridgen, Gold & Auerbach, 2017). Despite the noteworthy divergences between non-suicidal self-harm, suicidal thoughts and their negative behaviours, research findings from Cloutier, Martin, Kennedy, Nixon, & Muehlenkamp (2010) indicate that these behaviours can take place. Nevertheless, no solid understanding of their links has been evidenced (Cloutier et al., 2010). In this study, a few participants revealed that they had harmed themselves with no intent to die, and this echoes findings in previous research (Brown & Kimball, 2013). Moreover, in this study self-harming behaviours referred to intentional self-poisoning or self-injury, irrespective of the extent of suicidal intent that was in line with findings from Hawton et al. (2012). Researchers have been debating whether it is possible to distinguish self-harm without suicidal intent from suicide attempts (Kapur et al., 2013). Research findings from other studies have demonstrated that self-harming behaviours can lead to suicidal attempts later in life (Hamza & Willoughby, 2016; Whitlock et al., 2013a).

Findings in this study showed that those adolescents who engaged in both self-harm and suicidality displayed acute mental problems, such as depression and anxiety, and had less noxious diagnoses, which are contrary to findings from Andover, Morris, Wren & Bruzzese, (2012). Long and Jenkins (2010) declared that self-harm is an appropriate method of reducing mental tension to endurable levels, a view also shared by Sandy (2013). The participants in the study related how their self-harming behaviours had

developed, and some revealed their impulsivity to suicidal attempts; others briefly explained the differences between the two behaviours. In addition, the methods employed by the participants for their non-suicidal self-harming behaviours were usually not similar to those engaged in suicidal behaviour. The participants were clear about their intentional self-harming behaviours and distinguished these from impulsive suicidal behaviours.

Self-harming behaviours in this study were mostly to appease emotional distress for brief moments, and was not intended for a longer term that could culminate in suicide ideation. Impulsiveness is an attribute of personality characteristic, which is prone to executing unconsciously without pondering on the deed and its consequences. Impulsivity stimulates numerous significant psychological developments and behaviours, including self-regulation (Coutlee, Politzer, Hoyle & Huettel, 2014). Consequently, findings in this study posit that attempts to suicide, apart from the outcome of mental state of depression, could be considered as a moment of fleeing from an unfriendly and bitter environment, such as their home. Interestingly, Sharaf et al. (2016) also cited similar findings. Additionally, participants in this study also rationalised about self-harming behaviours as a way of coping without suicidal ideation, which is in line with findings from Nock and Cha (2009), and Adler and Adler (2011). Thereupon, in this study self-harm was non-fatal and suicidal intent was sought on impulse and anger. In addition, in some it was a moment of acute depression, which was in the same vein as findings from May and Klonsky (2016).

The relationship between self-harm and suicidal ideation is undeniably elusive and an intricate issue. Correspondingly, Joiner's (2005) and Van Orden, Witte, Cukrowicz, Braithwaite, Selby & Joiner's (2010) interpersonal theory of suicide (IPTs) explains the connections between self-harming behaviours and intensive pain endurance and describes that, indulging in self-harming behaviours leads to ongoing reduction of sensitivity to pain over time through adversary processes (Franklin et al., 2011; Joiner, Ribeiro, & Silva, 2012). According to Klonsky et al. (2016, p.313), "interpersonal theory states that two domains, perceived burdensomeness and thwarted belongingness, interact to confer the desire for suicide". It is likely that these three constructs are positioned on a continuum that oscillates for the individuals according to their mental state. Self-harm occurrence is associated with intensive pain endurance, which ultimately

climaxes into a pain threshold (St. Germain & Hooley, 2013) and this intensified pain tolerance is related to suicidal risk (Nock et al., 2006).

6.3.2. Relational dysfunction at home causing self-harm

The present research was guided by a broad theoretical framework of specific models of self-harm, namely diathesis-stress theory, affect regulation/dysregulation theory and traumagenic theory (refer to chapter 2) as well as the theory of meaning-making (refer to chapter 2). The close relationship between stress and an adolescent's vulnerability, or diathesis, is a risk factor in the expansion of depression. Hence, the diathesis-stress model is served to determine depression in adolescents using the traumatic experiences in their negative situational conditions. In one study, Colodro-Conde et al. (2018) established that the outcome of stress on threat of depressive symptoms was reliant on the adolescent's diathesis, which supported the diathesis-stress model.

In this study, self-harm was associated with affect-regulatory processes. This was examined via collecting data about the daily experiences of affect regulation of the adolescents, including investigating affect-regulation at a more global level. Findings in this study showed that participants believed that their parents were abdicating their responsibility towards them. All participants in this study disclosed a disconnectedness at home because of the many adversities prevailing in their home, which caused them to self-harm, which was in line with findings from a study by Palmer et al., (2016). The family environmental factors that include emotional abuse, family conflicts and bitterness among parent-child relationships were the results of their self-harming experiences (Hawton et al., 2012b).

All the participants alluded to the family's dysfunctional behaviour that resulted in them self-harming. Dysfunction refers here to the unhealthy interpersonal behaviour or interaction within the family unit. Yates' (2004) traumagenic model of self-harm provided additional guidance for the present study. Yates has drawn from empirical and theoretical literature with a special emphasis on developmental theory (Sroufe, Egeland, & Carlson, 2005) to propose a traumagenic model for self-harm. This model identifies maltreatment in childhood as a critical experience in the development of self-harm. Maltreatment is expected to impact negatively on general developmental processes in several ways, including adolescent psychological development, emotional regulation, and relational

patterns (Yates, 2004). Previous research has revealed that the negative relationship between family functioning and self-harm are liable to cause intrapersonal and interpersonal experiences, such as depressive signs (Baetens Claes, Onghena, Grietens, Van Leeuwen, Pieters & Griffith, 2015).

From this perspective, self-harm emerges from trauma-induced disruptions and is viewed as a “compensatory regulatory and relational strategy” (Yates, 2004, p. 54), which assists the individual to facilitate negotiation of developmental challenges. In other words, self-harm is a coping strategy that assists with the regulation of emotions and relationships. Hence, adolescents used affective, cognitive and behavioural regulation, operationalised as coping strategies in response to stressful situations (Skinner & Zimmer-Gembeck, 2007). Most adolescents in the study mentioned that they self-harmed to get relief from psychological traumas and ease the pain. The presence of physical abuse, emotional abuse, or neglect by the family members of the participants was apparent in this study. For these adolescents, such abuse in their family caused dysfunction and had an intense impact on their self-esteem, making them feel powerlessness, frustrated and angry towards others, and this resonated with findings in a study by Harold, Leve and Sellers (2017). These personal dynamics made the participants vulnerable as adolescents, adding to the many changes occurring during their transition, also alluded to by Buchanan and Hughes (2009). In this study, some adolescents vented their feelings of rebellion, and they acted out their impulsive behaviour which is a behaviour not culturally approved by societal norms and not expected within the family unit. Fossati, Barratt, Carretta, Leonard, Grazioli and Maffei (2004) stated that such behaviour in adolescents could be expected. Such behaviour was shown in the case of Koshika. She became rebellious and vented her impulsive behaviour inwardly by self-harming. The conduct of many parents in this study was culturally sanctioned and the role of culture, beliefs and values among parents of self-harming children was alluded to by Jensen & Arnett (2012). Hence, in this study, it is considered to take a hermeneutic aspect when analysing these situations and the behaviours of the participants towards their respective families. The high degree of dysfunction in the family unit that has weakened the efficacy of the family members to compromise with necessary and appropriate coping schemes and to support these adolescents, who were developing stressful and traumatic experiences (Baetens et al., 2015). When parents did not conform to their expectations, these adolescents were

often perplexed because their experiences were not shared, and they were unable to cope with stressful life events. They questioned the love of their family members and lost trust in them (Harold, Acquah, Chowdry & Sellers, 2016).

Many participants admitted feeling in a state of anxiety that is linked to self-harm. They repressed their negative feelings through self-harm. This is supported by Kidger, Heron, Lewis, Evans and Gunnell (2012) who reported in their findings that self-harmers found relief from their distress. In addition, Rawlings, Shevlin, Corcoran, Morriss and Taylor (2015) maintained that anxiety was found among adolescents who indulged in these adverse acts, which also confirmed findings from O'Connor et al. (2014), who stressed, "wanting to get relief from a terrible state of mind was the most frequently reported motive for self-harm". According to Tatnell et al. (2014), lower self-esteem caused the adolescents to resort to self-harming behaviours, and they found that adolescents who had engaged in acts of self-harm showed anger, and that supported findings in this study. In this study five participants (refer to chapter 6- Table 7) showed the motives for their self-harming behaviours when they were angry and frustrated and they could not contain themselves and acted on impulse by cutting themselves or ingesting paracetamol pills or poisonous substances, although they had had no suicidal ideation at that time.

Additionally, in this study self-harm fulfilled various motives. Adolescents involved themselves in self-harm to gain a sense of command, or to divert their state of mental pain to physical one, punishing themselves which is in line with findings from previous research (Hamza et al., 2012; Klonsky et al., 2014). Thus, the motive of self-harm is to appease one's anxiety and anger, to have control and to feel better. Adolescents have also been found to exhibit expressing problems by self-harming behaviours through psychological maltreatment (Spinazzola et al., 2014). While self-harm was conceptualised as an avoidant coping strategy, in this study, self-harming adolescents would engage in avoidant coping behaviours and be less likely to use active coping strategies. Research has shown that maltreatment experiences early in life are correlated with self-harming behaviours in adolescence, and theories provide comprehensive descriptions of developmental pathways and processes that include maltreatment (Yates, 2004). In this study, participants reported maltreatment in the home. Specifically, there have been few studies on the roles of self-regulation, including affect regulation

and coping strategies. In addition, later stressful experiences and individual attributes may show some important considerations along with a history of maltreatment, dysregulation and negative coping style to determine the motives of their self-harm.

In this study, inter-parental hostility is recognised as having devastating consequences on the adolescents' psychological health and development, which was in line with research findings from Bernet, Wamboldt and Narrow (2016). Parental harshness, low or non-existent affection, resulting in maltreatment being simultaneously and potentially related to anger and impulsiveness in adolescence (Carlson, Oshri & Know, 2015; Kimonis, Cross, Howard & Donoghue, 2013) and these were findings in this study. In addition, the adolescents felt insecure at home. Children's anxiety in the family unit maybe linked to family insecurity and their maladjustment. Simon, Wickrama, Lee, Landers, Potts, Cutrona and Conger (2016) supported the findings in this study, establishing the relationship between family hardship and various child adjustment problems. Research findings also state that internal representations of the family unit are interpreted as characteristics where children cultivate their beliefs and hopes through the values and relationships of family environment, particularly in stressful circumstances (Davies, Hentges, Coe, Martin, Sturge-Apple & Cummings, 2016). Davies & Martin (2013) state that children are vulnerable within insecure family relationships, meaning that the family is not capable of instituting and maintaining certainty and protection for the adolescents' security. In this study, this may be due to the non-intact family units, some that comprised reconstituted stepparent families. However, although intact families, which involve adolescents living with both their mother and their father, tend to exhibit good interpersonal relationships (Carlson, 2006), this was not the case among the participants in this study. In this study, adolescents in both kinds of family units, regardless of whether these were intact or reconstituted, with factors pointing towards the contribution of parental distress and family stress, tend to exhibit increased internalising behaviours and more negative emotions and reported lower overall self-concept. This does not resonate with the findings by Ponnet (2014), who posits that well-functioning families with healthy parental practice good are key sources of resilience.

One participant, Koshika, who considered her parents as unsupportive of her needs because they did not concede to her requests. Other participants spoke of the dominant

climate in their home where some generally accepted the patriarchal atmosphere with unequal power relations and kept silent to avoid further conflicts. Other participants spoke of the gender discrimination they perceived in their home and the maltreatment of women and children in the family, including violent experiences. Studies demonstrated an important relationship between family structure where adolescents live within intact families, and life satisfaction (Fay-Stammbach, Hawes, & Meredith, 2014). However, there was greater risk for dissatisfaction within life, when adolescents were not living with either their mother or their father in this study, although some families developed challenges in building new relations and reorganised family functions. Bachman, Coley and Carrano (2011) confirmed such findings. However, children's maladjustment has repeatedly been linked to family instability (Bachman et al., 2011) and self-harm in this study. Adolescents were experienced contention between parents, which created harsh environmental conditions that caused psychological condition, and this affected their development adversely. This is supported by work done by Harold et al. (2017).

Frequent self-harming behaviours are associated with absence of psychological support from parents and harsh parental judgements (Baetens et al., 2015). Family instability increases children's risk for psychological problems (Donahue et al., 2010). Parental maltreatment, negative parenting practices and neglect are likely to be related to insensitivity in adolescents (Carlson et al., 2015) leading to self-harm and risky behaviours in late adolescence (Graziano, Reid, McNamara & Geffken, 2015). These works support the findings in this study.

6.4. SITUATIONAL AND GLOBAL MEANING AMONG ADOLESCENTS AT SCHOOL

This section answered the research question two: What meaning do adolescents who self-harm attribute to school? Why is this the case? Adolescents in this study employed several approaches for meaning-making. The process of meaning-making is a great arrangement that allows adolescents to construct and generate meanings for themselves and others. In this study to search, these adolescents attempted to make meaning of the events by changing global meaning and applying encouraging reappraisal, or by problem-solving. Meaning-making is the process by which an individual takes in information and experiences and makes sense of them in the context of their life (Steger, 2009). Adolescents who create meaning in this way may try to assess their life to find

their purpose in life and change their behaviours. In this study, these adolescents were confronted with life experiences and they were forced to re-evaluate their global-meaning. In this way, an individual may enter the stage of rumination when he is unable to reappraise his situational meaning to reduce its conflicts with his global meaning. In this study, conflicts at home were perceived as unexpected and negatively disrupted their life plans that led to emotional distress and self-harm. Hence, the process of meaning-making was different for participants based in different contexts and circumstances, and these findings resonated with those of Pasupathi (2013). Several participants were able to make meaning of their self-harming behaviours, and by reappraising the situation, they were able to overcome their difficulties. Research findings endorse meaning-making as a significant foresight of psychological effect and might reveal diverse styles of thought processing which happens during meaning-making (Banks & Salmon, 2013). At the beginning, when individuals were unable to realise solutions to their difficulties, they started to ruminate about their past happenings. Habermas and Köber (2015) discussed that this type of meaning-making repeats itself in a vicious reasoning circle and is related to a depressive pattern. On the contrary, constructive meaning-making may reveal the meaning that includes discovering results and adjusting to past events (Fivush, Bonanek, Zaman & Grapin, 2012), and that is linked to encouraging psychological well-being. In this study, results also revealed that meaning-making increased positive thoughts over adolescence through cognitive skills, with a noticeable burst in meaning-making processes happening at the ages of 17 to 18. Findings from various researchers supported this finding (McLean & Breen, 2009; McLean et al., 2010). The age of participants in this study ranged from 12 to 18. The older adolescents did try to make meaning of their experiences. Hayes, Beevers, Feldman, Laurenceau, and Perlman (2005) posited that greater attempts in meaning-making can decrease depressive moods and encourage development growth and self-esteem. This study on meaning-making of adolescents at school focussed on their psychological adjustment to traumatic and adverse life events (Park, 2010). Additionally, Waters et al. (2013) and Keyes (2011) indicate that the process of searching for purpose may be stressful for some adolescents. Many adolescents showed fear of isolation and disconnection from parents and peers, which seemed to add to the stress of searching for purpose in adolescence. This finding converges with that from Dalton & Crosby (2010) and Keyes (2011). However, only the

search for purpose cannot cause stress, but the enduring search for it may be upsetting when no purpose is found. Furthermore, lack of constructive social support may lead to a decrease in adolescents' motivation to find their purpose in life (Keyes, 2011).

In this study, participants met a turning point at some points in their life, which made them less likely to narrate highly adverse events such as distress and gradually cease to self-harm. This result is in line with findings from Banks and Salmon (2013) who support the notion that situational events and meaning-making were related constructs when individuals made meanings by analysing their past events and met success in their lives. Many also exhibited incredible resilience and were thriving despite their difficulties. Despite their adversities, they showed their connectedness to school. They were able to define their role as students at school and their expectation that school was central to their success. Additionally, most participants who expressed their stressful experiences were able to challenge their self. In this study, the school, peers and teachers contributed as important protective factors to self-harm, whereas the home environments were perceived as posing risks for self-harming behaviours among adolescents. Some adolescents in this study interacted with their peers and teachers at school who assisted and enabled their recovery with their psychological support and other forms of support. These adolescents wanted their peers and teachers to respond steadily and to express love and support. Skinner and Zimmer-Gembeck (2007) showed that support seeking such as information, emotional support, and problem-solving by integrating events such as leisure activities, create adaptable coping strategies during adolescence. In this study, adolescents of minority groups interacted daily with peers and teachers of diverse cultural groups, who share a common ethos at school, which are in line with findings by Hewstone (2015). This cultural relationship at school is advantageous to them because it facilitated integration in the group without further conflicts. Findings from research studies conducted by Currier, Holland and Neimeyer (2006) reported constructive associations between meaning made and adjustment, whereas McLean and Pratt (2006) stated from their findings that encouraging changes in global meaning is also associated to better adjustment. These adolescents were able to form their social identity at school among friends and teachers. Social identities are understood to form individuals' insights of threat (primary appraisal) and their potential to cope (secondary appraisal). The meaning of social identity has a strong effect on the primary appraisal and their integration into the

group, whereas secondary appraisal could be stressful and coping strategies could be required during the process McLean and Pratt (2006). This section and the following section answered the questions of the meanings adolescents who self-harmed attributed to their school - What meanings do adolescents who self-harm attribute to school? Why is this the case?

6.4.1. Post-traumatic growth within meaning-making coping processes

This section showed how Post-traumatic growth (PTG) denotes a constructive modification in the individual after distressing or adversary events (Tedeschi, Calhoun & Cann, 2007), which responded to the question of meanings the adolescents attributed to their school. There is evidence in the findings that the adolescents' recovery was affected by the ability to participate in leisure activities, extracurricular activities and physical exercises at school. This finding converges with that of Fiuza-Luces, Simpson, Ramirez, Lucia and Berger (2016) who state that recovery from self-harm can be driven by developmental growth and coping strategies and social support, leading to resilience. In this study, Yeshna who had ceased to self-harm, defiantly viewed her revelation of her self-harming behaviour more positively with awareness and maturity. She realised that the disclosure of her self-harm during her therapy at the Life-Plus unit had led to changes in the problems she was facing and she subsequently felt more understood and reassured, and this resulted in the cessation of the act of self-harm.

Park (2010) in his conceptualisation of meaning related to stress and coping (see Chapter 2) distinguished between situational and global meaning. Global meaning means an individual's beliefs, values, and purpose or goals, whereas situational meaning, on the contrary, denotes the sense that is shaped during the process between an individual's global meaning and the conditions of an individual's environment interaction (Park, 2010). It signifies the meaning an individual attached to a condition (see chapter 2). When meaning that an individual committed to the condition is not consistent with his global meaning, his sense is reflected as devastated so that a search for meaning arises. Individual in the study had difficulties to adjust to their environments because of their stressed experiences at home. Likewise, when a distressing experience affects his global meaning, meaning-making development is initiated (Bonanno, 2013). In this process, individuals in this study, attempted to find constructive coping strategies of their adverse

situations by discovering an attribution to make sense of the negative events. Their meaning-making could happen on both their global and situational levels. It was imperative for the challenge of the coping strategy to incorporate situational meaning (appraisal of the ordeal) with global meaning. In this respect, the concept of mentalisation is central, which is described as an “imaginative mental activity, namely, perceiving and interpreting human behavior in terms of intentional mental states (e.g., needs, desires, feelings, beliefs, goals, and reasons)” (Fonagy, Gergely, & Target, 2007, p. 288). The development of this reflective capacity is stimulated by being able to react, considering the interpretation of individual beliefs, feelings, purposes, and requirements (Fonagy et al., 2007). In view of the above, meaning-making tends to fluctuate according to cultural beliefs and expectations in which they follow (McLean & Mansfield, 2011). After longer periods of adversity, cognitive organisation and emotional regulations would have been modified during this period of growth and development while social involvement, a significant mechanism from which adolescents acquire facts and generate meaning, is mostly shared (Rime´, 2009). Most adolescents in this study showed their positive coping skills that they developed among peers at school; they were able to cease their self-harming behaviours through their constructive meanings they attributed to school, and were able to progress in their studies. However, one participant, Brian was the victim of inter-ethnic group in his class that caused him much conflict in the classroom among his peers and teachers so that his social identities were crushed, and he resorted to ruminating over his dilemmas. This was in line with research findings from Sales, Merrill and Fivush (2013) and Waters et al. (2013), who specify that if adversity remains intensified, or if the search for meaning extended, meaning-making may develop into rumination, which further exacerbates anxieties. This were the case for Brian and Saras who were not able to find significant coping strategies when their depressions struck hard. Hence, they resorted in rumination.

Park and George (2013) argue about the challenges of examining the complex and theoretically rich concepts inferred in the meaning-making model. Change over time was found within the adolescents who self-harmed through the meaning they made of their school in this study. The meaning-making model posits that if the meaning is made, then distress is relieved, and the cycle of meaning-making attempts can be resolved (Bonanno, 2013). However, this study indicates that the recovery from self-harm did not

occur linearly, but was marked by many adversities that arose periodically, which suggests that the participants have re-experienced distress due to the repeated crises affecting the ability to maintain a steady-state needed to accommodate or assimilate meaning (Park, 2010). This is due to the perception of threat versus controllability in coping with managing the challenge (Bonanno, 2013).

6.5. THE IMPACT OF SOCIAL SUPPORT ON RESILIENCE

This section answered the third research question, namely –How do the meanings that adolescents attribute to school, influence their self-harming behaviour? The results showed that coping and resilient building helped the adolescents to surmount their distress. Resilience is comparable to coping in that both are the defence of the adverse outcome of stressful life events. Coping denotes the struggle attached by the individual in response to stress — a struggle to adjust to or defend against the stressor. However, resilience differs from coping, which refers to energies the individual provides to adjust to stress, but coping does not essentially show positive adaptation, whereas resilience specifies success. Thus, resilience is essentially rational because it depends on detecting adaptive operation in the face of stress (Masten, 2007). An individual can make a coping effort, but resilience can be recognised only by the effect it has on the outcomes. Hence, resilience is understood by the fact that an individual can tolerate stress (Masten, 2007) and denotes the characteristics of the capacity to subsist and thrive in the face of adversity (Windle, 2011). This section and the following one attempted to answer the research question on the meanings that the adolescents who self-harmed attributed to their school and its influence over their studies.

6.5.1. Social support at school

Nearly all adolescents in this study attempted to regain their autonomy and retain a sense of direction in their lives, given their traumatic situational experiences at their homes. Some succeeded in maintaining it by attempting to empower and regulate their relationships with others at school. For some participants, this practice made them to choose and identify compassionate people in their lives. At this stage, certain relationships and characteristics such as friendship, maturity, and trust, resolve adolescents' appraisal of an appropriate source of support. In his findings, Mortenson

(2009) illustrated how interpersonal trust can be linked to support pursuance. In this study, by receiving the support, love, and compassion from others at school, adolescents established mutually beneficial relationships. Some other participants became involved in activities such as drawings, drama, music and dance together with the support of their mentors and instructors as a means to retrieve their subjective control, to defend themselves, and decide upon the required actions to embark on healthier lifestyle choices by making meaning of their lives at school. This finding is supported by that of Camara, Bacigalupe and Padilla (2017) who stated that social support as a source of well-being, has also served as one of the protective factors against stress. Ansong et al. (2017) suggested that female adolescents in particular benefit from the emotional support of the teachers, thus fostering the belief that schools can protect adolescents' well-being. In this study, several participants experienced relief when they revealed their secret of self-harm. Their revelation made them conscious of their ability to proceed with their lives and abide to their reviving activities to change and stop the practice of self-harming. In this study, some of the participants such as Brinda and Koshika had endured abusive experiences, which rendered them disoriented. They related how they lost direction and control. In the case of Brinda, she lacked the courage to report her brother's abusive behaviour to the authorities. Moreover, participants reported their parents' manipulative behaviours and their physical empowerment towards them. Some restrained them, while others detained them from moving outside. Annie's boyfriend blackmailed her so that she would not reveal their relationship to the family. This relationship resulted in her falling pregnant. When she told the truth to her mother, she insisted on a speedy marriage. Researchers revealed that psychological encouragement from friends among adolescents had been found as intensive positive support, which is in line with research findings from Griffiths, Crisp, Barney and Reid (2011). Moreover, help-seeking behaviours have been perceived as practical coping schemes that the adolescents used when they faced traumatic situations. This finding supports reports from the Life-Plus organisation that adolescents who revealed their secrets were getting professional support. Social support acts as a positive coping approach that forecasts a reduction in internalising and externalising mental signs (Cruwys, Haslam, Dingle, Haslam, Jetten, 2014).

Cruwys, South Greenaway and Haslam (2015) maintained that adolescents feel less stressful and improve their worth by developing their self-esteem and self-efficacy when they are supported mutually. Experiences of constructive and friendly environments, such as in the school, resulted in more positive mental and emotional welfare (Camara et al., 2017), which ultimately control positive behavioural and emotional reactions (Verkuyten, 2016).

6.5.2. School environment

In this study, the school environment was found to positively influence the adolescents. Several adolescents in this study were achieving reasonably well in their studies at school. Cecilia and Anthony (2017) found that females were more academically dynamic than the males were. It also revealed that supportive relationships and among adults within the school environment could offer adolescents protection that would benefit them by contributing to their positive health. The school environment is thus the most enriching place for adolescents to thrive, and this resonates with assertions by Tisdale and Pitt-Catsuphes (2012). Moreover, the school structural environment and psychological and social atmosphere can provide adolescents with a rich impression of the school. Dray, Bowman, Campbell, Freund, Wolfenden, Hodder, McElwaine, Tremain, Bartlem, Bailey, Small, Palazzi, Oldmeadow and Wiggers (2014) mentioned that the school is where young people devote most of their time during their adolescence. Hence, it is a good place to foster safety and develop resilience by providing possibilities for the adolescents to participate in activities that are meaningful to them; by helping them to promote wellness and decrease physical and mental health risks. Camara et al., (2017) indicated that the school could provide support for the well-being and resilience of adolescents against self-harm. According to Fletcher and Sarkar (2012), social support is believed to be one of the most important defensive causes in fostering resilience. Teachers, who serve as role models for students can help them to make sense of the world, to be inspired and encouraged to strive for greatness, to live to their fullest potential and to see the best in themselves. Teachers powerfully prompted adolescents' involvement at school in this study, and the more confident the adolescents felt towards their teachers, the better the relationships that developed and social and psychological well-being was enhanced. Hence, poor relationships between teachers and adolescents can cause

hardship in the development of the well-being of the students (Murray-Harvey & Slee, 2007). Teachers and other adults at school are required to have a positive approach towards students who engage in self-harm, which is prerequisite for their personal growth in terms of the physical, psychological, academic and social (Roorda et al. 2011).

In this study, the adolescent's intensive involvement in physical activities at school acted as challenges against harsh rules and regulations and helped them to connect confidently to their school. Physical activities and other extracurricular activities provided the adolescents with the opportunities for them to work together to establish a good rapport and develop inter-personal skills over the course of time and build constructive bonds among peers and teachers. Such school conditions helped to develop good values such as respect, empathy or care for their peers. This is supported by previous research that revealed physical activity to be related to encouraging development in adolescents in terms of "physical, psychological, intellectual, social, and emotional" domains (Fraser-Thomas, Côte & Deakin, 2005, p.23). Ultimately, Fraser-Thomas et al (*ibid*) further state that "sports experiences foster citizenship, social success, positive peer relationships, and leadership skills", (p.24), which develop the resilient "traits of social competence, autonomy, optimism, and hope. These traits can be developed through quality physical activity programmes that teach and emphasise skills in the areas of teamwork, goal setting, conflict resolution, and personal/social responsibility" (Hill, Claypool, Kowalski & Kinzel, 2014, p.88).

This connectedness to school helped adolescents attribute more meaning in their lives, making them likely to understand the value of their schoolwork and of continuing their education. Additionally, in this study, adolescents admitted that school was meaningful, and they were more motivated to engage in and make the most out of their experiences. Their educational goals inspired them to progress in their studies and pass their exams, whereas their occupational goals to achieve better job prospects were the most common goals identified by adolescents in this study. This finding is in line with that of Massey, Gedhardt, and Garnefsk (2008) reporting that school and educational goals increase towards middle adolescence (15 years old) and then decrease in later adolescence while occupational goals have been shown to increase after later adolescence (*ibid*, 2008). Participants reported that their careers were one of their main concerns. This

strengthened their connectedness to school, and this resonates with assertions made by Yeager and Bundick (2009). While adolescents could identify the general content of their goals, such as education or occupation, they varied in how specific their particular goals were and how engaged they were in pursuing those goals. Older adolescents tend to be more active in making plans for and taking steps towards attaining their goals and are more confident that those goals can be achieved (Massey et al., 2008). Damon (2009) found a positive correlation between meaning in life and academic achievement motivation. In this study then, participants valued school as a means to attain academic achievement and career success, and this is why they found schooling a meaningful process. Meaning in life and motivation to achieve academically could also be connected through the cognitive dimension of meaning in life. School connectedness is confidently related to psychological well-being of the adolescents at school (Chase et al., 2014). Contrarily, disconnectedness from school may contribute to the risks factors of the adolescents. Adolescents who are impressed by the positive behaviours of their friends (Brechwald & Prinstein, 2011), may choose to join them, provided they agreed on similar school beliefs and activities. Reassuring peer relationship is a positive incentive for adolescents to be engaged in school activities (Ungar & Liebenberg, 2011). Researchers suggest that the higher the school involvement, the more the adolescents are engaged in and the better will be their school achievement (Li & Lerner, 2011; Liem & Martin, 2011).

Increasing student school connectedness has the potential to have a profound and long-lasting effect on multiple dimensions from physical and mental health to academic achievement. Based on the positive impact on these multiple dimensions cited above, school connectedness is likely to translate to fulfilling future aspirations and continued success. A school is thus an important place of facilitation, participation and resilience among adolescents. In this study, school connectedness was particularly important because it contributed to physical, mental and psychological well-being among adolescents who self-harmed, and had the effect of reducing self-harming behaviour.

6.6. THE RECOVERY FROM SELF-HARM MODEL

The following model in Figure 2 (below) is proposed for the recovery from self-harm, based on the interpretation of findings from this study. In this study, increase in self-harm

occurred due to increase in emotional dysregulation. This was precipitated by high inter-personal and intra-personal stressors. Inter-personal stressors comprising of social stressors, included maltreatment, abuse and neglect at home, conflicts in the home, poor relationships with siblings ,including bullying at school that were found to cause the psychological trauma in the adolescents in this study. Such adversities in their childhood and adolescence and their poor relationships with their siblings that they encountered in their home, increased the adolescents' high inter-personal and intra-personal stress, lowered their self-esteem further, and caused much traumatic pain to them. This increased the risks for self-harming behaviours. The vulnerability where stressful events were linked to dysregulation were seemingly unmanageable to these adolescents. This increased the likelihood of them engaging in other maladaptive behaviours such as dissociation, impulsivity, poor attachment, depression and anxiety (Nock, 2009). These findings converge with that of Cutter et al (2008). Researchers maintained that emotion dysregulation has a link with self-harming behaviours (Gratz & Tull, 2010) and depression (Crowell, Baucom, Yaptangco, Bride, Hsiao, McCauley & Beauchaine, 2014).

Halstead, Pavkov, Hecker and Seliner (2014) stressed that unhealthy structures in the family and poor communication within the home fuel individuals' frequency and intensity of their self-harming behaviours, which supported the findings in this study. Intra-personal stressors involved depression of the adolescents due to perceived challenges, including family disconnectedness, parental maltreatment, negative parenting practices and neglect, which caused them intense traumatic pain, leading to self-harm and psychological distress. These findings resonated with those of Nock (2010). Such a blend of emotions in them led to the development of psychological tension that required a safer control for expression. Internalising problems are characterised by symptoms of withdrawal, sadness, shyness, low self-esteem, anxiety, depression, and suicidality (Merikangas & Swanson, 2010). Hence, participants engaged in self-harming behaviours so that they could have total control of themselves, which they believed to be the most suitable channel for expressing these emotions. Most adolescents repeated their self-harming behaviours, which in time became habitual, and addictive and this resonated with work done by Csipke and Horne (2008). Such self-harming behaviours have been constantly related with emotion-focused coping style, such as avoidant coping strategies (Mikolajczak, Petrides & Hurry, 2009; Williams & Hasking, 2010) to gain relief from

devastating effects of dissociation, to generate feelings of coping with their distressful life, and to escape intolerable emotional distress (Adler & Adler 2011).

On the other hand, the use of problem-focused coping strategies among those adolescents in this study were likely to decrease their self-harming behaviours by focusing on emotion regulation and affect regulation which allowed for a decrease and cessation in their maladaptive behaviours (Guerreiro et al., 2013). Accordingly, reduction in stress occurred through their meaning-making of school that was enhanced by positive peer relationship. Moreover, their purpose in life and their hopes helped them to constructively overcome their personal adversity and build resilience in the face of adversity (Lee, Cheung & Kwong, 2012). Participants repeatedly referred to their experiences, including participation in sporting activities that facilitated their resilience throughout their adolescence, a time where the participants built meaningful relationships with friends at school. Through their participation, adolescents were able to enhance their self-esteem, reduce their stress and anxiety, and relieve their depressive moods (Mulholland, 2008).

Connectedness to school built up coping strategies and fostered resilience in the adolescents' lives. Findings in this study emphasised the supportive role of friend bonding in encouraging prosocial behaviours. This was in line with findings from Padilla-Walker, Fraser, Black and Bean (2014) that imply adolescents are more prosocial when they feel connected to school. Positive relationships, which adolescents experienced in school environments that were rich in developmental support with other adults, reduced their self-harming behaviours. In the same vein, Grunberg and Lewis (2015) stated that adolescents who have desisted from their self-harming behaviours have encountered different kinds of experiences at various stages in their recovery trajectory.

This Recovery from Self-harm Model (Figure 2) was generated from analysis of data from this study. The focus was on adolescents who self-harm, precisely as a developmental experience and a deeper understanding of their self-harm within the psychosocial and emotional development was illuminated, analysed, and developed. During analysis of the data, I identified connections among the five self-harm experience dimensions (Disconnectedness from home; Trauma-related Pain leading to self-harm; Coping strategies at school; School connectedness and Fostering resilience). These dimensions

were experienced by the participants at varying times, across the psychosocial development phases around the time of their self-harming behaviours, leading up to the experience of self-harm, engaging in the reflection and coping phases afterwards. The first two dimensions (Disconnectedness from home and Trauma-related pain leading to self-harm) were experienced in the negative feelings phases, causing self-harming behaviours. However, dimensions, such as, Coping strategies at school, School connectedness and Fostering resilience, particularly showed the positive aspect of the development in the cessation of self-harm. Meaning-making of their school and the emotional readiness and bonding experiences shared at school among friends and teachers, as well as the maturity transitional phases of their adolescence, enhanced the development of their adaptive problem-coping strategies (such as seeking social support or accepting professional help) to build resilience.

The recovery from self-harm model (Figure 2) were developed from the traditional model of self-harm, bringing the emotional and social aspects of this practice together that enabled the recovery from the act of self-harming behaviours. Different models of self-harm (chapter 2) were used to explain this trajectory of the adolescents' self-harming behaviours and the relief they perceived throughout their social and psychological support and activities at school to build resiliency in themselves. According to the Affect-Regulation Model (Gratz, 2003), the act of self-harm helps stabilise the emotional state by allowing expression of the difficult emotions that the individual can no longer tolerate. These emotions such as anger are directed at the self, preventing it from being directed at any person to whom the anger is felt and leading to regrettable actions. The Diathesis-Stress Model of self-harm proposes that self-harm arises due to diverse life stressors in an individual's life and results in the individuals adopting maladaptive and problematic coping strategies to control their extreme emotional distress (Hagell, 2013).

Figure 2 showing the relationships of social and psychological stressors causing high-inter- and intra-personal stress leading to self-harm and reduction in both social and psychological stressors leading to recovery from self-harm. Emotional dysregulation occurred due to social and psychological stressors included emotional and physical abuse, childhood adversity, conflicts at home, poor relationships with siblings, maltreatment at home, negative parenting practices and parental neglect, and bullying at

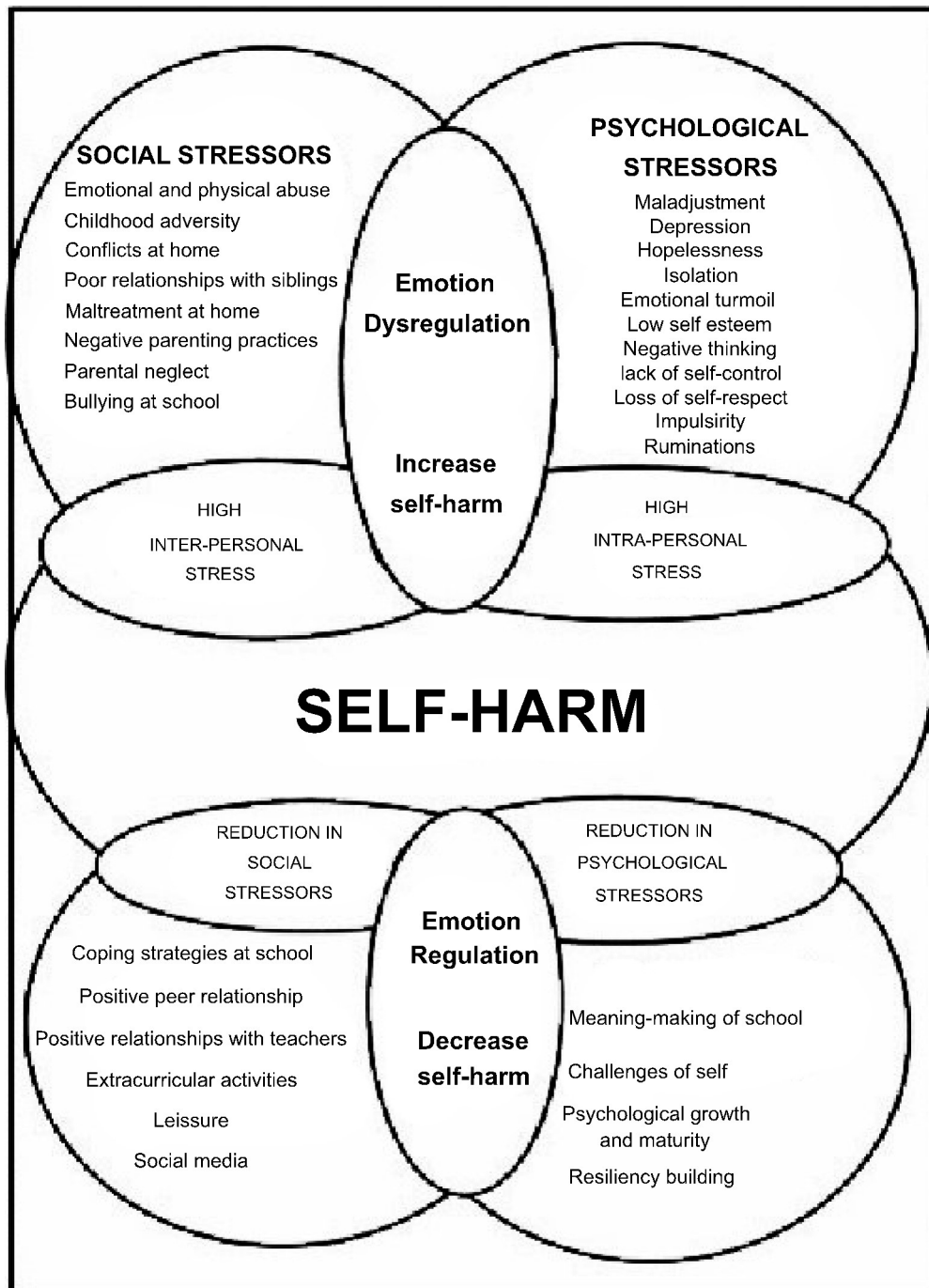


Figure 2: Appadoo's Recovery from Self-harm Model

school. Psychological stressors included maladjustment, depression, hopelessness, isolation, emotional turmoil, low self-esteem, negative thinking, lack of self-control, loss of self-respect, impulsivity, and ruminations. These stressors eventually led to self-harming activities.

However, the resilience model which is defined as “the capacity of a system to adapt successfully to significant challenges that threaten its function, viability, or development” (Masten, 2018, p.1), has “the ability to bounce back from adversity, frustration, and misfortune” (Ledesma, 2014, p. 1). This resiliency building made the adolescents recover from their self-harming behaviours, and thrive in their academic endeavours, as they became more mature. Furthermore, with maturity, adolescents no longer self-harmed because they were able to cope better with their adverse reactions to stimuli (Kiekens, Hasking, Bruffaerts, Claes, Baetens, Boyes & Whitlock, 2017; Tatnell et al., 2014; Whitlock, Prussien, & Pietrusza, 2015). Additionally, they were familiar with their negative experiences and managed the outcome (Anderson & Crowther, 2012).

The model (Figure 2) was developed to explain the various processes of the adolescents’ development and motives of self-harm and the trajectory of their affective and coping regulations of emotions, leading to the recovery of self-harm, occurred due to their reduction in their social and psychological stressors. Reduction in social stressors included coping strategies at school, positive peer relationship, positive relationship with teachers, extracurricular activities, leisure and social media. Reduction in psychological stressors included meaning-making of school, challenges of self, psychological growth and maturity, and resiliency building. Ultimately, as stated earlier the adolescents were able to challenge their selves and reduce their stressors by regulating their emotions with the help of their peers and teachers at school.

These fundamental concept rings, shown in the model (figure 2), and the dimensions within each ring, intersects, showing that meaning-making is not static and through meaning-making, adolescents were able to work out positively their self-harming behaviours through emotion regulation. This was influenced by the dimensions belonging to each core concept of the phenomena, as represented at the intersection of each circle.

However, such application would require testing of the model and replication of the research in various contexts. The findings and the model generated are of potential value to counsellors, teachers and parents, and other educators. This research has provided current and new information about key experiential and developmental issues surrounding adolescent self-harm.

6.7. SYNTHESIS OF THE CHAPTER

In this study, participants reported that self-harming behaviours were practised to cope with negative emotions, which were voiced according to the degree of their emotional state. Several motives and reasons for self-harm were manifested in the accounts specified by those adolescents and the connection between self-harm and suicidal ideation was described as a complex and difficult introspection to elucidate. However, adolescents were able to discuss positive factors that were important in moving forward and reducing or ceasing their self-harming behaviours. They were able to manage their emotions in healthier ways by seeking support from friends, teachers and other adults at school, by being more connected to school and by participating in activities. They also foster a sense of self-efficacy and self-worth that helped them to build resilience and thrive in life. Hence, each adolescent's academic performance at school improved in a supportive/conducive surrounding. Adolescents found their parental and siblings relationships challenging, which according to them were replete with conflicts. They narrated their disconnectedness from their home that had caused their distress and their self-harming behaviours. Ultimately, at school they felt supportive in the company of friends and teachers. They developed their resiliency in participating in various activities, which involved positive changes in their relational connections. In particular, positive acceptance and peer support in these activities increased their bonding, and connectedness to school. These developed their self-esteem and eventually their life-satisfaction. Their meaning-making of school fostered hope in them, and they were more goal-oriented. They viewed school as an educational aspiration where they were able to achieve in academic performance and gradually improved their mental health. Some adolescents were able to cease their self-harming behaviours, while others had lessened in indulging in such behaviour.

CHAPTER SEVEN

CONCLUSION AND IMPLICATIONS

7.1. ORIENTATION

In chapter six the discussion outlined how the results support the literature related to the research questions through a dual philosophical approach: a phenomenological perspective that captured the adolescents' experiences at school as an existential phenomenon, while the hermeneutic focus was on interpreting the links between lived experiences and meaning-making of their school. The discussions on the findings indicated that the participants experienced their self-harm behaviours as stressful and challenging. Furthermore, these adolescents, by virtue of their decisions and actions, especially their participation in school and leisure activities, revealed that they were resilient to their challenges. The participants revealed through the semi-structured interviews that they employed several coping styles to manage their distress they faced. The challenges stated by the participants in dealing with their coping scheme were the use of problem-focused and avoidant-focussed. They used self-harm as an avoidance coping strategy at the beginning of their self-harm and later they resorted to problem focused coping, which was enabled to a great extent by therapy from Life-Plus, based on confidentiality between psychologist and client. The literature on coping strategies advocates that problem-focused coping pursues a progressive course; early adolescents make use of emotion-focused strategies, which are avoidance coping and a maladaptive coping skill that stays comparatively constant for a period (Frydenberg, 2014). Some late adolescents admitted that ultimately, they resorted to problem-focused coping because they realised they could manage their distress with the support of friends and teachers at school. Gradually they got rid of their negative emotions and self-harming behaviours. These participants managed to adapt constructive coping styles such as distraction practices to negotiate with challenging emotions and situations that helped them ceased to self-harm (Bentley et al, 2014). This research supported existing models of self-harm such as affect regulation/dysregulation models of self-harm (O'Connor et al., 2014), diathesis-stress model and traumatogenic model (Yates, 2004) that were used as

mechanisms to cope with distress. Most participants in this study described emotive causes for self-harm, including anxiety and psychosocial difficulties. Self-harm began as a means of relieving psychological tension that was adversely fostered (Chandler, 2014). Gradually adverse emotions triggered self-harm as an automatic coping reaction (Nock & Cha, 2009). Several participants discussed how they or their siblings' roles were affected by the absence of protective males or father figures in their lives or in their families. Most participants, especially the girls, also described non-egalitarian gender relations in their family contexts. Adolescents faced many adversities in their lives, yet many also exhibited incredible resilience later in their lives and were thriving despite these odds (Jetten et al., 2012). The adolescents participating in the study thus experienced psychological reactions, both negative and positive, regarding their connectedness to school, the functions they fulfilled as students at school, their success and their future ambitions. Furthermore, the participants narrated stressful and challenging events. Finally, the values of a broader reflection of the adolescents' involvement at school were considered, including social support and activities as well as resilience at school.

7.2. CONCLUDING THOUGHTS

In chapter seven, a review of the findings of this thesis was considered. This research aimed at understanding the interpersonal and intrapersonal dimensions of adolescents' self-harming behaviours and how these factors created heightened vulnerability in their lives. As mentioned by the adolescents, maltreatment from family, who were severely dysfunctional or abusive, resulted in their emotional distress and this was alluded to by Garcia-Nieto et al. (2015). Several adolescents reported that their parents did not show any healthy relationship towards them, and this made them feel neglected emotionally. This was also alluded to by Martin et al. (2016). These answered the research question about the conditions of adolescents' distress and self-harm. The inter-parental conflicts created emotional turmoil for the adolescents, and this heightened their distress. This effect of inter-parental conflict was also found in a study by Harold et al. (2012). Adolescents who believed they had controlling parents were psychologically affected (Scanlon & Epkins, 2015). They were unable to self-regulate and adjust their emotional conflicts by themselves, and this resonates with findings conducted by Marusak et al.

(2018). Consequently, those adolescents feared and avoided responding to problems that were challenging (Settipani, O'Neil, Podell, Beidas, & Kendall, 2013). Accordingly, Antaramian, Huebner and Valois (2008, p.114) state, "A negative family environment is associated with decreased well-being. Life satisfaction is lower among youth who experience high conflict and disagreement with their parents and high family-related stress". Additionally, these anxiety-provoking attitudes at home were detrimental to them and increased their avoidance coping skills. Özlem Schäfer et al.(2017,p.270) "found a large effect size for the overall and the depressive symptoms outcome and a medium effect size for anxiety symptoms, which suggests that the more frequent use of avoidance may be associated with more depressive and anxiety symptoms". Moreover, relationships with parents regarded as uncertain or showing detachment generated anxiety in those adolescents, increasing their exposure to additional stress that was beyond their control, which was in line with findings from Huberty (2012). Additionally, Aldao et al. (2010, p.231) comment, "not having a strong problem-solving orientation may have wide-ranging negative effects on well-being, and open the door for the development of maladaptive emotion-regulation strategies"

"Consequently, parental expressions of fear, worry, or even anger and hate, which accumulate over time, may be perceived by adolescents as indicating that the family is not a safe and supportive place. Moreover, the constant expression of dominant negative emotions can trigger self-protective mechanisms such as escape, distrust, doubt, and aggressiveness. These can lead to maladaptive behaviours and diminish the feeling of comfort and safety in a family environment" (Čotar Konrad, 2016, p.322).

On the other hand, parents' role is to teach their adolescents at a time where relationships increasingly become less mutual and less commanding (Branje et al., 2013), how to perform efficiently within the family unit and the society in general, while together cultivating their requisite necessity for independence (Van Lissa, Keizer, van Lier, Meeus & Branje, 2019). Parenting that is characterised by a significant bonding produces positive lasting effects on adolescents (Marusak et al., 2018). This was confirmed by findings from Keizer, Helmerhorst and Rijn-van Gelderen, 2019, p.1204) who state, "children in secure, supportive parent-child relationships are more likely to perceive

themselves positively compared with children in insecure or unsupportive relationships”(2019, p.1204). In this study, findings show that adolescents believed that parents exerted little responsibility towards their children. Additionally, Buchanan and Hughes (2009) indicated that adolescents experience many changes during their transition and their changing requirements for greater autonomy are generally marked by a rise in parental stress. However, parental control can help make this transition to adolescence less stressful if parents can provide positive guidance to their children (Singh & Anand, 2015). Substantial research findings reveal the encouraging effect of a strong parent-child bonding on adolescent growth (Lloyd & Hastings, 2009). This finding goes in line with the following statement by Antaramian et al. (2008, p.114): “Adolescents’ life satisfaction is associated with a range of different family characteristics, including parental involvement, positive parent-child relationships, and parental social support”. Undoubtedly, sound parenting shows considerable insight awareness (Hagell, 2012), promotes positive emotion functioning (Manzeske & Stright, 2009), and physical development including increased grey substance in the brain in adolescents (Kok Thijssen, Bakermans-Kranenburg, Jaddoe, Verhulst, White, Van IJzendoorn & Tiemeier, 2015). Accordingly, parenting that shows affiliations, and, at the same time encourages independence and psychosocial skills in adolescents can prevent the triggering of emotional disturbances in them (Marusak et al., 2018).

“Parents can play an important role in the development of their children’s self-compassion skills. Through a mindful parenting approach, parents encourage the non-judgmental acceptance of difficult emotional states and foster the use of adaptive strategies of emotion regulation, leading to better adjusted psychological outcomes” (Gouveia, Canavarro & Moreira, 2018, p.3).

Nearly all participants regarded their self-harming behaviours as private to prevent the stigma which “involves prejudicial attitudes and discriminating behaviour directed toward a child by his/her social behaviour or by knowledge about his/her psychiatric labels or treatment”(Moses, 2010, p. 985). Clement, Schauman, Graham, Maggioni, Evans-Lacko, Bezborodovs, Morgan, Rüsçh, Brown and Thornicroft, (2014) maintain that adolescents with psychological health symptoms such as anxiety and depression usually suffer from stigma. Adolescents with problems such as self-harming behaviours believe their

acquaintances observe them as peculiar and atypical and even “lesser human beings” (Connell, Brazier, O’Cathian, Lloyd-Jones & Paisley, 2012, p. 11). When adolescents are more concerned about their perceptions of others about them, they internalise these perceptions and experience self-stigma, leading to their lower self-esteem (Kranke, 2009). Moreover, they feel ashamed of their maladaptive coping skills (Margrett, 2014). Generally, when adolescents sustain and foster social interactions with friends, they establish more beneficial dealings in their attitude on life (Lakey, 2014). Conversely, adolescents who feel less socially accepted or valued by their peers tend to experience greater anxiety (Tillfors, Persson, Willén & Burk, 2012).

Adolescents in this study relied more on their friends at school for support. Finally, it was found that adolescents had a supportive educational place for facilitation, participation and resilience. This provided insights to the final research questions in this study, which was: How does self-harming behaviour influence adolescents’ studies at school and the meaning they attribute to school. Developing positive psychological health experiences and supportive interactions help foster resilience in adolescents (Singh, Meng & Hansen, 2014) and accommodating social and emotional support and companionship normally helps in an individual’s recovery of self-harm (Achor, 2013). In this study, adolescents’ responses about why they self-harmed or had suicidal ideation, and how they were able to resist or cease self-harming, varied. Maturity is considered a significant factor in enabling self-harming desistence, and this is linked to healthier coping styles (Whitlock et al., 2015). The following section describes the study findings related to the lack of a supportive father in their home and the adverse consequences of this on the development of their children.

7.2.1. The role of a father figure within the family unit

In this study, three participants reported not living with their father. However, for some of those whose fathers resided with them, their fathers did not assume the role as head and guide of the family. Additionally, some adolescent-girls in this study protested against the passivity of their father's in the family structure. Lack of their father’s constructive involvement during their challenges was greatly criticised by those participants. Keizer et al., (2019, p.1205) state, “father-child attachment relationships predicted self-esteem better than did mother-child attachment relationships for early adolescent girls”. Although

mothers contribute extensively in the family unit, fathers' involvement in their adolescents' growth is progressively believed to be dissimilar from mothers' and exclusively distinctive (Dumont & Paquette, 2013). This latter study implied that the participation of fathers also contributed to the emotional growth of the adolescents for their personality development which, according to Asmussen and Weizel (2010) cultivate their family bonding and socio-emotional security. The function of the father in the family unit indicates that the bonding nature of the father influences the adolescent's relational attribute with their siblings, and the adolescent's psychological adjustment (Ripoll, Carrillo, & Castro, 2009). Girls were more prone to exhibit a range of psychological health difficulties when they did not acquire the support and attention from their fathers. They were more at risk of cultivating negative emotions because they were inclined to manifest greater anxiety and depression compared to boys (Chaplin, Cole & Zahn-Waxler, 2005). Hence, the negative role of the father affects the girls' general psychosocial behaviours and security, as well as their conduct (Flouri, 2006). Moreover, according to Allen and Daly (2007), adolescents avail themselves of the bonding of their fathers who demonstrate intense care and preserve a dynamic relationship during their affective development. Previous research studies maintain that fathers in the family unit have a powerful impact on the adolescent's psychological, behavioural, social, and scholarly progress (Gardner & Scott, 2015; Lamb & Lewis, 2013). In this study, fathers were, in the main, unsupportive and abusive, and this affected adolescents adversely. The father's role is to support in enabling the adolescent's autonomy, building self-esteem and helping adolescent children to express themselves within the external world (Rosenberg & Wilcox 2006). Keizer et al. (2019, p.1213) cited Lieberman, Doyle and Markiewicz (1999, p.209), who stated, "there appears to be some uniqueness to the father-daughter [attachment] relationship as girls approach adolescence". For adolescents, fathers assist them to fulfil their requirements as appreciated and respected (Lamb & Lewis, 2013). When adolescents are deprived of attachment, protection and security from parents during this vulnerable period of psychological growth, they are likely to be more inclined to pursue these requirements from friends than from parents (Lamb & Lewis, 2013). A study conducted by Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2003), emphasised that the absence of a father in an adolescent girl's life that may lead to precarious sexual promiscuity. In a research finding, more than 50 percent of premature

pregnancies were found among girls raised in the family unit without the presence of a father (Ellis, Khan, Harris, McWilliams & Converse, 2014).

Additionally, adolescents who develop a mutual bond with their fathers are expected to escape aggressiveness, antisocial and violent behaviour, and drugs (Rosenberg & Wilcox 2006). Hence, the father's involvement in family support, including inter-parental and parenting responsibilities, has enriched effects for adolescents (Pruett, Pruett, Cowan & Cowan, 2017). Keizer et al. (2019, p.1214) observed in their study, "a small increase in the perceived quality of the attachment relationship with father is linked with an increase in the self-esteem of their adolescent daughters".

Adolescents learn more when both mother and father build a constructive co-parental relationship that assists them as a good model and, in turn, these children use their observation to cultivate healthy interactions with peers and other adults (Amato 2005). Keizer et al. (2019, p.1204) maintain, "mothers and fathers have distinct and complementary attachment roles. Mothers are often viewed as safe haven attachment figures, whereas fathers are considered as facilitators of children's exploration system". Studies show that both mother and father's bonding enhance the adolescent's self-esteem (Liu, 2008; Gomez and McLaren, 2007). Furthermore, findings add to the existing bodies of evidence, which suggest that the father's liaison with the child's mother is critical to a child's security (Adler-Bader, Callegas, Skuban, Keiley, Ketring & Smith, 2013). Findings in this study revealed that parent-adolescent conflicts were linked to maladjustment behaviours such as self-harm and negative relationships with siblings. Hence, adolescents' adverse family relationships (parent-child, inter-parental) were predictors of psychological problems during adolescence (Cummings & Schatz, 2012). Additionally, "parents' relationship quality could influence adolescents' self-esteem directly; witnessing the conflicts between one's parents may lead to negative self-views, as children tend to consider themselves as causes of conflicts and blame themselves for a disharmonious marital relationship" (Keizer et al.,2019, p.1205).

Interestingly Wang and Eccles (2012) observed that although emotional and social support from teachers and peers encourage the involvement of adolescents at school, there is an absence of such support from some parents, which decreases adolescents' commitment to their schoolwork. Keizer et al. (2019, p.1204) maintained,

“The trust generated by a supportive parent-child relationship provides children with the confidence to explore and engage in new experiences while knowing that the parents’ assistance is available. This theoretical view leads to the assumption that children in secure, supportive parent-child relationships are more likely to perceive themselves positively” (2019, p.1204).

Correspondingly, globalisation can create a wide gap between adolescents and their parents when the latter exert authority, whereas adolescents want their autonomy (Jensen, 2011). Previously adolescents spent constructive times with their parents, and both adolescents and parents shared mutual understandings of obedience, responsibility, and respects accordingly (Schlegel 2011). This gap creates a disparity between adolescents and parents’ beliefs on parental authority. This disproportion can cause conflicts in the family unit, generating a decline in cohesion of the family unit (Jensen & Dost-Gozkan, 2010). However, this gap can shrink if parents and adolescents resolve to share values and respect for each other so that a familial harmony reigns in the home (Jensen & Dost-Gozkan, 2010). Accessibility to media and a world-view can enculturate adolescents in egalitarianism, and unrepressed motivated relationships (Jensen, 2011).

7.2.2. Recovery from self-harming behaviours

It is not easy to describe what results in recovery from self-harm. Earlier research has concentrated on the termination of self-harm and defined it as no occurrences of self-harming behaviours in the past twelve months (Whitlock et al., 2015). In this study, the recovery process of the participants was initiated by applying alternate adaptive process of coping and employing diverse effective ways to discontinue the urge of self-harming. Recovery is referred to as a personal process (Davidson & Roe, 2007) whereby the adolescents could consciously refrain from their self-harming behaviours by rediscovering confidence and believing in their aspirations. The goal of recovery as a personal progression helps the individuals to gradually enhance their situations and trust for a better future (Borg & Karlsson, 2017). Donaldson, Prinstein, Danovsky and Spirito (2000, p. 357) state, “late adolescents reported greater frequency of use for many more

strategies than did early and middle adolescents”. Additionally, Trouillet, Gana, Lourel & Fort (2009, p.364) observed, “age promotes a greater tendency to use emotion-focused coping as a response to changes in coping resources throughout lifespan”. Hence, adaptive emotion-focused coping approach which includes cognitive reappraisal and problem-solving, support adolescents in reinforcing their coping strategies with meaningfully stimulating conditions so that they can be “particularly protective against psychological symptoms” (Özlem Schäfer et al., 2017, p. 269).

In this study, greater life satisfaction, expectations and stronger social relationships were associated with positive emotional experiences. Previous research suggests that life satisfaction might counter negative self-beliefs and induce behavioural flexibility, resilience, and emotion regulation efforts (Garland, Fredrickson, Kring, Johnson, Meyer & Penn, 2010). It might also be that ongoing self-harm contributed to less quality of life and poorer social relationships over time (Burke, Hamilton, Abramson & Alloy, 2015). Surprisingly, emotional distress cannot be projecting when faced with perceived emotion regulatory capability. This suggests that perceiving one to be competent to control emotion in the face of adversity, rather than experiencing low levels of emotional distress, might be key to cease self-harm successfully. However, it is an individualistic resolution, and each individual employs different unique distraction coping resources according to their dispositions or circumstances (Guerreiro, Frasquilho, Santos, Figueira & Sampaio, 2013). Adolescents find it difficult to apply the most convenient and reassuring resources, which takes time (Andrews et al., 2013). They improvise on trial and error strategies to reach a suitable solution (Klonsky & Glenn, 2009). Many of them who resolve to discontinue, or considerably reduce their self-harming behaviours find it to be an extensive and delayed progression because their self-harm has become a conditioned behaviour, with little or no control, which has emerged after repeated negative reinforcement (Hasking, Whitlock, Voon & Rose, 2016), although they follow treatment. As mentioned, this entrenched maladaptive self-harming coping behaviour mechanism takes time to be replaced with a more positive one. Engaging in other coping skills which inevitably revert to self-harming behaviours when the adolescents encountered challenging circumstances and difficult emotions, demonstrated cessation to be a difficult solution (Duggan et al., 2012; Yurkowski, Martin, Levesque, Bureau, Lafontaine & Cloutier, 2015). Usually, this progression of cessation of self-harming behaviour and

relapse cause the adolescents uncertainty about the possibility of a full recovery when the urge to self-harm may arise again during their moment of strain and stress. Consequently, recovery is difficult to attain for some adolescents (Buser, Pitchko & Buser, 2014). In this study, two adolescents relapsed after a recovery of six months and were ambivalent about their permanent cessation of their self-harming behaviours. However, their urge to self-harm was reduced, and self-harm only happened when in terrible distress. Additionally, adolescents instantly require the resources and supportive coping style to sustain affirmative rational health and psychological welfare (Leamy, Bird, Le Boutillier, Williams & Slade, 2011) and to cultivate their individual approaches for recovery from self-harming. However, as pointed out, all the participants were able to cease self-harming behaviour. Research suggests that techniques for reducing self-harming behaviours can be practised by psycho-education, training of alternative coping styles and emotion regulation (Garland et al., 2010). Information could be provided through websites, which are readily available to adolescents (Walsh, Ribeiro & Franklin, 2017). Moreover, as individuals begin to find and adopt alternative strategies to cope with self-harm, this behaviour with painful emotions should weaken eventually. By recognising and ultimately implementing more accurate expectations, individuals are apt to feel encouraged to restrain their urge to self-harm (Lewis & Hasking, 2019).

Adolescents who self-harm prefer to reveal their self-harm to their acquaintances on web sites than to their parents and peers (Hilt, Cha & Nolen-Hoeksema, 2008). They think that the internet can help them resolve their difficult situations by openly sharing their troubles and providing a pledge, by bonding and receiving support that allows them to show affiliation directly with mutual groups (Whitlock, 2012). As mentioned earlier, these adolescents have grown up in this digital age that has changed their social life considerably. The advent of this virtual communication accommodates these modern adolescents who feel lonely, with an effortless accessibility for information that is attractive to them, especially because they find these spaces private and can remain anonymous (Purcell, 2010). Research findings acknowledge the benefits of online interactions for some self-harmers (Chandrashekar, 2018; Lewis, Heath, St Denis & Noble, 2011). In finding social support on the net, the adolescents who self-harm feel relaxed, discussing their self-harming experiences online, with no stigma (Achor, 2011; 2013). Additionally, research posits that many self-harmers were able to cease their

behaviour with online activities and interventions (Hawton et al., 2012; Moran et al., 2012). This observation is a source of hope to draw on. Understanding the possible protective factors that facilitate this recovery, such as peer support, improved problem-solving skills, or resolution of a negative life situation could also help to refine interventions.

In this study, many participants recognised leisure activities as a suitable means to appease their distress. They indulged in such activities like listening to music, watching television, painting, playing in musical band or playing games and sport. However, they mostly relied on music, which is recognised as important for many adolescents across many societies. Gutiérrez and Camarena (2015) state that music as a treatment commonly decreases anxiety in adolescents, and relieves anxiety symptoms which adolescents experience anxiety during distressing conditions (Kovac, 2014). This can act as a protective measure against risk factors during adolescence (Miranda & Gaudreau, 2011; Miranda, Gaudreau, & Morizot, 2010). McFerran (2010) advocates rehabilitations through music treatment as an intervention that can contribute to identity development and resilience. Music can open possibilities to advance the emotional, social, and traditional requirements of modern adolescents (Miranda, 2013). Additionally, sports and physical activity in which adolescents engaged in this study, facilitated the positive coping style that reduced their anxiety and contributed to recovery from self-harm (Biddle & Asare, 2011).

As mentioned earlier, many adolescents in this study did not attempt repeated acts of self-harming behaviours (Hawton et al., 2012). This may be because they were therapeutically treated at Life-Plus. This finding signals optimism and hope for better adaptive behaviour and for support and interventions (Fischer & Peterson, 2015). Gandhi, Claes, Bosmans, Baetens, Wilderjans, Maitra, Kiekens and Luyckx (2016) suggest that discerning the promising and protective aspects that assist the recovery, such as the encouragement of peers, the enhancement of problem-solving strategies and perseverance of a positive life condition could also help to improve recovery (Gandhi et al., 2016).

To conclude, it is suggested that self-harm is engaged by relatively well-functioning common adolescents (Shapiro, 2008) who consider self-harm as sane and

comprehensible to deal with stressful life events. This view is backed up by the great frequency rate of self-harm, and responses from adolescents indicating that self-harm is useful and relevant to overcome distress. Money-Coutts (2015) mentioned self-harm as an “epidemic” among adolescents. Derouin and Bravender (2004) who cited self-harm as the “new epidemic” advocated a spreading syndrome among adolescents. Moreover, self-harm is considered a maturity issue, something that adolescents overcome with age (Whitlock et al., 2015), which supports the findings of this study. Paradoxically, self-harming behaviours are practised due to immaturity of the adolescents, that is self-harm is found mainly among younger adolescents, and it is overcome with awareness through maturity and growth (Whitlock et al., 2015). Additionally, self-harm is fashioned as a contagious, repulsive, depressing, and a mental condition to be confined and shunned (Kaess, Parzer, Mattern, Plener, Bifulco, Resch & Brunner, 2013; Klonsky, 2011; Snir, Rafaeli & Gadassi, 2015). Alternative mechanism of self-harm regularises it as a coping style in the face of adversity (Windle, 2011). In this study, nearly all participants mentioned that their self-harm was habitual, or had addictive qualities and was secretive. Parents learnt about the self-harming behaviours of their adolescents when the school informed them about their adolescent’s act, and they were sent to Life-Plus for therapeutical follow-up.

In some cases, parents became aware of their adolescents’ self-harm behaviours when they attempted suicide by ingesting toxic substances and were rushed to the hospital before coming to Life-plus for intervention therapies. Kidger, Gunnell, Biddle, Campbell and Donovan (2010) caution that there is a need that whole school approaches to positive mental and emotional health do not become disempowering for pupils but rather provide greater support to them. However, although self-harm has been commonly revealed as a distinct issue, no description of personality syndrome has been observed (Angelotta, 2015; Muehlenkamp et al., 2012). Nock (2010, p.341) stated, “these are all behaviours and not disorders”. Hence self-harm should be viewed as a mental health problem at school so that care and immediate interventions to be implemented at school.

7.3. STRENGTHS AND LIMITATIONS OF THE STUDY

In this chapter, I discuss several strengths to this research that include the diverse sample and triangulation of methods, using interviews, photos, diaries and drawings. The

analysis introduced self-harming behaviours from various perspectives of adolescents' lived experiences at home and at their school. Qualitative, semi-structured interviews enabled the participants to provide rich and valuable data through IPA that is hardly achievable in quantitative studies. The descriptive analyses of their experiences, their beliefs, and insights can provide mental health specialists and researchers, a vista of the adolescents' experiences of their self-harming behaviours and the resilience these adolescents developed at school. Moreover, although the study was performed at the clinical setting at Life-Plus with twelve adolescents and cannot be entirely generalised, adolescents were purposely selected from various schools around the country. Hence, it included adolescents who experienced challenges coming from some rural and remote areas. Another strength of this study is that, as a psychologist at Life-Plus, I am acquainted with this adolescent population who self-harmed. This acquaintance allowed me to focus on concerns such as confidentiality that augmented the openness of the participants. Adolescents' revelation of self-harm occurred within the context of helping the participants be at ease to disclose their experiences with a known person who was familiar with the cultural settings of schools and communities. While analysing the data I was privileged by the candidness and sincerity on the part of the participants in my research. Participants granted me the opportunities to reflect deeply on my own observations and understanding of self-harm, and to have altered the lens through which I view this phenomenon. This provides me with the opportunity to alter my professional practice as a counsellor to some degree. Initially, however, two participants were uncomfortable speaking about such a sensitive topic as self-harm and decided to withdraw from the study and that compelled me to recruit two other adolescents. Fortunately, the adolescents in my study were calm and relaxed, and collaborated with me. I used my field notes to reflect on my role as a researcher and a psychologist, and I attempted to remain impartial during the interviews in order not to influence the participant's responses.

However, the small sample size endorsed an in-depth analysis for rich data. Additionally, because of the susceptibility of the study, a purposive sample was utilised. As a selected sample, the adolescents who shared the same specificity of their experiences were identical in some characteristics, which meant that these adolescents were mostly studying at school. Furthermore, all the adolescents in the study who had experienced

therapy or counselling at Life-Plus had discussed issues related to their experiences. Moreover, instability in the family was an issue that emerged among all adolescents, and it is an important intervention among family to consider.

Finally, as mentioned earlier, apart from interviews to understand the participants' experiences of self-harm, there was other sources of validating evidence such as solicited diary, drawings and photo elicitation.

The study is not without limitations. Inevitably, there were shortcomings associated with this research. First, this study is restricted to 12 participants in the sample. Moreover, the data generated from the participants in this sample reflect the individual's appraisal of their life experiences. The findings should be interpreted with caution. This was an especially vulnerable population addressing extremely delicate and personal experiences. Photo-elicitation was a useful strategy to get the participants to engage with the phenomenon. Different factors such as the subtle essence of the subject-matter, added to the susceptibility of the participants' self-harming behaviour, and the social expectations of discretion and preserving disputes inside the family unit, were considered. To solve this issue, confidentiality was emphasised and the decision to organise the interviews at their convenience was mutually agreed upon. In this work, generalizability of findings was not sought, instead in-depth, within-case analysis to reveal deep insights were privileged. However, interviews could have been conducted with the parents as well to grasp more insights concerning internalising and externalising of emotional and psychological challenges of adolescents. Additionally, although the families of the adolescents in the study were comparatively dissimilar in ethnic and socio-economic status, caution was exercised in comparing my findings to other samples. Furthermore, this study was conducted with adolescents and not adults. These adolescents would not have had deeper insights into the bearing of these experiences on their lives and relationships as adults would probably have had.

Additionally, as the participants were sharing memories of experiences, recall bias may have occurred. Because IPA is concerned with the lived experiences of the participants, the facts of each story were not considered as important as the perception and understanding through the participants of their world and its meaning-making.

7.4. SUGGESTIONS FOR COUNSELLORS/PSYCHOLOGISTS AT SCHOOL

This is an opportunity for schools to consider the adolescents' views about their experiences and revelation of self-harm, which would be useful for counsellors and other specialists at school. In this study, all the participants were engaged in therapy and counselling and three participants were still ambivalent about their behaviour and had not ceased to self-harm by the end of the period of data generation. The participants defended and rationalised the triggers and motives for their self-harming behaviours. Their motives could have steered the adolescents who still self-harm to avoid any further discussion about their experiences because their self-harming behaviours could have become an addiction and could have been difficult to stop (Csipke & Horne, 2007). However, the counsellors are accountable and obliged to address the issue of self-harming behaviours among the adolescents at school. The DSM-5™ notes self-harm as a weakness, not a mental ailment (American Psychiatric Association, 2013), and states "these are all behaviours and not disorders", Nock (2010, p.341). Impulsivity may be a component of self-regulation that would be important to assess in future studies. In general, impulsivity has been associated with self-harm (Peterson & Fischer, 2012). Individuals who self-harm frequently engage in impulsive behaviours such as substance abuse, impulsive overdosing and consuming large amounts of drugs or alcohol (Spear, 2015). Hence, it is the role of the counsellor to institute a confident and reassuring understanding of self-harming adolescents. Insight into self-harm will assist them in engaging in effective therapy. Psychologists and counsellors may find it useful to assess the motives of the adolescents' self-harming behaviours. These motives could motivate them to probe further to understand the cognitive disturbances and perceptions of the adolescents who engage in self-harming behaviours. This relationship potentially relates to core beliefs about the identity of the individual that would be beneficial to discuss with the adolescents and elaborated on in a therapeutic settings (Rowe et al., 2014). Psychotherapeutic techniques that focus on providing possible alternatives for perceptions of events may reduce the associated emotional distress and subsequent motivation for engaging in self-harming behaviours (Walsh, 2012).

The results of the present study provide a challenge for counsellors and psychologists with differing variables appearing to be associated with self-harming behaviours,

depending on the environment. This emphasises the need for flexibility in clinical practice. Washburn, Richardt, Styer, Gebhardt, Juzwin, Yourek and Aldridge (2014, p1) state, “few psychotherapeutic treatments have been designed specifically for NSSI, and no treatments have been evaluated specifically for the treatment of NSSI among adolescents”. Moreover, in view of the distressing consequences of adolescents’ perceptions of maltreatment at home, it is important for counsellors who treat adolescents to be aware of specific strategies to work with them (Ridings, Beasley & Silovsky, 2017).

A school is a place where such therapeutic action could be initiated with vulnerable adolescents. Different activities could be implemented for the benefit of adolescents’ development among peers. (Shackleton, Jamal, Viner, Dickson, Patton & Bonell, 2016). The school environment is essential for the development of social factors that can help to alleviate conduct disorders among adolescents. According to Toste and Heath (2010), all schools should develop right practices for responding to any conduct at school. Hence, an approved protocol for each school should be implemented to ensure no students are left without appropriate attention and support (Fernandez, 2013). Teachers and school staff ought to apply proper discipline to adolescents who engage in conduct disorders (Berger, Hasking & Reupert, 2014). Many teachers are not aware of the link between disciplinary problems and self-harming behaviours and find it difficult to identify such problems among the adolescents (Toste & Heath (2010). Best (2006) conducted a study among teachers and other specialists about self-harming behaviours of adolescents in a British school. He found that teachers were not prepared to attend to such behaviours. The reactions conjured by the teachers and other adults at school to self-harm showed attitudes of “sorrow, alarm, panic, anxiety, and shock, and of being scared, distressed, upset, taken aback, fazed, freaked out, repulsed, bewildered, frustrated and mystified” (Best, 2006, p. 165). Adolescents spend most of their time at school every day, and teachers are not strangers to them (Heath, Toste, Sornberger, & Wagner, 2011). According to Best (2004, p. 3), school personnel are “in a unique position to identify and respond to pupils’ personal, social, emotional and behavioural needs”. Hence, teachers and other staff could be provided with facilities in the school context to build a conducive place for positive development of adolescents. Improving counsellors’ knowledge of self-harm behaviours and furnishing them with proper amenities to train teachers and carers on the subject of self-harm is proposed. Counsellors should note that when some

adolescents disclosed their self-harming behaviours, this demonstrates their hope to receive help and to recover (Whitlock et al., 2015). Similarly, counsellors and the staff, on hearing their revelation, should encourage adolescents to talk over the issue leisurely and progressively so that confidence and reliance are built (Berger et al., 2014).

However, the role of the internet has resulted in much apprehension about adolescents' exploitation, where some websites are encouraging self-harming behaviours. Hence, counsellors who engage with self-harming adolescents should work out strategies to enhance their mental stability as well as their well-being, taking into account possible effects of online influences. Moreover, adolescents who are regular users of the social media, turn to virtual communication for dealing with their anxieties and distress and may not be willing to search for assistance from counsellors and specialists when distressed (Jones, Sharkey, Ford, Emmens, Hewis, Smithson, Sheaves & Owens, 2011). Hence, it is the role of counsellors to provide counselling services through their websites so that adolescents are motivated to reduce their self-harming behaviours. Counsellors who are professionals are in a better position to assist adolescents who self-harm at school (Dahir, 2009).

Researchers also recommend that adolescents at school should be informed how to perceive indications of their distress and learn different means of appropriate coping styles, as well as to trust in a reliable adult or their peers and confine their self-harm (Roberts-Dobie & Donatelle, 2007). Schools present an important environment where adolescents who self-harm can become resilient by receiving training in skills and activities (Torres Fernandez, Schwartz, Chun & Dickson, 2013). It is recommended that there should be a national school health policy including established procedure and mechanism to protect students against self-harm and related problems. This will also enable the school staff to promptly provide the necessary support to the needy student.

Moreover, adolescents who self-harm could take advantage of integral individual and group counselling interventions at school (Kibler, 2009; Shapiro, 2008). Johnson and Hannon (2015) stressed the need for adolescents to be given a supportive environment that creates choices in empowering and encouraging them to express their emotions, and devise applicable techniques in the treatment of undesirable moods and emotions.

Given the adverse effects related to persistent self-harm, there is a need for a comprehensive understanding of factors that distinguish adolescents who continue to self-harm from those who successfully cease the behaviour. Such information is necessary to inform early intervention initiatives and facilitate cessation of self-harm among adolescents. Researchers have recently drawn attention to the importance of cognitions, particularly those related to perceived ability to cease self-harm (Hasking, Whitlock, Voon & Rose, 2016; Hasking 2017). Arguably, greater life satisfaction and stronger social relationships are associated with positive emotional experiences, which prior work suggests might counter negative self-beliefs and induce behavioural flexibility, resilience, and emotion regulation efforts (Garland et al., 2010).

Additionally, training should be organised to enable teachers to understand how to assist in the event of adolescents being maltreated in the home. This support promotes a healthy and nontoxic school environment for adolescent development. This means that alleged cases of adolescents' maltreatment and neglect should form part of pastoral care at school and assist them in the event of addictive or toxic substance use, depression, and anxiety (Sanders, Prior, & Ralph, 2009), apart from helping them meet their academic goals. Hence, school is constituted as an imperative environment for resilience where teachers identify and notify instances of maltreatment to avert the situation from repeating itself (Gerke, Fegert & Rassenhofer, 2019). Teachers and school officers should be prepared, be attentive to suspected vulnerable adolescents. They should attend to them with discretion and care, especially if their secretive behaviours of self-harm are difficult to detect. Additionally, peers who are considered to be close to their mates at school could also be trained in coping with disclosure of self-harming behaviours.

It would also be advisable for the intervention to be done with the inclusion of parents. Parents exert their primary functions in adolescents' lives, and therefore, they should be integrated into meetings and seminars when treating self-harming behaviours of their adolescents. Their presence in counselling and family therapy is valuable in their adolescent's recovery through their participation. Additionally, parents require the collaboration of counsellors and teachers to assist their adolescents in dealing with adverse behaviours (Johnson & Hannon, 2015). Schools need to join forces together with

parents and counsellors to guarantee their interactions for the well-being of adolescents at schools (Lieberman, Toste & Heath, 2009). Parents must be aware of the emotional dysfunctions of their children at school and the motives behind these maladjusted behaviours. Programmes involving families should focus on interventions that refer to parent-child relationships. Harsh inter-parental conflicts that may have impacts on adolescent's psychopathology and related outcomes later on, should be considered by schools.

7.5. FUTURE EXPLORATION

Further research and practice directions are necessary to attend to issues of self-harm among school learners, and to deepen insights. This can be based on evidence of self-harming as well as meanings that adolescents attribute to their life experiences and to the school. Future research on a larger representative size that makes use of a mixed methodology, including both in-depth qualitative and survey quantitative approaches would be advantageous to produce further reliability in assessing distinct behaviours of the inner emotional processes of the adolescents. The qualitative data gathering would add to a detailed description of both distal and proximal issues of interpersonal conflict, whereas the quantitative figures would reinforce the authenticity of the data and counteract the peculiarities of the adolescents' responses. Therefore, if possible, it would be helpful to include not only the adolescents who self-harm but also the siblings with whom they live together in the family as well as their parents. Including them together in the research would add other aspects of common experiences that could yield a collective data. Hence, the perception of the gap differences in distress between parents and adolescents could be measured and evaluated during family therapy. In addition, the cultural diversity and beliefs of each family unit as well as its members would need to be carefully assessed and considered.

Future research would also benefit from a longitudinal research design to continue exploring coping in relation to self-harming behaviours. Recent research has highlighted that adverse coping styles are used for the immediate term, but may lack competence for prolonged effects (Frydenberg, 2014). In this study, the adolescents came from the same setting, which was the school, and this uniqueness should be diversified into different spaces, to include university students, for example, so that relapses and

recovery of self-harming behaviours could be determined. Additionally, research in the future should assess the variances of older adolescents' involvements of self-harming behaviours at college and during adulthood, that is, self-harm during different phases of growth could be assessed. This would help in discerning the effect of stage differences in the self-harmers community. Moreover, more research should be involved regarding gender issues that have their prominence in the experiences of self-harming behaviours among adolescents at school. In this study, gender was not a representative sample because it constitutes only a very small number of male participants (n: 2). Although its findings can still be compared to existing research, which emphasises females (Bentley, Sauer-Zavala & Wilner, 2015), more studies should be initiated on males and comparisons between genders of different age groups. Hence, research with specialists dealing in mental health is required at school to offer a clinician's perception of the challenges in the treatment of self-harm at school.

Furthermore, interviewing some teachers who have been in close contact with these adolescents or who have been teaching them for several years and getting their views could also generate further information about the self-harming behaviours of the adolescents at school.

7.6. IMPLICATIONS FOR POLICY-MAKERS

Researchers and school specialists were more concerned to promote school performance, including parental involvement at school (Jeynes, 2010), and neglected the most specific consideration on mental health problems, such as self-harming behaviours at school. Findings of this study convey imperative implications for policy-makers and for the improvement, and application of adolescent self-harm facilitations. Educational authorities should declare school policies mandatory to counteract self-harming behaviours among adolescents at school and ensure that these are being implemented. Additionally, schools should arrange for the development of a plan of action to cater for such behaviours, considering the employment of best styles for all categories of partnership, including the whole school personnel and parents. Firstly, a systematic intervention style for the whole school is recommended. This should include a change in mental attitude towards how self-harm is understood and reacted to. This intervention is necessary not only to understand the incidence of self-harm, but also the causes of self-

harm among adolescents. Identifying self-harm as a prospective (avoidance) style of coping in itself should interest mental health and school services and be included in their training stratagems. The acquisition of instruction on self-harm and counselling coaching and training is crucial for teachers and staff. Development of initial coaching for mental service staff on screening and assessment of self-harm and connecting adolescents who self-harm to appropriate services is imperative. Each school should have a code of behaviour or intramural plan to address the issue of self-harming behaviours (Onacki, 2005). School staff including teachers, counsellors, administrative officers, care-takers, and caring personnel require preparation in recognising the warnings of self-harm, in attending and empathising with self-harmers, and follow interventions (ibid, 2005). Lieberman et al. (2009) suggested integrating training into the school crisis for team responsibilities. A holistic approach, which involves teachers, parents and school staff, intended to promote positive feelings and the well-being of adolescents at school, could improve the school atmosphere as a place conducive to learning. Therefore, to lessen distressed effects related to self-harming behaviours, involvement of adolescents in activities at school will cater for the prospect of improving resilience among adolescents towards their self-harm behaviours and on reducing the risk of such behaviours among adolescents (Destin & Oyserman, 2010).

School personnel, including teachers and parents, should participate in the plans, designed to develop the different aspects that encourage school effectiveness. Interactions among student peer groups, school personnel, and parents, have all been shown to affect engagement (Sharkey, You & Schnoebelen, 2008). It is fundamental for school officers, teachers and parents to execute effective plans to improve school bonding and increase adolescents' health, and academic achievement. Cheung and Pomerantz (2012) have shown that students' relationships with their parents influenced their motivation to do well in school. Benner, Graham, and Mistry (2008) considered adolescents' perceptions of school belonging, school climate and families (parent-adolescent interactions) and found these to influence educational engagement and school performance for all students, regardless of the level of risk. Specific skills that "may amend the dependence on self-harm as a coping mechanism include problem-solving, interpersonal skills, distress tolerance, and emotion regulation" (Guerreiro et al., 2013, p 102). Moreover, the meaning that adolescents apply to self-harm, the

communicative encouragements on adolescents' behaviour, and spiritual organisations could enhance to approach parents' understanding of self-harming behaviours (Onacki, 2005).

Robinson, Gook, Pan Yuen, McGorry and Yung (2008) state that programmes can enhance information and self-efficacy by giving training to teachers on self-harm among adolescents. The strong link between self-harm, on the one hand, and relationships between the participants and their friends, teachers, siblings and parents, on the other hand, suggest the importance of delivering counselling to peer groups and parents known to engage in self-harm (Robinson et al., 2008). Seminars should be organised at schools to inform parents of their assistance in dealing with the behaviours of depression, anxiety and self-harm of their adolescents (Sanders et al., 2009). Therefore, prevention and strategies that help parents to acquire knowledge and skills for communicating with their adolescents who self-harm behaviours could be supportive to parents and adolescents. It is recommended that parents should implement strategies to help their adolescents to adapt to constructive emotion regulation strategies in the context of self-harm (Bonanno & Burton, 2013). Glenn, Franklin and Nock (2015) stated that interventions by parents help to support adolescents towards recovery (Andover et al., 2015). Additionally, research on negative strategies among adolescents that include distraction and avoidant-coping indicates hopeful options that may protect against suicide risk (Burke et al., 2016). Importantly, reassuring parents can shield their adolescents against generating stressors and induce confidence in adolescents to build their self-esteem (Bulanda & Majumdar, 2009). Resilience building programmes will also benefit adolescents who are susceptible to self-harming behaviours (Whitlock & Rodham, 2013). Van Harmelen, Kievit, Loannidis, Neufeld, Jones, Bullmore, Dolan, Fonagy and Ian Goodyer (2017) stated that it is necessary to set up a programme to advice adolescents on their friendships, especially in this digital age when adolescents occupy themselves constantly on their mobile phones and the internet. Additionally, Purcell (2010) suggested the involvement of families in the intervention programme. The recent paper untitled, "Preventing Suicide: A Community Engagement Tool-kit" (WHO, 2018) sets a concrete and efficient guide for the implementation of suicide prevention events at school, defining the involvement of all stakeholders in the bottom-up practice. This includes teachers, parents and school

personnel to join and find solutions to the problems of adolescents who self-harm (WHO, 2018).

7.7. SYNTHESIS OF THE CHAPTER

The findings of this study imply that schools are facing dilemmas to manage adolescents' self-harming behaviours. Many adolescents felt hesitant to approach members of the staff at school because the latter were not experienced enough to deal with self-harming behaviours. It is important to inform school staff about means to deal with self-harm and to develop a school policy to protect students against self-harm, which is becoming increasingly prevalent. Researchers suggest promising models for school policy on self-harming behaviours (Robinson et al., 2008; Shapiro, 2008; Roberts-Dobie & Donatelle, 2007).

It is imperative to recognise that self-harming behaviours are present in both genders – male and female. This heterogeneity of participants in this study signals the need for different assistance techniques, and therapeutic approaches to suit individual needs and circumstances. This is also imperative for schools and all counsellors engaged in the well-being of adolescents to accommodate differences in their techniques for dealing with self-harm among different adolescents.

The present study reveals the adverse consequences of parental neglect, particularly in the situations where the adolescent's search for meaning and goal is uncertain. Improved connectedness within the family unit can recover adolescent's search for meaning and purpose, and reaching their purpose and meaning could result in better coping skills in fostering resilience, and in building a positive self-esteem and self-efficacy.

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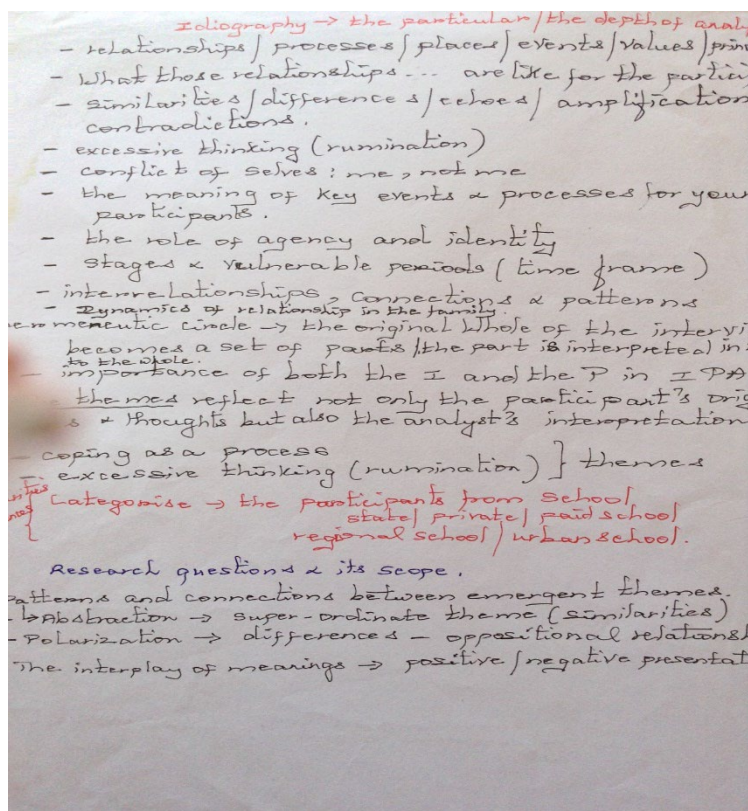
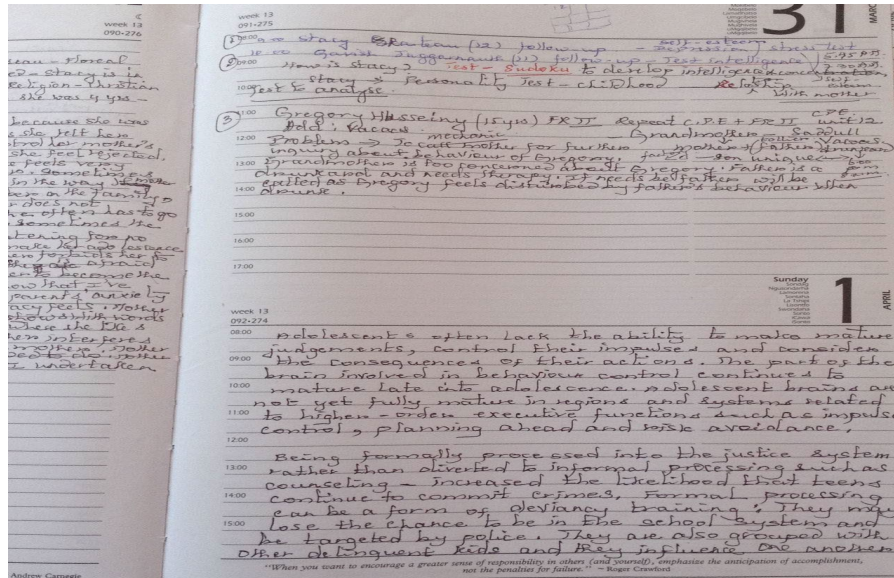
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LIST OF APPENDICES

Appendix A (1)

An excerpt from my journal illustrating my struggle with meaning-making of the clients at Life-plus



Appendix A (2) - An excerpt from my reflexive journal illustrating the notes taken during interviews

APPENDIX B

SEMI-STRUCTURED INTERVIEW for participant - self-harm

(1) How do you enjoy life at school? What do you enjoy most? What do you enjoy least? Why do you think this is the case?

(2) What problems do you think adolescents face at school? How do you think adolescents cope with these problems?

(3) Do adolescents sometimes harm themselves? Why do they do this, in your view? How do they harm themselves? In the past 2 years, did you have thoughts of harming yourself?

Prompts: what were your thoughts?

(4) Have you ever tried to harm yourself?

Prompts: What did you do? Why?

(5) In the past year, have you felt sad or tearful every day for more than 2 weeks?

Prompts: What did you do? How did you overcome these feelings?

(6) Do you sometimes find that your problems are too much for you to cope on your own?

Prompts: When was that? What did you do?

(7) Do you have a friend or someone you can talk to when you feel sad?

Prompts: How do you approach them? Is there any adult in your life that you can trust or talk to, apart from your friend(s)?

(8) Are there places you can go for help when you feel sad?

Prompts: Where to and why there? Do these places have special memories?

(9) Do you feel close to your parents or other members of your family?

Prompts: Which member/s do you feel closer?

(10) When you are not at home, does your family know where you are or whom you are with?

Prompts: Do you have conflicts at home that you cannot bear? Can you tell me about these? How do you cope with these?

(11) How often does your father/father-figure try to help you when you need something?

(12) How often does your mother/mother-figure teach you things you did not know?

(13) In the past few months, have you lost your temper or “blown up” easily? Do you remember the incident? Can you relay it to me? How did you cope?

(14) If you could meet one actor from the movies or TV, who would you want to meet.

Prompts: Why?

(15) In school, how important is it to your friends that you do well in school?

Prompts: Do you compete with your friends? In tests? In Sports?

(16) How important is completing secondary school? Going to university?

Prompts: Do you like your school? Do you think your school is doing much for you?

(17) How well do you resist peer pressure from the rest of the group?

(18) In general, how much do you like the environment at school?

Prompts: Do you get along well with your teachers?

(19) Do you try your best in school? Is doing well in school important for your future?

(20) Do you take part in co or extra-curricular activities at school? What are these activities?

Prompts: Do you think it makes you feel better or worse when you participate in these activities? Can you tell me why this is the case?

(21) When you feel depressed at school, what do you do?

Prompts: How do you cope? Suppose you did not do well in tests; in exams.

(22) How do you cope at school when things go wrong with friends?

Prompts: Suppose you did not do well in tests and your friends did well.

(23) How do you cope when things go wrong with teachers?

(24) Is there anything else you'd like to tell me?

APPENDIX C (1)

Instrument Guidelines for Dairy

The purpose of the dairy is to give the researcher a way to see what your daily activities are like. Please spend at least 15 minutes a day writing in the diary. The following list contains the kinds of things I would like you to write in the diary

School/Classroom

1. What did you do at school today?
2. What activities did you perform in class? Outside class?
3. How was your mood today?
4. What problems did you encounter today?
5. How did you cope with the problem?
6. Whose help did you seek?
7. Did you self-harm today? Why?
8. How did you hurt yourself?
9. What activities did you do today during which you felt happy/moody? Why did you feel happy/ moody?
10. What happened today that you felt hurt/warm by another person?
11. What physical activities did you do today?
12. Did you have any trouble with these activities?
13. What activities would you have liked to do today if you could have?
14. What things did you do today that someone helped you with?
15. Was today a good/bad day? What made it a good/bad day?

APPENDIX C(1a)

An excerpt from Brian's Diary

-28 Aug – 31st Aug

It's quite hard waking up. I find it requires quite an effort to get out of bed – takes around 2 hours after I open my eyes to head to the bathroom and start the morning routine. My schedule changed at school; but the worst part is being surrounded by lazy and stubborn friends that find comfort in asking the same questions every single day without taking time and effort to actually learn and understand how they can resolve an issue by themselves. Moreover, some of the teachers don't have proper leadership and do not, it appears, have the qualities needed to actually LEAD – lack of ownership, description of work, counselling and motivating their pupils – it's all about pleasing the pupils as well as the staff by compromising on the shifts, breaks and other stupid requests. That's none of my business but since it affects my workload, I feel somehow concerned. Spoke to the form teacher and explained what's happening on my side – the lateness, frequent sick absences etc, and he was very comprehensive luckily. Gave me some advice since he went through this too. Good thing at least.

I'm feeling a little better as the days go by. Exercise, 5 meals a day but still that morning lousiness and fatigue striking earlier and faster than in the past.

1st Sep – 10 Sep

Back to state slowly. Reconnected with Bonnie – my Ibanez bass – and Sharky – my electric guitar. Writing songs again and composing music for the band.

Still a hell lot lousy and tired often with a 'zombie face' at school but I guess it's part of the deal. Some random thoughts striking from time to time and I go back to that state of rumination, sadness, numbness and being cold to everyone. I don't need anyone to be part of this hell. The only one who can help me is myself and no one else.

11th Sep – 30 Sep

APPENDIX C (2)

Instrument Guidelines for photos/Drawings

Five photos/pictures will be shown. These will be about perceived challenges that adolescents encounter.

1. These pictures/photos are shown to you and you are to tell about them.
Could you describe what you see in those pictures/photos?

2. Talk about your views and appreciation/dislike of them? What do they remind you about? How do they make you feel? Why do they make you feel this way?
Some of the photos from gallery photos of schools Website -Appendix C (2)



Instrument Guidelines for Drawings

These drawings that I am going to ask you to do will help you to think about your school and how you appreciate your teachers and friends.

1. Draw your class-room/your teachers/your friends.
2. How do you view your school? Could you draw the surroundings?
3. What activities do you like best? Please draw these.

APPENDIX D

Gatekeeper letter for approval –To the Ministry of Social Security, National Solidarity & Reform Institutions

Gatekeeper letter –To the Ministry of Social Security,

National Solidarity & Reform Institutions

To

The Permanent Secretary

Ministry of Social Security,

National Solidarity & Reform Institutions

NPF Building,

Seeneevassen Road,

Port Louis

Dear Sir

I am a PhD student who is enrolled at the University of KwaZulu-Natal, South Africa. As a requirement for my PhD degree in education I will undertake a research study. I intend to explore the experiences of adolescents who self-harm and their meaning-making of school in particular. The study will provide insight into student's own experiences at self-harm and their meaning-rich explanations and descriptions of the systems that affect and contribute to their school lives. As a psychologist working at Life-Plus+ where the adolescents in the study attend psychological and therapeutic session, I am seeking your permission to interview 12 adolescents, both male and female students after school hours, at Life-Plus+.

The research consists of three interviews lasting approximately 45 minutes each. The interviews will be digitally voice recorded. I assure you that every precaution will be taken to ensure the anonymity and confidentiality of the information provided by the adolescents. The data will be stored in a lock-up cupboard for a period of five years, and erased thereafter. The names of the participants will not be disclosed and for the purpose of the study, pseudonyms will be used. The identity of the schools will not be revealed. As with any research conducted under the auspices of the University, it is guided by strict ethical considerations that protect the participants at all times and includes the following:

- The confidentiality of participants is guaranteed because their inputs will not be attributed to them in person, but reported only as population member opinions.
- Participants have a choice to participate, not participate or stop participating in the research.

Participants will not be penalized for taking such an action.

- Participant's involvement is purely for academic purposes only, and there are no financial benefits involved.

It is hoped that the findings of the research will not only enrich my own understandings of the topic but will be used for improving the therapeutic treatment used by my colleagues and myself. Further clarification can be obtained from my supervisor Dr Ronicka Mudaly. She is based in the school of Education at the University of KwaZulu Natal in South Africa. Her contact number is Tel (+27)0312603643 and email address is mudalyr@ukzn.ac.za. Should you have any questions about the participation and other ethical information related to the study, you may contact Ms Phume Ximba of UKZN Humanities and Social Sciences Research Ethics Committee at ximbap@ukzn.ac.za or call her at 27 31 2603587.

Yours faithfully,

Mrs Neeteeyavathee Appadoo

Psychologist

Life-Plus+

P.S: I am enclosing a letter of confirmation of supervision of my thesis.

DECLARATION BY THE MINISTRY OFFICIAL

I -----

(full name of official), as -----

----- (designation of position)

hereby confirm that I understand the contents of this document and the nature of the research project. I hereby grant/do not grant (delete which is not applicable) consent for school learners to participate in the research project. I hereby grant/do not grant (delete which is not applicable) consent for interviews with school learners to be audio recorded.

Signature of official

Date

APPENDIX E (1)

Participant Information Sheet

A study of adolescents who self-harm and their meaning-making of school

Dear Participant

I invite you to take part in a research study which aims to understand certain difficulties faced by young people like yourself. I believe that a deeper understanding of your problems will enable my colleagues and I to provide more effective assistance to you. Young people sometimes get very troubled about certain issues and they sometimes harm themselves when they find themselves in difficult situations. At the same time, they try to cope with their school lives. These issues are of concern to me and therefore I have undertaken a PhD study, as a student of the University of KwaZulu-Natal in South Africa to study these issues. Your contribution to this study will help to provide greater understanding into how and why young people like yourself respond to challenges.

I would like you to participate in three interviews. The duration of each interview will be approximately 45 minutes. I require your permission for the interview to be digitally voice recorded. Every effort will be made to ensure that no one will know that you took part in this study. If I use any information that you share with me, I will be careful to use it in a way that will prevent people from being able to identify you. To protect your identity I will ask you to provide a different name during the interview. Please take careful note of the following:

- Information given by yourself will not be linked to you in person, but will be recorded as information from an adolescent who is part of a particular population.
- You have a choice to participate, not to participate, or stop participating in the research.

You will not be penalised for taking such action.

- Your involvement is purely for academic purposes only, and there are no financial benefits.
- All data recordings and transcripts will be stored in a locked cabinet and erased after five years.

Permission to conduct this research study will be obtained from University of KwaZulu-Natal.

The supervisor of this project is Dr Ronicka Mudaly. She is based in the school of Education at the University of KwaZulu Natal in South Africa. Her contact number is Tel (+27)0312603643 and email address is mudalyr@ukzn.ac.za. Should you have any questions about your participation and your rights in the study you may contact Ms Phume Ximba of UKZN Humanities and Social Sciences Research Ethics Committee at ximbap@ukzn.ac.za or call her at 27 31 2603587.

Thank you for your co-operation.

Mrs Neeteeya Appadoo

Psychologist
Life-Plus+

APPENDIX E (2)

Informed Consent Form

A study of adolescents who self-harm and their meaning-making of school

Declaration

I _____ (full names of participant) hereby confirm that I understand the contents of this document and the nature of this research project and I consent to participating in the interviews and the observation.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I grant/do not grant (delete that which is not applicable) permission for the interviews to be digitally recorded.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX E (3)

Parent Information Sheet

A study of adolescents who self-harm and their meaning-making of school

Dear Parent,

I am an educator as well as a psychologist. I am also a PhD student who is enrolled at the University of KwaZulu-Natal, South Africa. As a requirement for my PhD degree in education I will undertake a research study. I intend to explore the experiences of adolescents who self-harm and their meaning-making of school in particular. The study will provide insight into student's own experiences at self-harm and their meaning-rich explanations and descriptions of the systems that affect and contribute to their school lives. As a psychologist working at Life-Plus+ where the adolescents in the study attend psychological and therapeutic session, I am seeking your permission to interview your adolescent child, after school hours, at Life-Plus+. As a parent of a child with experiences of school, your permission to interview your child is crucial for this study.

It is hoped that the findings of the research will not only enrich my own understandings of the topic but will be used for improving the therapeutical treatment used by my colleagues and myself at LifePlus+. Please note that there will be no financial benefits for participation.

The research consists of three interviews lasting approximately 45 minutes each which will be conducted at LifePlus+ after school. The interview will be digitally voice recorded. I want to assure you that every precaution will be taken to ensure the anonymity and confidentiality of the information provided by your adolescent child. The data will always be kept in a locked cabinet in my office. The name of your adolescent child will not be on any text and in the study pseudonyms will be used. As with any research conducted under the auspices of the University, it is guided by strict ethical considerations that protect the participant at all times. Such considerations are anonymity, confidentiality of responses and the right to withdraw from the study at any time.

Further information and clarification can be obtained from my supervisor Dr Ronicka Mudaly. She is based in the school of Education at the University of KwaZulu Natal in South Africa. Her contact number is Tel (+27)0312603643 and email address is mudalyr@ukzn.ac.za. Should you have any questions about your participation and your rights in the study you may contact Ms Phume

Ximba of UKZN Humanities and Social Sciences Research Ethics Committee at ximbap@ukzn.ac.za or call her at 27 31 2603587.

Yours faithfully,

Mrs Neeteeyavathee Appadoo

Psychologist
Life-Plus+

APPENDIX E (4)

Parent Consent Form

A study of adolescents who self-harm and their meaning-making of school

Declaration

I _____ (full names of parent) hereby confirm that I understand the contents of this document and the nature of this research project and I consent to allow my adolescent child to participating in the interview

APPENDIX F

Letter of approval from Gatekeeper

In reply please quote

No. MSS/E/57/5/1



Ministry of Social Security,
National Solidarity and
Reform Institutions
Renganaden Seeneevassen Building
Cr J. Koenig & Maillard Streets
Port Louis

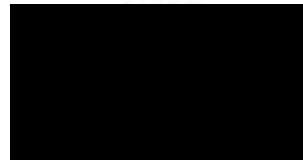
17 December 2014

Mrs Neeteeya Appadoo
Psychologist

Madam,

With reference to your application dated 24 November 2014 to undertake a research study for your PhD on "*An understanding of adolescent who self-harm and their meaning-making of school*" for the University of Kwazulu-Natal, this is to inform you that your request has been approved subject to the following conditions:-

- (i) While collecting data, the interviews should be carried out after school hours of the adolescents;
 - (ii) While interviewing and collecting information in voice recording device, information received from adolescents should be treated in strict confidentiality. Pseudonyms should be used and anonymity should prevail at all times in the study. The identity of the adolescents should not be disclosed;
 - (iii) The interviews should be done in the presence of a Psychologist of the Ministry;
 - (iv) A written agreement from the parents of the adolescents should be sought prior to carrying the interviews;
 - (v) The duration of your research will be from January to December 2015; and
 - (vi) The information gathered should be used for research purpose only.
2. In the event of non-compliance of any of the above conditions, the Ministry will immediately withdraw this approval.
 3. It is understood that there should be no cost implications on the part of this Ministry.
 4. It would be appreciated if one copy of the thesis could be submitted to the Ministry at the end of the study.



Permanent Secretary

Appendix G

An extract of the transcripts with initial notes & emergent themes of P1-Saras' interview

<p>your Grandmother and you...</p>	<p>177.P: Because I actually <i>.When I was working I wasn't cutting</i> 178.R: So which mean if you're...if you're <i>err.....so err...been occupied with doing something</i> <i>you won't cut yourself</i></p>	<p>Generation gap cannot understand her</p>
<p>she cannot understand you</p>	<p>179.P: No Madam 180.R: <i>How often does your mother teach you things you didn't know? Or...or..your Grandmother?</i></p>	<p>feels irritated</p>
<p>lost your temper</p>	<p>181.P: <i>My Grandmother....almost (giggle)most of the time she is as a mother</i> 182.R: <i>Yes! She replaces your mother. And does she teach you do things?</i> 183.P: Yes. she does...</p>	
<p>when I cut myself</p>	<p>184.R: <i>Uuuhuum. And do you obey whatever she says?</i> 185.P: Yes. Sometimes. Not all the times... 186.R: <i>Why?</i> 187.P: I can't tell. It's like I only think she could have only talked the same thing to the daughter also..But the daughter didn't.... 188.R: <i>Uuuhuum....You mean the gap between your Grandmotherthere is a gap between your Grandmother and you...</i></p>	<p>self-harm cut herself</p>
<p>my mother was telling bad things about me that wasn't true</p>	<p>189.P: <i>Yaah.</i> 190.R: <i>I understand...And she cannot understand you</i> 191.R: <i>In the past few months, have youerr....have you ...lost your temper or "blown up" easily? I mean...in a way... you were doing something..</i></p>	<p>conflicts with brother violent behaviour</p>
<p>brother started fighting with me and we threw the table</p>	<p>192.R: <i>Yaah I was ...</i> 193.R: <i>You remember the incident? Can you tell me about the incident?...When was that?...How did this happen?</i> 194.P: (Coughing)</p>	<p>aggression</p>
<p>went straight to the bathroom and took a blade and ended up cutting.</p>	<p>195.R: <i>Why did you blow up?</i> 196.P: There is a large (showing her hand where she cut herself deeply and the scar is still vivid)... 197.R: <i>Was that this year itself?</i> 198.P: <i>when I cut myself....It was about me going out of the house with friends and all that...</i></p>	<p>self-harm</p>
	<p>199.R: <i>Uuuhuum</i></p>	

Appendix H

An extract of the transcripts with initial nodes, concepts and themes, with convergences and contradiction of P1-Saras's interview

Saras (17 yrs old)

Parental support/conflict and domestic circumstances

Father	Mother	Residence	Other
<p>In India- feels deserted Financial constraints, anxiety about school fees Angry with father (111)- feels abandoned and destitute (115) Stopped communicating with him (117) Attachment to father Father as role model</p> <p>At father's departure, adolescent often experiences emotional dysregulation, anger, aggression, sense of abandonment, withdrawal, or academic difficulties (Huebner et al, 2007; Lincoln, Swift & Shorteno-Fraser, 2008).</p>	<p>Alcoholic, drug addict Assaulted mother, unhealthy relationship</p> <p>Mothers experiencing problems with depression tend to exhibit low levels of parental warmth and support, as well as high levels of negative affect and criticism with their children, which may contribute to the development and maintenance of internalizing and externalizing problems in adolescents (see Goodman, Rouse, Connell, Broth, Hall & Hayword, 2011).</p>	<p>Moved from Malawi to Mauritius. Lives at grandma's house. Grandma's pension to sustain all. Need to work outside of school hours to supplement income. Initially S felt grandma did not understand her, now S sees grandma as being supportive.</p> <p>Adverse parenting contributes to lows self-esteem (Zakeria& Karimpour, 2011), helplessness, and hopelessness (Kowk & Shek, 2010).</p>	<p>Brother is studying. No further reference.</p> <p>Unfortunately, research indicates that many adolescents perceive heightened negative family emotion and conflict during deployment, and believe they need to keep their own emotions or thoughts to themselves to protect other family members (Huebner et al, 2007).</p>
Types of self-harm	Why self-harm?	Triggers of self-harm	
<p>Drinking toilet cleaning liquid</p> <p>Burning skin (hand) with cigarette</p> <p>Self-harm is also linked to eating disorders, substance abuse, post-traumatic stress disorder, borderline personality disorder, depression, and anxiety disorders (Yates,2004) Self-harm includes self-cutting, burning, biting, chemical abrasion, head banging, etc. (Hamza et al., 2012, Nixon et al., 2008; Nock, 2010).</p>	<p>Helps deal with anger and forget pain (10) Understands that burning is a pointless action (26) There are many reasons individuals engage in self-harm. There is agreement that it is a method of releasing, expressing, or regulating distress, blocking memories/flashbacks, and/or managing "dissociation" (Briere & Gil, 1998; Gratz, 2003).</p> <p>Psychological functions are most commonly cited reasons for self-harm and center around reducing psychological pain, expressing and alleviating psychological distress, and refocusing one's attention away from negative stimulus(Klonsky,2007).</p> <p>Self-harm is often understood to refer to self-cutting that is accompanied by no or only minimal suicidality (Scourfield, Roen, & McDermott, 2011).</p>	<p>Quarrel with mother, mother broke her phone (48) Mother locked her in her room She slapped mother (50)</p> <p>Research suggests that the association between self-harm and such adverse outcomes of a range of other clinical and social challenges, including substance misuse and mental health problems is stronger where self-harm has been identified as suicidal in nature (Mars et al., 2014).</p> <p>Self-harm is a non-fatal act in which an individual engages in a behaviour, or ingests a harmful substance or object, with the intention of causing harm to themselves (Moran et al., 2012)</p>	
<p>Cutting with razor blade</p>	<p>Physical pain of cutting is a welcome distraction from depression (8)</p>		
<p>cutting / scratching my hands / squeezing my hands / punching the walls(89)</p>	<p>The anger distract the pain(59) when burning herself</p>		
<p>Wants to stop self-harming, finds scars embarrassing (135)</p>			
SILENCE		54	

Appendix I

An extract of the transcripts with initial table of emergent themes of participants' interviews

Interview1	Themes	Themes	Interview	Themes	Themes
Like going to School... Enjoy Studying Distractions No concentration cannot cope get really confused conflicts house problem conflicts with parents Parents fighting Financial problems Parents fighting Solution cutting myself and sort of harming self Self-harm cannot concentrate even drink to suicide start burning myself first bear the pain The anger distract it just want to feel pain poor relationship conflicts the drug / mother used to take drugs.... fighting in the house / got so fed of it depressions cried a lot Self-harm cutting / scratching my hands / squeezing my hands / punching the walls	hide after I hurt myself Solitude Relationship Attached to father he was not there he's out of the country Missing father don't want to stress him out Dad and his financial problems Reminiscence of Dad Self -harm and Suicide ideation Depression and loneliness Sense of duty Responsibility Communication with father conflicts at home financial problem solace when talking with father Communication with father and solace Happy Work helped her /used to go to cybercafé and skype with father Activities helped her No self-harm Grandmother-relationship Generation gap	Friends with some classmates only No friends from outside Lack of concentration in maths Forgetfulness No extra-curricular activities at school Participation Depression at school Moody and brood in a corner Wants to be alone No one helps in her studies at home Chores to do at home did badly at exams Conflicts at home. No concentration at studies No Friendship No trust in teachers No confidentiality among teachers One helpful teacher A trustworthy teacher No self-harm in her company Lonely No friends because of language problems Cannot confide in teachers breach confidentiality	Self-harm at the age of 15 Cutting her arms Feeling depressed Self-harm-burning herself Burning came first From cigarette butt Anger made her to burn herself Started smoking when Working as an adolescent She was 15 when she started burning herself No relieved it distracts my mind at 13 I just started that Toilet thing /drank detergent liquid from toilet Trigger events Fight with mother Mother instigated her to self-harm Quarrel with mother She broke her phone Mother locked her up and she slapped mother....she started burning herself Uncle was at home smoking...took cigarette from his box... Cut herself with razor blades	Meaning of school Values schooling-discipline-education Wants to complete her education Importance of education Get a higher education To get a better job... School is helping to achieve goal Intend to do H.SC Financial Anger made her not to concentrate Family conflicts Missing her father Financial problems No contact with father Teachers can give only counsel and can't do much Not much help from teachers No concentrations in studies Too much work Wants to get rid of self-harm-it leaves scars Dissociation with father Feeling embarrassed because of scars in arms student's life abides to rules and regulations at school Challenge at school Not sure of herself...	Student's life-Importance of education Education helps to achieve your goal To be responsible, to learn and do homework, learn new things at school No hope To live accordingly Purpose in life-to live in a better place and be financially well off Value school For education Not expect much from school No difference in school Have to work to help in the financial problems. Grandmother is old...have to help Financial problems will be there-pocket To sustain basic needs at home

<p>I was being aggressive</p> <p>Conflicts within self</p> <p>Self-harm</p> <p>Relieved</p> <p>Fear</p> <p>Fear of crowd</p> <p>Agoraphobia</p> <p>Studies help to get good job</p> <p>Like school</p> <p>School is not strict</p> <p>Teachers are lenient</p> <p>Uncomfortable without discipline at school</p> <p>peer pressure</p> <p>Bullying</p> <p>Language problem</p>	<p>cannot understand her</p> <p>feels irritated</p> <p>self-harm</p> <p>cut herself</p> <p>conflicts with brother</p> <p>violent behaviour</p> <p>aggression</p> <p>self-harm</p> <p>Father as role model</p> <p>Competition at school with friends at tests</p> <p>This helps her</p>	<p>The only supportive teacher is no longer at the school.</p> <p>Distressed at being separated from caring teacher- became more isolated</p> <p>Isolated- language barrier</p> <p>Everyday Fed-up</p> <p>No concentrations in studies</p> <p>It's hard to cope with studies</p> <p>No chores at home- no time to help grandmother</p> <p>Grandmother is very supportive</p> <p>No concentration at work...feeling sleepy</p> <p>Frustrated and tired</p> <p>Feels irritated</p>	<p>No appetite</p> <p>No good health</p> <p>Working now during the holidays...only 4 hours of sleep</p> <p>A few times of nightmares</p> <p>Romance</p> <p>Had an infatuation with trainer</p> <p>Trainer helped in all ways</p> <p>Boss was flirting with her</p> <p>More trust in trainer</p> <p>Mistake to trust trainer</p> <p>Romance with trainer</p> <p>Trainer was supportive, attentive... motivating her and helping her</p>	<p>Feeling insecure</p> <p>Fearful</p> <p>Introvert</p> <p>Ill at ease with groups</p> <p>Scarred to be bullied</p> <p>Challenges at school- to pass exams</p> <p>School is helping to achieve goal</p> <p>Need to complete studies</p> <p>To sustain basic needs at home</p> <p>School has made her a better person</p> <p>Adaptation with shift from school to work- circumstances gave her courage</p> <p>Trainer always by her side</p> <p>Fell in love and give herself to him</p> <p>Break -up</p> <p>He had his girlfriend</p> <p>Feeling insecure with the girl</p> <p>Trainer tried to evade her</p> <p>He had disappeared</p>	<p>School has made her a better person</p> <p>At school no responsibility- more free</p> <p>Work means responsibility/ maturity</p> <p>Work is tedious and demanding</p> <p>No absences</p> <p>At school we are carefree</p> <p>At work more accountability</p> <p>Work has mature her- less depressed</p> <p>Difficult to cope with shift timing</p> <p>Sleep less and eat less</p>
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P7---Arti	P8 ---Aandi	P9 --Rajesh	P10 ---Brinda	P11 ---Koshika	P12 ---Teeroosha
EMERGENT THEME Interview1 Like going to School... Enjoy meeting friends School connectedness Enjoy activities at school sports at school participation in sports at school won medals at sports day school disconnectedness did not like teachers poor relationship with teachers conflicts with teachers did not abide to rules and regulation at school Adolescents face problems at home Adolescents have problems with boyfriends Conflicts in Relationship Adolescents infatuations Falling in love with boys Act of jealousy Self-harm cut hands drink pills.... Give blows in panes Feeling hurt Angry irritated Angry about boyfriends Stated self-harm last year Played truant School disconnectedness Started cutting arms this year	EMERGENT THEME Interview1 School connectedness Friendship Bad relationship with teachers Feeling hurt Self-conscious School rule is good To put students in the right path Without discipline student will not learn Family problems Coping ...if they are strong mentally Seek help from teachers/friends and Psychologists Solutions from friends Adolescents self-harm try to cut their hand/ They drink some solutions...liquids/they drank Panadol pills also/javel Self-harm/cut hands Trigger: Father was taunting her/harassing her Adolescent Trigger event Low self-esteem Coping style Friends Self-harm gives relief Physical pain is less than emotional pain Solace in friendship Best friend/classmate close friend	EMERGENT THEME Interview1 School connectedness Value friendship Conflicts at home Strict rules at school Rules and regulations at school Strict rules at school-no fashion fag Bullying among friends from outside school discipline at school Binaries-to follow fashion/rules and regulations at school Adolescents self-harm Cutting arms Contagions Romance Conflicts with girlfriend Trigger event Self-harm at home Mother bonding Promised mother not to self-harm Good relationship with mother Family members Family conflicts Domestic violence Depressed Bonding with mother Poor bonding with father Aggressive father Father a breaker at home Caring for sister Sister's illness affected his studies He shoulders some	EMERGENT THEME Interview1 School connectedness Happiness and friendship at school School disconnectedness Not coping with subjects and teachers Conflicts with brother Romance infatuation Self-harm Solution from friends Many adolescents sometimes harm themselves Stressful life No coping skills cut their hands. try to commit suicide... once she tried to cut her wrists.... She was feeling sad.....she was feeling very nervous and irritated Conflicts at home Break up romance with boyfriend Great argument with boyfriend Conflicts with boyfriend boyfriend Jealousy Self-harm-cut herself pain was bearable Then normal self cut herself in so many places.....deep cut....used to cut thighs also Solution coping...cut	EMERGENT THEME Interview1 school connectedness Friendship School administration/with rules and regulations Partiality at school with rules Rector favoring some students/relatives Adolescents face lots of problems at school Aggressiveness Self-harm Frustrated Bullying at school She saw being bullied at school Abuse at home Home disconnectedness Maltreatment at home Adolescent being abused by boyfriend sexually and physically Name calling/labeling Teachers labeling adolescents Self-harm Since 2 years it's been increasing Romance on face-book(scoop-another application)- a boyfriend from India Being infatuated with boyfriend-spend lots of time chatting on tablet Teenage crush First crush at 16 years old Boy proposed to her Never met boyfriend-he's in India Fell very happy Trigger self-harm Father confiscated mobile phone Started communication with boyfriend on mobile	EMERGENT THEME Interview1 School connectedness friendship school enjoyment activities with friends -hide and seek bullying from big girls Big girls scaring them-showing their authority Problems with Maths Not getting along with Maths teachers Does not understand his explanation Complained about Maths teacher to the rector....wrote letters to rector about the teacher Many girls self-harm at school Self-harm-Fashion When cutting it hurts Self-harm Self-harm-pull hair-fight School rules - no drink Celebrates Music day at school-some girls drank Self-harm-cut arms Harm herself when she was small Peer pressure-to integrate in the group-to cut wrists 3 times Pretends sister hurts her Used to get beating Sister dominated her and beat her Father used to beat her Feeling depressed

Appendix J

An extract of initial table of Meaning Making of school themes of selected participants

P1 ---Saras	P2 ---Brian	P3 ----Cathy	P4 ---Annie	P5 ---Sweety	P6 ---Yeshna
<p>Studies help to get good job Like school School is not strict Teachers are lenient Uncomfortable without discipline at school peer pressure Bullying Language problem Friends with some classmates only No friends from outside Lack of concentration in maths Forgetfulness No extra-curricular activities at school Participation Depression at school Moody and brood in a corner</p>	<p>relationships with his friends /sense of belonging to the group; to develop skills and acquire knowledge; for enjoyment and entertainment Skating Playing guitars Music Extra-curricular activities - help at school Singing to music as a form for enjoyment and entertainment /to develop skills popular hip-hop song Friendship development</p>	<p>Positive attitude School connectedness play truant rebellious behavior at school depressed/Negative attitude towards school Negative attitude towards school/home coping strategies School connectedness Guilty conscience Isolation Hope Good self esteem Changed school Changed environment New acquaintance-new adaptation She is moody Very moody Friendship Otherness Binaries-not allowed to talk to boys, but goes to mixed school Rules and regulations</p>	<p>Singing/dancing/ to music as a form for enjoyment and entertainment /to develop skills Friendship development Her friends /teachers supported her interest in music/ popular dance culture by sharing with friends; / She taught her friends the dance steps to participate in functions at school relationships with her friends /sense of belonging to the group; to develop skills and acquire knowledge;</p>	<p>Connectedness to media Appreciation to life School connectedness Competitions with friends In studies Competitions in sports too at school Sports day won competition On sprint Ambition Future career -To go to university- To become a Graphic Designer No peer pressure school is doing much – there is mentoring Coping skills with rules a</p>	<p>No trust in friends Teachers not to be reliable No concentration in studies No sports participation at school No peer pressure at school Good friendship at school Changed school School connectedness Importance of schooling for future Wants to get a bright future extra-curricular activities Music day Enjoy life at school Good friendship</p>

APPENDIX K: Example of final cluster table with sub-ordinate and super-ordinate themes

1. Superordinate theme Disengagement at home	Participants											
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
Subordinate-themes												
1. Parents' neglect	√	√	√	√	√	√	√	√	√	√	√	√
2. Poor relationships with Siblings	√	√	√	√	√	√	√	√	√	√	√	√
3. Maltreatment at home	√		√	√	√	√	√	√	√	√	√	√
4. Restrictions at home	√		√		√	√	√	√	√	√	√	√
5. Negative Parenting Practices & neglect	√	√	√	√	√	√	√	√	√	√	√	√
2. Superordinate theme Traumatic Pain leading to self-harm												
Subordinate-themes												
1. Triggers of self-harm	√	√	√	√	√	√	√	√	√	√	√	√
2. Forms of self-harm as a response to stress	√	√	√	√	√	√	√	√	√	√	√	√
3. Superordinate-theme Coping strategies	√	√	√	√	√	√	√	√	√	√	√	√
Subordinate-themes												
1. Companionship at school	√	√	√	√	√	√	√	√	√	√	√	√
2. Leisure activities at school	√	√	√	√	√	√	√	√	√	√	√	√
3. Media-digital technology shared at school	√	√	√	√	√	√	√	√	√	√	√	√
4. Superordinate theme School connectedness												
Subordinate-themes												
1. Friendship	√	√	√	√	√	√	√	√	√	√	√	√
2. Teacher support	√		√	√	√	√	√	√	√	√	√	√
3. Extracurricular activities		√	√	√	√	√	√	√	√	√	√	√
4. Goal in life	√	√	√	√	√	√	√	√	√	√	√	√
5. Superordinate theme Fostering resilience												
Subordinate-themes												
1. Challenges of self	√	√	√	√	√	√	√	√	√	√	√	√
2. Meaning of school	√	√	√	√	√	√	√	√	√	√	√	√
3. School rules & values	√	√	√	√	√	√	√	√	√	√	√	√